Solicitation Information
January 11, 2022

RFP #7672817

TITLE: Data Management Vendor for the Rhode Island All-Payer Claims Database

Submission Deadline: February 21, 2022 2:00 PM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: YES
MANDATORY: NO

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

Division of Purchases is inviting you to a scheduled Zoom meeting.

Topic: RFP 7672817 Pre-Bid
Time: Jan 20, 2022 02:00 PM Eastern Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/81574977403?pwd=RTN3U1pUQ041YVdsRVZlckZ5dDRyUT09

Meeting ID: 815 7497 7403
Passcode: 985042
One tap mobile
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- **+1 346 248 7799 US (Houston)**
- **833 548 0282 US Toll-free**
- **877 853 5247 US Toll-free**
- **888 788 0099 US Toll-free**
- **833 548 0276 US Toll-free**

Meeting ID: 815 7497 7403
Passcode: 985042
Find your local number: https://us02web.zoom.us/u/keGmYqSeTV

Questions concerning this solicitation must be received by the Division of Purchases at gerald.teixeira@purchasing.ri.gov no later than **January 24, 2022 1:00 PM (EST).** Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

BID SURETY BOND REQUIRED: NO

PAYMENT AND PERFORMANCE BOND REQUIRED: NO

Gerald Teixeira, Senior Buyer

Note to Applicants:

1. Vendors must register in RIVIP at the Division of Purchases' website at https://www.purchasing.ri.gov/RIVIP/VendorRegistration.aspx.
2. Proposals received without a completed RIVIP Vendor Certification Cover Form attached may result in disqualification.

THIS PAGE IS NOT A RIVIP VENDOR CERTIFICATION COVER FORM

COVID-19 EMERGENCY PROTOCOL FOR BID OPENINGS

Vendors and the public are advised that due to Covid-19 emergency social distancing requirements bid openings at the Division of Purchases shall be conducted via live streaming on the ZOOM website/application. Vendors and the public shall not be permitted to enter the Division of Purchases to attend bid openings. Vendors and the public who attend bid openings via live streaming shall be required to identify themselves and a record of all such attendees shall be maintained by the Division of Purchases. Vendor bid proposals shall be opened and read aloud at the date and time listed herein. The results of bid solicitations requiring a public copy for public works projects shall be posted on the Division of Purchases website as soon as possible after the bid opening. For RFP solicitations only vendor names shall be read aloud at the opening.

Vendors and the public are further advised that visitor access to the Powers Building at One Capitol Hill, Providence, RI requires pre-screening at the entrance to the building. In accordance with the Governor's Executive Order(s) and Department of Health emergency regulations all visitors to the Powers Building must wear a cloth mask which covers the nose and mouth. Vendors delivering bid proposals to the Division of Purchases should allow sufficient time for the pre-screening process. The Division of Purchases assumes no responsibility for delays caused by the screening process or any other reason. Vendors are solely responsible for on time delivery of bid proposals. The Division of Purchases shall not accept late bids for any reason.

BID OPENING ZOOM INFORMATION

Division of Purchases is inviting you to a scheduled Zoom meeting for the bid opening.

Topic: RFP 7672817
Time: Feb 21, 2022 02:00 PM Eastern Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/84582697348?pwd=a1drTFlNeXllR3l6Qk1nU2NLbFRzQT09

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Passcode: 249841
Find your local number: https://us02web.zoom.us/u/kcucM0Ax5S

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Executive Office of Health and Human Services (EOHHS) is soliciting proposals from qualified firms to provide secure lockbox services, data collection and aggregation, claims editing and processing, analytics, and quality assurance and maintenance for the Rhode Island All-Payer Claims Database (RI APCD) and the Rhode Island Data Ecosystem,) in accordance with the terms of this Request for Proposals ("RFP") and the State's General Conditions of Purchase, which may be obtained at the Division of Purchases' website at www.ridop.ri.gov.

The State intends to award a single contract to procure all the services and deliverables described in this RFP (see Appendix 2 for Sample Base Contract). The initial contract period will begin on approximately March 1, 2022, and will continue through February 29, 2024. Contracts may be renewed for up to three additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not a Request for Quotes. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to cost; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this solicitation, other than to name those vendors who have submitted proposals.

Instructions and Notifications to Vendors

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.

2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.

3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.

4. Proposals are considered to be irrevocable for a period of not less than 180 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.

6. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for

all aspects of the work. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.

8. Vendors are advised that all materials submitted to the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, *et seq*. and may be released for inspection upon request once an award has been made.

   Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.

10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that vendors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

    Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.

    Vendors and subcontractors who do more than $10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an "Affirmative Action Policy Statement."

    Vendors with 50 or more employees and $50,000 or more in government contracts must prepare a written "Affirmative Action Plan" prior to issuance of a purchase order.

    a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.

    b. Vendors further agree, where applicable, to complete the "Contract Compliance Report"(http://odeo.ri.gov/documents/odeo-eeo-contract-compliancereport.pdf),

as well as the "Certificate of Compliance**"** (http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf)**,** and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order.

For further information, contact the Rhode Island Equal Employment Opportunity Office via e-mail at odeo.eoo@doa.ri.gov.

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at (401-222-3040).

12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a "DisBE")(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, "Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects". As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled "MBE, WBE and/or DisBE Plan Form", which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor's Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at http://odeo.ri.gov/offices/mbeco/mbe-wbe.php. Information regarding DisBEs may be accessed at www.gcd.ri.gov. For further information, visit the Office of Diversity, Equity & Opportunity's website, at http://odeo.ri.gov/ and *see* R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email Dorinda.Keene@doa.ri.gov

13. In the RIVIP Vendor Certification Cover Form, Section 4, Question 11, bidders shall certify agreement to the State's contract terms. However, in accordance with Section 220-RICR-30-00-13.3(C)(3) of the General Conditions, the Vendor may submit in their bid or proposal, "[q]ualified or conditional offers which impose limitations of the Vendor's liability or modify the requirements of the solicitation, offers for alternate specifications, or offers which are made subject to different terms and conditions, including form contracts, other than those specified by the State." However, qualified or conditional offers "may be, at the sole discretion of the State Purchasing Agent:
    a. Rejected as being non-responsive; or,
    b. Set aside in favor of the requirements set forth in the solicitation (with the consent of the Vendor); or,
    c. Accepted, if the State Purchasing Agent determines in writing that such acceptance is in the best interest of the State."

By submitting a conditional or qualified offer, the Vendor bears the risk of their bid or proposal being considered non-responsive. In the event the State receives a conditional or qualified offer, the State reserves the right to adjust evaluation points in an RFP procurement, conduct a best and final offer process offering the same terms to all vendors, and/or reject a qualified/conditional proposal as being non-responsive at any time during the review process. The Vendor should not assume that any further negotiation will occur upon selection.

14. **Insurance Requirements** – In accordance with this solicitation, or as outlined in Section 13.19 of the General Conditions of Purchase, found at https://rules.sos.ri.gov/regulations/part/220-30-00-13 and General Conditions - Addendum A found at https://www.ridop.ri.gov/documents/general-conditions-addendum-a.pdf, the following insurance coverage shall be required of the awarded vendor(s):

***General Requirements**:*

14a) ☒ Liability - combined single limit of $1,000,000 per occurrence, $2,000,000 general aggregate, $1,000,000 products/completed operations per occurrence, $2,000,000 aggregate, with a maximum deductible of $5,000 per occurrence. The State must be an additional insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.

14b) ☐ Workers compensation - $100,000 each accident, $100,000 disease or policy limit and $100,000 each employee.

14c) ☒ Automobile liability - $1,000,000 each occurrence combined single limit. The State must be an additional insured on a primary and non-contributory basis with a waiver of subrogation in favor of the State.

14d) ☐ Crime - $500,000 per occurrence or 50% of contract amount, whichever is greater.

***Professional Services**:*

14e) ☒ Professional liability ("errors and omissions") - $5,000,000 per occurrence, $5,000,000 annual aggregate. Must include a waiver of subrogation in favor of the State to the extent that coverage to the Contract Party is not impaired.

14f) ☐ Environmental/Pollution Liability when past, present or future hazard is possible - $1,000,000 per occurrence and $2,000,000 aggregate.

14g) ☐ Working with Children, Elderly or Disabled Persons – Physical Abuse and Molestation Liability Insurance - $1 Million per occurrence.

***Information Technology and/or Cyber/Privacy**:*

14h) ☒ Technology Errors and Omissions - Combined single limit per occurrence shall not be less than $25,000,000. Annual aggregate limit shall not be less than $25,000,000.

14i) ☒ Information Technology Cyber/Privacy – minimum limits of $75,000,000 per occurrence and $75,000,000 annual aggregate. If Contract Party provides:

a) ☐ key back office services Contract Party shall have a minimum limit of $10,000,000 per occurrence and $10,000,000 annual aggregate;

b) ☒ if Contract Party has access to Protected Health Information as defined in HIPAA and its implementing regulations, Personal Information as defined in in R.I. Gen. Laws § 11-49.3-1, et seq., or as otherwise defined in the Contract (together Confidential Information"), Contract Party shall have as a minimum the per occurrence, per annual aggregate, the total rounded product of projected number of persons data multiplied by $25 per person breach response expense per occurrence; but no less than $75,000,000 per occurrence, per annual aggregate; or,

c) ☐ if the Contract Party provides or has access to mission critical services, network architecture and/or the totality of confidential data $20,000,000 per occurrence and in the annual aggregate.

***Other**:*

Specify insurance type and minimum coverage required, e.g. builder's risk insurance, vessel operation (marine or aircraft):

14j) ☐ Other - Specify insurance type and minimum coverage required

15. HIPAA - Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Vendor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

16. Bid Surety Bond – Vendors responding to this RFP must furnish, with their bid proposals, either a bid bond from a surety licensed to conduct business in the State of Rhode Island or a certified check payable to the State of Rhode Island in the amount of five (5%) percent of the vendor's cost proposal. *(Vendors for Rhode Island Department of Transportation highway and bridge projects must furnish, with their bid proposals,* a *bid bond from* a *surety licensed to conduct business in the State of Rhode Island. Certified checks are not permitted for these projects.)* An attorney-in-fact who executes a bond on behalf of the surety must provide a certified current copy of the power of attorney. A successful vendor who fails to submit the additional documentation required by the tentative letter of award and/or fails to commence and pursue the work in accordance with the contract awarded pursuant to this solicitation may forfeit, at the discretion of the State Purchasing Agent, the full amount of the bid surety as liquidated damages. The State will retain the bid surety

of all vendors until the earliest of: (i) the issuance of the Purchase Order; (ii) the 61st day following the proposal submission deadline; or (iii) the rejection of all proposals.

17. Payment and Performance Bond - The successful vendor must furnish a 100% payment and performance bond from a surety licensed to conduct business in the State of Rhode Island upon the tentative award of the contract pursuant to this solicitation.

SECTION 2: BACKGROUND

The Rhode Island All-Payer Claims Database (RI APCD), publicly known as "HealthFacts RI", is a large-scale database that collects and aggregates enrollment, medical claims, pharmacy claims, and provider data from private (e.g., commercial insurers) and public payers (e.g., Medicare and Medicaid) in Rhode Island, as well as other related files. The Data Management Vendor solicited in this RFP shall provide professional services to maintain and expand the RI APCD infrastructure, operations, and functionality. This includes but is not limited to: managing the member opt-out process and maintaining a Master Patient Index (MPI); performing front-end data collection and aggregation; processing the data and enhancing it with value-added components; regularly transferring the RI APCD data to the State Data Center and, providing analytics in support of the RI APCD data release process.

The Data Management Vendor solicited in this RFP shall also provide general consulting support to the Rhode Island Data Ecosystem, which is the integrated cross-agency database that resides within the State Data Center and systematically receives the RI APCD data along with several other Health and Human Services datasets.

Overview of the RI APCD

In 2008, the Rhode Island General Assembly enacted Chapter 23-17.17-9, *Health Care Quality and Value Database*. This law directed the Rhode Island Department of Health (RIDOH) to establish and maintain the RI APCD, and gave RIDOH the authority to require payers, both public and private, to submit person-level claims data for health services paid on behalf of enrollees.

In July 2013, RIDOH promulgated the Rules and Regulations Pertaining to the RI APCD ("Regulations").[1] These Regulations established the framework for the submission of health care claims data to the RI APCD and detailed the process for the release of RI APCD information to other state agencies, organizations, and individuals engaged in improving, evaluating, or otherwise measuring healthcare. Data submission to the RI APCD began in the fall of 2014, with the collection of three years' worth of historic data (2011-2013) from the nine largest RI payers (seven commercial plans, Medicare, and Medicaid). Since then, the RI APCD has expanded with the addition of three new commercial submitters and subsequent years of data.[2] As of July 2021, the approximate size of the RI APCD is as follows:

Years of Data Included	2011-2021
Claims Received Each Year	60 million
Total Number of Claims in Database	563 million
Unique Covered Lives in Database	1.30 million
Total Number of Records in Database (incl. enrollment and provider records)	859 million
Database Size	1.2TB

[1] http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7305.pdf

[2] Because some payers submit data from different business lines or platforms, the 15 existing payers submit 30 separate submission "streams".

RI APCD Lockbox Services and Opt-Out Provision

To comply with State law which requires that health care claims information collected by the RI APCD be *de-identified*, RI uses a Lockbox Services Vendor, which must be a subcontractor of the RI APCD Data Management Vendor. The Lockbox Services Vendor is responsible for building and maintaining a Master Patient Index - an unduplicated list of all individuals whose data is included in the RI APCD, and for assigning Encrypted Unique Identifiers (also known as "Unique Member IDs" or "UMIDs"). To accomplish this, the Lockbox Services Vendor receives monthly enrollment data from all RI APCD data submitters, which includes direct patient identifiers (e.g., name, address, date of birth, social security number, etc.).[3] The Lockbox Services Vendor uses this enrollment data to identify individuals across data submitters and to assign RI APCD-specific Unique Member IDs. The Lockbox Services Vendor then sends the enrollment data back to each data submitter, with the Unique Member IDs and opt-out status (see paragraph below) appended. Data submitters use the Unique Member ID in lieu of any direct identifiers in the health care claims data sent to the RI APCD.

Under RI APCD Regulations, individuals can also choose to withhold their information (albeit, de-identified) from submission to the RI APCD. This is known as the "opt-out provision". To help data submitters implement this requirement, the Lockbox Services Vendor hosts and manages a centralized opt-out website (https://www.riapcd-optout.com/) where individuals can register their opt-out choice. This website is available 24/7; individuals can opt-out (i.e., exclude their information from the RI APCD going forward) and opt-back-in anytime. Under this framework, data submitters' responsibility lies in notifying all members of their right to opt-out, in providing the URL for the opt-out website, and in maintaining each members opt-out status based on flagging supplied by the Lockbox Services Vendor.

The Lockbox Services Vendor assigns each individual one of the following opt-out statuses. Data submitters use these statuses to determine which members' data should be excluded from submissions to the RI APCD:

- "O" for "Opt-Out". These members have opted out;
- "I" for "Include". These members have not opted out; or
- "U" for "Unknown". These members were included in historic file submissions (2011 – 2013 in most instances) but were not active members when opt-out notifications began in early 2014 and, therefore, were not notified of the opportunity to opt-out.

Data submitters only submit administrative fields for members flagged as "O", whereas they submit full enrollment and claims data for members flagged as "I". Although data submitters send full enrollment and claims data for members flagged as "U", this data is held and not included in the fully processed RI APCD data used for analytics or reporting. In the event that a member flagged as "U" enrolls in new coverage with a current RI APCD data submitter, the Lockbox Services Vendor is able to match the member to their historic enrollment data and change that members opt-out status to "O" or "I", the latter of which would allow that individual's data to be included in analytics and reporting.

RI APCD Data Collection and Timeline

Incorporated into the Regulations by reference, the Data Submission Guide (DSG) details the specific data elements and the configuration of the five "core" data files that data submitters must send to the RI APCD (i.e. eligibility, medical claims, pharmacy claims, dental claims, provider).[4] The timeline for RI APCD data submissions can also be found in the DSG as well as in *Exhibit A: Data Submission and Collection Schedule.*

[3] The Lockbox Services Vendor does not receive any health care claims data from submitters.
4 Version 1.7 of the TSM can be found on the RI APCD website at: https://health.ri.gov/materialbyothers/RIAllPayerClaimsDatabaseTechnicalSpecificationsManual.pdf. See link at bottom of website, labeled "All-Payer Claims Database Technical Specifications".

In addition to the five core file types detailed in the DSG (i.e., eligibility, medical claims, pharmacy claims, dental claims, and provider files), the RI APCD Data Management Vendor is also responsible/will be responsible for collecting and processing the following two files.

1. **CurrentCare (Active):** In 2021 the Rhode Island Quality Institute (RIQI) began submitting a quarterly enrollment file to the RI APCD of all Rhode Island residents who have opted into the state's Health Information Exchange (HIE), commonly referred to as "CurrentCare". This quarterly enrollment file is sent directly to the Lockbox Services Vendor as it includes direct identifiers of all CurrentCare enrollees as well as their self-reported race and ethnicity. Once received, the Lockbox Services Vendor cross-walks the quarterly file to the Master Patient Index and replaces all direct identifiers with the Unique Member ID. This processed file, now stripped of directly identifiable information, is then sent by the Lockbox Services Vendor directly to the Data Management Vendor, who uses it to develop a CurrentCare-specific eligibility table which includes each member's Unique Member ID, CurrentCare enrollment periods, and self-reported race and ethnicity. Although submissions began in 2021, the RI APCD has received CurrentCare enrollment and race and ethnicity information dating back to January 1st, 2014, due to an initial historical submission.

2. **Alternative Payment Models (Prospective):** The RI APCD is in the process of updating its Regulation to include the collection of an annual Alternative Payment Model (APM) file. This regulatory amendment is expected to be completed by the end of 2021, after which the Interagency Staff Workgroup will develop the technical specifications for the file (which will be added to the DSG). Data collection is expected to begin in Spring 2022. The APM file will capture all healthcare-related disbursements made to providers from health insurers situsedin Rhode Island, including payments made to providers not solely on a fee-for-service (FFS) basis. The annual APM file will be submitted directly to the Data Management Vendor by each data submitter. The Data Management Vendor will then validate and aggregate the information, and delivery the fully processed file to the State Data Center. The APM file will not include patient level information and for that reason, Lockbox Services Vendor services will not be necessary.

RI APCD Governance

The RI APCD implementation is managed by a Interagency Staff Workgroup (ISW); a governing body with representatives from RIDOH, EOHHS, the RI Office of the Health Insurance Commissioner (OHIC), and the RI Health Benefits Exchange (known as HealthSourceRI or HSRI). These four agencies have committed staff and funding resources to the project and have entered into a formal partnership through a Memorandum of Understanding. Freedman HealthCare currently serves as the RI APCD Project Management Vendor, a role which includes facilitating the ISW meetings, managing the RI APCD Data Management Vendor and data release processes, and providing subject matter expertise on RI APCD operations and reporting.

Purposes and Major Uses of the RI APCD

The RI APCD was created to ensure transparency of information about access, quality, utilization, efficiency, and cost of RI's health care delivery system. Specifically, the goals of the RI APCD include:

- Providing information about health care utilization and costs to inform statewide decisions on improving access, quality, efficiency, and affordability of healthcare;

- Identifying the major health care cost drivers in Rhode Island;

- Providing EOHHS with information necessary to evaluate and improve the RI Medicaid program, including: meeting CMS' Medicaid Access Monitoring Review requirements, evaluating reform efforts, including long-term care rebalancing, the Accountable Entities program, and "Re-

inventing Medicaid" program goals; assessing care coordination and access for Dual Eligible populations; and analyzing utilization patterns pre- and post-Medicaid coverage;

- Informing RI Medicaid's health insurance purchasing decisions and affordability standards;

- Providing information to researchers, payers, and others in order to improve healthcare value and outcomes.

RI APCD Data Release

There are three *levels* of RI APCD data currently available for release.

Level 1 consists of public-facing reports available free of charge on the HealthFacts RI website (http://www.health.ri.gov/data/healthfactsri/) and developed by State analysts and/or contractors. Currently, there are 20+ reports, across five categories.

These report categories include:

- Rhode Island Demographics
- Preventive Services
- Hospital Utilization
- Behavioral Health
- Special Topics

Level 2 data sets consist of custom aggregated claims data which adheres to CMS's cell-size suppression rules. These data sets are developed by state analysts using data collected by the RI APCD and are developed on an ad-hoc basis.

Level 3 data include claims-level data. These datasets are referred to as "Standard Extracts" as they are pre-built and updated annually with newly available information. Level 3 datasets include a standard set of RI APCD medical and pharmacy claims data, eligibility, and provider information and are developed/updated by the RI APCD Data Management Vendor. Level 3 datasets do not currently include dental claims, eligibility, or provider information.

The Rhode Island Data Ecosystem

Background

The Rhode Island Data Ecosystem ("RI Ecosystem") is an integrated database that resides within the State Data Center and links data at the person and family level across state agency datasets to drive holistic improvements in human well-being. The RI Ecosystem is managed by the Executive Office of Health and Human Services. Some of the data sources in the RI Ecosystem include:

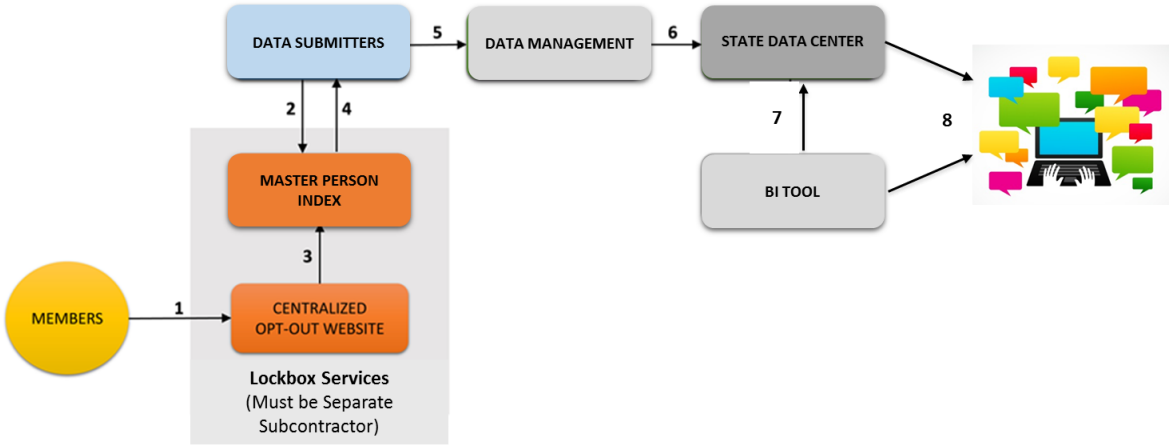
- RI APCD data (which is de-identified and therefore not linked to any other dataset within the RI Ecosystem)
- RI Medicaid claims, encounters, and enrollment
- Various Dept. of Human Services programs (e.g. TANF, SNAP, SSI)
- Wages, income insurance, and job training from the Department of Labor and Training
- Child screening, immunization, and outreach program referral from the RI Dept. of Health
- Birth and death records
- Housing insecurity and homelessness data
- COVID testing, case, and vaccine information

- Development disabilities case management data from the RI Dept. of Behavioral Healthcare, Developmental Disabilities, and Hospitals
- Rhode Island Courts data

Originally established as an internal state resource, the RI Ecosystem has matured into a vital asset for state and non-state partners. Data can be used by program managers, researchers, providers, health insurers, and others to examine trends across populations and time.

Current RI APCD and RI Ecosystem Data Flow

The diagram below depicts the current RI APCD and the relationship to the RI Ecosystem.



1. Covered members (of RI payers, also referred to as "data submitters") who choose to opt-out of the database visit the centralized opt-out website, hosted and managed by the Lockbox Services Vendor.
2. Data submitters and RIQI send RI APCD eligibility and CurrentCare enrollment files, respectively, – with patient identifiers – to the Lockbox Services Vendor (a subcontractor to the prime RI APCD Data Management Vendor), which builds the Master Patient Index.
3. The Lockbox Services Vendor collects opt-out information from the opt-out website and matches the names with the Master Patient Index.
4. The Lockbox Services Vendor sends RI APCD eligibility files back to data submitters, attaching the Unique Member ID and flagging opt-outs. The Lockbox Services Vendor sends the processed CurrentCare enrollment file directly to the Data Management Vendor.
5. Data submitters send de-identified claims files for all members who have not opted-out, to the RI APCD Data Management Vendor who performs data management tasks, which include: combining claims across all data submitters, adding all value-added data elements, and running all quality assurance checks. Once instituted, data submitters will also send the annual APM file directly to the Data Management Vendor, skipping the Lockbox Services Vendor entirely.
6. The RI APCD Data Management Vendor sends a fully-processed and enhanced data extract to the State Data Center, which includes all RI APCD data and the processed CurrentCare eligibility table. Once instituted, the Data Management Vendor will also send the fully processed APM data to the State Data Center. The State Data Center stores and hosts the RI APCD data, along with other Health and Human Services datasets as part of the RI Ecosystem.
7. Data within the State Data Center is accessible to state employees via a Business Intelligence Tool owned and operated by the State.
8. Data within the RI APCD and RI Ecosystem is available to the public through public-facing reports and a non-public data release process.

RI APCD and RI Ecosystem Funding Source

On March 30, 2017, RI EOHHS received approval from the Centers for Medicare and Medicaid Services (CMS) for enhanced federal financial participation (FFP) to support both the RI APCD and the RI Ecosystem. Due to this, both the Data Management Vendor and Lockbox Vendor must conform to minimum CMS reporting and information security requirements.

Minimum Requirements

EOHHS seeks to obtain the services of a qualified vendor with expertise in data aggregation, data management, quality assurance, and analytics of large claims databases. Specifically, the successful prime vendor and its subcontractor(s) must collectively demonstrate:

- Experience linking individuals across health insurers to create an unduplicated unique member file;
- At least five (5) years of experience collecting claims information from health insurers;
- At least five (5) years of claims analytics experience;
- Expertise in data collection, data validation, and quality assurance;
- Expertise in the development of aggregated and enhanced datasets (including using and implementing value-added components such as episode groupers, patient-level risk scores, etc.);
- Experience applying and using open-source and proprietary software, including 3M grouper software (APR DRGs, CRGs, EAPGs, etc.).

SECTION 3: SCOPE OF WORK AND REQUIREMENTS

General Scope of Work

EOHHS seeks to obtain the services of a vendor who has the capacity and technical expertise to perform all RI APCD aggregation, data enhancement, and analytic functions as outlined in this RFP. This includes, but is not limited to: managing the opt-out process and building and maintaining a Master Patient Index; performing front-end data collection and aggregation; enhancing the data with value-added elements; producing and securely transmitting fully-processed, analytic-ready extracts to the State Data Center; performing ad hoc queries against RI APCD data as needed; providing analytics in support of RI state initiatives; and assisting RI Ecosystem analysts in loading and mapping the RI APCD and other Health and Human Services Datasets into the RI Ecosystem. For this RFP, EOHHS is particularly interested in bidders that demonstrate the experience and expertise to "hit the ground running" by continuing data collection operations with minimal disruption to data submitters and by providing accurate and timely RI APCD data aggregation, analytic, and RI Ecosystem data loading optimization services.

To meet these objectives, the Data Management Vendor shall work closely with EOHHS, the ISW, the RI APCD Project Management Vendor, and additional stakeholders on fulfilling the requirements of the following domains. EOHHS will award a single contract for all work outlined in this RFP. Vendors must partner with a subcontractor to perform the work outlined in Domain Two: Lockbox Services, and are encouraged to partner with additional qualified subcontractors, if and where appropriate.[5]

Bidders must bid on all domains.

- Domain One: Transition and Project Management
    - 1A: Transition
    - 1B: Project Management and Documentation

[5] The Regulations stipulate that identified data may not be collected by the APCD. Therefore, Lockbox Services must be performed by a separate and distinct entity other than the vendor that collects and/or processes RI APCD claims data through a subcontracted arrangement with the prime vendor.

- Domain Two: Lockbox Services
    - 2A: Opt-Out Portal Hosting and Operations
    - 2B: Master Patient Index

- Domain Three: RI APCD Data Management
    - 3A: Data Collection and Aggregation
    - 3B: Data Infrastructure and Enhancement
    - 3C: Data Extracts and Analytic Support

- Domain Four: RI Ecosystem
    - 5A: Ecosystem Quality Assurance and Maintenance

- Domain Five: Special Projects/Enhancements

The required tasks associated with these five domains are described below and should be cross-referenced with *Exhibit A: Data Submission and Collection Schedule* and *Exhibit B: Milestone Schedule.*

The selected Data Management Vendor must also comply with the Service Level Requirements found in *Exhibit C: Service Level Requirements*.

Domain One: Transition and Project Management

The selected Data Management Vendor must have the ability to quickly and efficiently take over all RI APCD and RI Ecosystem functions in order to meet the deadlines set forth in *Exhibit A: Data Submission and Collection Schedule* and *Exhibit B: Milestone Schedule*. As part of these transition services, the vendor shall develop and implement a comprehensive Transition Plan, which includes all necessary transition activities to "hit the ground running" on Domains Two, Three, and Four.

In addition, the vendor shall be responsible for implementing an effective project management strategy and providing all necessary project documentation at the beginning of the project, including annual updates thereafter. Project documents include the Project Plan, Business Rules Document, and Data Quality Plan, and will be subject to the state's approval.

Description of Domain One Tasks

Task 1A: Transition

Vendor shall:

1) **Transition Plan:** Develop and deliver a comprehensive Transition Plan which details the activities needed in order to take over data collection, aggregation, and processing from the existing RI APCD Data Management Vendor, by the dates specified in *Exhibit A: Data Submission and Collection Schedule* and *Exhibit B: Milestone Schedule.* The existing Lockbox Services and Data Management Vendors will continue to intake files directly from data submitters for claims paid through December 2021. At a minimum, the Transition Plan must outline plans to:
    a. Develop and implement a secure data exchange mechanism with the existing Lockbox Services Vendor, if applicable, in order to receive the following:
        i. Current version of the Master Patient Index, including all Unique Member IDs and current opt-out status;
        ii. Any internal quality reports generated to validate the current Master Patient Index;

iii. All historical enrollment files (2011-current), as they were received from data submitters;
iv. Copies of all response files sent back to data submitters; and
v. Transfer of domain ownership for the opt-out website, including transfer of ownership of the official domain as well as several other similarly named domains, which automatically redirect to the official opt-out website.

b. Develop and implement a secure data exchange mechanism with the existing Data Management Vendor, if applicable, in order to receive the following files:
   i. Inventory of all current data submitters, including: product name(s), NAIC number, contact information, types of files being submitted, member counts, number of records, total dollar amount of annual claims, element-specific waivers, etc.;
   ii. All historical RI APCD data (2011-2021), including both the raw unprocessed data as received from data submitters, as well as the processed data extracts that have been transmitted to the State Data Center;
   iii. All historic CurrentCare information (2014-2021), including both the raw unprocessed information as received from RIQI, as well as the processed data tables that have been transmitted to the State Data Center;
   iv. All Medicare claims files received from CMS;
   v. List of all data intake checks performed on incoming data;
   vi. A Data Dictionary which includes a full description of each element in the processed data extracts sent to the State Data Center and how they were derived;
   vii. Copies of all data quality reports sent back to data submitters;
   viii. Copies of all quarterly data quality reports sent to the State; and
   ix. All waivers submitted by data submitters and approved by the State.

c. Work closely with EOHHS and the existing Data Management Vendor, if applicable, to understand the waiver request process and develop a plan for continued implementation and transition.

2) **Transition Implementation**. Implement the Transition Plan.

Task 1B: Project Management and Documentation

Vendor shall:

1) **Project Management:** Provide expert project management and oversight of all domains and activities throughout the Contract term to ensure deliverables are on time and completed to the highest quality standards. Vendor must utilize proven project management techniques and comply with all relevant standards and best practices for the information technology industry. Vendor shall be responsible for effectively managing any subcontractors, including communicating with subcontractors on behalf of the State.

2) **Project Plan:** Develop and deliver a comprehensive Project Plan for implementing and managing the various activities outlined in Domains Two, Three, and Four by the dates specified in *Exhibit A: Data Submission and Collection Schedule* and *Exhibit B: Milestone Schedule*. If the bidder can process and/or send data to the State Data Center data quicker than deadlines outlined in this RFP, the bidder should propose the more aggressive timeframe in their proposal response. Deliverables that are late, not delivered, or deemed unacceptable by the ISW are subject to Service Level Requirements (SLR) credits as outlined in *Exhibit C: Service Level Requirements*. The Project Plan will be subject to ISW review and approval, and vendor shall make changes based on ISW feedback. The Project Plan must also be updated annually. At a minimum, the plan must include detailed descriptions of:
   a. Method and implementation strategy for developing and maintaining a secure opt-out website, including a plan for addressing technical questions regarding the opt-out process;

b. Process by which data submitters will register and securely exchange enrollment files with the Lockbox Services Vendor in accordance with the layouts and specifications provided in the DSG. This includes files to be sent by data submitters to the Lockbox Services Vendor and files to be sent back to the submitters from the Lockbox Services Vendor.
c. Method and implementation strategy for providing a web-based portal with a secure and encrypted upload interface for data submitters to transmit data to the RI APCD. Web portal must be capable of providing feedback on data quality and volume trending back to submitters;
d. A protocol for testing and verifying the performance of the data intake process (with both the Lockbox Services Vendor and the RI APCD Data Management Vendor) prior to the first submission of data;
e. A protocol to implement and maintain encryption methods in accordance with HIPAA, the HITECH Act, and HHS guidance, including:
    i. Methods that allow data submitters to encrypt transmitted files;
    ii. Methods that allow data files to be encrypted for storage, backup, and transfer;
    iii. Methods that allow encryption of data in motion and at rest, including:
        1. Encryption of data during transmission using FIPS 140-2 compliant cryptographic controls in accordance with NIST Special Publication 800-52.
        2. Encryption of data at rest in accordance with NIST Special Publication 800-111.
    iv. A process by which data submitters can get technical assistance to resolve encryption issues;
    v. A process for periodically assessing and, in consultation with the ISW, updating encryption methods to ensure that they meet the highest industry standards.
f. Method for storing Medicare files received from CMS, including how this data will be incorporated into the fully-processed data extract sent to the State Data Center;
g. Method for excluding and storing enrollment and claims data for individuals with an opt-out status of "U" from the data transmitted to the State Data Center. This method must include the ability to integrate "U" members' data back into the fully processed RI APCD extract in the event that the individual's opt-out status is toggled back to an "I";
h. Process by which RIQI will submit a quarterly enrollment file, inclusive of all CurrentCare members to the Lockbox Services Vendor, to be crossed walked to the MPI.
i. Process by which the Lockbox Services Vendor will transmit the CurrentCare enrollment file (stripped of direct identifiers) to the Data Management Vendor.
j. Process by which the Data Management Vendor will develop a CurrentCare-specific eligibility table for all CurrentCare enrollees, inclusive of each member's Unique Member ID, CurrentCare enrollment periods, and self-reported race and ethnicity.
k. Proposed strategy for data back-up, disaster recovery (including system failure response/ recovery times), and secure data disposal;
l. Designation of a single individual to serve as the Privacy and Security Officer, accountable for the implementation of all privacy measures, for auditing security and encryption processes, and for ensuring that HIPAA is followed at all times;
m. Designation of a single individual to serve as the Project Manager and single point of contact for all Domains and activities;
n. Designation of a single individual to serve as the primary point of contact for data submitters, with appropriate back up and support resources. This individual (or their designee) must provide electronic and telephone support to data submitters between the hours of 9am and 5pm ET, Monday through Friday, for the entire contract term;
o. Weekly project meetings with the RI APCD Project Management Vendor to provide project updates, highlight new issues and risks, and ensure ongoing communication;
p. Description of how the prime vendor will manage any subcontractor(s), including process for communicating with the subcontractor(s) on behalf of the ISW and escalation procedures for handling any issues with the subcontractor(s);

q. Description of how the vendor's internal processes will support meeting project deadlines, producing high quality deliverables, and ensuring the project stays on track.

3) **Business Rules Document:** Develop and deliver a comprehensive Business Rules Document by the date specified in *Exhibit B: Milestone Schedule*. This document will be updated annually. Where applicable, vendor must include comparisons of existing methodologies (as performed by the existing RI APCD Data Management Vendor) with the new proposed methodologies. Unless otherwise noted, all methodologies proposed must be transparent/ "open-source"/cannot be withheld due to proprietary restrictions. The Business Rules Document must include detailed explanations of the following:
   a. Process that will be used by the Lockbox Services Vendor to establish a Master Patient Index (MPI). This involves creating Unique Member IDs (UMID) across all data submitters, to allow the linking of claims to enrollment files and the aggregation of patient claims longitudinally;
   b. Process that will be used to create a Master Provider Index. This involves creating unique healthcare provider and healthcare facility identifiers that will enable accurate member and claims record links to unduplicated healthcare organizations and practitioners across payers;
   c. Methodology proposed for implementing the following value-added components:
      i. Identify claims that may be adjudicated multiple times (claims versioning) and ensure that the fully-processed data reflects the most current adjudication for each claim, based on data submitters' specific processes for identifying versions of each claim.
      ii. Create distinct episodes of care by identifying inpatient and outpatient visits that are related to the same episode;
      iii. Classify potentially avoidable utilization, including Emergency Department visits and inpatient admissions;
      iv. Classify outpatient and other office visits by procedure type using the Berenson-Eggers Type of Service (BETOS) system;
      v. Identify Coordination of Benefit (COB) claims and combine these with claims from the primary payer in order to reflect a "total paid" category;
      vi. Attribute patients to primary care providers using at least two different methodologies as directed by the State;
      vii. Generate flags in the data that allow expedited analysis (e.g. readmissions, emergency room visits, mental health claims, substance abuse claims, etc.);
      viii. Calculate thirty two (32) claims-based quality measures from the State's Aligned Measures Sets (see Appendix 3 for list of measures). The Aligned Measures Sets will be updated annually.
   d. Methodology proposed for implementing the following proprietary value-added components:
      i. Measure the population's burden of illness using 3M's Clinical Risk Grouping (CRG) software;
      ii. Classify outpatient claims by the amount and type of resources used in an ambulatory visit using 3M's Enhanced Ambulatory Patient Groups (EAPGs);
      iii. Classify inpatient claims by the types of resources consumed using 3M's All Patients Refined Diagnosis Related Groups (APR-DRGs);
   e. A protocol for maintaining eligibility records for all covered members and maintaining eligibility spans for those members as eligibility updates are received on a monthly basis from data submitters;

4) **Data Quality Plan:** Develop and deliver a comprehensive Data Quality Plan that outlines the process of ensuring maximum data completeness and accuracy by the date specified in *Exhibit B: Milestone Schedule*. Vendor must be able to make changes based on ISW feedback. At a minimum, the Data Quality Plan must include methodologies for:

a. Development of a quality assurance process for the MPI, which includes the ability to monitor:
    i. The generation of new UMID's for a member who is not found within the MPI;
    ii. The accurate assignment of UMID's for members found in the MPI;
    iii. The merging of UMID's for members identified as being reported in duplicate;
    iv. The splitting of UMID's for members identified as incorrectly grouped under a single UMID;
    v. The assignment of the same UMID to the same person if they have multiple simultaneous coverages or a break in service with the same or different data submitter.
b. Tier 1 Validation Checks: Automated data intake validation scripts (for identifying common data mistakes) to be run against the data as part of the extract, transform, and load (ETL) process. Tier 1 Validation checks must be performed, and results must be sent back to data submitters via an audit report within five (5) business days of receiving any data files;
c. Tier 2 Validation Checks: Quarterly, automated production-level checks for reasonableness of submitted data, including month-over-month trend analyses to validate consistency in data volume and quality. Tier 2 Validation Checks will be reviewed and approved by the ISW annually. Tier 2 Validation checks must be performed, summarized (including the identification of any required corrective action), and sent back to data submitters via audit report within ten (10) business days of receiving all quarterly files from submitters;
d. Plan to produce quarterly post-data load quality reports to the state, which include:
    i. Demographics (e.g. member counts, percent male, etc.);
    ii. Rolling aggregation figures (e.g. dollar amounts for paid services in a given month, units per enrolled member per workday, etc.);
    iii. Count of medical member months compared to pharmacy member months for each submitter;
    iv. Count of dental member months compared to medical member months for each submitter;
    v. Exchange-related enrollment figures (e.g. purchased through the exchange, percent catastrophic coverage plans, etc.);
    vi. Number of records dropped out due to each exclusion and/or business rule applied for each submitter and for the full database;
    vii. Pharmacy (e.g. percent refills, percent generics, etc.);
    viii. Provider and facility (e.g. inpatient counts, provider type, etc.);
    ix. Count of members covered under ERISA-eligible plans;
    x. Opt-out tallies;
    xi. "Unknown" tallies;
    xii. Quality of the Master Patient Index; and
    xiii. Quality of the Master Provider Index.
e. Tier 3 Validation Checks: Annual, post-processing validation reports showing the degree to which fully processed RI APCD data align with the submitters' internal metrics. Tier 3 Validation checks will be reviewed and approved by the ISW annually. Tier 3 Validation Checks must be performed, summarized, and sent back to data submitters within thirty (30) days of annual data being fully processed and enhanced. Vendor shall collaborate with submitters to reconcile core metrics with the submitters' internal metrics, determine reasons for discrepancies, and identify solutions;
f. Designation of a dedicated data quality analyst responsible for mining the RI APCD data for data quality issues, including identifying, communicating, and resolving all data errors and anomalies; producing quality assurance reports and performing any additional data quality investigations as directed by the ISW.

Domain Two: Lockbox Services

The Data Management Vendor shall be responsible for subcontracting with a Lockbox Services Vendor.

The Lockbox Services Vendor will be responsible for designing, hosting, updating, and maintaining a secure opt-out website through which individuals can designate their opt-out choice. The existing vendor will continue to host the opt-out website through February 28th, 2022. From the contract start date through the deadlines outlined in *Exhibit B: Milestone Schedule*, the Lockbox Services Vendor will obtain all existing documentation, undertake planning and design efforts, and test all functionality prior to the "go-live" of a new, proposed opt-out website. The new opt-out website will have the same URL as the current one (https://www.riapcd-optout.com).

The Lockbox Services Vendor will also be responsible for receiving monthly or quarterly enrollment files from all RI APCD data submitters and quarterly enrollment files from RIQI, to develop and maintain a Master Patient Index.

Description of Domain Two Tasks

Task 2A: Opt-Out Portal Hosting and Operations

Vendor shall:

1) **Hosting:** Provide all necessary infrastructure to host the opt-out website ("portal"), including but not limited to, the facility, hardware, rack space, power, and internet connection. As part of this requirement, vendor shall manage and monitor the environment to ensure the opt-out portal structure is secure, functioning, and stable (see *Exhibit C: Service Level Requirements*)

2) **Splash Page (if applicable):** Upon receiving all current documents, deploy a "splash page" advising website visitors of the launch date of the new opt-out website. Users who visit the splash page shall be allowed to enter their email address to be notified when the website goes live, so that they can visit the website at that time. The vendor shall keep a record of these emails to send a reminder when the full portal becomes available, inviting all users who supplied their email address to return to the portal and opt-out of the RI APCD if they still wish to do so. The "splash page" shall also provide a state email address that members may contact with questions about the opt-out process.

3) **Opt-Out Portal Design:** Design a fully functioning opt-out portal for the administration and collection of information regarding members who designate their wish to opt-out of – or opt back into – the RI APCD. Vendor can choose to redesign the portal interface or keep the design as is. Opt-out portal design will be subject to ISW approval. The opt-out portal shall have the following functionality:
    a. Member will be required to enter their name, date of birth, subscriber number, and other required demographic information along with selection to opt-out or opt into the RI APCD;
    b. The member will be given a tracking number to follow up on the status of their request;
    c. The member's information will be run against existing records in the MPI;
    d. If the member's information matches that of an existing record in the MPI, then the opt-out indicator will be updated for all matched instances of that person;
    e. A member who returns to the system with a tracking number will be informed if a match has been found and whether their opt-out decision has been registered;
    f. If no match is found in the MPI, the member's information will be kept on file for matches in the future.

4) **Testing:** Complete testing and confirm stable operations for opt-out website launch. As part of this requirement, vendor shall deliver test summary results for the ISW's review.

5) **Opt-Out Portal Launch:** Launch the opt-out website.

6) **Maintenance and Updates:** Maintain and update the functionality, stability, and operations of the secure opt-out website for the entire contract term. As part of this requirement, vendor shall conduct application security testing and periodic functionality testing (see *Exhibit C: Service Level Requirements*). Vendor shall respond to any technical questions received from end users or the ISW regarding the functionality and operations of the portal.

Task 2B: Master Patient Index

Vendor shall:

1) **Master Patient Index (MPI):** Implement the process to migrate and maintain continuity with the existing, historical MPIs. As part of this task, vendor shall:
    a. Implement a process by which RI APCD data submitters and RIQI can register and transmit monthly or quarterly enrollment files, based on approved plan in *Task 1B(2)(b), p.16 and Task 1B(2)(h), p.17*.
    b. Receive and process monthly or quarterly enrollment files from all RI APCD data submitters, based on approved plan from *Task 1B(3)(a), p.17.* As part of this task, vendor shall:
        i. Load full member information into the MPI;
        ii. Perform data matches across all RI APCD submitters' member information;
        iii. Assign cross-payer UMIDs to all member records;
        iv. Maintain all UMIDs for individuals over time;
        v. Assign an opt-out status flag to members according to the following protocol:
            a. Flag any new or existing members who opt-out with an "O";
            b. Flag any new members who have not opted-out, or existing members who have opted back in, with an "I";
            c. For new data submitters submitting their historic files for the first time - members who are not currently enrolled with any other RI APCD data submitter should be flagged as "U", since data submitters do not notify "historical" members of their right to opt out.[6]
            d. Compare list of current members from all data submitters (all of whom have been notified of opt-out) against members with an opt-out status of "U". If any "U" members appear in current member eligibility files, toggle the member's flag to "I" or "O" based on their current opt-out status and indicate the month the opt-out status was updated.
        vi. Send response files back to RI APCD data submitters, incorporating the UMID and opt-out status flag, using the layout published in the DSG and within the deadlines specified in the DSG;[7]
        vii. Provide feedback to RI APCD data submitters about all failed submissions within five (5) business days of receipt.
    c. Receive and process a quarterly enrollment file from RIQI, based on approved plan from *Task 1B(2)(h), p.17.* As part of this task the vendor shall:
        viii. Load full member information into the MPI;
        ix. Perform data matches across all RI APCD submitters' member information;
        x. Assign UMIDs to all CurrentCare member records;
        xi. Assign an opt-out status flag to members according to the following protocol:
            a. Flag any member who has opted-out with an "O";

[6] See RFP Section 2, "Background" for more information about "U" - Unknown opt-out status.
[7] Response files are due to submitters within 10 business days of submission (for monthly or quarterly production data).

b. Flag any member who has not opted-out, or members who have opted back in, with an "I";
c. For historic files (initial submission) - members who are not currently enrolled with any RI APCD data submitter should be flagged as "U", since data submitters do not notify "historical" members of their right to opt out.[8]
d. Compare list of current members from all data submitters (all of whom have been notified of opt-out) against members with an opt-out status of "U". If any "U" members appear in current member eligibility files, toggle the member's flag to "I" or "O" based on their current opt-out status and indicate the month the opt-out status was updated.

xii. Maintain all UMIDs for individuals over time;
xiii. Transfer the processed file directly to the Data Management Vendor, based on the approved plan in *Task 1B(2)(i),p.17*. The processed file should be stripped of all directly identifying information used to assign the UMID and exclude all members who were assigned an "O".

d. Implement a MPI quality assurance process. As part of this task, vendor shall:
   i. Perform quality assurance on all received data (e.g. consistent field formatting, logical field values, and valid field values);
   ii. Perform MPI and UMID quality assurance, based on approved plan from *Task 1B(4)(a), p.18*;
   iii. Cross-check members identified as opt-outs by the website against their identification within the MPI database to verify accurate flagging;
   iv. Report summary results to the ISW on a quarterly basis, including the total number of UMIDs in the MPI, total number of opt-out requests, the number of members who opted-out using the portal but for whom no matches were found in the MPI, total number of members with "U" opt-out status, number of redundant opt-out requests, and the number opted-out UMIDs by each data submitters' feed;
   v. Perform annual requirements analysis for the UMID assignment process.
e. Onboard new submission feeds (i.e. those not already submitting data as of the contract start date). As part of this task, vendor shall:
   i. Receive and process a test file (one month of data), providing feedback and guidance regarding needed corrections, within the deadlines specified in the DSG;
   ii. Receive and process a one-time historical enrollment file (three years of data), within the deadlines specified in the DSG.

2) **Project Management and Technical Support:** Collaborate with project staff and data submitters to develop and implement a procedure for project-related communications and technical assistance. As part of this requirement, vendor shall:
   a. Attend annual data submitter workgroup meetings, facilitated by the APCD Project Management Vendor, to answer any questions and provide technical support as needed;
   b. Establish customer service channels for RI APCD data submitters;
   c. Provide access to technical experts to resolve data exchange issues.

3) **Researcher Cohort Requests:** In addition to the activities outlined under Tasks 2A and 2B, the vendor should be capable of receiving files from entities other than RI APCD data submitters and mapping them to the MPI as needed for research requests. The vendor should expect up to five of these researcher requests in a given year. The format of these data sets will be determined in collaboration with the data submitter and EOHHS. Specifically, vendor should be capable of:
   a. Intaking identifiable, non-claims data files from organizations other than RI APCD data submitters (e.g. research entities);

[8] See RFP Section 2, "Background" for more information about "U" - Unknown opt-out status.

b. Matching patient identifiers to the MPI;
c. Sending a list of UMID's associated with the cohort of interest (as identified through the MPI match) directly to the Data Management Vendor.

Domain Three: RI APCD Data Management

EOHHS seeks to obtain the services of a vendor, who has the capacity and expertise to collect, clean, organize, enhance, and validate the RI APCD data. If applicable, the vendor shall also be responsible for migrating the data collection process to their proposed platform, with minimal disruption to data submitters.[9]

The vendor shall securely transmit the fully-processed RI APCD data, on a quarterly basis, to the State Data Center, where it will be loaded and mapped into to the RI Ecosystem. In addition, the vendor shall provide supplementary data sets and ad-hoc analytic services, as necessary, in support of the RI APCD data release process and other State initiatives.

Description of Domain Three Tasks

Task 3A: Data Collection and Aggregation

Vendor shall:

1) **Data Submission Portal:** Develop and maintain a secure online portal for protected submission, transmission, and encryption of all RI APCD data. Implementation of the data submission portal should be based on the approved plan outlined in *Task 1B(2)(c), p.16*.
    a. Prior to receiving the first monthly data submission directly from submitters, test and verify the data intake process based on the protocol developed in *Task 1B(2)(d), p.16*.

2) **Monthly or Quarterly ETL:** Either monthly or quarterly (depending on the preference of the data submitter), execute an ETL process that supports a minimum of 30 data submission feeds, each with multiple data file types (e.g. eligibility, claims, provider) .[10]
    a. Onboarding of new submission feeds (i.e., those not already submitting data as of the contract start date) shall include mapping payer fields to established RI APCD data elements, processing test data sets, producing a report based on the processed test data sets, working with the data submitter to make the appropriate adjustments to their data submission or drafting the appropriate waiver, and receiving and processing submitter's historic (past three years) data.
    b. Vendor must be able to make updates to the ETL process to accommodate changes to the DSG.

3) **Medicare Custodian:** Serve as the CMS-approved Medicare Custodian for data sets obtained through the CMS State Agency Request Programs. As part of this requirement, vendor shall:
    a. Meet the CMS requirements to serve as the Custodian of Medicare files containing Protected Health Information (PHI) (refer to Appendix 4 for the CMS Data Use Agreement. The vendor will be required to comply with these terms.);
    b. Support EOHHS in their requests for newly available Medicare data via the CMS State Agency Request Program;
    c. Transform the Medicare data files received from CMS into the format specified in the DSG or as needed to integrate with the RI APCD, as permitted under the CMS Data Use Agreement. This includes:
        i. Creating an enrollment file for Medicare beneficiaries and transmitting it to the Lockbox Services Vendor on a quarterly basis for matching against the MPI; and
        ii. On a quarterly basis, processing the response file received back from the Lockbox Services Vendor by registering Medicare beneficiaries' opt-out requests.

[9] The existing Data Management Vendor will continue to intake files directly from data submitters through the submission of December 2021 data. See Exhibit A: Data Submission and Collection Schedule.

[10] A single payer may have multiple data submission feeds (i.e. behavioral health, DME, student, etc.). It is expected that by March 1st, 2022 there will be 30 separate submission feeds representing 15 payers.

4) **Data Collection Management:** Manage and update the RI APCD data collection process on an ongoing basis, by the dates specified in *Exhibit A: Data Submission and Collection Schedule* and *Exhibit B: Milestone Schedule*. As part of this requirement, vendor shall:
    a. Administer all rules, policies, and procedures for the collection of RI APCD data, as established by the Regulations and in accordance with the most recent DSG;
    b. Execute a plan that ensures all data submitters submit the requisite conforming data as laid out in the DSG or otherwise negotiated (as in the case of RIQI), including any waivers that may be proposed by the data submitter and approved by the state, based on approved recommendations from *Task 1B(2), p.16*;
    c. Notify data submitters reasonably prior to any waivers expiring, prompting them to begin submitting the data or renew their waiver application;
    d. Review the DSG independently, with the state, and with data submitters on an annual basis. Provide specific recommendations on what gaps may exist and what changes need to be made. All recommendations will be subject to the ISW's approval;
    e. Provide data submitters with a complete list of all Tier 1 and 2 Validation Checks that will be run against their data. This list should include all data validation and "reasonableness" checks beyond just the DSG element thresholds (e.g., non-United States/Canadian addresses, dates that are in the future, etc.);
    f. Maintain documentation of data submissions, including requests for, responses to, and resubmissions. Vendor shall make such documentation available to the ISW upon request;
    g. Maintain documentation of waivers, including requests for, responses to, and expiration dates. Vendor shall make such documentation available to the ISW upon request;
    h. Re-evaluate data collection and aggregation processes on an annual basis and propose improvements to the ISW.

5) **CurrentCare Eligibility Table:** Develop a process for linking CurrentCare enrollment and members' self-reported race and ethnicity data to the RI APCD.
    a. Receive the processed CurrentCare enrollment file, stripped of direct identifiers, from the Lockbox Services Vendor, as outlined in *Task 1B(2)(i), p.17.*
    b. Based on the protocol developed in *Task 1B(2)(j), p.17,* develop a CurrentCare-specific RI APCD eligibility table. This table should include each member's CurrentCare enrollment and disenrollment dates (if applicable), and all other information included in the CurrentCare enrollment file (e.g., race and ethnicity).
    c. Include the CurrentCare-specific eligibility table in the quarterly RI APCD extract delivery to the State Data Center. The table should include only those members who were assented an opt-out status of "I".

6) **Tier 1 Pre-Load Quality Assurance and Validation:** Perform automated quality assurance, validation, and edit checks on all submitted data as part of the ETL process. As part of this task, vendor shall:
    a. Implement Tier 1 Validation Checks and submitter audit reports based on approved plan from *Task 1B(4)(b), p.18* within five (5) business days of receiving each file;
    b. Identify data submissions that require correction and request resubmission;
    c. Track resubmission timelines to ensure data submitters resubmit requested data within thirty (30) business days of notification to resubmit;
    d. Receive and process corrected and resubmitted data sets from previous periods, replacing or deleting records as needed.

7) **Tier 2 Production-Level Quality Assurance and Validation:** Perform ongoing production-level quality assurance, validation and edit checks. As part of this task, vendor shall:
    e. Implement Tier 2 Validation Checks and submitter audit reports based on approved plan from *Task 1B(4)(c), p.19* within ten (10) business days of receiving all quarterly files;

f. Collaborate with data submitters to resolve identified discrepancies and determine when resubmission is required;
g. Track resubmission timelines to ensure data submitters resubmit requested data within thirty (30) business days of notification to resubmit;
h. Receive and process corrected and resubmitted data sets from previous periods, replacing or deleting records as needed.

8) **Data Submitter Engagement:** Collaborate with data submitters, including RIQI, to develop and implement a procedure for project-related communications and technical assistance. As part of this requirement, vendor shall participate in quarterly data submitter calls, facilitated by the RI APCD Project Management Vendor. Participation shall consist of providing relevant updates to data submitters, answering any technical questions, and sending follow-up correspondences, as needed.

9) **Data Collection Status Reports:** Provide the State with monthly status reports on each data submitter. Vendor shall, in consultation with the State, notify data submitters who are non-compliant with data submission rules, as outlined in the Regulations and the DSG.

10) **Researcher Cohort Requests:** The vendor's proposed system should be capable of incorporating other non-claims extracts as requested by the ISW. This may include receiving custom research extracts for specific UMIDs and linking to the RI APCD data or receiving clinical data extracts and adding them to the dataset. The process must ensure that no protected health information (PHI) be transferred from the Lockbox Services Vender to the Data Management Vendor. These activities will be mutually agreed upon in advance and covered under Domain 5: *Special Projects/Enhancements of this RFP*.

Task 3B: Data Infrastructure and Enhancement

Vendor shall:

1) **Data Infrastructure:** Provide the infrastructure for the secure collection, aggregation, and enhancement of RI APCD data. As part of this requirement, vendor shall:
   a. Re-process the historic data (using the raw unprocessed data as it was received from data submitters) based on the vendor's new approved business rules (see *Task 1B(3), p.17*);
   b. Provide a secure environment for RI APCD data that is separate from other activities and projects, including segregated storage for Medicare data;
   c. Implement a process to securely backup the RI APCD data, hold it in a remote location, and verify that the data is backed-up properly;
   d. Implement an appropriate disaster recovery plan and test the disaster recovery plan, based on the approved plan from *Task 1B(2)(k), p.17*;
   e. Develop and implement a process for securely disposing of defective or end-of-life hardware or media that contains RI APCD data, based on the approved plan from *Task 1B(2)(k), p.17*;
   f. Provide all software and hardware required to fully support the required functionality described in this RFP, complying with all relevant standards and best practices for the information technology industry.

2) **Value-Added Components:** Employ industry standard tools and methodologies to enhance the RI APCD data by implementing and integrating the value-added components outlined in *Task 1B(3)(c)* and *1B(3)(d), p.18.*

3) **Master Provider Index:** Develop, test, and refine a Master Provider Index by implementing unique healthcare provider and healthcare facility identifiers, based on the approved plan from *Task 1B(3)(b), p.18*.

4) **Tier 3 Post-Load Validation with Data Submitters:** Conduct post-load annual validation with data submitters. As part of this task, vendor shall:
    a. Collaborate with the ISW to develop post-load validation metrics for submitters, such as number of Emergency Department visits and Inpatient visits;
    b. Generate annual data submitter validation reports based on approved plan from *Task 1B(4)(e), p.19* within thirty (30) business days of completing data processing and enhancement. Metrics included in reports must be generated using the fully processed and enhanced RI APCD data. Vendor shall provide definitions and methodologies for each metric in the report;
    c. Identify and correct data discrepancies by providing technical assistance;
    d. Provide recommendations to the ISW on whether data submitters should resubmit files. Vendor shall collect and process resubmissions as needed.

5) **Proprietary Grouper Software:** The vendor must have the ability to apply other proprietary grouper software to the fully processed RI APCD data, in addition to implementing the value-added components outlined in *Tasks 1B(3)(c) and 1B(3)(d), p.18*. Additional proprietary grouper software must include:
    a. Classifying inpatient claims by the types of resources consumed using the open-source All Patient Diagnosis Related Groups (AP DRGs); and
    b. Classifying potentially avoidable utilization using 3M's Potentially Preventable Events (PPE) software.

Task 3C: Data Extracts and Analytic Support

Vendor shall:

1) **Quarterly Full RI APCD Data Extract:** Transmit the fully processed and enhanced RI APCD data extract, including the CurrentCare eligibility table, to the RI State Data Center on a quarterly basis, based on the approved plan from *Task 1B(2), p.16* and by the dates specified in *Exhibit A: Data Submission and Collection Schedule* . This data extract shall exclude data for individuals who have elected to opt-out of the database or have an opt-out status of "U" and shall contain the most recent version of all RI APCD data, all value-added components, and the Master Provider Index.
    a. Develop and maintain a Data Dictionary which includes a full description of each element in the RI APCD data extract and how it was derived. An updated Data Dictionary must accompany all data extracts to the RI State Data Center.

2) **Annual "Level 3" Data Sets:** Produce and transmit Level 3 data sets to the RI State Data Center, to be used in support of the RI APCD data release process (see "*Data Release"* in ***Error! R eference source not found.*** of this RFP). Each year the vendor shall deliver ten Level 3 data sets; five data sets for the current year and a refresh of the five data sets from the previous year. The five data sets required for each year, are as follows:

	Files	**Level of Detail**
1	Medical claims + Associated Eligibility + Associated Provider	Service Year & Month, 3-digit zip code
2	Pharmacy claims + Associated Eligibility + Associated Provider	Service Year & Month, 3-digit zip code
3	Medical claims + Associated Eligibility + Associated Provider	Service Date, 5-digit zip code
4	Pharmacy claims + Associated Eligibility + Associated Provider	Service Date, 5-digit zip code
5	Associated value-added groupers for Medical claims	Value added file

The specifications for the data elements to be included in each Level 3 data set can be found in Appendix 5.

3) **Technical Support:** Provide RI APCD technical support to the ISW and other State employees, including employees of the State Data Center and the RI Ecosystem. Common technical questions include the status of RI APCD data submissions; the completeness, validity and quality

of received and processed data; how the data is processed and enhanced; and general questions related to the contents of the RI APCD data.

4) **Ad-Hoc Analytic Support:** Provide ad-hoc analytic support by using the RI APCD data to answer questions relating to policy analysis, program management, population health, and the quality, cost or utilization of healthcare services in Rhode Island. For purposes of this RFP, ad-hoc analytic support shall not exceed 15 hours/month.

5) **Ad-Hoc Extract Requests:** The vendor should be able to produce and transmit up to five data sets annually, on an ad-hoc basis, to State agencies and/or designated entities, as directed by the ISW. Specifications for these data sets will be determined by EOHHS, with input from the vendor.

Domain Four: Rhode Island Ecosystem

Task 4A: RI Ecosystem Quality Assurance and Maintenance

The Vendor Shall:

1) **RI Ecosystem Data Management Assistance:** Provide ongoing support to the RI Ecosystem technical team in a timely manner. The tasks listed below are estimated to require 130 hours per month.
   a) Work closely with the RI Ecosystem Technical to troubleshoot data loads from the RI APCD and other Ecosystem data sources including the RI APCD, Department of Children, Youth, Families (DCYF), Managed Care Organizations (MCOs), and other sources as needed;
   b) Provide support updating and managing ETL tools, when necessary;
   c) Provide support updating data user materials, such as data dictionaries, when necessary;
   d) Provide assistance with existing SQL Server data security;
   e) Assist the Ecosystem Technical Team with Github testing, implementation, and troubleshooting, when necessary;
   f) Assist the Ecosystem Technical team with schema creation, troubleshooting, and further optimization;
   g) Assist in the development, troubleshooting, and functionality of Power BI reports, when needed;
   h) Assist with automated task creation and troubleshooting for Ecosystem data loads;
   i) Support the Ecosystem technical team with ad hoc data loads, queries, and data investigations;
   j) Assist is developing and executing database administration procedures such as database back-ups, data and security audits, and overall architecture design

2) **Cloud Migration Assistance:** Provide ongoing support to the RI Ecosystem technical team, as they migrate the State Data Center to Amazon Web Services (AWS). The tasks listed below are estimated to require 40 hours per month.
   a) Provide subject matter expertise for the state's migration to AWS including architecture, planning, testing, and implementation;
   b) Provide subject matter expertise on the adoption of new and existing tools in AWS, such as Power BI and Snowflake;
   c) Assist in converting existing processes to run in AWS, and troubleshoot new cloud-based infrastructure, when necessary;
   d) Assist the Ecosystem technical team with refactoring and redesigning the AWS infrastructure to increase performance, flexibility, and scalability.

Domain Five: Special Projects/Enhancements

In addition to Domains One through Four, should additional funding become available, the State reserves the option to direct the vendor to conduct additional tasks to support the overall scope of this project.

This may include, but is not limited to, the collection and aggregation of an APM file, which would include of all healthcare-related payments made to providers.

The decision to utilize services under Domain Five will be solely at the State's request and will be for specific enhancement activities not already included under Domains one through four of this RFP. There is no commitment on the part of the State to utilize any or all special projects/enhancement activities.

These optional Domain Five activities will be defined and agreed to in writing, by both the State and the vendor, before any enhancement work begins. If such work is requested, vendors will be expected to use the hourly rates established in the award, to price out the work. Should new funding become available, the Purchasing Agent would need to authorize payments more than 10% of the contract for special enhancements.

The awarded vendor shall not perform any special enhancement activities without receipt of a formal change order issued by the Division of Purchases.

SECTION 4: PROPOSAL

A. Technical Proposal

Narrative and Format

Technical Proposals shall conform to the following submission format:

- Provided bound or unbound (no binders) with each section separately tabbed;
- Paper Size: 8.5 x 11 inches;
- Minimum font size: 11 point (except for footnotes, headers, or footers); and
- Each proposal must identify the vendor name in the page footer.

No pricing or cost information can be included in the Technical Proposal.

A detailed description of each Technical Proposal section, and the order in which they must appear, follows:

Table of Contents (Not scored; No page limit)

Bidders must provide a table of contents that corresponds to the Technical Proposal sections.

Executive Summary (Not Scored; Limit 2 Pages)

The Executive Summary should highlight the contents of the Technical Proposal and provide a broad understanding of the bidder's technical approach and ability. The executive summary should include the following:

- A clear and concise summary of the bidder's understanding of the project;
- A clear and concise summary of the proposed approach and how it will be tailored to Rhode Island's needs;
- A description of the overall value that the bidder brings to the RI APCD and RI Ecosystem; highlighting those factors that the bidder believes distinguishes its proposal;
- A general description of the firm's capabilities and role of any subcontractors.

Narrative Response to Required Tasks (30 Points; Limit 10 Pages)

Using the descriptions of the Domains, cross-referenced with *Exhibit A: Data Submission and Collection Schedule and Exhibit B: Milestone Schedule*, this section must include:

Proposed Strategy: The vendor's proposed strategy for accomplishing each task and adhering to the outlined timelines. This description should also detail how the bidder plans to work with subcontractor(s) and the State Data Center to ensure seamless collaboration, and include a clear identification of any exceptions, enhancements, or alternatives to the required tasks outlined in the Scope of Work.

- This section must include:
    - A description of the methodologies the vendor will use to provide the required lockbox services, specifically the development of the Master Patient Index.
    - A description of the methodologies the vendor will use to provide the required, non-proprietary, value-added enhancements (*Task 1B(3)(c), p.18*).
    - The vendor's ability to support more than the minimum of 30 concurrent data submission streams;
    - The vendor's strategy for fully-processing the data and sending the data extract to the State Data Center within sixty days of receiving the full quarter of data from data

submitters (see *Exhibit A: Data Submission and Collection Schedule*). Vendors who are unable to commit to this 60-day turnaround must clearly articulate this in their narrative response, and must provide the deadline that they would be able to commit to (e.g. 120 day processing/load, etc.).
    - The vendor's strategy for ensuring data quality and for improving its consistency and reliability over time;
    - High level descriptions of the vendor's abilities to perform additional special enhancement tasks as described in ***Error! Reference source not found.*** of this RFP.
- **Work Plan:** A work plan indicating the key activities, deliverables, and milestones that will be employed to successfully complete the required tasks, and the vendor's envisioned timeline. This work plan should be depicted in a table or by some other graphical means and must align with the dates outlined in the RFP.

This section will be scored on the following:

- Suitability of approach, proposed tools, and methodologies;
- Quality and comprehensiveness of work plan;
- Clear description of data quality strategy;
- Degree to which the bidder provides a distinguishable value to the state;
- Capability of bidder to enhance the state's analytic abilities.

Potential Risk Identification and Mitigation Strategies (5 Points, Limit 1 Page)

Drawing on previous experience with similar projects, bidders must identify critical dependencies and key risk factors associated with their proposal, and a plan for mitigating potential risks to the timeline.

This section will be scored on the following:

- Has the bidder effectively identified potential risks and mitigation strategies?

Relevant Experience and Expertise (15 Points; Limit 5 Pages)

This section must include the following information:

- A description of the bidder's company, including when it was established, number of employees, locations of corporate offices, and which offices the staff that will be assigned to this project are affiliated with. Bidders must also include a high-level description of the firm's organization.
- Using the bulleted list provided in *Section 2: Background, Minimum Requirements*, vendors must demonstrate that they meet the minimum qualifications for this RFP.
- An overview of the bidder's depth and breadth of similar experience, including:
    - Prior successes;
    - Examples of issues that the vendor has encountered with engagements of similar scope and size, and how these issues were resolved;
    - Demonstrated experience applying open-source and other groupers as required in this RFP (see *Tasks 1B(3)(c) and 1B(3)(d), p.18*), as well as the additional groupers outlined in *(Task 3(B)(5), p.26)*; and
    - A description of the bidder's information security and data protection experience, capabilities, and track record (including any data breaches of protected health information or personally identifiable information and vendor's response to same).
- At least three (3) client references for the prime bidder for projects that are of comparable size, complexity and scope (bidders may choose to provide references that correspond to the projects detailed in the bullet above or other relevant projects). For each reference, the vendor should include the following information:
    - Name of organization
    - Supervisor/Contact person's name and contact information (i.e., email and phone number)
    - Relevance to this Proposal

    - Brief Summary of project
    - Timeframe of the project
- At least three (3) client references for each proposed Subcontractor for projects that are of comparable size, complexity and scope (bidders may choose to provide references that correspond to the projects detailed in the bullets above or may choose other relevant projects). For each reference, the Subcontractor(s) should include the following information:
    - Name of organization
    - Supervisor/Contact person's name and contact information (i.e., email and phone number)
    - Relevance to this Proposal
    - Brief Summary of project
    - Timeframe for the project
- The relationship that the bidder has with the proposed Subcontractor(s), including whether the bidder has worked with the Subcontractor in the past, and the proposed Subcontractor's qualifications related to this engagement. In this section, bidders must provide a strong justification for choosing each Subcontractor, as well as examples of prior collaborations with that Subcontractor.

This section will be scored on the following:

- Do the bidder and subcontractor(s) demonstrate expertise in the requirements in this RFP?
- Do the bidder and subcontractor(s) have a successful record of providing similar services?

Staffing Plan (20 Points; Limit 3 Pages)

A narrative description of the qualifications of staff and subcontractors proposed, including: their proposed roles, their percent effort on the project (%FTE), their physical location (e.g., whether they will be on-site in Rhode Island, at the vendor's U.S office location, working remotely, overseas, etc.), and whether they are part of the prime vendor or subcontractor(s)'s organization. The proposed project team must include individuals with substantial relevant experience. Additionally, this section must include the following:

- Designation of a Project Manager who will serve as the single point of contact for all Domains and activities;
- Designation of a Privacy and Security Officer;
- Designation of a project staff person dedicated to RI APCD data quality;
- An organizational chart for this project, distinguishing between staff of the prime vendor and subcontractor(s); and
- Resumes for proposed project staff.

This section will be scored on the following:

- How well does the staffing plan, organizational structure, and %FTE support the project requirements?
- Do the individuals assigned to the project have similar experience?

B. Cost Proposal

The Cost Proposal, including all budget components and the budget narrative, **must be separately sealed and clearly marked.** Cost Proposals will be evaluated on their relative competitiveness and will only be opened for those bidders deemed responsive during the technical evaluation phase. Bidders shall submit the total cost for Domains one through four, itemized in the manner outlined below.

Budget

- Appendix 6A - Cost Proposal Worksheet: Bidders must indicate the proposed cost for each Domain, by task and year. Any non-personnel, "other costs", must be described in the Budget Narrative section. Once completed, the Cost Proposal Worksheet should be copied and pasted into the cost proposal document.

- Appendix 6B - Project Staffing Worksheet: Bidders must indicate the amount of time each proposed project team member (including subcontractor staff) anticipates dedicating to each Domain, by task and year. This budget must be based on the effort levels indicated in the Staffing Plan, Section 5 of the Technical Proposal. The Project Staffing Worksheet must be completed ***prior to*** completing the Cost Proposal Worksheet, as values from the Project Staffing Worksheet will auto-populate the Cost Proposal Worksheet. One completed, the Project Staffing Worksheet should be copied and pasted into the cost proposal document.

Budget Narrative

The Budget Narrative should describe the costs included in the Cost Proposal Worksheet and Project Staffing Worksheet, how each cost was calculated (specifically the costs labeled as "other costs"), and any assumptions made in the cost calculations.

Any additional cost savings which would result from the bidder being awarded the contract outlined in the RFP should also be described in this Budget Narrative section.

The entire cost proposal, including budget and budget narrative sections, is limited to 5 pages.

C. ISBE Proposal

See Appendix A for information and the MBE, WBE and/or Disability Business Enterprise Participation Plan form(s). Vendors are required to complete, sign and submit these form(s) with their overall proposal in a sealed envelope. Please complete separate form(s) for each MBE, WBE and/or Disability Business Enterprise subcontractor to be utilized on the solicitation.

SECTION 5: EVALUATION AND SELECTION

Proposals shall be reviewed by a technical evaluation committee ("TEC") comprised of staff from State agencies. The TEC first shall consider technical proposals.

Technical proposals must receive a minimum of 60 (85.7%) out of a maximum of 70 points to advance to the cost evaluation phase. Technical proposals scoring less than 60 points shall not have the accompanying cost or ISBE participation proposals opened or evaluated; such proposals shall not receive further consideration.

Technical proposals scoring 60 points or higher shall have the cost proposals evaluated and assigned up to a maximum of 30 points bringing the total potential evaluation score to 100 points. As total possible evaluation points are determined, vendor ISBE proposals shall be evaluated and assigned up to 6 bonus points for ISBE participation.

The Division of Purchases reserves the right to select the vendor(s) or firm(s) ("vendor") that it deems to be most qualified to provide the goods and/or services as

specified herein; and, conversely, reserves the right to cancel the solicitation in its entirety in its sole discretion.

Proposals shall be reviewed and scored based upon the following criteria:

Proposal Section	Proposal Section	Possible Points
Technical Proposal	Narrative Response to Required Tasks	30 pts
	Relevant Experience and Expertise	15 pts
	Potential Risks/Mitigation Strategies	5 pts
	Staffing Plan	20 pts
	Total Possible Technical Points	**70 points**
Cost Proposal		30 points
	Total Possible Points	**100 points**

*Cost Proposal Evaluation:

The vendor with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other vendors shall be awarded cost points based upon the following formula:

(lowest cost proposal / vendor's cost proposal) x available points

For example: If the vendor with the lowest cost proposal (Vendor A) bids $65,000 and Vendor B bids $100,000 for monthly costs and service fees and the total points available are thirty (30), Vendor B's cost points are calculated as follows:

$65,000 / $100,000 x 30= 19.5

Points will be assigned based on the bidder's clear demonstration of their abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects. Applicants may be required to submit additional written information.

Selected applicants will be asked to make an oral presentation before the technical review committee to showcase their technical capabilities.

**ISBE Participation Evaluation:

A. Calculation of ISBE Participation Rate

1. ISBE Participation Rate for Non-ISBE Vendors. The ISBE participation rate for non-ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor's total contract price. For example, if the non-ISBE's total contract price is $100,000.00 and it subcontracts a total of $12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.

2. ISBE Participation Rate for ISBE Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount

of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example if the ISBE vendor's total contract price is $100,000.00 and it subcontracts a total of $12,000.00 to ISBEs and will perform a total of $8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.

B. Points for ISBE Participation Rate:

The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

(Vendor's ISBE participation rate ÷ Highest ISBE participation rate

X Maximum ISBE participation points)

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive (12% ÷ 20%) x 6 which equals 3.6 points.

General Evaluation:

Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors may be required to submit additional written information or be asked to make an oral presentation before the TEC to clarify statements made in the proposal.

SECTION 6: QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at gerald.teixeira@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFP # 7672817** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

SECTION 7: PROPOSAL CONTENTS

A. Proposals shall include the following:

1. One completed and signed RIVIP Vendor Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.ridop.ri.gov. *Do not include any copies in the Technical or Cost proposals.*

2. One completed Security Questionnaire (Appendix 7).

3. Two (2) completed original and copy versions, signed and sealed Appendix 1. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE, WBE or Disability Business Enterprise subcontractor/vendor to be utilized on the solicitation. *Do not include any copies in the Technical or Cost proposals.*

4. Technical Proposal - describing the qualifications and background of the applicant and experience with and for similar projects, and all information described in Section 3 in this solicitation. The technical proposal is limited to six (10) pages (this excludes any appendices and as appropriate, resumes of key staff that will provide services covered by this request).
    a. One (1) Electronic copy on a CD-R, marked "Technical Proposal - Original".
    b. One (1) printed paper copy, marked "Technical Proposal -Original" and signed.
    c. Four (4) printed paper copies

5. Cost Proposal - A separate, signed and sealed cost proposal reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
    a. One (1) Electronic copy on a CD-R, marked "Cost Proposal - Original".
    b. One (1) printed paper copy, marked "Cost Proposal -Original" and signed.
    c. Four (4) printed paper copies

B. Formatting of proposal response contents should consist of the following:

1. Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:

    a. Vendor's name
    b. RFP #
    c. RFP Title
    d. Proposal type (e.g., technical proposal or cost proposal)
    e. If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of '1 of 3' on first CD-R, '2 of 3' on second CD-R, '3 of 3' on third CD-R).

    Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase's inability to open or read a CD-R may be grounds for rejection of a Vendor's proposal. All files should be readable and readily accessible on the CD-Rs submitted with no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it "non-responsive". USB Drives or any other electronic media shall not be accepted. Please note that CD-Rs submitted, shall not be returned.

2. Formatting of written documents and printed copies:

    a. For clarity, the technical proposal, and any additional supporting documentation shall be typed. These documents shall be single-spaced with 1"

margins on white 8.5"x 11" paper using a font of 12-point Calibri or 12-point Times New Roman.

b. All pages on the technical proposal, and any additional supporting documentation are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and attachments. The Vendor's name should appear on every page, including attachments. Each attachment should be referenced appropriately within the proposal section and the attachment title should reference the proposal section it is applicable to.
c. If the solicitation includes a proposal template for vendor use, it shall be typed using the formatting provided in the template.
d. Printed copies are to be only bound with removable binder clips.

SECTION 8: PROPOSAL SUBMISSION

Interested vendors must submit proposals to provide the goods and/or services covered by this RFP on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases, shall not be accepted.

Proposals should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7672817**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time shall not be accepted. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time shall be determined to be late and shall not be accepted. Proposals faxed, or emailed, to the Division of Purchases shall not be accepted. The official time clock is in the reception area of the Division of Purchases.

SECTION 9: CONCLUDING STATEMENTS

Notwithstanding the above, the Division of Purchases reserves the right to award on the basis of cost alone, to accept or reject any or all proposals, and to award in the State's best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

If a Vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State's General Conditions of Purchase shall be the contractual terms and conditions between the parties upon issuance of a Purchase Order by the Division of Purchases. The State's General Conditions of Purchase can be found at https://rules.sos.ri.gov/regulations/part/220-30-00-13 and addenda can be found at https://ridop.ri.gov/rules-regulations/.

Exhibit A: Data Submission and Collection Schedule

Quarters	File Name	Payers submit eligibility file to Lockbox Services Vendor		Lockbox Services Vendor returns enrollment files to Payers		Payers submit files to Data Management Vendor		State Data Center Delivery
Q1 2022	January 2022	All six months by 7/31/22		All six months by 8/15/22		All six months by 8/31/22		9/30/22
	February 2022							
	March 2022							
Q2 2022	April 2022							
	May 2022							
	June 2022							
Q3 2022	July 2022	8/31/22	Or all three months by 10/31/22	9/15/22	Or all three months by 11/15/22	9/30/22	Or all three months by 11/30/22	12/31/22
	August 2022	9/30/22		10/15/22		10/31/22		
	September 2022	10/31/22		11/15/22		11/30/22		
Q4 2022	October 2022	11/31/22	Or all three months by 1/31/23	12/15/22	Or all three months by 2/15/23	12/30/22	Or all three months by 2/28/23	3/31/23
	November 2022	12/31/22		1/15/23		1/31/23		
	December 2022	1/31/23		2/15/23		2/28/23		
Q1 2023	January 2023	2/28/23	Or all three months by 4/30/23	3/15/23	Or all three months by 5/15/23	3/31/23	Or all three months by 5/31/23	6/31/23
	February 2023	3/31/23		4/15/23		4/31/23		
	March 2023	4/30/23		5/15/23		5/31/23		

***** Reporting period is based on paid date (i.e. Jan 2022 data includes all claims paid in Jan 2022)

EOHHS anticipates that this form of schedule will continue for the entire contract term.
Please note that this schedule is subject to change before the contract start date at EOHHS's sole discretion and may be made more aggressive if appropriate.

Exhibit B: Milestone Schedule

All proposals must conform to the following schedule of major deliverables. By responding to this RFP, vendors attest to their capacity to meet these deadlines. Deadlines are based on the assumed contract start date of March 1, 2022. If the actual contract start date is later, this schedule will be adjusted accordingly.

Description	**Associated Domain / Task(s)**	**No Later Than**
Transition Plan due	1A(1)	3/21/22
Project Plan due	1B(2)	3/21/22
Business Rules Document due, Data Quality Plan due	1B(3), 1B(4)	3/21/22
Data transition complete	1A(2)	4/11/22
Deploy Opt-Out Portal Splash Page	2A(2)	4/11/22
Opt-Out Portal design completed	2A(3)	6/10/22
Opt-Out portal testing completed	2A(4)	6/31/22
Reprocessed historic data sent to State Data Center	3B(1)(a)	6/31/22
Opt-Out Portal goes live	2A(5)	7/1/22
Data submission portal ready to take in data from submitters	3A(1)	7/15/22
First data extract and Level 3 Data Sets sent to State Data Center	3C(1), 3C(2)	9/30/22

Please see *Exhibit A: Data Submission and Collection Schedule* for all additional deadlines.

Exhibit C: Service Level Requirements

Contractor shall comply with the following Service Level Requirements which shall be incorporated into any applicable RI APCD Data Management Vendor contract:

1. General Requirements

a. **Location.** Any server hosting RI APCD data or providing services to the RI APCD must be located in the United States.

b. **Privacy and Security Breach Notification.** Contractor must adhere to all applicable federal, state and local laws and regulations regarding privacy and information security. Contractor must notify EOHHS immediately, but in no case in more than twenty-four (24) hours, upon becoming aware of any actual or reasonably suspected unauthorized access to or disclosure of RI APCD data or security incident affecting any RI APCD component or supporting infrastructure.

c. **Opt Out Portal**

i. **Availability of Opt Out Portal.** The RI APCD Opt Out Portal shall be available no less than 99 percent of the time, 24 hours per day, 7 days per week and 365 days per year (or 366 days in those years that are leap years), less Excluded Downtime ("Uptime").

ii. **Excluded Downtime of Opt Out Portal.** All regularly scheduled maintenance must be performed during the hours of 12:00AM (Eastern) on Saturday to 11:59PM (Eastern) on Sunday. Additional maintenance may be performed outside of this window if reasonably deemed necessary; Contractor must provide advance notice of such additional maintenance as soon as reasonably practicable.

iii. **Unplanned Downtime of Opt Out Portal and Credits.** Uptime below 99 percent in any given month will result in credits to EOHHS as set forth in Table 1 below.

d. **Response Time.** Contractor must achieve industry standard and reasonable response times for all aspects of provided functionality to include, at a minimum, time required to perform verification and validation activities on submitted RI APCD data.

e. **Failure Recovery.** Contractor must provide for a recovery from a failure (information technology, telecommunications, or related or comparable failure) in the minimal possible period of time with minimal loss of data.

f. **Failover Capacity.** Contractor must ensure that, in the event of a failure (information technology, telecommunications, or related or comparable failure) of any operational and technical RI APCD components, Contractor has arranged for failover/contingency capabilities that ensure minimal disruption to operations.

2. Contractor's Responsibilities. Contractor shall:

a. **Escalation Response**. Respond to any request from the ISW for escalation relative to the services in the Contractor's scope of work as promptly as possible, but in no event later than four hours from delivery of the request by the ISW.

b. **Deliverable Deadlines.** Deliver all deliverables to the ISW by the deadlines specified in *Exhibit A: Data Submission and Collection Schedule*, *Exhibit B: Milestone Schedule* and ***Error! Reference source not found.***. Contractor's failure to meet deliverable deadlines will result in credits to EOHHS as set forth in Table 1 below. If the Contractor anticipates issues with meeting deadlines, the Contractor shall report to the ISW the reasons why the deadline cannot be met, the revised timeline for delivery, and proposed mitigation strategies to avoid future delays. The

Contractor shall deliver this report to the ISW at least five business days prior to the scheduled deliverable deadline. Based on this report, the ISW may choose to grant an extension for the particular deliverable or instance.

i. **Acceptable Criteria.** The ISW will notify the Contractor if deliverables have been accepted, or have failed to meet expected standards, within five business days of receiving the deliverable (the ISW will make every effort to meet this timeframe, however if the ISW does not send feedback within five business days, delivery schedules will be adjusted accordingly). The Contractor shall revise and re-send the deliverable within five business days of receiving feedback. If the revised deliverable is still not acceptable to the ISW, the Contractor shall be subject to Service Level Requirement (SLR) credits as described in Table 1 for each deliverable that is deemed unacceptable.

c. **Telephone Support.** Provide telephone support from knowledgeable staff members between the hours of 9am and 5pm Eastern Time, Monday through Friday, for the entire contract term. Maintain one or more telephone numbers operable 24 hours a day, 7 days a week for use by the ISW for providing notice of errors or otherwise requesting support under the contract.

d. **Maintenance and Support.** Provide maintenance and support services to the ISW for the RI APCD as follows:
   i. The testing and monitoring of the RI APCD data integrity and quality, reporting any data anomalies or errors to the ISW immediately;
   ii. The correction, modification or substitution of RI APCD data as applicable in order to eliminate errors reported by the ISW to Contractor or discovered by Contractor;
   iii. The notification of any changes to the RI APCD data architecture which could alter the ETL functions performed by the State Data Center to map the data received from the Contractor to the State Data Center.

3. **Data Quality and/or Error Response.** Immediately upon identifying a data quality issue or error, or receiving notice from the ISW of a data quality issue or error, Contractor shall respond to the data quality issue or error according to the timeline below as applicable. When reporting an issue or error to Contractor, the ISW shall identify the issue/error as a Major Issue/Error or a Minor Issue/Error. If Contractor identifies an issue/error, Contractor shall immediately notify the ISW and identify the issue/error as a Major Issue/Error or a Minor Issue/Error based on Contractor's initial evaluation.
   a. In the event of a Major Issue/Error, Contractor shall either respond to the ISW's notice of such error or notify the ISW of its identification of the Major Issue/Error, in no less than 4 hours. Contractor shall immediately initiate work on developing a workable solution to the ISW's satisfaction. Contractor shall deliver a work-around solution for the Major Error and install such work-around in accordance with the Agreement, within forty-eight (48) hours of report of the issue/error. Contractor shall use reasonable efforts to deliver a fix for the Major Error and install such fix within seven calendar days of report of the issue/error. If Contractor is unable to deliver a fix within seven days, Contractor shall deliver a good faith estimate of the time necessary to resolve the error.
   b. In the event of a Minor Issue/Error, Contractor shall either respond to the ISW's notice of such error or notify the ISW of its identification of the Minor Issue/Error, in no less than 72 hours. Contractor shall provide a fix to the Minor Issue/Error, to the ISW's satisfaction, as soon as reasonably possible, but in no event later than two calendar weeks after report of the issue/error.

4. **Service Level Credits.** Service Level Credits are applied in instances where Contractor fails to meet the Service Level Requirements and the ISW has not granted an extension for that deliverable or instance. Beginning with the contract start date, performance against established Service Level Requirements will be credited according to Table 1. EOHHS may apply Service Level Credits to Contractor's submitted invoice monthly, or accumulate such factors across a calendar year, at its sole

discretion. For example, a 5% credit applied to a monthly invoice for $10,000 will equal a $500 penalty, for a total payment of $9,500.

Table 1: Service Level Requirements as Performance Factors

Service Level Requirement	Standard	Method of Calculation of Credit
Opt Out Portal Uptime	>99% less Excluded Downtime	Uptime related credits will be calculated according to Uptime ranges as follows (based on monthly Uptime measurement): <98.0% = 5% credit 98.0% ≤ x < 99.5% = 1% credit
Completion of Deliverables as Specified in Exhibits A and B	Delivery by Date Specified in Exhibits A and B	Delays in data collection, processing, or transmission of extracts/data sets/CTC reports = 2% credit per day late. Delays in annual documentation deliverables = 5% credit per week late. Deliverable deemed unacceptable by ISW = 2% credit per deliverable. If deliverables are not re-submitted within 5 business days of receiving ISW feedback, credits for late delivery will apply. Contractor shall not be paid for deliverables that are not delivered before the next quarterly cycle begins (e.g. if Cycle Q2 deliverable is outstanding as of Cycle Q3 data submission deadline, Contractor will not receive payment for Cycle Q2 deliverable).

Appendix 1: Proposer ISBE Responsibilities and MBE, WBE, and/or Disability Business Enterprise Participation Form

A. Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.

2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.

3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.

4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.

5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

B. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Vendors are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908

MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN

Vendor's Name:	
Vendor's Address:	
Point of Contact:	
Telephone:	
Email:	
Solicitation No.:	
Project Name:	

This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. **Please complete <u>separate forms</u> for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

Name of Subcontractor/Supplier:					
Type of RI Certification:	□ MBE □ WBE □ Disability Business Enterprise				
Address:					
Point of Contact:					
Telephone:					
Email:					
Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:					
Total Contract Value ($):		Subcontract Value ($):		ISBE Participation Rate (%):	
Anticipated Date of Performance:					

I certify under penalty of perjury that the forgoing statements are true and correct.

Prime Contractor/Vendor Signature	Title	Date
Subcontractor/Supplier Signature	**Title**	**Date**

Appendix 2: EOHHS Base Contract (Example)

(Please see attached)

Appendix 3: Aligned Measures Set

See attached Excel document for Aligned Measures table

Appendix 4: CMS Medicare RIF Data Use Agreement

(See PDF document)

Appendix 5: Level 3 Extract Specifications

Level 3 Extract	Extract Column Name	Description	Data Type
Medical Claims Header			
Core & Extended Extract	Claim_ID	Unique claim identifier.	BIGINT
Core & Extended Extract	Person_ID	Person_ID is a value created to link payer member records -within and across data sources (i.e. submissions to the APCD). These links are identified via a matching process that associates common elements belonging to a person. Several member records (from disparate sources) may be associated with a single member composite ID. A single payer-submitted member record can be associated with only one member composite ID. This approach allows for analysis of claims from a person (rather than member) perspective and a more complete data set to inform enrichment processing such as Clinical Risk Grouping.	BIGINT
Core & Extended Extract	Member_ID	Unique Identifier for member	INTEGER
Core & Extended Extract	Member_Eligible_Flag	This indicates the member was active at the time of the claim date of service (ie: there exists a member eligibility record for that month\year)	CHAR
Core & Extended Extract	Billing_Provider_ID_Mastered	Billing Provider Composite ID is a value created to link payer provider records -within and across data sources (i.e. submissions to the APCD) These links are identified via a matching process that associates common elements belonging to a provider (physician/practice/facility). Several provider records (from disparate sources) may be associated with a single provider composite ID. A single payer-submitted provider record can be associated with only one provider composite ID. Provider Composite IDs can be leveraged for use in claims analysis and in forming a more comprehensive provider directory. The data set may include composite IDs for several provider conditions - including billing, attending or referring.	INTEGER
Core & Extended Extract	Attending_Provider_ID_Mastered	Attending Provider Composite ID is a value created to link payer provider records -within and across data sources (i.e. submissions to the APCD) These links are identified via a matching process that associates common elements belonging to a provider (physician/practice/facility). Several provider records (from disparate sources) may be associated with a single provider composite ID. A single payer-submitted provider record can be associated with only one provider composite ID. Provider Composite IDs can be leveraged for use in claims analysis and in forming a more comprehensive provider directory. The data set may include composite IDs for several provider conditions - including billing, attending or referring.	
Core & Extended Extract	Referring_Provider_ID_Mastered	Referring Provider Composite ID is a value created to link payer provider records -within and across data sources (i.e. submissions to the APCD) These links are identified via a matching process that associates common elements belonging to a provider (physician/practice/facility). Several provider records (from disparate sources) may be associated with a single provider composite ID. A single payer-submitted provider record can be associated with only one provider composite ID. Provider Composite IDs can be leveraged for use in claims analysis and in forming a more comprehensive provider directory. The data set may include composite IDs for several provider conditions - including billing, attending or referring.	

Core & Extended Extract	Claim_Type_Cd	Code to identify claim type. Determines higher level grouping of claims. This is also used in processing to determine what data elements and enrichment is applied. I - Inpatient O - Outpatient P - Professional R - Pharmacy U - Unknown	CHAR
Core & Extended Extract	Payer_Cd	Assigned by CIVHC - Payer Code is a 4-number sequence identifier that corresponds to the payer who is submitting payments.	VARCHAR
Core & Extended Extract	Paid_Dt_Year	Year in CCYY format – part of date claim paid if available, otherwise set to Date Prescription Filled	VARCHAR
Core & Extended Extract	Paid_Dt_Month	Mont in MM format – part of date claim paid if available, otherwise set to Date Prescription Filled	VARCHAR
Core & Extended Extract	Admit_Dt_Year	Year in CCYY format – The date care begins as reported on UB04 field 12.	VARCHAR
Core & Extended Extract	Admit_Dt_Month	Mont in MM format – The date care begins as reported on UB04 field 12.	VARCHAR
Core & Extended Extract	Admit_Time	Time of day for patient admission. Required for all inpatient claims. Time is expressed in military time - HHMM	CHAR
Core & Extended Extract	Admit_Type_Cd	The priority of the visit. Code set as defined by National Uniform Billing Committee	VARCHAR
Core & Extended Extract	Admit_Type_Desc	The description of the Admit_Type_Cd	VARCHAR
Core & Extended Extract	Admit_Source_Cd	The source of the referral for this admission.	VARCHAR
Core & Extended Extract	Admit_Source_Desc	The description of the Admit_Source_Cd	VARCHAR
Core & Extended Extract	Discharge_Time	Time expressed in military time – HHMM	VARCHAR
Core & Extended Extract	Discharge_Status_Cd	Provides a 2-digit identifier of the patient's status at time of discharge	CHAR
Core & Extended Extract	Bill_Type_Cd	The Bill Type field shows a 3-digit number where: 1st digit - Corresponds to the facility where the claim took place 2nd digit - Corresponds to the type of claim (such as "Inpatient," "Outpatient," etc.) 3rd digit - Reflects the frequency of the claim The full explanation for these number combinations can be viewed in the Data Submission Guide, Data Element #MC036	VARCHAR
Core & Extended Extract	Bill_Type_Desc	The description of the Bill_Type_Cd	VARCHAR
Core & Extended Extract	Third_Party_Liability_Cd	Provides a code for Third Party Liability. For further explanation view the Data Submission Guide, Claims Status Data Element #MC038	CHAR
Core & Extended Extract	E_Cd	Describes an injury, poisoning or adverse effect. ICD-9-CM or ICD-10-CM. Do not code decimal point.	VARCHAR
Core & Extended Extract	Service_Start_Dt_Year	Year in CCYY format - Indicates date service began	VARCHAR
Core & Extended Extract	Service_Start_Dt_Month	Month in MM format - Indicates date service began	VARCHAR
Extended Extract	Service_Start_Dt_Day	Day in DD format - Indicates date service began	VARCHAR
Core & Extended Extract	Service_End_Dt_Year	Year in CCYY format - Indicates date service ended	VARCHAR
Core & Extended Extract	Service_End_Dt_Month	Month in MM format - Indicates date service ended	VARCHAR
Extended Extract	Service_End_Dt_Day	Day in DD format - Indicates date service ended	VARCHAR

Core & Extended Extract	Charge_Amt	Provider charged amount. It is preferable that these be presented as line-item charges. UB-04 field 47 As reported in CMS 1500 24F (Prof. Claim Line)	MONEY
Core & Extended Extract	Plan_Paid_Amt	Medical Plan Paid is the portion of the Medical Allowed amount to be paid by the plan. It represents actual dollars that were the plans responsibility. If the Capitated Flag is set = Y, this will portray the Med Prepaid Amount	MONEY
Core & Extended Extract	Prepaid_Amt	For capitated services, the fee-for-service equivalent amount	MONEY
Core & Extended Extract	Copay_Amt	The preset, fixed dollar amount for which the individual is responsible to pay	MONEY
Core & Extended Extract	Coinsurance_Amt	The dollar amount an individual is responsible to pay	MONEY
Core & Extended Extract	Member_Liability_Amt	Portion of Medical Allowed amount to be paid by the member	MONEY
Core & Extended Extract	Deductible_Amt	Amount of member's deductible applied to this service\claim	MONEY
Core & Extended Extract	Discharge_Dt_Year	Year in CCYY format - This represents the date member left the hospital.	VARCHAR
Core & Extended Extract	Discharge_Dt_Month	Month in MM format - This represents the date member left the hospital.	VARCHAR
Core & Extended Extract	Insurance_Product_Type_Cd	The Insurance Product Type Code provides distinct categories for various insurance coverage types. Examples include: 12, 13, 14, 15, 99, HM, MC, MD, SP	VARCHAR
Core & Extended Extract	Insurance_Product_Type_Desc	The description of the Insurance_Product_Type_Cd	VARCHAR
Core & Extended Extract	Allowed_Amt	Total reimbursement amount allowed for services billed on the claim	MONEY
Core & Extended Extract	Line_of_Business_Cd	Indicates the Line of Business covering the patient at the time of discharge. Line of Business Code ranges from 0-4: 0 - Undefined 1 - Commercial 2 - Medicaid 3 - Medicare 4 - Government	VARCHAR
Core & Extended Extract	Admission_Dx_Cd	Reason for visit Diagnosis code with period removed. UB-04 field 69	INTEGER
Core & Extended Extract	Principal_Dx_Cd	Unique identifier for the principal diagnosis	INTEGER
Core & Extended Extract	Primary_Proc_Cd	unique identifier for the primary procedure	INTEGER
Core & Extended Extract	Member_Age_Months	Member's age in months if member is less than 1 year old.	INTEGER
Core & Extended Extract	Member_Age_Years	Member's age in years.	SMALLINT
Core & Extended Extract	Length_of_Stay	The duration of a single episode of hospitalization. Shown as a count of days	INTEGER
Core & Extended Extract	ER_Flag	Emergency Room flag. Y/N/U	CHAR
Core & Extended Extract	Line_Count	Count of lines associated with a claim. Each line typically represents a service or billing unit	INTEGER
Core & Extended Extract	COB_Flag	Coordination of Benefits Flag. Indicates if the plan is not the primary payer for this member. Y - Yes, this is a secondary\tertiary payer N - No, this is primary payer	CHAR
Medical Claims Line			
Core & Extended Extract	Claim_ID	Unique claim identifier	BIGINT
Core & Extended Extract	Claim_Line_No	A unique number identify the line within the claim.	SMALLINT

Core & Extended Extract	Person_ID	Person_ID is a value created to link payer member records -within and across data sources (i.e. submissions to the APCD). These links are identified via a matching process that associates common elements belonging to a person. Several member records (from disparate sources) may be associated with a single member composite ID. A single payer-submitted member record can be associated with only one member composite ID. This approach allows for analysis of claims from a person (rather than member) perspective and a more complete data set to inform enrichment processing such as Clinical Risk Grouping.	INTEGER
Core & Extended Extract	Member_ID	Unique Identifier for member	INTEGER
Core & Extended Extract	network_indicator_code	This field contains a code that indicates whether or not the rendering provider was in or out of the insurer's network.	VARCHAR
Core & Extended Extract	network_indicator_desc	This field contains a description of the reported Network Indicator Code	VARCHAR
Core & Extended Extract	Billing_Provider_ID_Mastered	Billing Provider Composite ID is a value created to link payer provider records -within and across data sources (i.e. submissions to the APCD) These links are identified via a matching process that associates common elements belonging to a provider (physician/practice/facility). Several provider records (from disparate sources) may be associated with a single provider composite ID. A single payer-submitted provider record can be associated with only one provider composite ID. Provider Composite IDs can be leveraged for use in claims analysis and in forming a more comprehensive provider directory. The data set may include composite IDs for several provider conditions - including billing, attending or referring.	INTEGER
Core & Extended Extract	Service_Provider_ID_Mastered	Service_Provider Composite ID is a value created to link payer provider records -within and across data sources (i.e. submissions to the APCD) These links are identified via a matching process that associates common elements belonging to a provider (physician/practice/facility). Several provider records (from disparate sources) may be associated with a single provider composite ID. A single payer-submitted provider record can be associated with only one provider composite ID. Provider Composite IDs can be leveraged for use in claims analysis and in forming a more comprehensive provider directory. The data set may include composite IDs for several provider conditions - including billing, attending or referring.	INTEGER
Core & Extended Extract	Place_of_Service_Cd	A numerical identifier for the location where service was rendered	VARCHAR
Core & Extended Extract	place_of_setting_desc	is field identifies the setting in which the care was rendered (e.g., hospital, swing bed, skilled nursing facility, etc.).	VARCHAR
Core & Extended Extract	type_of_setting_desc	This field provides additional granularity regarding the type of claim (e.g., inpatient, outpatient, provider, lab, etc.).	VARCHAR
Core & Extended Extract	Rev_Cd	Claim line revenue code, only where applicable (facility claims), validated. UB-04 field 42	VARCHAR
Core & Extended Extract	CPT4_Cd	Current Procedural Technology (CPT4) code	VARCHAR
Core & Extended Extract	CPT4_Mod1_Cd	Current Procedural Technology (CPT4) / Healthcare Common Procedure Coding Systems (HCPCS) procedure code modifier As reported in CMS-1500 24D (Prof. Claim Line)	VARCHAR
Core & Extended Extract	CPT4_Mod2_Cd	Provides the Current Procedural Technology (CPT4) Modifier 2 Code associated with procedures on the claim, when applicable. CPT4 modifiers are used to further describe a service or procedure	VARCHAR

Core & Extended Extract	CPT4_Mod3_Cd	Current Procedural Technology (CPT4) / Healthcare Common Procedure Coding Systems (HCPCS) procedure code modifier. As reported in CMS-1500 24D (Prof. Claim Line)	VARCHAR
Core & Extended Extract	CPT4_Mod4_Cd	Current Procedural Technology (CPT4) / Healthcare Common Procedure Coding Systems (HCPCS) procedure code modifier. As reported in CMS-1500 24D (Prof. Claim Line)	VARCHAR
Core & Extended Extract	type_of_service_code	This field contains a code that indicates the type of service, as defined in the CMS Medicare Carrier Manual, for this line item on a noninstitutional claim.	VARCHAR
Core & Extended Extract	type_of_service_desc	This field contains a description of the reported Type of Service Code (Medicare)	VARCHAR
Core & Extended Extract	Service_Start_Dt_Year	Year in YYYY format - Indicates date service began	VARCHAR
Core & Extended Extract	Service_Start_Dt_Month	Month in MM format - Indicates date service began	VARCHAR
Extended Extract	Service_Start_Dt_Day	Day in DD format - Indicates date service began	VARCHAR
Core & Extended Extract	Service_End_Dt_Year	Year in YYYY format - Indicates date service ended	VARCHAR
Core & Extended Extract	Service_End_Dt_Month	Month in MM format - Indicates date service ended	VARCHAR
Extended Extract	Service_End_Dt_Day	Day in DD format - Indicates date service ended	VARCHAR
Core & Extended Extract	Orig_Units	Service Count UB-04 field 46	INTEGER
Core & Extended Extract	Units	Service Count UB-04 field 46 that is adjusted based on CMS Medically Unlikely Edits (MUE)	INTEGER
Core & Extended Extract	Charge_Amt	Provider charged amount. It is preferable that these be presented as line-item charges. UB-04 field 47 As reported in CMS 1500 24F (Prof. Claim Line)	MONEY
Core & Extended Extract	Prepaid_Amt	For capitated services, the fee-for-service equivalent amount	MONEY
Core & Extended Extract	Plan_Paid_Amt	Medical Plan Paid is the portion of the Medical Allowed amount to be paid by the plan. It represents actual dollars that were the plans responsibility. If the Capitated Flag is set = Y, this will portray the Med Prepaid Amount	MONEY
Core & Extended Extract	NDC_Cd	A universal product identifier for prescription drugs for human use.	VARCHAR
Core & Extended Extract	ER_Flag	Emergency Room flag. Y/N/U	VARCHAR
Core & Extended Extract	Copay_Amt	The preset, fixed dollar amount for which the individual is responsible to pay	MONEY
Core & Extended Extract	Coinsurance_Amt	The dollar amount an individual is responsible to pay	MONEY
Core & Extended Extract	Member_Liability_Amt	Portion of Medical Allowed amount to be paid by the member	MONEY
Core & Extended Extract	Deductible_Amt	Amount of member's deductible applied to this service\claim	MONEY
Core & Extended Extract	fee_for_service_equivalent	This field identifies the fee-for-service equivalent that would have been paid by the healthcare claims processor for a specific service if the service had not been capitated or paid under a bundled or managed care withhold payment arrangement.	MONEY
Core & Extended Extract	payment_arrangement_ind_code	This field contains a code that identifies the payment arrangement under which this service line was processed.	CHAR
Core & Extended Extract	payment_arrangement_ind_desc	This field contains a description of the reported Payment Arrangement Indicator Code	VARCHAR
Core & Extended Extract	payment_arrangement_type	This field identifies the type of payment arrangement under which this claim was processed.	VARCHAR
Core & Extended Extract	payment_arrangement_type_desc	This field contains the description for the reported Payment Arrangement	VARCHAR

Medical Claims Dx			
Core & Extended Extract	Claim_ID	Unique claim identifier	BIGINT
Core & Extended Extract	Seq_Num	Identifies the sequence of line level data pertaining to a claim	SMALLINT
Core & Extended Extract	Dx_Cd	Code value to lookup the patient's ICD code and description.	INTEGER
Core & Extended Extract	icd_version_ind	This field contains a code that identifies the version of ICD used to report this service line.	VARCHAR
Core & Extended Extract	diagnosis_desc	This field contains the description for the reported Diagnosis Code	VARCHAR
Core & Extended Extract	POA_Cd	Indicates the diagnosis was present at the time of admission to a facility 1 - Exempt for POA reporting E - Exempt for POA reporting N - Diagnosis was not present at time of inpatient admission U - Documentation insufficient to determine if condition was present at time of inpatient admission W - Clinically undetermined Y - Diagnosis was present at time of inpatient admission	CHAR
Medical Claims IP Procedures			
Core & Extended Extract	Claim_ID	Unique claim identifier	BIGINT
Core & Extended Extract	Seq_Num	Identifies the sequence of line level data pertaining to a claim	SMALLINT
Core & Extended Extract	Procedure_Cd	ICD-9 Procedure Code	INTEGER
Core & Extended Extract	Procedure_Dt_Year	Year in YYYY format - date of procedure	VARCHAR
Core & Extended Extract	Procedure_Dt_Month	Month in MM format - date of procedure	VARCHAR
Pharmacy Claims Header			
Core & Extended Extract	Claim_ID	Unique claim identifier	BIGINT
Core & Extended Extract	Person_ID	Person_ID is a value created to link payer member records -within and across data sources (i.e. submissions to the APCD). These links are identified via a matching process that associates common elements belonging to a person. Several member records (from disparate sources) may be associated with a single member composite ID. A single payer-submitted member record can be associated with only one member composite ID. This approach allows for analysis of claims from a person (rather than member) perspective and a more complete data set to inform enrichment processing such as Clinical Risk Grouping.	INTEGER
Core & Extended Extract	Member_ID	Unique Identifier for member	INTEGER
Core & Extended Extract	Pharmacy_Provider_ID_Mastered	Pharmacy Provider Composite ID is a value created to link payer provider records -within and across data sources (i.e. submissions to the APCD) These links are identified via a matching process that associates common elements belonging to a provider (physician/practice/facility). Several provider records (from disparate sources) may be associated with a single provider composite ID. A single payer-submitted provider record can be associated with only one provider composite ID. Provider Composite IDs can be leveraged for use in claims analysis and in forming a more comprehensive provider directory. The data set may include composite IDs for several provider conditions - including billing, attending or referring.	

Core & Extended Extract	Claim_Type_Cd	Code to identify claim type. Determines higher level grouping of claims. This is also used in processing to determine what data elements and enrichment is applied. I - Inpatient O - Outpatient P - Professional R - Pharmacy U - Unknown	CHAR
Core & Extended Extract	Pharmacy_ID	The provider id of the pharmacy as supplied on the claim.	VARCHAR
Core & Extended Extract	pharmacy_mail_order_code	This field contains a code that indicates whether or not the dispensing pharmacy was a mail-order pharmacy.	CHAR
Core & Extended Extract	pharmacy_mail_order_desc	This field contains the description for the reported Mail-Order	VARCHAR
Core & Extended Extract	Paid_Dt_Year	Year in CCYY format - date claim paid if available, otherwise set to Date Prescription Filled	VARCHAR
Core & Extended Extract	Paid_Dt_Month	Month in MM format - date claim paid if available, otherwise set to Date Prescription Filled	VARCHAR
Core & Extended Extract	Third_Party_Liability_Cd	Provides a code for Third Party Liability. For further explanation view the Data Submission Guide, Claims Status Data Element #MC038	CHAR
Core & Extended Extract	Copay_Amt	The preset, fixed dollar amount for which the individual is responsible to pay	MONEY
Core & Extended Extract	Coinsurance_Amt	The dollar amount an individual is responsible to pay	MONEY
Core & Extended Extract	Member_Liability_Amt	Portion of Medical Allowed amount to be paid by the member	MONEY
Core & Extended Extract	Deductible_Amt	Amount of member's deductible applied to this service\claim	MONEY
Core & Extended Extract	Plan_Paid_Amt	Medical Plan Paid is the portion of the Medical Allowed amount to be paid by the plan. It represents actual dollars that were the plans responsibility. If the Capitated Flag is set = Y, this will portray the Med Prepaid Amount	MONEY
Core & Extended Extract	Allowed_Amt	Total reimbursement amount allowed for services billed on the claim	MONEY
Core & Extended Extract	Charge_Amt	Provider charged amount. It is preferable that these be presented as line-item charges. UB-04 field 47 As reported in CMS 1500 24F (Prof. Claim Line)	MONEY
Core & Extended Extract	Insurance_Product_Type_Cd	The Insurance Product Type Code provides distinct categories for various insurance coverage types. Examples include: 12, 13, 14, 15, 99, HM, MC, MD, SP	VARCHAR
Core & Extended Extract	Insurance_Product_Type_Desc	The description of the Insurance_Product_Type_Cd	VARCHAR
Core & Extended Extract	First_Filled_Dt_Year	Year in CCYY format - The date care begins as reported on UB04 field 12. This date must be the earliest date reported From Date of Service on CMS 1500 24A. (Prof. Claim hdr)	VARCHAR
Core & Extended Extract	First_Filled_Dt_Month	Month in MM format - The date care begins as reported on UB04 field 12. This date must be the earliest date reported From Date of Service on CMS 1500 24A. (Prof. Claim hdr)	VARCHAR
Extended Extract	First_Filled_Dt_Day	Day in DD format - The date care begins as reported on UB04 field 12. This date must be the earliest date reported From Date of Service on CMS 1500 24A. (Prof. Claim hdr)	VARCHAR
Core & Extended Extract	Last_Filled_Dt_Year	Year in CCYY format - This represents the date member left the hospital. This date must be the latest date reported From Date of Service on CMS 1500 24A. (Prof. Claim hdr)	VARCHAR
Core & Extended Extract	Last_Filled_Dt_Month	Month in MM format - This represents the date member left the hospital. This date must be the latest date reported From Date of Service on CMS 1500 24A. (Prof. Claim hdr)	VARCHAR

Extended Extract	Last_Filled_Dt_Day	Day in DD format - This represents the date member left the hospital. This date must be the latest date reported From Date of Service on CMS 1500 24A. (Prof. Claim hdr)	VARCHAR
Core & Extended Extract	Line_of_Business_Cd	Indicates the Line of Business covering the patient at the time of discharge. Line of Business Code ranges from 0-4: 0 - Undefined 1 - Commercial 2 - Medicaid 3 - Medicare 4 - Government	CHAR
Core & Extended Extract	Member_Age_Years	Member's age in years.	SMALLINT
Core & Extended Extract	Member_Age_Days	Member's age in days.	SMALLINT
Core & Extended Extract	COB_Flag	Coordination of Benefits Flag. Indicates if the plan is not the primary payer for this member. Values are: Y - Yes, this is a secondary\tertiary payer N - No, this is primary payer	CHAR
Core & Extended Extract	Member_Eligible_Flag	This indicates the member was active at the time of the claim date of service (ie: there exists a member eligibility record for that month\year)	CHAR
Pharmacy Claims Line			
Core & Extended Extract	Claim_ID	Unique claim identifier	BIGINT
Core & Extended Extract	Claim_Line_No	A unique number identify the line within the claim.	SMALLINT
Core & Extended Extract	Person_ID	Person_ID is a value created to link payer member records -within and across data sources (i.e. submissions to the APCD). These links are identified via a matching process that associates common elements belonging to a person. Several member records (from disparate sources) may be associated with a single member composite ID. A single payer-submitted member record can be associated with only one member composite ID. This approach allows for analysis of claims from a person (rather than member) perspective and a more complete data set to inform enrichment processing such as Clinical Risk Grouping.	INTEGER
Core & Extended Extract	Member_ID	Unique Identifier for member	INTEGER
Core & Extended Extract	network_indicator_code	This field contains a code that indicates whether or not the rendering provider was in or out of the insurer's network.	VARCHAR
Core & Extended Extract	network_indicator_desc	This field contains a description of the reported Network Indicator Code	VARCHAR
Core & Extended Extract	NDC_Cd	A universal product identifier for prescription drugs for human use.	VARCHAR
Core & Extended Extract	Drug_Nm	Text name of drug	VARCHAR
Core & Extended Extract	Refill_Ind	Indicates the number of refills allowed.	CHAR
Core & Extended Extract	Generic_Ind	Indicates if generic drug was dispensed	CHAR
Core & Extended Extract	Dispensed_As_Written_Cd	Indicates if substitution of generic was allowed. Values are: Y - Substitution allowed N - Substitution not allowed by subscriber M - Brand drug mandated by law U - Unknown	CHAR
Core & Extended Extract	Compound_Drug_Ind	N - Non-compound drug Y - Compound drug U - Non-specified drug compound	CHAR
Core & Extended Extract	Filled_Dt_Year	Year in CCYY format - Indicates date prescription was filled.	VARCHAR

Core & Extended Extract	Filled_Dt_Month	Month in MM format - Indicates date prescription was filled.	VARCHAR
Extended Extract	Filled_Dt_Day	Day in DD format - Indicates date prescription was filled.	VARCHAR
Core & Extended Extract	Quantity	Numeric value of supply dispensed for a prescription drug. May correspond to number of units or volume of medication dispensed.	INTEGER
Core & Extended Extract	Days_Supply	Number of days supply for a prescription drug	INTEGER
Core & Extended Extract	thirty_day_equiv	This field reports the number of thirty-day equivalencies associated with this prescription.	INTEGER
Core & Extended Extract	Charge_Amt	Provider charged amount. It is preferable that these be presented as line-item charges. UB-04 field 47 As reported in CMS 1500 24F (Prof. Claim Line)	MONEY
Core & Extended Extract	Plan_Paid_Amt	Medical Plan Paid is the portion of the Medical Allowed amount to be paid by the plan. It represents actual dollars that were the plans responsibility. If the Capitated Flag is set = Y, this will portray the Med Prepaid Amount	MONEY
Core & Extended Extract	Ingredient_Cost_Amt	Portion of Rx charges which are attributed to the cost of the product.	MONEY
Core & Extended Extract	Dispensing_Fee_Amt	Total dollars pertaining to prescription drug dispensing fees	MONEY
Core & Extended Extract	Copay_Amt	The preset, fixed dollar amount for which the individual is responsible to pay	MONEY
Core & Extended Extract	Coinsurance_Amt	The dollar amount an individual is responsible to pay	MONEY
Core & Extended Extract	Member_Liability_Amt	Portion of Medical Allowed amount to be paid by the member	MONEY
Core & Extended Extract	Deductible_Amt	Amount of member's deductible applied to this service\claim	MONEY
Member Eligibility			
Core & Extended Extract	Member_ID	Unique Identifier for member	INTEGER
Core & Extended Extract	Eligibile_Period_Dt_Year	Year in CCYY format - Date eligibility begins for a period of time. For monthly recording this will be the first date of the month if a member has eligibility.	VARCHAR
Core & Extended Extract	Eligibile_Period_Dt_Month	Month in MM format - Date eligibility begins for a period of time. For monthly recording this will be the first date of the month if a member has eligibility.	VARCHAR
Core & Extended Extract	Eligibile_Period_Dt_Day	Day in DD format - Date eligibility begins for a period of time. For monthly recording this will be the first date of the month if a member has eligibility.	VARCHAR
Core & Extended Extract	Plan_Effective_Dt_Year	Year in CCYY format - Date eligibility started for this member under this plan type. The purpose of this data element is to maintain eligibility span for each member.	VARCHAR
Core & Extended Extract	Plan_Effective_Dt_Month	Month in MM format - Date eligibility started for this member under this plan type. The purpose of this data element is to maintain eligibility span for each member.	VARCHAR
Core & Extended Extract	Plan_Effective_Dt_Day	Day in DD format - Date eligibility started for this member under this plan type. The purpose of this data element is to maintain eligibility span for each member.	VARCHAR
Core & Extended Extract	Insurance_Product_Type_Cd	The Insurance Product Type Code provides distinct categories for various insurance coverage types. Examples include: 12, 13, 14, 15, 99, HM, MC, MD, SP	VARCHAR
Core & Extended Extract	Insurance_Product_Type_Desc	The description of the Insurance_Product_Type_Cd	VARCHAR
Core & Extended Extract	Line_of_Business_Cd	Line of Business code	VARCHAR
Core & Extended Extract	Line_of_Business_Cd_Desc	The description of the Line_of_Business_Cd	VARCHAR

Core & Extended Extract	Plan_ID	CMS National Plan ID or NAIC	VARCHAR
Core & Extended Extract	Coverage_Level_Cd	Benefit coverage level. Indicates if insurance coverage is for a family, individual, employee, etc.	VARCHAR
Core & Extended Extract	Medical_Coverage_Flag	Yes, No	VARCHAR
Core & Extended Extract	Prescription_Drug_Coverage_Flag	Indicates if member eligibility includes prescription drug coverage. Y - Yes N - No U - Unknown	VARCHAR
Core & Extended Extract	Primary_Insurance_Ind	Y – Yes, primary insurance N – No, secondary or tertiary insurance U - Unknown	VARCHAR
Core & Extended Extract	Coverage_Type_Cd	Specifies the individuals covered: I - Individual F - Family 2 - 2 person	VARCHAR
Core & Extended Extract	aid_category_code	This field contains a code that indicates the member's Medicaid aid category based on service date.	VARCHAR
Core & Extended Extract	aid_category_desc	This field contains the description for the reported Aid Category Code	VARCHAR
Core & Extended Extract	medicaid_program_code	This field contains a code that indicates the Medicaid program in which the member was enrolled for the reported coverage period.	VARCHAR
Core & Extended Extract	medicaid_program_code_desc	This field contains the description for the reported Medicaid Program Code	VARCHAR
Core & Extended Extract	purchased_through_exchange	This field indicate whether or not the member's product was purchased through the Rhode Island Health Benefits Exchange.	VARCHAR
Core & Extended Extract	exchange_market_type_code	This field contains a code that indicates the type of policy sold by the insurer through the Exchange.	VARCHAR
Core & Extended Extract	exchange_market_type_code_desc	This field contains the description for the reported Exchange Market Type Code	VARCHAR
Core & Extended Extract	exchange_metallic_tier_code	This field contains a code that indicates the level of the member's Exchange product.	VARCHAR
Core & Extended Extract	exchange_metallic_tier_desc	This field contains the description for the reported Exchange Metallic Tier Code	VARCHAR
Member			
Core & Extended Extract	Member_ID	Unique Identifier for member	INTEGER
Core & Extended Extract	Payer_Cd	Assigned by CIVHC-- Payer Code is a 4-number sequence identifier that corresponds to the payer who is submitting payments.	VARCHAR
Core & Extended Extract	Member_City_Nm	Member's City Name of Residence	VARCHAR
Core & Extended Extract	Member_State_Cd	Indicates the Member's State of residence. Uses postal service standard 2 letter abbreviations	CHAR
Core & Extended Extract	Race_1_Cd	Code to identify race. See code set for ME021	VARCHAR
Core & Extended Extract	Race_1_Desc	Description for Race_1_Cd	VARCHAR
Core & Extended Extract	Race_2_Cd	See code set for ME021.	VARCHAR
Core & Extended Extract	Race_2_Desc	Description for Race_2_Cd	VARCHAR
Core & Extended Extract	Other_Race	Located on member eligibility, columns referred to are: ME021 & ME022	VARCHAR
Core & Extended Extract	Hispanic_Ind	Indicates if member or person is of Hispanic descent. Y/N/U	CHAR

Core & Extended Extract	Ethnicity_1_Cd	Code that identifies ethnicity. See code set for ME025	VARCHAR
Core & Extended Extract	Ethnicity_2_Cd	See code set for ME025.	VARCHAR
Core & Extended Extract	Other_Ethnicity	List ethnicity if MC025 or MC026 are coded as OTHER.	VARCHAR
Core & Extended Extract	Date of Death	This field identifies the reported month and year of the member's death.	DATE
Core & Extended Extract	Member_Zip_Cd_3_Digit	The first 3 digits of the member's zip code. As reported on CMS-1500 5 (Prof. Claim hdr)	VARCHAR
Extended Extract	Member_Zip_Cd	The member's zip code. As reported on CMS-1500 5 (Prof. Claim hdr)	VARCHAR
Member to Person Crosswalk			
Core & Extended Extract	Member_ID	Unique Identifier for member	BIGINT
Core & Extended Extract	Person_ID	Person_ID is a value created to link payer member records -within and across data sources (i.e. submissions to the APCD). These links are identified via a matching process that associates common elements belonging to a person. Several member records (from disparate sources) may be associated with a single member composite ID. A single payer-submitted member record can be associated with only one member composite ID. This approach allows for analysis of claims from a person (rather than member) perspective and a more complete data set to inform enrichment processing such as Clinical Risk Grouping.	BIGINT
Core & Extended Extract	Effective_Date	Effective date of when the Member_ID to Member_Composite_ID relationship was established	DATE
Person			
Core & Extended Extract	Person_ID	Peron_ID is a value created to link payer member records -within and across data sources (i.e. submissions to the APCD). These links are identified via a matching process that associates common elements belonging to a person. Several member records (from disparate sources) may be associated with a single member composite ID. A single payer-submitted member record can be associated with only one member composite ID. This approach allows for analysis of claims from a person (rather than member) perspective and a more complete data set to inform enrichment processing such as Clinical Risk Grouping.	BIGINT
Core & Extended Extract	Gender_Cd	This column identifies the gender of the patient as reported in UB04 Field 11 or from membership.	CHAR
Core & Extended Extract	Member_State_Cd	Indicates the Member's State of residence. Uses postal service standard 2 letter abbreviations	CHAR
Core & Extended Extract	Member_Zip_Cd_3_Digit	The first 3 digits of the member's zip code. As reported on CMS-1500 5 (Prof. Claim hdr)	VARCHAR
Extended Extract	Member_Zip_Cd	The member's zip code. As reported on CMS-1500 5 (Prof. Claim hdr)	VARCHAR
Core & Extended Extract	Race_1_Cd	Code to identify race. See code set for ME021	VARCHAR
Core & Extended Extract	Race_2_Cd	See code set for ME021.	VARCHAR
Core & Extended Extract	Other_Race	Located on member eligibility, columns referred to are: ME021 & ME022	VARCHAR
Core & Extended Extract	Hispanic_Ind	Indicates if member or person is of Hispanic descent. Y/N/U	CHAR
Core & Extended Extract	Ethnicity_1_Cd	Code that identifies ethnicity. See code set for ME025	VARCHAR
Core & Extended Extract	Ethnicity_2_Cd	See code set for ME025.	VARCHAR
Core & Extended Extract	Other_Ethnicity	List ethnicity if MC025 or MC026 are coded as OTHER.	VARCHAR

Core & Extended Extract	exchange_product_id	This field identifies the member's type of insurance or insurance product provided through the Exchange.	VARCHAR
Provider Composite			
Core & Extended Extract	Provider_ID_Mastered	Provider Composite ID is a value created to link payer provider records -within and across data sources (i.e. submissions to the APCD) These links are identified via a matching process that associates common elements belonging to a provider (physician/practice/facility). Several provider records (from disparate sources) may be associated with a single provider composite ID. All Mastered Provider IDs, regardless if field name in the claims files, join to this data element for access to provider detail.	INTEGER
Core & Extended Extract	Provider_Type	ORG - A Facility/Provider Group/Organization (Non-Person) IND - Individual Provider (Person) UK - Unknown	VARCHAR
Core & Extended Extract	NPI	National Provider Id assigned by CMS (Hospital ID number). Requires registration to the National Plan and Provider Enumeration System (NPPES)	VARCHAR
Core & Extended Extract	Last_Name	Provider's last name	VARCHAR
Core & Extended Extract	First_Name	Provider's first name	VARCHAR
Core & Extended Extract	Name_Suffix	Provider's name suffix	CHAR
Core & Extended Extract	First_Initial	The provider's First initial	VARCHAR
Core & Extended Extract	Middle_Initial	The provider's middle initial	VARCHAR
Core & Extended Extract	Credential_Text_1	ex: MD, DMD, DO etc.	VARCHAR
Core & Extended Extract	Organization_Name	Provides the organization name corresponding to the provider	VARCHAR
Core & Extended Extract	Organization_Other_Name	Other organization name corresponding to the provider	VARCHAR
Core & Extended Extract	Organization_Name_Clean	Organization Name without punctuation or symbols	VARCHAR
Core & Extended Extract	Medicare_Provider_Id	Medicare Provider Identification. ID used by provider for billing to Medicare (CMS)	INTEGER
Core & Extended Extract	Primary_Address_ID	Provider Address identification number (Used to link to Provider Composite Address table)	INTEGER
Provider to Address Crosswalk			
Core & Extended Extract	Provider_ID_Mastered	Provider Composite ID is a value created to link payer provider records -within and across data sources (i.e. submissions to the APCD) These links are identified via a matching process that associates common elements belonging to a provider (physician/practice/facility). Several provider records (from disparate sources) may be associated with a single provider composite ID. All Mastered Provider IDs, regardless if field name in the claims files, join to this data element for access to provider detail.	BIGINT
Core & Extended Extract	Provider_Address_ID_Mastered	Provider identification number for composite address data.	BIGINT
Provider Composite Address			
Core & Extended Extract	Provider_Address_ID_Mastered	Provider Address identification number	INTEGER
Core & Extended Extract	Zip_Cd_3_Digit	The first 3 digits of the zip code	VARCHAR
Core & Extended Extract	Zip_Cd	Zip code	CHAR
Core & Extended Extract	State	State_Cd abbreviation code.	CHAR

Core & Extended Extract	City	Provider's City	VARCHAR
Core & Extended Extract	Address_Type_Cd	Code indicating what type the provider address is L = Assumed Practice Location U = Unknown M = Mailing Location (P.O. Box)	CHAR

Appendix 6: Budget

See Excel documents for worksheets 6A and 6B

Appendix 7: Security Questionnaire

See attached Excel document for Security Questionnaire