**Respondent Name:**

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| OxBow Data Management Systems, LLC |

**RFP 22-69438 TECHNICAL PROPOSAL**

**Indiana Breast and Cervical Cancer Program (IN-BCCP) and Indiana WISEWOMAN SYSTEM FOR IDOH DATA MANGEMENT AND CLAIMS PAYMENT**

**Instructions:** The Technical Proposal must address all topics below. **Failure to provide responses to all required fields may result in the proposal being eliminated from consideration.** Please include responses to the questions in the appropriate fields of this attachment and reference any supplemental attachments provided.

Using the Functional Requirements Checklist provided below to provide clarity on program functionality.

* In the first column, note whether the vendor will be providing it in house (P) or through subcontract (Sub).
* In the second column, please indicate if the functionality is already part of the product (AP), must be configured (MC), must be developed (MD) or cannot be met with this product (CM) . Respondentsmay include attachments of diagrams, flow charts, sample screen shots, etc. as needed.

**Functional Requirements Checklist: Indiana Breast and Cervical Cancer Program Specifications**

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| **I. General Functionality** | **Function will be provided by the respondent (P) or subcontracted to another vendor (S)** | Note if the Functionality is   * AP= Already part of the product * MC=Must Be Configured * MD=Must Be Developed * CM=Cannot Be Met with This Product |
| 1. Work Queue or Activities List | P | AP |
| 1. Synchronization | P | AP |
| 1. Validations | P | AP |
| 1. Searching and Viewing (Data Search Function) | P | AP |
| 1. Saving | P | AP |
| 1. Printing | P | AP |
| 1. Emailing | P | MD |
| 1. User-Defined Fields | P | MD |
| 1. Reporting | P | AP |
| 1. Role-based Access | P | AP |
| 1. Data/Software conversion | P | AP |
| 1. Updates and Upgrades | P | AP |
| 1. Training | P | AP |
| 1. Security Requirements | P | AP |
| 1. Performance Requirements | P | AP |
| 1. Availability Requirements | P | AP |
| 1. System Environment Needs | P | AP |
| 1. Network Needs | P | AP |
| 1. Backup and Recovery Needs | P | AP |
| 1. Other: |  | NA |
| **II. Main Software Application Functionality** |  |  |
| 1. Enter, Validate, and Process Claims | P | AP |
| 1. Disbursement of Funds to Providers | P | MD |
| 1. Interface with the Provider Directory | P | AP |
| 1. Standardization of Processes | P | AP |
| 1. Online Forms for Providers | P | AP |
| 1. Client Matching | P | AP |
| 1. Identify Duplicate Claims | P | AP |
| 1. Maintain Provider Agreements | P | AP |
| 1. Provider Information Maintenance | P | AP |
| 1. Workflow Process | P | AP |
| 1. Realtime Tracking of Dollars Spent | P | AP |
| 1. Tracking of Cost per Person and per Procedure | P | AP |
| 1. Interfacing with Other Systems | P | MC |
| 1. General System Maintenance | P | AP |
| 1. Web Based Submission for Providers | P | AP |
| 1. Client Matching | P | AP |
| Q. Evidence-based Patient Services | P | AP |
| R. Patient Navigation Data Collection | P | AP |
| S. Track Community Clinical Linkages | P | AP |
| T. Identify Duplicate Clients | P | AP |
| U. Other Required Functionality |  |  |
| V. Other: |  |  |
| **III. Web Functionality** |  |  |
| 1. Web Based Submission | P | AP |
| 1. Web Based Provider Communication Portal | P | MC |
| 1. Web Based Data Access and Search Capabilities | P | AP |
| 1. Web Based Patient Enrollment | P | MD |
| 1. Web based Query Functions | P | AP |
| 1. Compliance assistive technology standards (508 compliant) | P | MC |
| 1. Other |  |  |
| **IV. Report Submission** |  |  |
| A. Minimum Data Element (MDE) Maintenance Process | P | AP |
| B. MDE Submission Process | P | AP |

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| C. Process for Reducing and Rectifying any MDE or Data Errors | P | AP |
| D. Other: |  |  |
| **IV. Payment Capability** |  |  |
| 1. Ability Pay Claims Directly to Clinical Providers | P | MD |
| 1. Ability to Seek Reimbursement for Claims after Payment to Clinical Providers | P | AP |

**Functional Requirements: Indiana WISEWOMAN Program Specifications**

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| **I. General Functionality** | **Function will be provided by the respondent (P) or subcontracted to another vendor (S)** | If Yes was Selected in the Previous Column, Specify if the Functionality is   * AP= Already part of the product * MC=Must Be Configured * MD=Must Be Developed * CM=Cannot Be Met with This Product |
| 1. Work Queue or Activities List | P | AP |
| 1. Synchronization | P | AP |
| 1. Validations | P | AP |
| 1. Searching and Viewing (Data Search Function) | P | AP |
| 1. Saving | P | AP |
| 1. Printing | P | AP |
| 1. Emailing | P | MD |
| 1. User-defined Fields | P | MD |
| 1. Reporting | P | AP |
| 1. Role-based Access | P | AP |
| 1. Data/Software Conversion | P | AP |
| 1. Updates and Upgrades | P | AP |
| 1. Training | P | AP |
| 1. Security Requirements | P | AP |
| 1. Performance Requirements | P | AP |
| 1. Availability Requirements | P | AP |
| 1. System Environment Needs | P | AP |
| 1. Network Needs | P | AP |
| 1. Backup and Recovery Needs | P | AP |
| 1. Other: |  |  |
| **II. Main Software Application Functionality** |  |  |
| 1. Enter, Validate, and Process Claims | P | AP |
| 1. Disbursement of Funds to Providers | P | MD |
| 1. Interface with the Provider Directory | P | AP |
| 1. Standardization of Processes | P | AP |
| 1. Online Forms for Providers | P | AP |
| 1. Client Matching | P | AP |
| 1. Identify Duplicate Claims | P | AP |

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| 1. Maintain Provider Agreements | P | AP |
| 1. Provider Information Maintenance | P | AP |
| 1. Workflow Process | P | AP |
| 1. Realtime Tracking of Dollars Spent | P | AP |
| 1. Tracking of Cost per Person and per Procedure | P | AP |
| 1. Estimating Cost per Person Served | P | AP |
| 1. Interfacing with Other Systems | P | MC |
| 1. General System Maintenance | P | AP |
| 1. Web Based Data Submission for Providers | P | AP |
| 1. Client Matching | P | AP |
| 1. Evidence-based Patient Services | P | AP |
| 1. Track Community Clinical Linkages and bidirectional referrals. | P | AP |
| 1. Identify Duplicate Clients | P | AP |
| 1. Other Required Functionality (All Applicants Must Complete) | P | AP |
| W. Provide electronic, web-based alerts for state staff, regional staff and providers for elevated screening results and need for follow-up appointments. | P | AP |
| X. Provide electronic, web-based notifications for state staff, regional staff and providers regarding participant completion of healthy behavioral support services and notification of next screening appointment due date | P | AP |
| X. Other: |  |  |
| **III. Web Functionality** |  |  |
| A. Web Based Claims Submission | P | AP |
| B. Web Based Patient Enrollment | P | MD |
| C. Web Based Provider Communication Portal | P | AP |
| D. Web Based Data Access and Search Capabilities | P | AP |
| E. Web Based Patient Enrollment | P | MD |
| F. Web Based Query Functions | P | AP |
| G. Compliance assistive technology standards (508 compliant) | P | MC |
| 1. Other: |  |  |
| **IV. Payment Capability** |  |  |
| 1. Ability Pay Claims Directly to Clinical Providers | P | AP |
| 1. Ability to Seek Reimbursement for Claims after Payment to Clinical Providers | P | AP |

1. Provide the minimum hardware and software configurations, including operating systems, required for the software application to run this system. This includes both the client and the server environments. Provide a high-level diagram that demonstrates a possible architectural solution for this system.

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| Med-IT® is a software-as-a-service (SaaS) solution and is web-based. As such, users need only to have internet access through a current web-browser. OxBow’s preferred browser is the latest version of Chrome.  Diagram  Description automatically generated |

1. Describe the user experience provided by the system in terms of how users interact and interface with a system. Can users modify their preferences via their user profile?

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| Med-IT®’s web interface supports de-centralized program operation where users across the state share a standardized interface to the data including administrator defined options for many of the data entry fields. This standardization reduces data entry errors, reduces the learning curve for new users, and facilitates reporting and data analysis.  Client’s are entered once into Med-IT® and then both NBCCEDP and WISEWOMAN screening information can be entered as needed. Med-IT® monitors the client entry process to reduce duplicate entry. Access to client data is strictly controlled based on a user role allowing only certain users access to subsets of the client database while giving administrative personnel access to the entire data system.  There are numerous user preferences which users can modify via their user profile. There are also various settings which administrators can modify regarding overall system appearance and functionality. |

1. What type of system capabilities are provided in terms of workflow, background processes, user interface (UI) design, and performance upgrades?

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| Workflow – Specialized workflow navigation menus are provided to guide users in day-to-day data entry flow for NBCCEDP, WISEWOMAN, and claim entry processes.  Background processes – during data entry, the system automatically watches for duplicate clients, duplicate claims, data validation errors, and rescreening due dates. Reports exist to identify follow-up procedures or missing data.  User Interface Design – Med-IT® is designed to clearly follow the data collection requirements of the NBCCEDP and WISEWOMAN programs as well as support CDC Patient Navigation processes. This allows the system to provide a very intuitive interface to the user in terms they are already familiar with regarding these programs.  Performance Upgrades – OxBow ensures all current security patches and supporting applications are up-to-date and maintained. Any changes to MDE data collection or reporting requirements regarding the NBCCEDP and WISEWOMAN programs are automatically incorporated into Med-IT® at no additional cost to subscribers. |

1. Is this system process oriented?

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| Yes. Special workflow navigation menu bars help guide users in standard processes. System prompts guide the user on where and when to enter data. Missing or incorrect data with respect to MDE submittals is presented to users in a real-time manor along with guidance on how to correct the error. |

1. Provide information on how the vendor handles proprietary information.

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| Med-IT® has numerous features to provide enhanced security and protection of EPHI (Electronic Protected Health Information). These include features such as use of secure web-sites for both test and production environments, encryption of data in transit and at rest, role-based user access ensuring users can only access their subset of data, and use of a secure, monitored, data facility for all data and web servers. Audits of users and patient records access. |

1. What type of system access and security would be provided? For example: Discretionary Access Control (DAC), Managed Access Control (MAC), and Role-Based Access Control (RBAC) or others.

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| Med-IT® uses role-based access. Indiana system administrators have the ability to define as many different roles as needed for their staff and users. Roles define what functionality is available to the user, which screens and reports they may access, and which sub-set of clientele they will access. Clients can be subsets based on a variety of factors such as provider, status, region, county, and more. |

1. Does this system provide product customizations feature or modification of a software feature that requires custom coding and or some form of implementation?

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| Med-IT® supports over 20 different grantee programs across the country and is therefore ready to support the Indiana program as is. However, Med-IT® also supports numerous custom data fields and functions in use by these programs – many of which may be of benefit for the Indiana program as well. In most cases, only minor modification is needed to enable these features for Indiana. This type of system analysis, as well as identification of any other new fields or functionality would be part of the initial system evaluation upon contract award.  Med-IT® is designed to allow rapid modification to meet specific program needs. |

1. Describe how you manage and test system performance (stress, load, and volume).

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| OxBow maintains both an internal test environment as well as a user accessible test site. Test plans are designed for each system modification and are tested in both environments before they are released to the Production environment. After major system upgrades, or modifications with broad program impact, additional stress testing is performed with multiple users simultaneously running high load functions such as MDE generation and certain extensive reports and queries. Various web tools monitor CPU and memory usage during these tests, providing insight into any excessive usage spikes. These same tools are used day to day to monitor ongoing performance and alert OxBow technical staff in any degradation of performance. |

1. What software development methodology you would use for this project (Waterfall, Iterative, Agile, and others)? Describe your overall project approach towards software development.

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| OxBow uses the Agile development lifecycle. OxBow is a Capability Maturity Model Integration (CMMI) Level 3 company in terms of system development. This is a certification level where we have demonstrated the uses of well defined processes which are based on achieving quality outcomes. The result is a customer-centric approach which is geared toward rapid and accurate development of system features and functionality in support of well-defined customer needs. |

1. How regularly is this system upgraded with a new version for small improvements, security, and technology upgrades? Describe your release management process. How would IDOH request enhancements to the system? How do you prioritize requests from IDOH against requests from other entities that are using the system?

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| Security patches are applied as released. OxBow attempts to perform this after hours, but will alert users if the patch is urgent enough to interrupt daytime operations. OxBow releases system improvements once a month. Technology upgrades are normally continuous and released incrementally as part of the normal release schedule except in rare circumstances such as the release upgrade in the underlying database system. That release was handled as a special update over a long weekend.  IDOH can request enhancements by submitting a request to our support desk. Our Product Manager will work with IDOH personnel to ensure we fully understand the request as well as the impact on IDOH activities. This allows us to help prioritize requests from IDOH against other requests. Highest priority items are worked first and factors such as potential work-stoppages, number of users affected, available work-arounds, and time required to implement also affect decisions. |

1. Describe how change management and system patches are addressed across both programs (BCCP and WW). This should include a brief description on supporting data transition from current process to electronic process. Additionally, it should include descriptions of processes which occur throughout the entire project period.

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| Modifications are coded, tested, and released during a 3-5 week period called a Sprint.  Modifications to the system are initiated mainly by one of 3 paths: requested by customers, initiated based on a change in data collection and reporting by CDC, and OxBow initiated enhancements. No matter the source, the first step is to create a ‘ticket’ in our backlog system. Tickets identify the customer, change needed, and priority to start with.  About 3 weeks before the start of the next Sprint, the Product Owner reviews the backlog and selects an initial set of tickets to be completed in the next Sprint.  The development team reviews the selected tickets, estimates the amount of time needed and either includes additional tickets or removes tickets to ensure they can be completed in the allowed time.  Once development on a Sprint begins, test cases are developed and as individual pieces are completed they are tested first in the internal test environment and then the customer test environment. Any tickets that fail testing are returned to the development team and retested when ready.  Once a ticket passes testing, documentation is updated and it is flagged for one more review before it is released to the Production site at the end of the Sprint.  Data transition for the legacy BCCP and WW data for Indiana is a multi-step process designed to ensure efficient and accurate translation of data from the legacy system into Med-IT®.  It begins with meetings (on-site or virtual) between OxBow and IDOH personnel to evaluate and identify any system modifications needed to provide maximum usability to IDOH personnel. Modifications identified during this process follow the steps above and will occur concurrent with the data conversion.  Data conversion begins with IDOH providing a copy of all existing data to OxBow. OxBow’s Data Analyst will work closely with the IDOH Data Manager to create a roadmap for transitioning each piece of legacy data into the appropriate place in the Med-IT® system.  OxBow writes and executes the code needed to transform and load Indiana data into the Med-IT® database.  Extensive data validation is performed to ensure complete and accurate translation of the data. This involves generation of various reports as well as field by field comparisons of MDEs generated from converted data in Med-IT® to MDEs generated in the legacy system. Results of these comparisons, along with sample MDEs from Med-IT® are submitted to IMS (for NBCCEDP) and Mathematica (for WISEWOMAN) to help assure them of the accuracy of the conversion.  Shortly before Indiana ‘Goes Live’ with Med-IT®, OxBow will conduct formal training for both IDOH staff as well as end user, as needed.  At the conclusion of training IDOH will stop data entry in their legacy system and provide a final copy of data to OxBow.  OxBow converts and loads this data over a 3-5 day period. Indiana data personnel will help verify the final conversion and decide when to allow their users to begin data entry in Med-IT®. |

1. What software security is implemented to protect system(s) against malicious attack, hackers, and other potential risks?

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| OxBow uses and maintains a hardware firewall at the forefront of our security posture to include Web Application Firewall(WAF) settings. We also utilize Sophos endpoint Security and Control for antivirus and malware attacks within the network. |

1. Describe in detail the process that you have used in other states to provide similar system and services.

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| The conversion process is described in item 11 above. On average, it takes 6-8 weeks for the conversion of data and implementation of minor modifications. But it varies depending on the types of data to be converted, the types of new features needed, and availability of IDOH personnel to answer questions. A more complete timeline will be provided after the initial meetings following contract award. |

1. What metrics exist by which your company measures success and quality? Provide specific examples of how the company and company clients measure success and quality.

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| One of the key measures of success is the MDE error rates. Med-IT® customers generally have less than .1% error rates on MDE files. OxBow works closely with programs to resolve MDE related data issues and also is a partner in helping to answer MDE related questions from CDC.  Within OxBow we have metrics on Sprint completion rates, testing errors, and resolution time for Help Desk issues.  OxBow also monitors and reports on system performance and availability. Med-IT® has had over a 99.9% availability rate since starting web access in 2008. |

1. How does your company create an accurate timeline. How does your company report to the management on the timeliness of work? Include a sample schedule for review.

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| Timelines for Sprints are fixed at one per month. The number of tickets included in a Sprint depend on the estimated time needed for the ticket and the availability of development team members. A Trello Board interface provides visibility to customers on tickets included in the Sprint as well as the status of tickets in the backlog.  The timeline for on-boarding new programs depends on the customization needed, the addition of any new functionality, and the quantity and quality of data to be converted. During the initial meetings with IDOH, OxBow will determine the expected timeline for the conversion and on-boarding process and provide a Project Management Plan which includes the detailed timeline, roles, and responsibilities for the process. |

1. What are the standard reports that your company provides to your customers? Provide a list of your company's standard reports.

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| With respect to the on-boarding and conversion OxBow provides a test plan for any planned enhancements as well as three Conversion Reports. The first conversion report outlines the crosswalk of data between systems, initial quantity of data, and provides lists of data which can be cleaned up by Indiana staff prior to final conversion. The second conversion report details the comparison between the MDEs generated in the legacy system vs the Med-IT® MDEs generated from converted data. The final conversion report summarizes the conversion of the final data with respect to quantity and quality – identifying any remaining data cleanup need by IDOH personnel (to be completed within Med-IT®).  As part of each Sprint, OxBow provides a report with details of the associated software release.  Med-IT® includes an on-line help manual, but this can also be provided in electronic format if needed. |

1. Detail your company’s customized reporting capabilities. How will the company prioritize data requests from the State and estimate timelines?

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| Med-IT® includes over 75 standardized reports, each of which normally offers a variety of selection criteria. These reports will, in our experience, meet 90% or more of the reporting needs of a program.  An ad hoc query capability exists to meet the majority of other needs. Customers have the option of writing their own Standard Query Language (SQL) statements to extract data, or have assistance from OxBow technical personnel for queries. OxBow provides numerous pre-built queries which have proven useful to other programs and will provide these to Indiana’s version as well.  There is no limit to the number of queries a program may add to their system and these queries can be for individual user use only, or available for general use to all users.  OxBow prioritizes help with queries based on the urgency of the data and the effect on day-to-day operations. Most queries take less than 1 hour to construct so timeline estimates are normally not needed.  OxBow also can provide custom reports at an additional cost. The cost and time is provided based on the report requirements. |

1. Provide a detailed discussion of your company’s approach to successful implementation of this project regarding overall project management methodology, testing, training development and delivery, cost control, successful scheduling and schedule management, communication, status reporting, risk and issue management, data migration, etc. What tools do you use as part of project delivery? Include key risks that you see with this specific implementation project and how you plan to mitigate those risks. Provide a sample status report that IDOH can expect as part of project execution. Provide a sample implementation plan and an implementation checklist that IDOH can expect as part of project execution and implementation preparations.

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| OxBow utilizes a four-step implementation process to plan for and execute a smooth transition for your program. This is normally a 2-6 month effort which depends on the complexity and quantity of data conversion along with needed functional enhancements. Key steps in this process include:     1. Requirement Definition (which includes a Knowledge Transfer process), 2. System Enhancement 3. Data Conversion 4. Training, and Implementation   During the Requirements Definition/Knowledge Transfer phase OxBow will focus on the unique data collection, reporting, billing, and day-to-day operations of the Indiana BCCP/WISEWOMAN programs. The resulting output is a detailed list of data conversion requirements and agreed upon system enhancements.  System Enhancement involves both modifications to the database to capture additional, program specific, data elements as well as the software modification needed to support enhanced data collection and reporting. All modifications are tracked in the OxBow change and testing systems. Detailed design documents and test cases are developed to assist developers, testers, and end users in validation and verification of the changes. Indiana DOH staff will be expected to assist in confirming descriptions of all changes and helping in acceptance testing once changes are complete. The resulting output is a modified version of the Med-IT® system which meets all the unique requirements for the program as well as fully supporting CDC data collection and reporting requirements.  Data Conversion is an iterative process which takes place concurrent with System Enhancement. Data is converted and validated numerous times during this period. OxBow works with program personnel to identify any desired data standardization or cleanup which can often be performed as part of the data conversion. A vital part of this conversion process is the generation of a sample MDE file created using converted data. OxBow will require a copy of Indiana’s latest official MDE submission file for comparison. There are normally some variations between files due to data cleanup but all variations are fully documented and explained in a comparison document. The resulting MDE file and the comparison document are submitted to CDC for review to help reassure both the program and CDC that the conversion was complete and accurate. At this point, the data on the test site is de-identified in preparation for formal training. OxBow provides a variety of initial and ongoing training for both administrators and end users. This phase focuses on the initial Administrator and End User training which will take place just prior to the Go Live event for Indiana. Overview training will have been provided to DOH expected Med-IT® administrative users during the technical Requirement Definition meetings. This will allow DOH administrators to, with Oxbow’s help, create user accounts for trainees.OxBow will prepare training materials including use cases which will help demonstrate and provide practice on the various day-to-day operations end users can expect to accomplish within Med-IT®. End User training incorporates hand-on use of Med-IT® in the test environment using de-identified actual program data to provide the most accurate representation of the system production environment.Administrator training will not only cover the same information which end users will receive but will also highlight the administrative specific aspects of Med-IT® which will allow Indiana personnel to own their version and define roles, validations, billing operations, and such to suit their needs. Training can be accomplished either on-site at a location identified by the DOH, or virtually using a web-based interface. There are advantages and disadvantage to each option and during initial Requirement Definition discussions OxBow will work with the DOH to decide on a training approach.  Final implementation takes place immediately after formal training so that trained staff and end users may begin using the system while training is still fresh in their minds. Data entry in the legacy system will stop within a few days of training and a final full copy of data is sent to OxBow for data conversion. This data is converted using the proven processes used to convert the original data, reducing the conversion time to just a few days. Converted data is loaded into the Production system where both OxBow and Indiana staff members will work together to perform a final data validation and complete Acceptance Testing for any system enhancements. Once Indiana is assured of both the data and system modifications, they are free to begin use of the Med-IT® system for all users. Normally it takes less than a week from when use of the legacy system ends and use of the Med-IT® system begins.  OxBow has successfully completed multiple transitions and data conversions over the last few years and our team has perfected the process to limit risks as far as the conversion and implementation goes. All differences and discrepancies are identified early in the process to allow leadership decisions on how to handle specific differences. We anticipate no issues converting, training and providing the state a smooth onboarding process to Med-IT. The only real risk for this project is the provider reimbursement for services rendered by providers. Oxbow and our team have over 70 years combined experience with utilizing Med-IT, cleaning up records and improving the ability for providers to submit claims electronically. We are equally versed and fully understand the authorization process for the billing and claims sections, but we have not had the experience performing them for the customer. We generally work very closely with the State program to ensure the providers and entering all data correctly the first time, creating reports that inform them of missing items to ensure they get paid and finding issues all the way through the process. From here, it is uncharted territory. Our team works very well with all of our programs, but there could be some challenges for us as we get to the next step and the learning curve of finishing those claims out. To mitigate this, we will ensure we fully document and understand the current process, so we can better identify how OxBow and Med-IT can work together with the State to give your providers a much butter experience supporting these very important programs. |

1. Describe the experience and qualifications of your company in completing similar projects in terms of client, staff and achievements for software product development and implementation.

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| OxBow is honored to currently provide Med-IT® as the data system for 22 state and tribal grantees across both the NBCCEDP and WISEWOMAN programs. We began support of these screening programs in 1993 and added support for the Colorectal Cancer screening program when that was first initiated in 2006. Med-IT® manages data for over 1.6 million women, including 3.3 million NBCCEDP screening cycles and 130,000 WISEWOMAN screenings.  All of the current Med-IT® subscribers, except for three of the tribal WISEWOMAN grantees, transitioned to Med-IT® from an existing data system with OxBow providing all the data conversion and validation needed to ensure full and accurate conversion of existing data.  OxBow coordinates the implementation with Department of Health personnel, leading the effort based on proven processes and procedures. Each program’s version of the Med-IT® system is configured as needed to meet individual program requirements while still ensuring full compliance with CDC data collection and reporting mandates. Any changes to CDC reporting requirements are automatically implemented into Med-IT® at no additional cost to system subscribers.  OxBow’s Med-IT® solution has been operating as a web-based service since July 2008 and has a proven availability record of over 99.9%. The data system is hosted in a secure data facility and data is encrypted in transit and at rest. OxBow maintains the redundant hardware systems including hardware upgrades, up to date software security measures, daily data backup (with off-site storage), and full recovery capabilities.  One of the key values OxBow provides to our customer base is our extensive background in ensuring complete and accurate MDE files for submittal to CDC. Over the years, OxBow has helped customers submit 490 NBCCEDP MDE files and 132 WISEWOMAN MDE files. OxBow has experience with every version of the NBCCEDP and WISEWOMAN MDE file that has ever been defined, including handling data conversion when dictated by major changes in MDE format.  Real-time MDE Edit checks are integrated into the Med-IT® system allowing users to know at the point of data entry if the client’s screening information is complete and accurate with respect to the MDE requirements. Various reports and utilities provide streamlined methodologies for data review and cleanup without the need to export the MDE file for error checking.  Part of the conversion process for new customers includes replication of prior MDE files and in all cases the resulting files were identical in content and often had lower error rates due to the additional data standardization and cleanup that OxBow is able to provide during the transition, as well as OxBow’s expertise in MDE requirements. |

1. Specify how the system is following Industry Standards and Certification as per CDC and the Health Insurance Privacy and Portability Act (HIPPA) guidelines. Describe the standards of certification the system has.

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| Through the use of Administrative, Physical, and Technical safeguards OxBow provides customers with the means to cost effectively meet a large portion of their HIPAA Security Rule requirements simply through the use of Med-IT® for the storage and management of their data.  In addition to the HIPAA safeguards, OxBow follows National Institute for Standards and Technology (NIST) standards for computer systems and applications and uses a third party security company to provide annual security evaluation and recommendations. |

1. Indicate if a copy of the source code can be held in escrow.

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| OxBow currently maintains a copy of the source code held in escrow for another program and could add Indiana to the approved recipient list. |

1. Describe how maintenance will be applied. Maintenance includes, at a minimum, fixes and enhancements to the software, including changes in operating system and compatibility browser changes.

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| OxBow schedules regular maintenance to occur simultaneous with software releases where possible to minimize customer impact. Software releases and scheduled maintenance is schedule during evenings and weekends when possible. Customers are notified a week in advance of these planned downtimes.  In the case of emergency maintenance, OxBow notifies the identified points of contact for each customer of the time, nature, and expected duration of the unscheduled downtime. |

1. Provide Service Level Agreement about system support and maintenance plans. Describe your overall support structure and who owns various support tiers.

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| OxBow will ensure the Med-IT® system is up and available 24/7 – 365 days a year, with the exception of scheduled maintenance and necessary upgrades, which will be communicated to the customer in advance. Currently, our uptime availability is over 99% during normal working hours and over 98% outside of normal working hours to include weekends. Because each program is very specific on how their particular program is managed, we have all users reach out to the State Program Management team for initial (Level 1) help desk requests. We find that most questions that arise are more specifically related to how the program manages and handles their patients and are not a function of Med-IT®. If they are unable to answer that question, we ask that the State reach out to us and pass on the question as the program and system experts. This provides a learning experience for the program to better understand how the process is handled in Med-IT and provides better and more responsiveness to the providers. Because OxBow is not familiar with the users, we rely on the program to conduct password resets and unlocking accounts to ensure only authorized users can get access to Med-IT and the State’s data. OxBow mans the help desk during normal working hours Monday – Friday 7am – 5pm Central time. We have customers from the East Coast all the way out to Alaska and ensure we are always available to answer questions and provide support in a timely manner. All requests will receive an initial response within the hour, and strive to resolve issues within 4 hours, but depending on the issue, that sometimes is not feasible, therefore we provide resolutions for those difficult questions as quickly as possible. |

1. Provide details regarding web-based user trainings to be conducted by vendor during system implementation and, if needed, on ongoing bases. Provide details on other types of training and technical assistance provided during implementation and, if needed, on ongoing basis. Break these services down by those available to state level staff, regional staff and clinical staff.

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| OxBow offers Indiana’s program comprehensive training on all aspects of Med-IT® by employing a lesson learned, best practice training before release. OxBow requires IDOH staff, especially those selected to be Indiana Med-IT® system administrators, and program users receive initial training prior to Going Live on Med-IT®. The figure below illustrates the variety of training opportunities offered to Med-IT® subscribers throughout the contract, not just during the implementation.  Diagram  Description automatically generated  To employ this best practice, OxBow provides a training system on the Staging environment that has either the latest version or the next release version. Once the Indiana staging environment has been created, it will be constantly available for Indiana DOH staff to login and begin familiarization with the latest planned Med-IT® capabilities for NBCCEDP/WISEWOMAN Programs. Releases will be staged for training use once testing has reached a mature state but prior to any implementation on the production system. The staging environment provides Indiana a full-time training system, which allows staff time and access to train users in a stable, and non-production system. This capability minimizes trainee exposure to HIPAA-protected data and concern for data corruption while providing realistic training and preparation for new versions to ensure optimum performance by users on the production system.  Our staff will use scheduled meetings and events to present informal training prior to the system being staged for the formal training classes. The first training will be scheduled to coincide with the Design Meeting. This meeting will include initial system administrator overview training where Indiana staff will begin to learn the backend, or “Administrative’ side of Med-IT®. During the Data Validation Meeting, Ms. Wendover will provide ad hoc training for the program’s Data Managers to assist them during the data migration validation process.  OxBow’s approach to training provides an additional level of system integrity. Because OxBow utilizes our Development staff to provide the formal initial training using the planned production system, should there be a need for changes or adjustments to the system, these changes can be quickly addressed and are normally incorporated before the Go Live cutover.  During formal administrator and user training, attendees will a variety of reference tools such as data entry guides, descriptions of role setup, system configuration details, and a calendar of events which will provide recommendations of activities that should occur weekly, monthly and yearly.  In addition, at any time, users will have access to Med-IT® online User Manuals at their fingertips. This should always be a user’s first tool to reference when they have a question.  During the training, the on-site OxBow trainer will cover core functionality within Med-IT® that will provide all roles the knowledge necessary to do their jobs.  Traditionally, training was conducted on-site at the customer location. But during the pandemic OxBow has transitioned to and perfected web-based training sessions. One advantage to on-site training is the ability to have instructor led data entry exercises, while remote learning has provided the opportunity to record training sessions.  Indiana will have access to recorded sessions which they can then use as the basis for training additional staff or users as needed.  Additional, targeted training can be requested by IDOH as needed and would be priced based on the level and amount of training needed.  When major system enhancements are implemented, OxBow provides free online training in a recorded session for state staff. The recorded training can be shared with end users by the state if they feel it would be helpful at that level. |

1. Describe how ongoing training and technical support is provided for program staff at the state, regional and clinical provider level. If there are changes in the system.

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| When there are significant changes to the system, OxBow will host a web meeting to review the changes with all affected programs. The meeting is geared toward state staff and will be recorded. If state staff was unable to attend, or they wish to share the video with clinic/provider level staff, they will have a sharable link for that video.  State staff is expected to provide training to new clinic/provider staff as well as new state staff. However, programs may request formal training from OxBow to whatever level is needed. OxBow will provide an estimate for that additional training and upon approval from the customer will work to schedule the content and time for training.  Day to day technical support is provided to state staff through the OxBow support help desk. Technical support for providers must first go through state staff before it can be forwarded to OxBow. This ensures that state staff are kept aware of any provider level issues, allows them to help them where they can, and ensures that true technical issues (vs screening program questions) are sent to OxBow. |

1. If the application is being hosted at vendor location, indicate if the data will remain property of the State of Indiana and thus may not be marketed or sold by the vendor without the express written consent of the State. Describe the security measures that are in place external to, and within, the data center.

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| The Indiana data is always considered the property of the Indiana DOH and OxBow provides numerous ways for the program to access and download any or all data at any time. We will establish a business associate agreement outlining rights, responsibilities, and limitations with respect to the data upon contract award.  OxBow staff receive annual HIPAA training to ensure all personnel are aware of our responsibility to our customers to ensure their data is as secure as possible. All communications with the application use secure data connections. Data is encrypted during transmission and when at rest. All data backups are further encrypted. The data center itself provides 24/7/365 manned and monitored facilities. Data servers are further secured in dedicated locked cabinets accessible to only key OxBow IT personnel. To help our subscribers meet their HIPAA security requirements they have the ability to set password reset intervals, login security levels, and define access roles for all users. To further protect data, OxBow provides a test environment for subscribers which includes de-identified client data suitable for new users for training as well as a test bed for acceptance testing new features. |

1. Describe the difference in costs of the system if the solution is hosted at state vs. by vendor location. If you host the solution, provide details about where and how the system is hosted.

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| Med-IT® is hosted by OxBow. Data is housed in a data center located in Omaha, Nebraska. The Med-IT® operational system has a geographically dispersed second (backup) system that receives daily data backups from the primary system. In addition, weekly/monthly backup data is stored in a third geographic location. The facility housing the system is secure and has a 6-week generator power capability to overcome power failures and is connected to multiple internet service providers. Connectivity is robust as the region is a major connectivity hub with high resiliency and availability because of Government defense requirements. In fact, the area is rated one of the top 10 data center locations for the entire U.S. with multiple commercial data centers for national businesses. |

1. How is code scanning done and what process is followed? How are flaws in data and security assessed and addressed?

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| All new and modified code is reviewed by at least 2 other members of the development team before it enters formal testing. Code must pass specific test scenarios before it can advance to the next level. Automated configuration management and build management tools are used to ensure consistent and accurate integration with existing code. If a flaw in the code were to be released into the production system, OxBow has the option of fixing it immediately or rolling back the Med-IT® version to the latest stable version.  With respect to data flaws, there are several reports and queries provided within Med-IT® to help identify data issues as soon as possible. OxBow has never had a data breach, and built-in user activity tracking and daily backups guard against insider threats to data. OxBow has also never had to restore data using one of the backups, but has the option and ability to restore from a backup copy of the database. As far as data flaws, we conduct regular scans of our systems in addition to the external scans done annually. If items are identified, they are documented, discussed and the a Plan of Action and Milestones (POA&M) is created to address the remediation of the identified issues. We document these issues in our Risk and Issue Log until the items are fully addressed and corrected or acceptable risk is accepted by company leadership. |

1. Are there any security audits conducted by you or an independent company as a part of annual security measure process? Would IDOH and the State of Indiana receive a copy or summary of the security audit results? (IDOH requires an annual audit and submission of audit reports.)

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| OxBow has contracted with an independent third-party internet security company to provide annual Penetration and Vulnerability assessment. The results of that testing are reviewed with OxBow IT personnel and recommendations are provided on remediation based on the severity of the findings. OxBow has never had a critical risk finding but still addresses all findings using Risk Management processes and makes changes to the software as needed to eliminate or mitigate any security risks.  The Indiana DOH can be provided audit results with a signed NDA. OxBow is also contracted with another independent third-party compliance company to assess our posture and provide a letter of attestation regarding our controls and systems in place. We are currently going through this with them now. |

1. Describe how, or if, the web-based system compatible with mobile devices and tablets. Describe any limitations that exist when mobile technology is used to access and use the system.

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| Med-IT® can be accessed through any device which as a compatible web browser. However the amount of data presented within the application make the use of smaller devices, such as mobile phones ineffective. OxBow therefore prevents access over phone type devices as an added level of security. They are completely blocked from accessing the application. |

1. Describe the methods that will be used to maintain the clinical provider agreements and add new providers as they join the IN-BCCP and Indiana WISEWOMAN Program.

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| Med-IT® provides data entry screens specifically designed for managing provider information. State administrators will simply create a new provider record and indicate various pieces of information such as points of contact, contract numbers, types of services provided (Breast/Cervical/WISEWOMAN), types of billing they can submit (Global/Professional/Technical components, etc.), other information as needed.  Providers are never deleted from the system. Instead their status is changed to Inactive. This way, there is a record of clients seen by specific providers even if they are no longer active in the program. |

1. Describe methods that will be used to coordinate with the claim reimbursement provider if the function is performed elsewhere.

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| OxBow has experience with interacting with disbursement agencies using a variety of means. The most automated process, and one we hope to help Indiana implement, uses established state disbursement departments with Med-IT® providing disbursement details in a file that can be placed in a secure folder for import into the state system. Other implementations involved creation of a CSV (Excel format) file sent securely to an outside payment agency, creation of paper or PDF invoices sent to the payment agency for manual entry into their system.  OxBow will work with the Indiana DOH to find the most effective, in terms of both processes and cost, and could include OxBow managing claim reimbursement. |

1. Describe methods that will be used to coordinate with the data management provider if the function is performed elsewhere.

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| OxBow provides data management functions so the only coordination needed will be between OxBow and the IDOH data manager(s). |

1. Describe the process by which consent is verified and maintained in an electronic system, if any.

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| OxBow has helped our various customers record client consent through the Eligibility page. Options have included:   * Recording a simply Yes/No for if consent was obtained * Record if consent was written/verbal in person/verbal over the phone * Record the date of the consent * Upload a copy of a signed consent for inclusion in the client record. |

1. Describe the process flow related to reimbursing clinical providers for services rendered.

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| One of the driving factors in developing the system now known as Med-IT® was the integration of billing support into the data system. As a result of OxBow’s carefully engineered solution, there are multiple methods for entering and managing claims. Users may manually enter claims as part of the data entry process or as a separate data entry step. However, many Med-IT® subscribers use the automated claim import functions available within the system. Med-IT® is capable of importing claims in electronic format. Claims are submitted using the national standard 837 Health Care Claim format. Med-IT® imports claims, matches them to existing clients, and formats the claims for processing.  Adjudication of claims involves numerous verification and validation steps to ensure required supporting documentation is present in the system, sufficient funding is available to pay the claim, and only approved services are authorized payment. Programs use various tools within Med-IT® to allocate funding across providers and identifying which funding sources are used to reimburse which services. Med-IT® supports the use of blended funding, allowing programs to mix state, private, and federal funding to stretch the impact they can have across their community while still ensuring they do not over-spend available funds.  Authorization of claims is a two-step process. The adjudication process described above is the first step and many programs allow their providers to run the authorization report to identify claims that are being held awaiting supporting documentation.  State authorized users are allowed to proceed to the second step which is the actual authorization of claims which pass the authorization step. During this process claim payment details are recorded, claims are marked as processed, invoice reports are generated, and external interface files are create as needed for exporting to payment agencies.  Numerous standard reports enable subscribers to monitor provider spending, fund balances, pending claims, and in-kind or matching amounts. |

1. Describe how files will be provided for data requests and/or data management. Describe how users would query/ ad hoc reports in the system.

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| All reports in Med-IT® allow export of results in PDF or CSV (Comma Separated Values – readable in Excel) format. State administrators also have the option of exporting any/all underlying data tables in full or part in CSV format at any time. Query output is in CSV format and can be saved or opened in Excel as soon as you run the query.  Users, with access to the ad hoc query tool in Med-IT®, can write and/or run existing queries. Queries use Structured Query Language (SQL) for the commands. For security sake, only selection queries can be run through Med-IT®. Queries which could update or delete data can only be executed by certain OxBow System Administrators. |

1. Describe any relevant experience in submitting electronic data to federal funding agencies. Describe any experience in submitting Minimum Data Element(s) (MDE) data to the CDC.

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| Med-IT® exports claim data to several state fiscal offices to facilitate their reimbursement for claims to their providers. These are custom solutions designed to closely integrate with these state systems.  One of the key values OxBow provides to our customer base is our extensive background in ensuring complete and accurate MDE files for submittal to CDC. Over the years, OxBow has helped customers submit 490 NBCCEDP MDE files and 132 WISEWOMAN MDE files. OxBow has experience with every version of the NBCCEDP and WISEWOMAN MDE file that has ever been defined, including handling data conversion when dictated by major changes in MDE format.  Real-time MDE Edit checks are integrated into the Med-IT® system allowing users to know at the point of data entry if the client’s screening information is complete and accurate with respect to the MDE requirements. Various reports and utilities provide streamlined methodologies for data review and cleanup without the need to export the MDE file for error checking. |

1. Describe system capacity, if any, for bi-directional communication between state staff, regional coordinators, nurse consultants, and clinical providers. This is especially pertinent for data collection, however, status of claims and claim payment should also be included in the answer.

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| Med-IT®’s role based access allows state administrators to define roles which limit a user’s ability to enter data as well as which clients a user may see. This allows customers to allow access to Med-IT® to their various staff, coordinators, patient navigators, clinical providers, etc. knowing that these users will see only the data needed for their job and that data integrity is protected.  Typically we see providers using Med-IT® to check on the status of submitted claims and claim payments, running reports to gage if they are meeting target screening goals, obtaining lists of missing documentation, generating lists of clients who are due for their next screening/diagnostic services, etc. |

1. Describe how patient experience will be improved by using this vendor. Describe how clinical providers experiences will be improved by using this vendor. Describe how staff experience will be improved by using this vendor.

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| The Patient Experience is improved through various reports, such as the follow-up report which alerts clinics and navigators of unresolved abnormal screening results so that clients quickly receive the follow-up care indicated. They also benefit from screening reminders for both routine and follow-up procedures. Med-IT®’s integrated billing system allows for efficient process of provider claims, reducing the chance of the client being billed for services covered through the program.  The Clinical Experience is improved by allowing providers to quickly and easily input the minimum data needed to ensure complete MDE data as well as ensuring quick adjudication of claims. Med-IT® includes the option for providers to submit claims electronically, using the same file format they use to submit claims to all major private and government insurance agencies. Various reports allow them to monitor those clients who are participating in the NBCCEDP and/or WISEWOMAN program and ensure they are meeting not only the participation goal, but also meeting the quality standards needed for the state program. Med-IT® even includes reports which allow providers to identify services they have performed but for which they have not yet submitted a claim.  Our goal is to provide a system which not only accurately reports your activities in the MDE files, but truly helps Indiana’s DOH staff focus on the success of your program rather than administrative issues. Various standard reports help staff monitor performance indicators, screening rates, and claim status, among other factors in a real-time environment. Reports and features are frequently added at the suggestion of customers to help them better solve common problems.  One example is the planned enhancements to support rural/urban/metro designations for clients as well as facilitate program specific focus groups (such as LGBQT, veteran, etc. categories). OxBow understands the need for these types of capabilities in the upcoming grant and is already proactively working with our customers to be ready to support this. |

1. Describe the process to link with the Indiana Cancer Registry for data matching to close open IN-BCCP cases. (Note the preferred format for data linkage is SAS or excel.)

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| Med-IT® includes a Cancer Registry interface function. Users can export unmatched cancer cases in a variety of formats including CSV (Excel). The Cancer Registry performs the linkage and merges the expected data elements back into the export file. Med-IT® then imports this file and completes the registry data record. Any cases which could not be matched are exported the next time the state wants to link to the Registry. |

1. Detail a data migration plan and process to move existing data from the legacy system to another system.

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| Our multi-phased approach to the data conversion process, shown in the figure below, effectively addresses the mechanics of the conversion, enables data standardization, and incorporates corrections to meet CDC’s semi-annual Minimum Data Element (MDE) submission requirements.  Data Migration Process for AZ prop rgb3 09042010 v2 CS3  For quality assurance, we generate an MDE report using converted data to compare against a baseline MDE generated by the Customer’s current system. OxBow experts verify conversion accuracy by reviewing MDE content, verifying MDE Edit Check results, and comparing frequency of result values. This is essentially the same comparison performed by the CDC supplied Edit Check application used during MDE submission to check data quality and is OxBow’s method of ensuring the Customer’s converted data has been done accurately and will meet MDE reporting quality standards.  An integral aspect of this validation process is a meeting between OxBow’s Data Analyst, the Customer data manager and any other personnel most familiar with the Customer data. Depending on the scope of the data conversion this may be conducted via webinar or as an onsite meeting at the customer location. OxBow will work with the Customer to ensure all enrollment, screening, diagnostic, provider and referral documents are correctly captured within Med-IT®. Once any conversion discrepancies are corrected or explained, an MDE file can then be generated and submitted for CDC verification of the conversion.  In our approach, data is converted using two trial runs prior to the final data conversion to test the conversion script and to streamline the conversion process. This best practice minimizes the time required for final data conversion and cut-over, reducing downtime and the amount of “catch up” data entry and editing workload. Final data conversion normally requires five or less business days to complete.  Actual data conversion steps and timelines are determined by the type and quantity of data to be converted. This is finalized during initial meeting following contract award. Based on our experience, data conversion can be completed within a few weeks as long as Customer representatives are available to answer questions and provide data insight as needed.  Typically data entry in the legacy system ends a week prior to the Med-IT® Go-Live date. User’s stop entry in the legacy system, data is uploaded to the OxBow Secure FTP server. Using the verified data conversion processes and scripts, data is converted and uploaded to the Med-IT® production system. This normally takes no longer than 2 days for conversion and upload. Final conversion testing and verification takes place with both Customer and OxBow staff participating. Once the Customer program administrators are satisfied with the conversion, the Med-IT® service goes live, and authorized users have full access to the system. |

1. Attach or provide a service flow chart which illustrates the process of reimbursement from patient enrollment to provider payment.

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| AttF\_1 Claim Process flow |

1. What is your overall project timeline from project kickoff to implementation of the system. Provide a schedule in MS Project that reflects this timeline. Provide any assumptions you make and risk to the timeline in the area directly below.

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| All timelines are estimated with the assumption of an award date of September and kickoff meeting of 9/5/22. Risks to the program are dictated by how long it takes the state to provide associated forms, documents and initial copy of the data to OxBow. Additional consideration is made regarding the amount of custom fields used in CaST which will need to be reviewed and discussed to determine where in Med-IT this data would need to be migrated or if it is needed going forward. The project would push to the right for any delays in the state providing the requested data.  See attached Gannt Chart (AttF2) |

1. Describe the capabilities of the system that enable IDOH personnel to maintain and configure the system without the need to contact the vendor for the updates. Provide screen shots for the administrative module / functionality if available.

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| The Admin screen provides the program the flexibility and ease to manage all aspects of the program. From user creation, password resets, or user audits to budget maintenance and altering question and responses. The program managers will be trained to manage all areas of finance, federal or state and will be able to set business rules to manage down to the penny where their dollars are being spent. See Lookup table attachment (AttF3) |

1. Describe the system’s compliance with assistive technology standards (508 compliant).

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| OxBow is currently not 100% compliant with assistive technology standards, but has identified the areas that need to be corrected using the web accessibility evaluation tool and feedback from other programs. We have created tickets for these issues and are working to remediate the 508 compliance of Med-IT. |

46. If services any services are to be subcontracted to another vendor, describe methods of monitoring subcontract, assuring adherence to policies and reaching program deadlines.

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| No Subcontracting |

47. Project Resourcing: Complete Attachment [O] (Resource Usage – Template) to provide the number of hours the vendor expects to commit to the project and the number of hours estimated for the State resources. These amounts should be based on the functionality the State desires, included in this RFP.].

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| See 69438\_AttO Project Resourcing. |

48. Additional Terms and Conditions related to Cloud-based systems that the State expects to execute with the successful vendor(s) are provided in Attachment [ ]1, [ ]2, and [X]3. Depending on your proposed System, you could be required to agree to one or more of the following sets of Additional Terms and Conditions:

* + Attachment [ ]1 – IOT Additional Terms and Conditions - Infrastructure as a Service Engagements (IaaS)
  + Attachment [ ]2 – IOT Additional Terms and Conditions - Platform as a Service Engagements (PaaS)
  + Attachment [X]3 – IOT Additional Terms and Conditions - Software as a Service Engagements (SaaS)

Indicate in your response below which of these sets of Additional Terms and Conditions you believe applies to your proposed System. Review these Additional Terms and Conditions and indicate acceptance and/or any redlined edits, via Track Changes. It is the State’s strong desire to not deviate from the Additional Terms and Conditions that provided in these attachments and as such the State reserves the right to reject any and all requested changes. Any or all portions of this RFP and any or all portions of your response may be incorporated as part of the final contract.

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| Med-IT® is a Software as a Service being submitted to the State of Indiana for consideration to manage the BCC and WW programs. |

49. Review and respond to the questions included in Attachment [X] (IOT Cloud Provider Questions form). The completed form should be submitted with your response.