



Date of Issuance: July 26, 2010

Solicitation No. 8070000440

Requisition No. _____

Amendment No. 2

Hour and date specified for receipt of offers is changed: No Yes, to: _____ @ _____ Central Time

Pursuant to OAC 580:15-4-5(c)(5), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

Oklahoma Health Care Authority
2401 N.W. 23rd Street, Suite 1-A
Oklahoma City, OK 73107-2423
or

Competitive Process Management Team
Contracting Officer

Personal or Common Carrier Delivery:

Oklahoma Health Care Authority
2401 N.W. 23rd Street, Suite 1-A
Oklahoma City, OK 73107-2423

Phone Number

CompetitiveProcessManagementTeam@okhca.org
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

- 1. Updates to the following Sections (changes are underlined):
 - 4.1.2.2.6 Processing
 - 5.1 General Proposal Requirements (number of copy requirements have changed)
 - 5.3.2 Schedule B- MMIS Operational Enhancements – Summary Costs
 - 5.3.8 Schedules B1 Through B8 – Operational Enhancements
- 2. Revision of Appendix K: Schedule B (changes are underlined)
- 3. Revision of Appendix K: Schedules B7 and B8 (new schedules)
- 4. Revision of Appendix L-2 (changes are underlined - added items 8 and 9)
- 5. Revision of Appendix I-1A and I-1B (changes are underlined)

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) _____

Date _____

Authorized Representative Name (**PRINT**) _____ Title _____

Authorized Representative Signature _____

1. Updates to the following Sections 4.1.2.2.6.6.1, 5.1, 5.3.2 and 5.3.8

4.1.2.2 Processing

The Member Identification Card function has the following processing capabilities:

1. Maintain all current and historical member identification card and member identification card issue information for all members.
2. Identify newly enrolled eligible members that need a member identification card issued and generates and process card requests.
3. Accept and processes requests for plastic, magnetic striped, member identification card replacements, including replacement reason.
4. Produce and distribute plastic, magnetic striped, member identification cards that meet or exceed all specifications of current member identification ID cards with the exception of the color of the card. The card conforms to the American National Standards Institute (ANSI) Uniform Health Card ID Card Standards.
5. Provide the following information on the front of the card:
 - 5.1. The member's information as identified by the State.
 - 5.2. Other information identified by the State.
6. Provide the following information on the member identification card:
 - 6.1. Card issue date on the front of the card.
 - 6.2. Magnetic stripe encoded with the State-specified information on the back of the card.
 - 6.3. Other information as identified by the State.
7. Make the color of the member identification card conducive to photocopying the card and producing a readable copy.
8. Provide online access to all member identification card and member identification card issue data.
9. Provide and maintain flexibility in coding structures by use of parameter and table oriented design techniques to enable rapid processing modifications to support Oklahoma Health Care Program changes.
10. Maintain access to data through user friendly systems navigation technology and a graphical user interface that allows users to move freely throughout the system using pull-down menus and point-and-click navigation without having to enter identifying data multiple times.
11. Maintain an online audit trail of all updates to member identification card data.
12. Edit all data for presence, format, and consistency with other data in the update transaction and on all member identification card processing and data related tables.
13. Maintain password control, in varying levels of security, of staff making changes to member ID card data.
14. Provide the ability to issue different card types based on health benefit program.
15. Provide the ability to alter issued reason once the card has been issued.

5.1 General Proposal Requirements

The bidder shall submit an original and one (1) hard copy, plus one (1) electronic copy on CD of the technical proposal under separate, sealed covers and label them on the outside as follows:

Oklahoma Health Care Authority
2401 N.W. 23rd Street, Suite 1-A
Oklahoma City, OK 73107-2423

Bidders shall submit an original ~~and six (6) hard copies~~, plus one (1) electronic copy on CD of the cost proposal under separate, sealed covers and label them on the outside as follows:

STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY MMIS REPROCUREMENT RFP TECHNICAL PROPOSAL FULL NAME AND PROPOSER ADDRESS PROPOSAL REQUISITION NUMBER PROPOSAL CLOSING DATE AND TIME
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5.3.2 Schedule B- MMIS Operational Enhancements – Summary Costs

Pricing Schedule B summarizes the total prices proposed for all enhancements during the operations period. The bidder must specify a firm fixed price for each operational enhancement and a total of all the enhancements. The prices shown on Schedule B should equal the sum of the amounts shown on Schedules B1 through B8.

5.3.8 Schedules B1 Through B8 – Operational Enhancements

For the enhancements that occur during the operations period, pricing schedules B1 through B8 shall include all DDI costs, detailed by personnel, hardware, and software and show the total firm fixed price for the specific enhancement. The pricing schedules also require a break out of costs by the various levels of FFP (90%, 75%, and 50%). Pricing for the operational enhancements are included in the following pricing schedules:

1. Schedule B1 – Medical Policy Review & Evaluation – Operational Enhancement.
2. Schedule B2 – Claims Rules Engine – Operational Enhancement.
3. Schedule B3 – Claims Resolution Workflow – Operational Enhancement.
4. Schedule B4 – Secure Provider Portal – Operational Enhancement.
5. Schedule B5 – Secure Member Portal – Operational Enhancement.
6. Schedule B6 – Finance – Operational Enhancement.
7. Schedule B7 – Security – Operational Enhancement.
8. Schedule B8 – Pro DUR and POS – Operational Enhancement.

2. Revision of Appendix K – Schedule B

Schedule B – MMIS Operational Enhancements – Summary Cost

PRICING SCHEDULES	MMIS Operational Enhancements	FIRM FIXED PRICE	
B1	Medical Policy Review & Evaluation		
B2	Claims Rules Engine		
B3	Claims Resolution Workflow		
B4	Secure Provider Portal		
B5	Secure Member Portal		
B6	Finance		
<u>B7</u>	<u>Security</u>		
<u>B8</u>	<u>Pro DUR and POS</u>		
Grand Total - FIRM FIXED PRICE			
Corporation Name:			
Signature:	Title:	Date:	

3. Revision of Appendix K – Schedule B7 and B8

Schedule B7 – Security – Operational Enhancement

	Contract Years						
	2012	2013	2014	2015	2016	2017 (Option Year 1)	TOTALS
Personnel Cost							
Hardware Cost							
Software Cost							
Firm Fixed Total Cost							
¹ Portion of Firm Fixed Total Cost Eligible for 90% FFP*							
¹ Portion of Firm Fixed Total Cost Eligible for 75% FFP*							
¹ Portion of Firm Fixed Total Cost Eligible for 50% FFP*							
Corporation Name:							
Signature						Title	Date

* Reference CMS's State Medicaid Manual, Section 11276.11-List of Reimbursable Costs for State Systems.

¹Portion of the Firm Fixed **Total Cost** that is eligible for 90%, 75% and 50% Federal Financial Participation (FFP).

Schedule B8 – Pro DUR and POS – Operational Enhancement

	Contract Years							TOTALS
	2012	2013	2014	2015	2016	2017 (Option Year 1)		
<i>Personnel Cost</i>								
<i>Hardware Cost</i>								
<i>Software Cost</i>								
Firm Fixed <i>Total Cost</i>								
¹ Portion of Firm Fixed Total Cost Eligible for 90% FFP*								
¹ Portion of Firm Fixed Total Cost Eligible for 75% FFP*								
¹ Portion of Firm Fixed Total Cost Eligible for 50% FFP*								
Corporation Name:								
Signature							Title	Date

* Reference CMS's State Medicaid Manual, Section 11276.11-List of Reimbursable Costs for State Systems.

¹Portion of the Firm Fixed **Total Cost** that is eligible for 90%, 75% and 50% Federal Financial Participation (FFP).

4. Revision of Appendix L-2

Appendix L-2: Cost Proposal - Mandatory Proposal Submission Requirements Checklist for Operational Enhancements

Cost Proposal Mandatory Proposal Submission Requirements Operational Enhancements		Acknowledgement “√” or “X”
1. Is there a signed and completed Pricing Schedule B?		
2. Is there a signed and completed Pricing Schedule B-1?		
3. Is there a signed and completed Pricing Schedule B-2?		
4. Is there a signed and completed Pricing Schedule B-3?		
5. Is there a signed and completed Pricing Schedule B-4?		
6. Is there a signed and completed Pricing Schedule B-5?		
7. Is there a signed and completed Pricing Schedule B-6?		
8. <u>Is there a signed and completed Pricing Schedule B-7?</u>		
9. <u>Is there a signed and completed Pricing Schedule B-8?</u>		
Corporation Name		
Signature	Title	Date

5. Revision of Appendix I-1A and I-1B

Appendix I-1A: Bidder's Proposal Submission Requirements Checklist – MMIS Takeover with Enhancements

Bidder's Proposal Submission Requirements Checklist MMIS Takeover with Enhancements	Acknowledgement "√" or "X"
1. Was the proposal submitted to OHCA on the date and time as specified in the RFP?	
2. Were there separate Technical and Cost proposals?	
3. Was a signed Transmittal Letter included with the Technical Proposal?	
4. Does the Technical Proposal include one (1) original, <u>(1) paper copy</u> , and 1 copy on CD of the Technical Proposal?	
5. Is the Technical Proposal include the following 8 (eight) separate sections?	
a. Section A – Transmittal Letter	
b. Section B – Bidder's Proposal Submission Requirements Checklist	
c. Section C – Executive Summary	
d. Section D – Project Management Plan	
e. Section E – MMIS Technical and Functional Approach	
f. Section F – Staff Qualifications and Experience	
g. Section G – Past Performance and Qualifications	
h. Section H – Corporate Stability and Resources	
i. Appendix I-2A: Requirements List – MMIS	

Appendix I-1B: Bidder’s Proposal Submission Requirements Checklist – PI Replacement System

<p align="center">Bidder’s Proposal Submission Requirements Checklist PI Replacement System</p>	<p align="center">Acknowledgement “√” or “X”</p>
1. Was the proposal submitted to OHCA on the date and time as specified in the RFP?	
2. Were there separate Technical and Cost proposals?	
3. Was a signed Transmittal Letter included with the Technical Proposal?	
4. Does the Technical Proposal include one (1) original, <u>(1) paper copy</u> , and 1 copy on CD of the Technical Proposal?	
5. Is the Technical Proposal include the following 8 (eight) separate sections?	
a. Section A – Transmittal Letter	
b. Section B – Bidder’s Proposal Submission Requirements Checklist	
c. Section C – Executive Summary	
d. Section D – Project Management Plan	
e. Section E – MMIS Technical and Functional Approach	
f. Section F – Staff Qualifications and Experience	
g. Section G – Past Performance and Qualifications	
h. Section H – Corporate Stability and Resources	
i. Appendix I-2B: Requirements List – PI Replacement System	
6. Are any Cost Proposal values included in the Technical Proposal?	