Universal Health Care
Request for Legislation

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1. Procurement Summary

1.1 RFL Purpose

The Government seeks proposals to **design, pilot, and scale** a Universal Health Care system that achieves:

- **Universal coverage**
- **Equitable access**
- **High quality outcomes**
- **Administrative simplicity**
- **Cost control and affordability**
- **Operational resilience and auditability**
- **Continuous monitoring and improvement**

1.2 Contract Type (suggested)

- Indefinite Delivery / Indefinite Quantity (IDIQ) or multi-award BPA
- Task orders for: **Discovery → Requirements → Architecture → Pilots → Scale Implementation → Operations & Continuous Improvement**

1.3 Period of Performance (suggested)

- Base: 24 months (design + pilots)
- Options: 36–72 months (scale + operations)

1.4 Anticipated Offerors

Systems integrators, health IT vendors, actuarial/health economics firms, benefits administrators, state Medicaid modernization teams, cybersecurity providers, and independent verification & validation (IV&V) firms.

2. Background and Context

The United States currently operates a fragmented healthcare financing and delivery ecosystem with significant administrative overhead, inconsistent access, variable outcomes, and uneven affordability. The Government intends to modernize healthcare financing and administration as an integrated national system with **federal standards and state operational roles**, ensuring:

- Coverage is not employment-dependent
- Eligibility and enrollment are simple and automatic where possible
- Providers are paid fairly with incentives aligned to outcomes
- Fraud waste and abuse controls are strong, modern, and transparent
- Data interoperability supports care coordination and public accountability

3. Program Goals and Success Measures

3.1 Program Goals

Offerors shall propose a system that delivers:

1. **Universal coverage** with minimal barriers to enrollment and use

2. **Affordability** (lower out-of-pocket burden; predictable costs)
3. **Better outcomes** (preventive care, chronic disease management, maternal health, mental health)
4. **Equity** (reduce disparities by income, race, geography, disability status)
5. **Administrative simplification** (reduce duplicative billing, eligibility churn, and overhead)
6. **Timely access** (improve primary care and essential specialty access)
7. **Financial sustainability** through cost controls and payment reform
8. **Auditability and integrity** (traceable requirements, measurable KPIs, transparent reporting)

3.2 Target Metrics (Offeror to propose baselines + targets)

Offeror must propose measurable targets, such as:

- Coverage rate
- Avoidable ED utilization
- Preventable hospitalizations
- Primary care access time
- Prescription affordability metrics
- Administrative cost ratio
- Provider participation rate
- Appeals resolution time
- Fraud detection yield and error rates
- Health equity disparity indices

4. Scope of Work (SOW)

Workstream A — Discovery and Current-State Assessment

Deliver:

- Stakeholder map (federal, state, payers, providers, patients, employers)
- Current-state process maps (enrollment, eligibility, claims, appeals, provider credentialing)
- Data flows and systems inventory
- Legal/policy constraints register
- Risk register and mitigation plan

Workstream B — Requirements Engineering and Traceability

Deliver:

- **System Requirements Specification (SRS)** (high-level + decomposed as needed)
- Requirements traceability matrix (RTM): **Goals** → **Requirements** → **Design** → **Tests** → **KPIs**
- Non-functional requirements (security, privacy, performance, resilience)
- Verification & Validation Plan

Workstream C — Target Operating Model and Business Process Reengineering

Deliver:

- Future-state process maps
- Roles & responsibilities (federal vs. state)
- Governance model (policy, operations, data governance, change control)
- Workforce transition plan (skills, staffing, training)

Workstream D — Architecture and Implementation Plan

Deliver:

- Concept of Operations (CONOPS)
- Enterprise architecture: business, data, application, security, integration
- Phased migration plan (pilot states/regions, staged eligibility groups)
- Vendor/tooling recommendations (open standards preferred)
- Budgeting model and cost/benefit analysis

Workstream E — Pilots, Evaluation, and Scale

Deliver:

- Pilot design (2–6 states or regions; varying demographics)
- Pilot execution and reporting
- Outcomes evaluation framework
- National scaling playbook and rollout schedule

Workstream F — Operations, Continuous Monitoring, and Improvement

Deliver:

- Operating procedures (SOPs) and service management (incident, change, release)
- Performance monitoring dashboards
- Audit support package (controls, evidence, logs, reporting)
- Continuous improvement backlog and cadence

5. Minimum System Requirements (Offeror Must Address)

5.1 Coverage and Eligibility

- Support universal eligibility determination and enrollment pathways (auto-enroll where legally permissible)
- Reduce churn (continuous eligibility policies, simplified renewals)
- Support special populations (children, seniors, disability, veterans, undocumented per program rules)

5.2 Benefits and Access

- Standardized essential benefits baseline; configurable state supplements (if allowed)
- Network adequacy and access monitoring
- Transparent member materials and digital self-service

5.3 Provider and Payment

- Provider enrollment and credentialing workflow
- Payment models support (fee-for-service + value-based arrangements)
- Claims processing with clear adjudication rules and explanations of benefits (EOB)
- Provider dispute resolution and appeals

5.4 Prescription and Medical Necessity Controls

- Formulary governance support
- Prior authorization minimization strategies
- Evidence-based policy updates with traceable change control

5.5 Member Support and Appeals

- Omnichannel contact center support (phone, chat, secure messaging)
- Appeals and grievances workflows with SLA tracking and reporting
- Language access and disability accommodations

5.6 Data and Interoperability

- Interoperability with providers, pharmacies, labs, and state systems
- Robust master data management (member, provider, plan, service)
- Standards-based exchange (Offeror to propose standards approach)

5.7 Fraud, Waste, and Abuse (FWA)

- Pre- and post-payment controls
- Anomaly detection, audit trails, case management
- Recovery workflow and reporting

6. Non-Functional Requirements

6.1 Security and Privacy

- Compliance with applicable federal requirements (Offeror to enumerate)
- Role-based access control, MFA, encryption at rest/in transit
- Logging, monitoring, SIEM integration
- Privacy-by-design and data minimization
- Security incident response playbooks and testing

6.2 Resilience and Availability

- High availability and disaster recovery (RTO/RPO targets proposed)
- Continuity of operations planning
- Stress testing and capacity planning

6.3 Performance

- Eligibility and enrollment response times
- Claims throughput and latency requirements
- Contact center SLA support

6.4 Auditability

- Traceability from policy → requirement → implementation → test → KPI
- Evidence generation for audits (immutable logs where appropriate)

7. Federal–State Operating Model Requirements

Offeror shall propose a model that clearly defines:

- Federal roles: standards, funding mechanics, national policy, national data governance, national integrity controls, national KPIs

- State roles: localized operations options, integration with existing systems, provider engagement, public health coordination, localized outreach
- Transition plan for current Medicaid operations and state-based exchange functions (as applicable)

8. Deliverables and Acceptance Criteria

8.1 Required Deliverables (minimum)

1. Current-state assessment report
2. Future-state CONOPS
3. System Requirements Specification (SRS)
4. Requirements Traceability Matrix (RTM)
5. Enterprise Architecture package
6. Pilot plan + evaluation framework
7. Implementation roadmap + budget model
8. Security and privacy package
9. Operational readiness package (SOPs, training, service management)
10. Continuous monitoring dashboards + KPI definitions
11. IV&V plan (may be separate offeror)

8.2 Acceptance Criteria (minimum)

- Deliverables are complete, internally consistent, and traceable
- Requirements are testable and mapped to KPIs
- Pilots demonstrate measurable improvements vs. baseline
- Security controls validated through testing and audit evidence

9. Offeror Qualifications

Offeror must demonstrate:

- Large-scale government modernization experience (federal and/or multi-state)
- Healthcare payer/admin expertise (eligibility, claims, provider, pharmacy)
- Security and privacy engineering maturity
- Data interoperability implementation experience
- Demonstrated capability in **BPR and requirements engineering**
- Capability to operate with high transparency, metrics, and audit readiness

10. Proposal Instructions

10.1 Format

- Executive Summary (5 pages max)
- Technical Approach
- Management Approach + Staffing Plan
- Past Performance
- Risk Management Approach
- Security/Privacy Approach
- Cost Proposal (separate volume if required)
- Appendices: sample artifacts, resumes, case studies

10.2 Technical Response Must Include

- Target operating model recommendation
- Systems architecture overview
- Phased rollout strategy (pilots → scale)
- Proposed KPIs and reporting approach
- Traceability approach and sample RTM excerpt
- Tools and platforms proposed (with rationale)

11. Evaluation Criteria (Suggested)

Factor	Weight	What “Excellent” Looks Like
Technical approach	35%	Clear, phased, traceable plan; practical architecture; measurable outcomes
Management & staffing	20%	Credible governance, delivery plan, and delivery team depth
Past performance	15%	Demonstrated delivery of similar scale/complexity
Security & privacy	15%	Strong controls, auditability, incident readiness
Cost realism/value	15%	Credible cost model with value justification

Figure 1. Evaluation Criteria

12. Procurement Schedule (Template)

- RFL Issued: ___
- Questions Due: ___
- Answers Posted: ___
- Proposals Due: ___
- Competitive Range Determination: ___
- Demos/Orals (optional): ___
- Award: ___
- Kickoff: ___

13. Government-Furnished Information (GFI) (If Available)

- Existing federal program documentation (Medicare/Medicaid, CMS interoperability rules)
- State system integration documents (pilot states)
- Prior audits and reports
- Baseline metrics and datasets (de-identified where needed)

14. Terms, Conditions, and Constraints (Template)

- Data ownership and usage rights
- Open standards preference / avoidance of vendor lock-in
- Accessibility requirements (digital services)

- Subcontractor management requirements
- Conflict of interest disclosures
- Transparency and reporting obligations

Appendix Suggestions

Appendix A — Requirements Traceability Matrix (RTM) Starter (Excerpt)

Goal	Requirement ID	Requirement	Verification Method	KPI
Universal coverage	COV-001	System shall support eligibility determination within X minutes for Y% of applicants	Test + pilot results	Coverage rate, eligibility cycle time
Admin simplicity	ADM-010	System shall reduce member re-verification events by Z%	Metrics analysis	Churn rate, admin cost ratio
Equity	EQ-005	System shall report access and outcomes by demographic + geography	Report validation	Disparity index

Figure 2. Requirements Traceability Matrix (RTM)

Appendix B — Pilot State Selection Criteria (Suggested)

- Demographic diversity
- Urban/rural mix
- Existing Medicaid modernization readiness
- Provider network readiness
- Data infrastructure maturity
- Political/administrative willingness to execute

Appendix C — What You Can Issue Immediately (One-Page “RFL Cover Sheet”)

If you want, I can also produce a **1-page cover sheet** (RFL synopsis) suitable for posting, plus:

- A **complete SOW** with task-level details and SLAs
- A **full SRS outline** aligned to requirements engineering best practices
- A **vendor scoring workbook** structure (no spreadsheet unless you ask)

15. Statement of Work (SOW) — Task-Level Detail

Task Order 0 — Mobilization (Weeks 0–4)

Objective: Stand up program execution capability and controls.

Activities

- Establish integrated program management office (iPMO)
- Confirm stakeholder map and cadence

- Finalize program charter, decision rights, and escalation paths
- Stand up tooling: requirements repo, RTM tool, risk register, issue log, change control, KPI dashboard skeleton
- Create integrated master schedule (IMS)

Deliverables

- Program Charter + Governance Plan
- IMS (baseline)
- Communications Plan
- Tooling Setup & Access Controls Plan
- Initial Risk Register + Mitigation Plan

Acceptance

- Government approves baseline IMS, governance, and tooling access controls.

Task Order 1 — Current-State Assessment (Months 1–3)

Objective: Document “as-is” end-to-end operations and constraints.

Activities

- Map current federal + state processes: eligibility, enrollment, premium collection (if any), claims, provider credentialing, pharmacy, appeals, FWA
- Inventory systems and data flows (federal and pilot states)
- Baseline metrics: admin cost ratios, access times, denial rates, churn, claim cycle times, etc.
- Legal/policy constraints register and dependencies

Deliverables

- Current-State Assessment Report (process maps + pain points)
- Systems & Data Inventory (interfaces, standards, data dictionaries)
- Baseline KPI Report
- Policy/Legal Constraints Register
- Updated Risk Register

Acceptance

- Government verifies completeness via walkthroughs and sampling of artifacts.

Task Order 2 — Requirements Engineering (Months 2–6)

Objective: Produce a testable, traceable system requirements set and verification plan.

Activities

- Define requirements hierarchy: goals → capabilities → system requirements → interface requirements → operational requirements
- Define non-functional requirements (NFRs): security, privacy, performance, availability, auditability, accessibility, maintainability
- Build RTM mapping: requirement ↔ design ↔ test ↔ KPI
- Define verification methods: inspection, analysis, test, demonstration, pilot evidence

Deliverables

- System Requirements Specification (SRS)

- Requirements Traceability Matrix (RTM)
- Verification & Validation (V&V) Plan
- Requirements Change Control Procedure
- KPI Catalog (definitions, formulas, data sources, frequencies)

Acceptance

- 100% of requirements are uniquely identified, testable, non-duplicative, and traced to at least one goal and one verification method.

Task Order 3 — Target Operating Model + BPR (Months 3–8)

Objective: Define “to-be” operating model with federal/state roles and reengineered workflows.

Activities

- Design future-state workflows (end-to-end)
- Define federal vs. state roles, staffing, training, and operational handoffs
- Design member experience journeys (multi-language; disability accommodations)
- Create policy-to-operations mapping (how rules become workflows)

Deliverables

- Target Operating Model (TOM)
- Future-State Process Maps (Level 1–3)
- Organizational Design + RACI
- Workforce Transition & Training Plan
- Member Experience Playbook (journeys, comms templates, accessibility requirements)

Acceptance

- TOM validated with pilot states and includes measurable process performance targets.

Task Order 4 — Architecture + Implementation Roadmap (Months 4–10)

Objective: Define implementable architecture and migration plan.

Activities

- Develop CONOPS and enterprise architecture (business/data/application/security/integration)
- Interface strategy for providers, pharmacies, labs, states, federal partners
- Data governance plan (master data, quality, lineage, retention)
- Phased roadmap: pilots → scale; legacy coexistence and cutover

Deliverables

- CONOPS
- Enterprise Architecture Package
- Integration & Interoperability Plan
- Data Governance & Data Management Plan
- Phased Implementation Roadmap + Budget Model
- Test Strategy (unit → system → UAT → pilot validation)

Acceptance

- Government approves architecture and roadmap; interfaces have defined standards and test plans.

Task Order 5 — Pilot Implementation + Evaluation (Months 8–24)

Objective: Prove capability in controlled pilots with measurable improvement.

Activities

- Execute pilots (2–6 sites/regions/states)
- Implement data pipelines for KPI measurement
- Conduct readiness reviews, training, and go-live support
- Evaluate outcomes against baseline and targets
- Iterate based on evidence (controlled change)

Deliverables

- Pilot Plans (per site): scope, configuration, training, cutover, rollback
- Operational Readiness Review (ORR) package
- Pilot KPI Dashboards (live)
- Pilot Evaluation Reports (monthly + final)
- Lessons Learned + Scale Playbook

Acceptance

- Pilot demonstrates measurable improvement on agreed KPI set and meets security/audit requirements.

Task Order 6 — National Scale Implementation + Transition (Options, Months 18–72)

Objective: Scale nationwide with controlled risk.

Activities

- Incremental rollout strategy (phased populations and geographies)
- Transition playbooks for state systems
- Provider onboarding at scale
- Member communications campaigns
- Continuous improvement backlog management

Deliverables

- National Rollout Plan (by wave)
- State Transition Playbooks (repeatable template)
- Provider Scaling Toolkit
- Continuous Improvement Backlog + Governance
- Annual Outcomes and Integrity Reports

Acceptance

- Each wave meets go/no-go criteria (performance, security, readiness, KPI thresholds).

16. Service Levels and Performance Requirements (SLAs/SLOs)

Offerors shall propose **specific targets** and measurement methods. Minimum categories:

16.1 Eligibility/Enrollment

- Eligibility determination turnaround time
- Enrollment completion time (digital/phone/paper)
- Churn reduction targets
- Error rate thresholds and correction time

16.2 Claims and Payment

- Claims adjudication cycle time (clean claims)
- Pended claim resolution time
- Payment accuracy rate
- Explanation-of-benefits clarity score (member comprehension metric, proposed)

16.3 Appeals and Grievances

- Time-to-acknowledge
- Time-to-resolution
- Overturn rate monitoring (quality signal)
- Language access availability

16.4 Provider Operations

- Credentialing turnaround time
- Provider enrollment throughput
- Directory accuracy and update latency

16.5 System NFRs

- Availability (uptime)
- RTO/RPO (DR)
- Peak throughput (transactions/sec)
- Latency targets (key user journeys)
- Accessibility compliance evidence (testing + audits)

16.6 Integrity & FWA

- Pre-pay edit capture rate (with false-positive rate)
- Post-pay recovery yield
- Audit sampling completion SLAs

17. Security, Privacy, and Compliance Package (Required)

Offerors must submit a **Security & Privacy Volume** including:

- Security architecture and control mapping
- Identity and access management approach (RBAC/ABAC; MFA)
- Encryption approach (data in transit/at rest; key management)
- Logging, monitoring, and alerting design (audit-ready logs)
- Incident response plan + tabletop exercise schedule
- Privacy-by-design approach (minimization, consent, purpose limitation where applicable)
- Data retention and disposal procedures
- Third-party risk management
- Secure SDLC and vulnerability management

Minimum acceptance: evidence-based security plan plus testable controls and audit artifacts.

18. Data Rights, Ownership, and Transparency Requirements

18.1 Data Rights (baseline language to include)

- Government retains ownership of program data, derived analytics, and reporting outputs.
- Government receives unrestricted access to program datasets necessary for oversight and auditing.
- Vendor must provide data export capabilities in non-proprietary formats.

18.2 Vendor Lock-In Avoidance

- Preference for open standards and portability.
- Requirements and RTM artifacts must be delivered in Government-readable, tool-agnostic formats (e.g., structured export).

18.3 Transparency

- Monthly performance reporting
- Quarterly integrity reporting
- Public-facing reporting subset (de-identified/aggregated) proposed by offeror

19. Governance and Decision Rights

19.1 Governance Bodies (minimum)

- Executive Steering Committee (ESC)
- Program Control Board (PCB)
- Architecture Review Board (ARB)
- Security & Privacy Review Board (SPRB)
- Change Control Board (CCB)
- Pilot Readiness Board (PRB)

19.2 Required Cadence

- Weekly program ops
- Biweekly risk and dependency review
- Monthly KPI/performance review
- Quarterly audit readiness review

19.3 Change Control

Offeror shall implement controlled change using:

- Change requests with impact analysis (cost/schedule/quality/security)
- Requirements versioning and RTM updates
- Regression test impact mapping
- Approval gates by CCB

20. Risk Management (Offeror Must Provide)

Offerors must submit:

- Top 15 risks with mitigations (policy, technical, operational, political, workforce, vendor)
- Pilot risk controls and rollback strategies
- Data quality and interoperability risk approach
- Fraud and gaming risk approach (incentives create behavior)

21. Proposal Submission Requirements (What Offerors Must Deliver)

Volume I — Executive Summary

- Vision, approach, and why it will work
- Phased strategy and major risks + mitigations

Volume II — Technical Approach

- SOW response by task order
- Architecture summary
- Requirements approach and RTM method
- Pilot approach and evaluation strategy
- Interoperability and data governance plan
- Operations and continuous improvement plan

Volume III — Management & Staffing

- Org chart, key personnel, resumes
- State engagement plan
- Subcontractor plan and accountability model
- Quality management plan and delivery cadence

Volume IV — Security & Privacy

(Section 17)

Volume V — Past Performance

- Comparable projects, outcomes, and references

Volume VI — Cost/Price

- Cost model aligned to task orders
- Assumptions, labor categories, tooling, licensing, travel
- Optional pricing for scale waves and operations

22. Evaluation Rubric (Expanded)

Factor	Weight	Subfactors	What “Excellent” Means
Technical	35%	Requirements/RTM, TOM/BPR, Architecture, Pilot design, Operations	Traceable, testable, phased, realistic; measurable improvements

Factor	Weight	Subfactors	What “Excellent” Means
Management	20%	Governance, staffing, schedule realism, state coordination	Proven delivery model, credible staffing, strong controls
Security/Privacy	15%	Control design, evidence, IR readiness, auditability	Mature, testable controls; clear evidence plan
Past Performance	15%	Similar scale + outcomes	Comparable complexity with measurable results
Cost/Value	15%	Realism, transparency, scalability	Clear assumptions; cost aligns to outcomes

Figure 3. Evaluation Rubric (Expanded)

Oral presentations / demos (optional, recommended):

- Requirements toolchain + RTM demo
- Pilot dashboard demo
- Security logging/audit evidence demo

23. Attachments

Attachment 1 — Definitions & Acronyms

UHC, SRS, RTM, TOM, CONOPS, IV&V, FWA, CCB, ORR, RTO/RPO, etc.

Attachment 2 — Required Artifact Templates (Government-provided or Offeror-submitted)

- SRS outline (with requirement ID format)
- RTM template
- KPI dictionary template
- Risk register template
- Change request template
- Pilot plan template
- ORR checklist template
- Monthly performance report template

Attachment 3 — Sample “To-Be” Capability Map (Offeror must refine)

- Member eligibility and enrollment
- Provider lifecycle management
- Claims and payment
- Pharmacy benefits
- Appeals and grievances
- Care coordination support (where applicable)
- Integrity and audit
- Analytics and reporting
- Security and privacy operations

Attachment 4 — State Transition Checklist (Starter)

- Legal/policy alignment
- Systems interface readiness
- Staffing/training readiness
- Provider outreach readiness

- Member communications readiness
- Data quality readiness
- Cutover/rollback readiness

24. Optional Acquisition Strategy: Multi-Award "Lots" (If You Want Maximum Modularity)

If structured as a multi-award with separable lots:

- **Lot A:** Requirements + RTM + CONOPS + Governance (systems engineering prime)
- **Lot B:** Eligibility/Enrollment platform and operations
- **Lot C:** Claims + Provider + Appeals administration
- **Lot D:** Pharmacy benefit administration + formulary governance
- **Lot E:** Data/interop + analytics + dashboards
- **Lot F:** Security, privacy, and audit readiness tooling
- **Lot G:** Independent Verification & Validation (IV&V)

This reduces vendor lock-in and lets you compete components independently.

25. Ready-to-Paste Language: "Minimum Gate Reviews" (Go/No-Go)

Offerors must support these gates:

1. **Requirements Baseline Gate:** SRS + RTM approved; verification plan approved
2. **Architecture Gate:** enterprise architecture approved; interface specs defined
3. **Pilot Readiness Gate:** ORR complete; rollback plan tested
4. **Pilot Success Gate:** KPI improvements validated; security/audit evidence complete
5. **Scale Wave Gate:** capacity, training, provider readiness, and KPI thresholds met

26. One-Page RFL Synopsis (Posting-Ready)

Title: Universal Health Care System Transformation, Operations, and Continuous Improvement (UHC-STRANSFORM-01)
Buyer: U.S. Government (Federal Program Office with State Partners)
Purpose: Procure services to design, pilot, and scale a universal healthcare system with auditable requirements, measurable outcomes, and federal/state operating model.
Scope: Discovery, requirements engineering (SRS/RTM), BPR/TOM, enterprise architecture, pilot implementation and evaluation, national rollout planning, operations and continuous improvement, security/privacy/audit readiness.
Period: Base 24 months; options up to 72 months.
Set-Aside: (If applicable)
Proposal Due Date: ____
Submission: ____
Evaluation: Technical (35), Management (20), Security (15), Past Performance (15), Cost/Value (15).
Key Deliverables: SRS, RTM, CONOPS, TOM, Enterprise Architecture, Pilot Plans/Reports, Dashboards/KPI catalog, Security & Privacy package, Operational readiness and SOPs, National rollout plan.

Questions: Due ____; Answers Posted ____.
Point of Contact: ____.

27. System Requirements Specification Outline (SRS)

Structure: *Goal → Capability → Requirement (Shall) → Rationale → Verification → KPI Link → Owner (Fed/State) → Priority (M/M/S)*

27.1 Document Control

- Version history, approvals, change control rules

27.2 System Overview

- Mission, scope, assumptions, constraints
- Federal–State operating model summary

27.3 Stakeholders and External Interfaces

- Members, providers, pharmacies, labs, states, federal agencies
- External systems: identity proofing, payment rails, public health, audit entities

27.4 Requirements Sections (Recommended)

1. **COV** Coverage, Eligibility, Enrollment
2. **BEN** Benefits, Cost Sharing, Medical Policy
3. **ACC** Access, Network Adequacy, Geographic Equity
4. **PRO** Provider Lifecycle (enroll/credential/directory)
5. **CLM** Claims & Payment Integrity
6. **PHR** Pharmacy, Formularies, Utilization Management
7. **APL** Appeals, Grievances, Member Rights
8. **MEX** Member Experience, Contact Center, Accessibility
9. **DAT** Data, Interoperability, Analytics, Reporting
10. **GOV** Governance, Policy-to-Operations, Change Control
11. **FWA** Fraud, Waste, Abuse (pre/post pay)
12. **SEC** Security, Privacy, Auditability
13. **RES** Resilience, Continuity, DR (RTO/RPO)
14. **PER** Performance, Scalability, Availability
15. **OPS** Operations, Service Management, Continuous Improvement
16. **TRN** Training, Workforce Transition, Adoption
17. **MIG** Migration, Coexistence, Cutover, Rollback

28. High-Level Functional Requirements (Numbered, Testable, Traceable)

Legend:
Priority: M=Must, S=Should
Owner: F=Federal, ST=State, J=Joint
Verify: Insp/Anal/Test/Demo/Pilot Evidence

28.1 Coverage, Eligibility, Enrollment (COV)

- **COV-001 (M, J):** The system shall support universal eligibility determination and enrollment workflows for all eligible residents as defined by enabling legislation and policy rules. *(Verify: Demo/Test/Pilot Evidence)*
- **COV-002 (M, J):** The system shall support automated enrollment pathways where legally permissible, including data-matching with existing federal and state datasets. *(Verify: Analysis/Test)*
- **COV-003 (M, J):** The system shall minimize eligibility churn by supporting continuous eligibility policies and simplified renewal workflows where authorized. *(Verify: Pilot Evidence)*
- **COV-004 (M, J):** The system shall provide a single member identifier strategy that supports cross-state continuity while preserving privacy constraints. *(Verify: Analysis/Test)*
- **COV-005 (M, J):** The system shall support special population rulesets (e.g., children, seniors, disability, dual-eligibles) consistent with program policy. *(Verify: Test)*

28.2 Benefits, Cost Sharing, Medical Policy (BEN)

- **BEN-001 (M, F):** The system shall enforce a nationally defined essential benefits baseline with configurable state-authorized supplements. *(Verify: Test/Demo)*
- **BEN-002 (M, F):** The system shall implement transparent cost-sharing rules (if any) with real-time member cost estimates at point of service when feasible. *(Verify: Demo/Pilot Evidence)*
- **BEN-003 (S, F):** The system should support evidence-based medical policy updates with version control and effective dates. *(Verify: Inspection)*

28.3 Access, Network Adequacy, Equity (ACC)

- **ACC-001 (M, J):** The system shall monitor access to care using standardized measures (e.g., appointment availability, travel time, wait times) by geography and demographic groups. *(Verify: Pilot Evidence/Analysis)*
- **ACC-002 (M, ST):** The system shall support state-level provider outreach and capacity expansion workflows (primary care, behavioral health, maternal health) tied to access KPIs. *(Verify: Demo/Pilot Evidence)*
- **ACC-003 (S, F):** The system should support incentives aligned to preventive care and chronic disease management outcomes. *(Verify: Analysis/Pilot Evidence)*

28.4 Provider Lifecycle (PRO)

- **PRO-001 (M, J):** The system shall support provider enrollment, credentialing, re-credentialing, and termination workflows with auditable approvals. *(Verify: Test/Inspection)*
- **PRO-002 (M, J):** The system shall maintain an accurate provider directory with update SLAs and public-facing access, consistent with privacy requirements. *(Verify: Test/Pilot Evidence)*
- **PRO-003 (S, J):** The system should support streamlined onboarding for safety-net and rural providers to improve participation. *(Verify: Pilot Evidence)*

28.5 Claims & Payment (CLM)

- **CLM-001 (M, J):** The system shall adjudicate claims using transparent, version-controlled rules with explanations for denials and adjustments. *(Verify: Test)*

- **CLM-002 (M, J):** The system shall support multiple payment models (FFS and value-based arrangements) with reconciliation and audit evidence. *(Verify: Test/Analysis)*
- **CLM-003 (M, J):** The system shall measure and report clean-claim cycle times, pend rates, and payment accuracy. *(Verify: Analysis/Pilot Evidence)*

28.6 Pharmacy (PHR)

- **PHR-001 (M, F):** The system shall support formulary governance with transparent criteria, versioning, and effective dates. *(Verify: Inspection/Test)*
- **PHR-002 (M, J):** The system shall support utilization management controls while minimizing administrative burden (e.g., prior authorization reduction targets). *(Verify: Pilot Evidence)*
- **PHR-003 (S, J):** The system should support real-time benefit checks and member affordability transparency at the pharmacy counter when feasible. *(Verify: Demo/Pilot Evidence)*

28.7 Appeals, Grievances, Member Rights (APL)

- **APL-001 (M, J):** The system shall provide standardized appeals and grievance workflows with SLA tracking and outcome reporting. *(Verify: Test/Analysis)*
- **APL-002 (M, J):** The system shall provide language access and disability accommodations for member communications and processes. *(Verify: Test/Inspection)*
- **APL-003 (S, J):** The system should monitor overturn rates as a quality signal and trigger policy/workflow reviews when thresholds are exceeded. *(Verify: Analysis)*

28.8 Member Experience & Contact Center (MEX)

- **MEX-001 (M, J):** The system shall provide omnichannel member support (web, mobile, phone, mail) with consistent case history and secure messaging. *(Verify: Demo/Test)*
- **MEX-002 (M, J):** The system shall support digital identity verification and account recovery consistent with security and privacy requirements. *(Verify: Test)*
- **MEX-003 (S, J):** The system should provide proactive member outreach for preventive care and care gaps, subject to privacy rules. *(Verify: Pilot Evidence)*

28.9 Data, Interoperability, Analytics, Reporting (DAT)

- **DAT-001 (M, J):** The system shall support standardized data exchange with providers, pharmacies, labs, and state systems using a documented interoperability approach and interface specifications. *(Verify: Test)*
- **DAT-002 (M, F):** The system shall provide KPI dashboards for coverage, access, outcomes, equity, cost, and administrative simplicity with defined data lineage. *(Verify: Demo/Inspection)*
- **DAT-003 (M, J):** The system shall implement master data management for members, providers, and policy rules with data quality controls. *(Verify: Test/Inspection)*
- **DAT-004 (S, J):** The system should support de-identified public reporting and research access consistent with law and privacy safeguards. *(Verify: Inspection)*

28.10 Governance, Policy-to-Ops, Change Control (GOV)

- **GOV-001 (M, F):** The program shall maintain a requirements baseline with controlled change, including impact analysis and RTM updates. *(Verify: Inspection)*
- **GOV-002 (M, J):** The system shall support policy rule updates with effective dates, version control, and regression testing requirements. *(Verify: Test/Inspection)*

- **GOV-003 (S, J):** The program should include state feedback loops to identify operational friction and propose policy/process adjustments. *(Verify: Pilot Evidence)*

28.11 Integrity: Fraud, Waste, Abuse (FWA)

- **FWA-001 (M, J):** The system shall implement pre-payment and post-payment integrity controls with case management and recovery workflows. *(Verify: Test/Pilot Evidence)*
- **FWA-002 (M, F):** The system shall produce audit-ready evidence for integrity actions, including decision rationale and data sources. *(Verify: Inspection/Test)*
- **FWA-003 (S, J):** The system should measure false-positive rates and adjust controls to reduce burden on legitimate providers and members. *(Verify: Analysis)*

28.12 Security, Privacy, Auditability (SEC)

- **SEC-001 (M, J):** The system shall enforce role-based access control, MFA, encryption in transit and at rest, and centralized logging with retention rules. *(Verify: Test)*
- **SEC-002 (M, J):** The system shall support privacy-by-design, including data minimization, purpose limitation, and auditable access to sensitive data. *(Verify: Inspection/Test)*
- **SEC-003 (M, J):** The system shall support incident detection, response, and reporting with tabletop exercises and corrective actions. *(Verify: Demo/Inspection)*

28.13 Resilience, Performance, Operations (RES/PER/OPS)

- **RES-001 (M, J):** The system shall meet defined availability and disaster recovery targets (RTO/RPO) validated through periodic tests. *(Verify: Test)*
- **PER-001 (M, J):** The system shall meet defined throughput and latency targets for eligibility, member portal, and claims processing under peak loads. *(Verify: Test)*
- **OPS-001 (M, J):** The system shall implement service management processes (incident/change/release/problem) with KPI reporting and root-cause corrective actions. *(Verify: Inspection/Pilot Evidence)*
- **OPS-002 (S, J):** The system should maintain a continuous improvement backlog prioritized by member impact, equity, and cost reduction. *(Verify: Inspection)*

29. KPI Catalog Starter Set (Offerors Must Propose Baselines + Targets)

29.1 Coverage & Continuity

- Coverage rate (overall + by subgroup)
- Uninsured rate reduction
- Enrollment cycle time
- Renewal success rate
- Churn rate (month-to-month eligibility breaks)

29.2 Access & Timeliness

- Primary care appointment availability
- Behavioral health appointment availability
- Maternal health access measures
- Average travel time to in-network services (rural/urban)
- ED utilization for non-emergent conditions

29.3 Quality & Outcomes

- Preventable hospitalizations
- Readmission rates (risk-adjusted)
- Preventive screening rates
- Chronic disease control metrics (e.g., diabetes, hypertension)
- Maternal morbidity/mortality indicators (where available)

29.4 Affordability & Financial Protection

- Member out-of-pocket burden (median + tail risk)
- Prescription affordability measures
- Medical debt incidence proxy measures (if available)
- Cost predictability (variance measures)

29.5 Administrative Simplicity

- Administrative cost ratio (program + provider-facing)
- Claim denial rates and reason distribution
- Prior authorization volume and turnaround time
- Appeals rate and average time-to-resolution
- Provider directory accuracy and update latency

29.6 Equity

- Disparity indices across access/outcomes/cost by subgroup
- Rural access gap measures
- Language access performance measures

29.7 Integrity & Trust

- Payment accuracy rate
- FWA detection yield
- False-positive rate for edits/flags
- Audit findings count/severity and time-to-remediate

29.8 System Performance & Resilience

- Uptime/availability
- RTO/RPO test outcomes
- Latency and throughput under load
- Security incident metrics (MTTD/MTTR)

30. Clause Starters (Paste-Ready)

30.1 Data Ownership & Portability

- Government owns program data and derived reporting outputs.
- Vendor must provide export in non-proprietary formats on request and at transition.
- Vendor must document schemas, interfaces, and data lineage.

30.2 Transparency & Reporting

- Monthly performance and KPI reporting is required.
- Quarterly integrity and audit-readiness reporting is required.
- Vendor must support government briefings and public reporting subsets (de-identified/aggregated where permitted).

30.3 Change Control & Traceability

- No production changes without approved change request, impact analysis, and RTM update.
- Vendor must maintain version-controlled requirements, policy rules, and test evidence.

30.4 Subcontractor Accountability

- Prime remains accountable for subcontractor performance.
- Subcontractors must comply with the same security/privacy controls.

30.5 Transition-Out Assistance

- Vendor must provide orderly transition support, including documentation, data export, and knowledge transfer.

31. Independent Verification & Validation (IV&V) SOW (Optional “Lot G”)

Objective: Provide independent assurance that requirements, design, implementation, security, and operations meet targets.

IV&V Responsibilities

- Validate SRS quality (testability, completeness, non-duplication)
- Audit RTM integrity and coverage (goals → reqs → tests → KPIs)
- Review architecture for feasibility and lock-in risk
- Validate pilot evaluation methods and statistical rigor (as appropriate)
- Validate security controls evidence and audit readiness
- Conduct periodic readiness reviews (Requirements Gate, Architecture Gate, ORR Gate, Scale Gate)
- Produce independent risk assessments and corrective action tracking

IV&V Deliverables

- Monthly IV&V Status Report
- Gate Review Reports (pass/conditional pass/fail with rationale)
- Security Evidence Review Memos
- Pilot Evaluation Assurance Memo
- Annual Independent Program Health Assessment

32. Next Continuation (Already Teed Up)

If you say “continue” again, I’ll add **Attachment templates** you can drop straight into the RFL:

- **SRS template (with fields)**
- **RTM template**
- **KPI Dictionary template**
- **ORR Checklist**
- **Pilot Plan template**
- **Risk Register + Change Request templates**
- **State Transition Playbook template**

Attachments

Attachment A — SRS Template (System Requirements Specification)

A1. Document Control

Field	Value
Document Title	System Requirements Specification (SRS)
Program	Universal Health Care System Transformation
Version	
Date	
Prepared By	
Approved By	
Change Summary	

A2. Scope and System Overview

- **Mission statement:**
- **System boundaries:**
- **In-scope capabilities:**
- **Out-of-scope items:**
- **Assumptions:**
- **Constraints:** (legal/policy, funding, federal-state roles, timelines)

A3. Stakeholders

Stakeholder	Role	Needs/Concerns	Owner (Fed/State)

A4. Operating Model Summary

- Federal roles:
- State roles:
- Shared governance bodies:

A5. Requirements Format (Required)

Each requirement must be written as:

- **Unique ID** (e.g., COV-001)
- **“Shall” statement** (single testable statement)
- **Rationale**
- **Verification method** (Inspection/Analysis/Test/Demo/Pilot Evidence)
- **Acceptance criteria** (measurable)
- **Owner** (Fed/State/Joint)
- **Priority** (Must/Should/Could)
- **Trace links** (Goal ID, Capability ID, KPI IDs)

A6. Requirement Record Template (Repeat for each requirement)

Field	Entry
Requirement ID	
Title	
Requirement (Shall)	
Rationale	
Verification Method	
Acceptance Criteria	

Field	Entry
Owner	
Priority	
Dependencies	
Risks	
Trace: Goal ID(s)	
Trace: Capability ID(s)	
Trace: KPI ID(s)	
Trace: Test Case ID(s)	
Notes	

A7. Non-Functional Requirements (NFR) Sections (Required)

- Security & Privacy
- Availability & DR (RTO/RPO)
- Performance & Scalability
- Accessibility
- Maintainability & Supportability
- Auditability & Evidence
- Data quality & interoperability

Attachment B — RTM Template (Requirements Traceability Matrix)

B1. RTM Core Table

Goal ID	Capability ID	Requirement ID	Design/Component ID	Test Case ID	Verification Method	KPI ID(s)	Owner	Status

B2. Status Definitions (Required)

- **Draft:** Not baselined
- **Baselined:** Approved for implementation/testing
- **Implemented:** Design + build complete
- **Verified:** Tests/pilot evidence complete
- **Accepted:** Government acceptance complete
- **Waived:** Approved exception with rationale

B3. RTM Rules (Required)

- Every **Requirement** traces to ≥1 **Goal** and ≥1 **Verification** method.
- Every **KPI** must trace back to one or more **Requirements**.
- No requirement may be marked **Verified** without evidence artifact references.

Attachment C — KPI Dictionary Template

C1. KPI Record Template (Repeat for each KPI)

Field	Entry
KPI ID	
KPI Name	

Field	Entry
Domain	Coverage / Access / Quality / Cost / Admin / Equity / Integrity / System
Definition	
Formula	
Unit	
Frequency	Daily / Weekly / Monthly / Quarterly
Data Sources	
Data Quality Rules	completeness, timeliness, validity checks
Stratifications	geography, age, income, race/ethnicity (as permitted), disability, etc.
Baseline	
Target	
Thresholds/Alerts	
Owner	Fed / State / Joint
Reporting Audience	internal / oversight / public (de-identified)
Notes	

Figure 4. KPI Record Template

Attachment D — Operational Readiness Review (ORR) Checklist (Pilot and Scale Waves)

D1. ORR Categories and Items

1) Governance & Decision Rights

- Go/No-Go authority defined and staffed
- Escalation paths tested
- Change freeze window defined

2) People & Training

- Role-based training complete (contact center, eligibility staff, provider ops, security ops)
- Staffing plans meet forecasted volumes
- Job aids and scripts validated

3) Process Readiness

- Eligibility workflow tested end-to-end
- Claims and payment workflows tested
- Appeals workflow tested
- Provider enrollment and directory update process tested
- Exception handling documented and trained

4) Technology Readiness

- Performance tests pass at peak loads
- DR test completed (RTO/RPO met)
- Monitoring and alerting active
- Backups verified
- Logging and audit evidence collection verified

5) Security & Privacy

- Access control and MFA enforced
- Vulnerability scan results reviewed and remediated
- Incident response on-call rotation staffed
- Privacy impact assessment completed (as applicable)

6) Data Readiness

- Data pipelines producing KPI outputs
- Data quality checks operational
- Member and provider master data reconciled
- Reporting dashboards validated

7) Member & Provider Communications

- Notices and web content approved
- Language access and accommodations validated
- Provider bulletins and training issued

8) Cutover / Rollback

- Cutover steps rehearsed
- Rollback triggers defined
- Rollback rehearsed (tabletop or technical rehearsal)

D2. ORR Sign-Off Page

Role	Name	Signature	Date
Program Exec (Gov)			
Pilot State Lead			
Security Lead			
Operations Lead			
Vendor PM			

Attachment E — Pilot Plan Template

E1. Pilot Overview

Field	Entry
Pilot Site/State	
Populations Included	
Scope (Capabilities)	
Exclusions	
Start Date	
End Date	
Success Criteria	(KPI thresholds)
Key Risks	
Rollback Criteria	

E2. Workstreams

- Eligibility/Enrollment
- Member support
- Provider operations

- Claims/payment
- Pharmacy
- Appeals
- Security/privacy
- Data/analytics

E3. Pilot Evaluation Plan

- Baselines
- Targets
- Measurement approach (data sources, sampling)
- Reporting cadence
- Lessons learned process and change control

Attachment F — Risk Register Template

Risk ID	Description	Category	Probability	Impact	Severity	Mitigation	Owner	Status	Due Date

Category examples: Policy, Legal, Technical, Data, Operations, Workforce, Provider, Member Experience, Security, Vendor.

Attachment G — Change Request (CR) Template

Field	Entry
CR ID	
Title	
Requestor	
Date	
Description	
Reason	
Affected Requirements (IDs)	
RTM Updates Required	Yes/No
Impact: Cost	
Impact: Schedule	
Impact: Security/Privacy	
Impact: Operations	
Impact: KPIs	
Alternatives Considered	
Recommendation	
Approvals (CCB)	

Attachment H — State Transition Playbook Template

H1. State Profile

- Current Medicaid/Exchange systems and vendors
- Key workflows currently used
- Data capabilities and gaps

- Provider market characteristics (rural/urban mix)

H2. Transition Strategy

- **Transition model:** coexistence vs. phased cutover vs. “big bang” (discouraged unless justified)
- Populations by wave
- Funding and staffing transition plan
- Policy alignment plan

H3. Integration Plan

- Interfaces required (eligibility, provider, claims, pharmacy, reporting)
- Data mapping and reconciliation plan
- Testing plan (system, UAT, pilot)

H4. Training and Communications

- Staff training schedule
- Provider outreach plan
- Member communications plan (language access)

H5. Readiness Gates

- Requirements baseline gate
- Architecture gate
- ORR gate
- Pilot success gate
- Scale wave gate

H6. Cutover / Rollback

- Cutover steps
- Rollback triggers
- Rollback steps
- Post-cutover stabilization plan

Attachment I — Monthly Performance Report Template (Vendor to Government)

I1. Executive Summary (1–2 pages)

- Wins, risks, blockers, decisions needed

I2. KPI Dashboard Snapshot

- Coverage, access, quality, affordability, admin simplicity, equity, integrity, system performance

I3. Delivery Status

- Milestones planned vs. achieved
- Budget burn and forecast

I4. Security & Privacy Status

- Incidents, vulnerabilities, remediation status
- Audit evidence status

I5. Change Control

- CRs opened/closed; major impacts

I6. Risks/Dependencies

- Top risks and mitigation progress

Attachment J — Evaluator Scoring Worksheets (Anchored Ratings)

Use: Give each evaluator the worksheet. Require notes tied to proposal page references. Use anchored ratings to reduce “gut feel” scoring.

J1. Scoring Scale (Required)

Score	Label	Anchor Definition
5	Outstanding	Exceeds requirements substantially; low risk; clear evidence; replicable success
4	Very Good	Exceeds in some areas; moderate-low risk; evidence is strong
3	Acceptable	Meets requirements; moderate risk; evidence adequate but not compelling
2	Marginal	Partially meets; elevated risk; gaps require significant remediation
1	Unacceptable	Fails to meet; high risk; missing critical evidence

Figure 5. Scoring Scale

J2. Technical Factor Worksheet (35%)

Evaluator: ____ Offeror: ____ Date: ____

Subfactor	Weight	Score (1–5)	Notes + Proposal References
Requirements engineering (SRS quality, testability, RTM method)	25%		
Target operating model + BPR realism	20%		
Architecture feasibility + interoperability strategy	20%		
Pilot design + evaluation rigor	20%		
Operations + continuous improvement model	15%		

Figure 6. Technical Factor Worksheet

Technical Red Flags (check if present):

- “Vision” without testable requirements
- No clear RTM toolchain or evidence model
- Pilot success criteria vague or unmeasurable
- Architecture relies on proprietary lock-in without portability plan
- Omits federal–state operational handoffs

J3. Management Factor Worksheet (20%)

Subfactor	Weight	Score	Notes + References
Governance & decision rights (ESC/CCB/ARB/SPRB)	25%		
Integrated master schedule realism	20%		

Subfactor	Weight	Score	Notes + References
Staffing depth + key personnel credibility	25%		
State engagement and change management	20%		
Quality management + delivery controls	10%		

Figure 7. Management Factor Worksheet

Management Red Flags:

- Overreliance on a few “key” people
- No rollback/cutover planning
- No state transition playbooks or training plan
- No risk register discipline or mitigation ownership

J4. Security & Privacy Worksheet (15%)

Subfactor	Weight	Score	Notes + References
Security architecture & control mapping	25%		
IAM (RBAC/MFA), encryption, key management	20%		
Logging/audit evidence model	20%		
Incident response readiness (tabletops, MTTR)	20%		
Privacy-by-design (minimization, governance)	15%		

Figure 8. Security & Privacy Worksheet

Security Red Flags:

- “Compliant” statements without evidence/test plan
- Weak audit logging model
- No DR testing plan
- No third-party risk plan

J5. Past Performance Worksheet (15%)

Subfactor	Weight	Score	Notes + References
Comparable scale/complexity	40%		
Demonstrated outcomes and metrics	30%		
On-time/on-budget track record	15%		
Government stakeholder references	15%		

Figure 9. Past Performance Worksheet

Past Performance Red Flags:

- No quantified outcomes
- Only “IT projects,” not operational transformation
- References not comparable scale

J6. Cost/Value Worksheet (15%)

Subfactor	Weight	Score	Notes + References
Cost realism and transparency	35%		
Alignment of cost to task orders/deliverables	25%		
Scalability cost model	20%		

Subfactor	Weight	Score	Notes + References
Value justification (savings/admin reduction)	20%		

Figure 10. Cost/Value Worksheet

Cost Red Flags:

- Large “other direct costs” without detail
- Licensing model that grows nonlinearly with enrollment
- Missing assumptions and growth curves

Attachment K — Orals / Demo Agenda and Script (For Proof, Not Promises)

Purpose: Force offerors to *show* traceability, readiness, and measurement—live.

K1. Orals Agenda (3–4 hours recommended)

1. **Program overview (15 min)**: must include phased plan + top 10 risks
2. **Requirements + RTM demo (45 min)**: show SRS + RTM entries and change control
3. **Pilot plan walkthrough (35 min)**: success criteria, readiness gates, rollback
4. **KPI dashboard demo (30 min)**: definitions, data lineage, stratification, alerts
5. **Security + audit evidence demo (35 min)**: logs, access trails, incident scenario
6. **State transition playbook (30 min)**: how one state migrates without disruption
7. **Evaluator Q&A (20–40 min)**

K2. Required Orals “Show Me” Prompts (Evaluator Script)

Prompt 1: Traceability

- “Open your RTM. Pick **one** equity requirement and trace it to:
  a) goal, b) design component, c) test case, d) KPI definition, e) reporting dashboard.”

Prompt 2: Change Control

- “A new policy reduces prior authorizations by 40% for specific services.
  Show how you create a change request, impact analysis, update requirements, update tests, and update KPIs.”

Prompt 3: Pilot Readiness

- “Walk through your ORR checklist. Show what ‘pass’ looks like and what triggers rollback.”

Prompt 4: Data Lineage

- “Pick one KPI (e.g., claims cycle time). Show the data sources, transformations, quality checks, and how errors are detected.”

Prompt 5: Security Evidence

- “Demonstrate access logging for a sensitive record: who accessed it, why, and how it appears in audit evidence.”

Prompt 6: Federal–State Handoff

- “Show a workflow where federal standards meet state operations—who owns what, how disputes are handled, and how performance is enforced.”

Prompt 7: Provider Burden

- “Show how your model reduces provider administrative burden and how you measure that reduction.”

Prompt 8: Member Experience

- “Demonstrate how a member resolves a denied claim through appeals with language access and accessibility accommodations.”

Attachment L — Sample Filled RTM Excerpt (Evaluator Reference)

Use: Insert this excerpt as an RFL attachment so offerors understand the expected RTM quality.

L1. Goals (Example IDs)

- **G-01:** Universal coverage and continuity
- **G-02:** Affordable care and financial protection
- **G-03:** Improved health outcomes
- **G-04:** Equity in access and outcomes
- **G-05:** Administrative simplicity
- **G-06:** Integrity, auditability, and public trust
- **G-07:** Resilient, secure, high-performing system

L2. Capabilities (Example IDs)

- **CAP-COV-01:** Eligibility & enrollment operations
- **CAP-CLM-01:** Claims adjudication and payment
- **CAP-APL-01:** Appeals and grievances
- **CAP-DAT-01:** Analytics and KPI reporting
- **CAP-SEC-01:** Security, privacy, audit logging

L3. Sample RTM Rows (Filled)

Goal ID	Capability ID	Requirement ID	Requirement Summary	Design/Component ID	Test Case ID	Verification	KPI ID(s)	Owner	Status
G-01	CAP-COV-01	COV-003	Minimize churn via continuous eligibility & simplified renewal	DES-COV-RENEW-01	TC-COV-RENEW-07	Pilot Evidence	KPI-COV-CHURN-01	J	Draft
G-05	CAP-CLM-01	CLM-001	Transparent, version-controlled adjudication rules + denial reasons	DES-CLM-RULES-02	TC-CLM-DENY-11	Test	KPI-ADM-DENIAL-01	J	Draft
G-04	CAP-DAT-01	ACC-001	Monitor access by geography + demographics	DES-DAT-EQ-03	TC-DAT-STRAT-04	Analysis/ Pilot	KPI-EQ-ACCESS-02	J	Draft
G-06	CAP-SEC-01	SEC-001	RBAC/MFA/encryption/logging with retention	DES-SEC-IAM-01	TC-SEC-LOG-09	Test	KPI-SEC-AUDIT-01	J	Draft

Goal ID	Capability ID	Requirement ID	Requirement Summary	Design/Component ID	Test Case ID	Verification	KPI ID(s)	Owner	Status
G-02	CAP-APL-01	APL-001	Standardized appeals workflow with SLA tracking	DES-APL-CASE-01	TC-APL-SLA-06	Test/Pilot	KPI-APL-RES-01	J	Draft

Figure 11. Sample TRM Rows

Attachment M — Sample KPI Dictionary Entries (Filled)

KPI-COV-CHURN-01

Field	Entry
KPI Name	Churn Rate (Eligibility Breaks)
Definition	% of enrolled members experiencing >30-day coverage gap within 12 months
Formula	(# members with gap>30 days) / (total enrolled)
Frequency	Monthly
Stratifications	state, county, age, income band, disability status (as permitted)
Baseline	Offeror to establish in Task Order 1
Target	Offeror to propose; must decrease vs baseline
Data Sources	enrollment transactions, eligibility determinations
Data Quality Rules	reconcile member IDs; remove duplicates; validate effective dates

Figure 12. Sample KPI Dictionary Entries

KPI-APL-RES-01

KPI Name	Appeals Time-to-Resolution
Definition	Median days from appeal receipt to final decision
Frequency	Monthly
Stratifications	state, appeal type, language need flag
Target	Offeror proposes; must meet SLA

Attachment N – Pricing Structure Guidance (CLIN / Task-Order Model)

Goal: Make pricing comparable across offerors, while supporting phased rollout and clear “exit ramps.”

N1. Recommended Award Structure

Multi-award IDIQ (preferred) with task orders aligned to program phases, or a single-award with clearly separable CLINs.

N2. CLIN Framework (Pricing “Buckets”)

CLIN 0001 – Program Mobilization (FFP)

- iPMO setup, governance, tooling, IMS baseline, initial risk register

CLIN 0002 – Current-State Assessment (FFP)

- process maps, systems inventory, baseline metrics, constraints register

CLIN 0003 – Requirements Engineering (FFP)

- SRS, RTM, V&V plan, KPI catalog, change control procedures

CLIN 0004 – Target Operating Model + BPR (FFP)

- TOM, future-state workflows, RACI, workforce plan, member journeys

CLIN 0005 – Architecture + Roadmap (FFP)

- CONOPS, enterprise architecture, integration specs, migration plan, budget model

CLIN 0006 – Pilot Execution (T&M ceiling + performance incentives)

- pilot config/build/integrate/test, ORR, go-live, hypercare, evaluation reports
- **Note:** Use T&M ceiling to allow variability; require weekly burn reporting.

CLIN 0007 – National Scaling Waves (FFP per wave + T&M hypercare)

- Wave 1, Wave 2, Wave 3… (each priced separately with scope assumptions)

CLIN 0008 – Operations & Continuous Improvement (CPFF or FFP monthly)

- service management, monitoring, reporting, enhancements backlog cadence

CLIN 0009 – Security & Privacy Operations (FFP monthly)

- vulnerability mgmt, incident response readiness, audits, tabletop exercises

CLIN 0010 – Transition-Out Assistance (FFP)

- data export, documentation, knowledge transfer, continuity support

N3. Required Cost Proposal Format (Force Comparability)

Offerors shall provide:

- Labor categories, loaded rates, hours by CLIN/month
- Tooling/licensing line items and scaling assumptions
- Travel and ODCs with justification
- Clear assumptions (pilot size, number of states, member counts, transaction volumes)

N4. Performance Incentives (Optional but Powerful)

Tie a modest incentive pool to **pilot-validated** outcomes, e.g.:

- Admin cost reduction (measured proxy)
- Appeals resolution SLAs
- Directory accuracy
- Eligibility turnaround times
- System availability targets
- Demonstrated reduction in prior auth volume (where applicable)

Attachment O – Model Deliverable Schedule (IMS Milestones + Gates)

Use: Insert as the Government's expected baseline (offerors may propose alternates with rationale).

O1. High-Level Timeline (Base Period 24 Months)

Month 0–1

- M0: Kickoff complete
- M1: Governance + tooling + IMS baseline (Gate: Mobilization Acceptance)

Months 1–3

- M2: Current-state process maps v1
- M3: Baseline KPIs + constraints register (Gate: Current-State Acceptance)

Months 2–6

- M4: SRS v0.7 + RTM v0.7
- M6: SRS/RTM Baselined + V&V Plan (Gate 1: Requirements Baseline)

Months 3–8

- M7: TOM + Future-State workflows v1
- M8: Workforce + training plan v1 (Gate: TOM Acceptance)

Months 4–10

- M9: CONOPS v1
- M10: Enterprise Architecture + Integration Specs (Gate 2: Architecture Baseline)

Months 8–24 (Pilots)

- M12: Pilot Site A ORR complete (Gate 3: ORR)
- M13: Pilot A go-live
- M15: Pilot A interim evaluation
- M16: Pilot Site B ORR; go-live
- M20: Pilot combined evaluation (Gate 4: Pilot Success)
- M24: Scale Playbook + National Rollout Plan (Gate 5: Scale Readiness)

O2. Gate Criteria (Minimum)

- **Gate 1 (Requirements):** SRS/RTM complete, testable, traced, change control active
- **Gate 2 (Architecture):** interfaces specified, security controls mapped, data governance defined
- **Gate 3 (ORR):** readiness checklist passed, rollback rehearsed, monitoring live
- **Gate 4 (Pilot Success):** KPI improvements validated vs baseline + audit evidence complete
- **Gate 5 (Scale Readiness):** wave plan, capacity model, training, provider onboarding toolkit proven

Attachment P – Minimum SLAs Table (Offeror Must Propose Targets; These Are Floors/Examples)

Note: These are **starter floors**; offerors should propose stronger targets where feasible.

P1. Eligibility & Enrollment

SLA	Minimum Expectation
Digital eligibility response time	≤ 2 minutes for 95% of transactions
Enrollment completion time (digital)	≤ 15 minutes median end-to-end

SLA	Minimum Expectation
Call center enrollment completion	≤ 30 minutes median (complex cases excluded)
Renewal processing time	≤ 5 business days for 95%
Churn rate	Offeror must propose decreasing target vs baseline

P2. Claims & Payment

SLA	Minimum Expectation
Clean-claim adjudication	≥ 90% within 14 calendar days
Pended claim resolution	≥ 90% within 30 calendar days
Payment accuracy	≥ 99% (financial accuracy measure defined in KPI dictionary)
Denial reason specificity	≥ 95% of denials mapped to standardized reasons + member-readable explanation

P3. Appeals & Grievances

SLA	Minimum Expectation
Acknowledge receipt	≤ 2 business days
Standard appeal resolution	≤ 30 calendar days for 95%
Expedited appeal resolution	≤ 72 hours for 95%
Language access	Interpreter availability for top languages with defined coverage targets

P4. Provider Operations

SLA	Minimum Expectation
Provider enrollment	≤ 15 business days for 90% (complete applications)
Credentialing	≤ 30 business days for 90% (complete files)
Directory update latency	≤ 7 calendar days for 95%
Directory accuracy	≥ 98% (sampling method defined)

P5. System Non-Functional

SLA	Minimum Expectation
Availability	≥ 99.9% monthly for critical services
RTO / RPO	RTO ≤ 8 hours; RPO ≤ 1 hour (offeror may propose better)
Security patching	Critical vulnerabilities remediated ≤ 15 days

SLA	Minimum Expectation
Incident response MTTD/MTTR targets proposed; tabletop exercises quarterly	

Attachment Q – Expanded High-Level Requirements Set (~150, RTM-Ready)

Format: *ID – Shall statement (Priority, Owner)*
Priority: M=Must, S=Should
Owner: F=Federal, ST=State, J=Joint

Q1. Coverage, Eligibility, Enrollment (COV) — 20

- **COV-006** The system shall support a single application pathway usable online, by phone, and by paper. (M, J)
- **COV-007** The system shall support identity proofing and eligibility verification using approved data sources. (M, J)
- **COV-008** The system shall support assisted enrollment workflows for navigators and caseworkers with role controls. (M, ST)
- **COV-009** The system shall support retroactive eligibility rules where authorized. (S, J)
- **COV-010** The system shall generate member notices with effective dates and appeal rights. (M, J)
- **COV-011** The system shall support household composition and dependent rulesets per policy. (M, J)
- **COV-012** The system shall prevent duplicate enrollments via identity matching and reconciliation. (M, J)
- **COV-013** The system shall support changes-in-circumstance processing with audit trails. (M, J)
- **COV-014** The system shall provide enrollment status visibility to members and authorized staff. (M, J)
- **COV-015** The system shall support coordination with other coverage programs as defined by policy. (S, F)
- **COV-016** The system shall support lock-in/coverage effective date rules per policy with clear member notices. (M, J)
- **COV-017** The system shall maintain a record of eligibility decisions including inputs, rules applied, and outputs. (M, J)
- **COV-018** The system shall support periodic eligibility redetermination with minimal member burden. (M, J)
- **COV-019** The system shall support error correction workflows with controlled overrides and approvals. (M, J)
- **COV-020** The system shall support outreach workflows for incomplete applications and missing documents. (S, ST)

Q2. Benefits, Cost Sharing, Medical Policy (BEN) — 15

- **BEN-004** The system shall store benefits coverage rules in a version-controlled policy rules repository. (M, F)
- **BEN-005** The system shall support benefit eligibility by service type, setting, and medical necessity criteria. (M, J)
- **BEN-006** The system shall support exemptions and protections for vulnerable populations per policy. (M, J)
- **BEN-007** The system shall provide member-facing benefit summaries that are understandable and accessible. (M, J)
- **BEN-008** The system shall support real-time service coverage checks for authorized users. (S, J)
- **BEN-009** The system shall support clinical policy governance workflows with approvals and effective dates. (S, F)
- **BEN-010** The system shall support transparent member cost estimation when cost sharing exists. (S, J)
- **BEN-011** The system shall support coverage policy exception workflows with audit trails. (S, J)
- **BEN-012** The system shall generate standardized explanation artifacts for coverage determinations. (M, J)
- **BEN-013** The system shall support preventive care prioritization metrics and reporting. (S, J)

Q3. Access, Network Adequacy, Equity (ACC) — 15

- **ACC-004** The system shall measure appointment availability for primary care and behavioral health by region. (M, ST)
- **ACC-005** The system shall provide equity dashboards stratified by approved demographics and geography. (M, F)
- **ACC-006** The system shall support monitoring of provider participation rates by region and specialty. (M, J)
- **ACC-007** The system shall support referrals and continuity-of-care transitions where policy requires. (S, J)
- **ACC-008** The system shall support out-of-area care workflows for travel and emergencies per policy. (M, J)
- **ACC-009** The system shall support network adequacy enforcement actions and remediation tracking. (S, ST)
- **ACC-010** The system shall support accessibility accommodations tracking (e.g., ASL, mobility access) in directory data. (S, J)
- **ACC-011** The system shall report access gaps and remediation actions quarterly to oversight entities. (M, J)
- **ACC-012** The system shall support rural access initiatives tracking tied to KPIs. (S, ST)
- **ACC-013** The system shall support member transportation assistance workflows where authorized. (S, ST)

Q4. Provider Lifecycle (PRO) — 15

- **PRO-004** The system shall support provider identity verification and credential document management. (M, J)
- **PRO-005** The system shall support provider contract attributes and payment terms per policy. (S, J)
- **PRO-006** The system shall support provider sanctions checks per policy and law. (M, J)
- **PRO-007** The system shall support provider directory publication with update audit trails. (M, J)
- **PRO-008** The system shall support provider dispute intake and resolution workflows. (S, J)
- **PRO-009** The system shall support bulk provider onboarding processes with quality checks. (S, J)
- **PRO-010** The system shall support provider attestation workflows and periodic re-attestation. (S, J)
- **PRO-011** The system shall support provider performance reporting aligned with value models when authorized. (S, F)
- **PRO-012** The system shall prevent directory “ghost entries” via validation and sampling. (M, J)
- **PRO-013** The system shall support provider taxonomy/specialty normalization. (M, J)

Q5. Claims, Payment, and Financial Operations (CLM) — 20

- **CLM-004** The system shall support standardized claim intake formats and validation checks. (M, J)
- **CLM-005** The system shall implement version-controlled adjudication rules with effective dates. (M, J)
- **CLM-006** The system shall produce member and provider remittance advice with standardized reason codes. (M, J)
- **CLM-007** The system shall support coordination of benefits rules where applicable. (S, F)
- **CLM-008** The system shall support payment holds and releases with approvals and evidence. (M, J)
- **CLM-009** The system shall support recoveries, offsets, and recoupment workflows with audit trails. (M, J)
- **CLM-010** The system shall support value-based payment calculations and reconciliation. (S, J)
- **CLM-011** The system shall measure and report denial rates by reason and provider/member impact. (M, J)
- **CLM-012** The system shall support claim reprocessing when policy rules change with controlled scope. (S, J)
- **CLM-013** The system shall support financial reporting and reconciliation at federal and state levels. (M, J)
- **CLM-014** The system shall support encounter data collection if required by program design. (S, F)

- **CLM-015** The system shall support audit sampling and evidence packages for payment decisions. (M, J)
- **CLM-016** The system shall support billing error correction workflows with tracked root causes. (S, J)

Q6. Pharmacy and Utilization Management (PHR) — 15

- **PHR-004** The system shall support formulary tiers, alternatives, and exceptions per policy. (M, F)
- **PHR-005** The system shall support prior authorization workflows with SLA tracking when required. (S, J)
- **PHR-006** The system shall support step therapy rules where authorized, with transparent rationale. (S, F)
- **PHR-007** The system shall support medication adherence metrics reporting where authorized. (S, J)
- **PHR-008** The system shall support drug price transparency reporting to oversight bodies. (S, F)
- **PHR-009** The system shall support e-prescribing integration where feasible. (S, J)
- **PHR-010** The system shall support specialty pharmacy workflows where applicable. (S, J)
- **PHR-011** The system shall support safety recalls and member/provider notifications. (M, J)
- **PHR-012** The system shall support controlled substance policy rules per law. (M, J)
- **PHR-013** The system shall support pharmacy network directory accuracy controls. (M, J)

Q7. Appeals, Grievances, Member Rights (APL) — 15

- **APL-004** The system shall support intake of appeals via multiple channels with consistent tracking IDs. (M, J)
- **APL-005** The system shall support evidence submission and secure document handling for appeals. (M, J)
- **APL-006** The system shall support expedited appeal criteria and routing. (M, J)
- **APL-007** The system shall generate required notices for appeal decisions with rationale. (M, J)
- **APL-008** The system shall support external review routing where mandated. (S, F)
- **APL-009** The system shall support grievance categorization and trend reporting for systemic fixes. (S, J)
- **APL-010** The system shall support accommodations tracking for language/disability needs throughout the process. (M, J)
- **APL-011** The system shall enforce SLA timers and escalation rules for overdue cases. (M, J)
- **APL-012** The system shall support quality review sampling of appeal decisions. (S, J)

Q8. Member Experience, Contact Center, Accessibility (MEX) — 15

- **MEX-004** The system shall support member portal access to coverage, claims, notices, and appeals status. (M, J)
- **MEX-005** The system shall support secure messaging between members and authorized program staff. (M, J)
- **MEX-006** The system shall support contact center scripting and knowledge base with version control. (S, ST)
- **MEX-007** The system shall support callback/queue management and case continuity. (S, ST)
- **MEX-008** The system shall support accessible communications (screen readers, large print, alternate formats). (M, J)
- **MEX-009** The system shall support member notification preferences (mail/email/SMS) where permitted. (S, J)
- **MEX-010** The system shall support complaint intake and routing independent of appeals. (S, J)
- **MEX-011** The system shall measure member satisfaction and friction points for continuous improvement. (S, J)

Q9. Data, Interoperability, Reporting (DAT) — 20

- **DAT-005** The system shall maintain a data dictionary and interface catalog with version control. (M, J)
- **DAT-006** The system shall support data lineage documentation from source to KPI outputs. (M, J)
- **DAT-007** The system shall implement data quality checks (completeness, validity, timeliness) with alerts. (M, J)
- **DAT-008** The system shall support de-duplication and identity matching for member records. (M, J)
- **DAT-009** The system shall support provider master data normalization across states. (M, J)
- **DAT-010** The system shall support reporting to oversight entities on required cadence. (M, J)
- **DAT-011** The system shall support secure, role-based analytics access for authorized users. (M, J)
- **DAT-012** The system shall support public reporting outputs in de-identified aggregate form where authorized. (S, F)
- **DAT-013** The system shall support research extracts with governance approvals where authorized. (S, F)
- **DAT-014** The system shall support interoperability testing harnesses for external partners. (S, J)
- **DAT-015** The system shall support audit logs for data access and exports. (M, J)
- **DAT-016** The system shall support configurable dashboards for states with consistent national definitions. (M, J)

Q10. Governance, Change Control, Policy-to-Ops (GOV) — 10

- **GOV-004** The program shall maintain an integrated decision log linked to requirements and changes. (M, J)
- **GOV-005** The program shall maintain a controlled release calendar with approval gates. (M, J)
- **GOV-006** The program shall maintain a backlog with prioritization criteria tied to outcomes and equity. (S, J)
- **GOV-007** The program shall maintain issue/problem management with root-cause corrective actions. (M, J)
- **GOV-008** The program shall provide quarterly process improvement proposals with quantified impact. (S, J)

Q11. Fraud, Waste, Abuse, Integrity (FWA) — 10

- **FWA-004** The system shall support anomaly detection rules and models with governance controls. (S, F)
- **FWA-005** The system shall support investigation case management with evidence attachment and chain-of-custody. (M, J)
- **FWA-006** The system shall support provider education and corrective action pathways to reduce repeat issues. (S, ST)
- **FWA-007** The system shall support audits of high-risk services and providers using defined sampling plans. (M, J)
- **FWA-008** The system shall support integrity KPI reporting (yield, false positives, recovery timelines). (M, J)

Q12. Security, Privacy, Auditability (SEC) — 10

- **SEC-004** The system shall enforce least-privilege access and periodic access recertification. (M, J)
- **SEC-005** The system shall support tamper-evident logging for key transactions. (S, J)
- **SEC-006** The system shall support security monitoring with defined alert thresholds and escalation. (M, J)
- **SEC-007** The system shall support secure software delivery practices and vulnerability management. (M, J)
- **SEC-008** The system shall support privacy impact assessments and mitigations for new capabilities. (S, J)

Q13. Resilience, Performance, Operations (RES/PER/OPS) — 10

- **RES-002** The system shall support DR failover testing at least annually with documented results. (M, J)
- **PER-002** The system shall support capacity planning and load testing before each rollout wave. (M, J)
- **OPS-003** The system shall support monitoring dashboards for operational health and SLA compliance. (M, J)
- **OPS-004** The system shall support release notes and communications to states/providers/members as appropriate. (S, J)

- **OPS-005** The system shall support post-incident reviews with corrective actions and lessons learned. (M, J)

Q14. Migration and State Transitions (MIG) — 10

- **MIG-001** The program shall provide a repeatable state transition playbook with tailorable modules. (M, J)
- **MIG-002** The system shall support phased migration with coexistence strategies and controlled cutovers. (M, J)
- **MIG-003** The program shall define data migration validation rules and reconciliation procedures. (M, J)
- **MIG-004** The program shall rehearse cutover and rollback prior to each wave. (M, J)
- **MIG-005** The program shall provide stabilization/hypercare periods for each wave with defined exit criteria. (M, J)

If you want **exactly 150+** requirement records in the SRS "Requirement Record Template" format (one per row, with rationale + verification + KPI link fields), say **"continue—expand to full SRS tables"** and I'll output them as structured tables per section (COV/BEN/ACC/etc.) ready to paste.

Section L — Instructions to Offerors (Paste-Ready)

L.1 Proposal Organization

Offerors shall submit proposals in the following volumes:

1. **Volume I — Executive Summary**
2. **Volume II — Technical Approach**
3. **Volume III — Management & Staffing**
4. **Volume IV — Security & Privacy**
5. **Volume V — Past Performance**
6. **Volume VI — Cost/Price**

L.2 Page Limits (Suggested)

- Volume I: 10 pages
- Volume II: 60 pages
- Volume III: 35 pages
- Volume IV: 25 pages
- Volume V: 25 pages (excluding CPARS/attachments)
- Volume VI: No limit (must be structured and auditable)

L.3 Mandatory "Compliance Tables" (Required)

Offerors shall include the following completed attachments:

- **Attachment A (SRS Template):** Provide approach + sample filled requirement records (minimum 15)
- **Attachment B (RTM Template):** Provide a sample RTM (minimum 25 linked rows)
- **Attachment C (KPI Dictionary):** Provide at least 12 KPIs with full definitions and lineage
- **Attachment D (ORR Checklist):** Provide proposed ORR "pass/fail" thresholds
- **Attachment E (Pilot Plan):** Provide a pilot plan for one state/region

- **Attachment F (Risk Register):** Provide top 15 risks with mitigations
- **Attachment G (Change Request):** Provide one filled sample CR with RTM and test impacts
- **Attachment H (State Transition Playbook):** Provide an outline and one partially filled example

L.4 Technical Volume (Volume II) Content Requirements

Volume II shall address, at minimum:

(a) Requirements Engineering

- Requirements hierarchy, writing standards, review cadence
- RTM tooling and evidence model
- Change control and versioning approach
- Verification strategy (inspection/analysis/test/demo/pilot evidence)

(b) Target Operating Model + BPR

- Federal/state roles and operating handoffs
- Reengineered processes for eligibility, claims, appeals, provider ops
- Administrative simplification strategy with measurable targets

(c) Architecture + Interoperability

- Enterprise architecture summary
- Interfaces, data standards approach, integration testing strategy
- Data governance, master data, lineage

(d) Pilot Plan + Evaluation

- Pilot selection criteria and readiness
- ORR approach and rollback plan
- KPI baselining and evaluation methods
- Scale playbook and wave strategy

(e) Operations + Continuous Improvement

- Service management (incident/change/release/problem)
- Monitoring, SLA reporting, audit evidence operations
- Continuous improvement backlog and prioritization

L.5 Management Volume (Volume III) Content Requirements

- Governance model and decision rights
- Integrated master schedule and staffing plan
- State engagement strategy
- Quality management plan
- Subcontractor management and accountability
- Risk management approach

L.6 Security & Privacy Volume (Volume IV) Content Requirements

- Security architecture and control mapping
- IAM, encryption, logging, monitoring
- Incident response and tabletop schedule
- Privacy-by-design approach and data minimization
- Auditability approach and evidence artifacts

L.7 Oral Presentations / Demos (If Used)

Offerors shortlisted for oral presentations shall demonstrate:

- RTM traceability (goal → req → design → test → KPI)
- Change control workflow (CR impact analysis)
- KPI lineage and dashboard evidence
- ORR readiness evidence and rollback triggers
- Security audit logs and incident scenario response

L.8 Proposal Assumptions and Dependencies

Offerors shall explicitly list:

- Assumptions about legislation/policy authority
- Assumptions about state participation and data access
- Assumptions about enrollment volumes and transaction loads
- External dependencies and risk mitigations

Section M — Evaluation Factors for Award (Paste-Ready)

M.1 Basis for Award

Award will be made to the responsible offeror(s) whose proposal represents the best value to the Government, considering technical merit, management approach, security/privacy, past performance, and cost/price.

M.2 Evaluation Factors and Weights

Factor	Weight
Technical Approach	35%
Management & Staffing	20%
Security & Privacy	15%
Past Performance	15%
Cost/Price & Value	15%

M.3 Technical Factor Evaluation

The Government will evaluate:

- Completeness and testability of requirements approach and sample artifacts
- RTM rigor and evidence model
- Realism of TOM/BPR approach and administrative simplification plan
- Architecture feasibility and interoperability approach
- Pilot design, ORR, evaluation rigor, and scale strategy
- KPI definitions and measurement validity

M.4 Security & Privacy Evaluation

The Government will evaluate:

- Control completeness and audit evidence design
- Practicality of incident response and monitoring
- Privacy-by-design maturity and governance

M.5 Cost/Price Evaluation

The Government will evaluate:

- Cost realism and transparency

- Alignment to CLIN/task order structure
- Scalability assumptions and licensing impacts

M.6 Risk Considerations

The Government may downgrade proposals with:

- Weak traceability and evidence models
- Vague pilot success criteria
- Vendor lock-in risks without portability mitigation
- Overreliance on proprietary data models without export strategies

Attachment R — Full Gate Checklists (Beyond ORR)

R1. Gate 0: Mobilization Acceptance Checklist

- Governance bodies established (ESC/CCB/ARB/SPRB)
- Tooling configured (requirements repo, RTM, risk/issue logs)
- IMS baselined
- Reporting templates accepted
- Access control model implemented for program tools
- Initial risk register complete with owners and due dates

Exit Criteria: Government approves governance + IMS + tooling and reporting.

R2. Gate 1: Requirements Baseline Checklist

- SRS includes all required domains (COV/BEN/ACC/PRO/CLM/PHR/APL/MEX/DAT/GOV/FWA/SEC/RES/PER/OPS/MIG)
- Each requirement is uniquely identified and testable
- RTM traces every requirement to ≥1 goal and ≥1 verification method
- KPI dictionary links to requirements and data sources
- V&V plan complete (test types, environments, evidence artifacts)
- Change control procedure approved and exercised (sample CR completed)

Exit Criteria: Government approves SRS/RTM baseline + V&V plan.

R3. Gate 2: Architecture Baseline Checklist

- CONOPS approved
- Enterprise architecture approved (business/data/app/security/integration)
- Interface catalog complete (data exchange standards, specs, owners)
- Security architecture and logging design approved
- Data governance plan approved (MDM, lineage, retention)
- Performance, scalability, and DR targets defined and test plans drafted

Exit Criteria: Government approves architecture package and interface specs.

R4. Gate 3: Pilot Readiness (ORR) Checklist

(Use Attachment D ORR checklist + the following “hard gates”)

Hard Gates:

- Load/performance tests pass at forecasted peak pilot volumes
- DR test completed successfully (at least tabletop + technical where feasible)
- Security scans complete; critical findings remediated or risk-accepted

- KPI pipelines producing outputs; data quality rules active
- Rollback rehearsal completed with documented triggers and steps
- Member/provider comms content approved

Exit Criteria: Government issues go-live authorization.

R5. Gate 4: Pilot Success Checklist

- Pilot KPIs show improvement vs baseline (as pre-agreed thresholds)
- SLA compliance achieved for critical workflows
- Equity stratification reporting operational and reviewed
- Audit evidence package complete (security + integrity + decision logs)
- Lessons learned documented and changes processed through CCB
- Scale playbook drafted and validated based on evidence

Exit Criteria: Government approves move to scale wave planning and Wave 1.

R6. Gate 5: Scale Wave Readiness Checklist

- Capacity model updated (enrollment, claims, provider ops, contact center)
- Training and staffing plan scaled and funded
- State transition playbook customized for wave states
- Provider onboarding toolkit ready (bulk enrollment support)
- Cutover + rollback rehearsed for wave
- Monitoring/alerting and incident response scaled and staffed

Exit Criteria: Government authorizes wave go-live.

R7. Gate 6: Steady-State Operations Acceptance Checklist

- SLA reporting stable for 3 consecutive months
- Continuous improvement backlog operating with measurable impact
- Audit readiness demonstrated (mock audit pass)
- Security operations stable (patch cadence, incident metrics)
- Provider and member satisfaction measures stable/improving

Exit Criteria: Government accepts steady-state operations and option continuation.

Attachment S — Responsibility Matrix (Federal vs State vs Vendor)

S1. RACI (Starter)

Function	Federal	State	Prime Vendor	Subcontractors
National standards (benefits, KPIs, definitions)	**A/R**	C	C	C
State operations execution	C	**A/R**	R	R
Requirements baseline (SRS/RTM)	**A**	C	**R**	C
Architecture baseline	**A**	C	**R**	C
Pilot ORR and go/no-go	**A**	**R**	R	C
Claims processing operations	C	**A/R**	R	R
Provider enrollment & directory	C	**A/R**	R	R
Appeals processing	C	**A/R**	R	R
Security controls & monitoring	**A**	C	**R**	C
Audit evidence production	**A**	C	**R**	C
Public reporting (de-identified)	**A**	C	R	C
Change control (CCB)	**A**	C	**R**	C

Legend: A=Accountable, R=Responsible, C=Consulted

Attachment T — One-Page Congressional Briefing Insert (Senator-Friendly)

T1. Universal Health Care System Transformation RFL — Briefing Insert

Purpose: This RFL procures the *engineering and operational transformation* needed to implement Universal Health Care in the United States in a way that is **measurable, auditable, and incrementally deployable** with shared federal–state responsibilities.

What This RFL Buys (Not Just "IT")

- A complete **System Requirements Specification (SRS)** with a **Requirements Traceability Matrix (RTM)** so Congress and oversight bodies can track:
  Policy goal → requirement → implementation → test → KPI outcome
- A **Target Operating Model** that reduces administrative waste and simplifies access
- **Pilot programs** with objective success criteria before national scaling
- A national **KPI dashboard** covering coverage, access, quality, equity, cost, and integrity
- Security, privacy, and audit evidence built in from day one

Why It's Different from Past Large Programs

- **Gated deployment:** no scaling without verified pilot success
- **Evidence-driven:** requirements must be testable; outcomes must be measured
- **Federal–state clarity:** defined operating handoffs and accountability
- **Anti–vendor lock-in:** data ownership and portability required
- **Continuous improvement:** measured fixes, not one-time launches

What Oversight Gets

- Monthly performance reports and dashboards
- Quarterly audit readiness and integrity reporting
- Transparent change control (no stealth policy drift)
- Public de-identified reporting options where authorized

Bottom Line

This procurement turns UHC into a **managed national system**: accountable, testable, auditable, and improvable—rather than a politically declared promise without operational control.

33. Full RFL Assembly Order (Issuance-Ready Skeleton)

Use: Copy/paste into your procurement template. Insert your agency headers, FAR/agency clauses, dates, POC, and submission instructions.

Section A — Solicitation / Contract Form

- Contract type, NAICS, set-aside, period of performance, key dates

Section B — Supplies or Services and Prices/Costs

- CLIN structure (see Attachment N)
- Option years/waves

- Pricing tables required

Section C — Description / Specifications / SOW

- Background and objectives
- Full SOW task orders (Mobilization → Scale → Operations)
- Deliverables and acceptance (tie to gates)

Section D — Packaging and Marking

- Data labeling, sensitive data handling

Section E — Inspection and Acceptance

- Acceptance criteria
- Gate review acceptance method
- Defect classification (critical/major/minor) and remediation timelines

Section F — Deliveries or Performance

- Milestones and schedules (Attachment O)
- Monthly reporting cadence (Attachment I)

Section G — Contract Administration Data

- Status reports, invoices, burn reporting, staffing reports

Section H — Special Contract Requirements

- Security/privacy requirements
- Data rights/portability
- Transparency reporting
- Subcontractor controls
- Transition-out assistance

Section I — Contract Clauses

- FAR + agency supplements
- Custom clauses (see anti-lock-in below)

Section J — List of Attachments

- Attachments A–T (templates, gate checklists, etc.)

Section K — Representations, Certifications, and Other Statements

- Standard reps/certs
- Additional UHC-specific disclosures (conflicts of interest, licensing assumptions)

Section L — Instructions to Offerors

- Volume structure, page limits, required compliance artifacts (already provided)

Section M — Evaluation Factors for Award

- Factors, weights, evaluation approach (already provided)

34. Strong Anti–Vendor Lock-In and Portability Clauses (Paste-Ready Starters)

Goal: Ensure the Government can **audit, migrate, re-compete, or transition** without being trapped.

34.1 Data Ownership and Use

1. **Government Data Ownership.** All program data, including eligibility, enrollment, claims, provider, pharmacy, appeals, operational logs, audit evidence, and KPI outputs are Government-owned.
2. **Derivative Works.** Derived analytics, dashboards, and aggregated outputs produced under this contract are Government-owned to the extent permitted by law and contract terms.
3. **No Withholding.** Contractor shall not withhold Government data as leverage in disputes, including during transition.

34.2 Data Portability and Export

1. **On-Demand Export.** Contractor shall provide on-demand export of Government data within **10 business days** of request in **non-proprietary formats** with schemas and data dictionaries.
2. **Routine Exports.** Contractor shall support routine scheduled exports (e.g., monthly full + daily deltas) to Government-controlled storage.
3. **Export Completeness.** Exports must include all fields necessary to reconstruct operational state and KPI calculations, including historical versions of policy rules and adjudication logic where applicable.

34.3 Interface and Standards Transparency

1. **Interface Catalog.** Contractor shall maintain a complete interface catalog, specifications, and version history.
2. **No Hidden Dependencies.** Contractor shall disclose all dependencies (libraries, third-party services, proprietary tools) required for operation and reporting.
3. **Testing Harness.** Contractor shall provide and maintain an interoperability testing harness for external partners.

34.4 Licensing and Escalation Protections

1. **License Clarity.** Contractor shall disclose all licensing models, per-member/per-transaction pricing, and scaling impacts.
2. **No Surprise Fees.** Contractor shall not impose fees to access Government data, logs, or audit evidence.
3. **Source/Configuration Escrow (Optional).** Government may require escrow of critical configuration, rule sets, and deployment artifacts for continuity.

34.5 Transition-Out and Continuity of Operations

1. **Transition-Out Assistance.** Contractor shall provide transition assistance for up to **180 days** following contract end/termination.
2. **Knowledge Transfer.** Contractor shall provide documentation, runbooks, and staff walkthroughs sufficient for a successor to operate the system.

3. **Continuity.** Contractor shall support continuity of critical operations during transition to prevent disruption to members/providers.

34.6 Audit Evidence and Log Accessibility

1. **Audit Access.** Contractor shall provide Government and authorized auditors access to logs, evidence, and reporting outputs without additional cost.
2. **Evidence Integrity.** Contractor shall implement controls to preserve evidence integrity and retention per agreed schedules.

35. Offeror "Compliance Checklist" (Pass/Fail) — Require Signature

Use: Make this a required submission artifact. Failure = nonresponsive.

35.1 Compliance Checklist

Offeror certifies the proposal includes:

Traceability and Evidence

- Sample SRS requirement records (≥15) in Attachment A format
- Sample RTM (≥25 rows) in Attachment B format
- V&V approach tying requirements → tests → KPIs
- Change control method with one filled CR sample

Pilot and Gates

- One pilot plan (Attachment E) with quantified success criteria
- ORR thresholds and rollback triggers
- Gate review support approach (Gates 0–6)

KPI Measurement

- KPI dictionary entries (≥12) including formula + data sources + stratifications
- Data lineage approach and data quality checks

Security and Privacy

- IAM, encryption, logging, incident response plan
- Evidence model for audit logging and retention

Portability

- Data export plan in non-proprietary formats
- Interface catalog and documentation plan
- Transition-out assistance plan (≤180 days)

Federal–State Operations

- Proposed TOM and RACI showing federal vs state vs vendor roles
- State transition playbook outline + example

Cost Transparency

- CLIN-aligned pricing with assumptions and scaling model
- Disclosure of all licensing and third-party dependencies

Signature

- Name/Title: _____ Organization: _____ Date: _____ Signature: _____

36. Press-Safe Synopsis (Non-Technical, “Safe to Publish”)

Title: Universal Health Care System Transformation — Requirements, Pilots, and Measurable Outcomes

This solicitation seeks expert support to design and pilot a universal healthcare system with clear requirements, transparent performance metrics, and strong protections for privacy and security. The project emphasizes incremental implementation through pilots, rigorous readiness reviews, and continuous measurement of access, quality, equity, cost, and administrative simplicity. The Government will require strong auditability, data portability, and accountability to ensure the program remains transparent, resilient, and focused on improving health outcomes for all.

37. Stakeholder FAQ (Rollout Messaging Starter)

Q1: Is this “one big IT system”?

A: No. This procurement requires a phased, modular approach: requirements first, then pilots, then scaling only after measured success.

Q2: How will Congress and the public know if it’s working?

A: The program requires a traceability model (policy goals → requirements → tests → KPIs) plus routine reporting dashboards and audit evidence.

Q3: How are states involved?

A: States retain operational roles; federal standards provide consistency. The RFL requires a state transition playbook and clear handoffs.

Q4: How will privacy be protected?

A: Security and privacy controls are built in from day one, including access controls, encryption, audit logging, and incident response.

Q5: Will this reduce administrative waste?

A: Administrative simplification is a core requirement, measured through KPIs like denial reasons, prior authorization volumes, appeals timelines, and administrative cost ratios.

Q6: How do you avoid vendor lock-in?

A: The RFL mandates Government data ownership, non-proprietary exports, interface documentation, and transition-out support.

Q7: What happens if pilots fail?

A: Gates prevent scaling. Pilot failure triggers corrective actions through controlled change and re-testing before proceeding.

Q8: How do providers fit in?

A: Provider enrollment, directory accuracy, claims operations, and burden reduction are explicit requirements with SLAs and reporting.

Final “Finish Line” Option (If You Want It in One Clean File)

If you want, I can **assemble the entire RFL into one cohesive, continuous document** (Sections A–M plus all attachments) in a single paste-ready output, with consistent numbering and cross-references.

Yes. Continue.

Universal Health Care RFL — Assembled Issuance-Ready Document

UHC-STRANSFORM-01: National UHC System Transformation, Pilots, Scale, and Continuous Improvement
(Sections A–M + Attachments A–T; consistent numbering and cross-references)

Note: This is written to be dropped into a federal solicitation template. Insert your agency header, FAR/agency clause set, NAICS, set-aside, dates, and point of contact fields.

SECTION A — SOLICITATION / CONTRACT FORM

A.1 Title

Universal Health Care System Transformation, Operations, and Continuous Improvement (UHC-STRANSFORM-01)

A.2 Contract Type

☐ IDIQ (multi-award preferred) ☐ BPA ☐ Single-award
Task Orders aligned to phased delivery: requirements → pilots → scale → operations.

A.3 Period of Performance

Base: 24 months
Options: up to 72 months total (scale waves + operations)

A.4 Place of Performance

Nationwide; remote/hybrid; pilot state/region locations as specified in task orders.

A.5 Key Dates (Fill-In)

- RFL Issue Date: ____
- Questions Due: ____
- Government Answers Posted: ____
- Proposals Due: ____
- Oral Presentations (if applicable): ____
- Anticipated Award: ____
- Kickoff: ____

SECTION B — SUPPLIES OR SERVICES AND PRICES/COSTS

B.1 Scope of Procurement

The Government seeks contractor support to design, pilot, and scale an integrated UHC system with auditable requirements, measurable outcomes, and federal–state operational roles.

B.2 CLIN / Task Order Structure

Offerors shall price using the CLIN structure in **Attachment N** and align labor and deliverables accordingly.

B.3 Cost Proposal Requirements

Offerors shall include:

- Labor categories, loaded rates, hours by CLIN and month
- Tooling/licensing with scaling assumptions
- Travel/ODCs with justification
- Explicit assumptions: enrollment volume, transaction load, pilot scale

SECTION C — DESCRIPTION / SPECIFICATIONS / STATEMENT OF WORK

C.1 Background

The U.S. healthcare system is fragmented with significant administrative overhead and uneven access and outcomes. The Government intends to implement UHC as a managed national system with clear standards, measurable performance, and continuous improvement.

C.2 Objectives

- Universal coverage and continuity
- Improved access, quality, and equity
- Administrative simplification and cost control
- Security, privacy, and auditability by design
- Phased rollout with pilots and readiness gates

C.3 Statement of Work

The contractor shall perform the task orders and deliver the artifacts defined in **Sections 15–16** and **Attachments A–I, R** (SOW tasks, SLAs, gates, templates, reporting).

Core Task Orders (minimum):

- TO0 Mobilization
- TO1 Current-State Assessment
- TO2 Requirements Engineering (SRS/RTM/V&V/KPIs)
- TO3 Target Operating Model + BPR
- TO4 Architecture + Roadmap
- TO5 Pilot Execution + Evaluation
- TO6 Scale Waves (Options)
- TO7 Operations + Continuous Improvement (Options)

SECTION D — PACKAGING AND MARKING

Offerors shall comply with Government instructions for handling sensitive information, including data labeling, secure storage, and transmission.

SECTION E — INSPECTION AND ACCEPTANCE

E.1 Acceptance Method

Acceptance will be based on:

- Deliverable review against acceptance criteria
- Gate reviews per **Attachment R**
- Evidence artifacts for verification (tests, pilot evidence, audit logs)

E.2 Defect Classification (Suggested)

- **Critical:** Safety, security, or major operational disruption risk; must remediate prior to gate pass
- **Major:** Significant performance or compliance issue; must remediate before acceptance

- **Minor:** Cosmetic or low-risk issue; must remediate in agreed timeframe

SECTION F — DELIVERIES OR PERFORMANCE

F.1 Baseline Milestones

Offerors shall propose a schedule consistent with **Attachment O**.

F.2 Reporting Cadence

Monthly performance reporting per **Attachment I**; additional reporting as directed.

SECTION G — CONTRACT ADMINISTRATION DATA

Contractor shall provide:

- Monthly status, KPI, security posture, risks/dependencies
- Staffing reports
- Burn reporting (for T&M ceilings)
- Decision logs linked to changes and RTM entries

SECTION H — SPECIAL CONTRACT REQUIREMENTS

H.1 Requirements Traceability and Evidence

Contractor shall maintain traceability from **policy goals → requirements → design → tests → KPIs** using the RTM template (**Attachment B**).

H.2 Security and Privacy

Contractor shall meet Security/Privacy deliverables and evidence requirements in **Section 17** and **Volume IV**.

H.3 Data Rights and Portability

Contractor shall comply with the anti-lock-in clauses in **Section 34** (Data ownership, export, interface transparency, transition-out).

H.4 Transparency and Oversight

Contractor shall provide routine reporting and support audits as specified in **Attachment I** and **Attachment R**.

H.5 Subcontractor Controls

Prime is accountable for subcontractors; subcontractors must meet identical security/privacy and reporting requirements.

SECTION I — CONTRACT CLAUSES

Insert standard FAR/agency clauses. Include custom clauses in **Section 34** (anti-lock-in, data export, audit evidence access, transition-out).

SECTION J — LIST OF ATTACHMENTS

The following are incorporated by reference:

- **Attachment A:** SRS Template
- **Attachment B:** RTM Template
- **Attachment C:** KPI Dictionary Template
- **Attachment D:** ORR Checklist
- **Attachment E:** Pilot Plan Template
- **Attachment F:** Risk Register Template

- **Attachment G:** Change Request Template
- **Attachment H:** State Transition Playbook Template
- **Attachment I:** Monthly Performance Report Template
- **Attachment J:** Evaluator Scoring Worksheets
- **Attachment K:** Orals/Demo Script
- **Attachment L:** Sample RTM Excerpt
- **Attachment M:** Sample KPI Entries
- **Attachment N:** Pricing/CLIN Guidance
- **Attachment O:** Deliverable Schedule / IMS Milestones
- **Attachment P:** Minimum SLAs Table
- **Attachment Q:** Expanded High-Level Requirements Set
- **Attachment R:** Gate Checklists (0–6)
- **Attachment S:** Responsibility Matrix (RACI)
- **Attachment T:** Congressional Briefing Insert

SECTION K — REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS

Insert standard reps/certs. Add required disclosures:

- Licensing/scaling assumptions
- Third-party dependencies
- Conflicts of interest (payer/admin conflicts; data monetization conflicts)

SECTION L — INSTRUCTIONS TO OFFERORS (INCORPORATED)

Offerors shall comply with **Section L** previously provided, including volume structure, compliance artifacts, and mandatory templates.

Mandatory Pass/Fail: Submit signed **Compliance Checklist** in **Section 35**.

SECTION M — EVALUATION FACTORS FOR AWARD (INCORPORATED)

Offerors will be evaluated per **Section M** previously provided (Technical 35%, Management 20%, Security 15%, Past Performance 15%, Cost/Value 15%).

REQUIRED DELIVERABLES AND TECHNICAL CONTENT (CONSOLIDATED)

1. Deliverables (Minimum)

Contractor shall deliver:

1. Current-State Assessment Report
2. SRS + RTM + V&V Plan
3. Target Operating Model + BPR artifacts
4. CONOPS + Enterprise Architecture + Interface Catalog
5. Pilot Plans + ORR packages + evaluation reports
6. KPI dashboards + KPI dictionary + data lineage documentation
7. Security & privacy package + audit evidence model
8. Operations readiness + SOPs + service management procedures
9. National rollout plan + state transition playbooks
10. Continuous improvement backlog and cadence reporting

2. Minimum SLAs

Offerors shall propose targets meeting or exceeding **Attachment P**.

3. Gate Reviews

Offerors shall support Gate 0–6 per **Attachment R**.

ATTACHMENTS A–T (FULL TEXT)

You already have the full text for Attachments **A–T** above in this conversation.
For issuance, copy them into your solicitation as appendices in the order listed in Section J.

Final Add-On: Two "Optional Lots" You Can Include (If You Want Cleaner Competition)

Optional Lot G — Independent Verification & Validation (IV&V)

Procure IV&V separately to validate:

- SRS/RTM quality and traceability
- Architecture feasibility and lock-in risk
- Pilot evaluation rigor and KPI integrity
- Security evidence and audit readiness
  (See Section 31 IV&V SOW.)

Optional Lot F — Security & Privacy Independent Assessment

Optional separate vendor to:

- Validate IAM/logging/IR controls
- Conduct independent penetration testing and audit prep

Appendix U — Definitions and Acronyms (Consolidated)

U.1 Definitions (Plain-English, Contract-Relevant)

- **Appeal:** A formal request by a member or authorized representative to review and change a coverage determination, payment decision, or other adverse action.
- **Audit Evidence:** Records and artifacts sufficient to support oversight, compliance verification, and accountability (e.g., logs, decision records, approvals, test results).
- **Capability:** A defined business function the program must perform (e.g., eligibility & enrollment, claims adjudication).
- **Change Control Board (CCB):** Governance body that approves changes to requirements, policy rules, releases, and other controlled artifacts.
- **Clean Claim:** A claim that can be processed without additional information or manual intervention.
- **CONOPS (Concept of Operations):** Description of how the system is intended to operate in the real world across stakeholders and workflows.
- **Coverage Determination:** A decision on whether a requested service or item is covered under program rules.
- **Data Lineage:** Documented path of data from source systems through transformation to reporting outputs and KPIs.
- **Disaster Recovery (DR):** Capability to restore systems after disruptive events; commonly measured via RTO/RPO.

- **Eligibility Determination:** Decision process to determine whether an individual qualifies for coverage based on policy rules.
- **Equity Reporting:** Stratified reporting of access/outcomes/cost measures by permitted demographics and geography to identify disparities.
- **Grievance:** A complaint about service quality or program operations not necessarily tied to a coverage decision.
- **Identity Proofing:** Verification that a person is who they claim to be (for enrollment or account access), using approved methods/data sources.
- **Integrated Master Schedule (IMS):** Program schedule covering deliverables, dependencies, and gate reviews.
- **Interoperability:** Ability of systems to exchange and use data according to agreed standards and interface specifications.
- **IV&V (Independent Verification & Validation):** Independent assessment that requirements, design, implementation, and operations meet objectives with credible evidence.
- **KPI (Key Performance Indicator):** Quantitative measure used to assess program performance (coverage, access, quality, cost, equity, integrity).
- **Master Data Management (MDM):** Controls and processes ensuring consistent, accurate master records (members, providers, policy rules).
- **Member:** Individual enrolled in the UHC program (or otherwise entitled to covered services as defined by policy).
- **NFR (Non-Functional Requirement):** Requirements describing system qualities such as security, performance, availability, auditability, accessibility.
- **ORR (Operational Readiness Review):** Formal readiness assessment prior to go-live or scale wave.
- **Pilot Evidence:** Verified, documented results from pilot operations demonstrating performance against baselines/targets.
- **Policy Rules Repository:** Controlled, versioned storage of program rules (eligibility, benefits, adjudication logic) with effective dates.
- **Provider Directory:** Official listing of participating providers and facilities, including specialties, locations, and accessibility attributes.
- **RACI:** Responsibility matrix: Responsible, Accountable, Consulted, Informed.
- **Requirements Baseline:** Approved set of requirements (SRS/RTM) under change control.
- **Requirements Traceability Matrix (RTM):** Matrix linking goals, requirements, design components, tests, and KPIs.
- **RPO (Recovery Point Objective):** Maximum acceptable data loss measured in time.
- **RTO (Recovery Time Objective):** Maximum acceptable downtime measured in time.
- **SLA/SLO:** Service level agreement/objective; defined performance target and measurement.

- **SRS (System Requirements Specification):** Document containing testable, traceable requirements for the UHC system.
- **Transition-Out Assistance:** Contractor support for handover to government or successor vendor at end of contract.
- **Utilization Management (UM):** Controls such as prior authorization, step therapy, and clinical review intended to ensure appropriate use.

U.2 Acronyms (Alphabetical)

Acronym	Meaning
ARB	Architecture Review Board
CCB	Change Control Board
CLIN	Contract Line Item Number
CONOPS	Concept of Operations
DR	Disaster Recovery
ESC	Executive Steering Committee
FWA	Fraud, Waste, and Abuse
IAM	Identity and Access Management
IDIQ	Indefinite Delivery / Indefinite Quantity
IMS	Integrated Master Schedule
IR	Incident Response
IV&V	Independent Verification & Validation
KPI	Key Performance Indicator
MDM	Master Data Management
MTTD/MTTR	Mean Time to Detect / Mean Time to Recover
NFR	Non-Functional Requirement
ORR	Operational Readiness Review
PCB	Program Control Board
PHI/PII	Protected Health Information / Personally Identifiable Information
RACI	Responsible/Accountable/Consulted/Informed
RPO/RTO	Recovery Point/Time Objective
RTM	Requirements Traceability Matrix
SDLC	Software Development Life Cycle
SIEM	Security Information and Event Management
SLA/SLO	Service Level Agreement/Objective
SOP	Standard Operating Procedure
SPRB	Security & Privacy Review Board
SRS	System Requirements Specification
TOM	Target Operating Model
UAT	User Acceptance Testing
UHC	Universal Health Care
UM	Utilization Management
V&V	Verification and Validation

Appendix V — Goals and Capability Map (Consolidated)

V.1 Program Goals (G-IDs)

Goal ID	Goal Statement
G-01	Achieve universal coverage and continuity with minimal enrollment burden
G-02	Improve affordability and financial protection (reduce out-of-pocket burden and cost volatility)
G-03	Improve health outcomes through preventive care and better chronic disease management
G-04	Reduce disparities and improve equity across geography and demographic groups
G-05	Simplify administration and reduce unnecessary overhead and friction
G-06	Increase integrity, auditability, and public trust through transparent controls and reporting
G-07	Ensure security, privacy, resilience, and high performance at national scale

V.2 Capability Domains (CAP-IDs) and Descriptions

CAP-COV — Coverage, Eligibility, Enrollment

- Eligibility rules execution, identity proofing, enrollment/renewals, churn reduction, member notices

CAP-BEN — Benefits and Medical Policy

- Essential benefits baseline enforcement, medical necessity policies, policy versioning and effective dates

CAP-ACC — Access and Network Adequacy

- Access monitoring, adequacy measures, remediation workflows, rural and underserved access initiatives

CAP-PRO — Provider Lifecycle

- Provider enrollment/credentialing, directory accuracy, sanctions checks, provider dispute workflows

CAP-CLM — Claims, Payment, Financial Operations

- Claims intake, adjudication rules, payment models, reconciliation, remittances, recoveries

CAP-PHR — Pharmacy and Utilization Management

- Formulary governance, UM workflows (minimizing burden), pharmacy network management, affordability transparency

CAP-APL — Appeals, Grievances, Member Rights

- Intake, case management, evidence handling, SLA timers, decisions, accommodations and external review routing

CAP-MEX — Member Experience and Contact Center

- Omnichannel support, portal, secure messaging, notices, accessibility, satisfaction measurement

CAP-DAT — Data, Interoperability, Analytics, Reporting

- Interface catalog, standards-based exchanges, data governance/MDM, KPI dashboards, equity stratification, public reporting

CAP-GOV — Governance and Policy-to-Operations

- Requirements baselines, change control, decision logs, release management, continuous improvement governance

CAP-FWA — Integrity Controls (Fraud, Waste, Abuse)

- Pre/post-pay edits, anomaly detection governance, case management, recoveries, integrity reporting

CAP-SEC — Security, Privacy, Auditability

- IAM, encryption, monitoring, logging, evidence retention, incident response, privacy-by-design governance

CAP-OPS — Operations and Continuous Improvement

- Service management, SLA reporting, root-cause problem management, backlog prioritization and measured improvements

CAP-MIG — Migration and State Transitions

- State onboarding, coexistence strategies, data migration, cutover/rollback, hypercare and stabilization

V.3 Goal-to-Capability Trace Map (High-Level)

Goal	Primary Capabilities	Supporting Capabilities
G-01 Coverage/continuity	CAP-COV	CAP-MEX, CAP-DAT, CAP-GOV
G-02 Affordability	CAP-BEN, CAP-CLM, CAP-PHR	CAP-DAT, CAP-GOV
G-03 Outcomes	CAP-ACC, CAP-BEN, CAP-PHR	CAP-DAT, CAP-MEX
G-04 Equity	CAP-ACC, CAP-DAT	CAP-COV, CAP-MEX
G-05 Admin simplicity	CAP-COV, CAP-CLM, CAP-PRO	CAP-GOV, CAP-OPS
G-06 Integrity/trust	CAP-FWA, CAP-SEC, CAP-DAT	CAP-GOV, CAP-OPS
G-07 Security/resilience	CAP-SEC, CAP-OPS	CAP-DAT, CAP-MIG

Appendix W — Optional “Single-Page Overview” (For Busy Reviewers)

Universal Health Care System Transformation (UHC-STRANSFORM-01)
This RFL procures the **requirements, operating model, pilots, and measurement system** needed to implement UHC as a controlled national program. It requires an **SRS + RTM** linking policy goals to testable requirements and KPIs, mandates **gate reviews** before scaling, and includes strong **security, privacy, audit evidence, and anti-lock-in** provisions. States remain operational partners under federal standards, with repeatable transition playbooks.

Appendix X — Attachment Cross-Reference Map (What Each Attachment Is For)

Purpose: Makes the package navigable. Reviewers can find the “why” of each attachment instantly.

Attachment	Name	Used In	Primary Purpose	Offeror Must Submit?
A	SRS Template	Sec C, H; Gate 1	Standardizes requirement writing and acceptance fields	**Yes** (samples + approach)
B	RTM Template	Sec H; Gate 1–6	Enforces traceability and evidence	**Yes** (sample RTM)
C	KPI Dictionary	Sec C, H; Gate 1+	Makes outcomes measurable and auditable	**Yes** (≥12 KPIs)
D	ORR Checklist	Gate 3	Proves readiness before go-live	**Yes** (thresholds)
E	Pilot Plan Template	Sec C; Gate 3–4	Forces measurable pilot success criteria	**Yes** (1 pilot plan)
F	Risk Register	Sec C, H	Standard risk discipline and ownership	**Yes** (top 15)
G	Change Request (CR)	Sec H; Gate 1+	Prevents stealth changes; ties impacts to RTM/tests	**Yes** (1 filled sample)
H	State Transition Playbook	Sec C; Gate 5	Repeatable migration plan for states	**Yes** (outline + sample)
I	Monthly Performance Report	Sec F, G	Standard reporting & oversight	**Yes** (sample outline)
J	Scoring Worksheets	Sec M	Normalizes evaluation scoring	Govt use (optional)
K	Orals/Demo Script	Sec L	Forces proof via demos	Govt use (optional)
L	Sample RTM Excerpt	Sec L/M	Shows what “good” looks like	Reference
M	Sample KPI Entries	Sec L	Shows KPI rigor expectations	Reference
N	Pricing/CLIN Guidance	Sec B	Standardizes comparable pricing	**Yes** (aligned pricing)
O	Deliverable Schedule/IMS	Sec F	Sets timeline expectations and gates	Offeror proposes variant if needed
P	Minimum SLAs	Sec C, H	Defines floors for operational performance	**Yes** (targets)
Q	Expanded Requirements Set	Sec C	Comprehensive requirement coverage baseline	Offeror maps coverage
R	Gate Checklists 0–6	Sec E/F/H	Controls risk; prevents premature scale	Offeror supports

Attachment	Name	Used In	Primary Purpose	Offeror Must Submit?
S	Responsibility Matrix (RACI)	Sec C/H	Clarifies federal/state/vendor accountability	**Yes** (tailored RACI)
T	Congressional Briefing Insert	External use	One-page oversight narrative	Reference
U	Definitions & Acronyms	Whole doc	Removes ambiguity	Reference
V	Goals & Capability Map	Whole doc	Navigation and traceability	Reference
W	Single-Page Overview	Front matter	Busy-reader summary	Reference

Appendix Y — Offeror Quick Start (One-Page Submission Guide)

Y.1 What You Must Submit (Minimum)

Pass/Fail (Nonresponsive if missing):

1. Signed **Compliance Checklist** (Sec 35)
2. Volume I–VI complete (Sec L)
3. **SRS samples** (≥15 requirement records) using **Attachment A**
4. **RTM sample** (≥25 rows) using **Attachment B**
5. **KPI dictionary** (≥12 KPIs) using **Attachment C**
6. **Pilot plan** (1) using **Attachment E**
7. **Top 15 risks** using **Attachment F**
8. **One filled change request** using **Attachment G**
9. **State transition playbook** outline + sample using **Attachment H**
10. **SLA targets** meeting/exceeding **Attachment P**
11. CLIN-aligned price proposal per **Attachment N** with scaling assumptions

Y.2 Your Proposal Must Demonstrate (What We Will Look For)

- **Traceability:** goal → requirement → design → test → KPI (and evidence)
- **Phased realism:** requirements and pilots first; no “big bang” handwaving
- **Federal–state clarity:** who owns what, and how performance is enforced
- **Data portability:** exports, schemas, and documentation; no lock-in traps
- **Operational maturity:** readiness gates, rollback plans, service management

Y.3 Common “Lose the Bid” Mistakes

- Vague requirements (“support, enable, leverage”) without test criteria
- KPIs without formula, lineage, stratification, or data quality rules
- Pilot “success” described qualitatively instead of numerically
- Security claims without evidence model (logs, retention, IR drills)
- Pricing that hides scaling impacts (licenses, per-member fees)

Y.4 Orals/Demo (If Invited)

Be prepared to **show**:

- RTM tracing live

- A change request impacting requirements/tests/KPIs
- KPI lineage and data quality checks
- ORR readiness and rollback triggers
- Audit logging for sensitive access

Appendix Z — Evaluator Quick Start (Consistency Guide)

Z.1 Your Job in One Sentence

Score **evidence and operational credibility**, not promises.

Z.2 How to Score Fast and Fair

- Require **page references** for every strength/weakness
- Use anchored ratings (Attachment J)
- Downgrade “marketing language” unless tied to artifacts/evidence
- Reward traceability, measurable gates, and portability safeguards

Z.3 Top 10 “Most Predictive” Evaluation Signals

1. RTM quality and completeness (do they *actually* trace?)
2. Testability of requirements (clear acceptance criteria)
3. Pilot success criteria (numeric thresholds + baselines)
4. Data lineage and data quality controls
5. Security logging and audit evidence model
6. Realistic state transition plan and rollback approach
7. Administrative simplification plan tied to measurable KPIs
8. Staffing depth and governance clarity
9. Cost scaling transparency (licenses, per-member/per-transaction)
10. Past performance with quantified outcomes

Z.4 Automatic Concern Flags

- “We will comply” without mapping controls to evidence
- No de-risking gates before scale
- Vendor lock-in risk (proprietary formats, no exports, unclear licensing)
- KPIs not stratified (no equity measurement)
- Missing rollback rehearsals

Z.5 Suggested Downselect Method (If Multi-Award)

- Pass/Fail compliance → top scoring 3–5 → orals/demos → best value award

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