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ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF PAGES 7

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER: 09/30/2011	2. CONTRACT NO. (If any): HHSM-500-2007-00015I
3. ORDER NO.: HHSM-500-T0012	4. REQUISITION/REFERENCE NO.: 888-1-7206-05

5. ISSUING OFFICE (Address correspondence to):
CMS, OAGM, ITG, DISSC
7500 SECURITY BLVD., MS: C2-21-15
BALTIMORE MD 21244-1850

6. SHIP TO:
a. NAME OF CONSIGNEE: Not Applicable
b. STREET ADDRESS:
c. CITY | d. STATE | e. ZIP CODE

7. TO: Elizabeth M. Burton
a. NAME OF CONTRACTOR: CGI Federal Inc.
b. COMPANY NAME:
c. STREET ADDRESS: 12601 Fair Lakes Circle
d. CITY: Fairfax | e. STATE: VA | f. ZIP CODE: 22033-3408

f. SHIP VIA:

8. TYPE OF ORDER
☐ a. PURCHASE
REFERENCE YOUR:
Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.
☒ b. DELIVERY
Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA: 15996086-75X0119-252Z
10. REQUISITIONING OFFICE: Resource & Acquisition Mngt Group

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
☐ a. SMALL ☒ b. OTHER THAN SMALL ☐ c. DISADVANTAGED ☐ g. SERVICE-DISABLED VETERAN-OWNED
☐ d. WOMEN-OWNED ☐ e. HUBZone ☐ f. EMERGING SMALL BUSINESS

12. F.O.B. POINT: Destination

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
a. INSPECTION	b. ACCEPTANCE			
Destination	Destination			Net 30

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Tax ID Number: 27-0087176 DUNS Number: 145969783 The purpose of this task order is to provide services for the Federal Exchange (FX), in accordance with the attached statement of work. Continued ...					

18. SHIPPING POINT
19. GROSS SHIPPING WEIGHT
20. INVOICE NO.
17(h) TOTAL (Cont. pages): $55,744,081.78

21. MAIL INVOICE TO:
a. NAME: DHHS, CMS, OFM, FSG
b. STREET ADDRESS (or P.O. Box): Div. of Financial Operations, P.O. Box 7520
c. CITY: Baltimore | d. STATE: MD | e. ZIP CODE: 21207-0520
17(i) GRAND TOTAL: $55,744,081.78

SEE BILLING INSTRUCTIONS ON REVERSE

22. UNITED STATES OF AMERICA BY (Signature):
23. NAME (Typed): ANDREW MUMMERT
TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 4/2006)
Prescribed by GSA/FAR 48 CFR 53.213(e)

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER	CONTRACT NO.	ORDER NO.
09/30/2011	HHSM-500-2007-00015I	HHSM-500-T0012

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Period of Performance: 09/30/2011 to 09/01/2013					
0001	Funding for CLIN 0001				55,744,081.78	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) ▷ $55,744,081.78

Pursuant to the terms and conditions of Contract HHSM-500-2007-00015I and this task order, the contractor shall perform the work required in accordance with the attached Statement of Work (SOW) entitled "**Federal Exchange**".

Signature of the Contractor represents acceptance of this task order.

Richard J Martin	Richard J. Martin, Vice President	10/3/11
Signature	**Print Name/Title**	**Date**

NOTE: Only those contract sections which differ from the Umbrella IDIQ contract terms and conditions, or provide more detailed information specific to this particular Task Order, are provided below. For those contract sections not identified below, all terms and conditions of the Umbrella IDIQ contract remain in effect.

SECTION B - SUPPLIES OR SERVICES PRICES/COSTS

1. Brief Description of Services

The purpose of this Task Order is to develop Information Technology (IT) systems to obtain the Federal Exchange (FX) in accordance with the attached statement of work.

2. Type of Task Order:

This task order is cost plus fixed fee for the two (2) year base period and award fee for the three (3) one year optional periods and a six (6) month optional transition out period.

3. Schedule of Service Price/Costs

CLIN 0001 09/30/11 – 09/01/13	**Design, Development and Implementation**	
0001AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0001AB	Fixed Fee	
0001AC	Travel, NTE, IAW FTR	
	Total	**$55,744,081.78**

CLIN 0002 09/02/13 – 09/01/14	**Option Year 1 – Operations and Maintenance**	
0002AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0002AB	Award Fee	
0002AC	Travel, NTE, IAW FTR	
	Total	**$13,077,808.08**

CLIN 0003 09/02/14 – 09/01/15	**Option Year 2 – Operations and Maintenance**	
0003AA	Estimated Cost, NTE, IAW SOW	(b)(4)

0003AB	Award Fee	(b)(4)
0003AC	Travel, NTE, IAW FTR	
	Total	**$11,770,218.25**

CLIN 0004 09/02/15 – 09/01/16	**Option Year 3 – Operations and Maintenance**	
0004AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0004AB	Award Fee	
0004AC	Travel, NTE, IAW FTR	
	Total	**$10,646,393.24**

CLIN 0005 09/02/16 – 03/01/17	**Transition Out**	
0005AA	Estimated Cost	(b)(4)
0005AB	Award Fee	
0005AC	Travel, NTE, IAW FTR	
	Total	**$2,496,967.38**

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

4. Statement of Work

The Statement of Work (SOW) is provided as an attachment and made part of this task order.

SECTION F - DELIVERIES OR PERFORMANCE

5. Period of Performance

Design, Development and Implementation
September 30, 2011 – September 1, 2013

Option Year 1 – Operations and Maintenance
September 2, 2013 – September 1, 2014

Option Year 2 – Operations and Maintenance
September 2, 2014 – September 1, 2015

Option Year 3 – Operations and Maintenance
September 2, 2015 – September 1, 2016

Transition Out
September 2, 2016 – March 1, 2017

6. Time and Place of Deliveries

The Schedule of Deliverables is provided as an attachment and made part of this task order.

The deliverables to be furnished must be delivered in accordance with the delivery schedule.

Satisfactory performance under this task order shall be deemed to occur upon delivery and acceptance by the Contracting Officer, or the duly authorized representative, in accordance with the stated delivery schedule of the attached SOW.

All deliverables shall be addressed and delivered to the Project Officer unless otherwise indicated. In addition, a copy of the transmittal letter for all deliverables shall be forwarded to the Contracting Officer and Contract Specialist.

SECTION G - CONTRACT ADMINISTRATION DATA

7. Government Point of Contact

Contract Specialist:
Philip Roache
CMS/Office of Acquisition and Grants Management
Phone: (410) 786 -5133
Email: Philip.Roache@cms.hhs.gov
Mail Stop: B3-30-03

Contracting Officer:
Andrew Mummert
CMS/Office of Acquisition and Grants Management
Phone: (410) 786-0403
Email: Andrew.Mummert@cms.hhs.gov
Mail Stop: B3-30-03

Contracting Officer Technical Representative (COTR):
Sheila Burke
CMS/Office of Information Systems
Phone: (301) 492-4374
Email: Sheila.Burke@cms.hhs.gov
Mailstop: 738G.05

8. Contracting Officers Technical Representative

Sheila Burke is designated as the Contracting Officers Technical Representative (COTR) for this task order.

The COTR is responsible for: (1) monitoring the Contractor's technical progress, including the surveillance and assessment of performance and compliance with all substantive project objectives; (2) interpreting the statement of work and any other technical performance requirements; (3) performing technical evaluation as required; (4) performing technical inspections and acceptances required by this task order; (5) assisting in the resolution of technical problems encountered during performance; and (6) providing technical direction in accordance with Section G; and, (7)reviewing of invoices/vouchers.

The COTR does not have authority to act as agent of the Government under this task order. Only the Contracting Officer has authority to: (1) direct or negotiate any changes in the statement of work; (2) modify or extend the period of performance; (3) change the delivery schedule; (4) authorize reimbursement to the Contractor any costs incurred during the performance of this contract; or (5) otherwise change any terms and conditions of this task order.

9. Accounting and Appropriation Data

CLIN Funded	Requisition	Accounting and Appropriation Data	Amount
CLIN 0001	888-1-7206-05	15996086 75X0119 252Z	$55,744,081.78

SECTION H – SPECIAL CONTRACT REQUIREMENTS

10. HHSAR 352.216-70 Additional cost principles (Jan 2006)

(a) *Bid and proposal (B & P) costs.*

(b)(4) [redacted]

(b) *IR & D costs.*

(b)(4) [redacted]

11. HHSAR 352.242-70 Key personnel (Jan 2006)

The key personnel specified in this contract are considered to be essential to work performance. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the Contracting Officer and shall submit comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation by the Government of the impact on performance under this contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The Government may modify the contract to add or delete key personnel at the request of the contractor or Government.

The following labor categories are considered key personnel under this contract:

Name	Position Title
(b)(4) [redacted]	Project Manager

(b)(4) Chief Architect

SECTION I - CONTRACT CLAUSES

13. AWARD FEE

The amount of award fee the Contractor earns, if any, is based on an evaluation by the Government of the quality of the Contractor's performance. This will be accomplished in accordance with a Performance Evaluation Plan established for individual CPAF CLINs. The Government will determine the amount of award fee as determined in the plan. NOTE: The determination of the award fee amount and the award fee methodology are unilateral decisions made solely at the discretion of the Government. The Government may unilaterally change the Performance Evaluation Plan at any time. However, any revisions to the evaluation criteria in the Plan shall be presented to the Contractor prior to the evaluation period in which it will be used.

14. 52.216-8 Fixed Fee (Mar 1997)

(a) The Government shall pay the Contractor for performing this contract the fixed fee specified in the Schedule.
(b) Payment of the fixed fee shall be made as specified in the Schedule; provided that after payment of 85 percent of the fixed fee, the Contracting Officer may withhold further payment of fee until a reserve is set aside in an amount that the Contracting Officer considers necessary to protect the Government's interest. This reserve shall not exceed 15 percent of the total fixed fee or $100,000, whichever is less. The Contracting Officer shall release 75 percent of all fee withholds under this contract after receipt of the certified final indirect cost rate proposal covering the year of physical completion of this contract, provided the Contractor has satisfied all other contract terms and conditions, including the submission of the final patent and royalty reports, and is not delinquent in submitting final vouchers on prior years' settlements. The Contracting Officer may release up to 90 percent of the fee withholds under this contract based on the Contractor's past performance related to the submission and settlement of final indirect cost rate proposals.

15. 52.217-9 Option to Extend the Term of the Contract (Mar 2000)

(a) The Government may extend the term of this contract by written notice to the Contractor within the period of performance provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 30 days before the contract expires. The preliminary notice does not commit the Government to an extension.
(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.
(c) The total duration of this task order, including the exercise of any options under this clause, shall not exceed March 1, 2017.

Attachments:
Statement of Work
Award Fee Plan
Section F – Deliverables

Procurement Sensitive

Department of Health and Human Services

Centers for Medicare & Medicaid Services

Federal Exchange Program System
Federal Exchange Statement of Work

Version 1.0

September 30, 2011

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Section C – Statement of Work

The Contractor shall furnish all of the necessary personnel, materials, services, facilities, (except as otherwise specified herein), and otherwise do all the things necessary for or incident to the performance of the work as set forth below.

The Contractor, acting independently and not as an agent of the Government, shall furnish all the necessary services, qualified personnel, material, equipment/supplies (except as otherwise specified in the task order), and facilities, not otherwise provided by the Government, as needed to perform the Statement of Work (SOW) below.

Throughout this document, reference is made to notification, delivery, liaison and interaction between the Centers for Medicare and Medicaid Services (CMS) and the Contractor. This task order requires the Contractor to interact with CMS personnel of multiple disciplines (contracting personnel, contract management personnel, technical personnel, etc.) who form a CMS team. Identification of the specific point-of-contact on the CMS team for specific situations has not been addressed in this document; this lack of specificity in no way affects any of the requirements the contractor is required to perform. The Contractor is advised that specific use of the terms “CMS”, “Contracting Officers Technical Representative” (COTR) or “Contracting Officer” (CO) in this document could denote one or several other members of the CMS team (see Appendix A, ACRONYMS).

1. Introduction

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L. 111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act. The Affordable Care Act creates new competitive private health insurance markets – called Exchanges – that will give millions of Americans and small businesses access to affordable coverage and the same insurance choices members of Congress will have. Exchanges will help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices. The IT systems will support a simple and seamless identification of people who qualify for coverage through the Exchange, tax credits, cost-sharing reductions, Medicaid, and CHIP programs. By providing a place for one-stop shopping, Exchanges will make purchasing health insurance easier and more understandable and will put greater control and more choice in the hands of individuals and small businesses.

The Centers for Medicare & Medicaid Services (CMS) is working with States (including the District of Columbia and the territories) to establish Exchanges in every State. The law gives States the opportunity to establish State-based Exchanges, subject to certification that the State-based Exchange meets federal standards and will be ready to offer health care coverage on January 1, 2014. The deadline for certification is January 1, 2013. In a State that does not achieve certification by the deadline, the law directs the Secretary of Health and Human Services to facilitate the establishment of an Exchange in that State.

CMS has pursued various forms of collaboration with the States to facilitate, streamline and simplify the establishment of an Exchange in every State. These include an early innovator program, under which seven States were awarded grants to develop IT systems that could serve

as models for other States, as well as a federal data services hub, through which HHS will provide certain data verification services to all Exchanges. These two efforts have made it clear that for a variety of reasons including reducing redundancy, promoting efficiency, and addressing the tight implementation timelines authorized under the Affordable Care Act, many, if not most States, may find it advantageous to draw on a combination of their own work plus business services developed by other States and the Federal government as they move toward certification. Therefore, CMS is planning a menu of Exchange options for States.

"State Partnership Model"

Some States have expressed a preference for a flexible State Partnership Model combining State designed and operated business functions with Federally designed and operated business functions. Examples of such shared business functions could include eligibility and enrollment, financial management, and health plan management systems and services. State partnerships would not preclude States from meeting all certification requirements and choosing to operate an exclusively State-based Exchange. CMS is pursuing an approach that will be flexible to accommodate any of these options available to States.

Exchanges are competitive marketplaces

Section 1311 of the Affordable Care Act sets minimum standards for Exchanges covering key areas of consumer protection, including a certification process for qualified health plans (QHPs). These standards help ensure that all Exchanges will be competitive marketplaces that serve the interests of individuals and small businesses. By pooling people together, reducing transaction costs, and increasing transparency, Exchanges will create more efficient and competitive health insurance markets for individuals and small employers.

CMS has solicited public comment, published guidance, and provided technical support to States as they work to establish Exchanges. Our work to solicit input on the Exchange began with a formal Request for Comment that was published on July 27, 2010. Over 300 responses were received from a wide variety of stakeholders offering perspectives on many aspects of the implementation of Exchanges. Initial guidance was published in November 2010, and the first Notice of Proposed Rule Making, which will address the core standards for establishment and operation of Exchanges, will be published soon. See: http://cciio.cms.gov/resources/files/guidance_to_states_on_exchanges.html

Exchange will help coordinate interaction with other State health coverage programs

Section 1311 of the Affordable Care Act requires Exchanges to coordinate eligibility determinations across State health coverage programs. On May 31, 2011, CMS issued IT guidance 2.0 to describe coordination among Exchanges, Medicaid and CHIP. See: http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf

States have the first option to establish Exchanges

Section 1311 of the Affordable Care Act provides each State with the option to set up an exclusively State-based Exchange and authorizes grant funding to cover start up costs through

2014 for States meeting benchmarks. Since September 30, 2010, CMS has awarded planning grants to 49 States and the District of Columbia to assist with initial planning activities related to the implementation of the Exchanges ("Planning Grants"). See: http://cciio.cms.gov/resources/fundingopportunities/exchange_planning_grant_foa.pdf

In an effort to promote re-use and efficiency in the development of IT components for Exchanges, CMS provided funding for IT Innovation on February 15, 2011. These "Innovator Grants" went to seven States, totaling $241 million in funding to develop Exchange IT systems that will serve as models for other States. These grants require the awardees to make available to other States their work and the IT products and other assets developed under the grants. Importantly, these grantees participate in an "open collaborative" among States, CMS and other Federal agencies to share interim deliverables and knowledge to facilitate the efficient development and operation of Exchange IT systems. This approach aims to reduce the need for each State and the Federal government to "reinvent the wheel" and aids States in Exchange establishment by accelerating the development of Exchange IT systems. See: http://cciio.cms.gov/resources/fundingopportunities/early_innovator_grants.pdf

A third funding opportunity was announced on January 20, 2011, which provides States with financial support for activities related to the establishment of exclusively State-based Exchanges ("Establishment Grants"). This funding opportunity provides two levels of funding based on the progress made by each State in planning for and establishing an Exchange. The first level provides one year of funding and can be limited in scope. The second level requires a more advanced state of readiness and provides funding through 2014. Interim deliverables and knowledge gained under these grants will also be supported in an open collaborative among States and CMS.

States can apply for grants to carry out activities in one or more of eleven core areas of Exchange operation: Background Research, Stakeholder Consultation, Legislative and Regulatory Action, Governance, Program Integration, Exchange IT Systems, Financial Management, Oversight and Program Integrity, Health Insurance Market Reforms, Providing Assistance to Individuals and Small Businesses, and Business Operations of the Exchange. State progress will be evaluated under these eleven core areas to support the certification of Exchanges by January 1, 2013. This funding opportunity announcement provided substantial information about standards and benchmarks that Exchanges must meet to achieve certification. See: http://cciio.cms.gov/resources/fundingopportunities/foa_exchange_establishment.pdf

Certification of State Exchanges will be a flexible process

Section 1321 of the Affordable Care Act requires Exchanges be certified by no later than January 1, 2013. To meet that deadline, CMS anticipates that the certification process will begin no later than July 2012. The process is likely to include initial progress submissions, operational assessments of readiness, final applications, and a substantial amount of collaboration and discussion with CMS. Depending on the State, the process could include the State supplementing its own internally developed systems and services with work products developed by other States or the Federal government. From now through 2012, CMS will be working with States collaboratively, and will be continually evaluating how to develop federal business systems and services, and support similar development by others, in a manner that maximizes

State flexibility. The goal is to give States the full opportunity to compare the menu of options including a flexible State Partnership Model, and an exclusively a State-based Exchange.

1.1 Task Order Scope

The Federal Exchange Program System (FEPS) consists of a FX that serves the needs of individuals within states where those states do not have their own state-run exchange, and the Data Services Hub (DSH), which provides common services and interfaces to federal agency information. Since states may elect to establish their own state-run exchanges or portions thereof, this task order will permit future modifications to encompass state's needs that are unknown at this time. Should CMS require additional services over and above those awarded at time of award, CMS will modify this order accordingly to meet the individuals' and states' needs. CMS expects these information technology (IT) systems to support a first-class customer experience, provide seamless coordination between state-administered Medicaid and CHIP programs and the FX, and between the FX and plans, employers, and navigators. These systems will also generate robust data in support of program evaluation efforts.

Through this procurement, CMS seeks qualified contractors to build the technical solution and support the operations of the FX that serves the needs as described within the Affordable Care Act, enables consumers to obtain affordable health care coverage, and allows employers to offer healthcare coverage to their employees.

The FX serves the needs of individuals – including exchange insurance support, Medicaid support, and Community Living Assistance Services and Supports (CLASS) Act support – within states where those states do not have their own state-run exchange. As such, the FX may perform all the core functions as any state exchange would or provide a subset of the services to augment the capabilities built by the state. The capability must exist to activate or enable states within the FX with varying degrees of notice. The federal FX development will be aware of some states' requirements for support early in the development life cycle, but the need to support other states may not be communicated until much later. The FX must be sufficiently robust to provide support of state exchange requirements at any point in the life cycle. In addition, the FX must be capable of integration with a variety of state (and federal) boundary systems and processes.

The key Exchange IT systems modules shall include, but not be limited to:

1. Eligibility & Enrollment
2. Health plan management to support QHP certification
3. Payment management system for Free Choice Vouchers
4. Premium tax credits administration
5. Cost-sharing assistance administration

The foregoing Exchange IT modules must support the core business functions of an Exchange. As presently understood, the Exchange consists of the following business functions:

- Exchange Administration
- QHP Management

- Eligibility & Enrollment
- Verification of eligibility against authoritative data sources
- Insurance Portal for Consumers
- Premium Tax Credit Administration
- Cost Sharing Reduction Administration
- Small Employer coordination to offer coverage (and potentially Premium Aggregation and Collection Services)
- Appeals & Case Management
- Payment and Financial Management
- Risk Adjustment and Reinsurance
- Program Integrity
- Measuring Quality and Consumer satisfaction
- Consumer tools and information to support calculation of out of pocket costs, available subsidies, and information to make appropriate choices of affordable coverage

In addition, the FX must be interoperable and integrated with State Medicaid/CHIP programs and capable of interfacing with Department of Health and Human Services (HHS) and other data sources in order to verify and acquire data as needed.

The Pre-existing Condition Insurance Plan (PCIP) program, an existing federal health insurance program, will migrate its data and operations to the FX by 2014, enabling consumers to receive equivalent services and support. PCIP provides health insurance available to those who have been denied coverage by private insurance companies because of a pre-existing condition. PCIP is administered either at the state or the federal government level (if a state does not have a PCIP program). PCIP provides a health coverage option for people without health coverage for at least six (6) months, people who have a pre-existing condition or have been denied health coverage because of a health condition, and who are U.S. citizens or reside here legally.

The optimal outcome of the Affordable Care Act is every state and territory operating their own exchange to serve the needs of their individuals and employers; however, CMS anticipates that a number of states will need local support. In some cases this support will be limited to oversight and minimal consulting to help facilitate or expedite work in progress. In other cases there may be more tactical support required or the need to be migrated to the FEPS. The level and amount of support provided to states in these cases will be carefully evaluated, for example, to determine if such help will bring the state back in compliance with schedule or if the work is too significant to augment, and therefore, the state must be opted-out and folded into the FX solution. This aspect of the FEPS will involve careful analysis and evaluation prior to any assignment of resources

In order to ensure exceptional performance and accountability for these projects, CMS is following the Exchange Life Cycle (ELC), a model derived from the CMS Integrated IT Investment & System Life Cycle Framework (ILC) used for development and implementation of all CMS IT systems. The ELC was created with an Exchange-specific Project Process

Agreement (PPA). All planning will comply with Office of Management and Budget (OMB) Circular A-130 and the Clinger-Cohen Act, which mandates that each federal agency develop a depiction of the functional and technical processes utilized to accomplish its mission. All work performed should be compliant with HHS Enterprise Architecture.

1.2 Contract Outcome

For this task order, CMS desires a Managed Services approach that will include the following:

1. Architecting and developing a Federal Exchange that may be used by any state that opts out of building and operating its own Exchange
2. Designing a solution that is flexible, adaptable, and modular to accommodate the implementation of additional functional requirements and services; and
3. Participating in a collaborative environment and relationship to support the coordination between CMS and the primary partners, e.g., the Internal Revenue Service (IRS)

The foregoing activities must be completed to ensure the FX will be ready. The following reviews represent the key milestones (stage gate reviews in the ELC, dates represented as calendar year) for the FX:

- Architecture Review: October 2011
- Project Startup Review: Q4 2011
- Project Baseline Review: Q1 2012
- Preliminary Design Review: Q1 2012
- Detailed Design Review: Q2 2012
- Final Detailed Design Review: Q2 2012
- Pre-Operational Readiness Review: Q4 2012
- Operational Readiness Review: Q1 2013

A detailed description of the foregoing activities and milestones can be found in the Collaborative Environment and Life Cycle Governance Supplement to the Exchange Reference Architecture: Foundation Guidance document and the CMS ILC site at http://www.cms.hhs.gov/SystemLifecycleFramework/

The planned artifacts and templates for the FEPS development will also be stored in the Application Life Cycle Management (ALM) environment that CMS is standing up for the use of multiple stakeholders across the Affordability Care Act projects.

1.3 Assumptions and Constraints

The Contractor's task order response should take the following assumptions and constraints into consideration:

- The Affordable Care Act requires individuals to be enrolled in appropriate health insurance programs by January 2014. CMS expects open enrollment to begin in October

2013. CMS requires that Exchange and DSH capability be ready for nationwide testing by January 2013.

- Identification of states requiring FX support. States requiring federal exchange support will be identified between 2011 through the end of 2013. The architecture and design of the FEPS must allow for capture of required state information in the FX in a modular and repeatable manner.
- Varying schedules among participants within overall Exchange Program. Other federal agency partners and the states will determine their own development and delivery schedules for their components of the program.
- Level of cooperation and support for consistent milestones. CMS will track the progress of the states and federal partners with a focus on nation-wide integration testing starting in January 2013.
- The applicability of the system models developed by Early Innovator States must be evaluated to assess the degree of leverage that can be recognized from innovation grant state deliverables in support of the remaining states, the federal exchanges, and the DSH
- The contractor shall acquire the required infrastructure services from the CMS Cloud Service provider, Terremark. CMS will provide the contractor with a FEDSTRIP authorization to permit the contractor to order the required services from the cloud service provider's GSA contract, at pricing equal or better than the negotiated pricing on the CMS Cloud Services task order with Terremark.
- The Government intends on establishing a ceiling for indirect rates of not more than +/- 5% from the proposed rates.
- CMS defines local travel as travel that is less than twelve (12) hours in duration within the Washington Metropolitan Area, including Baltimore, MD, and Virginia, and does not require overnight lodging.
- Travel performed for personal convenience or daily travel to and from work at the contractor's facility or local Government facility (i.e.: designated work site) shall not be reimbursed under this contract.
- If travel is proposed the Contractor's business proposal shall segregate it from other pricing/elements and the breakout shall include: Names of travelers, destinations (to and from), mode of transportation, mileage, rental cars, hotel, purpose of trip, etc.
- All travel will be performed on an as needed basis and submitted to the CMS Contracting Officer Technical Representative (COTR) for approval prior to execution. Per diem will be reimbursed at Government-approved rates in effect at the time of travel. All travel as well as per diem (lodging, meals and incidentals) shall be reimbursed in accordance with the Federal Travel Regulation (FTR) – For reference purposes refer to the below link: http://www.gsa.gov/portal/content/104790

1.4 Standards and Reference Material

The following documents are provided as background material to this procurement:

- Guidance for Exchange and Medicaid IT Systems, versions 1.0 and 2.0
- Medicaid and Exchange IT Architecture Guidance: Framework for Collaboration with State Grantees. This overview document describes the relationships between the Exchange Reference Architecture documents.
- Exchange Reference Architecture Foundation Guidance
- Collaborative Environment and Life Cycle Governance – Exchange Reference Architecture Supplement
- Harmonized Security and Privacy Framework – Exchange TRA Supplement
- Eligibility and Enrollment – Exchange Business Architecture Supplement
- Plan Management – Exchange Business Architecture Supplement
- Conceptual Data Model and Data Sources – Exchange Information Architecture Supplement
- Business Blueprint Master Glossary. Glossary of key terms and concepts referenced in the Exchange Business Architecture supplements.
- Business Blueprint Services Workbook. Contains the inventory of Exchange business services and supporting business services identified from the process models and their mapping to business processes.
- Eligibility & Enrollment Blueprint Data Capture Workbook. Contains the meta-data describing the Eligibility & Enrollment process flows, and associated activities, information flows, and capabilities.
- Plan Management Blueprint Data Capture Workbook. Contains the meta-data describing the Plan Management process flows, and associated activities, information flows, and capabilities
- Financial Management Blueprint Data Capture Workbook. Contains the meta-data describing the Plan Management process flows, and associated activities, information flows, and capabilities
- CMS Technical Reference Architecture (TRA), v.2.1 and supplements. Several relevant TRA supplements are listed on the CMS web site (http://www.cms.gov/SystemLifecycleFramework/TRAS/list.asp#TopOfPage) and other supplements are under development. Supplements are available upon request.
- CMS Testing Framework document, which can be found at

http://www.cms.gov/SystemLifecycleFramework/Downloads/CMSTestingFrameworkOverview.pdf

- MITA Framework 2.0 and supporting material. MITA material is available on the CMS web site (http://www.cms.gov/MedicaidInfoTechArch/04_MITAFramework.asp#TopOfPage).
- Publication 1075: Tax Information Security Guidelines for Federal, State and Local Agencies. OMB No. 1545-0962. See www.irs.gov/pub/irs-pdf/p1075.pdf.

- Internal Revenue Manual (IRM); Part 10; Security, Privacy and Assurance. See www.irs.gov/irm/part10/

2. Requirements and Work Activities

These requirements are for systems development and delivery of a federally operated Federal Exchange (FX). The Contractor's proposed solution shall be designed and developed to interoperate with the Data Services Hub and State Exchanges. As such, the majority of the following tasks relate to life cycle activities that support delivery. The CMS ELC is the baseline system development life cycle model used to structure and track progress. Each specific development task includes full life cycle coverage from technical requirements definition to testing and Authority to Operate (ATO). CMS has tailored the ILC through a PPA to create the ELC used in this SOW. CMS believes that an iterative or agile development approach may provide the best opportunity to incrementally build and test FX functionality.

The Contractor's proposed solution shall be based on a modular, agile, flexible services based approach to systems development, including use of open interfaces, open source software, Government Off-The-Shelf (GOTS) software, and exposed application programming interfaces supported as web services; the separation of business rules from core programming; and the availability of business rules in both human and machine readable formats.

2.1 General Technical Requirements

Each of the following technical areas describes one aspect of an integrated service capability to support FX operations. Although the areas are described individually, the Contractor shall architect an integrated, flexible, and adaptable end-to-end solution.

2.1.1 Infrastructure Requirements

The key objectives of this infrastructure approach are to provide elasticity (flexibility with respect to capacity-on-demand), an operating expense model instead of a capital expense model, and usage-based pricing for processing, storage, bandwidth, and license management. To that end, the Contractor's proposed solution shall be incorporated into CMS' Terremark hosted environment and the Contractor shall work with Terremark, to ensure that these objectives are met as part of the infrastructure design and implementation, and the platform design and implementation.

The FEPS infrastructure is supported by managed services contract(s) for development, test, and production awarded to Terremark. Depending on the definition of the term "managed service," these managed services may be considered a federal cloud implementation. As such, it is imperative that the FX services are designed and implemented in a platform-independent manner, namely, the Contractor shall make no assumptions about the specifics of the managed service platform, but shall design and implement the services to take advantage of platform capabilities to allow for vendor independence, location independence, and elasticity (e.g., capacity-on-demand). This means that The Contractor shall build FX services using open standards and platform-independent application programming interface (API) products, such as those available from Dasein or Deltacloud. If the Contractor believes another approach will perform equally or better than developed products or an open source product suite, the Contractor may recommend such a solution. The Contractor shall then demonstrate that from

performance, support, response, ease of development, connectivity, and cost considerations the alternative solution meets or exceeds all requirements in this SOW.

The Contractor shall utilize the CMS secure managed services environment. The CMS secure managed services environment includes Infrastructure as a Service (IaaS) and Platform as a Service (PaaS) support. The Contractor shall provide a comprehensive listing of all system infrastructure and platform components needed to support this SOW and work with Terremark to acquire, configure, and deliver them as part of the contractor's proposed solution to CMS. . The Contractor shall present the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the approach. The Contractor shall develop, implement, integrate, test, and deliver the FX services using the approved managed services approach.

The Contractor shall define an infrastructure that is consistent with the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture, for development, test, and production. The infrastructure shall be comprised of managed services, including, but not limited to, managed server services, managed network services, managed storage services, managed monitoring and reporting services, and managed security services. The Contractor shall support and operate the FX systems running on the infrastructure, for the period of performance of this SOW. The infrastructure must be capable of scaling to meet the anticipated peak demands during open enrollment. The infrastructure must meet all data management safeguard requirements required for Personally Identifiable Information (PII), Personal Health Information (PHI), and Federal Tax Information (FTI) data.

The Contactor shall:

- Be responsible for developing and maintaining all interfaces specific to supporting the work required under this SOW and ensure all interfaces are compatible with the CMS secure managed services environment
- Ensure services provided as part of this SOW will not degrade the existing Service Level Agreements (SLA) for the CMS secure managed services environment
- Ensure services provided as part of this SOW will not degrade the security levels of the CMS secure managed services environment
- Ensure their delivered Software-as-a Service (SaaS) products are capable of seamlessly integrating and supporting the IaaS and PaaS services
- Ensure the infrastructure is comprised of managed services, including, but not limited to, managed server services, managed network services, managed storage services, managed monitoring and reporting services, and managed security services.
- Ensure that peak volume does not overload the web and the data hub infrastructure
- Ensure the proposed infrastructure is consistent with the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture.

The Contractor's proposed IT structure shall adhere strictly to CMS standards for connectivity, interfaces, security, and data transmission.

2.1.2 Content Delivery Network

The Federal Exchange may support multiple states and have to deliver web site content to a large number of individuals across a vast geographic landscape.

The Contractor shall incorporate a robust Content Delivery Network (CDN) service as part of FEPS to maximize resources, protect the integrity and availability of the origin servers, and accelerate static content delivery.

The Contractor shall select and ensure the CDN service meets the following requirements:

- Has points of presence in the United States and have the ability to significantly accelerate both static, and possibly dynamic, data delivery to U.S. citizens worldwide; incorporates a robust and secure caching strategy to bring the right balance of acceleration verses security and privacy to dynamic elements
- Provides on-demand scalability to host multimedia files (e.g. audio mp3, mp4, videos .wmv, wmp, Flash, Quicktime, etc.)
- Obfuscate the CMS origin servers from the public Internet
- Be end-point aware and optimize content for display on mobile device platforms as well as traditional computing devices such as laptops and desktops. In addition, it must be optimized for display on a wide variety of internet browsers.
- Be resilient and ensure 99.999% of content retrieval from the origin servers, and if it is unable to it must send notification to CMS within 1 hour of the incident
- Be reliable and ensure 100% data availability when responding to requestor, and if it is unable to it must send notification to CMS within 1 hour of the incident. CMS anticipates peak loads periods associated with seasonal health care plan enrollment, as well as monthly peaks during state and plan provider reporting periods
- Provide on-going and managed Intrusion Prevention Services and appropriate Web Application Firewalls for CMS hosted content. The CDN must manage, prevent, or absorb foreseeable known malicious attacks (including, but not limited to Denial of Service (DoS/DDoS), SQL Injection, HTTP Request Smuggling/Request Splitting, Buffer Overflow, Cross Site Scripting, and Advanced Persistent Threats) and keep malicious traffic from reaching origin servers
- Provide Web Analytics and Usage Reports for the previous day, 95% of the time
- Provide access to logs daily (compiled logs for 24 hour period ending midnight eastern time) for CMS to download via SFTP.

2.1.3 Data Management Requirements

The Contractor shall work in coordination and collaboration with the CMS Data Strategy and Governance Team to support the strategic data vision for the FEPS. As of the issuance of this SOW, issues include, but are not limited to, the following:

- Data format standards for internal processing (e.g., XML, X12, or other formats)

- Data transport formats, including formats based on NIEM
- Data translation approaches for Exchange interfaces
- Data translation approaches for federal interfaces
- Data model(s) for maintaining individual data, transaction audit data, federal agency partner data, etc.
- Data retention policy
- Recommendations for Data Use agreements and Data Exchange agreements with stakeholders.

Any information exchanges developed in this task which cross organizational boundaries must be consistent with existing health information exchange standards, including, specifically the latest National Information Exchange Model (NIEM) specifications and guidelines through the harmonization process. If there are not current NIEM specifications, the task must be consistent with the NIEM guidelines. Further information and training about development of NIEM conformant schemas and the use of NIEM specifications and guidelines is available at http://www.niem.gov via online and in-class courses. Also, various information, expertise, and reviews will be accessible through the appropriate Domain governance and NIEM-PMO committees.

The objective of Master Data Management (MDM) is to provide processes for collecting, aggregating, matching, consolidating, persisting and distributing data to ensure consistency and control for the use of information. The Contractor shall provide processes to ensure all services us authoritative sources of master data. The Contractor shall utilize data management standards and procedures for the definition, collection, and exchange of data elements, as outlined by the CMS Data Strategy and Governance Program. The Contractor shall provide a data dictionary that includes each data element attribute defined by the CMS Data Strategy and Governance Program.

The Contractor shall provide data validation and verification support, to assist in ensuring the cleanliness and accuracy of the data being exchanged, and as input to sources within CMS. CMS anticipates implementing a metadata registry and repository based on the ISO/IEC 11179 standard.

To encourage seamless sharing, exchange and integration of tools and repositories, the Contractor shall support and adhere to the CMS metadata and data governance strategy and policies.

The Contractor shall ensure the data management approach is consistent with, interfaces with, and supports the CMS data analytic solution, known as Multidimensional Insurance Data Analytics System (MIDAS), which provides the following functions

- Centralizes and consolidates business logic into a metadata repository required to report and manage performance of the Affordable Care Act activities
- Integrates data from multiple operational source systems into a single, web-based information data store
- Provides access to standardized reporting, ad hoc queries, and data visualization

- Provides reporting on the data collected and maintained
- Provides robust analytic capabilities supporting trending and prediction from the data collected and maintained.

The Contractor shall present the benefit, risks, and implementation technologies recommended, and work with CMS to finalize the design. The Contractor shall develop, implement, test, and deliver the data models.

2.1.4 Data Security Requirements

As the Exchange and DSH may contain a variety of sensitive data, including PHI, PII, and IRS FTI described in Section 6103 of the Internal Revenue Code of 1986, the Contractor's solution design and implementation shall incorporate appropriate data.

Federal agencies and their contractors must adhere to the Federal Information Security Management Act (FISMA) in developing, documenting, and implementing programs to provide security for federal government information and information systems. Both federal and state agencies may be "covered entities" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), and thus, subject to these laws when handling PHI. These federal agencies and, in some instances, their contractors, are also subject to the Privacy Act of 1974, which places limitations on the collection, disclosure, and use of certain personal information, including PHI. The privacy provisions of the e-Government Act of 2002 require federal agencies to conduct privacy impact assessments (PIA) to assess risks and protections when collecting, maintaining, and disseminating PII. Finally, IRS data safeguard requirements, as outlined in IRS Publication 1075, dictate how to handle Section 6103 data.

The Contractor shall comply with any security requirements established by CMS to ensure proper and confidential handling of data and information. The Contractor shall refer to the HHS-OCIO Policy for Information Systems Security and Privacy, dated September 22, 2010. The contractor shall become familiar with the HHS Departmental Information Security Policies, which may be found at: http://www.hhs.gov/ocio/policy/2007-0002.html

The HHS Cybersecurity Program develops policies, procedures, and guidance to serve as a foundation for the HHS information security program. These documents implement relevant Federal laws, regulations, standards, and guidelines that provide a basis for the information security program at the Department.

The Contractor shall comply with any security and privacy requirements established by the IRS (e.g., Publication 1075 Tax Information Security Guidelines for Federal, State, and Local Agencies) to ensure proper and confidential handling and storage of Section 6103 FTI data. In addition, any system handling tax information shall have audit trails that meet IRS standards.

The Contractor shall architect, design, implement, and test each component of the FX to assure sufficient data security for all categories of sensitive data. The Contractor shall support CMS in conducting PIAs to assess risks and PII data protection.

2.1.5 Security Requirements and Authority to Operate

The Contractor shall provide security services in support of CMS, which shall include coordination among the CMS Chief Information Security Officer (CISO), business owners, and other stakeholders. The collection of CMS policies, procedures, standards, and guidelines are located on the CMS Information Security "Virtual Handbook" Web site at: http://www.cms.gov/InformationSecurity.

The Contractor shall

- Provide certification documentation required by the CISO for compliance with CMS systems security requirements for the FX infrastructure and delivered application system(s).

  The Contractor shall build and deliver system(s) that are compliant with the CMS Acceptable Risk Safeguards and creating all artifacts necessary to receive an ATO in CFACTS; and the Contractor shall comply with the guidance in the Business Partner System Security Manual (BPSSM).

  The Contractor shall provide the CMS ISSO all required documentation in the security certification of existing controls and compliance with CMS systems security requirements as described in the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 (Public Law 107-347, 44 U.S.C. Ch 36).

- Administer a security program

  The Contractor shall comply with all CMS security program requirements as specified within the CMS Information Security (IS) "Virtual Handbook" (a collection of CMS policies, procedures, standards and guidelines that implements the CMS Information Security Program). The Virtual Handbook can be found at www.cms.hhs.gov/informationsecurity.

  The Contractor shall comply with all security controls outlined in the CMS Information Security (IS) Acceptable Risks and Safeguards (ARS) for "Moderate" systems. Appropriate references are the CMS IS ARS, Appendix B and the CMS System Security Levels by Information Type (located at www.cms.hhs.gov/informationSecurity in the Info Security Library).

  The Contractor shall provide CMS with a security plan of action within thirty (30) days of request and implement the plan within thirty (30) days of approval by CMS. The Contractor shall maintain any Corrective Action Plan (CAP) associated with deficiencies in the IS Program (e.g., those items identified during a FISMA audit). Moreover, the Contractor shall comply with the guidance and requirements of the CMS Information Security Plan of Action & Milestones (POA&M) Procedure, which is located at www.cms.hhs.gov/InformationSecurity in the Info Security Library.

  The Contractor shall comply with the CMS Policy for the Information Security Program (PISP) and all CMS methodologies, policies, standards, and procedures contained within the CMS PISP unless otherwise directed by CMS in writing.

The Contractor shall document its compliance with CMS security requirements and maintain such documentation in the System Security Plan as directed by CMS.

- Correct deficiencies in a timely manner
- The Contractor shall perform work to correct any security deficiencies, conditions, weaknesses, findings, or gaps identified by all audits, reviews, evaluations, tests, and assessments, including but not limited to, Office of the Inspector General (OIG) audits, self-assessments, Contractor management review, security audits, and vulnerability assessments in a timely manner. Deviations or waivers regarding the inability to correct security deficiencies shall be coordinated and approved by CMS.

  The Contractor shall develop, in conjunction with CMS, Corrective Action Plans (CAP) for all identified weaknesses, findings, gaps, or other deficiencies in accordance with IOM Pub. 100-17 Business Partner System Security Manual (BPSSM) or as otherwise directed by CMS.

  The Contractor shall validate through post-hoc analysis and document that corrective actions have been implemented and demonstrated to be effective.

  The Contractor shall provide CAPs and quarterly progress reports to CMS as directed by CMS.

- Attest to corrective actions

  The Contractor shall provide, from all involved parties, attestation of initiated and completed corrective actions to CMS upon request.

- Support security review and verification

  The Contractor shall comply with the CMS Security Assessment methodology, policies, standards, procedures, and guidelines for contractor facilities and systems (http://www.cms.hhs.gov/InformationSecurity/14_standards.asp#TopOfPage).

  The Contractor shall conduct or undergo, as specifically selected and directed by CMS, an independent evaluation and test of its systems security program in accordance with CMS Reporting Standard for Information Security (IS) testing and adhere to the prescribed template, see (http://www.cms.hhs.gov/InformationSecurity/14_Standards.asp#TopOfPage). The Contractor shall support CMS validation and accreditation of contractor systems and facilities in accordance with CMS' Security Assessment methodology.

  The Contractor shall provide annual certification in accordance with Security Assessment methodology that certifies it has examined the management, operational, and technical controls for the Contractor's systems supporting the CMS and that it considers these controls adequate to meet CMS security standards and requirements.

2.1.6 Authentication and Authorization Requirements

All trading partners and stakeholders who interact with the FX will authenticate themselves and be able to exercise certain actions based on their assigned authority. In addition, the individuals of the supported states must have the ability to create and maintain individual accounts.

The Contractor shall architect security models that meet the requirements for authenticating users and authorizing access for FX services. The Contractor shall identify the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the design(s). The Contractor shall develop, implement, test, and deliver the security model(s) for the FX. The anticipated connections for the FX are: up to 5,000 system administrators or other authorized stakeholders, and up to 1,000,000 individuals for each state that is part of the FX. The Contractor shall ensure that the A&A solution does not impact the overall throughput or performance of the FX.

The HHS Certificate Authority will be the source of all security certificates.

2.1.7 Web Services

The Contractor shall employ Web Services as the implementation model to be used for implementing the systems in this SOW. For CMS, "Web Services" means interoperable, network-based application interactions between different systems, typically as components within a service-oriented architecture (SOA). The goal in using SOA-based Web services is to maximize interoperability, through open standards, and reusability of service components. The components necessary to support a Web Services implementation include, but are not limited to, service visibility (often through a UDDI registry), an enterprise service bus (ESB), a rules engine, and a metadata catalog.

The Contractor shall architect a Web Services model that meets the requirements for use of services, routing of service requests and other messages, aggregating responses, tracking messages, and management of business rules.

The Contractor shall describe services using Web Services Description Language (WSDL). WSDL is a machine readable description of a Web services interface. The Contractor and other service providers shall describe services using WSDL. The Contractor shall publish the WSDL to a UDDI directory of services to facilitate a consumer's ability to locate and determine how to communicate with that service. WSDL is used by the service consumer in identifying the requests and responses available from that service provider. Service consumers use the WSDL to identify the requests and responses available from that service provider. WSDL is often used in combination with SOAP and an XML Schema to provide Web services over the Internet. A client program connecting to a Web service can read the WSDL file to determine what operations are available on the server. Any special datatypes used are embedded in the WSDL file in the form of XML Schema. The client can then use SOAP to actually call one of the operations listed in the WSDL file. It is envisioned that a UDDI will be the central service directory for federal exchange operations. The UDDI will register state level services and federal agency services to allow coordinated use of these services between stakeholders in the FEPS environment.

ESB is an architectural concept that unifies, mediates, orchestrates, and connects shared services across systems. ESB is the platform by which the exposed services of business systems are made available for reuse by other business systems. An application will communicate via the bus, which acts as a message broker between applications. Such an approach has the primary advantage of reducing the number of point-to-point connections required to allow applications to communicate. This, in turn, makes impact analysis for major software changes simpler and more straightforward. By reducing the number of points-of-contact to a particular application, the process of adapting a system to changes in one of its components becomes easier.

For CMS, an ESB is an integration infrastructure component used to implement independent sharing of data and business processes. The collection of Business Service Pattern documents describe the use cases for the supporting services to be implemented in the FX; additional service pattern documentation will be provided for the Exchange as it is developed.

Business rules can describe both the logic governing CMS front office mission and system execution-related automation processes and the logic governing back office support systems, applications, and other information technology. Business rules are also the most frequently changed SOA components, because of new legislation, regulation, or changed front office processes. For ease of maintenance, it is thus necessary to separate these rules from technical services. For CMS, a business rules engine is an infrastructure component used to capture, define, maintain, and expose business rules for use by the systems under this requirement.

A Metadata Catalog (MC) provides the interface to a central site for publication and distributed management of metadata. The MC is a virtual "place" where participants at large can access and understand collections of metadata components, in which internal and external organizations and other stakeholders have invested. CMS expects the MC to evolve transparently and collaboratively as the interface to the service registry, since it is “managed” by representatives of a large, diverse, geographically distributed group of people and organizations. XML is the primary type of metadata for building the CMS MC. Any system that makes use of any XML should be visible, accessible, and understandable via the MC. The MC should facilitate the way communities of interest collaborate on, evolve, and transparently manage information-sharing "vocabularies" encoded in XML-based forms for both machine (WSDLs, schema, etc.) and human interfaces (e.g. web pages).

The Contractor shall present the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the design of the Web Services infrastructure.

If the Contractor believes another approach will perform equally or better than a Web Services software suite or the components defined above, the Contractor may recommend such a solution. The Contractor shall then demonstrate that from performance, support, response, ease of development, connectivity, and cost considerations the alternative solution meets or exceeds all requirements in this SOW.

The Contractor shall develop, implement, test, and deliver the Web Services implementation for the systems in this SOW.

2.1.8 System Logs

Tracking of FX transaction processing is critical to assure that CMS meets performance requirements and serves individuals in accordance with the mandates of the Affordable Care Act.. Toward this end the Contractor shall:

- Design an appropriate level of transaction logging – through all relevant components as necessary, e.g., the ESB and the FX
- Design a data model sufficient to capture and store the logged information
- Implement the logging approach, that includes security auditing, monitoring, and review – subject to CMS approval of the design(s)
- Assure a minimum impact on performance to allow efficient processing of anticipated peak loads

2.1.9 General Roles and Responsibilities

The Contractor shall:

- Comply with CMS policies and standards and regulations applicable to CMS for information, information systems, personnel, physical and technical security, and change control
- Comply with Federal policies and standards with regard to data management and security, including those related to PII, PHI, and FTI
- Work collegially and share information with CMS staff and designated contractors. The Contractor shall work closely, collaboratively, and cooperatively with CMS staff from across the organization, contractor(s) supporting Healthcare.gov and Healthcare.Gov Plan Finder, contractors and staff from other government agencies, and contractors and staff from state organizations. The Contractor shall develop Joint Operation Agreements, as needed.
- Work collegially and share information with the states. The contractor shall work closely, collaboratively, and cooperatively with all states, as directed by CMS, to document activities and artifacts, and develop capabilities in such a way that they are easily shareable with the states.
- Conform to changes in laws, regulations and policies, as appropriate
- Work within the definition of the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture.
- Provide timely creation, updates, maintenance and delivery of all appropriate project plans, project time and cost estimates, technical specifications, product documentation, and management reporting in a form/format that is acceptable to CMS for all projects and project activities

- Use existing CMS Change Management Systems and procedures. For example, requests for change (RFC) and standard requests forms (SRF) shall be used and submitted by the required deadlines to the appropriate review groups; and the Contractor shall await approval from the Government before implementation of the change requests. Examples of Government review groups and personnel include, but are not limited to: Technical Advisory Group (TAG), Change Control Boards (CCBs), CO, COTR, GTL, and the Office of Information Services (OIS).
- Recommend standards, industry best practices, and key performance indicators to the Government for configuration and operations; and implement the practices, once approved
- Acquire and manage all consumables necessary for the operations of the system, such as, but not limited to: backup media, labels, office supplies, and spare parts
- Use incident management and work ticketing/tracking systems
- Generate all documentation to ensure it is compliant with the requirements of Section 508 of the Rehabilitation Act
- Follow and implement eGov Accessibility and Usability guidelines, as appropriate
- Provide multi-lingual support for public, consumer-facing Internet portals, as appropriate
- Provide all scripts and software, including source code developed to support the task order to the Government; these artifacts become the property of the Government
- Ensure all software licenses are transferrable to the Government
- Make full use of the CMS Application Life Cycle Management (ALM) environment, including CollabNet, for storing, distributing, and communicating SOW products to the entire FEPS community

2.1.10 Hours of Operation

Primary Business hours for availability of Contractor resources to CMS and coverage during Operations and Maintenance are 9:00 AM Eastern to 6:00 PM Eastern time, Monday to Friday. On-call coverage is acceptable all other hours including weekends and holidays. When on-site services are necessary to resolve an outage or problem, arrival on-site is required within one (1) hour of the request. The Contractor shall provide CMS with a roster that includes contact information such as cell and home phone numbers.

Below represents the coverage requirements:

Coverage Type	Hours of Operation (HOO)
Onsite, at contractor location, during development	9AM-6PM EST, M-F
Onsite, at contractor location, during production, up to first 210 calendar days	8AM-8PM, EST, M-F, on call 24X7 as directed by CMS to address any outages of

following “go live” date	Exchange or Hub
Onsite, contractor location, following first 210 calendar days after “go live”	9AM-6PM EST, M-F
Onsite, CMS location(s) Bethesda or Woodlawn	As directed by CMS

2.1.11 Travel

All travel shall be as approved by the COTR prior to execution. The Contractor shall submit their request for travel at least twenty-five (25) days prior or at the direction of CMS to the onset of travel so there can be adequate time to obtain the best available airfare rates, etc. The Contractor shall make staff available to meet with CMS representatives and provide staff support for meetings and conferences, as requested. (For travel assumptions see Appendix C).

2.1.12 Connectivity

The Contractor shall be required to establish network connectivity to CMS. Contractors who have existing connectivity to CMS through circuits provided on CMSNet (formerly MDCN) may use those circuits to establish connectivity for their employees engaged in work on CMS tasks. All employee workstations communicating with the CMS network shall conform to the CMS standard desktop configuration and abide by the CMS Desktop Features and Specifications. All users shall comply with the HHS Rules of Behavior. Contractors who do not have connectivity to the CMS network or those who need to provide their employees with remote access to the CMS Baltimore Data Center (BDC) shall provide employees with CMS VPN based remote access over Internet broadband connections. The employee workstation configurations shall comply with the requirements defined in the current version of “VPN Process Instructions For CMS Contractors”. These requirements include a CMS standard desktop configuration, an RSA token supported by CMS, a currently patched operating system, current anti-virus software, and a current version of the VPN client used by CMS.

If the above connectivity solution does not meet the contractor’s requirements or needs, the contractor shall contact their assigned COTR and schedule a kick-off meeting with all parties to discuss the project and networking requirements. This kick-off meeting will also necessitate the COTR and/or GTLs to validate the contractor’s authority to gain access to the CMS Network prior to starting the process for acquiring direct circuit connectivity.

2.1.13 Earned Value

The Contractor shall have an Earned Value Management System (EVMS) that is flexible enough to support a range of EV requirements depending on the scope, budget, duration, and complexity of the project. The purpose of the EVMS is to

a. Plan and control schedule and cost and to evaluate technical performance,

b. Measure the value of completed tasks,
c. Generate timely and reliable information reports on a monthly basis.

The Contractor shall provide documentation for the proposed EVMS that complies with the EVMS guidelines in the American National Standards Institute/Electronic Industry Alliance's (ANSI/EIA) Standard-748 and ESD SOW section J.3.2: Earned Value Management System.

If the Contractor proposes to use a system that does not meet the requirements of the ANSI/EIA Standard-748, the Contractor shall submit a comprehensive plan for compliance with the EVMS guidelines.

a. The plan shall:

   (1) Describe the EVMS that the Contractor intends to use in performance of the contract,
   (2) Distinguish between the Contractor's existing management system and modifications proposed to meet the guidelines,
   (3) Describe the management system and its application in terms of the EVMS guidelines,
   (4) Describe the proposed procedure for administration of the guidelines, as applied to sub-contractors,
   (5) Provide documentation describing the process and results of any third-party or self-evaluation of the system's compliance with the EVMS guidelines.

b. The Contractor shall provide information and assistance as required by the Contracting Officer to support review of the plan.

The Contractor shall identify the major sub-contractors, or major sub-contracted effort if major sub-contractors have not been selected, planned for application of the guidelines. The Contractor and CMS shall agree to sub-contractors selected for application of the EVMS guidelines.

2.1.13.1 Integrated Baseline Review (IBR)

The Contractor shall plan and take part in an IBR. The objective of the IBR is for CMS and the Contractor to jointly assess the Contractor's Performance Measurement Baseline to ensure complete coverage of the SOW, logical scheduling of the work activities, adequacy of resources, and identification of risks. In the IBR, the Contractor shall:

a. Verify that the cost, schedule, and technical plans are integrated,
b. Demonstrate that there is a logical sequence of effort consistent with the contract schedule,
c. Demonstrate the validity of the allocated cost accounts and budgets, both in terms of total resources and scheduling,
d. Support CMS's technical assessment of the earned value methods that the Contractor is using to measure progress to assure that objective and meaningful performance shall be provided,
e. Support CMS's technical assessment of the SDMP, project standards, and procedures for software development,
f. Keep management informed about project status, directions being taken, technical agreements reached, and overall status of evolving software products,

g. Identify and resolve management-level issues and risks,
h. Obtain commitments and CMS approvals needed for timely accomplishment of the project.

2.2 Task Order Management

2.2.1 Management and Reporting

Management activities include, but are not limited to: project planning, resource management, quality assurance, risk management, status and problem reporting, project management of activities involving user impact, such as pilots and migrations, and administrative support.

The Contractor shall create, maintain and provide all appropriate project plans, project time and cost estimates, technical specifications, management documentation and management reporting in a form/format that is acceptable to CMS, and made readily available to appropriate CMS staff. The project work plan shall be revised as needed throughout the period of performance. The Contractor shall provide all architectural, design and performance documentation.

The Contractor's Project Manager, or a designated representative, shall attend (in person) regularly scheduled contract review meetings for the purpose of status updates, progress reports, and problem resolutions. Meetings shall be held at a location of the Government's choosing in the Washington DC Metropolitan area. With the Government's prior approval, attendance at these meetings can be via phone or teleconference.

The Contractor shall provide a Dashboard Status and Budget Tracking Reporting template; the Contractor shall make amendments to the template to reflect additional information regarding project status and/or budget per the request of the COTR.

The Contractor shall provide the COTR and Government Task Lead (GTL) with a written response within two (2) business days to any proposed changes initiated by CMS. Responses from the Contractor shall contain the following:

- Project Timeline Assessment
- Risk Assessment
- Cost estimate representing any additional funding required from the Project Team

The Contractor shall provide monthly status reports to ensure that the expenditure of resources is consistent with and will lead toward successful completion of all tasks within projected cost and schedule limitations. Monthly status reports shall detail progress made during the prior month, progress expected during the next month, resources expended, any significant problems or issues encountered, recommended actions to resolve identified problems, and any variances from the proposed schedule and discussed during a monthly briefing. In coordination with CMS and pending the content approval of the COTR, the monthly status reports may take the form of a "PowerPoint briefing deck" to expedite the identification and resolution of issues.

Earned Value Management (EVM), as described in the ESD Contract, is required for all design, development, implementation, testing, and delivery activities. The Contractor shall report on

EVM on a schedule to be determined by the Contractor and CMS that meets the flexibility and response of an agile development process.

The Contractor shall assist CMS in building customer relationships, identifying business needs, and controlling demand through CMS business liaison activities.

2.2.2 Exchange Life Cycle Management

The Contractor shall follow the CMS ELC, including the ordering of phases, stage gates, and other reviews. The Contractor shall supply all appropriate documentation to support the stage gate reviews shall be supplied by the Contractor at least one (1) week prior to the review.

To support an agile development process, the Contractor shall plan for multiple reviews of each type, as appropriate, to support the life-cycle activities for each agile sprint increment of work. No effort on the next increment of work will be performed until stage gate review approval is obtained.

Listed below are the requisite lifecycle reviews and products that will accompany each increment, as appropriate. CMS reserves the right to define and request additional or replacement products for each review. CMS reserves the right to hold fewer reviews for any agile sprint increment of work.

Project Startup Reviews (PSR)

Products: Concept of Operations, Risk Analysis, Project Management Plan, Alternatives Analysis, Scope Definition, Performance Measures, briefings/presentations to OIS, level of effort (LOE) estimate to achieve the Architecture Review

Architecture Reviews (AR)

Products: Business Process Models, Architectural diagrams, briefings/presentations to OIS, LOE estimate to achieve the Project Baseline Review

Project Baseline Reviews (PBR)

Products: Project Management Plan, Project Schedule, Project Process Agreement, Release Plan, Privacy Impact Assessment, briefings/presentations to OIS, LOE estimate to achieve the Preliminary Design Review

Preliminary Design Review (PDR)

Products: Requirements Document, Information Security Risk Assessment, System Security Plan, Test Plan(s) and Traceability Matrix, Logical Data Model, Technical Architecture Diagrams (software architecture, network, infrastructure, security, etc.), briefings/presentations to OIS, LOE estimate to achieve the Detailed Design Review

Detailed Design Review (DDR)

Products: System Requirements Document, System Design Document, Interface Control Document(s), Database Design Document(s), Physical Data Model, Data Management Plan, Data Conversion Plan, briefings/presentations to OIS, LOE estimate to achieve the Final Detailed Design Review

Final Detailed Design Review (FDDR)

Products: See DDR products, LOE estimate to achieve the Pre-Operational Readiness Review

Pre-Operational Readiness Review (PORR)

Products: Test Plan and Test Case Specifications, Contingency/Recovery Plan, Implementation Plan, User Manuals, Operations & Maintenance Manual, Training Plan and Materials, System Security Plan, Information Security Risk Assessment, Integration Testing results, End-to-End Testing results, Test Summary Report, Defect Reports, Security Testing results, briefings/presentations to OIS, LOE estimate to achieve the Operational Readiness Review

Operational Readiness Review (ORR)

Products: See PORR products, Project Completion Report, SLAs, Privacy Impact Assessment, Plan of Action & Milestones (POA&M), Authority to Operate, LOE estimate to support Operations and Maintenance

For an explanation of each product, see the following CMS ILC framework: https://www.cms.gov/ILCReviews/01_Overview.asp

For examples of product templates, see:

http://www3.cms.gov/SystemLifecycleFramework/Tmpl/list.asp#TopOfPage

2.2.3 Change Management

The Contractor shall be proactive in notifying CMS of any developing situation that may impact operations, system interoperability, scheduled deadlines, the states and federal agencies, or any other contractual issue. In the case of a known impending problem, the Contractor shall be forthcoming with CMS to address the risks and to identify mitigation strategies. The Contractor shall identify, document, track, and correct issues that impart risk on service delivery. In addition, the Contractor shall recognize recurring problems and inefficiencies, address procedural issues, and contain, mitigate, or reduce the impact of problems that occur. The Contractor shall provide assistance to the Government in explanation of reports on problem resolution and root causes of problems.

The Contractor shall hold regular weekly meetings to review pending and past changes, problems and actions taken within the prior week, or actions that will occur within the next four (4) weeks. One (1) day prior to the weekly meeting, the Contractor shall, unless otherwise notified by the COTR, provide the COTR and GTL with status reports.

The Contractor's Project Manager and the Contractor's appropriate technical experts shall identify and present any improvements, enhancements and/or changes being made to the appropriate change management and advisory boards, and shall receive approval from the authorized or appropriate board before implementation.

2.2.4 Quality Control

The Contractor shall provide and maintain a Quality Control Plan that defines the Contractor's approach, processes, and procedures for ensuring the quality and reliability of its products and services.

The Contractor shall develop and deliver a Quality Assurance Surveillance Plan (QASP) within 45 days of contract award. The QASP shall provide a systematic and structured process for the Government to evaluate the services the Contractor will provide, including, but not limited to, processes, methods, metrics, customer satisfaction surveys, service level agreements, and operational level agreements. The results of the applying the QASP will document the Contractor's performance on this effort.

The Contractor shall present interim in-process reviews and shall support technical quality audits by CMS.

The Contractor shall provide all testing and quality control processes necessary to ensure its products and services meet the requirements of the Enterprise System Development (ESD) Indefinite Delivery Indefinite Quantity (IDIQ) and this task order.

2.2.5 Risk Management

The Contractor shall develop and maintain a Risk Management Plan (RMP). The plan should, at a minimum, identify all risks, categories, impact, priority, mitigation response/strategy, and status and include a risk assessment matrix. The Contractor shall provide the draft Risk Management Plan to the COTR thirty (30) days after award for the Government to review. The Contractor shall incorporate any Government comments and provide the final Risk Management Plan to the COTR within five (5) working days. The document is a living document, and therefore, the Contractor shall update the plan, as necessary.

2.2.6 License Management

In conjunction with acquiring the required infrastructure services from the CMS Cloud Service provider, Terremark, the Contractor shall develop, document, and maintain software license management procedures that meet CMS requirements and adhere to CMS-defined policies.

The Contractor shall leverage existing CMS resources and assets where possible, utilizing a previous software agreements, licenses, or enterprise services/tools.

The Contractor shall develop and maintain inventory of all software licenses. The Contractor shall manage and maintain (e.g., monitor, track status, verify, audit, perform contract compliance, renew, reassign) all software licenses and media through the software license life cycle.

The Contractor shall coordinate software license and maintenance agreement reviews and warranties, allowing at least 180 days for renewal activities before expiration.

The Contractor shall provide CMS with reports and recommendations to use in making software acquisition and discontinuance decisions.

The Contractor shall provide recommendations to purchase additional license capacity, and shall recommend alternatives, or curtail usage where necessary and appropriate to restore or continue to maintain license compliance.

2.2.7 Joint Operating Agreements

The Infrastructure Services Contractor (see Section 2.1.1) is tasked with providing Infrastructure-as-a-Service that includes all components necessary to stand up, execute, and maintain development, test, and production sites.

The Contractor shall develop a Joint Operating Agreement (JOA) with the Infrastructure Contractor. The purpose of the agreement is to facilitate a close working relationship between the two contractors and establish an understanding of the responsibilities of each to the overall DSH project. Success on this project requires a much closer working relationship than is common between separate contracts. The agreement does not replace or change the requirements of the Statements of Work each contractor is operating under. CMS approval is required for the agreement. The COTR must approve budget changes that result from a transition or change in scope before any work is performed.

Additional JOAs may be necessary with additional CMS contactors in the future. The Contractor shall develop any additional JOAs to the same level of rigor.

2.3 Delivery of Federal Exchange

The Federal Exchange will provide all exchange capability in support of states that do not or will not have a state-specific exchange solution in compliance with the Exchange master schedule. Although the features and functions of the Federal Exchange are similar to those found in any state exchange application, the Federal Exchange must be sufficiently robust and flexible to support any number of states, including integration with each respective state's related programs, such as Medicaid, CHIP, and others.

The Contractor shall perform all tasks required to deliver the FX services. As the scope of the services will evolve over the life of this contract, the effort will be performed as a series of work activities starting with eligibility verification services. Six (6) functional areas have been identified as sufficient to encompass all FX requirements: Eligibility & Enrollment, Plan Management, Financial Management, Oversight, Communications, and Customer Service.

The Contractor shall build the FX to perform the following tasks in subsections 2.3.1 through 2.3.8, and as described in the nine (9) work activities described in subsection 2.4.

2.3.1 Eligibility Verification and Enrollment Services

Eligibility verification services include FX services necessary to verify a individual's eligibility for health insurance through the Exchange. These services include, but are not limited to, income verification, citizenship verification, lawful presence verification, incarceration status verification, and eligibility for other public minimum essential coverage or employee sponsored

minimum essential coverage. The eligibility verification services present individuals with an application form(s) that capture(s) the individual data necessary for:

- Verification and enrollment and maximizes the user's experience with the FX
- Interface to third party data providers or validators
- Interface to the Data Services Hub
- Adding data to the FX data model
- Performing business service processing
- Performing financial management
- Meeting federal reporting requirements.

Enrollment services include services necessary to allow an eligible individual to view, compare, select and enroll in a health plan or service delivery options available through the Exchange, Medicaid, CHIP and Basic Health Plan.

The referenced E&E Blueprint documents (including the E&E Supplement, E&E Process Models, and E&E Data Capture workbook) provide a detailed set of business requirements defining the necessary FX supporting services. The products from the CMS Requirements Contractor will provide additional business level requirements, business rules, and business process definition.

The Contractor shall use the E&E blueprinting information and the products from the Requirements Contractor to finalize the verification services technical and system requirements to develop and deliver the E&E services. The Contractor shall present the requirements, design, and implementation approach to CMS for approval. The Contractor shall develop, implement, test, and deliver the verification services using the Web Services model for the FX.

E&E Exchange Services

The following table lists the known E&E Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-EE:10 Prepare / Update Individual Eligibility Application	4	2		2	
BP-EE:11 Verify Individual Eligibility Application Information	9	2	5	2	11
BP-EE:12 Determine Individual Eligibility	8		6	2	3
BP-EE:13 Enroll Individual in Qualified Health Plan	7		6	1	7
BP-EE:14 Disenroll Individual from Qualified Health Plan	2		1	1	3
BP-EE:15 Renew Individual Eligibility and Enrollment	26	4	18	4	24

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-EE:16 Appeal Exchange Eligibility Decision	5	1	2	2	1
BP-EE:20 Prepare / Update Individual Exemption Application	4		2	2	
BP-EE:21 Verify Individual Exemption Application Information	3	1	1	1	
BP-EE:22 Determine Individual Exemption Eligibility	3		2	1	2
BP-EE:25 Renew Individual Exemption Eligibility	8	2	4	2	2
BP-EE:30 Prepare / Update Employer Eligibility Application	4	2		2	
BP-EE:31 Verify Employer Eligibility Application Information	4		3	1	2
BP-EE:32 Determine Employer Eligibility for Participation	2		1	1	1
BP-EE:33 Determine Employer Contribution	3	1	1	1	1
BP-EE:34 Terminate Employer Participation	2		1	1	1
BP-EE:35 Renew Employer Participation	11	3	6	2	5
BP-EE:36 Appeal SHOP Eligibility Decision	3	1	1	1	1
BP-EE:40 Prepare / Update Employee Eligibility Application	4	2		2	
BP-EE:41 Verify Employee Eligibility Application Information	3		2	1	2
BP-EE:42 Determine Employee Eligibility	2		1	1	
BP-EE:43 Enroll Employee in Qualified Health Plan	4		3	1	6
BP-EE:44 Disenroll Employee from Qualified Health Plan	2		1	1	3
BP-EE:45 Renew Employee Eligibility and Enrollment	11	2	7	2	11

Finding the Descriptions of Business Processes and Supporting Services

Each business process, exchange business service, and business supporting service listed above is described in the *Eligibility and Enrollment – Exchange Business Architecture Supplement* listed in the reference documents in subsection 1.4. The Business Process descriptions are found in Table 4, section 3.2 of the supplement. The Exchange Business Service descriptions are found in section 5.1.1 of the supplement. The Supporting Business Services descriptions are found in section 5.1.2 of the supplement.

For example, business process *BP-EE:11 Verify Individual Eligibility Application Information* is described in Table 4 in subsection 3.2 on page 15 as follows:

> Verifies the information provided on the application with data needed to determine eligibility. This process includes verifying the applicant's citizenship, immigration status, incarceration status, and other relevant checks.

Subsection 5.2.2 shows the list of exchange business services for BP-EE:11. Table 17 in section 5.2.2 shows the list of nine exchange business services for the BP-EE:11 business process.

The list of supporting business services for BP-EE:11 is also found in subsection 5.2.2. Table 17 in subsection 5.2.2 shows the list of eleven supporting business services for the BP-EE:11 business process.

The descriptions of all exchange business services are found in Table 14 in section 5.1.1. For example, the description for *CBS-EXCH-EE:01* is:

> Performs line-level edits to validate basic integrity of the application submission. Includes validating that required fields are completed and information provided is accurate (e.g., address validity).
>
> Envisioned as a generalized service that will apply to all application submissions and updates for Individual Eligibility & Enrollment, Individual Responsibility Exemption, and SHOP Exchange Eligibility & Enrollment (employer and employee).

The descriptions of all supporting business services are found in Table 15 in section 5.1.2. For example, the description for *SBS-CMS:08 – Verify Household Income* is:

> In response to a request from an Exchange, CMS obtains information from an individual's tax return regarding household MAGI from the IRS. This utilizes the supporting services from IRS that will calculate the individual's MAGI based on his/her tax return.

This function may be called as an individual FX service and/or may be part of a composite verification service call from the Exchange to the DSH. In addition, it is possible that some of the business logic defined in the business process flow as being Exchange-specific processing may be moved to the DSH to simplify the implementation necessary within each Exchange. These are some of the technical decisions that will be made as part of the system requirements capture during discussions between CMS, the states, and the Contractor.

2.3.2 Plan Management Services

Plan management services include the services necessary to acquire, certify and manage issuers offering Qualified Health Plans (QHPs) through an exchange. The services include, but are not limited to: certifying/recertifying/decertifying plans offered by issuers as QHPs; establishing agreements with issuers to offer QHPs; monitoring agreements with issuers to ensure compliance and take corrective action when necessary; terminating agreements with issuers, processing changes in plan enrollment availability, and maintaining the operational data associated with issuers and plans.

The Contractor shall use the PM blueprinting information and the products from the requirements contractor to finalize the services technical and system requirements to develop and deliver the PM services. The Contractor shall present the requirements, design, and implementation approach to CMS. The Contractor shall develop, implement, test, and deliver the PM services using the web services model for the DSH.

Plan Management Services

The following table lists the Plan Management Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-PM:01 Establish Issuer and Plan Initial Certification and Agreement	6		6		8
BP-PM:02 Monitor Issuer and Plan Certification Compliance	4		4		7
BP-PM:03 Establish Issuer and Plan Renewal and Recertification	5		5		7
BP-PM:04 Maintain Operational Data	2		2		3
BP-PM:05 Process Change in Plan Enrollment Availability	1		1		3
BP-PM:06 Review Rate Increase Justifications	1		1		3

The descriptions of the Plan Management business processes and supporting business services can be found in the *Plan Management – Exchange Business Architecture Supplement* listed in the reference documents in subsection 1.4.

2.3.3 Financial Management Services

Financial management services include the services necessary to spread risk among issuers and to accomplish financial interactions with issuers. The risk spreading services include, but are not limited to: payment calculation for reinsurance, risk adjustment and risk corridors, along with required data collection to support these services. The issuer financial transactions include: SHOP and Individual Premium (optional) processing, Advanced Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR), Reinsurance, Risk Adjustment and Risk Corridors payments

The Contractor shall use the FM blueprinting information and the products from the requirements contractor to finalize the services technical and system requirements to develop and deliver the FM services. The Contractor shall present the requirements, design, and implementation approach to CMS. The Contractor shall develop, implement, test, and deliver the FM services using the web services model for the DSH.

Financial Management Services

The following table lists the Financial Management Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-FM:01 Plan Assessment for State Exchanges	2		2		2
BP-FM:02 Reinsurance Contributions	2		2		8

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-FM:03 Reinsurance Contribution Verification	1			1	3
BP-FM:04 Reinsurance Payment	4		4		2
BP-FM:05 Non-Exchange Enrollee/Rate Data Collection	3			3	7
BP-FM:06 Claims/Encounter Data Collection	1			1	2
BP-FM:07 Risk Adjustment Calculation	6			6	2
BP-FM:08 Risk Adjustment Payment	3		3		3
BP-FM:09 Risk Corridors	3		3		0
BP-FM:10 Determine Issuer APTC and CSRs (No Offset)	3		3		3
BP-FM:11 CSR Reconciliation	2		2		8
BP-FM:12 SHOP Premium Aggregation	3		3		4
BP-FM:13 SHOP Reconciliation	2		2		5
BP-FM:14 State Options to Collect Premiums in the Exchange	5	0	5	0	9

2.3.4 Remaining Functional FX Services

The details of the business processes and flows for Oversight, Communication, and Customer service will be provided post award.

Exchange Functional Area - Oversight: Services for Oversight include the services necessary to define, implement, manage, and measure the performance of both Federal oversight of Exchange operations, and Exchange management and operations.

Exchange Functional Area - Communication: Services for Communication include the services necessary to define, implement, manage, and measure the effectiveness of communications, education and outreach strategies, both within an Exchange, and also when these strategies occur in concert with HHS and/or other Exchanges.

Exchange Functional Area - Customer Service: Services for Customer Service include the services necessary to manage Exchange responses to information requests and requests for service from consumers, employers, 3rd parties (navigators, agents, brokers) and issuers. Customer Service includes the creation and management of multi-channel response mechanisms (e.g., phone, web, paper, and face-to-face) and the efficient distribution/management of requests across channels. Finally, Customer Service includes the creation and management of web-based consumer tools.

2.3.5 Comprehensive Testing

The Contractor shall perform testing and validation of all major and minor releases prior to completing implementation. Testing shall include unit and integration testing of all functional deliverables – both integration testing internal to the DSH and externally with DSH stakeholders (e.g. IRS). The Contractor shall follow the CMS Testing Framework documented in

http://www.cms.gov/SystemLifecycleFramework/Downloads/CMSTestingFrameworkOverview.pdf

The Contractor shall define, create, manage, update/reload, and administer test data sufficient to ensure successful results for all test activities.

The Contractor shall conduct the following verification and tests:

- Unit tests: verification of individual hardware or software units or groups of related items prior to integration of those items; and
- Integration tests: verification that the assembled individual components functions properly as a system

The Contractor shall conduct system testing at the hosting environment. System testing includes the following activities to ensure that the application meets all requirements and expectations:

- Functional tests: verification that the system meets documented requirements
- Interface tests: verification that the system interacts with external applications according to specifications
- Regression tests: verification that changes do not adversely affect existing functionality
- Parallel tests: comparison of the results of a new application baseline against the results of a production version to ensure that the new version functions as intended
- Performance and load tests: activities to determine how the system performs under a particular workload to demonstrate that the system meets performance criteria. This includes developing load scripts for stress testing.

The Contractor shall collaborate with CMS and designated CMS contractors for functional validation. Functional validation includes the following:

- Activities to ensure that the application meets the customer needs and accomplishes the intended purpose
- User Acceptance Testing (UAT) that will allow end users to validate that the system delivers the requested functionality and will accomplish its business objectives.

The Contractor shall document test cases based on test data provided by CMS. The Contractor shall collaborate with CMS to ensure development of adequate test cases are developed. The Contractor shall establish test cases (in terms of inputs, expected results, and evaluation criteria), test procedures, and test data for testing the software. The Contractor shall deliver a draft and a final Test Case Specification.

2.3.6 Nationwide Service Integration Testing

The Contractor shall perform unit, system, and integration testing during the development and validation of each DSH service. In addition, beginning on or about January 1, 2013, nation-wide testing will begin for integration of existing state systems, Exchanges, the DSH, and federal agencies will begin. The Contractor shall be responsible for end-to-end integration testing, including issuing test reports, to validate the effectiveness of the nationwide FEPS.

2.3.7 Service Governance

The Contractor shall provide governance services throughout the period of performance of this effort. Governance services include, but are not limited to configuration management, release management, document/deliverable management, risk management, and quality control.

Transaction Capability Governance oversees the management of transaction formatting. The Contractor shall work with CMS to ensure that all transaction formats, mechanisms, and integration points are standardized to maximize data interoperability.

The Contractor shall document the change management and other governance processes and procedures used.

2.3.8 Training

As part of the FX development and implementation, the Contractor shall develop and deliver a Training Plan. The plan shall include conducting training for CMS personnel, other CMS contractors, and any other participants as identified by CMS. The plan shall include all aspects of the system to ensure collective and consistent knowledge of process execution, including access and usage of the proposed solution.

The Training Plan shall include at a minimum, the following information:

- Steps in using the proposed solution
- How training will be provided
- Maximum number of people that can be trained at one time
- Type of training environment required, including equipment required
- Skill set of trainers
- Type of training materials to be provided
- Identification of trainer(s), if available.

The Contractor shall conduct training for CMS, and any other contractor designated by CMS. Moreover, the Contractor shall create any supporting artifacts/documentation required to support the delivery of the training. At a minimum, the following information shall be provided as appropriate: handouts, slides, guides, and manuals.

The Contractor shall develop, update, and maintain the User and Operator Training Materials. The Contractor shall create and maintain User Manuals. User Manuals shall contain the information and references necessary for the user to learn, navigate, and use the solution. The User Manuals shall be updated with changes as a result of system releases that occur during the period of performance of this effort. User Manuals shall include, but are not limited to, the following:

- Table of Contents
- Step-by-step instructions and help references
- Descriptions of user roles, sample user screens and reports, a menu hierarchy, diagrams, and definitions of all fields

- All error messages and corrective action instructions
- Separately bound quick-reference guide (or page). If appropriate to the software, this guide shall provide or reference a quick-reference card or page for using the software. This quick-reference guide shall summarize, as applicable, frequently used function keys, control sequences, formats, commands, or other aspects of software use.
- Answers to Frequently Asked Questions (FAQs)
- Glossary.

The Contractor shall develop a Development Guide for the states (and other stakeholders, as necessary) that contains the technical information necessary to guide the states in their development of interfaces to DSH services. This guide will define the protocols and payloads of the designed transmission mechanism, and recommended approaches for defining, creating, and testing the DSH service interfaces to all stakeholders.

2.4 Work Activities

The work activities described below constitute the actual tasking to be completed under this Task Order to implement the requirements for the FX.

Upon award of the task order, the Contractor shall proceed with the first two work activities, the Program Startup Review and the design of the platform infrastructure. The Contractor shall obtain approval of the PSR, of the platform design and architecture, and approval of the level of effort (LOE) definitions to proceed with the next work segment.

Each subsequent work activity will follow the same approach. That is, there will be a defined activity, such as Eligibility & Enrollment service/function design, development, and implementation that follows the CMS ELC and the stage gate reviews. Continuation of contract activities requires CMS approval of the products of each work activity and the LOE plan for the next work activity at each stage gate review. No subsequent work shall begin until successful completion of each gate review.

2.4.1 Work Activity 1 – Program Startup Review

The first work activity to be performed under this Task Order is the Program Startup Review that represents the kickoff of the Task Order.

Within five (5) business days of the award of the task order, the Contractor shall conduct an orientation meeting and briefing for CMS. The completion of this briefing shall result in (but is not limited to) the following:

- Management Approach – To include project assumptions and constraints and the overall approach to project management.
- Project Work Plan – To include the comprehensive methodology for implementing the FX in a phased approach and detailed project schedule. The project plan shall include work activity descriptions, work activity dependencies, work activity durations, milestones, resources, and deliverables for each near- and long-term phase, and identification of the critical path.

- Staffing Approach – To include the roles, responsibilities, and allocations of each resource assigned to the effort; the approach to transitioning staff between each life cycle phase; and the approach to estimating levels of resources required.
- Communication Approach – To include the methodology for communicating status, issues, and risks to CMS stakeholders.
- Risk Management Approach – To include the process, methods, tools, and resources that will be applied to the project for risk management. Describe how risks will be identified and analyzed, the basis for prioritizing risks, how risk responses will be developed and implemented, and how the success of those responses will be measured.
- Configuration Management Approach – To include the responsibilities and authorities for accomplishing identified configuration management activities performed during the project's life cycle and coordination with other project activities.

This review will constitute the PSR for the Task Order. Approval of the PSR is required prior to beginning work on subsequent work activities.

2.4.2 Work Activity 2 – Platform Architecture

The second work activity to be performed under the task order is the design of the infrastructure platform and software component platform necessary to support the development and testing of the FX at Terremark.

The Contractor shall produce a hardware architecture, including but not limited to managed servers, managed storage, and managed bandwidth, and a software component architecture consisting of the recommended open source tools necessary to provide a web services platform for developing, testing, and hosting the FX.

At contract award, CMS will provide any existing hardened baseline operating system images for instantiating servers at Terremark. The Contractor shall develop and provide to CMS any operating system images, system installation scripts, and configuration guides for products recommended for the FX. The Contractor shall ensure that these images, scripts, and guides create installed components and environments that meet all CMS and IRS security controls as described in subsections 2.1.3 and 2.1.4. The Contractor shall work with Terremark, at CMS direction, to validate the recommended approach.

The Contractor shall provide diagrams, descriptions, tool product recommendations, an integration plan and schedule, the benefits and risks of the approach, and a LOE estimate of the Contractor hours by labor category for the implementation of the approach. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.3 Work Activity 3 – Plan Management Services

The third work activity to be performed under the task order is the design, development, implementation, and delivery of the Plan Management Federal Exchange Services as described in subsection 2.3.2.

The Contractor shall refine the business process models, requirements documents, and create architectural diagrams sufficient to fully describe the Plan Management business area. The Contractor shall provide diagrams, descriptions, the benefits and risks encountered, assumptions made, and an LOE estimate of the Contractor hours by labor category for the PBR for this activity. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.4 Work Activity 4 – E&E Services

The fourth work activity to be performed under the task order is the design, development, implementation, and delivery of the Eligibility and Enrollment Federal Exchange Services as described in subsection 2.3.1.

The Contractor shall refine the business process models, requirements documents, and create architectural diagrams sufficient to fully describe the E&E business area. The Contractor shall provide diagrams, descriptions, the benefits and risks encountered, assumptions made, and an LOE estimate of the Contractor hours by labor category for the Program Baseline Review for this activity. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.5 Work Activity 5 – Financial Management Services

The fifth work activity to be performed under the task order is the design, development, implementation, and delivery of the Financial Management Federal Exchange Services as described in subsection 2.3.3.

2.4.6 Work Activity 6 – Oversight Services

The sixth work activity to be performed under the task order is the design, development, implementation, and delivery of the Oversight Federal Exchange Services. Details on these services will be provided post award.

2.4.7 Work Activity 7 – Customer Service

The seventh work activity to be performed under the task order is the design, development, implementation, and delivery of the Customer Service Federal Exchange Services. Details on these services will be provided post award.

2.4.8 Work Activity 8 – Communications Services

The eighth work activity to be performed under the task order is the design, development, implementation, and delivery of the Communications Federal Exchange Services. Details on these services will be provided post award.

2.4.9 Work Activity 9 – PCIP and Other Remaining Services

The ninth work activity to be performed under the task order is the design, development, data migration, implementation, and delivery of the PCIP Services and other remaining services to be defined by CMS. Details on these services will be provided post award.

2.5 Regional Technical Support

As described in subsection 1.1, states will likely require some level of technical support during the course of the development of Exchanges and the interactions required with the DSH. The Contractor shall propose a plan to provide qualified, senior-level technical architects regionally throughout the United States to minimize travel expenses. These technical architects shall have experience with state Medicaid systems, commercial insurance systems, or related federal health systems. The required technical support shall include, but will not be limited to: stage gate reviews, particularly architecture reviews; design reviews; implementation and test plan reviews; and other related application life-cycle activities.

2.6 Operations and Maintenance

Once CMS has accepted and deemed FX to be fully operational, the Contractor shall provide operations and maintenance (O&M) support of the FX systems for the period of performance of this effort. O&M includes, but is not limited to, daily operations, systems change management, systems maintenance, second and third-level help desk support, and monitoring and oversight support of the FX systems. During key operational phases that occur during the performance of this effort, such as open enrollment, the Contractor shall provide 24x7 support for each of these services.

3. General Requirements

3.1 Section 508 – Accessibility of Electronic and Information Technology

(a) This task order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C.

794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or

2. In the case of custom EIT being developed by a contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

Section 508 Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this **SOW, PWS, or TO**, the **SOW, PWS, or TO** shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. www.access-board.gov/sec508/508standards.htm (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the **SOW, PWS, or TO**, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this **SOW, PWS, or TO**:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

The following Section 508 provisions apply for software development material identified in this **SOW, PWS, or TO**:

For software development, the Contractor/Developer/Vendor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)
(2) 36 CFR 1194 (508 Standards)

36 CFR Part 1194.21 (a – l)

36 CFR Part 1194.31 (a – f)

36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)
(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)

a. Information Technology – General Information

(http://www.cms.hhs.gov/InfoTechGenInfo/)

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)
(2) 36 CFR 1194 (508 Standards)

36 CFR Part 1194.22 (a – p)

36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)
(4) FAR 39.2 (Section 508)
(5) CMS/HHS Standards, policies and procedures (Section 508)

a. Information Technology – General Information

(http://www.cms.hhs.gov/InfoTechGenInfo/)

3.2 CMS Information Security

This requirement applies to all organizations which possess or use Federal information, or which operate, use or have access to Federal information systems (whether automated or manual), on behalf of CMS.

The central tenet of the CMS Information Security (IS) Program is that all CMS information and information systems shall be protected from unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft—whether accidental or intentional. The security safeguards to provide this protection shall be risk-based and business-driven with implementation achieved through a multi-layered security structure. All information access shall be limited based on a least-privilege approach and a need-to-know basis, i.e., authorized user access is only to information necessary in the performance of required tasks. Most of CMS' information relates to the health care provided to the nation’s Medicare and Medicaid beneficiaries, and as such, has access restrictions as required under legislative and regulatory mandates.

The CMS IS Program has a two-fold purpose:

(1) To enable CMS’ business processes to function in an environment with commensurate security protections, and
(2) To meet the security requirements of federal laws, regulations, and directives.

The principal legislation for the CMS IS Program is Public Law (P.L.) 107-347, Title III, Federal Information Security Management Act of 2002 (FISMA), http://csrc.nist.gov/drivers/documents/FISMA-final.pdf. FISMA places responsibility and accountability for IS at all levels within federal agencies as well as those entities acting on their behalf. FISMA directs Office of Management and Budget (OMB) through the Department of Commerce, National Institute of Standards and Technology (NIST), to establish the standards and guidelines for federal agencies in implementing FISMA and managing cost-effective programs to protect their information and information systems. As a contractor acting on behalf of CMS, this legislation requires that **the Contractor shall**:

- Establish senior management level responsibility for IS,
- Define key IS roles and responsibilities within their organization,
- Comply with a minimum set of controls established for protecting all Federal information, and
- Act in accordance with CMS reporting rules and procedures for IS.

Additionally, the following laws, regulations and directives and any revisions or replacements of same have IS implications and are applicable to all CMS contractors.

- P.L. 93-579, The Privacy Act of 1974, http://www.usdoj.gov/oip/privstat.htm , (as amended);
- P.L. 99-474, Computer Fraud & Abuse Act of 1986, www.usdoj.gov/criminal/cybercrime/ccmanual/01ccma.pdf P.L. 104-13, Paperwork Reduction Act of 1978, as amended in 1995, U.S. Code 44 Chapter 35, www.archives.gov/federal-register/laws/paperwork-reduction;
- P.L. 104-208, Clinger-Cohen Act of 1996 (formerly known as the Information Technology Management Reform Act), http://www.cio.gov/Documents/it_management_reform_act_Feb_1996.html;
- P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (formerly known as the Kennedy-Kassenbaum Act) http://aspe.hhs.gov/admnsimp/pl104191.htm;
- OMB Circular No. A-123, Management's Responsibility for Internal Control, December 21, 2004, http://www.whitehouse.gov/omb/circulars/a123/a123_rev.html;
- OMB Circular A-130, Management of Federal Information Resources, Transmittal 4, November 30, 2000, http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html;
- NIST standards and guidance, http://csrc.nist.gov/; and,
- Department of Health and Human Services (DHHS) regulations, policies, standards and guidance http://www.hhs.gov/policies/index.html

These laws and regulations provide the structure for CMS to implement and manage a cost-effective IS program to protect its information and information systems. Therefore, the Contractor shall monitor and adhere to all IT policies, standards, procedures, directives, templates, and guidelines that govern the CMS IS Program,

http://www.cms.hhs.gov/informationsecurity and the CMS System Lifecycle Framework, http://www.cms.hhs.gov/SystemLifecycleFramework.

The Contractor shall comply with the CMS IS Program requirements by performing, but not limited to, the following:

- Implement their own IS program that adheres to CMS IS policies, standards, procedures, and guidelines, as well as industry best practices;
- Participate and fully cooperate with CMS IS audits, reviews, evaluations, tests, and assessments of contractor systems, processes, and facilities;
- Provide upon request results from any other audits, reviews, evaluations, tests and/or assessments that involve CMS information or information systems;
- Report and process corrective actions for all findings, regardless of the source, in accordance with CMS procedures;
- Document its compliance with CMS security requirements and maintain such documentation in the systems security profile;
- Prepare and submit in accordance with CMS procedures, an incident report to CMS of any suspected or confirmed incidents that may impact CMS information or information systems; and
- Participate in CMS IT information conferences as directed by CMS.

If the contractor believes that an updated IS-related requirement posted to the CMS website may result in a significant cost impact, the contractor may submit a request for equitable cost adjustment before implementing change.

3.3 Financial Report

The Contractor shall provide financial reports to reflect the work performed by both the prime Contractor and Subcontractors. The Contractor shall provide financial reports to reflect the cost in both hours and dollars of work performed by both the prime Contractor and Subcontractors. Included with the financial reports shall be CMS' Financial Status Report spread sheet (See Appendix D).

The Financial Report shall contain the following sections for both the Contractor and each Subcontractor:

a. Contract Name
b. Contract Number
c. Authorized Contractor Representative
d. Period of Performance
e. Contract or Task Order Value
f. Total Amount Billed
g. Total Payment Received
h. Current Month Hours Expended by Labor Category
i. Cumulative Month Hours Expended by Labor Category

j. Estimated Hours To Completion by Labor Category
k. Current Month Cost Expended by Labor Category
l. Cumulative Cost Expended by Labor Category
m. Balance of Remaining Funds
n. Estimated Cost To Completion by Labor Category
o. Burn rate

3.4 Transition Out to a New Contractor

Transition to a new contractor is subsequent to the award of contract, should a follow-on contractor be awarded the HIX contract. (The transition to a new contractor may be required as a result of a future competitive RFP for this effort.)

The Contractor shall work proactively with CMS and any other organization, as designated by CMS, to ensure a smooth, orderly, cooperative transition of services to a new contractor, if necessary. The Contractor shall submit a phase-in plan that describes the Contractor's methodology, processes, and phase-in transition activities. Work phase-in plans and delivery dates shall be negotiated as soon as possible after notification of the new contractor's transition completion date.

Activities related to transition (should the transition be required) shall be conducted over a period not expected to exceed 180 calendar days (6 months). During this transition period, the incumbent contractor shall work with CMS and the new contractor to set up a training schedule and a schedule of events to smoothly changeover to the new contractor.

Not more than two weeks after notification by CMS that the transition to a new contractor will take place, the incumbent contractor shall submit to the Project Officer a draft written Joint Operating Agreement (JOA). Both the incumbent contractor and the new contractor shall sign the JOA.

The purpose of the JOA is to establish a process for managing the workload while both contracts are in place and to also establish a process to fully transition the workload from the incumbent contract to the new contract. The incumbent Contractor's JOA shall illustrate the manner in which the two entities will maintain support during the transition of the work from the incumbent's contract to the new contract including methods that will be used to communicate and coordinate activities among themselves and to communicate to CMS.

The JOA shall define the responsibilities for the incumbent contractor and the new contractor and shall be submitted to CMS for approval before final signatures are obtained. In addition, as part of the JOA, the incumbent contractor and the new contractor shall form a joint coordinated management team that will ensure that communication, coordination, cooperation, and consultation between the two entities is maintained in support of the transition and ongoing work. Such a team shall have regular meetings and shall monitor the work of any subgroups during transition and ongoing work, and shall submit status reports as determined by CMS.

The new contractor shall participate in the formation of a joint team with the incumbent contractor that will be managed by CMS to ensure that communication, coordination, cooperation, and consultation between all the entities is maintained in support of the transition

and ongoing work. This joint contractor team shall meet regularly (as defined by CMS) and shall monitor and manage the work of any subgroups during transition.

Incumbent Contractor Responsibilities

Not later than four weeks after notification by CMS that the transition to a new contractor will take place, the incumbent contractor shall submit to the Project Officer a Transition Plan. The Plan shall address the specific steps and dates the incumbent contractor will take to change the program to a new contractor. The Plan shall include but not be limited to the following:

- Transition plans and procedures
- Transition milestones and timeframes, including a detailed timeline for work-in-progress, test-site and production cutovers,
- A CMS approved comprehensive listing of the responsibilities of all personnel participating in the transition to include the policies, practices and procedures to be employed by the incumbent contractor to ensure there is no conflict between routine system maintenance and the activities of the transition,
- A CMS approved in-depth schedule and thorough description of the methodology to be employed by the incumbent contractor to ensure no degradation of service during the transition period,
- A CMS approved risk management plan that includes a list of the potential risks during the transition period and the plan to mitigate each, and
- A CMS approved complete and detailed resource-planning/resource-turnover analysis that includes network, Single Testing Contract (STC) and contractor infrastructure requirements.
- Any CMS approved travel necessary to support the transition (if applicable).

3.5 General Assumptions

To the extent that tasks in this scope of work pertain to the number of States that may be certified to operate an exclusively State-based Exchange, or to the operation of a State Partnership Exchange with the Federal government performing a range of business services from significantly all to a few, the Contractor shall use at least the following assumptions for pricing its proposal to assure the use of the same or similar basic assumptions. Some of the assumptions provided below pertain to tasks that may not be included in this scope of work, (e.g., onsite visits and analytic work to develop a payment notice), in which case the Contractor shall not include such tasks in the proposal or related pricing. Leading up to State certification, the Federal government will track State progress and provide technical assistance with the intention of maximizing the number of States that meet the necessary requirements for certification.

CMS will not know for certain how many States will apply for certification and be certified until January 1, 2013. Given this uncertainty, the Contractor shall assume that 50 states, the District of Columbia, and U.S. territories will participate in a three-phase review process in 2012 that will include at least:

- An early assessment and a draft certification application review;
- A final certification application review approval process; and
- Three onsite visits per State.

For the purpose of costing out a proposal, the Contractor shall also assume that all Exchanges will access a Federal data services hub that will facilitate transactions between States and federal agencies where federal information is required, for example, to support the determination and verification of consumer eligibility for tax credits. For all business functions that an exchange must provide, the Contractor shall assume that States will fall into one of three categories. i.e., States that:

- Build or use vendor or other State services under direct arrangement and will be certified to run a State-based Exchange;
- Opt for an Exchange facilitated by Federal agencies that will operate in States; and
- Operate under a State Partnership Model allowing a State's business services that are ready in time for certification to operate in combination with Federal services. For such States the Contractor shall assume, on average, two business systems or services (e.g., eligibility and enrollment, financial management, plan management) developed by the Federal government (not including access to the Federal data services hub) to be operating.

As of July 7, 2011, eleven states have Exchange laws, and one more has legislation awaiting the Governor's signature. An additional nine states have laws or executive orders to study establishment of a State-based Exchange.

For each of these three categories, the Contractor shall assume that the size of the States in each category range from high to low in terms of the number of people estimated to be eligible for enrollment in Medicaid, CHIP and an exchange. Using local and regional Part C contracts and health plans as a simple approximation of the impact of Issuer and qualified health plans on Exchange functions, the Contractor shall assume 500 Issuer contracts and 3000 qualified health plans across all exchanges.

3.5.1 Other Assumptions

The Affordable Care Act requires the Federal government to provide technical support to States with Exchange grants. To the extent that tasks included in this scope of work could support State grantees in the development of Exchanges under these grants, the Contractor shall assume that data provided by the Federal government or developed in response to this scope of work and their deliverables and other assets associated with this scope of work will be shared in the open collaborative that is under way between States, CMS and other Federal agencies. This open collaborative is described in IT guidance 1.0. See http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf.

This collaboration occurs between State agencies, CMS and other Federal agencies to ensure effective and efficient data and information sharing between state health coverage programs and sources of authoritative data for such elements as income, citizenship, and immigration status,

and to support the effective and efficient operation of Exchanges. Under this collaboration, CMS communicates and provides access to certain IT and business service capabilities or components developed and maintained at the Federal level as they become available, recognizing that they may be modified as new information and policy are developed. CMS expects that in this collaborative atmosphere, the solutions will emerge from the efforts of Contractors, business partners and government projects funded at both the State and federal levels. Because of demanding timelines for development, testing, deployment, and operation of IT systems and business services for the Exchanges and Medicaid agencies, CMS uses this collaboration to support and identify promising solutions early in their life cycle. Through this approach CMS is also trying to ensure that State development approaches are sufficiently flexible to integrate new IT and business services components as they become available.

- The Contractor's IT code, data and other information developed under this scope of work shall be open source, and made publicly available as directed and approved by the COTR.
- The development of products and the provision of services provided under this scope of work as directed by the COTR are funded by the Federal government. State Exchanges must be self-funded following 2014. Products and services provided to a State by the Contractor under contract with a State will not be funded by the Federal government.

3.5.2 Contractor Contracting with States

As approved by the COTR for products and services related to the deliverables under this scope of work, CMS Contractor(s) are encouraged by CMS to contract with States/State Exchanges as follows. A CMS Contractor that is a qualified entity within the meaning of ACA 1311(f)(3) with respect to any Exchange related IT system or business function may enter into a contract with a State/State exchange to support such system or function. A CMS Contactor may contract directly with a State/State Exchange even if the Contractor is not a qualified entity only where it does so with respect to non-discretionary functions under ACA 1311 (e.g., building and maintaining an IT system for use by the Exchange). A CMS Contractor may enter into a subcontract directly with a qualified entity that is in a contract with a State/State Exchange even if the Contractor is not a qualified entity.

4. Security

Contractor personnel visiting any Government facility in conjunction with this task order shall be subject to the Standards of Conduct applicable to Government employees. Site-specific regulations regarding access to classified or sensitive materials, computer facility/IT network access, issue of security badges, etc., shall be provided as required by the Government. All products, source code and scripts produced and their associated work papers are to be considered the property of the Government, specifically, the Department of Health and Human Services.

The provisions outlined in this section apply to the prime contractor, all subcontractors and all prime or subcontractor employee(s) that may be employed during the course of this task order.

Requirements

To perform the work specified herein, contractor personnel will require access to sensitive data, regular access to HHS-controlled facilities and/or access to HHS information systems. All Contractor personnel shall meet the minimum requirements of Homeland Security Presidential Directive 12 prior to beginning work. All contractor personnel fulfilling the requirements of this task order, are required to read and sign a Nondisclosure Statement, prior to beginning work.

HHS Information Security Program Contract Oversight Guide

The Contractor shall comply with the HHS Information Security Program Contractor Oversight Guide dated November 7, 2006. The contractor shall ensure that each contractor/subcontractor employee has completed the HHS Computer Security Awareness Training course prior to performing any contract work, and thereafter shall complete the HHS-specified fiscal year refresher course during the period of performance of the contract.

The contractor shall maintain a listing by name and title of each contractor/subcontractor employee working under this task order that has completed the HHS required training. Any additional security training completed by contractor/subcontractor staff shall be included on this listing. [The listing of completed training shall be included in the first technical progress report. Any revisions to this listing as a result of staffing changes shall be submitted with next required technical progress report.]

Physical Security

The contractor is to be responsible for safeguarding all government property provided for contractor use. At the close of each work period, government facilities, equipment, and materials are to be secured.

Federal Exchange Program System (FEPS)
Federal Exchange (FX)
PERFORMANCE EVALUATION AWARD FEE PLAN

1. Introduction

The purpose of this Performance Evaluation Award Fee Plan is to encourage and reward the contractor for safe, high quality, cost conscious performance in fulfilling the requirements set forth in this contract; to provide flexibility for changes in management, business and performance emphasis; and to promote effective communications and customer service. The use of award fee permits the government to focus on overall operational and cost performance and to emphasize those aspects of critical milestone achievements essential to reach performance objectives.

2. Determination of Award Fee Earned

The Centers for Medicare & Medicaid Services (CMS) shall, at the conclusion of each specified evaluation period, evaluate the Contractor's performance for a determination of award fee earned. The Contractor agrees that the CMS Fee Determination Official will make the determination as to the amount of the award fee earned.

CMS shall evaluate the Contractor's performance during each award fee period taking into account the factors, schedule, surveys, and scoring plan set forth in this document. The award fee amount available for each period shall be a portion of the total award fee pool available for the entire contract period. The Contractor may receive all, part, or no award in any award fee period. The Contractor shall be advised in writing of the determination, as well as the reasons for the determination.

It is further agreed that the contractor shall submit a self-evaluation of performance for each period under consideration. The basis for determination of the fee shall be the evaluation by the CMS. A self-evaluation which is received within ten (10) workdays after the end of the period may be given such consideration as the Fee Determination Official shall find appropriate.

3. Description of the Contract

The purpose of this contract is for CMS to obtain services to build the technical solution and support the operations of the Federal Exchange (FX) that serves the needs as described within the Affordable Care Act, enables consumers to obtain affordable health care coverage, and allows employers to offer healthcare coverage to their employees.

4. Definitions and Responsibilities

Fee Determination Official – The Fee Determination Official (FDO) is the Group Director of the Consumer Information and Insurance Systems Group (CIISG). The Fee Determination Official shall make the final determination of the award fee. This determination shall be made within 40 workdays after the end of the evaluation period.

Contracting Officer – The Contracting Officer has responsibility for the Business Performance Evaluation Report addressing the area of contract administration.

Contracting Officer's Technical Representative – The Contracting Officer's Technical Representative has responsibility to receive and assess the preliminary award fee recommendation and prepare any additions to the report, which includes any information, obtained from his/her position as COTR.

Health Insurance Exchanges (HIX) Government Task Lead – The Government Task Lead has responsibility to assess the preliminary award fee recommendation in conjunction with the COTR and prepare any additions to the report, which includes any information obtained from his/her position as GTL. The GTL monitors the contractor's performance and also supports the COTR.

Award Fee Cycle – Performance under this contract will be evaluated in accordance with the schedule set forth in Award Fee Periods and Award Fee Pool sections below. Each evaluation will be scheduled so that the final determination of the fee earned will be accomplished within forty (40) workdays after the end of the evaluation period.

The Contractor is advised that specific use of the terms CMS, COTR or GTL in this document could denote one or several other members of the CMS team.

5. Award Fee Cycle

A typical award fee cycle is as follows:

A performance period runs for a length of six (6) months, starting on the first day of a month and ending on the last day of the 6^{th} month, the dates being approximately coincident with the effective date of the contract. The first of the two performance periods begins at contract award.

During each performance period, the Contractor shall submit a monthly Project Status Report as stated in the contract.

By the 40^{th} workday after the end of the performance period, the Fee Determination Official has made a determination and the Contracting Officer will issue an official letter stating the award fee earned. Federal Acquisition Regulation (FAR) Subpart 16.4 prohibits "rolling over" any unearned award fee in the current or subsequent award fee periods.

6. Award Fee Process

At the end of each award fee period, the COTR and GTL teams will review the work performed during that period. The COTR and GTL teams will evaluate the Contractor's performance in accordance with the criteria in Section 8 below. The COTR and GTL teams will make a recommendation regarding the amount of fee to be awarded. This recommendation also involves the Contracting Officer's review of the Contractors' performance on the contract. This recommendation is provided to management and, finally, the Fee Determination Official. The Fee Determination Official has the prerogative to change the recommendation. By the 40th workday after the end of the performance period, the Fee Determination Official has made a determination and the Contracting Officer will issue an official letter stating the award fee earned.

7. Award Fee Calculation

The period of performance will be evaluated using the award fee performance standards for the applicable award fee period. The award fee calculation will be in accordance with the chart listed below and will be used to rate the performance for each subcategory.

The Contractor shall not be paid any award fee when the total award fee score is less than 70 points.

Points Earned	Award-Fee Adjectival Rating	Award-Fee Pool Available To Be Earned	Description
95-100	Excellent	(b)(4)	Contractor has exceeded almost all of the significant award-fee criteria and has met overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.
88-94	Very Good		Contractor has exceeded many of the significant award-fee criteria and has met overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.
76-87	Good		Contractor has exceeded some of the significant award-fee criteria and has met overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.
70-75	Satisfactory		Contractor has met overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.
0-69	Unsatisfactory		Contractor has failed to meet overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.

8. Performance Evaluation Categories, Subcategories, and Fee Allocation Weighting

The award fee is determined by the evaluation category: *Management of the Contract* and will account for **100%** of the total award fee.

A. Management of the Contract - 100 points

This category measures how well the contractor, in the aggregate, managed, monitored, administered the contract to ensure the highest quality of delivered systems integration testing products and services, resulting in the best value to the Government. The categories described below are measures that have a weighted point allocation based upon factors as listed.

Management Performance Measures	Max Points
Planning	20
Resource Management	20
Quality of Deliverables	20
Flexibility	10
Risk Management	10
Communications	10
Collaboration	10
Total Points	100

Planning – Measures how well the Contractor developed plans and approaches to projects and tasks that are creative, logical, reasonable, and able to achieve stated objectives. Such plans clearly identified tasks to be accomplished, required resources, dependencies, and durations well defined.

Resource Management – Measures how well the Contractor managed the contract to deliver products and services in a timely and cost effective manner. An appropriate level of staff was maintained with required expertise, and vacancies were filled timely with minimal loss of productivity or impact to services delivery. Tasks were controlled and monitored within contract constraints and negotiated deadlines.

Quality of Deliverables – Measures how well the contractor ensured that deliverables were clear, comprehensive, and concise with minimal errors or omissions.

Flexibility – Measures how well the Contractor adjusted to changes in requirements and negotiated contractual issues as they relate to CMS's changing environment.

Risk Management – Measures how well the Contractor anticipated and documented risks associated with cost, schedule, performance, people (government or contractor), process, and technology. Risks owned by the Contractor were appropriately assessed and mitigation plans developed and monitored.

Communications – Measures how well the Contractor's communications provided CMS and or its designated partners with clear, prompt, accurate, and reliable information with minimal errors, delays, and omissions.

Collaboration – Measures how well the Contractor worked with stakeholders throughout CMS and among its third-party partners (public and private sector) to achieve the best possible outcome in providing products or services to customers.

10. Fee Determination Official's Award Fee Determination

The Fee Determination Official shall review the recommendation received and shall make a final determination of the award fee. The Fee Determination Official may determine a different award fee than that which is recommended; however, any such change shall be documented with reasons by the Fee Determination Official. The award fee letter shall be prepared and signed by the Fee Determination Official and forwarded to the Contracting Officer for dissemination to the contractor.

11. Revisions/Changes to the Performance Evaluation Plan

Any recommended changes to the Performance Evaluation Plan shall be reviewed and approved by the Fee Determination Official and the Contracting Officer. The Contracting Officer shall provide the Contractor with a copy of any changes to the Performance Evaluation Plan. Any revisions to the Performance Evaluation Plan shall be presented to the Contractor prior to the evaluation period in which it will be used. A contract modification shall be required to effect these changes.

The Government may amend the award fee criteria, at the beginning of each new evaluation period, if required. For example, the Government may amend an award fee plan to take into consideration special events that will take place during the life of this contract. The Government may make changes to the award fee point allocation to meet unusual contract circumstances (e.g., an increased emphasis on timeliness or quality).

12. Award Fee Pool

The award fee pool is that portion of the maximum award fee available during the performance period.

13. Award Fee Periods and Award Fee Pool

Award Fee Periods	Applicable CLIN	Available Award Fee Pool
September 2, 2013 – March 1, 2014	0002	(b)(4)
March 2, 2014 – September 1, 2014	0002	
September 2, 2014 – March 1, 2015	0003	
March 2, 2015 – September 1, 2015	0003	
September 2, 2015 – March 1, 2016	0004	
March 2, 2016 – September 1, 2016	0004	

September 2, 2016 – March 1, 2017	0005	(b)(4)
TOTAL		

Section F – Deliverables – Federal Exchange

Deliverable	Task	Due Date
Staffing Plan	2.1	5 calendar days after effective date of this contract
Project Management Plan	2.1	10 calendar days after effective date of this contract
Project Work Plan with Schedule	2.1	10 days from date of award; Updates: with changes
QASP	2.1	45 calendar days after effective date of this contract
Quality Control Plan	2.1	10 calendar days after effective date of this contract
Data Management Plan	2.1	10 calendar days after effective date of this contract
Data Quality Plan	2.1	10 calendar days after effective date of this contract
Risk Management Plan	2.1	10 calendar days after effective date of this contract
Project Status Report	2.1	Monthly, 1 business day prior to Project Summary Progress Meeting
Project Summary Progress Meetings to include project plan task review, milestones, risks, issues.	2.1	Monthly
Project Status Meetings	2.1	Weekly
Change Request Responses	2.1	As Needed
Earned Value Management (EVM) Reports	3.7	1st Due: 30 days after contract award Recurring: 15th of each month
Integrated Baseline Review (IBR)	3.7.1	1st Due: 45 days after contract award
Financial Report	3.9	1st Due: 30 days after contract award Recurring: 15th of each month
Dashboard Status and Budget Tracking	2.1	Weekly
Concept of Operations	2.1	Per Work Activity, as agreed to with CMS
Alternatives Analysis	2.1	Per Work Activity, as agreed to with CMS
Scope Definition	2.1	Per Work Activity, as agreed to with CMS
Performance Measures	2.1	Per Work Activity, as agreed to with CMS
Level of Effort Estimates	2.1	Per Work Activity, as agreed to with CMS
Business Process Models	2.1	Per Work Activity, as agreed to with CMS
Architectural Diagrams	2.1	Per Work Activity, as agreed to with CMS
Project Process Agreement	2.1	Per Work Activity, as agreed to with CMS
Release Plan	2.1	Per Work Activity, as agreed to with CMS
Privacy Impact Assessment	2.1	Per Work Activity, as agreed to with CMS
System Requirements Document(s)	2.1	Per Work Activity, as agreed to with CMS
Information Security Risk Assessment	2.1	Per Work Activity, as agreed to with CMS
Test Plan and Traceability Matirx	2.1	Per Work Activity, as agreed to with CMS
Logical Data Model	2.1	Per Work Activity, as agreed to with CMS
System Design Documents	2.1	Per Work Activity, as agreed to with CMS
Interface Control Documents	2.1	Per Work Activity, as agreed to with CMS

Physical Data Model	2.1	Per Work Activity, as agreed to with CMS
Data Management Plan	2.1	Per Work Activity, as agreed to with CMS
Data Conversion Plan	2.1	Per Work Activity, as agreed to with CMS
Test Case Specifications	2.1	Per Work Activity, as agreed to with CMS
Contingency/Recovery Plan	2.1	Per Work Activity, as agreed to with CMS
Implementation Plan	2.1	Per Work Activity, as agreed to with CMS
Integration Testing results	2.1	Per Work Activity, as agreed to with CMS
End-to-End Testing results	2.1	Per Work Activity, as agreed to with CMS
Test Summary Report	2.1	Per Work Activity, as agreed to with CMS
Defect Reports	2.1	Per Work Activity, as agreed to with CMS
Security Testing results	2.1	Per Work Activity, as agreed to with CMS
Project Completion Report	2.1	Per Work Activity, as agreed to with CMS
Service Level Agreement Reports	2.1	Per Work Activity, as agreed to with CMS
POA&M	2.1	Per Work Activity, as agreed to with CMS
Database Design Document	2.1	Per Work Activity, as agreed to with CMS
Self-Assessment, required by NIST SP 800-53	2.1	After initial installation of DSH infrastructure, platform, and software, and then Annually
Section 508 compliance checklist	2.1	Upon request
Operations & Maintenance Manual	2.1	Per Work Activity, as agreed to with CMS
System Security Plan	2.1	Per Work Activity, as agreed to with CMS
Information Security Plan	2.1	Per Work Activity, as agreed to with CMS
User Manuals	2.1	Per Work Activity, as agreed to with CMS
Database Design Document	2.1	Per Work Activity, as agreed to with CMS
License Management Procedures	2.1	Prior to production migration
License Inventory	2.1	Annually
License and Maintenance Renewal Notification	2.1	Notifications (180 days before license expiration)
Infrastructure Design and Implementation	2.2.1	As agreed to with CMS
CDN service design and implementation	2.2.2	As agreed to with CMS
Web Analytics and Usage Reports	2.2.2	Daily, or as agreed to with CMS
Data Management Design and Implementation	2.2.3	As agreed to with CMS
Certification Documentation	2.2.5	As agreed to with CMS
Security Plan of Action	2.2.5	As agreed to with CMS, within thirty (30) days of request
Corrective Action Plans	2.2.5	As agreed to with CMS
Security Authentication and Authorization Design and Implementation	2.2.6	As agreed to with CMS
Web Services Model Design and Implementation	2.2.7	As agreed to with CMS
Training Plan and materials	2.3.8	Per Work Activity, as agreed to with CMS
Development Guide for the States	2.3.8	As agreed to with CMS

Regional Technical Support Plan	2.5	Within two weeks of award
Operations and Maintenance Plan	2.6	Quarterly

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 | 4

2. AMENDMENT/MODIFICATION NO.	3 EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO.	5 PROJECT NO. *(If applicable)*
000003	04/30/2013	OIS-393-2013-1022	

6 ISSUED BY	CODE	7 ADMINISTERED BY *(If other than Item 6)*	CODE
CMS, OAGM, ITG, DISSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DISSC	Allisan Hafner Contract Specialist 410-786-5147	AGG/AH

8 NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-00015I
HHSM-500-T0012

10B. DATED *(SEE ITEM 13)* 09/30/2011

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12 ACCOUNTING AND APPROPRIATION DATA *(If required)* Net Increase: $27,688,007.67
P-221-13-000763-005

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b)
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* FAR 52.243-2 Changes - Cost Reimbursement, Alternate II

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to provide additional funding to the Base Year and increase Option Years 1, 2 and 3 for additional CCIIO requirements support.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Christina Marchione, Vice President	LYANDRA EMMANUEL

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Christina Marchione *(Signature of person authorized to sign)*	4/30/13	*(Signature of Contracting Officer)*	4/30/13

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 221 Fiscal Year: 13 Project #: 000763 Sequence #: 005 Add Item 4003 as follows:				
4003	Additional FFE HIX Support				27,688,007.67

The purpose of this modification is to add additional funding for the Base Year to support CCIIO requirements.

SECTION B - SUPPLIES OR SERVICES PRICES/COSTS

3. Schedule of Service Price/Costs

CLIN 0001 09/30/11 – 09/01/13	**Design, Development and Implementation**	
0001AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0001AB	Fixed Fee	
0001AC	Travel, NTE, IAW FTR	
	Total	**$119,203,779.27**

CLIN 0002 09/02/13 – 09/01/14	**Option Year 1 – Operations and Maintenance**	
0002AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0002AB	Award Fee	
0002AC	Travel, NTE, IAW FTR	
	Total	**$41,920,910.91**

CLIN 0003 09/02/14-09/01/15	**Option Year 2 – Operations and Maintenance**	
0003AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0003AB	Award Fee	
0003AC	Travel, NTE, IAW FTR	
	Total	**$40,688,301.87**

CLIN 0004 09/02/15 – 09/01/16	**Option Year 3 – Operations and Maintenance**	
0004AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0004AB	Award Fee	
0004AC	Travel, NTE, IAW FTR	
	Total	**$39,682,552.34**

CLIN 0005 09/02/16 – 03/01/17	**Transition Out**	
0005AA	Estimated Cost	(b)(4)
0005AB	Award Fee	
0005AC	Travel, NTE, IAW FTR	
	Total	**$2,496,967.38**

TOTAL		**$243,992,511.77**

9. Accounting and Appropriation Data

CLIN Funded	Requisition	Accounting and Appropriation Data	Amount	Funding Authority
CLIN 0001	888-1-7206-05	15996086 75X0119 252Z	(b)(4)	Award
CLIN 0001	770.2-0765-02	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-03	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-09	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0749-01	5996720 7520511 252Z		Modification #1
Admin.	N/A	N/A		Modification #2
CLIN 0001	OIS-393-2013-1022	5990026 7575X0125.005 25235	$27,688,007.67	Modification #3

Attachments:
Statement of Work dated January 31, 2013

Department of Health and Human Services

Centers for Medicare & Medicaid Services

Federal Exchange Program System
Federal Exchange Statement of Work

Version 1.1

January 31, 2013

Modification #3

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Section C – Statement of Work

The Contractor shall furnish all of the necessary personnel, materials, services, facilities, (except as otherwise specified herein), and otherwise do all the things necessary for or incident to the performance of the work as set forth below.

The Contractor, acting independently and not as an agent of the Government, shall furnish all the necessary services, qualified personnel, material, equipment/supplies (except as otherwise specified in the task order), and facilities, not otherwise provided by the Government, as needed to perform the Statement of Work (SOW) below.

Throughout this document, reference is made to notification, delivery, liaison and interaction between the Centers for Medicare and Medicaid Services (CMS) and the Contractor. This task order requires the Contractor to interact with CMS personnel of multiple disciplines (contracting personnel, contract management personnel, technical personnel, etc.) who form a CMS team. Identification of the specific point-of-contact on the CMS team for specific situations has not been addressed in this document; this lack of specificity in no way affects any of the requirements the contractor is required to perform. The Contractor is advised that specific use of the terms “CMS”, “Contracting Officers Technical Representative” (COTR) or “Contracting Officer” (CO) in this document could denote one or several other members of the CMS team (see Appendix A, ACRONYMS).

1. Introduction

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L. 111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act. The Affordable Care Act creates new competitive private health insurance markets – called Exchanges – that will give millions of Americans and small businesses access to affordable coverage and the same insurance choices members of Congress will have. Exchanges will help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices. The IT systems will support a simple and seamless identification of people who qualify for coverage through the Exchange, tax credits, cost-sharing reductions, Medicaid, and CHIP programs. By providing a place for one-stop shopping, Exchanges will make purchasing health insurance easier and more understandable and will put greater control and more choice in the hands of individuals and small businesses.

The Centers for Medicare & Medicaid Services (CMS) is working with States (including the District of Columbia and the territories) to establish Exchanges in every State. The law gives States the opportunity to establish State-based Exchanges, subject to certification that the State-based Exchange meets federal standards and will be ready to offer health care coverage on January 1, 2014. The deadline for certification is January 1, 2013. In a State that does not achieve certification by the deadline, the law directs the Secretary of Health and Human Services to facilitate the establishment of an Exchange in that State.

CMS has pursued various forms of collaboration with the States to facilitate, streamline and simplify the establishment of an Exchange in every State. These include an early innovator program, under which seven States were awarded grants to develop IT systems that could serve

as models for other States, as well as a federal data services hub, through which HHS will provide certain data verification services to all Exchanges. These two efforts have made it clear that for a variety of reasons including reducing redundancy, promoting efficiency, and addressing the tight implementation timelines authorized under the Affordable Care Act, many, if not most States, may find it advantageous to draw on a combination of their own work plus business services developed by other States and the Federal government as they move toward certification.

"State Partnership Model"

Some States have expressed a preference for a flexible State Partnership Model combining State designed and operated business functions with Federally designed and operated business functions. Examples of such shared business functions could include financial management and health plan management systems and services. State partnerships would not preclude States from meeting all certification requirements and choosing to operate an exclusively State-based Exchange.

Exchanges are competitive marketplaces

Section 1311 of the Affordable Care Act sets minimum standards for Exchanges covering key areas of consumer protection, including a certification process for qualified health plans (QHPs). These standards help ensure that all Exchanges will be competitive marketplaces that serve the interests of individuals and small businesses. By pooling people together, reducing transaction costs, and increasing transparency, Exchanges will create more efficient and competitive health insurance markets for individuals and small employers.

CMS has solicited public comment, published guidance, and provided technical support to States as they work to establish Exchanges. Our work to solicit input on the Exchange began with a formal Request for Comment that was published on July 27, 2010. Over 300 responses were received from a wide variety of stakeholders offering perspectives on many aspects of the implementation of Exchanges. Initial guidance was published in November 2010, and the first Notice of Proposed Rule Making, which will address the core standards for establishment and operation of Exchanges, will be published soon. See:
http://cciio.cms.gov/resources/files/guidance_to_states_on_exchanges.html

Exchange will help coordinate interaction with other State health coverage programs

Section 1311 of the Affordable Care Act requires Exchanges to coordinate eligibility determinations across State health coverage programs. On May 31, 2011, CMS issued IT guidance 2.0 to describe coordination among Exchanges, Medicaid and CHIP. See:
http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf

States have the first option to establish Exchanges

Section 1311 of the Affordable Care Act provides each State with the option to set up an exclusively State-based Exchange and authorizes grant funding to cover start up costs through

2014 for States meeting benchmarks. Since September 30, 2010, CMS has awarded planning grants to 49 States and the District of Columbia to assist with initial planning activities related to the implementation of the Exchanges ("Planning Grants"). See: http://cciio.cms.gov/resources/fundingopportunities/exchange_planning_grant_foa.pdf

In an effort to promote re-use and efficiency in the development of IT components for Exchanges, CMS provided funding for IT Innovation on February 15, 2011. These "Innovator Grants" went to seven States, totaling $241 million in funding to develop Exchange IT systems that will serve as models for other States. These grants require the awardees to make available to other States their work and the IT products and other assets developed under the grants. Importantly, these grantees participate in an "open collaborative" among States, CMS and other Federal agencies to share interim deliverables and knowledge to facilitate the efficient development and operation of Exchange IT systems. This approach aims to reduce the need for each State and the Federal government to "reinvent the wheel" and aids States in Exchange establishment by accelerating the development of Exchange IT systems. See: http://cciio.cms.gov/resources/fundingopportunities/early_innovator_grants.pdf

A third funding opportunity was announced on January 20, 2011, which provides States with financial support for activities related to the establishment of exclusively State-based Exchanges ("Establishment Grants"). This funding opportunity provides two levels of funding based on the progress made by each State in planning for and establishing an Exchange. The first level provides one year of funding and can be limited in scope. The second level requires a more advanced state of readiness and provides funding through 2014. Interim deliverables and knowledge gained under these grants will also be supported in an open collaborative among States and CMS.

States can apply for grants to carry out activities in one or more of eleven core areas of Exchange operation: Background Research, Stakeholder Consultation, Legislative and Regulatory Action, Governance, Program Integration, Exchange IT Systems, Financial Management, Oversight and Program Integrity, Health Insurance Market Reforms, Providing Assistance to Individuals and Small Businesses, and Business Operations of the Exchange. State progress will be evaluated under these eleven core areas to support the certification of Exchanges by January 1, 2013. This funding opportunity announcement provided substantial information about standards and benchmarks that Exchanges must meet to achieve certification. See: http://cciio.cms.gov/resources/fundingopportunities/foa_exchange_establishment.pdf

Certification of State Exchanges will be a flexible process

Section 1321 of the Affordable Care Act requires Exchanges be certified by no later than January 1, 2013. To meet that deadline, CMS anticipates that the certification process will begin no later than July 2012. The process is likely to include initial progress submissions, operational assessments of readiness, final applications, and a substantial amount of collaboration and discussion with CMS. Depending on the State, the process could include the State supplementing its own internally developed systems and services with work products developed by other States or the Federal government. From now through 2013, CMS will be working with States collaboratively, and will be continually evaluating how to develop federal business

systems and services, and support similar development by others, in a manner that maximizes State flexibility. The goal is to give States the full opportunity to compare the menu of options including a flexible State Partnership Model, and an exclusively a State-based Exchange.

1.1 Task Order Scope

The Federal Exchange Program System (FEPS) consists of a FX that serves the needs of individuals, families, and small business within states where those states do not have their own state-run exchange, and the Data Services Hub (DSH), which provides common services and interfaces to federal agency information. Since states may elect to establish their own state-run exchanges or portions thereof, this task order will permit future modifications to encompass state's needs that are unknown at this time. Should CMS require additional services over and above those awarded at time of award, CMS will modify this order accordingly to meet the individuals' and states' needs. CMS expects these information technology (IT) systems to support a first-class customer experience, provide seamless coordination between state-administered Medicaid and CHIP programs and the FX, and between the FX and plans, employers, agents/brokers, and navigators. These systems will also generate robust data in support of program evaluation efforts.

Through this procurement, CMS seeks qualified contractors to build the technical solution and support the operations of the FX that serves the needs as described within the Affordable Care Act, enables consumers to obtain affordable health care coverage, and allows employers to offer healthcare coverage to their employees.

The FX serves the needs of individuals – including exchange insurance support, Medicaid support, and Children's Health Insurance Program (CHIP) – within states where those states do not have their own state-run exchange. As such, the FX may perform all the core functions as any state exchange would, transfer account information to Medicaid/CHIP agencies, or provide a subset of the services to augment the capabilities built by the state. The capability must exist to activate or enable states within the FX with varying degrees of notice. The federal FX development will be aware of some states' requirements for support early in the development life cycle, but the need to support other states may not be communicated until much later. The FX must be sufficiently robust to provide support of state exchange requirements at any point in the life cycle. In addition, the FX must be capable of integration with a variety of state (and federal) boundary systems and processes.

The key Exchange IT systems modules shall include, but not be limited to:

1. Eligibility & Enrollment
2. Health plan management to support QHP certification
3. Payment management system for Free Choice Vouchers
4. Premium tax credits administration
5. Cost-sharing assistance administration

The foregoing Exchange IT modules must support the core business functions of an Exchange. As presently understood, the Exchange consists of the following business functions:

- Exchange Administration
- QHP and Quality Management
- Eligibility & Enrollment
- Verification of eligibility against authoritative data sources
- Insurance Portal for Consumers
- Account Transfer with Medicaid/CHIP agencies
- Insurance Portal for Agents, Brokers, Marketplace Assisters, and Navigators
- Premium Tax Credit Administration
- Cost Sharing Reduction Administration
- Small Employer coordination to offer coverage (and potentially integration with Premium Aggregation and Collection Services)
- Appeals & Case Management
- Payment and Financial Management
- Risk Adjustment and Reinsurance
- Program Integrity
- Measuring Quality and Consumer satisfaction
- Consumer tools and information to support calculation of out of pocket costs, available subsidies, and information to make appropriate choices of affordable coverage

In addition, the FX must be interoperable and integrated with State Medicaid/CHIP programs and capable of interfacing with Department of Health and Human Services (HHS) and other data sources in order to verify and acquire data as needed.

The Pre-existing Condition Insurance Plan (PCIP) program, an existing federal health insurance program, will migrate its data and operations to the FX by 2014, enabling consumers to receive equivalent services and support. PCIP provides health insurance available to those who have been denied coverage by private insurance companies because of a pre-existing condition. PCIP is administered either at the state or the federal government level (if a state does not have a PCIP program). PCIP provides a health coverage option for people without health coverage for at least six (6) months, people who have a pre-existing condition or have been denied health coverage because of a health condition, and who are U.S. citizens or reside here legally.

The optimal outcome of the Affordable Care Act is every state and territory operating their own exchange to serve the needs of their individuals and employers; however, CMS anticipates that a number of states will need local support. In some cases this support will be limited to oversight and minimal consulting to help facilitate or expedite work in progress. In other cases there may be more tactical support required or the need to be migrated to the FEPS. The level and amount of support provided to states in these cases will be carefully evaluated, for example, to determine if such help will bring the state back in compliance with schedule or if the work is too significant to augment, and therefore, the state must be opted-out and folded into the FX solution. This

aspect of the FEPS will involve careful analysis and evaluation prior to any assignment of resources

In order to ensure exceptional performance and accountability for these projects, CMS is following the Exchange Life Cycle (ELC), a model derived from the CMS Integrated IT Investment & System Life Cycle Framework (ILC) used for development and implementation of all CMS IT systems. The ELC was created with an Exchange-specific Project Process Agreement (PPA). All planning will comply with Office of Management and Budget (OMB) Circular A-130 and the Clinger-Cohen Act, which mandates that each federal agency develop a depiction of the functional and technical processes utilized to accomplish its mission. All work performed should be compliant with HHS Enterprise Architecture.

1.2 Contract Outcome

For this task order, CMS desires a Managed Services approach that will include the following:

1. Architecting and developing a Federal Exchange that may be used by any state that opts out of building and operating its own Exchange
2. Designing a solution that is flexible, adaptable, and modular to accommodate the implementation of additional functional requirements and services; and
3. Participating in a collaborative environment and relationship to support the coordination between CMS and the primary partners, e.g., the Internal Revenue Service (IRS)

The foregoing activities must be completed to ensure the FX will be ready. The following reviews represent the key milestones (stage gate reviews in the ELC, dates represented as calendar year) for the FX:

- Architecture Review: Q4 2011
- Project Startup Review: Q4 2011
- Project Baseline Review: Q1 2012
- Preliminary Design Review: Q2 2012
- Detailed Design Review: Q4 2012
- Final Detailed Design Review: Q1 2013
- Pre-Operational Readiness Review: Q2 2013
- Operational Readiness Review: Q3 2013

A detailed description of the foregoing activities and milestones can be found in the Collaborative Environment and Life Cycle Governance Supplement to the Exchange Reference Architecture: Foundation Guidance document and the CMS ILC site at http://www.cms.hhs.gov/SystemLifecycleFramework/

The planned artifacts and templates for the FEPS development will also be stored in the Application Life Cycle Management (ALM) environment that CMS is standing up for the use of multiple stakeholders across the Affordability Care Act projects.

1.3 Assumptions and Constraints

The Contractor's task order response should take the following assumptions and constraints into consideration:

- The Affordable Care Act requires individuals to be enrolled in appropriate health insurance programs by January 2014. CMS expects open enrollment to begin in October 2013. CMS requires that Exchange and DSH capability be ready for nationwide testing by June 2013.
- Identification of states requiring FX support. States requiring federal exchange support will be identified between 2011 through the end of 2013. The architecture and design of the FEPS must allow for capture of required state information in the FX in a modular and repeatable manner.
- Varying schedules among participants within overall Exchange Program. Other federal agency partners and the states will determine their own development and delivery schedules for their components of the program.
- Level of cooperation and support for consistent milestones. CMS will track the progress of the states and federal partners with a focus on nation-wide integration testing starting in June 2013.
- The applicability of the system models developed by Early Innovator States must be evaluated to assess the degree of leverage that can be recognized from innovation grant state deliverables in support of the remaining states, the federal exchanges, and the DSH
- The contractor shall support sharing and re-use of developed FX solutions with Early Innovator States and others. This includes deployment of tools and supporting personnel needed to support activities associated with sharing and re-using of FX services and artifacts.
- The contractor shall support CMS with operations and management of Inner Sourcing and Community Management initiatives related to sharing FX services, incorporating system models from Early Innovator States for other states to utilize, and sharing applicable FX models and services with Issuers.
- The contractor shall support integration and validation of QHP data with NAIC's Plan Management system
- The contractor shall support integration with Eligibility Support functions, Reconciliation functions, and Enrollment processing functions
- Assume that there will be 2 visits to state sites at an average cost of $2,500.00 per visit.
- The contractor shall acquire the required infrastructure services from the CMS Cloud Service provider, Terremark. CMS will provide the contractor with a FEDSTRIP authorization to permit the contractor to order the required services from the cloud service provider's GSA contract, at pricing equal or better than the negotiated pricing on the CMS Cloud Services task order with Terremark.

- The Contractor shall adhere to CMS' Cloud Computing Technical Reference Architecture, including establishment of necessary computing environments (Development, Test, Implementation, and Production) and support deployment of Continuous Integration and Continuous Development (CI/CD) process.
- The Government intends on establishing a ceiling for indirect rates of not more than +/- 5% from the proposed rates.
- CMS defines local travel as travel that is less than twelve (12) hours in duration within the Washington Metropolitan Area, including Baltimore, MD, and Virginia, and does not require overnight lodging.
- Travel performed for personal convenience or daily travel to and from work at the contractor's facility or local Government facility (i.e.: designated work site) shall not be reimbursed under this contract.
- If travel is proposed the Contractor's business proposal shall segregate it from other pricing/elements and the breakout shall include: Names of travelers, destinations (to and from), mode of transportation, mileage, rental cars, hotel, purpose of trip, etc.
- All travel will be performed on an as needed basis and submitted to the CMS Contracting Officer Technical Representative (COTR) for approval prior to execution. Per diem will be reimbursed at Government-approved rates in effect at the time of travel. All travel as well as per diem (lodging, meals and incidentals) shall be reimbursed in accordance with the Federal Travel Regulation (FTR) – For reference purposes refer to the below link: http://www.gsa.gov/portal/content/104790
- Level of support development and deployment should reflect completing majority of development activities by May 2013 and entering testing and bug-fix phase for these items.

1.4 Standards and Reference Material

The following documents are provided as background material to this procurement:

- Guidance for Exchange and Medicaid IT Systems, versions 1.0 and 2.0
- Medicaid and Exchange IT Architecture Guidance: Framework for Collaboration with State Grantees. This overview document describes the relationships between the Exchange Reference Architecture documents.
- Exchange Reference Architecture Foundation Guidance
- Collaborative Environment and Life Cycle Governance – Exchange Reference Architecture Supplement
- Harmonized Security and Privacy Framework – Exchange TRA Supplement
- Eligibility and Enrollment – Exchange Business Architecture Supplement
- Plan Management – Exchange Business Architecture Supplement

- Conceptual Data Model and Data Sources – Exchange Information Architecture Supplement
- Business Blueprint Master Glossary. Glossary of key terms and concepts referenced in the Exchange Business Architecture supplements.
- Business Blueprint Services Workbook. Contains the inventory of Exchange business services and supporting business services identified from the process models and their mapping to business processes.
- Eligibility & Enrollment Blueprint Data Capture Workbook. Contains the meta-data describing the Eligibility & Enrollment process flows, and associated activities, information flows, and capabilities.
- Plan Management Blueprint Data Capture Workbook. Contains the meta-data describing the Plan Management process flows, and associated activities, information flows, and capabilities
- Financial Management Blueprint Data Capture Workbook. Contains the meta-data describing the Plan Management process flows, and associated activities, information flows, and capabilities
- CMS Technical Reference Architecture (TRA), v.2.1 and supplements. Several relevant TRA supplements are listed on the CMS web site (http://www.cms.gov/SystemLifecycleFramework/TRAS/list.asp#TopOfPage) and other supplements are under development. Supplements are available upon request.
- CMS Testing Framework document, which can be found at

http://www.cms.gov/SystemLifecycleFramework/Downloads/CMSTestingFrameworkOverview.pdf

- MITA Framework 2.0 and supporting material. MITA material is available on the CMS web site (http://www.cms.gov/MedicaidInfoTechArch/04_MITAFramework.asp#TopOfPage).
- Publication 1075: Tax Information Security Guidelines for Federal, State and Local Agencies. OMB No. 1545-0962. See www.irs.gov/pub/irs-pdf/p1075.pdf.
- Internal Revenue Manual (IRM); Part 10; Security, Privacy and Assurance. See www.irs.gov/irm/part10/

2. Requirements and Work Activities

These requirements are for systems development and delivery of a federally operated Federal Exchange (FX). The Contractor's proposed solution shall be designed and developed to interoperate with the Data Services Hub and State Exchanges. As such, the majority of the following tasks relate to life cycle activities that support delivery. The CMS ELC is the baseline system development life cycle model used to structure and track progress. Each specific development task includes full life cycle coverage from technical requirements definition to testing and Authority to Operate (ATO). CMS has tailored the ILC through a PPA to create the ELC used in this SOW. CMS believes that an iterative or agile development approach may provide the best opportunity to incrementally build and test FX functionality.

The Contractor's proposed solution shall be based on a modular, agile, flexible services based approach to systems development, including use of open interfaces, open source software, Government Off-The-Shelf (GOTS) software, and exposed application programming interfaces supported as web services; the separation of business rules from core programming; and the availability of business rules in both human and machine readable formats.

2.1 General Technical Requirements

Each of the following technical areas describes one aspect of an integrated service capability to support FX operations. Although the areas are described individually, the Contractor shall architect an integrated, flexible, and adaptable end-to-end solution.

2.1.1 Infrastructure Requirements

The key objectives of this infrastructure approach are to provide elasticity (flexibility with respect to capacity-on-demand), an operating expense model instead of a capital expense model, and usage-based pricing for processing, storage, bandwidth, and license management. To that end, the Contractor's proposed solution shall be incorporated into CMS' Terremark hosted environment and the Contractor shall work with Terremark, to ensure that these objectives are met as part of the infrastructure design and implementation, and the platform design and implementation.

The FEPS infrastructure is supported by managed services contract(s) for development, test, and production awarded to Terremark. Depending on the definition of the term "managed service," these managed services may be considered a federal cloud implementation. As such, it is imperative that the FX services are designed and implemented in a platform-independent manner, namely, the Contractor shall make no assumptions about the specifics of the managed service platform, but shall design and implement the services to take advantage of platform capabilities to allow for vendor independence, location independence, and elasticity (e.g., capacity-on-demand). This means that The Contractor shall build FX services using open standards and platform-independent application programming interface (API) products, such as those available from Dasein or Deltacloud. If the Contractor believes another approach will perform equally or better than developed products or an open source product suite, the Contractor may recommend such a solution. The Contractor shall then demonstrate that from

performance, support, response, ease of development, connectivity, and cost considerations the alternative solution meets or exceeds all requirements in this SOW.

The Contractor shall utilize the CMS secure managed services environment. The CMS secure managed services environment includes Infrastructure as a Service (IaaS) and Platform as a Service (PaaS) support. The Contractor shall provide a comprehensive listing of all system infrastructure and platform components needed to support this SOW and work with Terremark to acquire, configure, and deliver them as part of the contractor's proposed solution to CMS. . The Contractor shall present the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the approach. The Contractor shall develop, implement, integrate, test, and deliver the FX services using the approved managed services approach.

The Contractor shall define an infrastructure that is consistent with the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture, for development, test, and production. The infrastructure shall be comprised of managed services, including, but not limited to, managed server services, managed network services, managed storage services, managed monitoring and reporting services, and managed security services. The Contractor shall support and operate the FX systems running on the infrastructure, for the period of performance of this SOW. The infrastructure must be capable of scaling to meet the anticipated peak demands during open enrollment. The infrastructure must meet all data management safeguard requirements required for Personally Identifiable Information (PII), Personal Health Information (PHI), and Federal Tax Information (FTI) data.

The Contactor shall:

- Be responsible for developing and maintaining all interfaces specific to supporting the work required under this SOW and ensure all interfaces are compatible with the CMS secure managed services environment
- Ensure services provided as part of this SOW will not degrade the existing Service Level Agreements (SLA) for the CMS secure managed services environment
- Ensure services provided as part of this SOW will not degrade the security levels of the CMS secure managed services environment
- Ensure their delivered Software-as-a Service (SaaS) products are capable of seamlessly integrating and supporting the IaaS and PaaS services
- Ensure the infrastructure is comprised of managed services, including, but not limited to, managed server services, managed network services, managed storage services, managed monitoring and reporting services, and managed security services.
- Ensure IaaS, PaaS, and SaaS will be configured to support the following environments:
  - (Internal to CMS) Development, Integration, and Quality Assurance associated with concurrent Sprint and Release cycles
  - (Shared with external entities) User Acceptance Test, Pre-Production, and Production that will be used with multiple federal agencies, Issuers, and State agencies

  - (Shared with Issuers for FM purposes) Distributed data analysis computing environment including provision of licenses and computing resources needed to support development, testing, and on-going operations
  - Pre-production environment will be utilized for training, Stress testing, Nationwide-integration testing, performance testing and shall have equal capacity to Production
- Ensure PaaS and SaaS includes Workflow and Correspondence Delivery platform, Mobile content delivery platform, and Operations Monitoring and Analytics support
- Ensure IaaS and PaaS support includes operations support to properly support changes, increases, and overall management of IaaS and PaaS
- Ensure configuration support for IaaS and PaaS is accounted for as part of FX solution.
- Ensure that peak volume does not overload the web and the data hub infrastructure
- Ensure the proposed infrastructure is consistent with the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture.

The Contractor's proposed IT structure shall adhere strictly to CMS standards for connectivity, interfaces, security, and data transmission.

2.1.2 Transactional Database Server

For FEPS, CMS is utilizing the Marklogic database server as primary transactional database. From evaluation, CMS has found MarkLogic database server, compared to traditional RDBMS, offers horizontal scalability with ability to add additional database nodes on the fly. Additionally, Marklogic database server provides rich xml-based data services that eliminate need for ORM. With primarily transactional nature of FX and DSH operations, the Marklogic database server offers the best performance-to-scalability value for CMS.

The Contractor shall provide all software and infrastructure required to acquire, configure, and deploy Marklogic database servers on FX infrastructure. This shall include all infrastructure support (both IaaS and PaaS) on the CMS' Terremark environment and incorporation of the Marklogic database server as an integral part of the FX system.

The Contractor shall provide the following activities to support the CMS FX implementation goals:

- MarkLogic server Installation and Configuration
- Loading of CMS FX data sources into the MarkLogic Server.
- Application Development based on MarkLogic Server
- Integration with CMS' Data Warehousing solution
- Integration with third party applications**:** design and development of the integration approach or implementing the integration between MarkLogic Server and other third party applications.

2.1.3 Content Delivery Network

The Federal Exchange may support multiple states and have to deliver web site content to a large number of individuals across a vast geographic landscape.

The Contractor shall incorporate a robust Content Delivery Network (CDN) service as part of FEPS to maximize resources, protect the integrity and availability of the origin servers, and accelerate static content delivery.

The Contractor shall select and ensure the CDN service meets the following requirements:

- Has points of presence in the United States and have the ability to significantly accelerate both static, and possibly dynamic, data delivery to U.S. citizens worldwide; incorporates a robust and secure caching strategy to bring the right balance of acceleration verses security and privacy to dynamic elements
- Provides on-demand scalability to host multimedia files (e.g. audio mp3, mp4, videos .wmv, wmp, Flash, Quicktime, etc.)
- Obfuscate the CMS origin servers from the public Internet
- Be end-point aware and optimize content for display on mobile device platforms as well as traditional computing devices such as laptops and desktops. In addition, it must be optimized for display on a wide variety of internet browsers.
- Be resilient and ensure 99.999% of content retrieval from the origin servers, and if it is unable to it must send notification to CMS within 1 hour of the incident
- Be reliable and ensure 100% data availability when responding to requestor, and if it is unable to it must send notification to CMS within 1 hour of the incident. CMS anticipates peak loads periods associated with seasonal health care plan enrollment, as well as monthly peaks during state and plan provider reporting periods
- Provide on-going and managed Intrusion Prevention Services and appropriate Web Application Firewalls for CMS hosted content. The CDN must manage, prevent, or absorb foreseeable known malicious attacks (including, but not limited to Denial of Service (DoS/DDoS), SQL Injection, HTTP Request Smuggling/Request Splitting, Buffer Overflow, Cross Site Scripting, and Advanced Persistent Threats) and keep malicious traffic from reaching origin servers
- Provide Web Analytics and Usage Reports for the previous day, 95% of the time
- Provide access to logs daily (compiled logs for 24 hour period ending midnight eastern time) for CMS to download via SFTP.

2.1.4 Data Management Requirements

The Contractor shall work in coordination and collaboration with the CMS Data Strategy and Governance Team to support the strategic data vision for the FEPS. As of the issuance of this SOW, issues include, but are not limited to, the following:

- Data format standards for internal processing (e.g., XML, X12, or other formats)

- Data transport formats, including formats based on NIEM
- Data translation approaches for Exchange interfaces
- Data translation approaches for federal interfaces
- Data model(s) for maintaining individual data, transaction audit data, federal agency partner data, etc.
- Data retention policy
- Recommendations for Data Use agreements and Data Exchange agreements with stakeholders.
- Integrated Canonical Data Model capabilities as part of FX solution
- Integrated Master Data Management capabilities as part of FX solution
- Integration of Customer Resource Management (CRM) and case management system data as part of FX solution (i.e. data integration related to consumer Call Center operations as well as Issuer facing operations support center)
- Utilization of existing platform for workflow and integration into overall FX data management (i.e. use of Adobe LiveCycle platform for ticketing system and case management system)

Any information exchanges developed in this task which cross organizational boundaries must be consistent with existing health information exchange standards, including, specifically the latest National Information Exchange Model (NIEM) specifications and guidelines through the harmonization process. If there are not current NIEM specifications, the task must be consistent with the NIEM guidelines. Further information and training about development of NIEM conformant schemas and the use of NIEM specifications and guidelines is available at http://www.niem.gov via online and in-class courses. Also, various information, expertise, and reviews will be accessible through the appropriate Domain governance and NIEM-PMO committees.

The objective of Master Data Management (MDM) is to provide processes for collecting, aggregating, matching, consolidating, persisting and distributing data to ensure consistency and control for the use of information. The Contractor's FX MDM capabilities shall integrate with the CMS' enterprise MDM solution and support data integration with CRM solution. The Contractor shall provide processes to ensure all services us authoritative sources of master data. The Contractor shall utilize data management standards and procedures for the definition, collection, and exchange of data elements, as outlined by the CMS Data Strategy and Governance Program. The Contractor shall provide a data dictionary that includes each data element attribute defined by the CMS Data Strategy and Governance Program.

The Contractor shall provide data validation and verification support, to assist in ensuring the cleanliness and accuracy of the data being exchanged, and as input to sources within CMS. CMS anticipates implementing a metadata registry and repository based on the ISO/IEC 11179 standard.

To encourage seamless sharing, exchange and integration of tools and repositories, the Contractor shall support and adhere to the CMS metadata and data governance strategy and policies.

The Contractor shall ensure the data management approach is consistent with, interfaces with, and supports the CMS data analytic solution, known as Multidimensional Insurance Data Analytics System (MIDAS), which provides the following functions

- Centralizes and consolidates business logic into a metadata repository required to report and manage performance of the Affordable Care Act activities
- Integrates data from multiple operational source systems into a single, web-based information data store
- Provides access to standardized reporting, ad hoc queries, and data visualization
- Provides reporting on the data collected and maintained
- Provides robust analytic capabilities supporting trending and prediction from the data collected and maintained.

The Contractor shall present the benefit, risks, and implementation technologies recommended, and work with CMS to finalize the design. The Contractor shall develop, implement, test, and deliver the data models.

2.1.5 Data Security Requirements

As the Exchange and DSH may contain a variety of sensitive data, including PHI, PII, and IRS FTI described in Section 6103 of the Internal Revenue Code of 1986, the Contractor's solution design and implementation shall incorporate appropriate data.

Federal agencies and their contractors must adhere to the Federal Information Security Management Act (FISMA) in developing, documenting, and implementing programs to provide security for federal government information and information systems. Both federal and state agencies may be "covered entities" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), and thus, subject to these laws when handling PHI. These federal agencies and, in some instances, their contractors, are also subject to the Privacy Act of 1974, which places limitations on the collection, disclosure, and use of certain personal information, including PHI. The privacy provisions of the e-Government Act of 2002 require federal agencies to conduct privacy impact assessments (PIA) to assess risks and protections when collecting, maintaining, and disseminating PII. Finally, IRS data safeguard requirements, as outlined in IRS Publication 1075, dictate how to handle Section 6103 data.

The Contractor shall comply with any security requirements established by CMS to ensure proper and confidential handling of data and information. The Contractor shall refer to the HHS-OCIO Policy for Information Systems Security and Privacy, dated September 22, 2010. The contractor shall become familiar with the HHS Departmental Information Security Policies, which may be found at: http://www.hhs.gov/ocio/policy/2007-0002.html

The HHS Cybersecurity Program develops policies, procedures, and guidance to serve as a foundation for the HHS information security program. These documents implement relevant Federal laws, regulations, standards, and guidelines that provide a basis for the information security program at the Department.

The Contractor shall comply with any security and privacy requirements established by the IRS (e.g., Publication 1075 Tax Information Security Guidelines for Federal, State, and Local Agencies) to ensure proper and confidential handling and storage of Section 6103 FTI data. In addition, any system handling tax information shall have audit trails that meet IRS standards.

The Contractor shall architect, design, implement, and test each component of the FX to assure sufficient data security for all categories of sensitive data. The Contractor shall support CMS in conducting PIAs to assess risks and PII data protection.

2.1.6 Security Requirements and Authority to Operate

The Contractor shall provide security services in support of CMS, which shall include coordination among the CMS Chief Information Security Officer (CISO), business owners, and other stakeholders. The collection of CMS policies, procedures, standards, and guidelines are located on the CMS Information Security "Virtual Handbook" Web site at: http://www.cms.gov/InformationSecurity.

The Contractor shall

- Provide certification documentation required by the CISO for compliance with CMS systems security requirements for the FX infrastructure and delivered application system(s).

  The Contractor shall build and deliver system(s) that are compliant with the CMS Acceptable Risk Safeguards and creating all artifacts necessary to receive an ATO in CFACTS; and the Contractor shall comply with the guidance in the Business Partner System Security Manual (BPSSM).

  The Contractor shall provide the CMS ISSO all required documentation in the security certification of existing controls and compliance with CMS systems security requirements as described in the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 (Public Law 107-347, 44 U.S.C. Ch 36).

- Administer a security program

  The Contractor shall comply with all CMS security program requirements as specified within the CMS Information Security (IS) "Virtual Handbook" (a collection of CMS policies, procedures, standards and guidelines that implements the CMS Information Security Program). The Virtual Handbook can be found at www.cms.hhs.gov/informationsecurity.

The Contractor shall comply with all security controls outlined in the CMS Information Security (IS) Acceptable Risks and Safeguards (ARS) for "Moderate" systems. Appropriate references are the CMS IS ARS, Appendix B and the CMS System Security Levels by Information Type (located at www.cms.hhs.gov/informationSecurity in the Info Security Library).

The Contractor shall provide CMS with a security plan of action within thirty (30) days of request and implement the plan within thirty (30) days of approval by CMS. The Contractor shall maintain any Corrective Action Plan (CAP) associated with deficiencies in the IS Program (e.g., those items identified during a FISMA audit). Moreover, the Contractor shall comply with the guidance and requirements of the CMS Information Security Plan of Action & Milestones (POA&M) Procedure, which is located at www.cms.hhs.gov/InformationSecurity in the Info Security Library.

The Contractor shall comply with the CMS Policy for the Information Security Program (PISP) and all CMS methodologies, policies, standards, and procedures contained within the CMS PISP unless otherwise directed by CMS in writing.

The Contractor shall document its compliance with CMS security requirements and maintain such documentation in the System Security Plan as directed by CMS.

- Correct deficiencies in a timely manner
- The Contractor shall perform work to correct any security deficiencies, conditions, weaknesses, findings, or gaps identified by all audits, reviews, evaluations, tests, and assessments, including but not limited to, Office of the Inspector General (OIG) audits, self-assessments, Contractor management review, security audits, and vulnerability assessments in a timely manner. Deviations or waivers regarding the inability to correct security deficiencies shall be coordinated and approved by CMS.

  The Contractor shall develop, in conjunction with CMS, Corrective Action Plans (CAP) for all identified weaknesses, findings, gaps, or other deficiencies in accordance with IOM Pub. 100-17 Business Partner System Security Manual (BPSSM) or as otherwise directed by CMS.

  The Contractor shall validate through post-hoc analysis and document that corrective actions have been implemented and demonstrated to be effective.

  The Contractor shall provide CAPs and quarterly progress reports to CMS as directed by CMS.

- Attest to corrective actions

  The Contractor shall provide, from all involved parties, attestation of initiated and completed corrective actions to CMS upon request.

- Support security review and verification

The Contractor shall comply with the CMS Security Assessment methodology, policies, standards, procedures, and guidelines for contractor facilities and systems (http://www.cms.hhs.gov/InformationSecurity/14_standards.asp#TopOfPage).

The Contractor shall conduct or undergo, as specifically selected and directed by CMS, an independent evaluation and test of its systems security program in accordance with CMS Reporting Standard for Information Security (IS) testing and adhere to the prescribed template, see (http://www.cms.hhs.gov/InformationSecurity/14_Standards.asp#TopOfPage). The Contractor shall support CMS validation and accreditation of contractor systems and facilities in accordance with CMS' Security Assessment methodology.

The Contractor shall provide annual certification in accordance with Security Assessment methodology that certifies it has examined the management, operational, and technical controls for the Contractor's systems supporting the CMS and that it considers these controls adequate to meet CMS security standards and requirements.

2.1.7 Authentication and Authorization Requirements

All trading partners and stakeholders who interact with the FX will authenticate themselves and be able to exercise certain actions based on their assigned authority. In addition, the individuals, families, and small businessof the supported states must have the ability to create and maintain individual accounts.

The Contractor shall architect security models that meet the requirements for authenticating users and authorizing access for FX services that adheres to security and privacy requirements of SSA and IRS. The Contractor shall identify the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the design(s) and integrate with CMS' Enterprise Identity Management System (EIDM). The Contractor shall develop, implement, test, and deliver the security model(s) for the FX. The anticipated connections for the FX are: up to 5,000 system administrators or other authorized stakeholders, up to 1,000,000 individuals for each state that is part of the FX, and up to 1,000,000 individuals Medicaid/CHIP eligible individuals from FX states for account transfer support. The Contractor shall ensure that the A&A solution does not impact the overall throughput or performance of the FX.

The HHS Certificate Authority will be the source of all security certificates.

2.1.8 Web Services

The Contractor shall employ Web Services as the implementation model to be used for implementing the systems in this SOW. For CMS, "Web Services" means interoperable, network-based application interactions between different systems, typically as components within a service-oriented architecture (SOA). The goal in using SOA-based Web services is to maximize interoperability, through open standards, and reusability of service components. The components necessary to support a Web Services implementation include, but are not limited to, service visibility (often through a UDDI registry), an enterprise service bus (ESB), a rules engine, and a metadata catalog.

The Contractor shall architect a Web Services model that meets the requirements for use of services, routing of service requests and other messages, aggregating responses, tracking messages, and management of business rules.

The Contractor shall describe services using Web Services Description Language (WSDL). WSDL is a machine readable description of a Web services interface. The Contractor and other service providers shall describe services using WSDL. The Contractor shall publish the WSDL to a UDDI directory of services to facilitate a consumer's ability to locate and determine how to communicate with that service. WSDL is used by the service consumer in identifying the requests and responses available from that service provider. Service consumers use the WSDL to identify the requests and responses available from that service provider. WSDL is often used in combination with SOAP and an XML Schema to provide Web services over the Internet. A client program connecting to a Web service can read the WSDL file to determine what operations are available on the server. Any special datatypes used are embedded in the WSDL file in the form of XML Schema. The client can then use SOAP to actually call one of the operations listed in the WSDL file. It is envisioned that a UDDI will be the central service directory for federal exchange operations. The UDDI will register state level services and federal agency services to allow coordinated use of these services between stakeholders in the FEPS environment.

ESB is an architectural concept that unifies, mediates, orchestrates, and connects shared services across systems. ESB is the platform by which the exposed services of business systems are made available for reuse by other business systems. An application will communicate via the bus, which acts as a message broker between applications. Such an approach has the primary advantage of reducing the number of point-to-point connections required to allow applications to communicate. This, in turn, makes impact analysis for major software changes simpler and more straightforward. By reducing the number of points-of-contact to a particular application, the process of adapting a system to changes in one of its components becomes easier.

For CMS, an ESB is an integration infrastructure component used to implement independent sharing of data and business processes. The collection of Business Service Pattern documents describe the use cases for the supporting services to be implemented in the FX; additional service pattern documentation will be provided for the Exchange as it is developed.

Business rules can describe both the logic governing CMS front office mission and system execution-related automation processes and the logic governing back office support systems, applications, and other information technology. Business rules are also the most frequently changed SOA components, because of new legislation, regulation, or changed front office processes. For ease of maintenance, it is thus necessary to separate these rules from technical services. For CMS, a business rules engine is an infrastructure component used to capture, define, maintain, and expose business rules for use by the systems under this requirement.

A Metadata Catalog (MC) provides the interface to a central site for publication and distributed management of metadata. The MC is a virtual "place" where participants at large can access and understand collections of metadata components, in which internal and external organizations and other stakeholders have invested. CMS expects the MC to evolve transparently and collaboratively as the interface to the service registry, since it is "managed" by representatives of

a large, diverse, geographically distributed group of people and organizations. XML is the primary type of metadata for building the CMS MC. Any system that makes use of any XML should be visible, accessible, and understandable via the MC. The MC should facilitate the way communities of interest collaborate on, evolve, and transparently manage information-sharing "vocabularies" encoded in XML-based forms for both machine (WSDLs, schema, etc.) and human interfaces (e.g. web pages).

The Contractor shall present the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the design of the Web Services infrastructure.

If the Contractor believes another approach will perform equally or better than a Web Services software suite or the components defined above, the Contractor may recommend such a solution. The Contractor shall then demonstrate that from performance, support, response, ease of development, connectivity, and cost considerations the alternative solution meets or exceeds all requirements in this SOW.

The Contractor shall develop, implement, test, and deliver the Web Services implementation for the systems in this SOW.

2.1.9 System Logs

Tracking of FX transaction processing is critical to assure that CMS meets performance requirements and serves individuals in accordance with the mandates of the Affordable Care Act. Toward this end the Contractor shall:

- Design an appropriate level of transaction logging – through all relevant components as necessary, e.g., the ESB and the FX
- Design a data model sufficient to capture and store the logged information
- Implement the logging approach, that includes security auditing, monitoring, and review – subject to CMS approval of the design(s)
- Assure a minimum impact on performance to allow efficient processing of anticipated peak loads

2.1.10 General Roles and Responsibilities

The Contractor shall:

- Comply with CMS policies and standards and regulations applicable to CMS for information, information systems, personnel, physical and technical security, and change control
- Comply with Federal policies and standards with regard to data management and security, including those related to PII, PHI, and FTI
- Work collegially and share information with CMS staff and designated contractors. The Contractor shall work closely, collaboratively, and cooperatively with CMS staff from across the organization, contractor(s) supporting Healthcare.gov and Healthcare.Gov Plan

Finder, contractors and staff from other government agencies, and contractors and staff from state organizations. The Contractor shall develop Joint Operation Agreements, as needed.

- Work collegially and share information with the states. The contractor shall work closely, collaboratively, and cooperatively with all states, as directed by CMS, to document activities and artifacts, and develop capabilities in such a way that they are easily shareable with the states.
- Conform to changes in laws, regulations and policies, as appropriate
- Work within the definition of the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture.
- Provide timely creation, updates, maintenance and delivery of all appropriate project plans, project time and cost estimates, technical specifications, product documentation, and management reporting in a form/format that is acceptable to CMS for all projects and project activities
- Use existing CMS Change Management Systems and procedures. For example, requests for change (RFC) and standard requests forms (SRF) shall be used and submitted by the required deadlines to the appropriate review groups; and the Contractor shall await approval from the Government before implementation of the change requests. Examples of Government review groups and personnel include, but are not limited to: Technical Advisory Group (TAG), Change Control Boards (CCBs), CO, COTR, GTL, and the Office of Information Services (OIS).
- Recommend standards, industry best practices, and key performance indicators to the Government for configuration and operations; and implement the practices, once approved
- Acquire and manage all consumables necessary for the operations of the system, such as, but not limited to: backup media, labels, office supplies, and spare parts
- Use incident management and work ticketing/tracking systems
- Generate all documentation to ensure it is compliant with the requirements of Section 508 of the Rehabilitation Act
- Follow and implement eGov Accessibility and Usability guidelines, as appropriate
- Provide multi-lingual support for public, consumer-facing Internet portals, as appropriate
- Provide all scripts and software, including source code developed to support the task order to the Government; these artifacts become the property of the Government
- Ensure all software licenses are transferrable to the Government
- Make full use of the CMS Application Life Cycle Management (ALM) environment, including CollabNet, for storing, distributing, and communicating SOW products to the entire FEPS community

2.1.11 Hours of Operation

Primary Business hours for availability of Contractor resources to CMS and coverage during Operations and Maintenance are 9:00 AM Eastern to 6:00 PM Eastern time, Monday to Friday. On-call coverage is acceptable all other hours including weekends and holidays. When on-site services are necessary to resolve an outage or problem, arrival on-site is required within one (1) hour of the request. The Contractor shall provide CMS with a roster that includes contact information such as cell and home phone numbers.

Below represents the coverage requirements:

Coverage Type	Hours of Operation (HOO)
Onsite, at contractor location, during development	9AM-6PM EST, M-F
Onsite, at contractor location, during production, up to first 210 calendar days following "go live" date	8AM-8PM, EST, M-F, on call 24X7 as directed by CMS to address any outages of Exchange or Hub
Onsite, contractor location, following first 210 calendar days after "go live"	9AM-6PM EST, M-F
Onsite, CMS location(s) Bethesda or Woodlawn	As directed by CMS

2.1.12 Travel

All travel shall be as approved by the COTR prior to execution. The Contractor shall submit their request for travel at least twenty-five (25) days prior or at the direction of CMS to the onset of travel so there can be adequate time to obtain the best available airfare rates, etc. The Contractor shall make staff available to meet with CMS representatives and provide staff support for meetings and conferences, as requested. (For travel assumptions see Appendix C).

2.1.13 Connectivity

The Contractor shall be required to establish network connectivity to CMS. Contractors who have existing connectivity to CMS through circuits provided on CMSNet (formerly MDCN) may use those circuits to establish connectivity for their employees engaged in work on CMS tasks. All employee workstations communicating with the CMS network shall conform to the CMS standard desktop configuration and abide by the CMS Desktop Features and Specifications. All users shall comply with the HHS Rules of Behavior. Contractors who do not have connectivity to the CMS network or those who need to provide their employees with remote access to the CMS Baltimore Data Center (BDC) shall provide employees with CMS VPN based remote

access over Internet broadband connections. The employee workstation configurations shall comply with the requirements defined in the current version of "VPN Process Instructions For CMS Contractors". These requirements include a CMS standard desktop configuration, an RSA token supported by CMS, a currently patched operating system, current anti-virus software, and a current version of the VPN client used by CMS.

If the above connectivity solution does not meet the contractor's requirements or needs, the contractor shall contact their assigned COTR and schedule a kick-off meeting with all parties to discuss the project and networking requirements. This kick-off meeting will also necessitate the COTR and/or GTLs to validate the contractor's authority to gain access to the CMS Network prior to starting the process for acquiring direct circuit connectivity.

2.1.14 Earned Value

The Contractor shall have an Earned Value Management System (EVMS) that is flexible enough to support a range of EV requirements depending on the scope, budget, duration, and complexity of the project. The purpose of the EVMS is to

a. Plan and control schedule and cost and to evaluate technical performance,
b. Measure the value of completed tasks,
c. Generate timely and reliable information reports on a monthly basis.

The Contractor shall provide documentation for the proposed EVMS that complies with the EVMS guidelines in the American National Standards Institute/Electronic Industry Alliance's (ANSI/EIA) Standard-748 and ESD SOW section J.3.2: Earned Value Management System.

If the Contractor proposes to use a system that does not meet the requirements of the ANSI/EIA Standard-748, the Contractor shall submit a comprehensive plan for compliance with the EVMS guidelines.

a. The plan shall:

    (1) Describe the EVMS that the Contractor intends to use in performance of the contract,
    (2) Distinguish between the Contractor's existing management system and modifications proposed to meet the guidelines,
    (3) Describe the management system and its application in terms of the EVMS guidelines,
    (4) Describe the proposed procedure for administration of the guidelines, as applied to sub-contractors,
    (5) Provide documentation describing the process and results of any third-party or self-evaluation of the system's compliance with the EVMS guidelines.

b. The Contractor shall provide information and assistance as required by the Contracting Officer to support review of the plan.

The Contractor shall identify the major sub-contractors, or major sub-contracted effort if major sub-contractors have not been selected, planned for application of the guidelines. The Contractor and CMS shall agree to sub-contractors selected for application of the EVMS guidelines.

2.1.14.1 Integrated Baseline Review (IBR)

The Contractor shall plan and take part in an IBR. The objective of the IBR is for CMS and the Contractor to jointly assess the Contractor's Performance Measurement Baseline to ensure complete coverage of the SOW, logical scheduling of the work activities, adequacy of resources, and identification of risks. In the IBR, the Contractor shall:

a. Verify that the cost, schedule, and technical plans are integrated,
b. Demonstrate that there is a logical sequence of effort consistent with the contract schedule,
c. Demonstrate the validity of the allocated cost accounts and budgets, both in terms of total resources and scheduling,
d. Support CMS's technical assessment of the earned value methods that the Contractor is using to measure progress to assure that objective and meaningful performance shall be provided,
e. Support CMS's technical assessment of the SDMP, project standards, and procedures for software development,
f. Keep management informed about project status, directions being taken, technical agreements reached, and overall status of evolving software products,
g. Identify and resolve management-level issues and risks,
h. Obtain commitments and CMS approvals needed for timely accomplishment of the project.

2.2 Task Order Management

2.2.1 Management and Reporting

Management activities include, but are not limited to: project planning, resource management, quality assurance, risk management, status and problem reporting, project management of activities involving user impact, such as pilots and migrations, and administrative support.

The Contractor shall create, maintain and provide all appropriate project plans, project time and cost estimates, technical specifications, management documentation and management reporting in a form/format that is acceptable to CMS, and made readily available to appropriate CMS staff. The project work plan shall be revised as needed throughout the period of performance. The Contractor shall provide all architectural, design and performance documentation.

The Contractor's Project Manager, or a designated representative, shall attend (in person) regularly scheduled contract review meetings for the purpose of status updates, progress reports, and problem resolutions. Meetings shall be held at a location of the Government's choosing in the Washington DC Metropolitan area. With the Government's prior approval, attendance at these meetings can be via phone or teleconference.

The Contractor shall provide a Dashboard Status and Budget Tracking Reporting template; the Contractor shall make amendments to the template to reflect additional information regarding project status and/or budget per the request of the COTR.

The Contractor shall provide project management support that commensurate with the complexity of Sprint and Release deliverable, including additional activities required to support testing and deployment activities outlined by CMS.

The Contractor shall provide the COTR and Government Task Lead (GTL) with a written response within two (2) business days to any proposed changes initiated by CMS. Responses from the Contractor shall contain the following:

- Project Timeline Assessment
- Risk Assessment
- Cost estimate representing any additional funding required from the Project Team

The Contractor shall provide monthly status reports to ensure that the expenditure of resources is consistent with and will lead toward successful completion of all tasks within projected cost and schedule limitations. Monthly status reports shall detail progress made during the prior month, progress expected during the next month, resources expended, any significant problems or issues encountered, recommended actions to resolve identified problems, and any variances from the proposed schedule and discussed during a monthly briefing. In coordination with CMS and pending the content approval of the COTR, the monthly status reports may take the form of a "PowerPoint briefing deck" to expedite the identification and resolution of issues.

Earned Value Management (EVM), as described in the ESD Contract, is required for all design, development, implementation, testing, and delivery activities. The Contractor shall report on EVM on a schedule to be determined by the Contractor and CMS that meets the flexibility and response of an agile development process.

The Contractor shall assist CMS in building customer relationships, identifying business needs, and controlling demand through CMS business liaison activities.

2.2.2 Exchange Life Cycle Management

The Contractor shall follow the CMS ELC, including the ordering of phases, stage gates, and other reviews. The Contractor shall supply all appropriate documentation to support the stage gate reviews shall be supplied by the Contractor at least one (1) week prior to the review.

To support an agile development process, the Contractor shall plan for multiple reviews of each type, as appropriate, to support the life-cycle activities for each agile sprint increment of work. No effort on the next increment of work will be performed until stage gate review approval is obtained.

Listed below are the requisite lifecycle reviews and products that will accompany each increment, as appropriate. CMS reserves the right to define and request additional or replacement products for each review. CMS reserves the right to hold fewer reviews for any agile sprint increment of work.

<u>Project Startup Reviews (PSR)</u>

Products: Concept of Operations, Risk Analysis, Project Management Plan, Alternatives Analysis, Scope Definition, Performance Measures, briefings/presentations to OIS, level of effort (LOE) estimate to achieve the Architecture Review

Architecture Reviews (AR)

Products: Business Process Models, Architectural diagrams, briefings/presentations to OIS, LOE estimate to achieve the Project Baseline Review

Project Baseline Reviews (PBR)

Products: Project Management Plan, Project Schedule, Project Process Agreement, Release Plan, Privacy Impact Assessment, briefings/presentations to OIS, LOE estimate to achieve the Preliminary Design Review

Preliminary Design Review (PDR)

Products: Requirements Document, Information Security Risk Assessment, System Security Plan, Test Plan(s) and Traceability Matrix, Logical Data Model, Technical Architecture Diagrams (software architecture, network, infrastructure, security, etc.), briefings/presentations to OIS, LOE estimate to achieve the Detailed Design Review

Detailed Design Review (DDR)

Products: System Requirements Document, System Design Document, Interface Control Document(s), Database Design Document(s), Physical Data Model, Data Management Plan, Data Conversion Plan, briefings/presentations to OIS, LOE estimate to achieve the Final Detailed Design Review

Final Detailed Design Review (FDDR)

Products: See DDR products, LOE estimate to achieve the Pre-Operational Readiness Review

Pre-Operational Readiness Review (PORR)

Products: Test Plan and Test Case Specifications, Contingency/Recovery Plan, Implementation Plan, User Manuals, Operations & Maintenance Manual, Training Plan and Materials, System Security Plan, Information Security Risk Assessment, Integration Testing results, End-to-End Testing results, Test Summary Report, Defect Reports, Security Testing results, briefings/presentations to OIS, LOE estimate to achieve the Operational Readiness Review

Operational Readiness Review (ORR)

Products: See PORR products, Project Completion Report, SLAs, Privacy Impact Assessment, Plan of Action & Milestones (POA&M), Authority to Operate, LOE estimate to support Operations and Maintenance

For an explanation of each product, see the following CMS ILC framework: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/index.html

For examples of product templates, see:

2.2.3 https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Artifacts.htmlChange Management

The Contractor shall be proactive in notifying CMS of any developing situation that may impact operations, system interoperability, scheduled deadlines, the states and federal agencies, or any other contractual issue. In the case of a known impending problem, the Contractor shall be forthcoming with CMS to address the risks and to identify mitigation strategies. The Contractor shall identify, document, track, and correct issues that impart risk on service delivery. In addition, the Contractor shall recognize recurring problems and inefficiencies, address procedural issues, and contain, mitigate, or reduce the impact of problems that occur. The Contractor shall provide assistance to the Government in explanation of reports on problem resolution and root causes of problems.

The Contractor shall hold regular weekly meetings to review pending and past changes, problems and actions taken within the prior week, or actions that will occur within the next four (4) weeks. One (1) day prior to the weekly meeting, the Contractor shall, unless otherwise notified by the COTR, provide the COTR and GTL with status reports.

The Contractor's Project Manager and the Contractor's appropriate technical experts shall identify and present any improvements, enhancements and/or changes being made to the appropriate change management and advisory boards, and shall receive approval from the authorized or appropriate board before implementation.

2.2.4 Quality Control

The Contractor shall provide and maintain a Quality Control Plan that defines the Contractor's approach, processes, and procedures for ensuring the quality and reliability of its products and services.

The Contractor shall develop and deliver a Quality Assurance Surveillance Plan (QASP) within 45 days of contract award. The QASP shall provide a systematic and structured process for the Government to evaluate the services the Contractor will provide, including, but not limited to, processes, methods, metrics, customer satisfaction surveys, service level agreements, and operational level agreements. The results of the applying the QASP will document the Contractor's performance on this effort.

The Contractor shall present interim in-process reviews and shall support technical quality audits by CMS.

The Contractor shall provide all testing and quality control processes necessary to ensure its products and services meet the requirements of the Enterprise System Development (ESD) Indefinite Delivery Indefinite Quantity (IDIQ) and this task order.

2.2.5 Risk Management

The Contractor shall develop and maintain a Risk Management Plan (RMP). The plan should, at a minimum, identify all risks, categories, impact, priority, mitigation response/strategy, and

status and include a risk assessment matrix. The Contractor shall provide the draft Risk Management Plan to the COTR thirty (30) days after award for the Government to review.

The Contractor shall enter identified risks to CMS' Risk Register and provide updates to keep the status of identified risks until closure.

The Contractor shall incorporate any Government comments and provide the final Risk Management Plan to the COTR within five (5) working days. The document is a living document, and therefore, the Contractor shall update the plan, as necessary.

2.2.6 License Management

In conjunction with acquiring the required infrastructure services from the CMS Cloud Service provider, Terremark, the Contractor shall develop, document, and maintain software license management procedures and provide a tool that meet CMS requirements and adhere to CMS-defined policies.

The Contractor shall leverage existing CMS resources and assets where possible, utilizing a previous software agreements, licenses, or enterprise services/tools.

The Contractor shall develop and maintain inventory of all software licenses for FEPS (including licenses associated with DSH and MIDAS). The Contractor shall manage and maintain (e.g., monitor, track status, verify, audit, perform contract compliance, renew, reassign) all software licenses and media through the software license life cycle.

The Contractor shall coordinate software license and maintenance agreement reviews and warranties, allowing at least 180 days for renewal activities before expiration.

The Contractor shall provide CMS with reports and recommendations to use in making software acquisition and discontinuance decisions.

The Contractor shall provide recommendations to purchase additional license capacity, and shall recommend alternatives, or curtail usage where necessary and appropriate to restore or continue to maintain license compliance.

2.2.7 Joint Operating Agreements

The Infrastructure Services Contractor (see Section 2.1.1) is tasked with providing Infrastructure-as-a-Service that includes all components necessary to stand up, execute, and maintain development, test, and production sites.

The Contractor shall develop a Joint Operating Agreement (JOA) with the Infrastructure Contractor. The purpose of the agreement is to facilitate a close working relationship between the two contractors and establish an understanding of the responsibilities of each to the overall DSH project. Success on this project requires a much closer working relationship than is common between separate contracts. The agreement does not replace or change the requirements of the Statements of Work each contractor is operating under. CMS approval is required for the agreement. The COTR must approve budget changes that result from a transition or change in scope before any work is performed.

Additional JOAs may be necessary with additional CMS contactors in the future. The Contractor shall develop any additional JOAs to the same level of rigor.

2.3 Delivery of Federal Exchange

The Federal Exchange will provide all exchange capability in support of states that do not or will not have a state-specific exchange solution in compliance with the Exchange master schedule. Although the features and functions of the Federal Exchange are similar to those found in any state exchange application, the Federal Exchange must be sufficiently robust and flexible to support any number of states, including integration with each respective state's related programs, such as Medicaid, CHIP, and others.

The Contractor shall perform all tasks required to deliver the FX services. As the scope of the services will evolve over the life of this contract, the effort will be performed as a series of work activities starting with eligibility verification services. Six (6) functional areas have been identified as sufficient to encompass all FX requirements: Eligibility & Enrollment, Plan Management, Financial Management, Oversight, Communications, and Customer Service.

The Contractor shall build the FX to perform the following tasks in subsections 2.3.1 through 2.3.8, and as described in the nine (9) work activities described in subsection 2.4.

2.3.1 Eligibility Verification and Enrollment Services

Eligibility verification services include FX services necessary to verify a individual's eligibility for health insurance through the Exchange. These services include, but are not limited to, income verification, citizenship verification, lawful presence verification, incarceration status verification, and eligibility for other public minimum essential coverage or employee sponsored minimum essential coverage. The eligibility verification services present individuals with an application form(s) that capture(s) the individual data necessary for:

- Verification and enrollment and maximizes the user's experience with the FX
- Interface to third party data providers or validators
- Interface to the Data Services Hub
- Adding data to the FX data model
- Performing business service processing
- Performing financial management
- Meeting federal reporting requirements.
- Processing of Lawful Presence requirements and steps
- Federally Managed services for APTC and exemptions
- Integration with Eligibility Desktop
- Data Integration services with CMS Call Center

- Calculator for SHOP employer (to support elections)

Enrollment services include services necessary to allow an eligible individual to view, compare, select and enroll in a health plan or service delivery options available through the Exchange, Medicaid, CHIP and Basic Health Plan. This includes re-work associated with changes from Paperwork Reduction Act (PRA) process, incorporation of Medicaid/CHIP account transfer and associated MAGI rules complexity, re-work associated with changing policy and requirements from final/published rules, and additional/expansion of User Interface functionality from prototyping and Consumer Testing.

The referenced E&E Blueprint documents (including the E&E Supplement, E&E Process Models, and E&E Data Capture workbook) provide a detailed set of business requirements defining the necessary FX supporting services. The products from the CMS Requirements Contractor will provide additional business level requirements, business rules, and business process definition.

The Contractor shall use the E&E blueprinting information and the products from the Requirements Contractor to finalize the verification services technical and system requirements to develop and deliver the E&E services. The Contractor shall present the requirements, design, and implementation approach to CMS for approval. The Contractor shall develop, implement, test, and deliver the verification services using the Web Services model for the FX.

E&E Exchange Services

The following table lists the known E&E Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-EE:10 Prepare / Update Individual Eligibility Application	4	2		2	
BP-EE:11 Verify Individual Eligibility Application Information	9	2	5	2	11
BP-EE:12 Determine Individual Eligibility	8		6	2	3
BP-EE:13 Enroll Individual in Qualified Health Plan	7		6	1	7
BP-EE:14 Disenroll Individual from Qualified Health Plan	2		1	1	3
BP-EE:15 Renew Individual Eligibility and Enrollment	26	4	18	4	24
BP-EE:16 Appeal Exchange Eligibility Decision	5	1	2	2	1
BP-EE:20 Prepare / Update Individual Exemption Application	4		2	2	
BP-EE:21 Verify Individual Exemption Application Information	3	1	1	1	
BP-EE:22 Determine Individual Exemption Eligibility	3		2	1	2
BP-EE:25 Renew Individual Exemption Eligibility	8	2	4	2	2

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-EE:30 Prepare / Update Employer Eligibility Application	4	2		2	
BP-EE:31 Verify Employer Eligibility Application Information	4		3	1	2
BP-EE:32 Determine Employer Eligibility for Participation	2		1	1	1
BP-EE:33 Determine Employer Contribution	3	1	1	1	1
BP-EE:34 Terminate Employer Participation	2		1	1	1
BP-EE:35 Renew Employer Participation	11	3	6	2	5
BP-EE:36 Appeal SHOP Eligibility Decision	3	1	1	1	1
BP-EE:40 Prepare / Update Employee Eligibility Application	4	2		2	
BP-EE:41 Verify Employee Eligibility Application Information	3		2	1	2
BP-EE:42 Determine Employee Eligibility	2		1	1	
BP-EE:43 Enroll Employee in Qualified Health Plan	4		3	1	6
BP-EE:44 Disenroll Employee from Qualified Health Plan	2		1	1	3
BP-EE:45 Renew Employee Eligibility and Enrollment	11	2	7	2	11

Finding the Descriptions of Business Processes and Supporting Services

Each business process, exchange business service, and business supporting service listed above is described in the *Eligibility and Enrollment – Exchange Business Architecture Supplement* listed in the reference documents in subsection 1.4. The Business Process descriptions are found in Table 4, section 3.2 of the supplement. The Exchange Business Service descriptions are found in section 5.1.1 of the supplement. The Supporting Business Services descriptions are found in section 5.1.2 of the supplement.

For example, business process *BP-EE:11 Verify Individual Eligibility Application Information* is described in Table 4 in subsection 3.2 on page 15 as follows:

> Verifies the information provided on the application with data needed to determine eligibility. This process includes verifying the applicant's citizenship, immigration status, incarceration status, and other relevant checks.

Subsection 5.2.2 shows the list of exchange business services for BP-EE:11. Table 17 in section 5.2.2 shows the list of nine exchange business services for the BP-EE:11 business process.

The list of supporting business services for BP-EE:11 is also found in subsection 5.2.2. Table 17 in subsection 5.2.2 shows the list of eleven supporting business services for the BP-EE:11 business process.

The descriptions of all exchange business services are found in Table 14 in section 5.1.1. For example, the description for *CBS-EXCH-EE:01* is:

> Performs line-level edits to validate basic integrity of the application submission. Includes validating that required fields are completed and information provided is accurate (e.g., address validity).

Envisioned as a generalized service that will apply to all application submissions and updates for Individual Eligibility & Enrollment, Individual Responsibility Exemption, and SHOP Exchange Eligibility & Enrollment (employer and employee).

The descriptions of all supporting business services are found in Table 15 in section 5.1.2. For example, the description for *SBS-CMS:08 – Verify Household Income* is:

In response to a request from an Exchange, CMS obtains information from an individual's tax return regarding household MAGI from the IRS. This utilizes the supporting services from IRS that will calculate the individual's MAGI based on his/her tax return.

This function may be called as an individual FX service and/or may be part of a composite verification service call from the Exchange to the DSH. In addition, it is possible that some of the business logic defined in the business process flow as being Exchange-specific processing may be moved to the DSH to simplify the implementation necessary within each Exchange. These are some of the technical decisions that will be made as part of the system requirements capture during discussions between CMS, the states, and the Contractor.

2.3.2 Plan Management Services

Plan management services include the services necessary to acquire, certify and manage issuers offering Qualified Health Plans (QHPs) through an exchange. In addition, the PM services include Quality Management functions of the Federal Exchange as one of the PM modules. The services include, but are not limited to: certifying/recertifying/decertifying plans offered by issuers as QHPs; establishing agreements with issuers to offer QHPs; monitoring agreements with issuers to ensure compliance and take corrective action when necessary; terminating agreements with issuers, processing changes in plan enrollment availability, and maintaining the operational data associated with issuers and plans.

The Contractor shall use the PM blueprinting information and the products from the requirements contractor to finalize the services technical and system requirements to develop and deliver the PM services. The Contractor shall present the requirements, design, and implementation approach to CMS. The Contractor shall develop, implement, test, and deliver the PM services using the web services model for the DSH.

Plan Management Services

The following table lists the Plan Management Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-PM:01 Establish Issuer and Plan Initial Certification and Agreement	6		6		8

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-PM:02 Monitor Issuer and Plan Certification Compliance	4		4		7
BP-PM:03 Establish Issuer and Plan Renewal and Recertification	5		5		7
BP-PM:04 Maintain Operational Data	2		2		3
BP-PM:05 Process Change in Plan Enrollment Availability	1		1		3
BP-PM:06 Review Rate Increase Justifications	1		1		3

The descriptions of the Plan Management business processes and supporting business services can be found in the *Plan Management – Exchange Business Architecture Supplement* listed in the reference documents in subsection 1.4.

The Contractor shall design, develop, and implement the following PM modules:

- Notice of Intent (NOI): PM functionality to send issuers an email for them to submit an application with an intention to apply for QHP application. NOI application will integrate with HIOS via web service to authenticate users and pre-populate NOI application with data from HIOS database, so that issuers will not have to re-enter the data.
- Collection of Essential Health Benefits: The process by which States will identify and select the specific health plan(s) to serve as the benchmark for the Essential Health Benefits (EHB) per CMS guidance issued to States. The benchmark plan will serve as a reference plan for all plans in the individual and small group markets, reflecting the scope of services and any limits offered by a "typical employer plan" in that State and ensuring coverage of all 10 EHB categories as required by section 1302 of the Affordable Care Act. The functionality in this module will also be used to collect benefit data from the largest plan(s) by enrollment in the three largest small group insurance products in the State.
- Actuarial Value Calculator: The calculator and underlying business logic that will be used to determine the Actuarial Value (AV) for any specific QHP and other non-grandfathered coverage in the individual and small group markets. Actuarial Value (AV) is a measure of the percentage of expected health care costs a health plan will cover and can be considered a general summary measure of health plan generosity. The AV calculated will be used to determine the "metal tier" of any given QHP—i.e. the ACA requires that a bronze plan is required to have an AV of 60 percent; a silver plan, 70 percent; a gold plan, 80 percent; and a platinum plan, 90 percent. The AV calculator will allow consumers to easily compare plans based on cost-sharing features. More details on the AV Calculator can be found in the "in the "Actuarial Value and Cost-Sharing Reductions (AV/CSR) Bulletin" issued by CMS on February 27, 2012.
- Inclusion of additional functionality from changes in rules making:
    - Rate Review data collection templates and evaluation function
    - Financial Management related benefit template

- EHB collection window
- Inclusion of Dental Templates and collection
- Cross Module Integration
- Formulary Roll-up Tool

In addition, re-work associated with changes from PM's PRA process with QHP certification process, incorporation of Rate Review tools, re-work associated with changing policy and requirements from final/published rules, and additional/expansion of Canonical Data Model and XML templates to support re-work.

2.3.3 Financial Management Services

Financial management services include the services necessary to spread risk among issuers and to accomplish financial interactions with issuers. The risk spreading services include, but are not limited to: payment calculation for reinsurance, risk adjustment and risk corridors, along with required data collection to support these services. The issuer financial transactions include: SHOP and Individual Premium (optional) processing, Advanced Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR), Reinsurance, Risk Adjustment and Risk Corridors payments

The Contractor shall use the FM blueprinting information and the products from the requirements contractor to finalize the services technical and system requirements to develop and deliver the FM services. The Contractor shall present the requirements, design, and implementation approach to CMS. The Contractor shall develop, implement, test, and deliver the FM services using the web services model for the DSH. The Contractor shall design and develop the FM services, wherever possible, to integrate with existing CMS booking system (HIGLAS) to avoid duplicating of functionality.

Financial Management Services

The following table lists the Financial Management Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-FM:01 Plan Assessment for State Exchanges	2		2		2
BP-FM:02 Reinsurance Contributions	2		2		8
BP-FM:03 Reinsurance Contribution Verification	1			1	3
BP-FM:04 Reinsurance Payment	4		4		2
BP-FM:05 Non-Exchange Enrollee/Rate Data Collection	3			3	7

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-FM:06 Claims/Encounter Data Collection	1			1	2
BP-FM:07 Risk Adjustment Calculation	6			6	2
BP-FM:08 Risk Adjustment Payment	3		3		3
BP-FM:09 Risk Corridors	3		3		0
BP-FM:10 Determine Issuer APTC and CSRs (No Offset)	3		3		3
BP-FM:11 CSR Reconciliation	2		2		8
BP-FM:12 SHOP Premium Aggregation	3		3		4
BP-FM:13 SHOP Reconciliation	2		2		5
BP-FM:14 State Options to Collect Premiums in the Exchange	5	0	5	0	9

Edge Server (Distributed Data) Design & Implementation

In order to facilitate CMS analysis of claims and enrollment information for purposes of operating risk adjustment and reinsurance programs, an issuer would house data on a remote "edge server" or alternative technology storage option (also known as distributed data) within their own environment. The Contractor shall design and implement the edge server solution, including a prototype for CMS to evaluate, for about 400 individual and small market insurance companies. The following design and implementation functionalities shall be included:

- A copy of complete issuer claims and enrollee information would be stored in a secure system within the issuer's data environment (e.g. an edge server).
- CMS would have access to claims information residing on that server in order to execute a significant number of data processing operations.
- All claims processing and analysis functions will be conducted on the edge server without any copy of the claim to be sent to CMS.
- CMS would obtain and retain plan-level summarized results through a data exchange zone in order to conduct analysis rather than collect any individual-level data.
- Trend and process monitoring reporting are to be periodically distributed to CMS/CCIIO and issuers.

The Contractor shall design and develop the code and associated operational instructions for the edge server for Issuers to implement, that includes the software and processes associated with processing, loading and evaluating claims and enrollee data files. In addition, the Contractor shall design and develop the codes that will perform the risk adjustment and reinsurance calculations.

The Contractor shall design and implement the edge server environment that will allow for a staging area for data integration, data testing, and quality control process, which will be conducted on the incoming data prior to being migrated into a production analytic environment. Claims and enrollee data will pass through an ETL environment for standardization where quality reporting and data load reporting will be produced from the staging environment to catch data errors or issuer data transformations prior to promotion into database repositories for risk score analytical processing. The Contractor's solution shall provide successful staging of the analytic data sets; in conjunction with ongoing maintenance of appropriate reference data, that will provide reliable support for the calculation of reinsurance, risk adjustment, and risk corridors health insurance issuer payments; as defined in 45 CFR Part 153.

The Contractor's solution shall provide User Interface based management tool for Issuers, allow for online queries, inbound file modifications, data processing, enhanced reporting functions, and enhanced provisioning support.

2.3.4 Remaining Functional FX Services

2.3.4.1 Remaining Exchange Functional Areas

The details of the business processes and flows for Oversight, Communication, and Customer service will be provided post award.

Exchange Functional Area - Oversight: Services for Oversight include the services necessary to define, implement, manage, and measure the performance of both Federal oversight of Exchange operations, and Exchange management and operations.

Exchange Functional Area - Communication: Services for Communication include the services necessary to define, implement, manage, and measure the effectiveness of communications, education and outreach strategies, both within an Exchange, and also when these strategies occur in concert with HHS and/or other Exchanges.

Exchange Functional Area - Customer Service: Services for Customer Service include the services necessary to manage Exchange responses to information requests and requests for service from consumers, employers, 3rd parties (navigators, agents, brokers) and issuers. Customer Service includes the creation and management of multi-channel response mechanisms (e.g., phone, web, paper, and face-to-face) and the efficient distribution/management of requests across channels. Finally, Customer Service includes the creation and management of web-based consumer tools.

2.3.4.2 Enterprise Rating and Decision Engine

The Contractor shall develop and create shared technologies for use by CMS to leverage a Health Insurance Exchange Enterprise Rating and Decision Engine (ERDE). An ERDE will facilitate consumers and beneficiaries to compare, select, and enroll in health and insurance plans by dynamically and virtually computing options, alternatives, person-based scenarios that convert knowledge of the situation into user decision support functionality.

ERDE shall facilitate consumers and beneficiaries to compare, select, and enroll in health and insurance plans by:

a) Integrate pricing data and benefit information to accurately reflect benefit availability for all plans that will be displayed on Healthcare.Gov and Health Insurance Exchanges
b) Compute accurate pricing information to include individual plan benefit information, including estimated annual cost, per month cost, premium, deductible, and other costs
c) Account for Premium Tax credit available through IRS and Exchanges; Compute cost sharing info pertaining to beneficiaries unique scenario
d) Accommodate multiple different processes and concurrent users for all available plans and potential infinite variables (ERDE must be fully dynamic and on-the-fly)

2.3.4.2.1 Enterprise Ratings and Decision Engine (ERDE) Functionalities

The following functionalities have been identified for ERDE: (in addition, ERDE will be utilized by Healthcare.Gov Plan Finder)

- Quality rating system
- Eligibility determinations for Exchange participation, premium tax credits, and cost-sharing reductions
- Seamless eligibility and enrollment process with Medicaid and other State health subsidy programs
- Individual responsibility determinations
- Premium tax credit and cost-sharing reduction calculator administration
- Appeals of eligibility determinations
- SHOP Exchange-specific functions

Quality Rating System: Each Exchange will need to assign a plan rating in accordance with the quality rating system that will be issued by HHS. Also, certification of qualified health plans will include consideration of quality data.

Eligibility determinations for Exchange participation, premium tax credits, and cost-sharing reductions: Key operations of the Exchange will be eligibility verification and determination and enrollment of individuals in qualified health plans. The Affordable Care Act includes requirements on these functions that will be spelled out in greater detail in future HHS guidance. Key functions within this functional area include:

- Eligibility determinations for:
  - Premium tax credits
  - Cost-sharing reductions
  - Medicaid, CHIP, and other health subsidy programs
  - Free choice vouchers
- Appeals of eligibility determinations
- Exchange forms and notices in compliance with Federal standards

Seamless eligibility and enrollment process with Medicaid and other State health subsidy programs: There are numerous milestones that Exchanges will need to accomplish between now and 2014 related to creating seamless eligibility and enrollment between the Exchange

and Medicaid and other State health subsidy programs. Each State's situation will be different and milestones will need to be tailored to these specific scenarios. In addition, many of the steps needed to reach this goal will be carried out through the development of information technology systems in close partnership with State Medicaid programs. We will work closely with States and CMS to help States along in this process. States should refer to the Guidance for Exchange and Medicaid IT Systems, Version 1.0 for additional guidance related to the effort to bring together eligibility and enrollment processes across these programs.

Individual responsibility determinations: The Exchange will need to have in place a process to receive and adjudicate requests from individuals for exemptions from the individual responsibility requirements of the Affordable Care Act, and to communicate information on such requests to HHS for transmission to IRS. This is a required function of Exchanges under the Affordable Care Act.

Exchange Website and Premium Tax Credit and Cost-sharing Reduction Calculator: Each Exchange will maintain a website through which enrollees and prospective enrollees may: obtain standardized comparative information on qualified health plans, apply for coverage, and enroll online. Exchange websites will also need to post required transparency information. Exchanges may choose to provide many more services on their websites. In addition, each Exchange website will need to provide access to an electronic calculator that allows individuals to view a preliminary actual cost of their coverage once premium tax credits have been applied to their premiums, as well as the impact of cost-sharing reductions, if they are eligible.

SHOP Exchange-specific functions: The Affordable Care Act requires each State who elects to operate an Exchange to establish a Small Business Health Options Program or SHOP Exchange. The SHOP Exchange will facilitate the purchase of coverage in qualified health plans for the employees of small businesses who choose to purchase coverage through the Exchange. Starting on January 1, 2014, small employers can only qualify for Small Business Health Care Tax Credits if they purchase coverage for their employers inside the Exchange. States may choose to merge the operations of their SHOP Exchange with their individual market Exchange. For purposes of this funding opportunity, we have identified SHOP Exchange-specific functions to aid States in their operational planning efforts related to the SHOP Exchange.

2.3.4.2.2 Enterprise Ratings and Decision Engine (ERDE) Summary & Modules

ERDE shall be capable of displaying health insurance plan comparative data to consumers and other users by carrier and product name (i.e., HMO, PPO, etc.), and including at least the following data elements: plan name, plan type, plan contact information, premium amount, deductible amount, benefits, out-of-pocket costs and cost share amounts already represented and displayed through existing software including consumer cost (co-pay/coinsurance) for major categories of service such as primary care physician, specialty physician, and inpatient hospital, a link to the carrier website, and a link to the provider network. Additionally, ERDE shall be capable of displaying Premium Tax credits and lower cost sharing information for those

beneficiaries qualifying for additional help. In States that require community rating, the premium amount will represent the plan level premium. In States that do not require community rating, the premium amount will be adjusted by consumer demographics such as age, sex, smoking, and individual / family/SHOP.

ERDE will consist of three modules: Business Rules/Decision, Calculation, and Rating. Details of these modules are described below:

- Business Rules/Decision Module: This module is used for defining business rules and supporting business decisions. Health Insurance Exchange and Healthcare.Gov Plan Finder rules will be created stored independently, without the context of product/plan. These rules can cover some product rules but also cover process/workflow types of rules like eligibility determinations.

  Calculation Module: Calculation module will complete complex insurance calculations. For example, the Calculation module will account for Premium Tax credit of an individual, Family, or Small Business/Group and provide accurate information on Premium, Deductible, and Out-of-pocket costs. Calculation module shall be optimized to work with the Business Rules/Decision system.
- Rating Module**:** Rating module is a rule-driven system that evaluates risk variables to determine the premium an insurer should receive for covering a risk. With a defined set of user inputs, the rating module will use an algorithm supported by rate tables to determine the rating factors to be applied. The rating module shall automate the pricing of a risk, usually in line with the insurer´s state filings, to provide consistent, compliant pricing for an insurance plan/product.

2.3.5 Comprehensive Testing

The Contractor shall perform testing and validation of all major and minor releases prior to completing implementation. Testing shall include unit and integration testing of all functional deliverables – both integration testing internal to the DSH and externally with DSH stakeholders (e.g. IRS). The Contractor shall follow the CMS Testing Framework documented in http://www.cms.gov/SystemLifecycleFramework/Downloads/CMSTestingFrameworkOverview.pdf

The Contractor shall configure and deploy test environments to support the following:

- Alpha Test: Integrated release testing by CCIIO, OIS, CMCS for all release items; includes regression testing of previously released items/functions.
- Beta Test: External partner (states, issuers, & federal agencies) integrated testing for all release items; includes regression testing of previously released items/functions.
- Integration: Testing of interface/integrated services during Alpha and Beta testing between systems.

- General Available: Date when release items are available to all states, issuers, and federal agencies (for testing as well as code/service download).
- Production: Operational use of General Available codes/services in a dedicated Production environment.
- Code Promotion: Use of CMS' continuous delivery platform to move codes for Code Repository, build, versioning, and automatic code verification thru various testing environments.

The Contractor shall define, create, manage, update/reload, and administer test data sufficient to ensure successful results for all test activities.

The Contractor shall conduct the following verification and tests:

- Unit tests: verification of individual hardware or software units or groups of related items prior to integration of those items; and
- Integration tests: verification that the assembled individual components functions properly as a system
- Release QA tests: verification that developed system components functions properly as part of a larger FEPS system and CMS enterprise infrastructure as applicable

The Contractor shall conduct system testing at the hosting environment. System testing includes the following activities to ensure that the application meets all requirements and expectations:

- Functional tests: verification that the system meets documented requirements
- Interface tests: verification that the system interacts with external applications according to specifications
- Regression tests: verification that changes do not adversely affect existing functionality
- Parallel tests: comparison of the results of a new application baseline against the results of a production version to ensure that the new version functions as intended
- Performance and load tests: activities to determine how the system performs under a particular workload to demonstrate that the system meets performance criteria. This includes developing load scripts for stress testing.

The Contractor shall collaborate with CMS and designated CMS contractors for functional validation. Functional validation includes the following:

- Activities to ensure that the application meets the customer needs and accomplishes the intended purpose
- User Acceptance Testing (UAT) that will allow end users to validate that the system delivers the requested functionality and will accomplish its business objectives.

The Contractor shall document test cases based on test data provided by CMS. The Contractor shall collaborate with CMS to ensure development of adequate test cases are developed. The Contractor shall establish test cases (in terms of inputs, expected results, and evaluation criteria),

test procedures, and test data for testing the software. The Contractor shall deliver a draft and a final Test Case Specification.

2.3.6 Nationwide Service Integration Testing

The Contractor shall perform unit, system, and integration testing during the development and validation of each DSH service. In addition, beginning on or about January 1, 2013, nation-wide testing will begin for integration of existing state systems, Exchanges, the DSH, and federal agencies will begin. The Contractor shall be responsible for end-to-end integration testing, including issuing test reports, to validate the effectiveness of the nationwide FEPS.

2.3.7 Service Governance

The Contractor shall provide governance services throughout the period of performance of this effort. Governance services include, but are not limited to configuration management, release management, document/deliverable management, risk management, and quality control.

Transaction Capability Governance oversees the management of transaction formatting. The Contractor shall work with CMS to ensure that all transaction formats, mechanisms, and integration points are standardized to maximize data interoperability.

The Contractor shall document the change management and other governance processes and procedures used.

2.3.8 Training

As part of the FX development and implementation, the Contractor shall develop and deliver a Training Plan. The plan shall include conducting training for CMS personnel, other CMS contractors, and any other participants as identified by CMS. The plan shall include all aspects of the system to ensure collective and consistent knowledge of process execution, including access and usage of the proposed solution.

The Training Plan shall include at a minimum, the following information:

- Steps in using the proposed solution
- How training will be provided
- Maximum number of people that can be trained at one time
- Type of training environment required, including equipment required
- Skill set of trainers
- Type of training materials to be provided
- Identification of trainer(s), if available.

The Contractor shall conduct training for CMS, and any other contractor designated by CMS. Moreover, the Contractor shall create any supporting artifacts/documentation required to support the delivery of the training. At a minimum, the following information shall be provided as appropriate: handouts, slides, guides, and manuals.

The Contractor shall develop, update, and maintain the User and Operator Training Materials. The Contractor shall create and maintain User Manuals. User Manuals shall contain the information and references necessary for the user to learn, navigate, and use the solution. The User Manuals shall be updated with changes as a result of system releases that occur during the period of performance of this effort. User Manuals shall include, but are not limited to, the following:

- Table of Contents
- Step-by-step instructions and help references
- Descriptions of user roles, sample user screens and reports, a menu hierarchy, diagrams, and definitions of all fields
- All error messages and corrective action instructions
- Separately bound quick-reference guide (or page). If appropriate to the software, this guide shall provide or reference a quick-reference card or page for using the software. This quick-reference guide shall summarize, as applicable, frequently used function keys, control sequences, formats, commands, or other aspects of software use.
- Answers to Frequently Asked Questions (FAQs)
- Glossary.

The Contractor shall develop a Development Guide for the states (and other stakeholders, as necessary) that contains the technical information necessary to guide the states in their development of interfaces to DSH services. This guide will define the protocols and payloads of the designed transmission mechanism, and recommended approaches for defining, creating, and testing the DSH service interfaces to all stakeholders.

2.4 Work Activities

The work activities described below constitute the actual tasking to be completed under this Task Order to implement the requirements for the FX.

Upon award of the task order, the Contractor shall proceed with the first two work activities, the Program Startup Review and the design of the platform infrastructure. The Contractor shall obtain approval of the PSR, of the platform design and architecture, and approval of the level of effort (LOE) definitions to proceed with the next work segment.

Each subsequent work activity will follow the same approach. That is, there will be a defined activity, such as Eligibility & Enrollment service/function design, development, and implementation that follows the CMS ELC and the stage gate reviews. Continuation of contract activities requires CMS approval of the products of each work activity and the LOE plan for the next work activity at each stage gate review. No subsequent work shall begin until successful completion of each gate review.

2.4.1 Work Activity 1 – Program Startup Review

The first work activity to be performed under this Task Order is the Program Startup Review that represents the kickoff of the Task Order.

Within five (5) business days of the award of the task order, the Contractor shall conduct an orientation meeting and briefing for CMS. The completion of this briefing shall result in (but is not limited to) the following:

- Management Approach – To include project assumptions and constraints and the overall approach to project management.
- Project Work Plan – To include the comprehensive methodology for implementing the FX in a phased approach and detailed project schedule. The project plan shall include work activity descriptions, work activity dependencies, work activity durations, milestones, resources, and deliverables for each near- and long-term phase, and identification of the critical path.
- Staffing Approach – To include the roles, responsibilities, and allocations of each resource assigned to the effort; the approach to transitioning staff between each life cycle phase; and the approach to estimating levels of resources required.
- Communication Approach – To include the methodology for communicating status, issues, and risks to CMS stakeholders.
- Risk Management Approach – To include the process, methods, tools, and resources that will be applied to the project for risk management. Describe how risks will be identified and analyzed, the basis for prioritizing risks, how risk responses will be developed and implemented, and how the success of those responses will be measured.
- Configuration Management Approach – To include the responsibilities and authorities for accomplishing identified configuration management activities performed during the project's life cycle and coordination with other project activities.

This review will constitute the PSR for the Task Order. Approval of the PSR is required prior to beginning work on subsequent work activities.

2.4.2 Work Activity 2 – Platform Architecture

The second work activity to be performed under the task order is the design of the infrastructure platform and software component platform necessary to support the development and testing of the FX at Terremark.

The Contractor shall produce a hardware architecture, including but not limited to managed servers, managed storage, and managed bandwidth, and a software component architecture consisting of the recommended open source tools necessary to provide a web services platform for developing, testing, and hosting the FX.

At contract award, CMS will provide any existing hardened baseline operating system images for instantiating servers at Terremark. The Contractor shall develop and provide to CMS any operating system images, system installation scripts, and configuration guides for products

recommended for the FX. The Contractor shall ensure that these images, scripts, and guides create installed components and environments that meet all CMS and IRS security controls as described in subsections 2.1.3 and 2.1.4. The Contractor shall work with Terremark, at CMS direction, to validate the recommended approach.

The Contractor shall provide diagrams, descriptions, tool product recommendations, an integration plan and schedule, the benefits and risks of the approach, and a LOE estimate of the Contractor hours by labor category for the implementation of the approach. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.3 Work Activity 3 – Plan Management Services

The third work activity to be performed under the task order is the design, development, implementation, and delivery of the Plan Management Federal Exchange Services as described in subsection 2.3.2.

The Contractor shall refine the business process models, requirements documents, and create architectural diagrams sufficient to fully describe the Plan Management business area. The Contractor shall provide diagrams, descriptions, the benefits and risks encountered, assumptions made, and an LOE estimate of the Contractor hours by labor category for the PBR for this activity. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.4 Work Activity 4 – E&E Services

The fourth work activity to be performed under the task order is the design, development, implementation, and delivery of the Eligibility and Enrollment Federal Exchange Services as described in subsection 2.3.1.

The Contractor shall refine the business process models, requirements documents, and create architectural diagrams sufficient to fully describe the E&E business area. The Contractor shall provide diagrams, descriptions, the benefits and risks encountered, assumptions made, and an LOE estimate of the Contractor hours by labor category for the Program Baseline Review for this activity. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.5 Work Activity 5 – Financial Management Services

The fifth work activity to be performed under the task order is the design, development, implementation, and delivery of the Financial Management Federal Exchange Services as described in subsection 2.3.3.

2.4.6 Work Activity 6 – Oversight Services

The sixth work activity to be performed under the task order is the design, development, implementation, and delivery of the Oversight Federal Exchange Services. Details on these services will be provided post award.

2.4.7 Work Activity 7 – Customer Service

The seventh work activity to be performed under the task order is the design, development, implementation, and delivery of the Customer Service Federal Exchange Services. Details on these services will be provided post award.

2.4.8 Work Activity 8 – Communications Services

The eighth work activity to be performed under the task order is the design, development, implementation, and delivery of the Communications Federal Exchange Services. Details on these services will be provided post award.

2.4.9 Work Activity 9 – PCIP and Other Remaining Services

The ninth work activity to be performed under the task order is the design, development, data migration, implementation, and delivery of the PCIP Services and other remaining services to be defined by CMS. Details on these services will be provided post award.

2.5 Regional Technical Support

As described in subsection 1.1, states will likely require some level of technical support during the course of the development of Exchanges and the interactions required with the DSH. The Contractor shall propose a plan to provide qualified, senior-level technical architects regionally throughout the United States to minimize travel expenses. These technical architects shall have experience with state Medicaid systems, commercial insurance systems, or related federal health systems. The required technical support shall include, but will not be limited to: establishing state IT profiles, stage gate reviews, particularly architecture reviews; design reviews; implementation support, integration/interface support with the DSH and Medicaid/CHIP systems, test plan reviews and testing support; and other related application life-cycle activities.

Level of technical support provided will generally be limited to supporting DSH inquiries, assessment of state profiles and readiness, and delivery of standard FX functions.

2.5.1 Establishing State IT Profiles and building a FX deployment roadmap

- Create assessment to establish State IT Profiles
- Create tailored FX deployment roadmap for each state

2.5.1.1 State IT Profiles

The Contractor shall conduct an assessment of IT systems and create State IT profile for all states. This includes creation of assessment tools, delivery, collection, and follow-up activities necessary to complete all planned assessments. This shall include the following tasks:

- Develop of assessment tools and related materials that will be utilized for presentation to states detailing the initiative, goals, desired outcomes, value proposition, survey, and all other relevant supporting components, etc.
- Provide necessary staffing and materials (print and visual aids) at CMS' State Grantees meeting to educate states about the assessment tool and to addressing their concerns, questions, and helping to promote education and awareness about the initiative. In addition, provide necessary.

2.5.1.1.1 Assessment Tools

The Contractor shall create and maintain assessment tools to include the following:

- Create Survey or Assessment Tool(s) necessary for IT state profiles
- Set up scheduling in advance for ad hoc webinars with states for guidance
- Set up scheduling in advance for information/support sessions with states
- Set up phone capability to provide guidance to states – can ensure phone number routing if necessary
- Set up travel arrangements to support states (if necessary)

2.5.1.1.2 IT Profiles

The Contractor shall create and maintain state IT Profiles (for all states) to include the following:

- Track all assessment responses from states
- Complete regular Status Reports
- Delivery of draft and final State IT Profiles

2.5.1.2 FX deployment Roadmap

Based on state IT profiles, design and develop tailored strategy for deploying FX systems to states. This shall include approaches for evaluating progress of State Exchanges, including an assessment of potential failure to achieve and/or maintain operational readiness, and timelines for transitioning to the Federally-facilitated Exchange.

The roadmap shall detail standard FX functions that states will utilize to incorporate into their operations (but limited system level incorpotation).

2.5.2 FX IT implementation support to States

From now through 2013, CMS will be working with States collaboratively, and will be continually evaluating how to develop federal IT systems and services, and support similar

development by others, in a manner that maximizes State flexibility. In that, CMS is currently providing technical assistance to states, via separate contracting resources from CMS/CCIIO for program management and policy establishment to jump start the state's overall exchange activities. Working with these contractors, the Contractor's regional technical support shall provide a 'Jump-Start' implementation support to those states building their State Based Exchanges (SBE) by incorporating system components from FX or those states that are utilizing FX as a contingency option to SBE development. The goal is to give States the full opportunity to incorporate FX developed system functionalities to speed up the development duration and/or assess FX as a contingency option and work on integration with FX systems in parallel to SBE development.

The Contractor shall provide IT implementation support teams (multi-disciplined) that will travel to about 12 states, with purpose of providing a 'jump start' to their development. These activities include supporting with creation of the following artifacts:

a) requirements documents
b) system design documents
c) interface control documents
d) database design documents
e) data management plans
f) physical data models
g) data conversion plans
h) system of record notices

The Contactor shall support the States on key integration activities required for state systems to the FX thus constituting an end-to-end exchange solution. The support shall include the integration of existing state Medicaid & CHIP systems in a structured manner to achieve the desired outcome of the FX and interfaces to the Data Services Hub.

The Contractor shall provide support for the following tasks

1. Provide overall planning and coordination incorporating FX system components and establishing application integration;
2. Provide appropriate training for personnel to carry out the integration;
3. Provide appropriate documentation on each sub-system for integration;
4. Provide audit or review reports;
5. Document sub-system software unit and database;
6. Establish integration test procedures;
7. Testing of system (including sub-system); and
8. Integrate sub-systems into final FX or SBE application system.

2.6 Operations and Maintenance

Once CMS has accepted and deemed FX to be fully operational, the Contractor shall provide operations and maintenance (O&M) support of the FX systems for the period of performance of this effort. O&M includes, but is not limited to, daily operations, systems change management, systems maintenance, second and third-level help desk support, and monitoring and oversight support of the FX systems. During key operational phases that occur during the performance of this effort, such as open enrollment, the Contractor shall provide 24x7 support for each of these services.

3. General Requirements

3.1 Section 508 – Accessibility of Electronic and Information Technology

(a) This task order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C.

794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or

2. In the case of custom EIT being developed by a contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

Section 508 Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this **SOW, PWS, or TO**, the **SOW, PWS, or TO** shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. www.access-board.gov/sec508/508standards.htm (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the **SOW, PWS, or TO**, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this **SOW, PWS, or TO**:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

The following Section 508 provisions apply for software development material identified in this **SOW, PWS, or TO**:

For software development, the Contractor/Developer/Vendor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)
(2) 36 CFR 1194 (508 Standards)

36 CFR Part 1194.21 (a – l)

36 CFR Part 1194.31 (a – f)

36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)
(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)

a. Information Technology – General Information

(http://www.cms.hhs.gov/InfoTechGenInfo/)

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)
(2) 36 CFR 1194 (508 Standards)

36 CFR Part 1194.22 (a – p)

36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)
(4) FAR 39.2 (Section 508)
(5) CMS/HHS Standards, policies and procedures (Section 508)

a. Information Technology – General Information

(http://www.cms.hhs.gov/InfoTechGenInfo/)

3.2 CMS Information Security

This requirement applies to all organizations which possess or use Federal information, or which operate, use or have access to Federal information systems (whether automated or manual), on behalf of CMS.

The central tenet of the CMS Information Security (IS) Program is that all CMS information and information systems shall be protected from unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft—whether accidental or intentional. The security safeguards to provide this protection shall be risk-based and business-driven with implementation achieved through a multi-layered security structure. All information access shall be limited based on a least-privilege approach and a need-to-know basis, i.e., authorized user access is only to information necessary in the performance of required tasks. Most of CMS' information relates to the health care provided to the nation’s Medicare and Medicaid beneficiaries, and as such, has access restrictions as required under legislative and regulatory mandates.

The CMS IS Program has a two-fold purpose:

(1) To enable CMS’ business processes to function in an environment with commensurate security protections, and
(2) To meet the security requirements of federal laws, regulations, and directives.

The principal legislation for the CMS IS Program is Public Law (P.L.) 107-347, Title III, Federal Information Security Management Act of 2002 (FISMA), http://csrc.nist.gov/drivers/documents/FISMA-final.pdf. FISMA places responsibility and accountability for IS at all levels within federal agencies as well as those entities acting on their behalf. FISMA directs Office of Management and Budget (OMB) through the Department of Commerce, National Institute of Standards and Technology (NIST), to establish the standards and guidelines for federal agencies in implementing FISMA and managing cost-effective programs to protect their information and information systems. As a contractor acting on behalf of CMS, this legislation requires that **the Contractor shall**:

- Establish senior management level responsibility for IS,
- Define key IS roles and responsibilities within their organization,
- Comply with a minimum set of controls established for protecting all Federal information, and
- Act in accordance with CMS reporting rules and procedures for IS.

Additionally, the following laws, regulations and directives and any revisions or replacements of same have IS implications and are applicable to all CMS contractors.

- P.L. 93-579, The Privacy Act of 1974, http://www.usdoj.gov/oip/privstat.htm , (as amended);
- P.L. 99-474, Computer Fraud & Abuse Act of 1986, www.usdoj.gov/criminal/cybercrime/ccmanual/01ccma.pdf P.L. 104-13, Paperwork Reduction Act of 1978, as amended in 1995, U.S. Code 44 Chapter 35, www.archives.gov/federal-register/laws/paperwork-reduction;
- P.L. 104-208, Clinger-Cohen Act of 1996 (formerly known as the Information Technology Management Reform Act), http://www.cio.gov/Documents/it_management_reform_act_Feb_1996.html;
- P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (formerly known as the Kennedy-Kassenbaum Act) http://aspe.hhs.gov/admnsimp/pl104191.htm;
- OMB Circular No. A-123, Management's Responsibility for Internal Control, December 21, 2004, http://www.whitehouse.gov/omb/circulars/a123/a123_rev.html;
- OMB Circular A-130, Management of Federal Information Resources, Transmittal 4, November 30, 2000, http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html;
- NIST standards and guidance, http://csrc.nist.gov/; and,
- Department of Health and Human Services (DHHS) regulations, policies, standards and guidance http://www.hhs.gov/policies/index.html

These laws and regulations provide the structure for CMS to implement and manage a cost-effective IS program to protect its information and information systems. Therefore, the Contractor shall monitor and adhere to all IT policies, standards, procedures, directives, templates, and guidelines that govern the CMS IS Program,

http://www.cms.hhs.gov/informationsecurity and the CMS System Lifecycle Framework, http://www.cms.hhs.gov/SystemLifecycleFramework.

The Contractor shall comply with the CMS IS Program requirements by performing, but not limited to, the following:

- Implement their own IS program that adheres to CMS IS policies, standards, procedures, and guidelines, as well as industry best practices;
- Participate and fully cooperate with CMS IS audits, reviews, evaluations, tests, and assessments of contractor systems, processes, and facilities;
- Provide upon request results from any other audits, reviews, evaluations, tests and/or assessments that involve CMS information or information systems;
- Report and process corrective actions for all findings, regardless of the source, in accordance with CMS procedures;
- Document its compliance with CMS security requirements and maintain such documentation in the systems security profile;
- Prepare and submit in accordance with CMS procedures, an incident report to CMS of any suspected or confirmed incidents that may impact CMS information or information systems; and
- Participate in CMS IT information conferences as directed by CMS.

If the contractor believes that an updated IS-related requirement posted to the CMS website may result in a significant cost impact, the contractor may submit a request for equitable cost adjustment before implementing change.

3.3 Financial Report

The Contractor shall provide financial reports to reflect the work performed by both the prime Contractor and Subcontractors. The Contractor shall provide financial reports to reflect the cost in both hours and dollars of work performed by both the prime Contractor and Subcontractors. Included with the financial reports shall be CMS' Financial Status Report spread sheet (See Appendix D).

The Financial Report shall contain the following sections for both the Contractor and each Subcontractor:

a. Contract Name
b. Contract Number
c. Authorized Contractor Representative
d. Period of Performance
e. Contract or Task Order Value
f. Total Amount Billed
g. Total Payment Received
h. Current Month Hours Expended by Labor Category
i. Cumulative Month Hours Expended by Labor Category

j. Estimated Hours To Completion by Labor Category
k. Current Month Cost Expended by Labor Category
l. Cumulative Cost Expended by Labor Category
m. Balance of Remaining Funds
n. Estimated Cost To Completion by Labor Category
o. Burn rate

3.4 Transition Out to a New Contractor

Transition to a new contractor is subsequent to the award of contract, should a follow-on contractor be awarded the HIX contract. (The transition to a new contractor may be required as a result of a future competitive RFP for this effort.)

The Contractor shall work proactively with CMS and any other organization, as designated by CMS, to ensure a smooth, orderly, cooperative transition of services to a new contractor, if necessary. The Contractor shall submit a phase-in plan that describes the Contractor's methodology, processes, and phase-in transition activities. Work phase-in plans and delivery dates shall be negotiated as soon as possible after notification of the new contractor's transition completion date.

Activities related to transition (should the transition be required) shall be conducted over a period not expected to exceed 180 calendar days (6 months). During this transition period, the incumbent contractor shall work with CMS and the new contractor to set up a training schedule and a schedule of events to smoothly changeover to the new contractor.

Not more than two weeks after notification by CMS that the transition to a new contractor will take place, the incumbent contractor shall submit to the Project Officer a draft written Joint Operating Agreement (JOA). Both the incumbent contractor and the new contractor shall sign the JOA.

The purpose of the JOA is to establish a process for managing the workload while both contracts are in place and to also establish a process to fully transition the workload from the incumbent contract to the new contract. The incumbent Contractor's JOA shall illustrate the manner in which the two entities will maintain support during the transition of the work from the incumbent's contract to the new contract including methods that will be used to communicate and coordinate activities among themselves and to communicate to CMS.

The JOA shall define the responsibilities for the incumbent contractor and the new contractor and shall be submitted to CMS for approval before final signatures are obtained. In addition, as part of the JOA, the incumbent contractor and the new contractor shall form a joint coordinated management team that will ensure that communication, coordination, cooperation, and consultation between the two entities is maintained in support of the transition and ongoing work. Such a team shall have regular meetings and shall monitor the work of any subgroups during transition and ongoing work, and shall submit status reports as determined by CMS.

The new contractor shall participate in the formation of a joint team with the incumbent contractor that will be managed by CMS to ensure that communication, coordination,

cooperation, and consultation between all the entities is maintained in support of the transition and ongoing work. This joint contractor team shall meet regularly (as defined by CMS) and shall monitor and manage the work of any subgroups during transition.

Incumbent Contractor Responsibilities

Not later than four weeks after notification by CMS that the transition to a new contractor will take place, the incumbent contractor shall submit to the Project Officer a Transition Plan. The Plan shall address the specific steps and dates the incumbent contractor will take to change the program to a new contractor. The Plan shall include but not be limited to the following:

- Transition plans and procedures
- Transition milestones and timeframes, including a detailed timeline for work-in-progress, test-site and production cutovers,
- A CMS approved comprehensive listing of the responsibilities of all personnel participating in the transition to include the policies, practices and procedures to be employed by the incumbent contractor to ensure there is no conflict between routine system maintenance and the activities of the transition,
- A CMS approved in-depth schedule and thorough description of the methodology to be employed by the incumbent contractor to ensure no degradation of service during the transition period,
- A CMS approved risk management plan that includes a list of the potential risks during the transition period and the plan to mitigate each, and
- A CMS approved complete and detailed resource-planning/resource-turnover analysis that includes network, Single Testing Contract (STC) and contractor infrastructure requirements.
- Any CMS approved travel necessary to support the transition (if applicable).

3.5 General Assumptions

To the extent that tasks in this scope of work pertain to the number of States that may be certified to operate an exclusively State-based Exchange, or to the operation of a State Partnership Exchange with the Federal government performing a range of business services from significantly all to a few, the Contractor shall use at least the following assumptions for pricing its proposal to assure the use of the same or similar basic assumptions. Some of the assumptions provided below pertain to tasks that may not be included in this scope of work, (e.g., onsite visits and analytic work to develop a payment notice), in which case the Contractor shall not include such tasks in the proposal or related pricing. Leading up to State certification, the Federal government will track State progress and provide technical assistance with the intention of maximizing the number of States that meet the necessary requirements for certification.

CMS will not know for certain how many States will apply for certification and be certified until January 1, 2013. Given this uncertainty, the Contractor shall assume that 50 states, the District

of Columbia, and U.S. territories will participate in a three-phase review process in 2012 that will include at least:

- An early assessment and a draft certification application review;
- A final certification application review approval process; and
- Three onsite visits per State.

For the purpose of costing out a proposal, the Contractor shall also assume that all Exchanges will access a Federal data services hub that will facilitate transactions between States and federal agencies where federal information is required, for example, to support the determination and verification of consumer eligibility for tax credits. For all business functions that an exchange must provide, the Contractor shall assume that States will fall into one of three categories. i.e., States that:

- Build or use vendor or other State services under direct arrangement and will be certified to run a State-based Exchange;
- Opt for an Exchange facilitated by Federal agencies that will operate in States; and
- Operate under a State Partnership Model allowing a State's business services that are ready in time for certification to operate in combination with Federal services. For such States the Contractor shall assume, on average, two business systems or services (e.g., eligibility and enrollment, financial management, plan management) developed by the Federal government (not including access to the Federal data services hub) to be operating.

As of July 7, 2011, eleven states have Exchange laws, and one more has legislation awaiting the Governor's signature. An additional nine states have laws or executive orders to study establishment of a State-based Exchange.

For each of these three categories, the Contractor shall assume that the size of the States in each category range from high to low in terms of the number of people estimated to be eligible for enrollment in Medicaid, CHIP and an exchange. Using local and regional Part C contracts and health plans as a simple approximation of the impact of Issuer and qualified health plans on Exchange functions, the Contractor shall assume 500 Issuer contracts and 3000 qualified health plans across all exchanges.

3.5.1 Other Assumptions

The Affordable Care Act requires the Federal government to provide technical support to States with Exchange grants. To the extent that tasks included in this scope of work could support State grantees in the development of Exchanges under these grants, the Contractor shall assume that data provided by the Federal government or developed in response to this scope of work and their deliverables and other assets associated with this scope of work will be shared in the open collaborative that is under way between States, CMS and other Federal agencies. This open collaborative is described in IT guidance 1.0. See http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf.

This collaboration occurs between State agencies, CMS and other Federal agencies to ensure effective and efficient data and information sharing between state health coverage programs and sources of authoritative data for such elements as income, citizenship, and immigration status, and to support the effective and efficient operation of Exchanges. Under this collaboration, CMS communicates and provides access to certain IT and business service capabilities or components developed and maintained at the Federal level as they become available, recognizing that they may be modified as new information and policy are developed. CMS expects that in this collaborative atmosphere, the solutions will emerge from the efforts of Contractors, business partners and government projects funded at both the State and federal levels. Because of demanding timelines for development, testing, deployment, and operation of IT systems and business services for the Exchanges and Medicaid agencies, CMS uses this collaboration to support and identify promising solutions early in their life cycle. Through this approach CMS is also trying to ensure that State development approaches are sufficiently flexible to integrate new IT and business services components as they become available.

- The Contractor's IT code, data and other information developed under this scope of work shall be open source, and made publicly available as directed and approved by the COTR.
- The development of products and the provision of services provided under this scope of work as directed by the COTR are funded by the Federal government. State Exchanges must be self-funded following 2014. Products and services provided to a State by the Contractor under contract with a State will not be funded by the Federal government.

3.5.2 Contractor Contracting with States

As approved by the COTR for products and services related to the deliverables under this scope of work, CMS Contractor(s) are encouraged by CMS to contract with States/State Exchanges as follows. A CMS Contractor that is a qualified entity within the meaning of ACA 1311(f)(3) with respect to any Exchange related IT system or business function may enter into a contract with a State/State exchange to support such system or function. A CMS Contactor may contract directly with a State/State Exchange even if the Contractor is not a qualified entity only where it does so with respect to non-discretionary functions under ACA 1311 (e.g., building and maintaining an IT system for use by the Exchange). A CMS Contractor may enter into a subcontract directly with a qualified entity that is in a contract with a State/State Exchange even if the Contractor is not a qualified entity.

4. Security

Contractor personnel visiting any Government facility in conjunction with this task order shall be subject to the Standards of Conduct applicable to Government employees. Site-specific regulations regarding access to classified or sensitive materials, computer facility/IT network access, issue of security badges, etc., shall be provided as required by the Government. All products, source code and scripts produced and their associated work papers are to be considered the property of the Government, specifically, the Department of Health and Human Services.

The provisions outlined in this section apply to the prime contractor, all subcontractors and all prime or subcontractor employee(s) that may be employed during the course of this task order.

Requirements

To perform the work specified herein, contractor personnel will require access to sensitive data, regular access to HHS-controlled facilities and/or access to HHS information systems. All Contractor personnel shall meet the minimum requirements of Homeland Security Presidential Directive 12 prior to beginning work. All contractor personnel fulfilling the requirements of this task order, are required to read and sign a Nondisclosure Statement, prior to beginning work.

HHS Information Security Program Contract Oversight Guide

The Contractor shall comply with the HHS Information Security Program Contractor Oversight Guide dated November 7, 2006. The contractor shall ensure that each contractor/subcontractor employee has completed the HHS Computer Security Awareness Training course prior to performing any contract work, and thereafter shall complete the HHS-specified fiscal year refresher course during the period of performance of the contract.

The contractor shall maintain a listing by name and title of each contractor/subcontractor employee working under this task order that has completed the HHS required training. Any additional security training completed by contractor/subcontractor staff shall be included on this listing. [The listing of completed training shall be included in the first technical progress report. Any revisions to this listing as a result of staffing changes shall be submitted with next required technical progress report.]

Physical Security

The contractor is to be responsible for safeguarding all government property provided for contractor use. At the close of each work period, government facilities, equipment, and materials are to be secured.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 7

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
000005	09/01/2013	See Schedule	

6. ISSUED BY — CODE: ITG - DISSC

CMS,OAGM,ITG,DISSC
7500 SECURITY BLVD., MS: C2-21-15
BALTIMORE MD 21244-1850

7. ADMINISTERED BY (If other than Item 6) — CODE: AGG/AH

Allisan Hafner
Contract Specialist
410-786-5147

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 — FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0012

10B. DATED (SEE ITEM 13)
09/30/2011

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule — Net Increase: $58,143,471.63

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) FAR 52.243-2 Changes - Cost Reimbursement, Alternate II

E. IMPORTANT: Contractor ☐ is not ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to: (1) add additional funding for the Base Year- CLIN 0001 in the amount of $58,143,471.63 (2) reduce CLIN 0001AC by [redacted] (3) extend the period of performance for Base Year- CLIN 0001 until February 28, 2014 (4) change the period of performance for Option Year 1- CLIN 0002 from March 1, 2014 through September 1, 2014, (5) reduce the estimated cost for Option Year 1- CLIN 0002 by [redacted], reduce the estimated cost for Option Year2- CLIN 0003 by [redacted] and reduce Option Year 3- CLIN 0004 by [redacted] (6) revise key personnel for Chief Architect and (7) include a Statement of Work dated August 28, 2013.
Delivery Location Code: N/A
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
CHRISTINA MARCHIONE, VICE PRESIDENT	LYANDRA EMMANUEL

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)	8-29-13	(Signature of Contracting Officer)	8/29/13

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Not Applicable				
	Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	Base Period - Design, Devlopment and Implementation (Non-severable services) Requisition No: 888-1-7206-05 Accounting Info: CAN Number: 15996086 Appropriation: 75X0119 Object Class: 252Z Funded: (b)(4) NOTE: The following are the sub contract line items associated with CLIN 0001. The full funding for these totals comes from item 0001, 000101, 000102, 000103, and 000104. 0001AA - Estimated Cost, NTE, IAW SOW: (b)(4) 0001AB - Fixed Fee: (b)(4) 0001AC - Travel, NTE, IAW FTR: (b)(4)				(b)(4)
	Change Item 000101 to read as follows(amount shown is the obligated amount):				
000101	Additional funding for Base Period Requisition No: OIS-393-2012-0383 Accounting Info: 5996720-7520511-252Z-770-2-0763-09 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252Z Component ID: 770 Fiscal Year: 2 Project #: 0763 Sequence #: 09 Funded: (b)(4) Add Item 000105 as follows:				(b)(4)
000105	CGI - FFE - Mod 5 Requisition No: OIS-393-2013-1340, OIS-393-2013-1358, OIS-393-2013-1549, OIS-393-2013-1566, OIS-393-2013-1589, OIS-393-2013-1645, OIS-393-2013-1647 Continued ...				58,143,471.63

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Accounting Info: P-203-13-000764-014 Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 000764 Sequence #: 014 Funded: (b)(4) Accounting Info: P-221-13-000763-008 Req Identifier: P CAN Number: 5990042 Appropriation: 7530511 Object Class: 25235 Component ID: 221 Fiscal Year: 13 Project #: 000763 Sequence #: 008 Funded: (b)(4) Accounting Info: P-221-13-000763-013 Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 221 Fiscal Year: 13 Project #: 000763 Sequence #: 013 Funded: (b)(4) Accounting Info: P-215-13-002329-011 Req Identifier: P CAN Number: 5992370 Appropriation: 75 X 8393 Object Class: 25235 Component ID: 215 Fiscal Year: 13 Project #: 002329 Sequence #: 011 Funded: (b)(4) Accounting Info: P-221-13-000763-014 Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 221 Fiscal Year: 13 Project #: 000763 Sequence #: 014 Funded: (b)(4) Accounting Info: P-203-13-000742-003 Req Identifier: P CAN Number: 5990024 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 000742 Sequence #: 003 Funded: (b)(4) Accounting Info: P-203-13-000742-004 Req Identifier: P CAN Number: 5996932 Appropriation: 7530511 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 000742 Sequence #: 004 Funded: (b)(4) Change Item 1001 to read as follows(amount shown is the obligated amount): 1001 1st Option Period - Operations and Maintenance (Severable services) Amount: (b)(4) (Option Line Item) Continued ...				Option

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Change Item 2001 to read as follows(amount shown is the obligated amount):				
2001	2nd Option Period - Operations and Maintenance (Severable services) Amount: (b)(4) (Option Line Item)				Option
	Change Item 3001 to read as follows(amount shown is the obligated amount):				
3001	3rd Option Period - Operations and Maintenance (Severable services) Amount: (b)(4) (Option Line Item)				Option
	Change Item 4001 to read as follows(amount shown is the obligated amount):				
4001	Transition Out (Severable services) Amount: (b)(4) (Option Line Item)				Option
	Change Item 4003 to read as follows(amount shown is the obligated amount):				
4003	Additional FFE HIX Support Requisition No: OIS-393-2013-1022 Accounting Info: P-221-13-000763-005 Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 221 Fiscal Year: 13 Project #: 000763 Sequence #: 005 Funded: (b)(4)				(b)(4)

The purpose of this modification is to: (1) add additional funding for the Base Year- CLIN 0001 in the amount of $58,143,471.63 (2) reduce CLIN 0001AC by (b)(4) and move (b)(4) to CLIN 0001AA (3) extend the period of performance for Base Year- CLIN 0001 until February 28, 2014 (4) change the period of performance for Option Year 1- CLIN 0002 from March 1, 2014 through September 1, 2014, (5) reduce the estimated cost for Option Year 1- CLIN 0002 by (b)(4) reduce the estimated cost for Option Year2- CLIN 0003 by (b)(4) and reduce Option Year 3- CLIN 0004 by (b)(4) (6) revise key personnel for Chief Architect and (7) include a Statement of Work dated August 28, 2013.

SECTION B - SUPPLIES OR SERVICES PRICES/COSTS

3. Schedule of Service Price/Costs

CLIN 0001 09/30/11 – 02/28/2014	**Design, Development and Implementation**	
0001AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0001AB	Fixed Fee	
0001AC	Travel, NTE, IAW FTR	
	Total	**$177,821,308.66**

CLIN 0002 03/01/14 – 09/01/14	**Option Year 1 – Operations and Maintenance**	
0002AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0002AB	Award Fee	
0002AC	Travel, NTE, IAW FTR	
	Total	**$32,407,084.04**

CLIN 0003 09/02/14-09/01/15	**Option Year 2 – Operations and Maintenance**	
0003AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0003AB	Award Fee	
0003AC	Travel, NTE, IAW FTR	
	Total	**$40,282,378.59**

CLIN 0004 09/02/15 – 09/01/16	**Option Year 3 – Operations and Maintenance**	
0004AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0004AB	Award Fee	
0004AC	Travel, NTE, IAW FTR	
	Total	**$39,276,629.06**

CLIN 0005 09/02/16 – 03/01/17	**Transition Out**	
0005AA	Estimated Cost	(b)(4)
0005AB	Award Fee	
0005AC	Travel, NTE, IAW FTR	
	Total	**$2,496,967.38**

TOTAL		**$292,284,367.72**

SECTION C- STATEMENT OF WORK

The attached Statement of Work dated August 28, 2013 is hereby incorporated into this task order.

SECTION G- CONTRACT ADMINSTRATION DATA

9. Accounting and Appropriation Data

CLIN Funded	Requisition	Accounting and Appropriation Data	Amount	Funding Authority
CLIN 0001	888-1-7206-05	15996086 75X0119 252Z	(b)(4)	Award
CLIN 0001	770.2-0765-02	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-03	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-09	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0749-01	5996720 7520511 252Z		Modification #1
Admin.	N/A	N/A		Modification #2
CLIN 0001	OIS-393-2013-1022	5990026 7575X0125.005 25235		Modification #3
CLIN 0001	OIS-393-2013-1192	5990026 7575x0125.005 25235		Modification #4
CLIN 0001	OIS-393-2013-1340	5990026 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1358	5990042 7530511 25235		Modification #5
CLIN 0001	OIS-393-2013-1549	5990026 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1566	5992370 75X8393 25235		Modification #5
CLIN 0001	OIS-393-2013-1589	5990026 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1645	5990024 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1647	5996932 7530511 25235		Modification #5

SECTION H- SPECIAL CONTRACT REQUIREMENTS

11. HHSAR 352.242-70 Key personnel (Jan 2006)

The key personnel specified in this contract are considered to be essential to work performance. At least 30 days prior to diverting any of the specified individuals to other programs or contracts (or as soon as possible, if an individual must be replaced, for example, as a result of leaving the employ of the Contractor), the Contractor shall notify the Contracting Officer and shall submit comprehensive justification for the diversion or replacement request (including proposed substitutions for key personnel) to permit evaluation by the Government of the impact on performance under this contract. The Contractor shall not divert or otherwise replace any key personnel without the written consent of the Contracting Officer. The Government may modify the contract to add or delete key personnel at the request of the contractor or Government.

The following labor categories are considered key personnel under this contract:

Name	Position Title
(b)(4)	Project Manager
	Chief Architect

Attachments:

Statement of Work dated August 28, 2013

Department of Health and Human Services

Centers for Medicare & Medicaid Services

Federal Exchange Program System
Federal Exchange Statement of Work

Version 1.1

August 28, 2013

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Section C – Statement of Work

The Contractor shall furnish all of the necessary personnel, materials, services, facilities, (except as otherwise specified herein), and otherwise do all the things necessary for or incident to the performance of the work as set forth below.

The Contractor, acting independently and not as an agent of the Government, shall furnish all the necessary services, qualified personnel, material, equipment/supplies (except as otherwise specified in the task order), and facilities, not otherwise provided by the Government, as needed to perform the Statement of Work (SOW) below.

Throughout this document, reference is made to notification, delivery, liaison and interaction between the Centers for Medicare and Medicaid Services (CMS) and the Contractor. This task order requires the Contractor to interact with CMS personnel of multiple disciplines (contracting personnel, contract management personnel, technical personnel, etc.) who form a CMS team. Identification of the specific point-of-contact on the CMS team for specific situations has not been addressed in this document; this lack of specificity in no way affects any of the requirements the contractor is required to perform. The Contractor is advised that specific use of the terms “CMS”, “Contracting Officers Technical Representative” (COTR) or “Contracting Officer” (CO) in this document could denote one or several other members of the CMS team (see Appendix A, ACRONYMS).

1. Introduction

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L. 111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act. The Affordable Care Act creates new competitive private health insurance markets – called Exchanges – that will give millions of Americans and small businesses access to affordable coverage and the same insurance choices members of Congress will have. Exchanges will help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices. The IT systems will support a simple and seamless identification of people who qualify for coverage through the Exchange, tax credits, cost-sharing reductions, Medicaid, and CHIP programs. By providing a place for one-stop shopping, Exchanges will make purchasing health insurance easier and more understandable and will put greater control and more choice in the hands of individuals and small businesses.

The Centers for Medicare & Medicaid Services (CMS) is working with States (including the District of Columbia and the territories) to establish Exchanges in every State. The law gives States the opportunity to establish State-based Exchanges, subject to certification that the State-based Exchange meets federal standards and will be ready to offer health care coverage on January 1, 2014. The deadline for certification is January 1, 2013. In a State that does not achieve certification by the deadline, the law directs the Secretary of Health and Human Services to facilitate the establishment of an Exchange in that State.

CMS has pursued various forms of collaboration with the States to facilitate, streamline and simplify the establishment of an Exchange in every State. These include an early innovator

program, under which seven States were awarded grants to develop IT systems that could serve as models for other States, as well as a federal data services hub, through which HHS will provide certain data verification services to all Exchanges. These two efforts have made it clear that for a variety of reasons including reducing redundancy, promoting efficiency, and addressing the tight implementation timelines authorized under the Affordable Care Act, many, if not most States, may find it advantageous to draw on a combination of their own work plus business services developed by other States and the Federal government as they move toward certification.

"State Partnership Model"

Some States have expressed a preference for a flexible State Partnership Model combining State designed and operated business functions with Federally designed and operated business functions. Examples of such shared business functions could include financial management and health plan management systems and services. State partnerships would not preclude States from meeting all certification requirements and choosing to operate an exclusively State-based Exchange.

Exchanges are competitive marketplaces

Section 1311 of the Affordable Care Act sets minimum standards for Exchanges covering key areas of consumer protection, including a certification process for qualified health plans (QHPs). These standards help ensure that all Exchanges will be competitive marketplaces that serve the interests of individuals and small businesses. By pooling people together, reducing transaction costs, and increasing transparency, Exchanges will create more efficient and competitive health insurance markets for individuals and small employers.

CMS has solicited public comment, published guidance, and provided technical support to States as they work to establish Exchanges. Our work to solicit input on the Exchange began with a formal Request for Comment that was published on July 27, 2010. Over 300 responses were received from a wide variety of stakeholders offering perspectives on many aspects of the implementation of Exchanges. Initial guidance was published in November 2010, and the first Notice of Proposed Rule Making, which will address the core standards for establishment and operation of Exchanges, will be published soon. See:
http://cciio.cms.gov/resources/files/guidance_to_states_on_exchanges.html

Exchange will help coordinate interaction with other State health coverage programs

Section 1311 of the Affordable Care Act requires Exchanges to coordinate eligibility determinations across State health coverage programs. On May 31, 2011, CMS issued IT guidance 2.0 to describe coordination among Exchanges, Medicaid and CHIP. See:
http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf

States have the first option to establish Exchanges

Section 1311 of the Affordable Care Act provides each State with the option to set up an exclusively State-based Exchange and authorizes grant funding to cover start up costs through 2014 for States meeting benchmarks. Since September 30, 2010, CMS has awarded planning grants to 49 States and the District of Columbia to assist with initial planning activities related to the implementation of the Exchanges ("Planning Grants"). See: http://cciio.cms.gov/resources/fundingopportunities/exchange_planning_grant_foa.pdf

In an effort to promote re-use and efficiency in the development of IT components for Exchanges, CMS provided funding for IT Innovation on February 15, 2011. These "Innovator Grants" went to seven States, totaling $241 million in funding to develop Exchange IT systems that will serve as models for other States. These grants require the awardees to make available to other States their work and the IT products and other assets developed under the grants. Importantly, these grantees participate in an "open collaborative" among States, CMS and other Federal agencies to share interim deliverables and knowledge to facilitate the efficient development and operation of Exchange IT systems. This approach aims to reduce the need for each State and the Federal government to "reinvent the wheel" and aids States in Exchange establishment by accelerating the development of Exchange IT systems. See: http://cciio.cms.gov/resources/fundingopportunities/early_innovator_grants.pdf

A third funding opportunity was announced on January 20, 2011, which provides States with financial support for activities related to the establishment of exclusively State-based Exchanges ("Establishment Grants"). This funding opportunity provides two levels of funding based on the progress made by each State in planning for and establishing an Exchange. The first level provides one year of funding and can be limited in scope. The second level requires a more advanced state of readiness and provides funding through 2014. Interim deliverables and knowledge gained under these grants will also be supported in an open collaborative among States and CMS.

States can apply for grants to carry out activities in one or more of eleven core areas of Exchange operation: Background Research, Stakeholder Consultation, Legislative and Regulatory Action, Governance, Program Integration, Exchange IT Systems, Financial Management, Oversight and Program Integrity, Health Insurance Market Reforms, Providing Assistance to Individuals and Small Businesses, and Business Operations of the Exchange. State progress will be evaluated under these eleven core areas to support the certification of Exchanges by January 1, 2013. This funding opportunity announcement provided substantial information about standards and benchmarks that Exchanges must meet to achieve certification. See: http://cciio.cms.gov/resources/fundingopportunities/foa_exchange_establishment.pdf

Certification of State Exchanges will be a flexible process

Section 1321 of the Affordable Care Act requires Exchanges be certified by no later than January 1, 2013. To meet that deadline, CMS anticipates that the certification process will begin no later than July 2012. The process is likely to include initial progress submissions, operational assessments of readiness, final applications, and a substantial amount of collaboration and discussion with CMS. Depending on the State, the process could include the State

supplementing its own internally developed systems and services with work products developed by other States or the Federal government. From now through 2013, CMS will be working with States collaboratively, and will be continually evaluating how to develop federal business systems and services, and support similar development by others, in a manner that maximizes State flexibility. The goal is to give States the full opportunity to compare the menu of options including a flexible State Partnership Model, and an exclusively a State-based Exchange.

1.1 Task Order Scope

The Federal Exchange Program System (FEPS) consists of a FX that serves the needs of individuals, families, and small business within states where those states do not have their own state-run exchange, and the Data Services Hub (DSH), which provides common services and interfaces to federal agency information. Since states may elect to establish their own state-run exchanges or portions thereof, this task order will permit future modifications to encompass state's needs that are unknown at this time. Should CMS require additional services over and above those awarded at time of award, CMS will modify this order accordingly to meet the individuals' and states' needs. CMS expects these information technology (IT) systems to support a first-class customer experience, provide seamless coordination between state-administered Medicaid and CHIP programs and the FX, and between the FX and plans, employers, agents/brokers, and navigators. These systems will also generate robust data in support of program evaluation efforts.

Through this procurement, CMS seeks qualified contractors to build the technical solution and support the operations of the FX that serves the needs as described within the Affordable Care Act, enables consumers to obtain affordable health care coverage, and allows employers to offer healthcare coverage to their employees.

The FX serves the needs of individuals – including exchange insurance support, Medicaid support, and Children's Health Insurance Program (CHIP) – within states where those states do not have their own state-run exchange. As such, the FX may perform all the core functions as any state exchange would, transfer account information to Medicaid/CHIP agencies, or provide a subset of the services to augment the capabilities built by the state. The capability must exist to activate or enable states within the FX with varying degrees of notice. The federal FX development will be aware of some states' requirements for support early in the development life cycle, but the need to support other states may not be communicated until much later. The FX must be sufficiently robust to provide support of state exchange requirements at any point in the life cycle. In addition, the FX must be capable of integration with a variety of state (and federal) boundary systems and processes.

The key Exchange IT systems modules shall include, but not be limited to:

1. Eligibility & Enrollment
2. Health plan management to support QHP certification
3. Payment management system for Free Choice Vouchers
4. Premium tax credits administration
5. Cost-sharing assistance administration

The foregoing Exchange IT modules must support the core business functions of an Exchange. As presently understood, the Exchange consists of the following business functions:

- Exchange Administration
- QHP and Quality Management
- Eligibility & Enrollment
- Verification of eligibility against authoritative data sources
- Insurance Portal for Consumers
- Account Transfer with Medicaid/CHIP agencies
- Insurance Portal for Agents, Brokers, Marketplace Assisters, and Navigators
- Premium Tax Credit Administration
- Cost Sharing Reduction Administration
- Small Employer coordination to offer coverage (and potentially integration with Premium Aggregation and Collection Services)
- Appeals & Case Management
- Payment and Financial Management
- Risk Adjustment and Reinsurance
- Program Integrity
- Measuring Quality and Consumer satisfaction
- Consumer tools and information to support calculation of out of pocket costs, available subsidies, and information to make appropriate choices of affordable coverage

In addition, the FX must be interoperable and integrated with State Medicaid/CHIP programs and capable of interfacing with Department of Health and Human Services (HHS) and other data sources in order to verify and acquire data as needed.

The Pre-existing Condition Insurance Plan (PCIP) program, an existing federal health insurance program, will migrate its data and operations to the FX by 2014, enabling consumers to receive equivalent services and support. PCIP provides health insurance available to those who have been denied coverage by private insurance companies because of a pre-existing condition. PCIP is administered either at the state or the federal government level (if a state does not have a PCIP program). PCIP provides a health coverage option for people without health coverage for at least six (6) months, people who have a pre-existing condition or have been denied health coverage because of a health condition, and who are U.S. citizens or reside here legally.

The optimal outcome of the Affordable Care Act is every state and territory operating their own exchange to serve the needs of their individuals and employers; however, CMS anticipates that a number of states will need local support. In some cases this support will be limited to oversight and minimal consulting to help facilitate or expedite work in progress. In other cases there may be more tactical support required or the need to be migrated to the FEPS. The level and amount of support provided to states in these cases will be carefully evaluated, for example, to determine

if such help will bring the state back in compliance with schedule or if the work is too significant to augment, and therefore, the state must be opted-out and folded into the FX solution. This aspect of the FEPS will involve careful analysis and evaluation prior to any assignment of resources

In order to ensure exceptional performance and accountability for these projects, CMS is following the Exchange Life Cycle (ELC), a model derived from the CMS Integrated IT Investment & System Life Cycle Framework (ILC) used for development and implementation of all CMS IT systems. The ELC was created with an Exchange-specific Project Process Agreement (PPA). All planning will comply with Office of Management and Budget (OMB) Circular A-130 and the Clinger-Cohen Act, which mandates that each federal agency develop a depiction of the functional and technical processes utilized to accomplish its mission. All work performed should be compliant with HHS Enterprise Architecture.

1.2 Contract Outcome

For this task order, CMS desires a Managed Services approach that will include the following:

1. Architecting and developing a Federal Exchange that may be used by any state that opts out of building and operating its own Exchange
2. Designing a solution that is flexible, adaptable, and modular to accommodate the implementation of additional functional requirements and services; and
3. Participating in a collaborative environment and relationship to support the coordination between CMS and the primary partners, e.g., the Internal Revenue Service (IRS)

The foregoing activities must be completed to ensure the FX will be ready. The following reviews represent the key milestones (stage gate reviews in the ELC, dates represented as calendar year) for the FX:

- Architecture Review: Q4 2011
- Project Startup Review: Q4 2011
- Project Baseline Review: Q1 2012
- Preliminary Design Review: Q2 2012
- Detailed Design Review: Q4 2012
- Final Detailed Design Review: Q1 2013
- Pre-Operational Readiness Review: Q2 2013
- Operational Readiness Review: Q3 2013

A detailed description of the foregoing activities and milestones can be found in the Collaborative Environment and Life Cycle Governance Supplement to the Exchange Reference Architecture: Foundation Guidance document and the CMS ILC site at http://www.cms.hhs.gov/SystemLifecycleFramework/

The planned artifacts and templates for the FEPS development will also be stored in the Application Life Cycle Management (ALM) environment that CMS is standing up for the use of multiple stakeholders across the Affordability Care Act projects.

1.3 Assumptions and Constraints

The Contractor's task order response should take the following assumptions and constraints into consideration:

- The Affordable Care Act requires individuals to be enrolled in appropriate health insurance programs by January 2014. CMS expects open enrollment to begin in October 2013. CMS requires that Exchange and DSH capability be ready for nationwide testing by June 2013.
- Identification of states requiring FX support. States requiring federal exchange support will be identified between 2011 through the end of 2013. The architecture and design of the FEPS must allow for capture of required state information in the FX in a modular and repeatable manner.
- Varying schedules among participants within overall Exchange Program. Other federal agency partners and the states will determine their own development and delivery schedules for their components of the program.
- Level of cooperation and support for consistent milestones. CMS will track the progress of the states and federal partners with a focus on nation-wide integration testing starting in June 2013.
- The applicability of the system models developed by Early Innovator States must be evaluated to assess the degree of leverage that can be recognized from innovation grant state deliverables in support of the remaining states, the federal exchanges, and the DSH
- The contractor shall support sharing and re-use of developed FX solutions with Early Innovator States and others. This includes deployment of tools and supporting personnel needed to support activities associated with sharing and re-using of FX services and artifacts.
- The contractor shall support CMS with operations and management of Inner Sourcing and Community Management initiatives related to sharing FX services, incorporating system models from Early Innovator States for other states to utilize, and sharing applicable FX models and services with Issuers.
- The contractor shall support integration and validation of QHP data with NAIC's Plan Management system
- The contractor shall support integration with Eligibility Support functions, Reconciliation functions, and Enrollment processing functions
- Assume that there will be 2 visits to state sites at an average cost of $2,500.00 per visit.
- The contractor shall acquire the required infrastructure services from the CMS Cloud Service provider, Terremark. CMS will provide the contractor with a FEDSTRIP

authorization to permit the contractor to order the required services from the cloud service provider's GSA contract, at pricing equal or better than the negotiated pricing on the CMS Cloud Services task order with Terremark.

- The Contractor shall adhere to CMS' Cloud Computing Technical Reference Architecture, including establishment of necessary computing environments (Development, Test, Implementation, and Production) and support deployment of Continuous Integration and Continuous Development (CI/CD) process.
- The Government intends on establishing a ceiling for indirect rates of not more than +/- 5% from the proposed rates.
- CMS defines local travel as travel that is less than twelve (12) hours in duration within the Washington Metropolitan Area, including Baltimore, MD, and Virginia, and does not require overnight lodging.
- Travel performed for personal convenience or daily travel to and from work at the contractor's facility or local Government facility (i.e.: designated work site) shall not be reimbursed under this contract.
- If travel is proposed the Contractor's business proposal shall segregate it from other pricing/elements and the breakout shall include: Names of travelers, destinations (to and from), mode of transportation, mileage, rental cars, hotel, purpose of trip, etc.
- All travel will be performed on an as needed basis and submitted to the CMS Contracting Officer Technical Representative (COTR) for approval prior to execution. Per diem will be reimbursed at Government-approved rates in effect at the time of travel. All travel as well as per diem (lodging, meals and incidentals) shall be reimbursed in accordance with the Federal Travel Regulation (FTR) – For reference purposes refer to the below link: http://www.gsa.gov/portal/content/104790
- Level of support development and deployment should reflect completing majority of development activities by May 2013 and entering testing and bug-fix phase for these items.

1.4 Standards and Reference Material

The following documents are provided as background material to this procurement:

- Guidance for Exchange and Medicaid IT Systems, versions 1.0 and 2.0
- Medicaid and Exchange IT Architecture Guidance: Framework for Collaboration with State Grantees. This overview document describes the relationships between the Exchange Reference Architecture documents.
- Exchange Reference Architecture Foundation Guidance
- Collaborative Environment and Life Cycle Governance – Exchange Reference Architecture Supplement
- Harmonized Security and Privacy Framework – Exchange TRA Supplement

- Eligibility and Enrollment – Exchange Business Architecture Supplement
- Plan Management – Exchange Business Architecture Supplement
- Conceptual Data Model and Data Sources – Exchange Information Architecture Supplement
- Business Blueprint Master Glossary. Glossary of key terms and concepts referenced in the Exchange Business Architecture supplements.
- Business Blueprint Services Workbook. Contains the inventory of Exchange business services and supporting business services identified from the process models and their mapping to business processes.
- Eligibility & Enrollment Blueprint Data Capture Workbook. Contains the meta-data describing the Eligibility & Enrollment process flows, and associated activities, information flows, and capabilities.
- Plan Management Blueprint Data Capture Workbook. Contains the meta-data describing the Plan Management process flows, and associated activities, information flows, and capabilities
- Financial Management Blueprint Data Capture Workbook. Contains the meta-data describing the Plan Management process flows, and associated activities, information flows, and capabilities
- CMS Technical Reference Architecture (TRA), v.2.1 and supplements. Several relevant TRA supplements are listed on the CMS web site (http://www.cms.gov/SystemLifecycleFramework/TRAS/list.asp#TopOfPage) and other supplements are under development. Supplements are available upon request.
- CMS Testing Framework document, which can be found at

http://www.cms.gov/SystemLifecycleFramework/Downloads/CMSTestingFrameworkOverview.pdf

- MITA Framework 2.0 and supporting material. MITA material is available on the CMS web site (http://www.cms.gov/MedicaidInfoTechArch/04_MITAFramework.asp#TopOfPage).
- Publication 1075: Tax Information Security Guidelines for Federal, State and Local Agencies. OMB No. 1545-0962. See www.irs.gov/pub/irs-pdf/p1075.pdf.
- Internal Revenue Manual (IRM); Part 10; Security, Privacy and Assurance. See www.irs.gov/irm/part10/

2. Requirements and Work Activities

These requirements are for systems development and delivery of a federally operated Federal Exchange (FX). The Contractor's proposed solution shall be designed and developed to interoperate with the Data Services Hub and State Exchanges. As such, the majority of the following tasks relate to life cycle activities that support delivery. The CMS ELC is the baseline system development life cycle model used to structure and track progress. Each specific development task includes full life cycle coverage from technical requirements definition to testing and Authority to Operate (ATO). CMS has tailored the ILC through a PPA to create the ELC used in this SOW. CMS believes that an iterative or agile development approach may provide the best opportunity to incrementally build and test FX functionality.

The Contractor's proposed solution shall be based on a modular, agile, flexible services based approach to systems development, including use of open interfaces, open source software, Government Off-The-Shelf (GOTS) software, and exposed application programming interfaces supported as web services; the separation of business rules from core programming; and the availability of business rules in both human and machine readable formats.

2.1 General Technical Requirements

Each of the following technical areas describes one aspect of an integrated service capability to support FX operations. Although the areas are described individually, the Contractor shall architect an integrated, flexible, and adaptable end-to-end solution.

2.1.1 Infrastructure Requirements

The key objectives of this infrastructure approach are to provide elasticity (flexibility with respect to capacity-on-demand), an operating expense model instead of a capital expense model, and usage-based pricing for processing, storage, bandwidth, and license management. To that end, the Contractor's proposed solution shall be incorporated into CMS' Terremark hosted environment and the Contractor shall work with Terremark, to ensure that these objectives are met as part of the infrastructure design and implementation, and the platform design and implementation.

The FEPS infrastructure is supported by managed services contract(s) for development, test, and production awarded to Terremark. Depending on the definition of the term "managed service," these managed services may be considered a federal cloud implementation. As such, it is imperative that the FX services are designed and implemented in a platform-independent manner, namely, the Contractor shall make no assumptions about the specifics of the managed service platform, but shall design and implement the services to take advantage of platform capabilities to allow for vendor independence, location independence, and elasticity (e.g., capacity-on-demand). This means that The Contractor shall build FX services using open standards and platform-independent application programming interface (API) products, such as those available from Dasein or Deltacloud. If the Contractor believes another approach will perform equally or better than developed products or an open source product suite, the Contractor may recommend such a solution. The Contractor shall then demonstrate that from

performance, support, response, ease of development, connectivity, and cost considerations the alternative solution meets or exceeds all requirements in this SOW.

The Contractor shall utilize the CMS secure managed services environment. The CMS secure managed services environment includes Infrastructure as a Service (IaaS) and Platform as a Service (PaaS) support. The Contractor shall provide a comprehensive listing of all system infrastructure and platform components needed to support this SOW and work with Terremark to acquire, configure, and deliver them as part of the contractor's proposed solution to CMS. . The Contractor shall present the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the approach. The Contractor shall develop, implement, integrate, test, and deliver the FX services using the approved managed services approach.

The Contractor shall define an infrastructure that is consistent with the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture, for development, test, and production. The infrastructure shall be comprised of managed services, including, but not limited to, managed server services, managed network services, managed storage services, managed monitoring and reporting services, and managed security services. The Contractor shall support and operate the FX systems running on the infrastructure, for the period of performance of this SOW. The infrastructure must be capable of scaling to meet the anticipated peak demands during open enrollment. The infrastructure must meet all data management safeguard requirements required for Personally Identifiable Information (PII), Personal Health Information (PHI), and Federal Tax Information (FTI) data.

The Contactor shall:

- Be responsible for developing and maintaining all interfaces specific to supporting the work required under this SOW and ensure all interfaces are compatible with the CMS secure managed services environment
- Ensure services provided as part of this SOW will not degrade the existing Service Level Agreements (SLA) for the CMS secure managed services environment
- Ensure services provided as part of this SOW will not degrade the security levels of the CMS secure managed services environment
- Ensure their delivered Software-as-a Service (SaaS) products are capable of seamlessly integrating and supporting the IaaS and PaaS services
- Ensure the infrastructure is comprised of managed services, including, but not limited to, managed server services, managed network services, managed storage services, managed monitoring and reporting services, and managed security services.
- Ensure IaaS, PaaS, and SaaS will be configured to support the following environments:
  - (Internal to CMS) Development, Integration, and Quality Assurance associated with concurrent Sprint and Release cycles
  - (Shared with external entities) User Acceptance Test, Pre-Production, and Production that will be used with multiple federal agencies, Issuers, and State agencies

  - (Shared with Issuers for FM purposes) Distributed data analysis computing environment including provision of licenses and computing resources needed to support development, testing, and on-going operations
  - Pre-production environment will be utilized for training, Stress testing, Nationwide-integration testing, performance testing and shall have equal capacity to Production
- Ensure PaaS and SaaS includes Workflow and Correspondence Delivery platform, Mobile content delivery platform, and Operations Monitoring and Analytics support
- Ensure IaaS and PaaS support includes operations support to properly support changes, increases, and overall management of IaaS and PaaS
- Ensure configuration support for IaaS and PaaS is accounted for as part of FX solution.
- Ensure that peak volume does not overload the web and the data hub infrastructure
- Ensure the proposed infrastructure is consistent with the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture.

The Contractor's proposed IT structure shall adhere strictly to CMS standards for connectivity, interfaces, security, and data transmission.

2.1.2 Transactional Database Server

For FEPS, CMS is utilizing the Marklogic database server as primary transactional database. From evaluation, CMS has found MarkLogic database server, compared to traditional RDBMS, offers horizontal scalability with ability to add additional database nodes on the fly. Additionally, Marklogic database server provides rich xml-based data services that eliminate need for ORM. With primarily transactional nature of FX and DSH operations, the Marklogic database server offers the best performance-to-scalability value for CMS.

The Contractor shall provide all software and infrastructure required to acquire, configure, and deploy Marklogic database servers on FX infrastructure. This shall include all infrastructure support (both IaaS and PaaS) on the CMS' Terremark environment and incorporation of the Marklogic database server as an integral part of the FX system.

The Contractor shall provide the following activities to support the CMS FX implementation goals:

- MarkLogic server Installation and Configuration
- Loading of CMS FX data sources into the MarkLogic Server.
- Application Development based on MarkLogic Server
- Integration with CMS' Data Warehousing solution
- Integration with third party applications**:** design and development of the integration approach or implementing the integration between MarkLogic Server and other third party applications.

2.1.3 Content Delivery Network

The Federal Exchange may support multiple states and have to deliver web site content to a large number of individuals across a vast geographic landscape.

The Contractor shall incorporate a robust Content Delivery Network (CDN) service as part of FEPS to maximize resources, protect the integrity and availability of the origin servers, and accelerate static content delivery.

The Contractor shall select and ensure the CDN service meets the following requirements:

- Has points of presence in the United States and have the ability to significantly accelerate both static, and possibly dynamic, data delivery to U.S. citizens worldwide; incorporates a robust and secure caching strategy to bring the right balance of acceleration verses security and privacy to dynamic elements
- Obfuscate the CMS origin servers from the public Internet
- Be resilient and ensure 99.999% of content retrieval from the origin servers, and if it is unable to it must send notification to CMS within 1 hour of the incident
- Be reliable and ensure 100% data availability when responding to requestor, and if it is unable to it must send notification to CMS within 1 hour of the incident. CMS anticipates peak loads periods associated with seasonal health care plan enrollment, as well as monthly peaks during state and plan provider reporting periods
- Provide on-going and managed Intrusion Prevention Services and appropriate Web Application Firewalls for CMS hosted content. The CDN must manage, prevent, or absorb foreseeable known malicious attacks (including, but not limited to Denial of Service (DoS/DDoS), SQL Injection, HTTP Request Smuggling/Request Splitting, Buffer Overflow, Cross Site Scripting, and Advanced Persistent Threats) and keep malicious traffic from reaching origin servers. Service shall include DoS insurance.
- Provide Web Analytics and Usage Reports for the previous day, 95% of the time
- Provide access to logs daily (compiled logs for 24 hour period ending midnight eastern time) for CMS to download via SFTP.
- CDN shall provide the following services or their vendor equivalents (these specific service terms are taken from Akamai's service offerings:
  - NetStorage (on U.S.-based edge servers)
  - Dynamic Site Accelerator and Edge Computing (on U.S.-based edge servers)
  - Web Application Firewall
  - Site Shield
  - Site Defender
  - Enhanced DNS
  - Global load balancing
  - Monitoring and alerts

- IPV6 Adaptation
- Other sub-domains
- Standard support with Enhanced SLAs that offers premium response times and self-service capabilities
- Training
- Professional Services Hours
  - For the period of performance of September 1, 2013 through Feb 28, 2013, the total hours available for professional services should be approximately 500 hours.

Akamai CDN services shall be extended to provide additional capacity such as NetStorage, DNS, and professional hours (see Akamai service offerings below).

- NetStorage
  - 5TB Capacity 10TB NetStorage
- KONA Site Defender and Aqua ION SSL
  - Kona Site Defender
  - Enhanced DNS (50 Zones)
  - Primary DNS
  - DNSSEC Sign & Serve
  - Aqua ION SSL
  - ION Mobile
  - 1 web experience
  - 1 SAN cert
  - 4.5 TB per Month Capacity
    - For the period of performance of September 1, 2013 through Feb 28, 2013, the total Monthly Capacity is increased to 25 TB from 4.5 TB (or an addition of 20.5 TB).
  - 10 TB NetStorage

    Additional Sites (total 11) 6 HTTPS/5 HTTP
    - For the period of performance of September 1, 2013 through Feb 28, 2013, increase the number of sites for SSL protection to equal a total of 80 URLs.

2.1.4 Data Management Requirements

The Contractor shall work in coordination and collaboration with the CMS Data Strategy and Governance Team to support the strategic data vision for the FEPS. As of the issuance of this SOW, issues include, but are not limited to, the following:

- Data format standards for internal processing (e.g., XML, X12, or other formats)
- Data transport formats, including formats based on NIEM
- Data translation approaches for Exchange interfaces
- Data translation approaches for federal interfaces
- Data model(s) for maintaining individual data, transaction audit data, federal agency partner data, etc.
- Data retention policy
- Recommendations for Data Use agreements and Data Exchange agreements with stakeholders.
- Integrated Canonical Data Model capabilities as part of FX solution
- Integrated Master Data Management capabilities as part of FX solution
- Integration of Customer Resource Management (CRM) and case management system data as part of FX solution (i.e. data integration related to consumer Call Center operations as well as Issuer facing operations support center)
- Utilization of existing platform for workflow and integration into overall FX data management (i.e. use of Adobe LiveCycle platform for ticketing system and case management system)

Any information exchanges developed in this task which cross organizational boundaries must be consistent with existing health information exchange standards, including, specifically the latest National Information Exchange Model (NIEM) specifications and guidelines through the harmonization process. If there are not current NIEM specifications, the task must be consistent with the NIEM guidelines. Further information and training about development of NIEM conformant schemas and the use of NIEM specifications and guidelines is available at http://www.niem.gov via online and in-class courses. Also, various information, expertise, and reviews will be accessible through the appropriate Domain governance and NIEM-PMO committees.

The objective of Master Data Management (MDM) is to provide processes for collecting, aggregating, matching, consolidating, persisting and distributing data to ensure consistency and control for the use of information. The Contractor's FX MDM capabilities shall integrate with the CMS' enterprise MDM solution and support data integration with CRM solution. The Contractor shall provide processes to ensure all services us authoritative sources of master data. The Contractor shall utilize data management standards and procedures for the definition, collection, and exchange of data elements, as outlined by the CMS Data Strategy and Governance Program. The Contractor shall provide a data dictionary that includes each data element attribute defined by the CMS Data Strategy and Governance Program.

The Contractor shall provide data validation and verification support, to assist in ensuring the cleanliness and accuracy of the data being exchanged, and as input to sources within CMS. CMS anticipates implementing a metadata registry and repository based on the ISO/IEC 11179 standard.

To encourage seamless sharing, exchange and integration of tools and repositories, the Contractor shall support and adhere to the CMS metadata and data governance strategy and policies.

The Contractor shall ensure the data management approach is consistent with, interfaces with, and supports the CMS data analytic solution, known as Multidimensional Insurance Data Analytics System (MIDAS), which provides the following functions

- Centralizes and consolidates business logic into a metadata repository required to report and manage performance of the Affordable Care Act activities
- Integrates data from multiple operational source systems into a single, web-based information data store
- Provides access to standardized reporting, ad hoc queries, and data visualization
- Provides reporting on the data collected and maintained
- Provides robust analytic capabilities supporting trending and prediction from the data collected and maintained.

The Contractor shall present the benefit, risks, and implementation technologies recommended, and work with CMS to finalize the design. The Contractor shall develop, implement, test, and deliver the data models.

2.1.5 Data Security Requirements

As the Exchange and DSH may contain a variety of sensitive data, including PHI, PII, and IRS FTI described in Section 6103 of the Internal Revenue Code of 1986, the Contractor's solution design and implementation shall incorporate appropriate data.

Federal agencies and their contractors must adhere to the Federal Information Security Management Act (FISMA) in developing, documenting, and implementing programs to provide security for federal government information and information systems. Both federal and state agencies may be "covered entities" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), and thus, subject to these laws when handling PHI. These federal agencies and, in some instances, their contractors, are also subject to the Privacy Act of 1974, which places limitations on the collection, disclosure, and use of certain personal information, including PHI. The privacy provisions of the e-Government Act of 2002 require federal agencies to conduct privacy impact assessments (PIA) to assess risks and protections when collecting, maintaining, and disseminating PII. Finally, IRS data safeguard requirements, as outlined in IRS Publication 1075, dictate how to handle Section 6103 data.

The Contractor shall comply with any security requirements established by CMS to ensure proper and confidential handling of data and information. The Contractor shall refer to the HHS-OCIO Policy for Information Systems Security and Privacy, dated September 22, 2010. The contractor shall become familiar with the HHS Departmental Information Security Policies, which may be found at: http://www.hhs.gov/ocio/policy/2007-0002.html

The HHS Cybersecurity Program develops policies, procedures, and guidance to serve as a foundation for the HHS information security program. These documents implement relevant Federal laws, regulations, standards, and guidelines that provide a basis for the information security program at the Department.

The Contractor shall comply with any security and privacy requirements established by the IRS (e.g., Publication 1075 Tax Information Security Guidelines for Federal, State, and Local Agencies) to ensure proper and confidential handling and storage of Section 6103 FTI data. In addition, any system handling tax information shall have audit trails that meet IRS standards.

The Contractor shall architect, design, implement, and test each component of the FX to assure sufficient data security for all categories of sensitive data. The Contractor shall support CMS in conducting PIAs to assess risks and PII data protection.

2.1.6 Security Requirements and Authority to Operate

The Contractor shall provide security services in support of CMS, which shall include coordination among the CMS Chief Information Security Officer (CISO), business owners, and other stakeholders. The collection of CMS policies, procedures, standards, and guidelines are located on the CMS Information Security "Virtual Handbook" Web site at: http://www.cms.gov/InformationSecurity.

The Contractor shall

- Provide certification documentation required by the CISO for compliance with CMS systems security requirements for the FX infrastructure and delivered application system(s).

  The Contractor shall build and deliver system(s) that are compliant with the CMS Acceptable Risk Safeguards and creating all artifacts necessary to receive an ATO in CFACTS; and the Contractor shall comply with the guidance in the Business Partner System Security Manual (BPSSM).

  The Contractor shall provide the CMS ISSO all required documentation in the security certification of existing controls and compliance with CMS systems security requirements as described in the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 (Public Law 107-347, 44 U.S.C. Ch 36).

- Administer a security program

  The Contractor shall comply with all CMS security program requirements as specified within the CMS Information Security (IS) "Virtual Handbook" (a collection of CMS policies, procedures, standards and guidelines that implements the CMS Information Security Program). The Virtual Handbook can be found at www.cms.hhs.gov/informationsecurity.

The Contractor shall comply with all security controls outlined in the CMS Information Security (IS) Acceptable Risks and Safeguards (ARS) for "Moderate" systems. Appropriate references are the CMS IS ARS, Appendix B and the CMS System Security Levels by Information Type (located at www.cms.hhs.gov/informationSecurity in the Info Security Library).

The Contractor shall provide CMS with a security plan of action within thirty (30) days of request and implement the plan within thirty (30) days of approval by CMS. The Contractor shall maintain any Corrective Action Plan (CAP) associated with deficiencies in the IS Program (e.g., those items identified during a FISMA audit). Moreover, the Contractor shall comply with the guidance and requirements of the CMS Information Security Plan of Action & Milestones (POA&M) Procedure, which is located at www.cms.hhs.gov/InformationSecurity in the Info Security Library.

The Contractor shall comply with the CMS Policy for the Information Security Program (PISP) and all CMS methodologies, policies, standards, and procedures contained within the CMS PISP unless otherwise directed by CMS in writing.

The Contractor shall document its compliance with CMS security requirements and maintain such documentation in the System Security Plan as directed by CMS.

- Correct deficiencies in a timely manner
- The Contractor shall perform work to correct any security deficiencies, conditions, weaknesses, findings, or gaps identified by all audits, reviews, evaluations, tests, and assessments, including but not limited to, Office of the Inspector General (OIG) audits, self-assessments, Contractor management review, security audits, and vulnerability assessments in a timely manner. Deviations or waivers regarding the inability to correct security deficiencies shall be coordinated and approved by CMS.

  The Contractor shall develop, in conjunction with CMS, Corrective Action Plans (CAP) for all identified weaknesses, findings, gaps, or other deficiencies in accordance with IOM Pub. 100-17 Business Partner System Security Manual (BPSSM) or as otherwise directed by CMS.

  The Contractor shall validate through post-hoc analysis and document that corrective actions have been implemented and demonstrated to be effective.

  The Contractor shall provide CAPs and quarterly progress reports to CMS as directed by CMS.

- Attest to corrective actions

  The Contractor shall provide, from all involved parties, attestation of initiated and completed corrective actions to CMS upon request.

- Support security review and verification

The Contractor shall comply with the CMS Security Assessment methodology, policies, standards, procedures, and guidelines for contractor facilities and systems (http://www.cms.hhs.gov/InformationSecurity/14_standards.asp#TopOfPage).

The Contractor shall conduct or undergo, as specifically selected and directed by CMS, an independent evaluation and test of its systems security program in accordance with CMS Reporting Standard for Information Security (IS) testing and adhere to the prescribed template, see (http://www.cms.hhs.gov/InformationSecurity/14_Standards.asp#TopOfPage). The Contractor shall support CMS validation and accreditation of contractor systems and facilities in accordance with CMS' Security Assessment methodology.

The Contractor shall provide annual certification in accordance with Security Assessment methodology that certifies it has examined the management, operational, and technical controls for the Contractor's systems supporting the CMS and that it considers these controls adequate to meet CMS security standards and requirements.

2.1.7 Authentication and Authorization Requirements

All trading partners and stakeholders who interact with the FX will authenticate themselves and be able to exercise certain actions based on their assigned authority. In addition, the individuals, families, and small business of the supported states must have the ability to create and maintain individual accounts.

The Contractor shall architect security models that meet the requirements for authenticating users and authorizing access for FX services that adheres to security and privacy requirements of SSA and IRS. The Contractor shall identify the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the design(s) and integrate with CMS' Enterprise Identity Management System (EIDM). The Contractor shall develop, implement, test, and deliver the security model(s) for the FX. The anticipated connections for the FX are: up to 5,000 system administrators or other authorized stakeholders, up to 1,000,000 individuals for each state that is part of the FX, and up to 1,000,000 individuals Medicaid/CHIP eligible individuals from FX states for account transfer support. The Contractor shall ensure that the A&A solution does not impact the overall throughput or performance of the FX.

The HHS Certificate Authority will be the source of all security certificates.

2.1.8 Web Services

The Contractor shall employ Web Services as the implementation model to be used for implementing the systems in this SOW. For CMS, "Web Services" means interoperable, network-based application interactions between different systems, typically as components within a service-oriented architecture (SOA). The goal in using SOA-based Web services is to maximize interoperability, through open standards, and reusability of service components. The components necessary to support a Web Services implementation include, but are not limited to, service visibility (often through a UDDI registry), an enterprise service bus (ESB), a rules engine, and a metadata catalog.

The Contractor shall architect a Web Services model that meets the requirements for use of services, routing of service requests and other messages, aggregating responses, tracking messages, and management of business rules.

The Contractor shall describe services using Web Services Description Language (WSDL). WSDL is a machine readable description of a Web services interface. The Contractor and other service providers shall describe services using WSDL. The Contractor shall publish the WSDL to a UDDI directory of services to facilitate a consumer's ability to locate and determine how to communicate with that service. WSDL is used by the service consumer in identifying the requests and responses available from that service provider. Service consumers use the WSDL to identify the requests and responses available from that service provider. WSDL is often used in combination with SOAP and an XML Schema to provide Web services over the Internet. A client program connecting to a Web service can read the WSDL file to determine what operations are available on the server. Any special datatypes used are embedded in the WSDL file in the form of XML Schema. The client can then use SOAP to actually call one of the operations listed in the WSDL file. It is envisioned that a UDDI will be the central service directory for federal exchange operations. The UDDI will register state level services and federal agency services to allow coordinated use of these services between stakeholders in the FEPS environment.

ESB is an architectural concept that unifies, mediates, orchestrates, and connects shared services across systems. ESB is the platform by which the exposed services of business systems are made available for reuse by other business systems. An application will communicate via the bus, which acts as a message broker between applications. Such an approach has the primary advantage of reducing the number of point-to-point connections required to allow applications to communicate. This, in turn, makes impact analysis for major software changes simpler and more straightforward. By reducing the number of points-of-contact to a particular application, the process of adapting a system to changes in one of its components becomes easier.

For CMS, an ESB is an integration infrastructure component used to implement independent sharing of data and business processes. The collection of Business Service Pattern documents describe the use cases for the supporting services to be implemented in the FX; additional service pattern documentation will be provided for the Exchange as it is developed.

Business rules can describe both the logic governing CMS front office mission and system execution-related automation processes and the logic governing back office support systems, applications, and other information technology. Business rules are also the most frequently changed SOA components, because of new legislation, regulation, or changed front office processes. For ease of maintenance, it is thus necessary to separate these rules from technical services. For CMS, a business rules engine is an infrastructure component used to capture, define, maintain, and expose business rules for use by the systems under this requirement.

A Metadata Catalog (MC) provides the interface to a central site for publication and distributed management of metadata. The MC is a virtual "place" where participants at large can access and understand collections of metadata components, in which internal and external organizations and other stakeholders have invested. CMS expects the MC to evolve transparently and collaboratively as the interface to the service registry, since it is "managed" by representatives of

a large, diverse, geographically distributed group of people and organizations. XML is the primary type of metadata for building the CMS MC. Any system that makes use of any XML should be visible, accessible, and understandable via the MC. The MC should facilitate the way communities of interest collaborate on, evolve, and transparently manage information-sharing "vocabularies" encoded in XML-based forms for both machine (WSDLs, schema, etc.) and human interfaces (e.g. web pages).

The Contractor shall present the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the design of the Web Services infrastructure.

If the Contractor believes another approach will perform equally or better than a Web Services software suite or the components defined above, the Contractor may recommend such a solution. The Contractor shall then demonstrate that from performance, support, response, ease of development, connectivity, and cost considerations the alternative solution meets or exceeds all requirements in this SOW.

The Contractor shall develop, implement, test, and deliver the Web Services implementation for the systems in this SOW.

2.1.9 System Logs

Tracking of FX transaction processing is critical to assure that CMS meets performance requirements and serves individuals in accordance with the mandates of the Affordable Care Act. Toward this end the Contractor shall:

- Design an appropriate level of transaction logging – through all relevant components as necessary, e.g., the ESB and the FX
- Design a data model sufficient to capture and store the logged information
- Implement the logging approach, that includes security auditing, monitoring, and review – subject to CMS approval of the design(s)
- Assure a minimum impact on performance to allow efficient processing of anticipated peak loads

2.1.10 General Roles and Responsibilities

The Contractor shall:

- Comply with CMS policies and standards and regulations applicable to CMS for information, information systems, personnel, physical and technical security, and change control
- Comply with Federal policies and standards with regard to data management and security, including those related to PII, PHI, and FTI
- Work collegially and share information with CMS staff and designated contractors. The Contractor shall work closely, collaboratively, and cooperatively with CMS staff from across the organization, contractor(s) supporting Healthcare.gov and Healthcare.Gov Plan

Finder, contractors and staff from other government agencies, and contractors and staff from state organizations. The Contractor shall develop Joint Operation Agreements, as needed.

- Work collegially and share information with the states. The contractor shall work closely, collaboratively, and cooperatively with all states, as directed by CMS, to document activities and artifacts, and develop capabilities in such a way that they are easily shareable with the states.
- Conform to changes in laws, regulations and policies, as appropriate
- Work within the definition of the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture.
- Provide timely creation, updates, maintenance and delivery of all appropriate project plans, project time and cost estimates, technical specifications, product documentation, and management reporting in a form/format that is acceptable to CMS for all projects and project activities
- Use existing CMS Change Management Systems and procedures. For example, requests for change (RFC) and standard requests forms (SRF) shall be used and submitted by the required deadlines to the appropriate review groups; and the Contractor shall await approval from the Government before implementation of the change requests. Examples of Government review groups and personnel include, but are not limited to: Technical Advisory Group (TAG), Change Control Boards (CCBs), CO, COTR, GTL, and the Office of Information Services (OIS).
- Recommend standards, industry best practices, and key performance indicators to the Government for configuration and operations; and implement the practices, once approved
- Acquire and manage all consumables necessary for the operations of the system, such as, but not limited to: backup media, labels, office supplies, and spare parts
- Use incident management and work ticketing/tracking systems
- Generate all documentation to ensure it is compliant with the requirements of Section 508 of the Rehabilitation Act
- Follow and implement eGov Accessibility and Usability guidelines, as appropriate
- Provide multi-lingual support for public, consumer-facing Internet portals, as appropriate
- Provide all scripts and software, including source code developed to support the task order to the Government; these artifacts become the property of the Government
- Ensure all software licenses are transferrable to the Government
- Make full use of the CMS Application Life Cycle Management (ALM) environment, including CollabNet, for storing, distributing, and communicating SOW products to the entire FEPS community

2.1.11 Hours of Operation

Primary Business hours for availability of Contractor resources to CMS and coverage during Operations and Maintenance are 9:00 AM Eastern to 6:00 PM Eastern time, Monday to Friday. On-call coverage is acceptable all other hours including weekends and holidays. When on-site services are necessary to resolve an outage or problem, arrival on-site is required within one (1) hour of the request. The Contractor shall provide CMS with a roster that includes contact information such as cell and home phone numbers.

Below represents the coverage requirements:

Coverage Type	Hours of Operation (HOO)
Onsite, at contractor location, during development	9AM-6PM EST, M-F
Onsite, at contractor location, during production, up to first 210 calendar days following "go live" date	8AM-8PM, EST, M-F, on call 24X7 as directed by CMS to address any outages of Exchange or Hub
Onsite, contractor location, following first 210 calendar days after "go live"	9AM-6PM EST, M-F
Onsite, CMS location(s) Bethesda or Woodlawn	As directed by CMS

2.1.12 Travel

All travel shall be as approved by the COTR prior to execution. The Contractor shall submit their request for travel at least twenty-five (25) days prior or at the direction of CMS to the onset of travel so there can be adequate time to obtain the best available airfare rates, etc. The Contractor shall make staff available to meet with CMS representatives and provide staff support for meetings and conferences, as requested. (For travel assumptions see Appendix C).

2.1.13 Connectivity

The Contractor shall be required to establish network connectivity to CMS. Contractors who have existing connectivity to CMS through circuits provided on CMSNet (formerly MDCN) may use those circuits to establish connectivity for their employees engaged in work on CMS tasks. All employee workstations communicating with the CMS network shall conform to the CMS standard desktop configuration and abide by the CMS Desktop Features and Specifications. All users shall comply with the HHS Rules of Behavior. Contractors who do not have connectivity to the CMS network or those who need to provide their employees with remote access to the CMS Baltimore Data Center (BDC) shall provide employees with CMS VPN based remote

access over Internet broadband connections. The employee workstation configurations shall comply with the requirements defined in the current version of "VPN Process Instructions For CMS Contractors". These requirements include a CMS standard desktop configuration, an RSA token supported by CMS, a currently patched operating system, current anti-virus software, and a current version of the VPN client used by CMS.

If the above connectivity solution does not meet the contractor's requirements or needs, the contractor shall contact their assigned COTR and schedule a kick-off meeting with all parties to discuss the project and networking requirements. This kick-off meeting will also necessitate the COTR and/or GTLs to validate the contractor's authority to gain access to the CMS Network prior to starting the process for acquiring direct circuit connectivity.

2.1.14 Earned Value

The Contractor shall have an Earned Value Management System (EVMS) that is flexible enough to support a range of EV requirements depending on the scope, budget, duration, and complexity of the project. The purpose of the EVMS is to

a. Plan and control schedule and cost and to evaluate technical performance,
b. Measure the value of completed tasks,
c. Generate timely and reliable information reports on a monthly basis.

The Contractor shall provide documentation for the proposed EVMS that complies with the EVMS guidelines in the American National Standards Institute/Electronic Industry Alliance's (ANSI/EIA) Standard-748 and ESD SOW section J.3.2: Earned Value Management System.

If the Contractor proposes to use a system that does not meet the requirements of the ANSI/EIA Standard-748, the Contractor shall submit a comprehensive plan for compliance with the EVMS guidelines.

a. The plan shall:

    (1) Describe the EVMS that the Contractor intends to use in performance of the contract,
    (2) Distinguish between the Contractor's existing management system and modifications proposed to meet the guidelines,
    (3) Describe the management system and its application in terms of the EVMS guidelines,
    (4) Describe the proposed procedure for administration of the guidelines, as applied to sub-contractors,
    (5) Provide documentation describing the process and results of any third-party or self-evaluation of the system's compliance with the EVMS guidelines.

b. The Contractor shall provide information and assistance as required by the Contracting Officer to support review of the plan.

The Contractor shall identify the major sub-contractors, or major sub-contracted effort if major sub-contractors have not been selected, planned for application of the guidelines. The Contractor and CMS shall agree to sub-contractors selected for application of the EVMS guidelines.

2.1.14.1 Integrated Baseline Review (IBR)

The Contractor shall plan and take part in an IBR. The objective of the IBR is for CMS and the Contractor to jointly assess the Contractor's Performance Measurement Baseline to ensure complete coverage of the SOW, logical scheduling of the work activities, adequacy of resources, and identification of risks. In the IBR, the Contractor shall:

a. Verify that the cost, schedule, and technical plans are integrated,
b. Demonstrate that there is a logical sequence of effort consistent with the contract schedule,
c. Demonstrate the validity of the allocated cost accounts and budgets, both in terms of total resources and scheduling,
d. Support CMS's technical assessment of the earned value methods that the Contractor is using to measure progress to assure that objective and meaningful performance shall be provided,
e. Support CMS's technical assessment of the SDMP, project standards, and procedures for software development,
f. Keep management informed about project status, directions being taken, technical agreements reached, and overall status of evolving software products,
g. Identify and resolve management-level issues and risks,
h. Obtain commitments and CMS approvals needed for timely accomplishment of the project.

2.2 Task Order Management

2.2.1 Management and Reporting

Management activities include, but are not limited to: project planning, resource management, quality assurance, risk management, status and problem reporting, project management of activities involving user impact, such as pilots and migrations, and administrative support.

The Contractor shall create, maintain and provide all appropriate project plans, project time and cost estimates, technical specifications, management documentation and management reporting in a form/format that is acceptable to CMS, and made readily available to appropriate CMS staff. The project work plan shall be revised as needed throughout the period of performance. The Contractor shall provide all architectural, design and performance documentation.

The Contractor's Project Manager, or a designated representative, shall attend (in person) regularly scheduled contract review meetings for the purpose of status updates, progress reports, and problem resolutions. Meetings shall be held at a location of the Government's choosing in the Washington DC Metropolitan area. With the Government's prior approval, attendance at these meetings can be via phone or teleconference.

The Contractor shall provide a Dashboard Status and Budget Tracking Reporting template; the Contractor shall make amendments to the template to reflect additional information regarding project status and/or budget per the request of the COTR.

The Contractor shall provide project management support that commensurate with the complexity of Sprint and Release deliverable, including additional activities required to support testing and deployment activities outlined by CMS.

The Contractor shall provide the COTR and Government Task Lead (GTL) with a written response within two (2) business days to any proposed changes initiated by CMS. Responses from the Contractor shall contain the following:

- Project Timeline Assessment
- Risk Assessment
- Cost estimate representing any additional funding required from the Project Team

The Contractor shall provide monthly status reports to ensure that the expenditure of resources is consistent with and will lead toward successful completion of all tasks within projected cost and schedule limitations. Monthly status reports shall detail progress made during the prior month, progress expected during the next month, resources expended, any significant problems or issues encountered, recommended actions to resolve identified problems, and any variances from the proposed schedule and discussed during a monthly briefing. In coordination with CMS and pending the content approval of the COTR, the monthly status reports may take the form of a "PowerPoint briefing deck" to expedite the identification and resolution of issues.

Earned Value Management (EVM), as described in the ESD Contract, is required for all design, development, implementation, testing, and delivery activities. The Contractor shall report on EVM on a schedule to be determined by the Contractor and CMS that meets the flexibility and response of an agile development process.

The Contractor shall assist CMS in building customer relationships, identifying business needs, and controlling demand through CMS business liaison activities.

2.2.2 Exchange Life Cycle Management

The Contractor shall follow the CMS ELC, including the ordering of phases, stage gates, and other reviews. The Contractor shall supply all appropriate documentation to support the stage gate reviews shall be supplied by the Contractor at least one (1) week prior to the review.

To support an agile development process, the Contractor shall plan for multiple reviews of each type, as appropriate, to support the life-cycle activities for each agile sprint increment of work. No effort on the next increment of work will be performed until stage gate review approval is obtained.

Listed below are the requisite lifecycle reviews and products that will accompany each increment, as appropriate. CMS reserves the right to define and request additional or replacement products for each review. CMS reserves the right to hold fewer reviews for any agile sprint increment of work.

<u>Project Startup Reviews (PSR)</u>

Products: Concept of Operations, Risk Analysis, Project Management Plan, Alternatives Analysis, Scope Definition, Performance Measures, briefings/presentations to OIS, level of effort (LOE) estimate to achieve the Architecture Review

Architecture Reviews (AR)

Products: Business Process Models, Architectural diagrams, briefings/presentations to OIS, LOE estimate to achieve the Project Baseline Review

Project Baseline Reviews (PBR)

Products: Project Management Plan, Project Schedule, Project Process Agreement, Release Plan, Privacy Impact Assessment, briefings/presentations to OIS, LOE estimate to achieve the Preliminary Design Review

Preliminary Design Review (PDR)

Products: Requirements Document, Information Security Risk Assessment, System Security Plan, Test Plan(s) and Traceability Matrix, Logical Data Model, Technical Architecture Diagrams (software architecture, network, infrastructure, security, etc.), briefings/presentations to OIS, LOE estimate to achieve the Detailed Design Review

Detailed Design Review (DDR)

Products: System Requirements Document, System Design Document, Interface Control Document(s), Database Design Document(s), Physical Data Model, Data Management Plan, Data Conversion Plan, briefings/presentations to OIS, LOE estimate to achieve the Final Detailed Design Review

Final Detailed Design Review (FDDR)

Products: See DDR products, LOE estimate to achieve the Pre-Operational Readiness Review

Pre-Operational Readiness Review (PORR)

Products: Test Plan and Test Case Specifications, Contingency/Recovery Plan, Implementation Plan, User Manuals, Operations & Maintenance Manual, Training Plan and Materials, System Security Plan, Information Security Risk Assessment, Integration Testing results, End-to-End Testing results, Test Summary Report, Defect Reports, Security Testing results, briefings/presentations to OIS, LOE estimate to achieve the Operational Readiness Review

Operational Readiness Review (ORR)

Products: See PORR products, Project Completion Report, SLAs, Privacy Impact Assessment, Plan of Action & Milestones (POA&M), Authority to Operate, LOE estimate to support Operations and Maintenance

For an explanation of each product, see the following CMS ILC framework: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/index.html

For examples of product templates, see:

2.2.3 https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Artifacts.htmlChange Management

The Contractor shall be proactive in notifying CMS of any developing situation that may impact operations, system interoperability, scheduled deadlines, the states and federal agencies, or any other contractual issue. In the case of a known impending problem, the Contractor shall be forthcoming with CMS to address the risks and to identify mitigation strategies. The Contractor shall identify, document, track, and correct issues that impart risk on service delivery. In addition, the Contractor shall recognize recurring problems and inefficiencies, address procedural issues, and contain, mitigate, or reduce the impact of problems that occur. The Contractor shall provide assistance to the Government in explanation of reports on problem resolution and root causes of problems.

The Contractor shall hold regular weekly meetings to review pending and past changes, problems and actions taken within the prior week, or actions that will occur within the next four (4) weeks. One (1) day prior to the weekly meeting, the Contractor shall, unless otherwise notified by the COTR, provide the COTR and GTL with status reports.

The Contractor's Project Manager and the Contractor's appropriate technical experts shall identify and present any improvements, enhancements and/or changes being made to the appropriate change management and advisory boards, and shall receive approval from the authorized or appropriate board before implementation.

2.2.4 Quality Control

The Contractor shall provide and maintain a Quality Control Plan that defines the Contractor's approach, processes, and procedures for ensuring the quality and reliability of its products and services.

The Contractor shall develop and deliver a Quality Assurance Surveillance Plan (QASP) within 45 days of contract award. The QASP shall provide a systematic and structured process for the Government to evaluate the services the Contractor will provide, including, but not limited to, processes, methods, metrics, customer satisfaction surveys, service level agreements, and operational level agreements. The results of the applying the QASP will document the Contractor's performance on this effort.

The Contractor shall present interim in-process reviews and shall support technical quality audits by CMS.

The Contractor shall provide all testing and quality control processes necessary to ensure its products and services meet the requirements of the Enterprise System Development (ESD) Indefinite Delivery Indefinite Quantity (IDIQ) and this task order.

2.2.5 Risk Management

The Contractor shall develop and maintain a Risk Management Plan (RMP). The plan should, at a minimum, identify all risks, categories, impact, priority, mitigation response/strategy, and

status and include a risk assessment matrix. The Contractor shall provide the draft Risk Management Plan to the COTR thirty (30) days after award for the Government to review.

The Contractor shall enter identified risks to CMS' Risk Register and provide updates to keep the status of identified risks until closure.

The Contractor shall incorporate any Government comments and provide the final Risk Management Plan to the COTR within five (5) working days. The document is a living document, and therefore, the Contractor shall update the plan, as necessary.

2.2.6 License Management

In conjunction with acquiring the required infrastructure services from the CMS Cloud Service provider, Terremark, the Contractor shall develop, document, and maintain software license management procedures and provide a tool that meet CMS requirements and adhere to CMS-defined policies.

The Contractor shall leverage existing CMS resources and assets where possible, utilizing a previous software agreements, licenses, or enterprise services/tools.

The Contractor shall develop and maintain inventory of all software licenses for FEPS (including licenses associated with DSH and MIDAS). The Contractor shall manage and maintain (e.g., monitor, track status, verify, audit, perform contract compliance, renew, reassign) all software licenses and media through the software license life cycle.

The Contractor shall coordinate software license and maintenance agreement reviews and warranties, allowing at least 180 days for renewal activities before expiration.

The Contractor shall provide CMS with reports and recommendations to use in making software acquisition and discontinuance decisions.

The Contractor shall provide recommendations to purchase additional license capacity, and shall recommend alternatives, or curtail usage where necessary and appropriate to restore or continue to maintain license compliance.

2.2.7 Joint Operating Agreements

The Infrastructure Services Contractor (see Section 2.1.1) is tasked with providing Infrastructure-as-a-Service that includes all components necessary to stand up, execute, and maintain development, test, and production sites.

The Contractor shall develop a Joint Operating Agreement (JOA) with the Infrastructure Contractor. The purpose of the agreement is to facilitate a close working relationship between the two contractors and establish an understanding of the responsibilities of each to the overall DSH project. Success on this project requires a much closer working relationship than is common between separate contracts. The agreement does not replace or change the requirements of the Statements of Work each contractor is operating under. CMS approval is required for the agreement. The COTR must approve budget changes that result from a transition or change in scope before any work is performed.

Additional JOAs may be necessary with additional CMS contactors in the future. The Contractor shall develop any additional JOAs to the same level of rigor.

2.3 Delivery of Federal Exchange

The Federal Exchange will provide all exchange capability in support of states that do not or will not have a state-specific exchange solution in compliance with the Exchange master schedule. Although the features and functions of the Federal Exchange are similar to those found in any state exchange application, the Federal Exchange must be sufficiently robust and flexible to support any number of states, including integration with each respective state's related programs, such as Medicaid, CHIP, and others.

The Contractor shall perform all tasks required to deliver the FX services. As the scope of the services will evolve over the life of this contract, the effort will be performed as a series of work activities starting with eligibility verification services. Six (6) functional areas have been identified as sufficient to encompass all FX requirements: Eligibility & Enrollment, Plan Management, Financial Management, Oversight, Communications, and Customer Service.

The Contractor shall build the FX to perform the following tasks in subsections 2.3.1 through 2.3.8, and as described in the nine (9) work activities described in subsection 2.4.

2.3.1 Eligibility Verification and Enrollment Services

Eligibility verification services include FX services necessary to verify a individual's eligibility for health insurance through the Exchange. These services include, but are not limited to, income verification, citizenship verification, lawful presence verification, incarceration status verification, and eligibility for other public minimum essential coverage or employee sponsored minimum essential coverage. The eligibility verification services present individuals with an application form(s) that capture(s) the individual data necessary for:

- Verification and enrollment and maximizes the user's experience with the FX
- Interface to third party data providers or validators
- Interface to the Data Services Hub
- Adding data to the FX data model
- Performing business service processing
- Performing financial management
- Meeting federal reporting requirements.
- Processing of Lawful Presence requirements and steps
- Federally Managed services for APTC and exemptions
- Integration with Eligibility Desktop
- Data Integration services with CMS Call Center

- Calculator for SHOP employer (to support elections)

Enrollment services include services necessary to allow an eligible individual to view, compare, select and enroll in a health plan or service delivery options available through the Exchange, Medicaid, CHIP and Basic Health Plan. This includes re-work associated with changes from Paperwork Reduction Act (PRA) process, incorporation of Medicaid/CHIP account transfer and associated MAGI rules complexity, re-work associated with changing policy and requirements from final/published rules, and additional/expansion of User Interface functionality from prototyping and Consumer Testing.

The referenced E&E Blueprint documents (including the E&E Supplement, E&E Process Models, and E&E Data Capture workbook) provide a detailed set of business requirements defining the necessary FX supporting services. The products from the CMS Requirements Contractor will provide additional business level requirements, business rules, and business process definition.

The Contractor shall use the E&E blueprinting information and the products from the Requirements Contractor to finalize the verification services technical and system requirements to develop and deliver the E&E services. The Contractor shall present the requirements, design, and implementation approach to CMS for approval. The Contractor shall develop, implement, test, and deliver the verification services using the Web Services model for the FX.

E&E Exchange Services

The following table lists the known E&E Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-EE:10 Prepare / Update Individual Eligibility Application	4	2		2	
BP-EE:11 Verify Individual Eligibility Application Information	9	2	5	2	11
BP-EE:12 Determine Individual Eligibility	8		6	2	3
BP-EE:13 Enroll Individual in Qualified Health Plan	7		6	1	7
BP-EE:14 Disenroll Individual from Qualified Health Plan	2		1	1	3
BP-EE:15 Renew Individual Eligibility and Enrollment	26	4	18	4	24
BP-EE:16 Appeal Exchange Eligibility Decision	5	1	2	2	1
BP-EE:20 Prepare / Update Individual Exemption Application	4		2	2	
BP-EE:21 Verify Individual Exemption Application Information	3	1	1	1	
BP-EE:22 Determine Individual Exemption Eligibility	3		2	1	2
BP-EE:25 Renew Individual Exemption Eligibility	8	2	4	2	2

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-EE:30 Prepare / Update Employer Eligibility Application	4	2		2	
BP-EE:31 Verify Employer Eligibility Application Information	4		3	1	2
BP-EE:32 Determine Employer Eligibility for Participation	2		1	1	1
BP-EE:33 Determine Employer Contribution	3	1	1	1	1
BP-EE:34 Terminate Employer Participation	2		1	1	1
BP-EE:35 Renew Employer Participation	11	3	6	2	5
BP-EE:36 Appeal SHOP Eligibility Decision	3	1	1	1	1
BP-EE:40 Prepare / Update Employee Eligibility Application	4	2		2	
BP-EE:41 Verify Employee Eligibility Application Information	3		2	1	2
BP-EE:42 Determine Employee Eligibility	2		1	1	
BP-EE:43 Enroll Employee in Qualified Health Plan	4		3	1	6
BP-EE:44 Disenroll Employee from Qualified Health Plan	2		1	1	3
BP-EE:45 Renew Employee Eligibility and Enrollment	11	2	7	2	11

Finding the Descriptions of Business Processes and Supporting Services

Each business process, exchange business service, and business supporting service listed above is described in the *Eligibility and Enrollment – Exchange Business Architecture Supplement* listed in the reference documents in subsection 1.4. The Business Process descriptions are found in Table 4, section 3.2 of the supplement. The Exchange Business Service descriptions are found in section 5.1.1 of the supplement. The Supporting Business Services descriptions are found in section 5.1.2 of the supplement.

For example, business process *BP-EE:11 Verify Individual Eligibility Application Information* is described in Table 4 in subsection 3.2 on page 15 as follows:

> Verifies the information provided on the application with data needed to determine eligibility. This process includes verifying the applicant's citizenship, immigration status, incarceration status, and other relevant checks.

Subsection 5.2.2 shows the list of exchange business services for BP-EE:11. Table 17 in section 5.2.2 shows the list of nine exchange business services for the BP-EE:11 business process.

The list of supporting business services for BP-EE:11 is also found in subsection 5.2.2. Table 17 in subsection 5.2.2 shows the list of eleven supporting business services for the BP-EE:11 business process.

The descriptions of all exchange business services are found in Table 14 in section 5.1.1. For example, the description for *CBS-EXCH-EE:01* is:

> Performs line-level edits to validate basic integrity of the application submission. Includes validating that required fields are completed and information provided is accurate (e.g., address validity).

> Envisioned as a generalized service that will apply to all application submissions and updates for Individual Eligibility & Enrollment, Individual Responsibility Exemption, and SHOP Exchange Eligibility & Enrollment (employer and employee).

The descriptions of all supporting business services are found in Table 15 in section 5.1.2. For example, the description for *SBS-CMS:08 – Verify Household Income* is:

> In response to a request from an Exchange, CMS obtains information from an individual's tax return regarding household MAGI from the IRS. This utilizes the supporting services from IRS that will calculate the individual's MAGI based on his/her tax return.

This function may be called as an individual FX service and/or may be part of a composite verification service call from the Exchange to the DSH. In addition, it is possible that some of the business logic defined in the business process flow as being Exchange-specific processing may be moved to the DSH to simplify the implementation necessary within each Exchange. These are some of the technical decisions that will be made as part of the system requirements capture during discussions between CMS, the states, and the Contractor.

2.3.2 Plan Management Services

Plan management services include the services necessary to acquire, certify and manage issuers offering Qualified Health Plans (QHPs) through an exchange. In addition, the PM services include Quality Management functions of the Federal Exchange as one of the PM modules. The services include, but are not limited to: certifying/recertifying/decertifying plans offered by issuers as QHPs; establishing agreements with issuers to offer QHPs; monitoring agreements with issuers to ensure compliance and take corrective action when necessary; terminating agreements with issuers, processing changes in plan enrollment availability, and maintaining the operational data associated with issuers and plans.

The Contractor shall use the PM blueprinting information and the products from the requirements contractor to finalize the services technical and system requirements to develop and deliver the PM services. The Contractor shall present the requirements, design, and implementation approach to CMS. The Contractor shall develop, implement, test, and deliver the PM services using the web services model for the DSH.

Plan Management Services

The following table lists the Plan Management Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-PM:01 Establish Issuer and Plan Initial Certification and Agreement	6		6		8

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-PM:02 Monitor Issuer and Plan Certification Compliance	4		4		7
BP-PM:03 Establish Issuer and Plan Renewal and Recertification	5		5		7
BP-PM:04 Maintain Operational Data	2		2		3
BP-PM:05 Process Change in Plan Enrollment Availability	1		1		3
BP-PM:06 Review Rate Increase Justifications	1		1		3

The descriptions of the Plan Management business processes and supporting business services can be found in the *Plan Management – Exchange Business Architecture Supplement* listed in the reference documents in subsection 1.4.

The Contractor shall design, develop, and implement the following PM modules:

- Notice of Intent (NOI): PM functionality to send issuers an email for them to submit an application with an intention to apply for QHP application. NOI application will integrate with HIOS via web service to authenticate users and pre-populate NOI application with data from HIOS database, so that issuers will not have to re-enter the data.
- Collection of Essential Health Benefits: The process by which States will identify and select the specific health plan(s) to serve as the benchmark for the Essential Health Benefits (EHB) per CMS guidance issued to States. The benchmark plan will serve as a reference plan for all plans in the individual and small group markets, reflecting the scope of services and any limits offered by a "typical employer plan" in that State and ensuring coverage of all 10 EHB categories as required by section 1302 of the Affordable Care Act. The functionality in this module will also be used to collect benefit data from the largest plan(s) by enrollment in the three largest small group insurance products in the State.
- Actuarial Value Calculator: The calculator and underlying business logic that will be used to determine the Actuarial Value (AV) for any specific QHP and other non-grandfathered coverage in the individual and small group markets. Actuarial Value (AV) is a measure of the percentage of expected health care costs a health plan will cover and can be considered a general summary measure of health plan generosity. The AV calculated will be used to determine the "metal tier" of any given QHP—i.e. the ACA requires that a bronze plan is required to have an AV of 60 percent; a silver plan, 70 percent; a gold plan, 80 percent; and a platinum plan, 90 percent. The AV calculator will allow consumers to easily compare plans based on cost-sharing features. More details on the AV Calculator can be found in the "in the "Actuarial Value and Cost-Sharing Reductions (AV/CSR) Bulletin" issued by CMS on February 27, 2012.
- Inclusion of additional functionality from changes in rules making:
    - Rate Review data collection templates and evaluation function
    - Financial Management related benefit template

- EHB collection window
- Inclusion of Dental Templates and collection
- Cross Module Integration
- Formulary Roll-up Tool

In addition, re-work associated with changes from PM's PRA process with QHP certification process, incorporation of Rate Review tools, re-work associated with changing policy and requirements from final/published rules, and additional/expansion of Canonical Data Model and XML templates to support re-work.

2.3.3 Financial Management Services

Financial management services include the services necessary to spread risk among issuers and to accomplish financial interactions with issuers. The risk spreading services include, but are not limited to: payment calculation for reinsurance, risk adjustment and risk corridors, along with required data collection to support these services. The issuer financial transactions include: SHOP and Individual Premium (optional) processing, Advanced Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR), Reinsurance, Risk Adjustment and Risk Corridors payments

The Contractor shall use the FM blueprinting information and the products from the requirements contractor to finalize the services technical and system requirements to develop and deliver the FM services. The Contractor shall present the requirements, design, and implementation approach to CMS. The Contractor shall develop, implement, test, and deliver the FM services using the web services model for the DSH. The Contractor shall design and develop the FM services, wherever possible, to integrate with existing CMS booking system (HIGLAS) to avoid duplicating of functionality.

Financial Management Services

The following table lists the Financial Management Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-FM:01 Plan Assessment for State Exchanges	2		2		2
BP-FM:02 Reinsurance Contributions	2		2		8
BP-FM:03 Reinsurance Contribution Verification	1			1	3
BP-FM:04 Reinsurance Payment	4		4		2
BP-FM:05 Non-Exchange Enrollee/Rate Data Collection	3			3	7

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-FM:06 Claims/Encounter Data Collection	1			1	2
BP-FM:07 Risk Adjustment Calculation	6			6	2
BP-FM:08 Risk Adjustment Payment	3		3		3
BP-FM:09 Risk Corridors	3		3		0
BP-FM:10 Determine Issuer APTC and CSRs (No Offset)	3		3		3
BP-FM:11 CSR Reconciliation	2		2		8
BP-FM:12 SHOP Premium Aggregation	3		3		4
BP-FM:13 SHOP Reconciliation	2		2		5
BP-FM:14 State Options to Collect Premiums in the Exchange	5	0	5	0	9

Edge Server (Distributed Data) Design & Implementation

In order to facilitate CMS analysis of claims and enrollment information for purposes of operating risk adjustment and reinsurance programs, an issuer would house data on a remote "edge server" or alternative technology storage option (also known as distributed data) within their own environment. The Contractor shall design and implement the edge server solution, including a prototype for CMS to evaluate, for about 400 individual and small market insurance companies. The following design and implementation functionalities shall be included:

- A copy of complete issuer claims and enrollee information would be stored in a secure system within the issuer's data environment (e.g. an edge server).
- CMS would have access to claims information residing on that server in order to execute a significant number of data processing operations.
- All claims processing and analysis functions will be conducted on the edge server without any copy of the claim to be sent to CMS.
- CMS would obtain and retain plan-level summarized results through a data exchange zone in order to conduct analysis rather than collect any individual-level data.
- Trend and process monitoring reporting are to be periodically distributed to CMS/CCIIO and issuers.

The Contractor shall design and develop the code and associated operational instructions for the edge server for Issuers to implement, that includes the software and processes associated with processing, loading and evaluating claims and enrollee data files. In addition, the Contractor shall design and develop the codes that will perform the risk adjustment and reinsurance calculations.

The Contractor shall design and implement the edge server environment that will allow for a staging area for data integration, data testing, and quality control process, which will be conducted on the incoming data prior to being migrated into a production analytic environment. Claims and enrollee data will pass through an ETL environment for standardization where quality reporting and data load reporting will be produced from the staging environment to catch data errors or issuer data transformations prior to promotion into database repositories for risk score analytical processing. The Contractor's solution shall provide successful staging of the analytic data sets; in conjunction with ongoing maintenance of appropriate reference data, that will provide reliable support for the calculation of reinsurance, risk adjustment, and risk corridors health insurance issuer payments; as defined in 45 CFR Part 153.

The Contractor's solution shall provide User Interface based management tool for Issuers, allow for online queries, inbound file modifications, data processing, enhanced reporting functions, and enhanced provisioning support.

2.3.4 Remaining Functional FX Services

2.3.4.1 Remaining Exchange Functional Areas

The details of the business processes and flows for Oversight, Communication, and Customer service will be provided post award.

Exchange Functional Area - Oversight: Services for Oversight include the services necessary to define, implement, manage, and measure the performance of both Federal oversight of Exchange operations, and Exchange management and operations.

Exchange Functional Area - Communication: Services for Communication include the services necessary to define, implement, manage, and measure the effectiveness of communications, education and outreach strategies, both within an Exchange, and also when these strategies occur in concert with HHS and/or other Exchanges.

Exchange Functional Area - Customer Service: Services for Customer Service include the services necessary to manage Exchange responses to information requests and requests for service from consumers, employers, 3rd parties (navigators, agents, brokers) and issuers. Customer Service includes the creation and management of multi-channel response mechanisms (e.g., phone, web, paper, and face-to-face) and the efficient distribution/management of requests across channels. Finally, Customer Service includes the creation and management of web-based consumer tools.

2.3.4.2 Enterprise Rating and Decision Engine

The Contractor shall develop and create shared technologies for use by CMS to leverage a Health Insurance Exchange Enterprise Rating and Decision Engine (ERDE). An ERDE will facilitate consumers and beneficiaries to compare, select, and enroll in health and insurance plans by dynamically and virtually computing options, alternatives, person-based scenarios that convert knowledge of the situation into user decision support functionality.

ERDE shall facilitate consumers and beneficiaries to compare, select, and enroll in health and insurance plans by:

a) Integrate pricing data and benefit information to accurately reflect benefit availability for all plans that will be displayed on Healthcare.Gov and Health Insurance Exchanges
b) Compute accurate pricing information to include individual plan benefit information, including estimated annual cost, per month cost, premium, deductible, and other costs
c) Account for Premium Tax credit available through IRS and Exchanges; Compute cost sharing info pertaining to beneficiaries unique scenario
d) Accommodate multiple different processes and concurrent users for all available plans and potential infinite variables (ERDE must be fully dynamic and on-the-fly)

2.3.4.2.1 Enterprise Ratings and Decision Engine (ERDE) Functionalities

The following functionalities have been identified for ERDE: (in addition, ERDE will be utilized by Healthcare.Gov Plan Finder)

- Quality rating system
- Eligibility determinations for Exchange participation, premium tax credits, and cost-sharing reductions
- Seamless eligibility and enrollment process with Medicaid and other State health subsidy programs
- Individual responsibility determinations
- Premium tax credit and cost-sharing reduction calculator administration
- Appeals of eligibility determinations
- SHOP Exchange-specific functions

Quality Rating System: Each Exchange will need to assign a plan rating in accordance with the quality rating system that will be issued by HHS. Also, certification of qualified health plans will include consideration of quality data.

Eligibility determinations for Exchange participation, premium tax credits, and cost-sharing reductions: Key operations of the Exchange will be eligibility verification and determination and enrollment of individuals in qualified health plans. The Affordable Care Act includes requirements on these functions that will be spelled out in greater detail in future HHS guidance. Key functions within this functional area include:

- Eligibility determinations for:
  - Premium tax credits
  - Cost-sharing reductions
  - Medicaid, CHIP, and other health subsidy programs
  - Free choice vouchers
- Appeals of eligibility determinations
- Exchange forms and notices in compliance with Federal standards

Seamless eligibility and enrollment process with Medicaid and other State health subsidy programs: There are numerous milestones that Exchanges will need to accomplish between now and 2014 related to creating seamless eligibility and enrollment between the Exchange

and Medicaid and other State health subsidy programs. Each State's situation will be different and milestones will need to be tailored to these specific scenarios. In addition, many of the steps needed to reach this goal will be carried out through the development of information technology systems in close partnership with State Medicaid programs. We will work closely with States and CMS to help States along in this process. States should refer to the Guidance for Exchange and Medicaid IT Systems, Version 1.0 for additional guidance related to the effort to bring together eligibility and enrollment processes across these programs.

Individual responsibility determinations: The Exchange will need to have in place a process to receive and adjudicate requests from individuals for exemptions from the individual responsibility requirements of the Affordable Care Act, and to communicate information on such requests to HHS for transmission to IRS. This is a required function of Exchanges under the Affordable Care Act.

Exchange Website and Premium Tax Credit and Cost-sharing Reduction Calculator: Each Exchange will maintain a website through which enrollees and prospective enrollees may: obtain standardized comparative information on qualified health plans, apply for coverage, and enroll online. Exchange websites will also need to post required transparency information. Exchanges may choose to provide many more services on their websites. In addition, each Exchange website will need to provide access to an electronic calculator that allows individuals to view a preliminary actual cost of their coverage once premium tax credits have been applied to their premiums, as well as the impact of cost-sharing reductions, if they are eligible.

SHOP Exchange-specific functions: The Affordable Care Act requires each State who elects to operate an Exchange to establish a Small Business Health Options Program or SHOP Exchange. The SHOP Exchange will facilitate the purchase of coverage in qualified health plans for the employees of small businesses who choose to purchase coverage through the Exchange. Starting on January 1, 2014, small employers can only qualify for Small Business Health Care Tax Credits if they purchase coverage for their employers inside the Exchange. States may choose to merge the operations of their SHOP Exchange with their individual market Exchange. For purposes of this funding opportunity, we have identified SHOP Exchange-specific functions to aid States in their operational planning efforts related to the SHOP Exchange.

2.3.4.2.2 Enterprise Ratings and Decision Engine (ERDE) Summary & Modules

ERDE shall be capable of displaying health insurance plan comparative data to consumers and other users by carrier and product name (i.e., HMO, PPO, etc.), and including at least the following data elements: plan name, plan type, plan contact information, premium amount, deductible amount, benefits, out-of-pocket costs and cost share amounts already represented and displayed through existing software including consumer cost (co-pay/coinsurance) for major categories of service such as primary care physician, specialty physician, and inpatient hospital, a link to the carrier website, and a link to the provider network. Additionally, ERDE shall be capable of displaying Premium Tax credits and lower cost sharing information for those

beneficiaries qualifying for additional help. In States that require community rating, the premium amount will represent the plan level premium. In States that do not require community rating, the premium amount will be adjusted by consumer demographics such as age, sex, smoking, and individual / family/SHOP.

ERDE will consist of three modules: Business Rules/Decision, Calculation, and Rating. Details of these modules are described below:

- Business Rules/Decision Module: This module is used for defining business rules and supporting business decisions. Health Insurance Exchange and Healthcare.Gov Plan Finder rules will be created stored independently, without the context of product/plan. These rules can cover some product rules but also cover process/workflow types of rules like eligibility determinations.

  Calculation Module: Calculation module will complete complex insurance calculations. For example, the Calculation module will account for Premium Tax credit of an individual, Family, or Small Business/Group and provide accurate information on Premium, Deductible, and Out-of-pocket costs. Calculation module shall be optimized to work with the Business Rules/Decision system.
- Rating Module**:** Rating module is a rule-driven system that evaluates risk variables to determine the premium an insurer should receive for covering a risk. With a defined set of user inputs, the rating module will use an algorithm supported by rate tables to determine the rating factors to be applied. The rating module shall automate the pricing of a risk, usually in line with the insurer´s state filings, to provide consistent, compliant pricing for an insurance plan/product.

2.3.5 Comprehensive Testing

The Contractor shall perform testing and validation of all major and minor releases prior to completing implementation. Testing shall include unit and integration testing of all functional deliverables – both integration testing internal to the DSH and externally with DSH stakeholders (e.g. IRS). The Contractor shall follow the CMS Testing Framework documented in http://www.cms.gov/SystemLifecycleFramework/Downloads/CMSTestingFrameworkOverview.pdf

The Contractor shall configure and deploy test environments to support the following:

- Alpha Test: Integrated release testing by CCIIO, OIS, CMCS for all release items; includes regression testing of previously released items/functions.
- Beta Test: External partner (states, issuers, & federal agencies) integrated testing for all release items; includes regression testing of previously released items/functions.
- Integration: Testing of interface/integrated services during Alpha and Beta testing between systems.

- General Available: Date when release items are available to all states, issuers, and federal agencies (for testing as well as code/service download).
- Production: Operational use of General Available codes/services in a dedicated Production environment.
- Code Promotion: Use of CMS' continuous delivery platform to move codes for Code Repository, build, versioning, and automatic code verification thru various testing environments.

The Contractor shall define, create, manage, update/reload, and administer test data sufficient to ensure successful results for all test activities.

The Contractor shall conduct the following verification and tests:

- Unit tests: verification of individual hardware or software units or groups of related items prior to integration of those items; and
- Integration tests: verification that the assembled individual components functions properly as a system
- Release QA tests: verification that developed system components functions properly as part of a larger FEPS system and CMS enterprise infrastructure as applicable

The Contractor shall conduct system testing at the hosting environment. System testing includes the following activities to ensure that the application meets all requirements and expectations:

- Functional tests: verification that the system meets documented requirements
- Interface tests: verification that the system interacts with external applications according to specifications
- Regression tests: verification that changes do not adversely affect existing functionality
- Parallel tests: comparison of the results of a new application baseline against the results of a production version to ensure that the new version functions as intended
- Performance and load tests: activities to determine how the system performs under a particular workload to demonstrate that the system meets performance criteria. This includes developing load scripts for stress testing.

The Contractor shall collaborate with CMS and designated CMS contractors for functional validation. Functional validation includes the following:

- Activities to ensure that the application meets the customer needs and accomplishes the intended purpose
- User Acceptance Testing (UAT) that will allow end users to validate that the system delivers the requested functionality and will accomplish its business objectives.

The Contractor shall document test cases based on test data provided by CMS. The Contractor shall collaborate with CMS to ensure development of adequate test cases are developed. The Contractor shall establish test cases (in terms of inputs, expected results, and evaluation criteria),

test procedures, and test data for testing the software. The Contractor shall deliver a draft and a final Test Case Specification.

2.3.6 Nationwide Service Integration Testing

The Contractor shall perform unit, system, and integration testing during the development and validation of each DSH service. In addition, beginning on or about January 1, 2013, nation-wide testing will begin for integration of existing state systems, Exchanges, the DSH, and federal agencies will begin. The Contractor shall be responsible for end-to-end integration testing, including issuing test reports, to validate the effectiveness of the nationwide FEPS.

2.3.7 Service Governance

The Contractor shall provide governance services throughout the period of performance of this effort. Governance services include, but are not limited to configuration management, release management, document/deliverable management, risk management, and quality control.

Transaction Capability Governance oversees the management of transaction formatting. The Contractor shall work with CMS to ensure that all transaction formats, mechanisms, and integration points are standardized to maximize data interoperability.

The Contractor shall document the change management and other governance processes and procedures used.

2.3.8 Training

As part of the FX development and implementation, the Contractor shall develop and deliver a Training Plan. The plan shall include conducting training for CMS personnel, other CMS contractors, and any other participants as identified by CMS. The plan shall include all aspects of the system to ensure collective and consistent knowledge of process execution, including access and usage of the proposed solution.

The Training Plan shall include at a minimum, the following information:

- Steps in using the proposed solution
- How training will be provided
- Maximum number of people that can be trained at one time
- Type of training environment required, including equipment required
- Skill set of trainers
- Type of training materials to be provided
- Identification of trainer(s), if available.

The Contractor shall conduct training for CMS, and any other contractor designated by CMS. Moreover, the Contractor shall create any supporting artifacts/documentation required to support the delivery of the training. At a minimum, the following information shall be provided as appropriate: handouts, slides, guides, and manuals.

The Contractor shall develop, update, and maintain the User and Operator Training Materials. The Contractor shall create and maintain User Manuals. User Manuals shall contain the information and references necessary for the user to learn, navigate, and use the solution. The User Manuals shall be updated with changes as a result of system releases that occur during the period of performance of this effort. User Manuals shall include, but are not limited to, the following:

- Table of Contents
- Step-by-step instructions and help references
- Descriptions of user roles, sample user screens and reports, a menu hierarchy, diagrams, and definitions of all fields
- All error messages and corrective action instructions
- Separately bound quick-reference guide (or page). If appropriate to the software, this guide shall provide or reference a quick-reference card or page for using the software. This quick-reference guide shall summarize, as applicable, frequently used function keys, control sequences, formats, commands, or other aspects of software use.
- Answers to Frequently Asked Questions (FAQs)
- Glossary.

The Contractor shall develop a Development Guide for the states (and other stakeholders, as necessary) that contains the technical information necessary to guide the states in their development of interfaces to DSH services. This guide will define the protocols and payloads of the designed transmission mechanism, and recommended approaches for defining, creating, and testing the DSH service interfaces to all stakeholders.

2.4 Work Activities

The work activities described below constitute the actual tasking to be completed under this Task Order to implement the requirements for the FX.

Upon award of the task order, the Contractor shall proceed with the first two work activities, the Program Startup Review and the design of the platform infrastructure. The Contractor shall obtain approval of the PSR, of the platform design and architecture, and approval of the level of effort (LOE) definitions to proceed with the next work segment.

Each subsequent work activity will follow the same approach. That is, there will be a defined activity, such as Eligibility & Enrollment service/function design, development, and implementation that follows the CMS ELC and the stage gate reviews. Continuation of contract activities requires CMS approval of the products of each work activity and the LOE plan for the next work activity at each stage gate review. No subsequent work shall begin until successful completion of each gate review.

2.4.1 Work Activity 1 – Program Startup Review

The first work activity to be performed under this Task Order is the Program Startup Review that represents the kickoff of the Task Order.

Within five (5) business days of the award of the task order, the Contractor shall conduct an orientation meeting and briefing for CMS. The completion of this briefing shall result in (but is not limited to) the following:

- Management Approach – To include project assumptions and constraints and the overall approach to project management.
- Project Work Plan – To include the comprehensive methodology for implementing the FX in a phased approach and detailed project schedule. The project plan shall include work activity descriptions, work activity dependencies, work activity durations, milestones, resources, and deliverables for each near- and long-term phase, and identification of the critical path.
- Staffing Approach – To include the roles, responsibilities, and allocations of each resource assigned to the effort; the approach to transitioning staff between each life cycle phase; and the approach to estimating levels of resources required.
- Communication Approach – To include the methodology for communicating status, issues, and risks to CMS stakeholders.
- Risk Management Approach – To include the process, methods, tools, and resources that will be applied to the project for risk management. Describe how risks will be identified and analyzed, the basis for prioritizing risks, how risk responses will be developed and implemented, and how the success of those responses will be measured.
- Configuration Management Approach – To include the responsibilities and authorities for accomplishing identified configuration management activities performed during the project's life cycle and coordination with other project activities.

This review will constitute the PSR for the Task Order. Approval of the PSR is required prior to beginning work on subsequent work activities.

2.4.2 Work Activity 2 – Platform Architecture

The second work activity to be performed under the task order is the design of the infrastructure platform and software component platform necessary to support the development and testing of the FX at Terremark.

The Contractor shall produce a hardware architecture, including but not limited to managed servers, managed storage, and managed bandwidth, and a software component architecture consisting of the recommended open source tools necessary to provide a web services platform for developing, testing, and hosting the FX.

At contract award, CMS will provide any existing hardened baseline operating system images for instantiating servers at Terremark. The Contractor shall develop and provide to CMS any operating system images, system installation scripts, and configuration guides for products

recommended for the FX. The Contractor shall ensure that these images, scripts, and guides create installed components and environments that meet all CMS and IRS security controls as described in subsections 2.1.3 and 2.1.4. The Contractor shall work with Terremark, at CMS direction, to validate the recommended approach.

The Contractor shall provide diagrams, descriptions, tool product recommendations, an integration plan and schedule, the benefits and risks of the approach, and a LOE estimate of the Contractor hours by labor category for the implementation of the approach. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.3 Work Activity 3 – Plan Management Services

The third work activity to be performed under the task order is the design, development, implementation, and delivery of the Plan Management Federal Exchange Services as described in subsection 2.3.2.

The Contractor shall refine the business process models, requirements documents, and create architectural diagrams sufficient to fully describe the Plan Management business area. The Contractor shall provide diagrams, descriptions, the benefits and risks encountered, assumptions made, and an LOE estimate of the Contractor hours by labor category for the PBR for this activity. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.4 Work Activity 4 – E&E Services

The fourth work activity to be performed under the task order is the design, development, implementation, and delivery of the Eligibility and Enrollment Federal Exchange Services as described in subsection 2.3.1.

The Contractor shall refine the business process models, requirements documents, and create architectural diagrams sufficient to fully describe the E&E business area. The Contractor shall provide diagrams, descriptions, the benefits and risks encountered, assumptions made, and an LOE estimate of the Contractor hours by labor category for the Program Baseline Review for this activity. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.5 Work Activity 5 – Financial Management Services

The fifth work activity to be performed under the task order is the design, development, implementation, and delivery of the Financial Management Federal Exchange Services as described in subsection 2.3.3.

2.4.6 Work Activity 6 – Oversight Services

The sixth work activity to be performed under the task order is the design, development, implementation, and delivery of the Oversight Federal Exchange Services. Details on these services will be provided post award.

2.4.7 Work Activity 7 – Customer Service

The seventh work activity to be performed under the task order is the design, development, implementation, and delivery of the Customer Service Federal Exchange Services. Details on these services will be provided post award.

2.4.8 Work Activity 8 – Communications Services

The eighth work activity to be performed under the task order is the design, development, implementation, and delivery of the Communications Federal Exchange Services. Details on these services will be provided post award.

2.4.9 Work Activity 9 – PCIP and Other Remaining Services

The ninth work activity to be performed under the task order is the design, development, data migration, implementation, and delivery of the PCIP Services and other remaining services to be defined by CMS. Details on these services will be provided post award.

Work activity shall be extended in the base year to accommodate development of enhancements and additional functionality for Plan Management, Eligibility and Enrollment and Financial Management functionality for the Federal Exchange and to support production operations such as the Eligibility Determination and Enrollment.

Likewise, Terremark infrastructure and services shall be extended. In particular, the following Terremark and URS services are needed.

Terremark Services

Quantity	Service Description
6	Federal E-Cloud - Dedicated Cloud Service: Compute (Hybrid Network - per 25Ghz Expansion)
2	Federal E-Cloud - Dedicated Cloud Service: Storage - NetApp Expansion Shelf (5TB Usable / Restrictions Apply)
1	Data Vault Backup Service - Gateway Unit - 5TB Capacity (Stored)
50	Data Vault Backup Service: 100 GB Online
25	Data Vault Backup Service: 100 GB BLM
36	Open Market Item: 01 -Dedicated SEIM\Log Aggregation (per VM or physical server)

Quantity	Service Description
1	Open Market Item:03 -Hybrid Deployment Suite to host Google Search Appliances
1	Open Market Item: 13 -Security Essentials - Utility 10Mbps/10 Devices
5	Federal E-Cloud - SAN Storage - per 100GB
10	Federal E-Cloud - 1GHz/2GB Memory (per Ghz - Minimum 5Ghz required)

URS Support Services

Quantity	Service Description
1	Open Market Item: 02 -eCloud Managed Services Support, 50VM Expansion

2.5 Regional Technical Support

As described in subsection 1.1, states will likely require some level of technical support during the course of the development of Exchanges and the interactions required with the DSH. The Contractor shall propose a plan to provide qualified, senior-level technical architects regionally throughout the United States to minimize travel expenses. These technical architects shall have experience with state Medicaid systems, commercial insurance systems, or related federal health systems. The required technical support shall include, but will not be limited to: establishing state IT profiles, stage gate reviews, particularly architecture reviews; design reviews; implementation support, integration/interface support with the DSH and Medicaid/CHIP systems, test plan reviews and testing support; and other related application life-cycle activities.

Level of technical support provided will generally be limited to supporting DSH inquiries, assessment of state profiles and readiness, and delivery of standard FX functions.

2.5.1 Establishing State IT Profiles and building a FX deployment roadmap

- Create assessment to establish State IT Profiles
- Create tailored FX deployment roadmap for each state

2.5.1.1 State IT Profiles

The Contractor shall conduct an assessment of IT systems and create State IT profile for all states. This includes creation of assessment tools, delivery, collection, and follow-up activities necessary to complete all planned assessments. This shall include the following tasks:

- Develop of assessment tools and related materials that will be utilized for presentation to states detailing the initiative, goals, desired outcomes, value proposition, survey, and all other relevant supporting components, etc.
- Provide necessary staffing and materials (print and visual aids) at CMS' State Grantees meeting to educate states about the assessment tool and to addressing their concerns, questions, and helping to promote education and awareness about the initiative. In addition, provide necessary.

2.5.1.1.1 Assessment Tools

The Contractor shall create and maintain assessment tools to include the following:

- Create Survey or Assessment Tool(s) necessary for IT state profiles
- Set up scheduling in advance for ad hoc webinars with states for guidance
- Set up scheduling in advance for information/support sessions with states
- Set up phone capability to provide guidance to states – can ensure phone number routing if necessary
- Set up travel arrangements to support states (if necessary)

2.5.1.1.2 IT Profiles

The Contractor shall create and maintain state IT Profiles (for all states) to include the following:

- Track all assessment responses from states
- Complete regular Status Reports
- Delivery of draft and final State IT Profiles

2.5.1.2 FX deployment Roadmap

Based on state IT profiles, design and develop tailored strategy for deploying FX systems to states. This shall include approaches for evaluating progress of State Exchanges, including an assessment of potential failure to achieve and/or maintain operational readiness, and timelines for transitioning to the Federally-facilitated Exchange.

The roadmap shall detail standard FX functions that states will utilize to incorporate into their operations (but limited system level incorpotation).

2.5.2 FX IT implementation support to States

From now through 2013, CMS will be working with States collaboratively, and will be continually evaluating how to develop federal IT systems and services, and support similar development by others, in a manner that maximizes State flexibility. In that, CMS is currently providing technical assistance to states, via separate contracting resources from CMS/CCIIO for program management and policy establishment to jump start the state's overall exchange activities. Working with these contractors, the Contractor's regional technical support shall provide a 'Jump-Start' implementation support to those states building their State Based Exchanges (SBE) by incorporating system components from FX or those states that are utilizing FX as a contingency option to SBE development. The goal is to give States the full opportunity to incorporate FX developed system functionalities to speed up the development duration and/or assess FX as a contingency option and work on integration with FX systems in parallel to SBE development.

The Contractor shall provide IT implementation support teams (multi-disciplined) that will travel to about 12 states, with purpose of providing a 'jump start' to their development. These activities include supporting with creation of the following artifacts:

a) requirements documents
b) system design documents
c) interface control documents
d) database design documents
e) data management plans
f) physical data models
g) data conversion plans
h) system of record notices

The Contactor shall support the States on key integration activities required for state systems to the FX thus constituting an end-to-end exchange solution. The support shall include the integration of existing state Medicaid & CHIP systems in a structured manner to achieve the desired outcome of the FX and interfaces to the Data Services Hub.

The Contractor shall provide support for the following tasks

1. Provide overall planning and coordination incorporating FX system components and establishing application integration;
2. Provide appropriate training for personnel to carry out the integration;
3. Provide appropriate documentation on each sub-system for integration;
4. Provide audit or review reports;
5. Document sub-system software unit and database;
6. Establish integration test procedures;
7. Testing of system (including sub-system); and

8. Integrate sub-systems into final FX or SBE application system.

2.6 Operations and Maintenance

Once CMS has accepted and deemed FX to be fully operational, the Contractor shall provide operations and maintenance (O&M) support of the FX systems for the period of performance of this effort. O&M includes, but is not limited to, daily operations, systems change management, systems maintenance, second and third-level help desk support, and monitoring and oversight support of the FX systems. During key operational phases that occur during the performance of this effort, such as open enrollment, the Contractor shall provide 24x7 support for each of these services.

In the extended base year period, the FX / FFM system will be deployed to Production. As such, significant level of Production Support is envisioned such as on-boarding (for issuers and states) related to Enrollment and Medicaid/CHIP activities that includes testing and configuration of system and security and production operations support operations such querying, reporting, troubleshooting and correcting errors. For example, activities include but are not limited to:

- querying raw and aggregated data store:
    - E&E to troubleshoot & validate eligibility determinations and enrollment records;
    - PM to troubleshoot & validate premium/rating information and plan level benefit information;
    - FM to troubleshoot various FM functions (like Edge Server provisioning/maintenance & APTC & CSR calculations);
- reporting: designing, creating, and updating various operations related transactional reports and metrics (includes many ad hoc reports that will be needed ‘on the fly’ given the newness of ACA as a program and there are lot of unknowns to needed metrics), and
- trouble-shooting and correcting errors: many of eligibility and enrollment related transactions could require corrections being made and updated records being reprocessed (CMS foresees this as a significant activity).

3. General Requirements

3.1 Section 508 – Accessibility of Electronic and Information Technology

(a) This task order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C.

794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or

2. In the case of custom EIT being developed by a contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

Section 508 Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this **SOW, PWS, or TO**, the **SOW, PWS, or TO** shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. www.access-board.gov/sec508/508standards.htm (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the **SOW, PWS, or TO**, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this **SOW, PWS, or TO**:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

The following Section 508 provisions apply for software development material identified in this **SOW, PWS, or TO**:

For software development, the Contractor/Developer/Vendor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)
(2) 36 CFR 1194 (508 Standards)

36 CFR Part 1194.21 (a – l)

36 CFR Part 1194.31 (a – f)

36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)
(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)

a. Information Technology – General Information

(http://www.cms.hhs.gov/InfoTechGenInfo/)

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)
(2) 36 CFR 1194 (508 Standards)

36 CFR Part 1194.22 (a – p)

36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)
(4) FAR 39.2 (Section 508)
(5) CMS/HHS Standards, policies and procedures (Section 508)

a. Information Technology – General Information

(http://www.cms.hhs.gov/InfoTechGenInfo/)

3.2 CMS Information Security

This requirement applies to all organizations which possess or use Federal information, or which operate, use or have access to Federal information systems (whether automated or manual), on behalf of CMS.

The central tenet of the CMS Information Security (IS) Program is that all CMS information and information systems shall be protected from unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft—whether accidental or intentional. The security safeguards to provide this protection shall be risk-based and business-driven with implementation achieved through a multi-layered security structure. All information access shall be limited based on a least-privilege approach and a need-to-know basis, i.e., authorized user access is only to information necessary in the performance of required tasks. Most of CMS' information relates to the health care provided to the nation’s Medicare and Medicaid beneficiaries, and as such, has access restrictions as required under legislative and regulatory mandates.

The CMS IS Program has a two-fold purpose:

(1) To enable CMS’ business processes to function in an environment with commensurate security protections, and
(2) To meet the security requirements of federal laws, regulations, and directives.

The principal legislation for the CMS IS Program is Public Law (P.L.) 107-347, Title III, Federal Information Security Management Act of 2002 (FISMA), http://csrc.nist.gov/drivers/documents/FISMA-final.pdf. FISMA places responsibility and accountability for IS at all levels within federal agencies as well as those entities acting on their behalf. FISMA directs Office of Management and Budget (OMB) through the Department of Commerce, National Institute of Standards and Technology (NIST), to establish the standards and guidelines for federal agencies in implementing FISMA and managing cost-effective programs to protect their information and information systems. As a contractor acting on behalf of CMS, this legislation requires that **the Contractor shall**:

- Establish senior management level responsibility for IS,
- Define key IS roles and responsibilities within their organization,
- Comply with a minimum set of controls established for protecting all Federal information, and
- Act in accordance with CMS reporting rules and procedures for IS.

Additionally, the following laws, regulations and directives and any revisions or replacements of same have IS implications and are applicable to all CMS contractors.

- P.L. 93-579, The Privacy Act of 1974, http://www.usdoj.gov/oip/privstat.htm , (as amended);
- P.L. 99-474, Computer Fraud & Abuse Act of 1986, www.usdoj.gov/criminal/cybercrime/ccmanual/01ccma.pdf P.L. 104-13, Paperwork Reduction Act of 1978, as amended in 1995, U.S. Code 44 Chapter 35, www.archives.gov/federal-register/laws/paperwork-reduction;
- P.L. 104-208, Clinger-Cohen Act of 1996 (formerly known as the Information Technology Management Reform Act), http://www.cio.gov/Documents/it_management_reform_act_Feb_1996.html;
- P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (formerly known as the Kennedy-Kassenbaum Act) http://aspe.hhs.gov/admnsimp/pl104191.htm;
- OMB Circular No. A-123, Management's Responsibility for Internal Control, December 21, 2004, http://www.whitehouse.gov/omb/circulars/a123/a123_rev.html;
- OMB Circular A-130, Management of Federal Information Resources, Transmittal 4, November 30, 2000, http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html;
- NIST standards and guidance, http://csrc.nist.gov/; and,
- Department of Health and Human Services (DHHS) regulations, policies, standards and guidance http://www.hhs.gov/policies/index.html

These laws and regulations provide the structure for CMS to implement and manage a cost-effective IS program to protect its information and information systems. Therefore, the Contractor shall monitor and adhere to all IT policies, standards, procedures, directives, templates, and guidelines that govern the CMS IS Program,

http://www.cms.hhs.gov/informationsecurity and the CMS System Lifecycle Framework, http://www.cms.hhs.gov/SystemLifecycleFramework.

The Contractor shall comply with the CMS IS Program requirements by performing, but not limited to, the following:

- Implement their own IS program that adheres to CMS IS policies, standards, procedures, and guidelines, as well as industry best practices;
- Participate and fully cooperate with CMS IS audits, reviews, evaluations, tests, and assessments of contractor systems, processes, and facilities;
- Provide upon request results from any other audits, reviews, evaluations, tests and/or assessments that involve CMS information or information systems;
- Report and process corrective actions for all findings, regardless of the source, in accordance with CMS procedures;
- Document its compliance with CMS security requirements and maintain such documentation in the systems security profile;
- Prepare and submit in accordance with CMS procedures, an incident report to CMS of any suspected or confirmed incidents that may impact CMS information or information systems; and
- Participate in CMS IT information conferences as directed by CMS.

If the contractor believes that an updated IS-related requirement posted to the CMS website may result in a significant cost impact, the contractor may submit a request for equitable cost adjustment before implementing change.

3.3 Financial Report

The Contractor shall provide financial reports to reflect the work performed by both the prime Contractor and Subcontractors. The Contractor shall provide financial reports to reflect the cost in both hours and dollars of work performed by both the prime Contractor and Subcontractors. Included with the financial reports shall be CMS' Financial Status Report spread sheet (See Appendix D).

The Financial Report shall contain the following sections for both the Contractor and each Subcontractor:

a. Contract Name
b. Contract Number
c. Authorized Contractor Representative
d. Period of Performance
e. Contract or Task Order Value
f. Total Amount Billed
g. Total Payment Received
h. Current Month Hours Expended by Labor Category
i. Cumulative Month Hours Expended by Labor Category

j. Estimated Hours To Completion by Labor Category
k. Current Month Cost Expended by Labor Category
l. Cumulative Cost Expended by Labor Category
m. Balance of Remaining Funds
n. Estimated Cost To Completion by Labor Category
o. Burn rate

3.4 Transition Out to a New Contractor

Transition to a new contractor is subsequent to the award of contract, should a follow-on contractor be awarded the HIX contract. (The transition to a new contractor may be required as a result of a future competitive RFP for this effort.)

The Contractor shall work proactively with CMS and any other organization, as designated by CMS, to ensure a smooth, orderly, cooperative transition of services to a new contractor, if necessary. The Contractor shall submit a phase-in plan that describes the Contractor's methodology, processes, and phase-in transition activities. Work phase-in plans and delivery dates shall be negotiated as soon as possible after notification of the new contractor's transition completion date.

Activities related to transition (should the transition be required) shall be conducted over a period not expected to exceed 180 calendar days (6 months). During this transition period, the incumbent contractor shall work with CMS and the new contractor to set up a training schedule and a schedule of events to smoothly changeover to the new contractor.

Not more than two weeks after notification by CMS that the transition to a new contractor will take place, the incumbent contractor shall submit to the Project Officer a draft written Joint Operating Agreement (JOA). Both the incumbent contractor and the new contractor shall sign the JOA.

The purpose of the JOA is to establish a process for managing the workload while both contracts are in place and to also establish a process to fully transition the workload from the incumbent contract to the new contract. The incumbent Contractor's JOA shall illustrate the manner in which the two entities will maintain support during the transition of the work from the incumbent's contract to the new contract including methods that will be used to communicate and coordinate activities among themselves and to communicate to CMS.

The JOA shall define the responsibilities for the incumbent contractor and the new contractor and shall be submitted to CMS for approval before final signatures are obtained. In addition, as part of the JOA, the incumbent contractor and the new contractor shall form a joint coordinated management team that will ensure that communication, coordination, cooperation, and consultation between the two entities is maintained in support of the transition and ongoing work. Such a team shall have regular meetings and shall monitor the work of any subgroups during transition and ongoing work, and shall submit status reports as determined by CMS.

The new contractor shall participate in the formation of a joint team with the incumbent contractor that will be managed by CMS to ensure that communication, coordination,

cooperation, and consultation between all the entities is maintained in support of the transition and ongoing work. This joint contractor team shall meet regularly (as defined by CMS) and shall monitor and manage the work of any subgroups during transition.

Incumbent Contractor Responsibilities

Not later than four weeks after notification by CMS that the transition to a new contractor will take place, the incumbent contractor shall submit to the Project Officer a Transition Plan. The Plan shall address the specific steps and dates the incumbent contractor will take to change the program to a new contractor. The Plan shall include but not be limited to the following:

- Transition plans and procedures
- Transition milestones and timeframes, including a detailed timeline for work-in-progress, test-site and production cutovers,
- A CMS approved comprehensive listing of the responsibilities of all personnel participating in the transition to include the policies, practices and procedures to be employed by the incumbent contractor to ensure there is no conflict between routine system maintenance and the activities of the transition,
- A CMS approved in-depth schedule and thorough description of the methodology to be employed by the incumbent contractor to ensure no degradation of service during the transition period,
- A CMS approved risk management plan that includes a list of the potential risks during the transition period and the plan to mitigate each, and
- A CMS approved complete and detailed resource-planning/resource-turnover analysis that includes network, Single Testing Contract (STC) and contractor infrastructure requirements.
- Any CMS approved travel necessary to support the transition (if applicable).

3.5 General Assumptions

To the extent that tasks in this scope of work pertain to the number of States that may be certified to operate an exclusively State-based Exchange, or to the operation of a State Partnership Exchange with the Federal government performing a range of business services from significantly all to a few, the Contractor shall use at least the following assumptions for pricing its proposal to assure the use of the same or similar basic assumptions. Some of the assumptions provided below pertain to tasks that may not be included in this scope of work, (e.g., onsite visits and analytic work to develop a payment notice), in which case the Contractor shall not include such tasks in the proposal or related pricing. Leading up to State certification, the Federal government will track State progress and provide technical assistance with the intention of maximizing the number of States that meet the necessary requirements for certification.

CMS will not know for certain how many States will apply for certification and be certified until January 1, 2013. Given this uncertainty, the Contractor shall assume that 50 states, the District

of Columbia, and U.S. territories will participate in a three-phase review process in 2012 that will include at least:

- An early assessment and a draft certification application review;
- A final certification application review approval process; and
- Three onsite visits per State.

For the purpose of costing out a proposal, the Contractor shall also assume that all Exchanges will access a Federal data services hub that will facilitate transactions between States and federal agencies where federal information is required, for example, to support the determination and verification of consumer eligibility for tax credits. For all business functions that an exchange must provide, the Contractor shall assume that States will fall into one of three categories. i.e., States that:

- Build or use vendor or other State services under direct arrangement and will be certified to run a State-based Exchange;
- Opt for an Exchange facilitated by Federal agencies that will operate in States; and
- Operate under a State Partnership Model allowing a State's business services that are ready in time for certification to operate in combination with Federal services. For such States the Contractor shall assume, on average, two business systems or services (e.g., eligibility and enrollment, financial management, plan management) developed by the Federal government (not including access to the Federal data services hub) to be operating.

As of July 7, 2011, eleven states have Exchange laws, and one more has legislation awaiting the Governor's signature. An additional nine states have laws or executive orders to study establishment of a State-based Exchange.

For each of these three categories, the Contractor shall assume that the size of the States in each category range from high to low in terms of the number of people estimated to be eligible for enrollment in Medicaid, CHIP and an exchange. Using local and regional Part C contracts and health plans as a simple approximation of the impact of Issuer and qualified health plans on Exchange functions, the Contractor shall assume 500 Issuer contracts and 3000 qualified health plans across all exchanges.

3.5.1 Other Assumptions

The Affordable Care Act requires the Federal government to provide technical support to States with Exchange grants. To the extent that tasks included in this scope of work could support State grantees in the development of Exchanges under these grants, the Contractor shall assume that data provided by the Federal government or developed in response to this scope of work and their deliverables and other assets associated with this scope of work will be shared in the open collaborative that is under way between States, CMS and other Federal agencies. This open collaborative is described in IT guidance 1.0. See http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf.

This collaboration occurs between State agencies, CMS and other Federal agencies to ensure effective and efficient data and information sharing between state health coverage programs and sources of authoritative data for such elements as income, citizenship, and immigration status, and to support the effective and efficient operation of Exchanges. Under this collaboration, CMS communicates and provides access to certain IT and business service capabilities or components developed and maintained at the Federal level as they become available, recognizing that they may be modified as new information and policy are developed. CMS expects that in this collaborative atmosphere, the solutions will emerge from the efforts of Contractors, business partners and government projects funded at both the State and federal levels. Because of demanding timelines for development, testing, deployment, and operation of IT systems and business services for the Exchanges and Medicaid agencies, CMS uses this collaboration to support and identify promising solutions early in their life cycle. Through this approach CMS is also trying to ensure that State development approaches are sufficiently flexible to integrate new IT and business services components as they become available.

- The Contractor's IT code, data and other information developed under this scope of work shall be open source, and made publicly available as directed and approved by the COTR.
- The development of products and the provision of services provided under this scope of work as directed by the COTR are funded by the Federal government. State Exchanges must be self-funded following 2014. Products and services provided to a State by the Contractor under contract with a State will not be funded by the Federal government.

3.5.2 Contractor Contracting with States

As approved by the COTR for products and services related to the deliverables under this scope of work, CMS Contractor(s) are encouraged by CMS to contract with States/State Exchanges as follows. A CMS Contractor that is a qualified entity within the meaning of ACA 1311(f)(3) with respect to any Exchange related IT system or business function may enter into a contract with a State/State exchange to support such system or function. A CMS Contactor may contract directly with a State/State Exchange even if the Contractor is not a qualified entity only where it does so with respect to non-discretionary functions under ACA 1311 (e.g., building and maintaining an IT system for use by the Exchange). A CMS Contractor may enter into a subcontract directly with a qualified entity that is in a contract with a State/State Exchange even if the Contractor is not a qualified entity.

4. Security

Contractor personnel visiting any Government facility in conjunction with this task order shall be subject to the Standards of Conduct applicable to Government employees. Site-specific regulations regarding access to classified or sensitive materials, computer facility/IT network access, issue of security badges, etc., shall be provided as required by the Government. All products, source code and scripts produced and their associated work papers are to be considered the property of the Government, specifically, the Department of Health and Human Services.

The provisions outlined in this section apply to the prime contractor, all subcontractors and all prime or subcontractor employee(s) that may be employed during the course of this task order.

Requirements

To perform the work specified herein, contractor personnel will require access to sensitive data, regular access to HHS-controlled facilities and/or access to HHS information systems. All Contractor personnel shall meet the minimum requirements of Homeland Security Presidential Directive 12 prior to beginning work. All contractor personnel fulfilling the requirements of this task order, are required to read and sign a Nondisclosure Statement, prior to beginning work.

HHS Information Security Program Contract Oversight Guide

The Contractor shall comply with the HHS Information Security Program Contractor Oversight Guide dated November 7, 2006. The contractor shall ensure that each contractor/subcontractor employee has completed the HHS Computer Security Awareness Training course prior to performing any contract work, and thereafter shall complete the HHS-specified fiscal year refresher course during the period of performance of the contract.

The contractor shall maintain a listing by name and title of each contractor/subcontractor employee working under this task order that has completed the HHS required training. Any additional security training completed by contractor/subcontractor staff shall be included on this listing. [The listing of completed training shall be included in the first technical progress report. Any revisions to this listing as a result of staffing changes shall be submitted with next required technical progress report.]

Physical Security

The contractor is to be responsible for safeguarding all government property provided for contractor use. At the close of each work period, government facilities, equipment, and materials are to be secured.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 5

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
000006	09/13/2013	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE
CMS,OAGM,ITG,DISSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DISSC	Allisan Hafner Contract Specialist 410-786-5147	AGG/AH

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

X 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0012

10B. DATED (SEE ITEM 13)
09/30/2011

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule Net Increase: $18,215,807.19

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) FAR 52.243-2 Changes - Cost Reimbursement, Alternate II

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to: (1) add additional funding in the Base Year- CLIN 0001 in the total amount of $18,215,807.19 to fully fund the Adobe perpetual license thereby increasing CLIN 0001AA by (b)(4) from (b)(4) to (b)(4) and increasing CLIN 0001AB by (b)(4) from (b)(4) to (b)(4) and (2) reducing CLIN 0003AA by (b)(4) from (b)(4) to (b)(4), reducing CLIN 0003AB by (b)(4) from (b)(4) to (b)(4), reducing CLIN 0004AA by (b)(4) from (b)(4) to (b)(4), and reducing CLIN 0004AB by (b)(4) from (b)(4) to (b)(4) to reflect the payment of the Adobe licenses in the base year. The total $18,215,807.19 was previously proposed across Option
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
Christina Marchione, Vice President	LYANDRA EMMANUEL

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Christina Marchione (Signature of person authorized to sign)	9/19/13	Lyandre (Signature of Contracting Officer)	9/19/13

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Year 2 and 3. The option years are now reduced by that amount due to the Adobe licenses now being fully funded in the base year. Delivery Location Code: WHSE CTRS FOR MEDICARE & MEDICAID SVCS WAREHOUSE - NORTH BUILDING 7500 SECURITY BLVD. BALTIMORE MD 212441850 Add Item 000106 as follows:				
000106	NEF - Marketplace: CGI - FFM - Mod 6 - Adobe Perpetual License Requisition No: OIS-393-2013-1706, OIS-393-2013-1714, OIS-393-2013-1715 Amount: [redacted] Accounting Info: Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 221 Fiscal Year: 13 Project #: 000768 Sequence #: 007 Funded: [redacted] Amount: [redacted] Accounting Info: P-221-13-000768-008 Req Identifier: P CAN Number: 5990042 Appropriation: 7530511 Object Class: 25235 Component ID: 221 Fiscal Year: 13 Project #: 000768 Sequence #: 008 Funded: [redacted] Amount: [redacted] Accounting Info: P-221-13-000768-009 Req Identifier: P CAN Number: 35996084 Appropriation: 75X0119 Object Class: 25235 Component ID: 221 Fiscal Year: 13 Project #: 000768 Sequence #: 009 Funded: [redacted] Change Item 2001 to read as follows(amount shown is the obligated amount):				18,215,807.19
2001	2nd Option Period - Operations and Maintenance (Severable services) Amount: [redacted](Option Line Item) Change Item 3001 to read as follows(amount shown is the obligated amount): Continued ...				Option

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
3001	3rd Option Period - Operations and Maintenance (Severable services) Amount: [redacted] (Option Line Item)				Option

The purpose of this modification is to: (1) add additional funding in the Base Year- CLIN 0001 in the total amount of $18,215,807.19 to fully fund the Adobe perpetual license thereby increasing CLIN 0001AA by [redacted] from [redacted] to [redacted] and increasing CLIN 0001AB by [redacted] from [redacted] to [redacted] and (2) reducing CLIN 0003AA by [redacted] from [redacted] to [redacted], reducing CLIN 0003AB by [redacted] from [redacted] to [redacted], reducing CLIN 0004AA by [redacted] from [redacted] to [redacted], and reducing CLIN 0004AB by [redacted] from [redacted] to [redacted] to reflect the payment of the Adobe licenses in the base year. The total $18,215,807.19 was previously proposed across Option Year 2 and 3. The option years are now reduced by that amount due to the Adobe licenses now being fully funded in the base year.

SECTION B - SUPPLIES OR SERVICES PRICES/COSTS

3. Schedule of Service Price/Costs

CLIN 0001 09/30/11 – 02/28/2014	**Design, Development and Implementation**	
0001AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0001AB	Fixed Fee	
0001AC	Travel, NTE, IAW FTR	
	Total	**$196,037,115.85**

CLIN 0002 03/01/14 – 09/01/14	**Option Year 1 – Operations and Maintenance**	
0002AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0002AB	Award Fee	
0002AC	Travel, NTE, IAW FTR	
	Total	**$32,407,084.04**

CLIN 0003 09/02/14-09/01/15	**Option Year 2 – Operations and Maintenance**	
0003AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0003AB	Award Fee	
0003AC	Travel, NTE, IAW FTR	
	Total	**$31,067,825.07**

CLIN 0004 09/02/15 – 09/01/16	**Option Year 3 – Operations and Maintenance**	
0004AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0004AB	Award Fee	
0004AC	Travel, NTE, IAW FTR	
	Total	**$30,062,075.54**

CLIN 0005 09/02/16 – 03/01/17	**Transition Out**	
0005AA	Estimated Cost	(b)(4)
0005AB	Award Fee	
0005AC	Travel, NTE, IAW FTR	
	Total	**$2,496,967.38**

TOTAL		**$292,071,067.65**

SECTION G- CONTRACT ADMINSTRATION DATA
9. Accounting and Appropriation Data

CLIN Funded	**Requisition**	**Accounting and Appropriation Data**	**Amount**	**Funding Authority**
CLIN 0001	888-1-7206-05	15996086 75X0119 252Z	(b)(4)	Award
CLIN 0001	770.2-0765-02	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-03	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-09	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0749-01	5996720 7520511 252Z		Modification #1
Admin.	N/A	N/A		Modification #2
CLIN 0001	OIS-393-2013-1022	5990026 7575X0125.005 25235		Modification #3
CLIN 0001	OIS-393-2013-1192	5990026 7575x0125.005 25235		Modification #4
CLIN 0001	OIS-393-2013-1340	5990026 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1358	5990042 7530511 25235		Modification #5
CLIN 0001	OIS-393-2013-1549	5990026 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1566	5992370 75X8393 25235		Modification #5
CLIN 0001	OIS-393-2013-1589	5990026 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1645	5990024 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1647	5996932 7530511 25235		Modification #5
CLIN 0001	OIS-393-2013-1706	5990026 7575X0125.005		Modification #6
CLIN 0001	OIS-393-2013-1714	5990042 7530511 25235		Modification #6
CLIN 0001	OIS-393-2013- 1715	35996084 75X0119 25235		Modification #6

All other terms and conditions remain unchanged.

End of Modification

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 4

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
000008	10/16/2013	See Schedule	

6. ISSUED BY CODE ITG - DISSC

CMS, OAGM, ITG, DISSC
7500 SECURITY BLVD., MS: C2-21-15
BALTIMORE MD 21244-1850

7. ADMINISTERED BY (If other than Item 6) CODE AGG/AH

Allisan Hafner
Contract Specialist
410-786-5147

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0012

10B. DATED (SEE ITEM 13)
09/30/2011

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule

Net Increase: $1,479,309.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	FAR 43.103 (a) - Bilateral Modifications
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to add funding to Base Year- CLIN 0001 in the total amount of $1,479,309.00 for additional Akamai capacity.

See page three of four for the details of this modification.
Delivery Location Code: N/A
Not Applicable

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
Christina Marchione, Vice President	LYANDRA EMMANUEL
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED
Christina Marchione	10/18/13
16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED
Lyandra	10/21/13

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Add Item 000107 as follows:				
000107	Additional Akamai Capacity Requisition No: OIS-393-2014-0011, OIS-393-2014-1753 Accounting Info: Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 203 Fiscal Year: 14 Project #: 000764 Sequence #: 001 Funded: (b)(4) Accounting Info: P-203-14-000764-002 Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 203 Fiscal Year: 14 Project #: 000764 Sequence #: 002 Funded: (b)(4)				1,479,309.00

The purpose of this modification is to add funding to Base Year- CLIN 0001 in the amount of $1,479,309.00 for additional Akamai capacity. Specifically increasing CLIN 0001AA by (b)(4) from (b)(4) to (b)(4) and CLIN0001AB by (b)(4) from (b)(4) to (b)(4).

SECTION B - SUPPLIES OR SERVICES PRICES/COSTS

3. Schedule of Service Price/Costs

CLIN 0001 09/30/11 – 02/28/2014	**Design, Development and Implementation**	
0001AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0001AB	Fixed Fee	
0001AC	Travel, NTE, IAW FTR	
	Total	**$197,516,424.85**

CLIN 0002 03/01/14 – 09/01/14	**Option Year 1 – Operations and Maintenance**	
0002AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0002AB	Award Fee	
0002AC	Travel, NTE, IAW FTR	
	Total	**$32,407,084.04**

CLIN 0003 09/02/14 – 09/01/15	**Option Year 2 – Operations and Maintenance**	
0003AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0003AB	Award Fee	
0003AC	Travel, NTE, IAW FTR	
	Total	**$31,067,825.07**

CLIN 0004 09/02/15 – 09/01/16	**Option Year 3 – Operations and Maintenance**	
0004AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0004AB	Award Fee	
0004AC	Travel, NTE, IAW FTR	
	Total	**$30,062,075.54**

CLIN 0005 09/02/16 – 03/01/17	**Transition Out**	
0005AA	Estimated Cost	(b)(4)
0005AB	Award Fee	
0005AC	Travel, NTE, IAW FTR	
	Total	**$2,496,967.38**
TOTAL		**$293,550,376.65**

SECTION G- CONTRACT ADMINSTRATION DATA

9. Accounting and Appropriation Data

CLIN Funded	Requisition	Accounting and Appropriation Data	Amount	Funding Authority
CLIN 0001	888-1-7206-05	15996086 75X0119 252Z	(b)(4)	Award
CLIN 0001	770.2-0765-02	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-03	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-09	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0749-01	5996720 7520511 252Z		Modification #1
Admin.	N/A	N/A		Modification #2
CLIN 0001	OIS-393-2013-1022	5990026 7575X0125.005 25235		Modification #3
CLIN 0001	OIS-393-2013-1192	5990026 7575x0125.005 25235		Modification #4
CLIN 0001	OIS-393-2013-1340	5990026 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1358	5990042 7530511 25235		Modification #5
CLIN 0001	OIS-393-2013-1549	5990026 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1566	5992370 75X8393 25235		Modification #5
CLIN 0001	OIS-393-2013-1589	5990026 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1645	5990024 7575X0125.005 25235		Modification #5
CLIN 0001	OIS-393-2013-1647	5996932 7530511 25235		Modification #5
CLIN 0001	OIS-393-2013-1706	5990026 7575X0125.005		Modification #6
CLIN 0001	OIS-393-2013-1714	5990042 7530511 25235		Modification #6
CLIN 0001	OIS-393-2013- 1715	35996084 75X0119 25235		Modification #6
CLIN 0001	OIS-393-2014-1753	5990026 7575X0125.005 25235		Modification #8
CLIN 0001	OIS-393-2014-0011	5990026 7575X0125.005 25235		Modification #8

All other terms and conditions remain unchanged.

End of Modification

Attachment
Statement of Work, dated August 16, 2013

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES: 1 | 6

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER: 04/30/2010	2. CONTRACT NO. (If any): HHSM-500-2007-00015I
3. ORDER NO.: HHSM-500-T0007	4. REQUISITION/REFERENCE NO.: See Schedule

5. ISSUING OFFICE (Address correspondence to):
CMS, OAGM, AGG, DBSC
7500 SECURITY BLVD., MS: C2-21-15
BALTIMORE MD 21244-1850

6. SHIP TO:
a. NAME OF CONSIGNEE: Not Applicable
b. STREET ADDRESS:
c. CITY | d. STATE | e. ZIP CODE

7. TO: Elizabeth M. Burton
a. NAME OF CONTRACTOR: CGI Federal Inc.
b. COMPANY NAME:
c. STREET ADDRESS: 12601 Fair Lakes Circle
d. CITY: Fairfax | e. STATE: VA | f. ZIP CODE: 22033-3408

f. SHIP VIA:

8. TYPE OF ORDER
☐ a. PURCHASE — REFERENCE YOUR: _____
Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.

☒ b. DELIVERY
Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA: See Schedule

10. REQUISITIONING OFFICE: OFFICE OF INFORMATION SERVICES

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
☐ a. SMALL ☒ b. OTHER THAN SMALL ☐ c. DISADVANTAGED ☐ g. SERVICE-DISABLED VETERAN-OWNED
☐ d. WOMEN-OWNED ☐ e. HUBZone ☐ f. EMERGING SMALL BUSINESS

12. F.O.B. POINT:

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
a. INSPECTION: Destination	b. ACCEPTANCE: Destination		04/29/2011	Net 30

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Tax ID Number: 27-0087176 DUNS Number: 145969783 The purpose of this task order is to obtain Contractor support to provide website support services for the external and internal websites, including: Continued ...					

18. SHIPPING POINT:
19. GROSS SHIPPING WEIGHT:
20. INVOICE NO.:
17(h) TOTAL (Cont. pages): $20,559,829.00

21. MAIL INVOICE TO:
a. NAME: DHHS, CMS, OFM, FSG
b. STREET ADDRESS (or P.O. Box): Div. of Financial Operations, P.O. Box 7520
c. CITY: Baltimore | d. STATE: MD | e. ZIP CODE: 21207-0520
17(i) GRAND TOTAL: $20,559,829.00

SEE BILLING INSTRUCTIONS ON REVERSE

22. UNITED STATES OF AMERICA BY (Signature): Debra A. Hoffman
23. NAME (Typed): DEBRA A. HOFFMAN
TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 4/2006)
Prescribed by GSA/FAR 48 CFR 53.213(e)

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER	CONTRACT NO.	ORDER NO.
04/30/2010	HHSM-500-2007-00015I	HHSM-500-T0007

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	MyMedicare.gov Optional Tasks: 2A - Caregiver Access 2B - Authorization Table in NGD 2E - Additional Lookup Tools 2F - Additional Categories 2H - Additional IEQs 2K - Termination of MSP Records 2L - Additional Promotion CMS.gov Optional Tasks: 4A - Medicare Coverage Database Migration 4B - Physician Finder Fee Schedule Migration 4C - Forms Migration 4D - Transmittals Migration 4E/F - Manuals & Dynamic List Framework Migration per the attached Statement of Work (70 pages). The Contractor shall perform these services for the estimated cost of $19,214,793 and a fixed fee of $1,345,036 for a total CPFF of $20,559,829. Period of Performance: 04/30/2010 to 04/29/2011					
0001A	Website Support Services Requisition No: 768-0-0455-01 Accounting Info: 05810455-7500511-252Z Funded: [redacted]				(b)(4) [redacted]	
0001D	Website Support Services Requisition No: 768-0-3708-11 Accounting Info: 05996745-7500511-252Z Funded: [redacted]				[redacted]	
0001C	Website Support Services Requisition No: 768-0-3708-10 Accounting Info: 05996745-7500511-252Z Funded: [redacted]				[redacted]	
0001B	Website Support Services Continued ...				[redacted]	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) $20,559,829.00

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER	CONTRACT NO.	ORDER NO.
04/30/2010	HHSM-500-2007-00015I	HHSM-500-T0007

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Requisition No: 768-0-5218-02 Accounting Info: 05999213-7575X8005-252Z Funded: [redacted]					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) $0.00

CGI will provide the services in the attached Statement of Work for the base year, the option periods, and the optional tasks for the costs in the tables below.

Base Year: April 30, 2010 – April 29, 2011

COST COMPONENT	NEGOTIATED COST ESTIMATE
Total Costs	(b)(4)
Fixed Fee	
***Total Cost Plus Fixed Fee**	**$17,334,435**

*Slight variances from the proposed amount may be present due to rounding.

Optional Tasks – Exercised w/Base Award

OPTIONAL TASK	ESTIMATED COST	FIXED FEE	ESTIMATED CPFF
MyMedicare.gov Optional Tasks:			
2A – Caregiver Access	(b)(4)		
2B – Authorization for access based on Authorization Table in NGD			
2E – Additional lookup tools for providers and suppliers			
2F – Additional categories for the Health Management Tab			
2H – Additional IEQs			
2K – Termination of Working Aged MSP Records			
2L – Additional Promotion			
CMS.gov Optional Tasks:			
4A – Medicare Coverage Database (MCD)	(b)(4)		
4B – Physician Fee Finder Schedule (PFFS)			
4C – Forms			
4D – Transmittals			
4E/F – Manuals/Dynamic List Framework			
***Total Optional Tasks Exercised**	**$3,014,385**	**$211,007**	**$3,225,392**

*Slight variances from the proposed amount may be present due to rounding.

	ESTIMATED COST	FIXED FEE	ESTIMATED CPFF
***Total Obligation**			

*Slight variances from the proposed amount may be present due to rounding.

Option Period 1: April 30, 2011 – April 29, 2012

COST COMPONENT	NEGOTIATED COST ESTIMATE
Total Costs	(b)(4)
Fixed Fee	
***Total Cost Plus Fixed Fee**	**$13,996,456**

*Slight variances from the proposed amount may be present due to rounding.

Option Period 2: April 30, 2012 – April 29, 2013

COST COMPONENT	NEGOTIATED COST ESTIMATE
Total Costs	(b)(4)
Fixed Fee	
***Total Cost Plus Fixed Fee**	**$11,258,694**

*Slight variances from the proposed amount may be present due to rounding.

Option Period 3: April 30, 2013 – April 29, 2014

COST COMPONENT	NEGOTIATED COST ESTIMATE
Total Costs	(b)(4)
Fixed Fee	
***Total Cost Plus Fixed Fee**	**$11,528,245**

*Slight variances from the proposed amount may be present due to rounding.

Option Period 4: April 30, 2014 – April 29, 2015

COST COMPONENT	NEGOTIATED COST ESTIMATE
Total Costs	(b)(4)
Fixed Fee	
***Total Cost Plus Fixed Fee**	**$11,959,501**

*Slight variances from the proposed amount may be present due to rounding.

Optional Tasks – Not Exercised

Optional Task	Estimated Cost	Fixed Fee	Estimated CPFF
Intranet Redesign			
Optional Task 1 (A or B will be awarded; not both) 1A – Intranet Redesign utilizing the Oracle UCM System 1B – Intranet Redesign utilizing the HHS Enterprise Portal	(b)(4)		
MyMedicare.gov Optional Tasks:			
2C – Dashboard Presentation	(b)(4)		
2D – Populate providers based on claims history			
2G – Claim Alert Emails			
2H – Additional IEQs			
2I – eMSN Enhancements			
2J – Annual and Quarterly Financial Summaries			
2M – Escalation Status Monitoring			
2N – Welcome to the Medicare Wizard			
MyMedicare.gov and Medicare.gov Enhancements:			
3A – Drug Interaction Checker	(b)(4)		
3B – Google Mashup Expansion			
CMS.gov Optional Tasks: 4G – Event Calendar 4H – Media Releases 4I – Glossary 4J – Acronyms	(b)(4)		
Totals	**$3,611,123**	**$252,779**	**$3,863,902**

*Slight variances from the proposed amount may be present due to rounding.

In accordance with HHSAR 315.404-4, facilities capital cost of money is not an allowable cost.

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SOW - Website Maintenance and Support Services Task Order

Centers for Medicare & Medicaid Services (CMS)

Website Maintenance and Support Services

Statement of Work

The Government is seeking the assistance of a Website Maintenance and Support Services Contractor (hereafter, "the Contractor"). Independently, and not as an agent of the Government, the Contractor shall furnish the necessary services, personnel, materials, equipment, and facilities, not otherwise provided by the Government, as needed to perform this task order.

The Centers for Medicare & Medicaid Services (CMS) has unlimited rights to all non-proprietary data, licenses, source code and programs, and system architecture developed by the Contractor. "Unlimited rights" shall be passed to CMS, its successors and assignees in accordance with FAR reference 52.227-14 Rights in data-general and 52.227-17 Rights in data – Special Works.

1 Introduction

CMS purchases healthcare for an estimated 85 million people through Medicare and Medicaid. On behalf of these beneficiaries, CMS works to ensure high quality healthcare at a reasonable price, provide information about benefits, health promotion, and choices, and also works with accrediting bodies to certify healthcare facilities.

CMS is responsible for accurate, timely, relevant, understandable, and easily accessible information that will help beneficiaries make decisions on their individual healthcare needs. CMS is committed to designing, evaluating, and providing comprehensive state-of-the-art education material and resources for beneficiaries, and the provider community. In its stewardship of the Medicare program, CMS ensures that policies and programs align to meet the healthcare needs of beneficiaries. Significant principles include assuring:

- Consumer information reaches beneficiaries, providers and other constituents to support informed purchasing decisions,
- Provider quality and accountability are supported, as well as cost effective; and,
- Beneficiaries are protected from poor care and their rights and dignity are maintained.

CMS uses the following strategies to make operational decisions:

- Collecting data, and using it to create useful comparative information,
- Distributing the information to Medicare beneficiaries,
- Encouraging use of this information by beneficiaries when choosing a health plan; and
- Providing Nursing home or healthcare options.

These strategies are intended to stimulate the market forces that provide incentives for high quality performance by healthcare providers. Additionally, this information has the potential to improve approaches to healthcare delivery for all consumers.

Some of the ways that CMS commits to disseminating information to beneficiaries is through three websites: www.Medicare.gov, www.CMS.HHS.gov, and www.MyMedicare.gov. These three sites are available to the public 24 hours a day, 7 days a week, are managed by the CMS Office of

Beneficiary Information Services (OBIS) Website Project Management Group, and are hosted by an independent Enterprise Data Center (EDC).

1.1 www.Medicare.gov Website

CMS' award-winning www.Medicare.gov consumer Internet site was first launched in 1998. Originally, the site contained searchable databases to assist consumers in finding information about Medicare Advantage and Medigap options available in their area. Since then, a multitude of databases and information resources have been added.

The website hosts 22 separate databases allowing consumers and beneficiaries to compare, select, and enroll in Medicare health and prescription drug plans, compare nursing homes, home health agencies, hospitals, physicians and more.

With the passing of Medicare Modernization Act (MMA), specifically the Prescription Drug Benefit and the expansion of Medicare Advantage plans, health plan choices that are available to Medicare beneficiaries have become more numerous, varied and complex. The Website is an essential tool to help beneficiaries, family members, caregivers, advocates, and healthcare providers learn and understand what their choices are and compare and select a health plan or prescription drug plan that best fits their individual needs.

1.2 www.CMS.HHS.gov Website

The CMS.HHS.gov website was launched in September 2001 and it serves all of the Agency's constituencies, including the medical community, lawmakers, researchers, Medicaid recipients, and the general public. CMS.HHS.gov is a highly visible website that serves as the primary vehicle for education and outreach to healthcare professionals and other CMS stakeholders.

In December 2005, CMS redesigned the CMS.HHS.gov website promoting a user-centered design which allows users to find content more efficiently. The Stellent Universal Content Management System (Stellent) was used by CMS employees to create, edit, delete, and publish information to the CMS.HHS.gov website. In the winter of 2009, CMS.HHS.gov transitioned from Stellent to the Oracle Universal Content Management System.

1.3 www.MyMedicare.gov Website

MyMedicare.gov is a public information portal that can be accessed through Medicare.gov. The MyMedicare.gov pilot began in December of 2004 and less than one year later access to MyMedicare.gov was nationwide with the current number of registered users exceeding 6 million and growing at a rate of about 200,000 per month.

MyMedicare.gov allows registered users the ability to access general Medicare and claims-specific information from a secure website 24 hrs a day, 7 days a week. Users are also able to change the email address they provided upon registration, order a new Medicare card, keep their drug list and favorites for physicians, nursing homes, and hospitals they prefer.

The portal is integrated with the Next Generation Desktop (NGD), a customer service tool used at the CMS' call center operations. Using this tool, the customer service representatives (CSRs) are able to aid the beneficiary in accessing information, execute a change request, or refer them to the appropriate resource to make changes to their personal information. MyMedicare.gov is critical to CMS' Virtual Call Center Strategy (VCS). The VCS is an initiative to create a virtual contact center environment that uses technologies, resources, and services effectively across the sites and

contractors. MyMedicare.gov focuses on improving customer service by providing consistent, accurate and understandable information though multiple communication channels.

1.4 cmsnet.cms.hhs.gov

CMS also has an Intranet that is maintained and updated by CMS employees. CMS uses the intranet to disseminate important information to the employees. Requests are submitted by content owners via an email request system called WebRequest – part of Rightnow Technologies. CMS has recognized that a redesign of the current CMSNet would better serve the employees of CMS due to the current Intranet site structure which is neither topic nor audience based and has no organization or navigation schema. There is an optional task in this SOW referring to the redesign effort under Section 9.

2 Website Purpose

CMS is seeking to obtain website development and support services for the Agency's external and internal websites and applications. The objective of obtaining these services is to further the Agency's goals to provide accurate, timely, and useful information to our Medicare beneficiaries and other audiences. Outlined below are the individual Website purposes, applications, and specifications.

2.1 www.Medicare.gov

Medicare.gov provides comprehensive Medicare information to beneficiaries and their caregivers. Comparative, searchable data found on the website are in the form of applications. Each compare application allows a user to perform research based on individual search criteria. The compare applications draw from a series of read only databases containing publicly available information.

a) **Medicare Prescription Drug Plan Finder (MPDPF)** – Launched in 2005, this tool provides easily understandable information to beneficiaries about the Medicare prescription drug benefit and the plans offering prescription drug coverage in their area. The tool provides dynamic plan information and messaging based on the beneficiaries' subsidy level, enrollment status, and location. The goal of the MPDPF tool is to assist Medicare beneficiaries and their families review the Medicare Part D Plans that are available in their area. The tool allows these users to review plan information and enroll in the plan of their choice. If the beneficiaries' subsidy level and status cannot be obtained, the tool provides dynamic plan information based on coverage type and location. Users are able to view estimates of the out-of-pocket costs for their health and drug benefits to further assist in making their health plan choices. Also, users have the ability to submit an online enrollment application via the Online Enrollment Center (OEC).

   MPDPF allows a beneficiary or caregiver to get data based on the beneficiary's personalized information. The personalized information is pulled when the user gives their Medicare Claim Number (HICN). This piece also allows the CSRs to access, by authenticating with a username and password, a version of the MPDPF tool which is more specific to their needs, and integrates the beneficiary's information into the tool. This piece also provides data specific to Medicare Options Compare (MOC).

   The MPDPF tool can be accessed at http://www.medicare.gov/MPDPF/Home.asp. The Contractor will need to work with CMS' print vendors to coordinate development of the printed versions (in both English and Spanish) of the tool's search results that can be ordered by 1-800-MEDICARE Call Center representatives via the Print-on-Demand (POD) process.

b) **Medicare Options Compare (MOC)** – This tool provides beneficiaries with information about Medicare health plan coverage options available to them within their geographic location. Details regarding health plan benefits, costs and quality information are provided through either a general or customized search. Users are able to view estimates of the out-of-pocket costs for their health and drug benefits to further assist in making their health plan choices. The MOC tool also provides Medigap (Medicare Supplement insurance) policy information to beneficiaries based on their geographic location. The MOC tool is currently available in English and Spanish at http://www.medicare.gov/mppf/home.asp. Printed versions of the Website search results are also available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process.

c) **Nursing Home Compare (NHC)** – This tool provides both an overview and detailed information about the past performance of every Medicare and Medicaid certified nursing home in the country providing a level of care called "skilled" care. The tool allows the user to compare the quality of the nursing homes by providing a five-star quality ratings system, health inspection results, nursing home staff data, quality measures, and fire safety inspection results. The NHC tool helps the beneficiaries to make an educated decision on which nursing homes to visit, and ultimately which to choose based on their level of need. The NHC tool is currently available in English and Spanish at http://www.medicare.gov/NHCompare/home.asp. Printed versions of the Website search results are also available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process.

d) **Home Health Compare (HHC)** – This tool provides the beneficiaries with the ability to search and compare home health agencies, and display detailed information about the services each agency offers. The information for the agencies (including quality measure data for all home health agencies within the United States and territories) assists beneficiaries in comparing home health agencies and making educated decisions based on their needs. The tool also provides static information such as data gathering techniques, glossary of definitions, links to related Websites, and home health-related publications. The HHC tool is currently available in English and Spanish on the website at http://www.medicare.gov/HHCompare/Home.asp.

e) **Hospital Compare (HC)** – This tool provides information on how well hospitals care for patients with certain medical conditions and surgical procedures, and results from a survey of patients about the quality of care they received during a recent hospital stay. The information provided on the tool helps the user to compare the quality of care provided at hospitals and encourages the hospitals to improve the quality of healthcare they provide. The Hospital Compare tool is currently available in English only on the Website at http://www.medicare.gov/Hospital/Home.asp or http://www.hospitalcompare.hhs.gov.

f) **Dialysis Facility Compare (DFC)** – This tool provides important information and resources, such as the past performance of every Medicare and Medicaid certified dialysis facility in the country. This tool also provides a list of some services available at each facility, quality measure data, etc, for patients and family members who want to learn more about chronic kidney disease and dialysis. There is helpful information to assist the users in making an educated decision about a facility, including two checklists of questions: one to ask their dialysis care providers and one to use when they visit a dialysis facility. The DFC tool is currently available in English only on the Website at http://www.medicare.gov/Dialysis/home.asp.

g) **Physician and Other Healthcare Professional Directory (PHPD)** – This tool provides information on Medicare participating physicians, non-participating physicians, and other healthcare professionals. The types of information provided are: practice locations, specialty, residency/training information, phone numbers, foreign language, gender information, mapping and directions. In December 2008, Physician Quality Reporting Initiative (PQRI) information was added to the tool giving additional information to help users to view quality information on the physicians in their local area. The PQRI program is a voluntary program that allows physicians and other healthcare professionals to report information to Medicare about the quality of care they give to people with Medicare who have certain medical conditions. The PHPD tool is currently available in English only at http://www.medicare.gov/Physician/home.asp. Printed versions of the Website search results are also available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process.

h) **Helpful Contacts** – This tool provides the users with contact information for specific organizations or organizations that can help them get answers to their Medicare related questions. The users can search for contact information by Organization, Topic, or 5 Most Popular Organizations. The data gets updated by the 1-800 Medicare Call Center and CMS through the Contacts Editor tool. The Helpful Contacts tool is shared between Medicare.gov and CMS.HHS.gov. The Helpful Contacts tool is currently available in English only on the Website at http://www.medicare.gov/Contacts/Home.asp.

i) **Medicare Eligibility Tool (MET)** – This tool is designed to provide Medicare beneficiaries with eligibility and enrollment information based on their answers to personal and medical coverage information. In addition to the search part of the tool, the Resources tab provides access to the two MET calculators. The MET Eligibility Calculator provides the user with the dates of eligibility and enrollment for Medicare. The MET Late-Enrollment Penalty Calculator provides the user with an estimate of any Part B late enrollment penalties based on that years' premium. The MET tool is currently available in English only on the Website at http://www.medicare.gov/MedicareEligibility/home.asp.

j) **Supplier Directory** – This tool provides names, addresses, and contact information for suppliers that provide services or products under the Medicare program. The tool provides this information on the suppliers of Durable Medical Equipment, Prostheses and Prosthetic Devices, Orthotics, and Supplies to users based on the location information that is provided by the user. The Supplier tool is currently available in English only on the Website at http://www.medicare.gov/Supplier/home.asp.

k) **Your Medicare Coverage (YMC)** – This tool provides information about healthcare benefits under the Original Medicare plan. This tool provides the following information: Medicare coverage, cost, contact information, deductibles and count of Local Medical Review Policies (LMRPs) and National Coverage Determinations (NCDs). The YMC tool is currently available in English only on the Website at http://www.medicare.gov/Coverage/home.asp. Printed versions of the LMRPs, LCDs, and/or NCDs that were used to deny an item or service are available through the 1-800-MEDICARE Call Center via the POD process.

l) **Long-Term Care (LTC) –** this application provides a web-based decision tool to help consumers evaluate their financial and lifestyle planning for their long-term care needs. The data provided enables consumers to view a report that describes their long-term care forecasting. The decision tool includes a forecasting model that projects an individual's

expected long-term care costs based upon that individual's profile using a calculator provided through a license with National Council On Aging (NCOA). Information that builds this predictive model includes demographic, psychosocial, and economic data. The LTC tool is currently available in English only on the Website at http://www.Medicare.gov/LTCPlanning/Home.asp.

m) **Publications** – This tool allows users to search, view and print Medicare publications. Additionally, users also have an option to order certain publications to be mailed to them. CMS employees use an administrative interface to make updates to publication file size, name, description, keyword, ordering information, date revised, related publications, and publication category. A multilanguage publication link allows users to view some publications in languages other than English and Spanish. The Publications tool is currently available in English and Spanish and may be accessed at http://www.medicare.gov/Publications/Home.asp.

n) **Medicare Online Forms** – This tool allows users to view, print, or electronically submit Medicare forms online. These forms include the 'Medicare Authorization to Disclose Personal Health Information' Form, the 'Patient's Request for Medical Payment' Form, and the 'Medicare Appeals' Form. The Medicare Online Forms are currently available and may be accessed at http://www.medicare.gov/MedicareOnlineForms/.

o) **Testimonials (Medicare Stories)** – This tool is an optional service provided to users of the Medicare.gov site. This tool allows users to voluntarily share their experiences with Medicare by submitting a few required fields (first name, state/territory, and their story) on the site. Their stories or testimonials are then posted on the site to share with other users. Medicare Stories can be accessed at http://www.medicare.gov/Testimonials/DisplayTestimonial.asp?tstmTestimonialIds=2121%7C2122&tstmReturnURL=%2FMPDPF%2FPublic%2FInclude%2FDataSection%2FQuestions%2FMPDPFIntro.asp&tstmModule=MPDPF&tstmCallingTool=MPDPF&version=default&PDPYear=2010&MPDPF_MPPF_Integrate=N&browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&ViewType=Public&MAPDYear=2010

2.1.1 The Print-on-Demand (POD) Process

There is an application and two web interfaces that support the Print-on-Demand (POD) publication order print and fulfillment process: Ordering, Controller, and Vendor. The following is a list of the supporting applications and a brief business objective.

a) **Ordering** – This database is a read/write database that connects to each of the compare applications that allow public users to submit mailing information to order a hard copy of a selected Medicare Publication. The applications that support this functionality are MOC, MPDPF, NHC, PHPD, YMC, and Publications.
b) **Controller** – provides access for the controller group to manage the order print and fulfillment process. The Contractor is part of the controller group in an administrative role.
c) **Vendor** – provides access for the print vendors to download order assignments and set assignments to complete.

The Ordering application provides the POD and static publications ordering procedures. The application is written in ASP and takes the public user through a series of steps to finalize an order.

Once public users have selected to order either a publication or dynamic booklet, they are taken to the 'Product Confirmation' page where they choose to either add more to the order or submit the

order. After selecting to submit the order, public users are taken to the 'Shipping Information' page. This page begins the Secure Socket Layer (SSL) connection to the users. Medicare.gov uses a Verisign certificate to ensure the identity of the Medicare web server. Additionally, the system implements SSL 3.0 with 128-bit encryption.

Public users are required to input first and last name, address, city, state, and ZIP code. Optionally, they can provide a phone number and an email address. The ASP code running on the web browser validates whether the required fields are filled in and displays an error if they are not. In addition, each field is limited to a maximum number of characters; the largest text field is 50 characters long. The application does not automatically verify that the shipping address is legitimate. However, the application does contain a manual verification link to the USPS. The link is a crosshairs watermark located below the input fields.

The next page is the 'Online Ordering' page where the user confirms the order. Once the order is confirmed, the Ordering application connects to the Ordering database. The Data Access Layer (DAL) manages the connection with the database server, which requires the Ordering application to authenticate itself. The application authenticates with a login name and password specific to the Ordering application, which is hard coded into the ASP code. After it has been authenticated, it places the new order in the Ordering database, and the database sends back a confirmation number that is displayed to the public user.

The Processor of XML (POX) application is used to create the XML variable data for POD capability and post it to the Medicare.gov website for the print vendors to download.

2.2 www.CMS.HHS.gov

CMS.HHS.gov provides the public the ability to access information regarding CMS programs. The CMS.HHS.gov mission is to provide clear, accurate, and timely information about CMS programs to the entire health community to improve quality and efficiency in an evolving healthcare system. The CMS.HHS.gov Website is a combination of static content and general content applications. The CMS.HHS.gov Website static content is updated via the Oracle Universal Content Management System (UCM) by CMS employees.

The Oracle UCM at CMS maintains over 69,348 static content items that are published to the CMS.HHS.gov Website. The system allows users with appropriate access to contribute and review content via an automated workflow and approval process. Users follow an Editorial Style Guide for CMS.HHS.gov that gives guidelines and rules for how the pages should be organized. All approved content is then translated by the system into web content supporting dynamic content assembly and then published out to the appropriate Website sections. The Applications below are used as search and indexing tools to provide dynamic content based on a user's search criteria and managed by the Contractor. CMS' future vision is to eventually have the Website Maintenance and Support Services Contractor manage all of the Applications on the site.

a) **Media Releases** – allows users to search and browse past and present press releases, fact sheets, and testimony on a variety of CMS related topics. Additionally, it provides a web interface for users to submit media releases for posting. The Media Release application can be found at http://www.cms.hhs.gov/apps/media/.

b) **Helpful Contacts** – allows users to search, browse, and view phone numbers and web address information for relevant healthcare agencies. This application is shared with Medicare.gov and is accessible throughout the CMS.HHS.gov Website. The Helpful Contacts application can be found at http://www.cms.hhs.gov/apps/contacts/.

c) **Vocabulary: Glossary** – allows users to search, browse, and view definitions for a list of terms which appear on the CMS.HHS.gov Website. Additionally, it shares a web interface with Vocabulary: Acronyms for CMS personnel to update glossary listings. The Glossary application can be found at http://www.cms.hhs.gov/apps/glossary/.

d) **Vocabulary: Acronyms** – allows users to search and view definitions for a list of acronyms which appear on the CMS.HHS.gov Website. Additionally, it shares a web interface with Vocabulary: Glossary for CMS personnel to update acronym listings. The Acronyms application can be found at http://www.cms.hhs.gov/apps/acronyms/.

e) **Event Calendar** – provides information about upcoming and past events at CMS. It allows CMS personnel to log in and add new events to the Event Calendar. Users can even register for conferences using this tool. The Event Calendar application can be found at http://www.cms.hhs.gov/apps/events/.

The Contractor shall be responsible for managing the day-to-day operations of the content management system related activities for the CMS.HHS.gov Website which includes content management administration, editorial support and creation of a content archival process.

As part of the content management system administration support, the Contractor shall be responsible for updating and maintaining sections of the site, maintaining user rights and access, and managing workflow processes.

For editorial support, the Contractor shall work collaboratively with numerous CMS components to review, approve, and ensure content meets the documented guidelines. The Contractor shall be responsible for reviewing content submitted by CMS components and approving or denying content submitted for posting to the site. The Contractor shall also serve as a resource to the CMS components to help provide guidance and advice on alignment with content guidelines. In support of this effort, the Contractor shall create a report that will be submitted to CMS on a monthly basis summarizing content outcomes and displaying which content was submitted, approved and denied in the previous month. In addition, the Contractor shall work closely with CMS to ensure appropriate metrics are being tracked in terms of page views by section, monitor and analyze customer satisfaction results, review and analyze feedback, and make recommendations for future improvements or new tools.

Finally, the Contractor shall also create a process and a report for archiving outdated content to the Archive site on a periodic (e.g. quarterly) basis per CMS guidelines. This archiving process will update the Archive site with the latest 'out of date' and 'expired' content from the CMS.HHS.gov Website.

2.3 www.MyMedicare.gov

The purpose of the implementation of MyMedicare.gov is to provide a portal for beneficiaries to securely access a subset of the CSR functions. Users can go to MyMedicare.gov either through the Medicare.gov website, or by going to www.MyMedicare.gov. Access is limited to users who are able to authenticate with a username and password. A username and password is set up once a user registers on the website. Once logged in, the user has access to the following functions encompassing, but not limited to:

a) **Eligibility and Enrollment Information** - The "My Health and Drug Plans" tab provides the enrollment information for the beneficiary, including any existing Prescription Drug Plan

(PDP), Limited Income Subsidy (LIS), Medicare Secondary Payer (MSP) and Other Insurance information. The tab also provides links to the various plan search tools on Medicare.gov. These tools enable the user to create and maintain drug lists and search for plans more quickly and easily.

b) **National Health Awareness Monthly Messages** - An applet displays monthly updated National Health Awareness messages. The link redirects the beneficiary to a page on the Medicare.gov Website where they can obtain additional information specifically related to that monthly message.

c) **Search and Obtain Part A, Part B and DME Claim Information** – Beneficiaries are able to search and view details for their Part A (Hospital Inpatient, Hospital Outpatient, Home Health, and Hospice), Part B (Physician Outpatient) and DME (Durable Medical Equipment) Claims. Beneficiaries are also able to order duplicate Medicare Summary Notices (MSNs). Furthermore, beneficiaries are able to view and print claim specific MSNs.

d) **Electronic 'Claim Based' Medicare Summary Notice (e-MSN)** – This functionality displays an electronic MSN to beneficiaries on the Website when their claim has been processed. It closely matches the printed hard copy MSN that beneficiaries receive in the mail, but will not be an exact duplicate.

e) **Links to Resources on General Medicare Information** – The "My Publications and Tools" tab displays various hyperlinks to additional Medicare resources. These resources provide additional information on topics such as coverage and enrollment, appeals and grievances, and steps on how to file and submit a claim.

f) **Preventive Services** – The "My Preventive Services" tab displays one or more rows of information for each category of preventive services (Cervical Cancer Screening, Pap test, Prostate Cancer Screening, Colorectal Cancer Screening, etc). This page also displays a 12-month calendar showing when the beneficiary is due for their next preventive service, Eligible Dates of Service, and informative notes regarding each preventive service listed. Users who provide an email address are also sent 'Preventive Services Alerts" notifying them that they are due for a preventive service.

g) **Message Center** – The "My Messages" tab provides the beneficiary access to important MyMedicare.gov related messages. These messages may contain attachments, which can be opened, saved, and printed.

h) **Medicare Secondary Payer (MSP)** – This functionality allows beneficiaries to obtain access to their MSP case information. The MSP tab is only available to beneficiaries with active MSP cases.

i) **Health Management Features** – This functionality allows beneficiaries to enter their pharmacies when they enter their drug lists, perform searches and save information on their favorite physicians, nursing homes, and hospitals. The beneficiary can also print an "On the Go" report which allows them to choose the information they want to display then print to bring with them on their next doctor's visit. Items they can select are (but not limited to): self-reported conditions, drug list, other providers, etc.

2.4 Supporting Applications

There are other supporting applications that provide users with access to additional information and abilities. Some of these supporting applications are, and are not limited to, the Frequently Asked Questions (FAQs), Email This Page, Mailing Lists, RSS Feeds, and Static Pages.

3 Period of Performance

The period of performance for this Website Maintenance and Support Services Task Order shall consist of one Base period, including Transition activities, and four (4) one-year Option periods. The work shall be conducted at the Contractor's facility with some meetings conducted at CMS in Baltimore, MD.

Base Period:	04/30/10 – 04/29/11
Option Period 1:	04/30/11 – 04/29/12
Option Period 2:	04/30/12 – 04/29/13
Option Period 3:	04/30/13 – 04/29/14
Option Period 4:	04/30/14 – 04/29/15

4 Assumptions and Constraints

It is important that the Contractors and CMS have a common understanding regarding the conditions on which we shall build our relationship. The following identifies the basic assumptions and constraints concerning this effort.

- This SOW should take precedence in the event of conflicts between this SOW and the Enterprise System Development (ESD) SOW.
- All Contractor personnel shall participate in CMS Information Security Awareness Training.
- Contractor personnel who are required to obtain a CMS badge shall undergo a background investigation at the Contractor's expense.
- There may be times when the Contractor shall be required to have staff at the CMS complex, as requested by CMS.
- CMS considers the Agency's Websites to include Medicare.gov, CMS.HHS.gov, and MyMedicare.gov and the supporting applications. Support on these sites and applications shall include, but are not limited to, development and maintenance, testing in CMS' QA and Staging environments as well as on the Contractor's simulated environment, performance, integration and load testing, training, user acceptance testing, hot fixes, bug fixes, etc.
- The Contractor shall provide software and/or licenses for software as required by CMS. This includes but is not limited to the National Council on Aging (NCOA) calculator license. See Attachment F for a list of licenses that CMS renews to support this contract.
- The Contractor's simulated environment must mimic CMS' test environment.
- The Contractor shall not design, implement, or maintain any customized or proprietary software, applications, or other functionalities without prior approval in writing from the Project Officer (PO).

- The Contractor shall receive prior approval, in writing, from the PO before introducing any new Commercial-off-the-Shelf (COTS) products or proprietary utilities.

- All products, including software and all utilities (proprietary and non-proprietary) developed to support the activities and deliverables of this contract, are the property of CMS. The Contractor shall deliver all products, including software and utilities (proprietary and non-proprietary), and deliverables of this contract at the request of CMS or upon termination of this contract.

- The Contractor shall provide contractor staff training on software and tools that are not unique to CMS and are required for this contract.

- The Contractor shall provide training to CMS staff on contractor unique software and tools, upon CMS request.

- CMS shall provide training to Contractor staff on CMS unique software and tools that is required for this contract, upon Contractor request.

- The Contractor shall be responsible for purchasing any hardware or software needed to accomplish their tasks.

- The Contractor shall establish connectivity to the CMS Baltimore Data Center, in order to perform required tasks.

- The Contractor shall use the current CMS standard desktop suite for all deliverables.

- The Contractor must provide the appropriate staff to be available during adhoc extended business hours (i.e. overnight, weekend, and some holidays) as required by CMS.

- Within this SOW, several tasks have been identified as optional (Section 9 of this SOW). CMS may exercise these options at their discretion through a unilateral modification to the contract. The Website Maintenance and Support Services Contractor shall be prepared to implement any or all of these requirements at any given time.

5 Scope

The Website Maintenance and Support Services Contractor shall be responsible for assessing, developing, testing, implementing, maintaining and making improvements to applications on the Agency's Websites in Agency standard technologies. These tasks will follow the Section J.1.11: Phase 6 – Maintenance Services portion of the ESD ID/IQ contract. The Contractor shall:

a) Provide technical expertise in fields such as content management, project management, decision tools, print-on-demand packages, Website usability, 508 accessibility and assistive technologies, Internet security, information architecture, customer relationship management applications, service-oriented architectures and web services, and e-government/customer service best practices to assist in the creation and maintenance of the Website applications.

b) Analyze existing Website application functionality and information to recommend, develop, assess, test (code, performance, etc), implement, and maintain enhancements and upgrades to the Websites and also further the integration and support of the Websites into

the Virtual Contact Center Strategy (e.g., web chat capability, portals, electronic transaction processing, etc.)

c) Consult with other existing contractors and external experts to coordinate the development, implementation, and maintenance of the Websites.
d) Perform application monitoring, performance assessment, and testing of applications on an ongoing basis.

e) Support Agency implementation of new technologies, such as content management, data visualization, data marts, collaboration, web services, .NET migration, multimedia, social media, search engine optimization, and advanced search technologies.

f) Perform analysis and produce recommendations on Website management best practices and models, at both an enterprise and project level.

g) Develop enterprise-wide customer service applications, including but not limited to: conference registration, glossary and acronyms, data visualization, and media releases.

h) Participate in the development and implementation of a more transactional approach to Website applications to increase the functionality of features focused on specific personal actions (e.g., allow users to search for and view information about their medical claims and deductibles, order additional copies of their Medicare Summary Notices, Online Enrollment Center (OEC), etc.)

i) Identify and implement user interface enhancements.

j) Identify, test and implement ways to adjust site coding to support visually impaired users, Section 508 guidelines, and trend analysis (statistics).

k) Ensure that applications function correctly under commonly used user agents and platforms, such as Internet Explorer, Navigator, Mozilla, Google Chrome, Opera, AOL, and Safari on Windows and Macintosh platforms.

l) Develop infrastructure that allows for proper processing, and transfer of all data associated with prescription drug plans. Currently, Medicare Part D has around 5,500 plans.

m) Perform manipulation and data management for the prescription drug plans and provide technical support to these plans. The Contractor shall provide a tool for plan and drug pricing information for the MOC and MPDPF applications, as well as a tool for beneficiaries to enroll into the plans.

n) Take appropriate action to minimize measurable degradation in overall Website and individual Website tool performance due to increases in data or user volumes. This includes taking appropriate action to support high volumes of concurrent users (at least 22,000 concurrent users), especially on the MPDPF and on the MOC.

o) Develop and maintain a duplicate database for each alternative language (currently English and Spanish are supported), and provide the ability for additional languages. The Contractor shall maintain multiple different user interfaces per tool per language offered.

p) Ensure that POD processing is completed in a timely manner as well as develop, maintain, and improve POD technology.

q) Analyze current web security and recommend, develop, assess, test (code, performance, etc), implement, and maintain upgrades that provide greater security to the site.

6 Technical Specifications

Medicare.gov and CMS.HHS.gov have specific software and technical expertise expectations of the Contractor for this task order. The specifications for the applications and servers that need to be followed are also identified.

6.1 Global Specifications for Medicare.gov and CMS.HHS.gov

When any of the applications on Medicare.gov or CMS.HHS.gov connect to the database, a connection string to the database server is established, which requires the application to authenticate itself. The database server authenticates the application against the active directory domain. The communication links between the applications and the database server are encrypted.

6.2 Medicare.gov Specific

Each application is supported by its own set of Dynamic Link Library (DLL) files written specifically for the application: a Business Logic Layer (BLL) and a Data Access Layer (DAL) DLL. As a result, each application is regarded as an independent component of the Medicare.gov system. The presentation layer of the application is currently based on Active Server Pages 3.0 (ASP), and will be migrated to .NET framework. The presentation layer has been written in JavaScript that performs basic input validation on the client side. The server side has been written in VBScript to provide the same level of validation. Neither the client nor server side validation filters input for special characters. The BLLs and DALs are written in Visual Basic 6.0/Component Object Model (VB/COM). The DAL interfaces the application to the Structured Query Language (SQL) database servers.

On the backend, the application BLL interacts with the database DAL. The database DAL establishes a connection string to the database server, which allows the application DAL to use the native SQL I&A scheme to authenticate with the SQL database server. Once the SQL server has authenticated the application, the application makes the database queries. Each application has a developed set of SQL queries to perform the customized searches. The database server returns the requested information, which is formatted by the ASP code and is displayed to the public user via the web browser.

6.2.1 MOC and MPDPF Tool Specifications

6.2.1.1 Support Requirements for Public Reporting of Medicare Part D Benefit and Enrollment Facilitation

The Contractor shall perform manipulation and data management for the prescription drug plans and provide technical support to these plans. The Contractor shall develop and provide a tool for plan and drug pricing information for the MOC and MPDPF applications, as well as a tool for beneficiaries to enroll into the plans. Requirements regarding this functionality can be found below. This task also involves developing a solution to house the database and functionality.

Scale of Drug Benefit Information, Size, Data and Processing Requirements
Each of around 5,500 plans must submit drug pricing data and pharmacy network data on a weekly to biweekly basis. This data per plan may scale up to represent different formulations and pill sizes

for approximately 7,000 drugs and approximately 75,000 pharmacies. This data is required for dynamic real-time calculations for concurrent requests representing all available plans and pharmacies per request. Each user request may include up to 150 unique plans and represent all reported measures for each plan. The software and supporting hardware/hosting shall support on-the-fly calculations and display of data for up to 22,000 concurrent users (each user having up to 150 unique plan options with all available data and cost calculations). The Price Comparison Engine software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor.

Medicare Prescription Drug Plan Finder (MPDPF)

Requirements:

a) Services to display plan benefit information including drug pricing data and pharmacy network data & information on Medicare.gov

b) Update and maintain user interface for MPDPF

c) Work with other CMS contractors to integrate information hosted on their servers with existing data on Medicare.gov for use in the following databases:

- MPDPF (includes Out-of-Pocket-Costs)
- Medicare Options Compare (MOC)
- Formulary Finder (FF)
- Online Enrollment Center (OEC)
- Print-On-Demand functionality (POD)

d) Integrate pricing data and pharmacy network data with other CMS contractors representing plan approved formularies, plan benefit structure, and load on a biweekly basis to accurately reflect benefit availability for each of the three types of Part D benefit plans (for all plans – about 5,500) for concurrent users

e) Develop and maintain necessary software to compute accurate pricing information to include individual drug prices, dispensing fees, cost for Medicare beneficiaries across a plan year, including estimated annual cost, per month cost, and costs during different coverage levels available through the Part D benefit (pre-deductible, initial coverage limit, coverage gap, and catastrophic)

f) Software must account for beneficiary low income subsidy levels as available through Part D benefit

g) Software must accommodate multiple different processes and concurrent users for all available plans and potential infinite variables and software must be fully dynamic and on-the-fly

h) Maintain security and confidentiality of proprietary drug plan information

i) Accommodate price of at least 25 drugs concurrently across all plans and benefit types on the public Medicare.gov website; the Customer Service Representative (CSR) version must accommodate unlimited number of drugs

j) Maintain CSR (non-public) version of application with enhanced and more robust operations (unlimited number of drugs, etc)

Medicare Options Compare (MOC) Integration with MPDPF

Requirements:

a) Integration with MOC tool to provide same level of detailed information for Medicare health plans that provide prescription drug benefit (see all items above for MPDPF – requirements are the same, but are a separate effort).

Data – Prescription Drug Pricing Data and Pharmacy Network Data

Data submission is required by all participating Medicare plans offering a prescription drug benefit on a weekly to biweekly basis. This includes all three types of Medicare plans offering a drug benefit: Medicare Advantage, Medicare Advantage Prescription Drug Plans, and Prescription Drug Plans. The number of plans to be supported is approximately 5,500.

Requirements:

a) Create data file layouts

b) Enable plan submission for required drug pricing data and pharmacy network data to represent plans accommodated on Medicare.gov

c) Provide a solution to accommodate submission, processing and storage of approximately 100 gigabytes (GB) of data per week.

d) Provide service to plans to verify data received is in conformance with acceptable formats

e) Update and maintain online data analysis tool used by all plans to help validate and identify any issue with drug pricing and pharmacy network data

f) Transfer 100 GBs of data to CMS' policy group (CPC) contractor(s) for further analysis of data prior to public release on Medicare.gov on a weekly basis with possible increased frequency during peak times or as deemed necessary by CMS

Online Enrollment Center (OEC)

The Online Enrollment software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor. The contractor will have to build and maintain an Online Enrollment Center functionality per the requirements as contained in the SOW.

Requirements:

a) Develop and maintain user interface to facilitate enrollment of Medicare beneficiaries in a secure manner and participating Medicare Advantage, Medicare Advantage Prescription Drug Plans, and Prescription Drug Plans

b) Capture necessary required data elements for enrollment in such plans and transfer it to plans through a secure server

c) Provide user interface for various plans to secure interface/authentication for plans to access enrollment submission to respective plans for download in either a flat file format or a PDF format so enrollments can be processed

d) Provide interface for CMS partners to access and verify online enrollments (confirmation lookup)

e) Store the enrollment applications in a secure environment, maintaining an administrative console for plans to download the enrollment applications in compliance with Agency security standards, and a mechanism by which CMS can track which enrollments have or have not been downloaded.

Technical Support

Requirements:

a) Provide technical support to Part D plans with regard to submission and data file layout for drug pricing data and pharmacy network data

b) Provide support for other CMS contractors for development and maintenance of integration with other sections of the MPDPF and MOC tools

c) Provide support to CMS' policy group with regards to identifying data issues through analysis performed by CMS contractors

d) Provide available resources to research and analyze issues with calculations and data presented on MPDPF and MOC

e) Support Web Service Agreements with organizations participating with CMS to access pricing and pharmacy data for both MPDPF and OEC

See Attachment E for a diagram showing the relationship of the data sources that feed into the data that makes up the Plan Finder and OEC portion of these tools.

6.3 MyMedicare.gov Specific

Most of the MyMedicare.gov functionality is developed using Siebel Tools, which uses Siebel screen object definitions. Each Siebel screen contains one or more Siebel views. A Siebel view consists of one or more applets. Each applet contains data elements, controls and hyperlinks. These controls map back to Siebel Business Components which hold the business logic for the application.

The Next Generation Desktop (NGD) contractor connects to the Medicare.gov Website using a secured Simple Object Access Protocol (SOAP) web service.

6.4 Software and Technical Expertise

The Contractor shall have technical expertise and software experience with the following:

- Web application development (ASP, ASP.NET, .NET framework, VB, C, C#, JavaScript, Java, J2EE, JSP, Websphere)
- Microsoft Unity Application Block
- Relational database design and programming (SQL, SQL Server T-SQL, Oracle PL/SQL)
- N-Tier Design and Development
- Object-oriented programming
- Web standard markup languages (HTML, XML, XHTML, CSS)
- Web protocols (HTTP, HTTPS, SSL, SFTP)
- Web services protocols (SOAP, WSDL)
- Usability, Content translation, Multilingual Websites
- Information Architecture
- Microsoft Windows Server 2003 & 2008
- Apple OS X
- UNIX (Linux, Solaris, etc.)

- Microsoft SQL Server 2000, 2005 and 2008
- System Administration and Network experience
- Section 508 Compliance
- Corda PopChart, Opti-Map, Highwire, and Builder
- Interaction design (AJAX)
- Content management (Stellent)
- Version Control (MKS, Team Foundation Server (TFS))
- Siebel Systems application, integration, and architecture and configuration
- Siebel Systems eFinancial Suite
- Quality Assurance and software testing and performance testing
- Portal, personalization, customer service and survey technologies
- Print-on-Demand technology
- GovDelivery
- Google Maps
- Google Search Appliance
- Global caching services
- Web Analytics
- Website Mobile Device Access (WAP)
- Service-Oriented Architecture (SOA)
- Syndication technologies (RSS)
- Streaming video and podcast technologies (MPEG, H.264, ACC)
- Nierop session manager
- Multi-browser support
- Oracle EMS (customizing)
- Approved Earned Value Management System
- Browserhawk
- Microsoft Internet Information Server (IIS)
- Apache, IBM HTTP Server
- IBM WebSphere Application Server
- IBM WebSphereMQ
- IBM XML firewall
- Oracle 10g
- MySQL
- IBM Rational AppScan
- RightNow eService Center
- ERWIN
- Helicon ISAPI_Rewrite Version 3.0
- Adobe Captivate
- Accenture Digital Diagnostics
- Social Media (Blogs, Wiki, Podcasts, etc)
- Search Engine Optimization (SEO)
- Graphic Design

6.5 Server Details

The Contractor shall set up a server environment that mimics the Medicare.gov, CMS.HHS.gov and MyMedicare.gov Websites. The minimum requirements are the following:

- Windows 2003 or 2008
- IIS 6.0 or 7.0
- Browser Hawk
- EWebEdit Pro

- Nierop session manager
- Corda
- .NET framework
- SQL 2000, 2005 or 2008
- Version Control Software (e.g., TFS, VSS)
- Load Runner
- Application Security Testing (e.g., Web Inspect)
- Google Maps Developer
- 508 Testing Software
- MDCN connection
- SFTP
- Bug Tracking Software

MyMedicare.gov Specific minimum requirements are the following:

- Siebel 7.726
- Oracle 10g

The contractor shall also have a plan for patch management to assure the testing environment is in synch with CMS' servers.

7 Functional Requirements

The Website Maintenance and Support Services Contractor shall support CMS efforts by providing access to systems, data, documentation, code, or other items and information as requested by CMS or their designated contact.

The Contractor shall develop and maintain all applications in accordance with the standards and guidelines outlined in Section 19 of this SOW which include, but are not limited to: Federal Information Security Management Act (FISMA), CMS Acceptable Risk Standards (ARS), and CMS Security Policies.

7.1 Tasks

The Contractor shall perform the activities listed in the following four categories in support of the Medicare.gov, CMS.HHS.gov, and MyMedicare.gov Websites and related application activities. The four categories are: Maintenance and Upgrade Support Services, Project Management and Planning Services, Design Upgrade Services, and Consulting Services.

7.1.1 Maintenance and Upgrade Support Services

The Contractor shall provide maintenance support and technical updates and support to designated CMS staff. The Contractor shall work with CMS staff to analyze requirements for additional functionality within the Website; integrate other data sources such as disenrollment data, appeal, and query submissions; provide support for multi-language versions of Agency's sites and applications; design site options to display multiple year databases (which can be turned on and off as needed); analyze technical issues raised by users of current or future databases or applications, the corresponding Website, and support expansions of the sites. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA, and update security documents accordingly. The Contractor shall maintain the updates to documents including, but not limited to: the Editorial Style Guide for CMS.HHS.gov, and the Application, Database, Webmaster and POD guides for Medicare.gov. Updates to CMS.HHS.gov may include minor updates to the front-end portion of the FOIA application.

7.1.1.1 Database Refreshes and Releases

7.1.1.1.1 Monthly and Quarterly Data Refreshes

Across the websites there are monthly and quarterly data refreshes of the applications. Depending on the website, these refreshes can be in the form of "database refreshes" or "releases." The Contractor shall be responsible for the development of these releases on the testing environments and then again for the production environment. Below is a brief description of the requirements on a monthly and/or quarterly basis for each of the three Websites.

7.1.1.1.1.1 www.Medicare.gov

On a monthly basis, the following tools' databases get updated on the Medicare.gov website: Helpful Contacts, MOC, MPDPF, NHC, PHPD, and Supplier Directory. The remaining tools (DFC, HHC, and Hospital Compare) databases are updated on a quarterly basis, or as necessary with proposed enhancements to the tools.

For each data refresh, the test scripts and results reside with the Contractor, as the Contractor performs the testing based on the initial release requirements mandated by CMS. The test scripts verify the functionality, availability and usability of the Medicare.gov application from both a regression and new functionality perspective. The security related test scripts are grouped into four major categories – client side boundary conditions, server side boundary conditions, hidden fields, and query strings attached to the URL.
Once the database refresh has passed through the development environment and system test, it will go through a testing period of two (2) days. The Contractor sends the database load to CMS using a SFTP. CMS downloads the files and uses a content management system called MKS to upload the files to the Repliweb server. Once the files reach the development environments (QA and Staging), CMS will then finish refreshing the database(s), and the changes are tested on both environments. CMS reports defects and provides feedback to the Contractor development team via phone or email. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS to test as a Hotfix package. This Hotfix package is once again loaded on the QA and Staging environments and tested. CMS reserves the right to request another database be sent if changes to the database(s) were made after the Hotfix has been loaded to QA and Staging. Once the Hotfix has been validated, CMS will push the databases to the production servers for the EDC Contractor to load.

7.1.1.1.2 Releases

All three of the websites, have releases based on functionality changes to the websites. Please refer to Attachment H for more information about release schedules.

7.1.1.1.2.1 Medicare.gov

The Contractor shall be responsible for creating three packages for each Medicare.gov release. One package will be created for the User Acceptance Test (UAT) period, one for the Bugfix, and the one for the Production release. Each release package shall be accompanied with related documentation on how to load the files and restore any databases. See Section 7.1.3.3 for more information on the implementation plans that need to be included with the releases.

The process for the release load is as follows: The Contractor shall work with other CMS contractors to create the application update. Once the application update has passed through the development and system test in the Contractor's development environment, the Contractor shall prepare a release package and send it to CMS via SFTP server where CMS will download the files and upload them to the Repliweb server using MKS. The package will go through a User Acceptance Testing

(UAT) period which begins approximately two (2) weeks before the scheduled Production load. CMS will load the UAT package onto their QA and Staging environments and begin their UAT testing along with the Contractor. The Contractor shall develop system test cases/scripts to be provided to CMS and perform system testing within the development environment for every release. CMS will report any defects and provide feedback to the Contractor's development team via phone or email. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS as a Bugfix package. This Bugfix package, which should include new test scripts, is loaded on the QA and Staging environments and tested approximately two (2) days prior to the Production Release. Once the Bugfix has been validated, the Contractor shall create a production package with all updated files for CMS to load into the Production environment. The files will be downloaded by CMS and pushed out to the Production environment on the given release date and time. The Contractor must be available at the time of the release to complete their testing of the Production Release load.

7.1.1.1.2.2 www.CMS.HHS.gov

All applications listed under the purpose section for CMS.HHS.gov Website are released on a quarterly basis, or as needed. CMS.HHS.gov releases involve a UAT release which averages two (2) weeks, but can take up to four (4) weeks for review in a QA environment. The Contractor prepares a UAT package to send to CMS via SFTP to be loaded in the development environment. During the UAT period, if any items have been found, the Contractor prepares a Bugfix which then gets loaded to QA by CMS. Once the UAT and Bugfix package have been approved by CMS, the Contractor then prepares the production release. Once CMS receives the production release they load it to the production severs.

During testing of the CMS.HHS.gov application updates, the Contractor's functional team shall develop system test cases/scripts and perform system testing within the development environment for every release. Once the production package gets loaded to production, the Contractor shall also aid in testing the functionality within the Production environment. The Contractor shall also aid in testing applications developed by other contractors for the Website as needed. The testing shall include, but is not limited to testing for technical issues, continuity and 508 accessibility.

7.1.1.1.2.3 MyMedicare.gov

The MyMedicare.gov system uses some components of the Next Generation Desktop's (NGD) software and hardware. The Website Maintenance and Support Services Contractor shall maintain the applets, views, web templates and customized GUI components of the MyMedicare.gov site. All front-end processes shall be managed by the Website Maintenance and Support Services Contractor, while the business components are maintained by the NGD developer. Trouble tickets that affect both systems shall be a collaboration of efforts between the NGD developer and the Website Maintenance and Support Services Contractor. The Website Maintenance and Support Services Contractor shall be responsible for regression testing to determine impacts to the application. MyMedicare.gov has quarterly releases as well as functional releases.

Quarterly Releases are used to push out improvements to MyMedicare.gov portal. This process begins with requirements gathering and development. The Contactor shall work with CMS, and the NGD Contractor to develop these requirements and create the development package. Once the development package has been completed it is loaded onto the development environment and tested during UAT, which lasts for approximately three (3) weeks. During testing either any problems found shall be fixed immediately, or the release will be pushed back to accommodate the additional time needed, or the issue will be resolved in a subsequent release. Once testing is considered completed, the enhancements are pushed to the Production servers. The Contractor shall provide test scripts for testing in both the Development and Production environments.

7.1.2 Project Management and Planning Services

The Contractor shall develop a Project Management Plan for implementation and design of the Website improvements, releases, updates, and new applications. The project planning services shall reflect current priorities and will need to be flexible and updated to reflect new initiatives and legislative changes. The project planning services must also be in line with earned value management system requirements.

7.1.2.1 Requirements

7.1.2.1.1 Step 1 – Requirements Gathering

For activities requiring the development of initial requirements definition, the Contractor shall:

a) Conduct Requirements Gathering Interviews (as needed)

b) Document and publish a Concept of Operations (Con Ops) – The Contractor shall work closely with CMS to define and record the business goals and operational concept for the application being updated.

c) Document and Publish Requirements – The results of the requirements gathering sessions shall be thoroughly documented and provided to CMS and any interview participants for review and feedback. In this document, the scope, phases, team leads, and the schedule/timeline should all be identified.

d) Develop a System Requirements Specification (SyRS) document which includes all of the requirements specified during the gathering session.

e) Prioritize Requirements and Update Project Plan – The Contractor shall work closely with CMS to prioritize the defined requirements and determine the level of effort for future phases. The approved updated project plan shall be shared with CMS and project stakeholders.

f) Unless otherwise indicated, provide mockups and a proposed timeline.

g) Document, maintain, and publish a Business Risk Assessment – The Contractor shall define and record the security risk(s), particularly as it relates to the business functions associated with the security/vulnerability of the Website or information, associated with interaction of other components/contractors, and the risk of misuse of information.

h) Define and maintain the System Security Plan (SSP), Information Security Risk Assessment (IS RA) Contingency Plan and Data Use Agreement(s) to ensure that all applications meet the guidelines as stated by CMS. Those guidelines are publicly available at http://www.CMS.HHS.gov/InformationSecurity. The SSP and/or IS RA shall clearly define user roles, and ensure that the data is protected. The Contractor shall also complete and maintain all necessary Data Use Agreements (DUA) to ensure that the disclosure of data complies with the requirements of the Privacy Act, the Privacy Rule, and CMS data release policies.

i) Test scripts and the Contractor's test results should be included in the requirements document prior to CMS testing on Staging and sign off on the requirements. This should include coordinating with other contractors as necessary to support all testing from the front-end to the back-end.

j) Track development and identify the phases. Once phases have been completed, there should be a sign off on the phases of the contract by CMS.

7.1.2.1.2 Analysis

The Contractor shall perform an analysis of the business, user and system requirements provided in the System Requirements Specification (SyRS) to ensure that they are correct, complete, clear, consistent, testable, traceable, feasible, modular and design-independent. The Contractor shall complete the system requirements portion of this document. The Contractor shall ensure that these requirements capture the required technical capabilities and constraints of the system being developed.

7.1.2.1.3 System Requirements Specifications (SyRS)

Following analysis, the Contractor shall update the SyRS. The SyRS shall contain the verified information and the new system requirements as specified in the "Directions for Completing a System Requirements Specification Outline" in the CMS Requirements Writer's Guide found at www.cms.hhs.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp. All changes to the SyRS shall be identified.

The Contractor shall use the Standard Microsoft Office Suite when creating and updating the SyRS document. At contract completion, the Contractor shall deliver a softcopy of the SyRS, with all applicable links between business, user and system requirements established.

7.1.2.1.4 System Requirements Review (SyRR)

The Contractor shall conduct a formal review of the SyRS with CMS staff. The purpose of this review is to affirm final agreement regarding the content of the SyRS. Upon successful completion of this review by CMS, the SyRS shall be baselined. The Contractor shall manage the SyRS baseline. Following establishment of the baseline, changes to the SyRS will require CMS approval. In addition, the Contractor shall notify CMS if changes to the SyRS will impact contract cost or schedule.

7.1.2.1.5 Logical Data Model

The Contractor shall provide the fully attributed key-based Logical Data Model in ERwin. Other tools may be used, but the model must be converted to ERwin before it can be reviewed and approved. The model shall adhere to the CMS Data Administration standards and must contain the Entity-Relationship diagrams (ERD), correct naming conventions, projected volumes, and a working knowledge of data being developed. Information on CMS policies for Logical Data Design can be found at http://www.cms.hhs.gov/DataAdmin/03_LogicalDataDesign.asp.

7.1.2.2 Project Kickoff and Project Definition

The Contractor shall conduct a project kickoff meeting to define roles and responsibilities of key staff, assess and validate the current Website Maintenance and Support Services business requirements, define the project approach and scope, and provide a Transition plan. The Contractor shall be prepared to share with CMS the detailed methodology and tool(s) to be used to develop, coordinate and manage project schedules, milestones and deliverables. The Contractor shall also use the kickoff meeting to discuss development methodology, establish communication processes, establish status reporting procedures, and establish issues escalation and resolution strategy.

The discussions held at the kickoff meeting will contribute to the Contractor's development and completion of the System Development Management Plan (SDMP) for the Website Maintenance and Support Services project.

7.1.2.3 Project Management

The Contractor shall perform all project management according to the industry best practices described within the Project Management Body of Knowledge (PMBOK) fourth edition published by PMI. This includes technical and business management functions, in order to plan, implement, track, report, and deliver the required services. Earned Value Management shall be used as a management tool to track and report the status of the project and an Integrated Baseline Review shall be used to baseline the project.

The contractor shall adhere to an integrated project schedule and participate with CMS and any CMS designated contractors in integrating that schedule into one that is comprehensive for all CMS Website identified contractors. The project schedule shall incorporate interdependencies and provide upcoming critical dates.

The contractor shall proactively report to CMS any anticipated slips in the project schedule and shall provide a risk mitigation approach to return back on schedule or to compensate for missed milestones.

7.1.2.3.1 Planning

The Contractor shall provide, implement and maintain an integrated project management approach that combines the technical plans, schedule plans, risk management plans, (project) quality management, and cost management plans.

7.1.2.3.1.1 System Development Management Plan (SDMP)

The Contractor shall develop and deliver the SDMP in accordance with the following requirements. The Contractor shall update and maintain the SDMP throughout the life of the contract. Upon CMS approval, the Contractor shall perform in accordance with the SDMP.

The SDMP shall address:

a) Assumptions and Constraints – List the assumptions and constraints affecting the project.

b) Management Approach – A description of the overall project management approach.

c) Staffing Approach – to include:

1. Project Organization (Labor Category roles and responsibilities profile)
2. Organizational Chart
3. Approach to transitioning staff between each of the CMS System Development Life Cycle (SDLC) phases
4. Personnel/Staffing Resource Requirements – Provide the approach to estimating levels of resources required (e.g. staff effort in hours by labor category and by CMS SDLC phase)

d) Schedule Management Approach – To include task description, identification of the critical path, and deliverables for each near and long-term phase. In addition, the project schedule should address all milestones, task duration, task dependencies, task resources, external

system and personnel dependencies, CMS dependencies, risks and the possible affected areas.

e) Configuration Management Approach - Define the configuration management activities to be performed during the life cycle of the project, and describe the responsibilities and authorities for accomplishing each activity. Identify the required coordination of configuration management activities with other project activities. Identify the tools and physical and human resources required for execution of the plan. The plan shall address the following activities: configuration management process implementation, configuration identification, configuration control, configuration status accounting, configuration evaluation and release management and delivery. These activities shall include:

1. Use of documented, repeatable development environment checkout/check-in procedures
2. Release package preparation procedures
3. Software migration procedures
4. Approach to identifying and managing Configuration Item(s)(CI)

f) Change Management Approach - Describe the process for requesting, analyzing, prioritizing, and reviewing the impact of the change to established baselines, and documenting changes through their implementation including, but not limited to:

1. The process for managing changes to baseline requirements and design documentation
2. Version control of documentation
3. The process for identifying and managing problem reports
4. A description of any tools

g) Quality Assurance (QA) Approach - Provide a description and table of methods, standards, measurements, reviews, documentation of findings and schedule used to ensure the quality of the development process and products by CMS SDLC phase. If standard QA practices are to be used or if the information exists elsewhere, references to the appropriate documents are sufficient. The person responsible for QA should also be identified.

h) Software Process Improvement - Describe an approach, which may be derived from the recommendations of a software process assessment (e.g., Software Capability Evaluation), which identifies the specific actions that will be taken to improve the software process and outline the plans for implementing those actions.

i) Communication Approach - The Contractor shall provide a communications matrix showing the Contractor's own review and approval of deliverables and demonstrate a methodology for identifying CMS stakeholders and needs, and communicating status, issues, risks, and risk mitigation strategies to those stakeholders.

j) Development Approach - Describe the Software Development and Integration Facility (SDIF) to include Commercial-off-the-Shelf (COTS) software, hardware and programming languages to be used. Explain the relationship to the target operating environment. Indicate whether the SDIF is an off-site contractor facility or whether the CMS Data Center is to be used for development.

1. Implementation Strategy - Describe the approach for identifying, managing, controlling and implementing releases.

2. Activities, Tools, Products, Methodologies, and Standards - For each CMS SDLC phase (Requirements Analysis, Design and Engineering, Development, Testing, and Implementation), provide a matrix that shows the major activities to be performed, the methodologies and Computer Aided Software Engineering (CASE) tools to be applied, the products/artifacts of the phase and specific procedures and standards for analysis, design, and coding artifacts. Describe the requirements analysis approach, design methods, development approach and test approach.

3. Metrics - Describe the approach for identifying objective measures to assess software design complexity and quality. Describe all metrics to be collected, when they will be collected, how they will be collected, how they will be reported (graph, etc.) and how they will be analyzed and used to manage the project.

4. Size Estimate for software work products - Describe the process for estimating software size (e.g., function points, source lines of code), computer resources (e.g., Million Instructions per second (MIPS)), communications network capacity (local area network (LAN) and wide area network (WAN)), and data storage.

k) Risk Management Approach - Document the process, methods, tools and resources that will be applied to the project for risk management. Describe how risks will be identified and analyzed, the basis for prioritizing risks, how risk responses will be developed and implemented, and how the success of those responses will be measured.

l) Transition Approach – to include, but not be limited to, the plans for transitioning the business and technical processes, operations, and maintenance of the Website. At a minimum, the Contractor shall provide roles, responsibilities, timelines, dependencies, risks, risk mitigation strategies, and milestones.

7.1.2.3.2 Closeout Certifications

The Contractor shall prepare closeout certifications. These shall consist of a statement that the contract is complete, including all deliverables have been provided, all services are complete, and there are no outstanding contractual issues.

7.1.2.4 Performance Measurement Baseline (PMB)

The Contractor and CMS shall mutually agree upon cost, schedule and technical plan baselines. These baselines shall be the basis for monitoring and reporting progress throughout the life of the contract.

7.1.2.4.1 Integrated Baseline Review (IBR) Artifacts

The Contractor shall provide IBR Artifacts to be the source of the baselines and systems reviewed in the IBR. The Contractor shall update and maintain the IBR Artifacts throughout the life of the contract. Changes shall be subject to review and approval by CMS. Once approved, the Contractor shall adhere to the PMB.

The IBR artifacts shall include the following:

a) Work Breakdown Structure (WBS)

b) WBS Dictionary
c) Responsibility Assignment Matrix (RAM)
d) Budget allocated to Control Accounts and Work Packages
e) Basis of Estimate for activities contained in the WBS and project schedule
f) System Development Management Plan
g) Initial version of the CMS EVM report
h) Initial version of the Risk report
i) Project schedule, for the task reviewed in the IBR, including:

1. All system development activities by WBS
2. All task dependencies
3. Identification of the critical path
4. Software Process Improvement activities
5. Risk mitigation activities

7.1.2.4.2 Integrated Baseline Review (IBR)

In the IBR, the Contractor and CMS shall walk through the Contractor's planned baselines. The IBR is conducted to achieve confidence that the baselines accurately capture the entire technical scope of work, are consistent with contract schedule requirements, are reasonably and logically planned, and have adequate resources assigned. A separate IBR shall be conducted for each task.

In the IBR, the Contractor's Cost Account Managers (CAMs) shall:

a) Demonstrate that there is a logical sequence of effort consistent with the contract schedule
b) Demonstrate the validity of the allocated cost accounts and budgets, both in terms of total resources and scheduling
c) Verify that the cost, schedule, and technical plans are integrated and that the technical content of control accounts and work packages is consistent with the contract scope of work, the WBS and the WBS dictionary
d) Support CMS' technical assessment of the SDMP, project standards and procedures for system development

7.1.2.4.2.1 Software Capability Evaluation (SCE)

CMS reserves the right to conduct an independent SCE to evaluate the maturity of the Contractor's software development process. Upon request, the Contractor shall support CMS' independent SCE in accordance with the Software Engineering Institute (SEI) Capability Maturity Model (CMM) procedures.

7.1.2.5 Value Engineering

The Contractor shall identify opportunities to improve any and all functions identified in this Task Order. As value-engineering opportunities are identified, the Contractor shall document the current state, the opportunity for improvement and related performance metrics, implementation timeline and operational impact and provide this documentation to CMS.

The Contractor shall conduct annual usability testing for Medicare.gov, CMS.HHS.gov, and MyMedicare.gov tools as requested during the year. The Contractor shall work with CMS to determine the proper timing of these usability tests, and the tools that require the testing.

7.1.3 Design Upgrade Services

The Contractor shall work closely with CMS to produce web page design and functions that meet all the necessary Website requirements, including 508 accessibility and security regulations, while maintaining consistency of design and content. The Contractor shall provide ways to visually and functionally enhance the integration, responsiveness, and continuity of the web pages at CMS' direction. The Contractor shall provide comments and suggestions on technical writing and the overall readability of web pages and develop web pages that are accessible to individuals with physical disabilities and other special needs. The Contractor is also responsible for providing mockups for application enhancements. At various times, these mockups may and will be used in presentations to business owners on the new features of the applications.

The Contractor shall, along with continuing enhancements to the CMS.HHS.gov website, introduce a more transactional approach to the Website in order to enhance the experience of users and provide a more customized Website while improving customer service features.

The Contractor shall provide a development server environment from where CMS can view, comment, and change work throughout design and development. In support of new or redesigned web-based applications, the Contractor shall prepare wireframe prototypes and interaction design schematics as required by the Contracting Officer Technical Representative (COTR).

The Contractor shall work with CMS to implement Search Engine Optimization (SEO) to optimize the search result relevance to the users. All applications shall be selected, designed, and implemented to be consistent with the current CMS operating environment standards to ensure transfer of management data and communication between CMS and the Contractor is consistent and efficient. For more detailed information about the CMS standards and guidelines, please refer to Section 19 of this SOW.

The Contractor shall provide and maintain design documents for the Websites. These design documents shall be for the applications as well as the databases. The Contractor shall adhere to CMS' quality assurance standards and meet all policy requirements.

7.1.3.1 Design and Engineering

The Contractor shall develop the design for the architecture, software components, interfaces and the physical databases. The Contractor shall document the system design and allocate the system requirements in the SyRS to the design elements.

The Contractor shall use Computer Software Configuration Items (CSCIs) and Computer Software Components (CSCs) as logical elements of the system design. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61 as referenced in Section 19 in this SOW. CSCs are defined as a level of design decomposition below the CSCIs that shall exist entirely within a release.

7.1.3.1.1 Database Design Document

The Contractor shall provide a Database Design Document for each Database utilized by the Websites. The Database Design Document shall include a Physical Database Design (in third-normal form, where practical) to include:

a) A complete description of the logical model in ANSI standard SQL Data Definition Language (DDL);
b) A Data Dictionary to define all data elements, files, tables, and attributes, including:

- Name/Unique Identifier
- Alias
- Description
- Size and format
- Units
- Range
- Accuracy and precision
- Default values
- Retention Rules
- Key (and type of key);

c) Data integrity rules;
d) Audit data needed for updates and other changes;
e) Security provisions;
f) Use of stored procedures;
g) Use of role based security;
h) Data replication strategies and/or other means to keep data in sync; and
i) Database tuning and optimizing considerations (including use of keys, indexes, etc).

Guides for Physical Data Design can be found at http://www.cms.hhs.gov/DataAdmin/04_PhysicalDataDesign.asp. Additional links to aid in the documenting and model process can be found in the left hand navigation under the Data Administration section on CMS.HHS.gov.

7.1.3.2 Development

The Contractor shall develop code and conduct software unit and integration testing.

7.1.3.2.1 Code and Documentation

When directed by CMS, the Contractor shall develop the required software to meet the validated requirements. The code and documentation shall include:

a) Code: softcopy of all developed software, to include source code and executables. This shall include any operational software, test software, scripts and data that have been developed. The code shall be documented as follows:

1. Each unit shall contain a prologue that contains:
   - The name of the unit
   - The name of the programmer that developed the unit
   - The date the unit was written
   - A description of the unit

2. Each function procedure, or complex code structure shall be preceded by comments that explain in detail the purpose of the function, procedure or complex code structure. These comments shall include a description of all input variables, output variables, and the processing of each.

3. Each unit shall contain a revision history.

4. Testing must be conducted under the Contractor's environment which shall mimic the CMS Production environment.

b) Version Description Document (VDD) in hardcopy and softcopy, to include:

1. Description of each module
2. Run frequencies
3. Version and release descriptions to include a complete Software Configuration Management (SCM) listing
4. Software language
5. COTS software identification (version and license number)
6. Platform (mainframe, personal computer, server, etc)
7. Processing mode (on-line or batch)
8. A process flow depicting the process order of the programs
9. Library names
10. Release notes

c) Vendor Documentation

d) Application Service Level Agreements (SLA) in hardcopy and softcopy

e) Disaster Recovery Plan

7.1.3.3 Implementation

The Contractor shall assist in the installation of releases in the CMS QA, Staging, and Production environments.

7.1.3.3.1 Implementation Plans

The Contractor shall produce an Implementation Plan in softcopy to CMS. A separate plan is required for each release package. The Implementation Plan shall:

a) Provide specific instructions and step-by-step procedures needed to load the applications and databases;
b) Provide specific instructions and step-by-step procedures needed to verify the load was installed properly
c) Include screenshots to go along with instructions
d) Provide Disaster Recovery Procedures

If any COTS products are used, CMS must review installation procedures prior to loading the application or database.

7.1.3.3.2 Implementation Readiness Review (IRR)

An IRR shall be conducted after validation testing and prior to release of the new or changed system into Production. The purpose of the IRR is to ensure that all prerequisites leading up to production implementation have been met. This includes, but is not limited to, implementation planning including data conversion needs (if appropriate), QA processes, security plans and environmental needs. A separate IRR is required for each release. The Contractor shall present the following at the IRR:

a) Test Log
b) An outstanding Problem Report, indicating severity, effort and schedule to fix all outstanding issues
c) A walkthrough of the documentation provided under "Code and Documentation"
d) A walkthrough of the Implementation Plan
e) A review of the Training Plan

7.1.3.4 Validation Testing

The Contractor shall conduct validation testing on the complete, integrated system to evaluate the system's compliance with its specified requirements for each release.

7.1.3.4.1 Validation Readiness Review (VRR)

The Contractor shall conduct a VRR. A separate VRR is required for each release. The Contractor shall provide information to support a CMS decision to proceed with validation testing. The Contractor shall present the following at the VRR:

a) Test Plan to include schedule for conducting tests
b) Unit and integration test results
c) Outstanding Problem Reports.

7.1.3.5 Test Log

For all system releases, the Contractor shall deliver a Test Log to CMS following successful execution of each validation test. A separate Test Log may be required for each release. The Test Log shall include:

a) A summary of the test
b) Dates of the testing activities
c) Identification of the test cases performed
d) Any deviations from the Test Plan
e) Explanations of why any deviations were necessary
f) Test results – including the defect-to-change ratio for both User Acceptance Testing and Production Testing
g) Identification of requirements successfully tested; and
h) Problem Reports

7.1.4 Consulting Services

The Contractor shall provide advice and expertise on changes and enhancements suggested by CMS personnel; provide knowledge transfer sessions to review technical aspects of Website databases, applications, and functions and additional new features; review, summarize and submit Web comments to designated CMS personnel; participate in periodic meetings with CMS personnel

to review changes and discuss enhancements to the interactive Websites; and work cooperatively with Agency staff and other contractors as certain projects necessitate.

8 Transition

8.1 Website Maintenance and Support Services Transition

The Contractor shall implement a low-risk approach during the Base Period to transition the activities and environments from the current Contractor to the Contractor selected for this Task Order. CMS is committed to ensuring that the transition is seamless and non-disruptive to the public, beneficiaries, applications and other Contractors needed for the Website. It is critical that the Website Maintenance and Support Services Contractor propose a realistic Transition plan, due with the proposal and is to be updated within 15 days of award, which identifies and addresses all factors and risks, and includes contingency plans for missed milestones or other impacts to the schedule. This Transition plan shall be updated continuously by the Contractor with CMS approval after the final document is presented to CMS.

Full operations must be successfully transitioned on or before December 31, 2010, to coincide with the expiration of current contract. Successful transition is defined as handling 100 percent of the Websites workload, documented acceptance testing of all improvements to the components, and full engagement in the project management.

Because of the necessity to complete transition by the December 31, 2010 cutoff date, the Contractor shall propose a Transition plan that is fully implemented prior to this date.

The Contractor shall work in cooperation with other CMS contractors to ensure a smooth and seamless transition to full operations. During the transition period and ongoing operations, the Contractor shall coordinate and support regular status meetings with CMS. The Contractor shall be required to coordinate all aspects of the transition with the incumbent Contractor.

8.1.1 Transition Activities

In addition to the Website Maintenance and Support Services transition, the Contractor shall also complete the below transition activities during the Base Period. The transition activities for this contract shall include the continuation of the ASP migration to Microsoft .NET framework and the transition of the Prescription Drug Plan Finder to the EDC.

8.1.1.1 ASP Migration to .NET

The incumbent Contractor will continue the ASP migration to Microsoft .NET framework for the Medicare.gov and CMS.HHS.gov Websites. As an activity to learn the site and to ensure the understanding of the redesign, the remaining activities of the migration shall continue by the Contractor in collaboration with the incumbent Contractor. As a result of this migration, the Contractor shall be prepared to develop and maintain code in both the ASP 3.0 and .NET 3.5 languages.

The number of tools that will remain for this transition is currently unknown. However, the Contractor shall assume that most of the tools will not be transitioned at the time of the award. This activity will familiarize the winning contractor with .NET, ASP, as well as the remaining tools and sites to be migrated. This migration will involve communication with outside contractors as well as internal components to secure requirements.

8.1.1.2 Prescription Drug Plan Finder Migration to Enterprise Data Center

The Contractor will work with the current EDC Contractor to stand up the Prescription Drug Plan Finder Tool in the Enterprise Data Center (EDC). The Contractor shall propose a solution to have all public facing components located in the EDC. This solution should include all phases of this effort including planning and analysis, development, implementation (including configuration and setup of the application, hardware/software, and network), testing, maintenance, and ongoing support. In addition, the Contractor will be responsible for drafting and providing CMS with the necessary documentation (Project Plan, Risk Management Plan, Migration documents, etc.) throughout this effort.

The Contractor shall develop and maintain the software needed to meet the specified requirements as outlined in Section 6.2.1.1. Refer to Section 15 of the SOW for the Government Property that CMS will provide the Contractor.

9 Optional Tasks

CMS anticipates exercising the Optional Tasks below during Option Period 1.

9.1 Optional Task 1: Intranet Redesign

Currently the Intranet for CMS is under CMS' maintenance and creation. It is CMS' desire to have the Contractor create the redesigned Intranet using the Oracle UCM System or the HHS Enterprise Portal. As part of the redesign effort, the Contractor shall:

- Conduct usability testing
- Prepare wireframe prototypes and interaction design schematics as required by CMS
- Create a Website system that mimics the dynamics of the CMS.HHS.gov Website.

Optional Task 1A: Intranet Redesign Utilizing the Oracle UCM System:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Oracle Configuration – includes creating Oracle accounts, Oracle server configuration, creating workflows, defining permissions/rights

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications to mimic CMS.HHS.gov

Phase 5 – Technical Support after redesign

Optional Task 1B: Intranet Redesign Utilizing the HHS Enterprise Portal:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Content Management Design

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications

Phase 5 – Technical Support after redesign

10 Deliverables and Reporting Requirements

The Contractor shall provide the following reports to CMS: Project Summary Report, Earned Value Management Report, Financial Report, and Status Report. The Contractor shall also hold a management review within one week of the delivery of the reports, unless otherwise agreed upon by CMS.

10.1 Project Summary Report

The Contractor shall provide a summary report of projects in progress that will include the Earned Value Management Report (CPR Formats 1-5), a Financial Report, and a Variance Report, as described below, as well as additional information negotiated between the Contractor and CMS. At a minimum, this report shall include the following status information:

a) Project Schedule; (The schedule within the report shall be created using the current CMS version of Microsoft Project.)
b) High-level summary of project requirements
c) High-level summary of associated risks and mitigation plans
d) Estimated cost and level of effort information necessary to manage workloads

In addition to the summary report, CMS would like a one-page high-level overview summarizing the current status of all projects at the time of reporting.

10.1.1 Earned Value Management Report

In accordance with Section J.3.2 of the ESD ID/IQ Earned Value Management System (EVM), the Contractor shall provide EVM as outlined. Samples of Formats 1-5 are located in Attachment B of this SOW.

10.1.2 Financial Report

The Contractor shall provide monthly Financial reports to reflect the work performed by both the prime contractor and subcontractors. The Financial report shall report the content of pending invoices and shall include the following information:

a) Contract Name
b) Period of Performance
c) Current month, hours and cost expended for each labor category
d) Cumulative hours and cost expended for each labor category
e) Projected monthly hours and costs for the remainder of the contract period
f) Summary of the work completed by each contractor staff
g) Break out of costs, both allocated and remaining, for all Website applications
h) Variance Report to reflect the actual and proposed spending and shall include the following information:

- Analysis of budgeted activities versus actual expenses on a monthly basis, as indicated in the sample format provided, for the following items:
  - CMS.HHS.gov Website
  - Medicare.gov, with specific breakouts for MyMedicare.gov, and Quality activities
  - Other activity breakouts as requested by CMS
- Explanation of variances of greater than 10% of the budget monthly cost indicated in the cost proposal
- Any relevant analysis or information explaining an activity causing an unexplained variance that occurred during the month.

The Financial report shall provide information and cost for each task by the Website (or release, if appropriate) for which the activities were performed.

10.1.3 Status Report

The Contractor shall provide an overview of the project status with focus on outstanding issues and risks. The report shall also include a detailed overview of tasks planned for the next three (3) months and a high-level overview of major milestones planned for the next twelve (12) months.

10.1.4 Management Review

The Contractor shall conduct Management Reviews as a forum for the Contractor and CMS to discuss project status. The primary focus will be the status against the plans baselined in the SDMP and the Performance Measurement Baseline (PMB).

10.2 Delivery Schedule

For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

DRAFT/FINAL: All document deliverables require both a Draft and a Final version (see Delivery Schedule below). The Final copy is to be a submission of the full document with all CMS comments resolved. The deliverable cover page shall be clearly marked Draft or Final.

UPDATES: Many of the deliverables require the Contractor to provide updates. Unless otherwise specified, there is an expectation that the Contractor shall notify CMS when they foresee a change to the content, and then provide an updated document based upon CMS-approved content revisions and a mutually agreed upon delivery date. All documents shall contain a date and a version number. Documents shall be maintained and kept current by the Contractor.

MONTHLY REPORTS: The data collection period for each monthly report shall be based on the entire month (e.g. April 1 through 30). The Contractor shall ensure that the data in the recurring monthly reports are accurate and consistent with one another assuring that each monthly report also incorporates any subcontractor's data for the same period of time.

AD HOC: The Contractor shall provide ad hoc documentation at CMS' request. Where timeframes are stated, CMS may choose to give consideration to unforeseen circumstances. Therefore, deliverable due dates are as stated unless otherwise agreed to by CMS and the Contractor. All timeframes are in calendar weeks, calendar months, or calendar days. For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

Deliverables shall be distributed as follows:

SOW - Website Maintenance and Support Services Task Order

CMS Contracting Officer – Project Summary Report – 1 soft copy via email or as mutually agreed.

CMS Project Officer/Government Task Leader – See Deliverable Table Below - 1 soft copy via email or as mutually agreed.

In performing the services and providing the support described in the Statement of Work, the Contractor shall provide the deliverables NO LATER THAN the dates in the following schedule:

Days = Calendar Days
IAW = In Accordance With
DAGC = Days after Government Comments

SOW #	Deliverable	Recurring	Non-Recurring
8	Transition Plan		Initial: With Proposal Final: 14 days after award Updates: As Mutually Agreed
7.1.2.2	Project Kickoff		Due: Within 28 days after contract award
7.1.2.3.1.1	System Development Management Plan (SDMP)		Initial: Proposal Draft: 28 days prior to Integrated Baseline Review (IBR) Final: 14 days after (IBR) Updates: As Mutually Agreed (recommend quarterly when changes available)
10.3	SDLC documents	As needed	
11.2	Joint Operating Agreements	1st Due: 28 days after award Recurring: Quarterly for 1st year, semi-annually there after	
7.1.2.3	Project Management Plan, Integrated Project Schedule and Requirements Documents	As needed	
10.1	Project Summary Report (includes Earned Value	1st Due: 1st month after contract award	

	Management Report, Financial Report, Status Report, and Variance Report)	Recurring: 3rd Wednesday of the month	
10.1.4	Management Review	1st Due: 30 days after IBR Recurring: Quarterly	
7.1.2.3.2	Closeout Certifications		Due: Upon Request
7.1.2.4.1	Integrated Baseline Review (IBR) Artifacts		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: Upon changes
7.1.2.4.2	Integrated Baseline Review (IBR)		Held: 90 days after contract award for each task
7.1.2.1.3	System Requirements Specification (SyRS)		Draft: 14 days prior to SyRR (C.3.2) Final: 14 days after SyRR (C.3.2) Updates: Upon Approved CMS changes
7.1.2.1.4	System Requirements Review (SyRR)		Held: IAW SDMP Schedule
7.1.2.1.5	Logical Data Model		Upon Request
7.1.2.5	Usability Testing		Annually (each tool separately, CMS will help identify priority and coordinate the effort)
7.1.2.5	Value Engineering Docs		Upon request, or as identified
7.1.1.1	Data Refreshes and Releases	Monthly and Quarterly based on CMS and other CMS Contractor's schedules.	
18.1	System Security Plan (SSP) and Information Security Risk Assessment Contingency Plan Report		Analysis Phase: 14 days prior to Preliminary Design Review (PDR) Development Phase: Concurrent with DDD Testing: 7 days after successful completion of validation testing

			Updates: 6 months after contract award
18.2	Corrective Action Plan		After evaluation or test of security determined failures or weaknesses. Updates: quarterly progress report.
7.1.3.1.1	Database Design Document (DDD)		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: As Mutually Agreed
7.1.3.2.1	Code and Documentation		Draft: 14 days prior to VRR Final: 14 days prior to IRR Updates: For each application, as directed
7.1.3.4.1	Validation Readiness Review (VRR)		Held: Prior to validation testing
7.1.3.5	Test Log		As directed with each release
7.1.3.3.1	Implementation Plan		Draft: 4 months prior to IRR Final: 14 days prior to IRR Updates: For each release
7.1.3.3.2	Implementation Readiness Review (IRR)		Held: IAW SDMP Schedule
7.1.1	Application, Database, Webmaster, POD guides		Annually upon request.
7.1.1	Editorial Style Guide		Bi-annually or upon request

** The Contractor shall provide deliverables that are 508 compliant.*

10.3 Other Documents

The following documents shall be developed and maintained throughout the project lifecycle. These documents shall be delivered to CMS and stored in a centrally accessible version control document management system. System Development Lifecycle (SDLC) documents and review checkpoints include, but are not limited to:

a) System Disposition Plan
b) Change Requests
c) Problem Reports

For information referring to these documents please go to the System Lifecycle Framework page at http://www.CMS.HHS.gov/SystemLifecycleFramework/.

11 Coordination and Collaboration

In the multi-contractor environment, the Website Maintenance and Support Services Contractor shall collaborate with other Contractors to fulfill the objectives of the government. The Contractor shall maintain and develop current relationships and integration with external systems. As needed, system and network access, documentation, and support to CMS or their designated contacts shall be provided to maintain systems integration.

This Website Maintenance and Support Services task order requires cooperation, coordination, and integration among contractors, CMS, and companies that have other contractual relationships with CMS. The Contractor shall communicate and coordinate with other CMS staff when necessary. CMS may designate other contractors with which the Contractor shall fully cooperate. This may include, but not be limited to: Plan Data Contractors, Enterprise Data Center Contractor, Next Generation Desktop (NGD) Contractor, National Council on Aging (NCOA), GovDelivery, Google, etc. See Attachment C and D for more information on other contractors that the Contractor must interact with to perform duties as assigned in this SOW.

The Contractor shall develop, test, and implement migration plans for the Websites to accommodate changes in web platforms and environments, including any redeveloping, redesigning, testing and support of tools and Websites per changes in Agency standards.

11.1 Collaboration

11.1.1 Non-Website Maintenance and Support Services Transitions

The Website Maintenance and Support Services Contractor shall support other CMS contractors, system, and infrastructure transitions that occur outside the scope of this SOW, but affect the Website, Website users, or an application integrated with the Website.

The Website Maintenance and Support Services Contractor shall support these efforts and deliver a plan which identifies the changes necessary to the Website applications and/or architecture to accommodate these changes, potential risks, and a risk mitigation strategy. The Website Maintenance and Support Services Contractor shall work closely with CMS and any additional contractors in these efforts.

Expected transitions may include but are not limited to: the NGD application, and other external systems.

11.1.2 External Source Systems

The Contractor currently accesses data from numerous external systems to display to users. The Contractor shall be responsible for the operation, enhancement, and maintenance of the web-based access methods which connect to these systems, and to identify, troubleshoot, and resolve any issues which may arise.

11.1.3 Health Plan Management Systems (HPMS)

MPDPF and MOC integrate with HPMS which is currently maintained under a CMS' policy group contracts with a Plan Data Contractor. The HPMS system provides the planned data loads for MPDPF. The plan data provided includes, but is not limited to the following:

- Contact Information
- Plan Formularies
- Plan Service Areas
- High-level cost information such as premium, deductible, etc

HPMS information is delivered to the Website Maintenance and Support Services Contractor by the Plan Data Contractor. The data is tested by the Website Maintenance and Support Services Contractor in a development environment. If the tests are successful, the data is delivered to CMS.

11.1.4 Electronic Support Services Contractor

The Electronic Support Services contract provides CMS with the Health Plan, Drug Plan, and contact data that supports the Medicare Options Compare tool, the Medicare Prescription Drug Plan Finder and Helpful Contacts tool. Beneficiaries rely upon these tools to provide them with accurate, timely information to assist them in making their health insurance and healthcare decisions.

11.1.5 Enterprise Data Center (EDC) Contractor

Currently the Medicare.gov Website and CBO/CSR tools are all housed on 14 database servers, 12 web servers, 2 development web servers, and 2 development database servers at a Contractors facilities offsite. CMS.HHS.gov tools are all housed on 4 database servers, 4 web servers, 1 development web server, 1 development database server, and 1 Stellent server. MyMedicare.gov has 2 proxy servers managed by the EDC Contractor that connects to the Medicare Beneficiary Portal (MyMedicare.gov). The CMS Intranet has one web and one database server that houses all content. There are also Corda, Media, and Google Search Appliance servers that support all the Websites. During release to the development and production systems, the Website Maintenance and Support Services Contractor may have to interact with the EDC Contractor to troubleshoot problems. CMS will be responsible for coordinating this effort.

11.1.6 NGD Contractor

MyMedicare.gov is highly integrated with the Next Generation Desktop (NGD), co-hosted in the same data center and sharing the database layer of the application allowing CMS enhanced insight into the types of claims-information being requested by beneficiaries. The NGD is the Seibel-based customer relationship management tool used for CMS' call center operations. MyMedicare.gov accesses information through the NGD infrastructure to improve operational efficiency and consistency, and expand the options for Medicare constituents to gain access to Medicare information.

11.1.7 National Council on Aging (NCOA)

The Long Term Care (LTC) tool available on the Medicare.gov Website involves a dynamically accessed web service provided by NCOA through a licensing agreement obtained by the Website Maintenance and Support Services Contractor on behalf of CMS.

11.1.8 GovDelivery

GovDelivery is the email subscription management tool used by CMS. The Contractor is expected to maintain any code used to support the web services integration between the Oracle Content Management system and the GovDelivery application. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

11.1.9 Google Maps

Medicare.gov uses Google maps functionality for all of the tools that provide detailed location viewing on the Website. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

11.1.10 PHPD Contractor

Medicare.gov uses the PHPD Contractor to clean the data available in Provider Enrollment and Chain Ownership System (PECOS) to provide suitable information to the public. The contractor also adds supplemental data such as training (residency), languages spoken, and hospital affiliations.

11.2 Joint Operating Agreements (JOA)

When necessary, CMS will work with the Contractor to execute a Joint Operating Agreement (JOA) with CMS designated contractors that defines the roles and responsibilities and creates mutually agreed upon and cost effective methods to work with and support CMS' mission. A JOA describes the work that needs to be accomplished, and the roles and responsibilities of each signatory for the success of the task or project. It includes specifics about who shall do what, when, and for whom. The JOA also spells out the process the parties shall follow if either believes that the other is not following the agreement.

At a minimum, JOAs shall be established for the Website Maintenance and Support Services relationships with the following contractors: Plan Data, EDC, and others as specified by CMS.

The JOA shall be submitted within 15 business days after award of the contract and shall be updated on a quarterly basis for the first year, 15 days following the end of each quarter. After the first year, updates shall occur semi-annually. The Contractor shall perform the roles and responsibilities in the updated JOA. The Contractor shall identify and negotiate any changes required to appropriately address the roles and responsibilities of the parties of the JOA.

12 Facilities

The Contractor shall submit the location of proposed facilities prior to task order award.

12.1 Data Connectivity

As needed, the Contractor shall provide necessary premise-based network communications equipment required to connect Contractor facilities to the CMS network or other CMS-chosen network. This includes, but is not limited to, hubs, patch panels, and necessary cabling.

12.2 Government Access

The Contractor shall allow full access into all task order related facilities (including data centers or other support locations), at any time during normal operating hours, to CMS employees or persons designated by CMS. The Contracting Officer or COTR shall designate to the Contractor which CMS employees or specified persons require access to Contractor facilities. CMS may choose not to provide advance notice to the Contractor prior to visiting a location.

For the purposes of auditing or inventory management, CMS employees or their designated representatives shall have full access to all Government assets used during the course of conducting CMS business. The Contractor cannot cite competitive considerations, co-location with other clients' assets, or absence of an advanced notice as a reason to decline CMS employees or representatives such access. The Contractor understands that designated CMS audit and inventory representatives report directly to CMS.

At CMS request, the Contractor shall provide full disclosure of audit and inventory information to CMS in the format defined by CMS. Such information may include, but is not limited to, asset description, technical specifications, serial number, effective commission and decommission dates, warranty, maintenance, asset owner, and asset utilization information.

13 Key Personnel

The Contractor shall submit resumes for each resource considered Key Personnel. All Key Personnel are subject to HHSAR Clause 352.270-5 Key Personnel (APR 1984) and the following:

a) Replacement is subject to the prior written approval of CMS
b) Requests for replacement shall include a detailed resume containing a description of position duties and qualifications, as well as information about the qualifications of the individual(s) proposed
c) Contractor proposals to move any Key Personnel off the task order shall be submitted in writing at least 30 calendar days in advance of the proposed move.

The following personnel are considered Key to this contract: Project Manager, Application Architect, Development Manager, Systems/Security Manager, and Transition Manager. Below are descriptions of what is expected of these Key Personnel.

The contractor shall identify additional key personnel as necessary to fulfill the requirements of this task order. Any staff identified as key personnel must have a backup who is properly trained and qualified to act as a fully functioning replacement in the absence of the key person. The Project Officer (PO) must be notified when key personnel are out of the office for an extended period of time (more than 2 days). In these instances, the name and contact information, including telephone number and email address, of the backup must be provided to the PO prior to the absence of the key personnel.

13.1 Project Manager

The Contractor shall provide a Project Management Professional (PMP®) certified Website Maintenance and Support Services Project Manager, who shall act as the central point of contact with CMS for all program-wide and event-specific issues. The Project Manager shall be responsible for all issue resolution and program management. The Project Manager shall provide comprehensive account support for the Website Maintenance and Support Services task order and have full authority to act for the Contractor in performing all task order requirements. The Project Manager shall notify the COTR whenever it is believed that s/he is receiving direction that deviates from the scope or terms of this task order. The Project Manager shall have a minimum of 5 years Project Management experience in the IT industry.

13.2 Application Architect

The Website Maintenance and Support Services Application Architect shall manage all activities related to the design and structure of the Websites. S/he shall lead all tasks related to the definition of the overall Website architecture and standards, and definition of the logical and physical data models. The Architect shall have successful experience with a minimum of 3 full lifecycle application implementations.

13.3 Development Manager

The Development Manager shall be responsible for the deployment of new functionality and addressing issues with existing functionality due to configuration and/or customization for all Websites. The Development Manager shall have successful 5 years experience in development.

13.4 Systems/Security Manager

A Systems/Security Manager shall ensure that better industry coding and security standard practices are being followed and that practices also support CMS security standards. The Manager shall also ensure that the Contractor's development environment has been configured properly to match CMS' environment, and assist CMS in any configuration changes for security related releases. The Systems/Security Manager shall have successful 5 years experience with systems configuration and security management.

13.5 Transition Manager

The Transition Manager shall ensure a smooth and seamless transition of current systems and applications supporting the CMS Website Maintenance and Support Services during the Base period. The Transition Manager shall coordinate a weekly status meeting with CMS to ensure transition is on track for a timely completion. The Transition Manager shall develop a Transition Plan that addresses the methodology to prepare and execute the transition of operations. The Transition Manager shall have successful experience with a minimum of at least 3 transition cycles.

14 Government Personnel

The following individuals are designated as the points of contact on this work effort. Only the Contracting Officer may provide contractual direction or interpretations on any work performed under this Task Order.

COTR: Susan Tudor
Phone: 410-786-0296
Email: Susan.Tudor@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

Alternate COTR: Michael McCann
Phone: 410-786-2539
Email: Michael.McCann@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

The responsibilities and duties of the COTR include:

a) Provide day-to-day technical direction to the Contractor as long as the terms/conditions of the contract are not changed.
b) Monitor Contractor's ongoing effort.
c) Serve as liaison between the Contractor and project team.
d) Review deliverables and advise the Contract Officer of the Contractor's performance.
e) Advise the Contract Officer on the Contractor's compliance with technical performance requirements.
f) Ensure that Contractor's input and/or recommendations are considered by CMS project management.

Contract Specialist: Chip Farmer
Phone: 410-786-1997
Email: Edward.Farmer@cms.hhs.gov

Contracting Officer: Debra Hoffman
Phone: 410-786-0517
Email: Debra.Hoffman@cms.hhs.gov

15 Government Property

The Government Furnished Information (GFI), equipment, and facilities that CMS is providing are the following:

a) Compiled and source version of components used in web-based applications
b) Backups of all public Website databases from www.Medicare.gov and selected databases from CMS.HHS.gov (i.e., Media Release, Events, Vocabulary). **CMS will NOT be providing the following proprietary software currently used by MOC and MPDPF:**
    - **Price Comparison Engine software – to calculate and compare drug prices**
    - **Online Enrollment Center (OEC) software – to allow beneficiaries to enroll online in a drug plan of their choice (Refer to SOW Section 6.2.1.1 for OEC requirements)**
    - **Save Functionality – to allow user to save their drug and pharmacy lists on either the Medicare.gov or MyMedicare.gov Websites**
c) The raw and/or reformulated data submitted by Part D Plans. This data includes the Pricing Files from Part D Plans and the Plan Data from the Health Plan Management System (HPMS). The Plan Data from HPMS includes MOC/MPDPF Databases, Beneficiary Cost File, Formulary and Excluded Drugs, Partial Gap Coverage, and Exception Tiers
d) Online Analysis Tool (OAT) Software
e) Website files and scripts (all off www.Medicare.gov, selected sections of CMS.HHS.gov, and MyMedicare.gov), include site-wide template files
f) Development licenses for Ephox EditLive
g) Commercial licenses for the appropriate datasets as specified in existing Data Use Agreements
h) T1 Connectivity

CMS will not provide equipment or office facilities at the CMS site for Contractor personnel.

The Contractor shall prepare, conduct and maintain an inventory of all government owned property. CMS will provide the necessary guidelines for conducting this inventory. CMS and the Contractor shall conduct a yearly inventory for the duration of this contract and submit an updated inventory report to CMS.

The Contractor shall obtain CMS approval prior to any procurement made on behalf of the government.

16 Communications

The Contractor's Project Manager shall be on call during business hours for coordination with the GTL/SMEs, other designated representatives, and/or representatives of contractor-award work under other task orders. The Project Manager or qualified designee shall be available and accessible 24 hours a day, seven days a week to discuss operational issues with the GTL/SMEs.

CMS emphasizes the importance that the Contractor be proactive in notifying CMS of any developing situation that may impact operations, service to beneficiaries, or any other contractual issue. Contractor shall advise CMS, in advance whenever possible, of any indication that a potential problem may be developing. In the case of a known impending problem, Contractor shall be forthcoming with CMS to address the risks and to identify mitigation strategies.

17 Section 508

17.1 Section 508 – Accessibility of Electronic and Information Technology

(a) This task order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or

2. In the case of custom Electronic and Information Technology (EIT) being developed by a Contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the Contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The Contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the Contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)

(2) 36 CFR 1194 (508 Standards)
36 CFR Part 1194.22 (a – p)
36 CFR Part 1194.41 (a – c)
(3) www.access-board.gov/sec508/508standards.htm (508 Standards)

(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)
a. Information Technology – General Information
(http://www.cms.hhs.gov/InfoTechGenInfo/)

17.1.1 Section 508 – CMS

CMS follows the HHS standard for compliancy. The Contractor shall use the Agency's standard tool to test for compliancy; currently CMS is using the Digital Diagnostics tool. CMS is working towards full compliancy through CMS' release process. The Contractor shall continuously manage this effort during the design and update of any application, and provide any Product Accessibility Templates as requested. The Contractor shall help CMS to fix the applications and pages found to be non-compliant in the 508 reports, or as identified by CMS. The Contractor shall also provide CMS a Remediation Report following each release that details the progress of the remediation of the tools. If the Contractor could not remediate an application or page, a justification is necessary and a plan outlined for when the remediation will occur. This report is due with each release of the Websites.

17.2 Section 508 – Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, PWS, or TO the SOW, PWS, or TO shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. www.access-board.gov/sec508/508standards.htm (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information

provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the SOW, PWS, or TO, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this SOW, PWS, or TO:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

18 Security

The Website must operate under all CMS stated security standards. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA. The Contractor is also responsible for overseeing the development and completion of a corrective action plan for vulnerabilities noted during the testing. Security details can be found on CMS' Information Security Standards page located at http://www.cms.hhs.gov/InformationSecurity/14_Standards.asp.

18.1 System Security Plan (SSP) and Information Security Risk Assessment (RA)

It is required that all federal systems be covered by an SSP and each system have the level of risk to the agency assessed. The Contractor shall determine the level of risks for the new or modified system using the CMS Information Security RA Methodology and shall deliver the RA to CMS. For SSPs, CMS has established General Support Systems and Major Application Systems groupings covering CMS' major business functions. Each group has on file an associated SSP that is updated on an annual basis from the RAs for the individual systems within the group. If a system is not included within an existing grouping, the Contractor shall deliver a complete SSP for the new or modified system using the CMS SSP Methodology. Additional security related information can be found by going to http://www.cms.hhs.gov/InformationSecurity/01_Overview.asp as referenced in Section 19 in this SOW.

18.2 Correct Deficiencies

The Contractor shall correct any security deficiencies, conditions, weaknesses, findings, or gaps identified by all audits, reviews, evaluations, tests and assessments, including but not limited to, the Statement on Auditing Standards (SAS) – 70 Reviews, Inspector General Audits, self-

assessments such as the annual security controls testing as reported under FISMA, and Vulnerability Assessments in a timely manner.

The Contractor shall develop corrective action plans for all identified weaknesses, findings, gaps, or other deficiencies in accordance with the Business Partner System Security Manual (BPSSM) or as otherwise directed by CMS.

The Contractor shall correct weaknesses, findings, gaps, or other deficiencies within 90 calendar days of receipt of the final audit or evaluation report, unless authorized by CMS otherwise.

The Contractor shall validate and document that corrective actions are implemented, tested and effective. The Contractor shall also provide attestation and documentation of corrective actions to CMS upon request.

The Contractor shall provide corrective action plans and quarterly progress reports to CMS in accordance to the BPSSM or otherwise as directed by CMS.

18.3 Security Certification and Accreditation (C & A)

The Contractor shall comply with the CMS C&A methodology, policies, standards, procedures, and guidelines for Contractor facilities and systems. The CMS C&A methodology can be found on the CMS Website http://www.CMS.HHS.gov/it/security.

The Contractor shall undergo an independent evaluation and test of their systems security program in accordance with Section 912 of the MMA. The first test shall be completed prior to the Contractor commencing operation of the Website Maintenance and Support Services contract. The independent evaluation can be performed by CMS or a CMS approved contractor.

The Contractor shall conduct, at a minimum, annual vulnerability assessments including penetration tests of the Contractor's systems, program, and facility.

The Contractor shall support CMS validation and accreditation of the Contractor's systems and facilities in accordance with CMS C&A methodology.

19 Standards, Policies and Procedure References

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, the SOW shall take precedence. The Contractor shall comply with the Legislative and Executive Mandates of Section J.6 of the ESD ID/IQ, including but not limited to:

FEDERAL STANDARDS, POLICIES AND PROCEDURES

a. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191)
b. OMB Circular A-130 Management of Federal Information Resources, Appendix III, "Security of Federal Automated Information Systems"
c. MIL-HDBK-881 - Department of Defense Handbook, Work Breakdown Structure
d. DI-MGMT-81466 - Cost Performance Reporting
e. MIL-HDBK-61 - Configuration Management Guidance
f. American National Standards Institute (ANSI) /Electronic Industries Alliance (EIA) Standard 748-98, *Earned Value Management Standards*, May 1998

g. Privacy Act of 1974, as amended, 5 U.S.C. 552a (P.L. 93-579)
h. Rehabilitation Act, Section 508, Accessibility Standards
(1) 29 U.S.C 794d (Rehabilitation Act as amended)
(2) 36 CRF 1194 (508 Standards)
(3) www.access-board.gov/sec508/508standards.htm (508 standards)
(4) FAR 39.2 (Section 508)
i. OMB Federal Website Guidelines

CMS/DHHS STANDARDS, POLICIES AND PROCEDURES

Architecture

a. CMS Enterprise Architecture (http://www.CMS.HHS.gov/EnterpriseArchitecture/)
b. CMS Technical Reference Model (http://www.CMS.HHS.gov/EnterpriseArchitecture/04_FederalRefModel.asp)

Data Administration

a. Logical Data Design (http://www.cms.hhs.gov/DataAdmin/03_LogicalDataDesign.asp)
b. Physical Data Design (http://www.cms.hhs.gov/DataAdmin/04_PhysicalDataDesign.asp)
c. Model Management (http://www.cms.hhs.gov/DataAdmin/06_ModelManagement.asp)

Security

CMS IT Security (http://www.CMS.HHS.gov/InformationSecurity/)
Federal Information Security Management Act (FISMA) of 2002, Title III, Section 301: Information Security, E-Government Act of 2002 (P.L. 107-347)

Requirements Engineering

CMS Requirements Writer's Guide (http://www.cms.hhs.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp)

Database Administration (DBA)

CMS DBA Standards (http://www.CMS.HHS.gov/DBAdmin/01_Overview.asp)

Information Technology (IT) Project Management

IEEE/EIA Standard 12207.0-1996, Volume 4 "Guide to the Project Management Body of Knowledge"

System Development Life Cycle (SDLC) Standards and Deliverables

CMS Integrated IT Investment Management Roadmap (Roadmap) (http://www.CMS.HHS.gov/SystemLifecycleFramework/)

Web Development

a. DHHS Web Standards
b. Editorial Style Guide for CMS.HHS.gov (http://webrequests.cms.hhs.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7746)
c. Daily Operations Plan for CMS.HHS.gov

(http://webrequests.cms.hhs.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7427)

d. http://www.CMS.HHS.gov/InfoTechGenInfo/
e. Section 508 Standards (http://www.cms.hhs.gov/InfoTechGenInfo/03_Section508.asp)
f. CMS SEO Guidelines
g. .NET Developers Guide (.NET TRA)

Attachment A – Glossary

Computer Software Component (CSC) - A functionally or logically distinct part of a Computer Software Configuration Item (CSCI), typically an aggregate of two or more software units.

Computer Software Configuration Item (CSCI) - An aggregation of software that is designated for configuration management and treated as a single entity in the configuration management process. It is a logical element in the design. CSCIs may occur at different levels of a hierarchy and may consist of other CSCIs. Typically, a CSCI will exist for each major functional area within the software system such that each CSCI can be independently tested, integrated and managed throughout the system development life cycle. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61.

Earned Value – A method that allows both government and contractor program managers to have visibility into technical, cost and schedule progress on their contracts. The implementation of an earned value management system is a recognized function of program management. It ensures that cost, schedule and technical aspects of the contract are truly integrated.

Enterprise Systems Inventory Database (ESID) - CMS' inventory of business application systems, managed and maintained by Information Technology Architecture staff of the Office of Information Systems. ESID is available to all CMSNet users for viewing business application system information.

Health Insurance Claim Number (HICN) – **See Medicare Claim Number.**

Integration Testing - Testing in which software components, hardware components, or both are combined and tested to evaluate the interaction between them.

Medicare Claim Number – This is a unique identifier for a Medicare beneficiary, not an actual claim number. This number corresponds to the number found on the beneficiary's Medicare card. It is also known as the Health Insurance Claim Number or HICN.

Performance Measurement Baseline – A time-phased budget plan against which project performance is measured. It is formed by the budgets assigned to schedule control accounts and the applicable indirect budgets. For future effort, not planned to the control account level, the performance measurement baseline also includes budgets assigned to higher level work breakdown structure elements, and undistributed budgets. It equals the total allocated budget less management reserve.

Project - A temporary endeavor undertaken to create a unique project or service. *Temporary* means that every project has a definite beginning and a definite end. *Unique* means that the product or service is different in some distinguishing characteristic from all similar products or services. Projects are to be differentiated from ongoing operations of the organization.

Project Management - The application of knowledge, skills, tools and techniques to project activities in order to meet or exceed stakeholder expectations.

Service Level Agreement – This document describes the IT products and services to be provided, the expected quality and reliability of service, and the penalties and remedies the vendor faces for failure to perform as contracted.

Software Development Files (SDF) - This is a collection of material that is pertinent to the development of a given software unit or a set of related units. Contents typically include requirements, design, technical reports, code listings, test plans, test results, problem reports, schedules, and notes for the units.

Software Unit - The lowest level design component in the software hierarchy. Typically, this might be a single program or function. Optimally, a software unit will AVERAGE less than 100 SLOC.

Stress Testing - Testing conducted to evaluate a system or component at or beyond the limits of its specified requirements. The testing team subjects the system to an unreasonable load while denying it the resources needed to process that load, which will "stress" the system to the breaking point and, as a result, ensure that the break will not cause potentially harmful bugs; this must be conducted in a production-like environment.

Systems Development Life Cycle (SDLC) - A systems development lifecycle (SDLC) is any logical process used by a systems analyst to develop an information system, including requirements, validation, training, and user ownership. An SDLC should result in a high quality system that meets or exceeds customer expectations, within time and cost estimates, and works effectively and efficiently in the current and planned information technology infrastructure. An SDLC establishes a logical order of events for conducting system development that is controlled, measured, documented, and ultimately, improved. CMS has established a common SDLC framework that is based on the IEEE/EIA 12207.0 standard.

Technical Reference Model (TRM) - A model that identifies and defines the major CMS infrastructure services, applications, hardware, telecommunications and environment needed to support enterprise business functions, information and systems.

Traceability - The degree to which a relationship can be established between two or more products, especially products having a predecessor-successor or master-subordinate relationship to one another. An example is the degree to which the requirement and design of a given software component match.

Unit Testing - Testing of individual hardware or software units or groups of related units. For example, developers test their code as an isolated unit to ensure it functions correctly and to ensure all paths in the code logic are exercised and that boundary and error conditions are handled properly.

Validation Testing - Formal testing (1) conducted on a complete, integrated system to evaluate the system's compliance with its specified requirements, including stress testing; (2) to enable a user, customer, or other authorized entity to determine whether to accept a system or component (IEEE Std. 610-12-1990). Acceptance criteria include user requirements and system requirements.

Work Breakdown Structure (WBS) – A decomposition of the planned work effort into specific phases, tasks, activities, milestones and deliverables necessary to accomplish project objectives. A WBS is a task-oriented or deliverable-oriented grouping of identified elements or components of a project, which organizes and defines the total scope of the project. A WBS follows an outline structure where each descending level represents an increasingly detailed definition of a project component. Project components may be products or services. There are no time, cost, or resource assignments associated with a WBS.

Work Package – Detailed jobs, or material items, identified by The Contractor for accomplishing work required to complete the Contractor. A work package has the following characteristics: it represents units of work at levels where work is performed; it is clearly distinguished from all other work packages; is assigned a single organizational element; it has scheduled start and completion dates and, as applicable, interim milestones which are representative of physical accomplishment; it has a budget or assigned value expressed in terms of dollars, man-hours, or other measurable units; its duration is limited to a relatively short period of time, or it is subdivided by discrete value milestones to facilitate the objective measurement of work performed, or its level of effort; it is integrated with detailed engineering, manufacturing, or other schedules.

Attachment B – Earned Value Management (EVM) Sample Report

HHSM-OCIO IT Earned Value Management Process and Procedures

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 1 - WORK BREAKDOWN STRUCTURE DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 3.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. CONTRACT DATA								
a. QUANTITY	b. NEGOTIATED COST	c. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	d. TARGET PROFIT/ FEE	e. TARGET PRICE	f. ESTIMATED PRICE	g. CONTRACT CEILING	h. ESTIMATED CONTRACT CEILING	i. DATE OF OTB/OTS (YYYYMMDD)

6. ESTIMATED COST AT COMPLETION	MANAGEMENT ESTIMATE AT COMPLETION (1)	CONTRACT BUDGET BASE (2)	VARIANCE (3)
a. BEST CASE			
b. WORST CASE			
c. MOST LIKELY			

7. AUTHORIZED CONTRACTOR REPRESENTATIVE		
a. NAME (Last, First, Middle Initial)	b. TITLE	
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)

8. PERFORMANCE DATA

ITEM (1)	CURRENT PERIOD					CUMULATIVE TO DATE					REPROGRAMMING ADJUSTMENTS			AT COMPLETION		
	BUDGETED COST		ACTUAL COST	VARIANCE		BUDGETED COST		ACTUAL COST	VARIANCE							
	WORK SCHEDULED (2)	WORK PERFORMED (3)	WORK PERFORMED (4)	SCHEDULE (5)	COST (6)	WORK SCHEDULED (7)	WORK PERFORMED (8)	WORK PERFORMED (9)	SCHEDULE (10)	COST (11)	COST VARIANCE (12a)	SCHEDULE VARIANCE (12b)	BUDGET (13)	BUDGETED (14)	ESTIMATED (15)	VARIANCE (16)
a. WORK BREAKDOWN STRUCTURE ELEMENT																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																
9. RECONCILIATION TO CONTRACT BUDGET BASE																
a. VARIANCE ADJUSTMENT																
b. TOTAL CONTRACT VARIANCE																

DD FORM 2734/1, MAR 05 LOCAL REPRODUCTION AUTHORIZED.

CLASSIFICATION (When Filled In)

CPR Format 1

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 2 - ORGANIZATIONAL CATEGORIES DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average .6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. PERFORMANCE DATA

ITEM (1)	CURRENT PERIOD: BUDGETED COST WORK SCHEDULED (2)	CURRENT PERIOD: BUDGETED COST WORK PERFORMED (3)	CURRENT PERIOD: ACTUAL COST WORK PERFORMED (4)	CURRENT PERIOD: VARIANCE SCHEDULE (5)	CURRENT PERIOD: VARIANCE COST (6)	CUMULATIVE TO DATE: BUDGETED COST WORK SCHEDULED (7)	CUMULATIVE TO DATE: BUDGETED COST WORK PERFORMED (8)	CUMULATIVE TO DATE: ACTUAL COST WORK PERFORMED (9)	CUMULATIVE TO DATE: VARIANCE SCHEDULE (10)	CUMULATIVE TO DATE: VARIANCE COST (11)	REPROGRAMMING ADJUSTMENTS: COST VARIANCE (12a)	REPROGRAMMING ADJUSTMENTS: SCHEDULE VARIANCE (12b)	REPROGRAMMING ADJUSTMENTS: BUDGET (13)	AT COMPLETION: BUDGETED (14)	AT COMPLETION: ESTIMATED (15)	AT COMPLETION: VARIANCE (16)
a. ORGANIZATIONAL CATEGORY																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																

DD FORM 2734/2, MAR 05 LOCAL REPRODUCTION AUTHORIZED.

CLASSIFICATION (When Filled In)

CPR

Format 2

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 3 - BASELINE DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 6.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. CONTRACT DATA						
a. ORIGINAL NEGOTIATED COST	b. NEGOTIATED CONTRACT CHANGES	c. CURRENT NEGOTIATED COST (a. + b.)	d. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	e. CONTRACT BUDGET BASE (c. + d.)	f. TOTAL ALLOCATED BUDGET	g. DIFFERENCE (e. - f.)

h. CONTRACT START DATE (YYYYMMDD)	i. CONTRACT DEFINITIZATION DATE (YYYYMMDD)	j. PLANNED COMPLETION DATE (YYYYMMDD)	k. CONTRACT COMPLETION DATE (YYYYMMDD)	l. ESTIMATED COMPLETION DATE (YYYYMMDD)

6. PERFORMANCE DATA

ITEM	BCWS CUMULA-TIVE TO DATE	BCWS FOR REPORT PERIOD	BUDGETED COST FOR WORK SCHEDULED (BCWS) (Non-Cumulative) SIX MONTH FORCAST						ENTER SPECIFIED PERIODS					UNDIS-TRIBUTED BUDGET	TOTAL BUDGET
			+1	+2	+3	+4	+5	+6							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
a. PERFORMANCE MEASUREMENT BASELINE (Beginning of Period)															
b. BASELINE CHANGES AUTHORIZED DURING REPORT PERIOD															
c. PERFORMANCE MEASUREMENT BASELINE (End of Period)															
7. MANAGEMENT RESERVE															
8. TOTAL															

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PR Format 3

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 4 - STAFFING

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and revi

1. CONTRACTOR	2. CONTRACT	3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME	a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER	b. PHASE	b. TO (YYYYMMDD)
	c. TYPE / d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. PERFORMANCE DATA (All figures in whole numbers)

ORGANIZATIONAL CATEGORY	ACTUAL CURRENT PERIOD	ACTUAL END OF CURRENT PERIOD (Cumulative)	FORECAST (Non-Cumulative)											AT COMPLETION
			SIX MONTH FORECAST BY MONTH (Enter Names of Months)						ENTER SPECIFIED PERIODS					
			+1	+2	+3	+4	+5	+6						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
6. TOTAL DIRECT														

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CPR Format 4

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT FORMAT 5 - EXPLANATIONS AND PROBLEM ANALYSES				FORM APPROVED OMB No. 0704-0188
The public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev				
1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. EVALUATION

Discussion should include but is not limited to:

Summary Analysis
- Summary of Overall Contract Variances
- Differences between EAC's (Blocks 6.a, 6.b, 6.c, or Block 8.15)
- Changes in Undistributed Budget
- Changes in Management Reserve
- Significant timephasing shifts in Baseline (BCWS) (Format 3)
- Significant timephasing shifts or Overall Changes in Forecasted Staffing (Format 4)
- Discussion of Over Target Baseline and/or Over Target Schedule incorporation

Analysis of Significant Variances: (identify and describe each)
- Type and Magnitude of Variance
- Explanation of Significant Reasons
- Effect on Immediate Task
- Effect on Total Contract
- Corrective Actions Taken or Planned

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CPR Format 5

Attachment C – OBIS Application Matrix

See attached PDF "obis_web_app_matrix"

Attachment D – Data Sources for Medicare.gov Tools

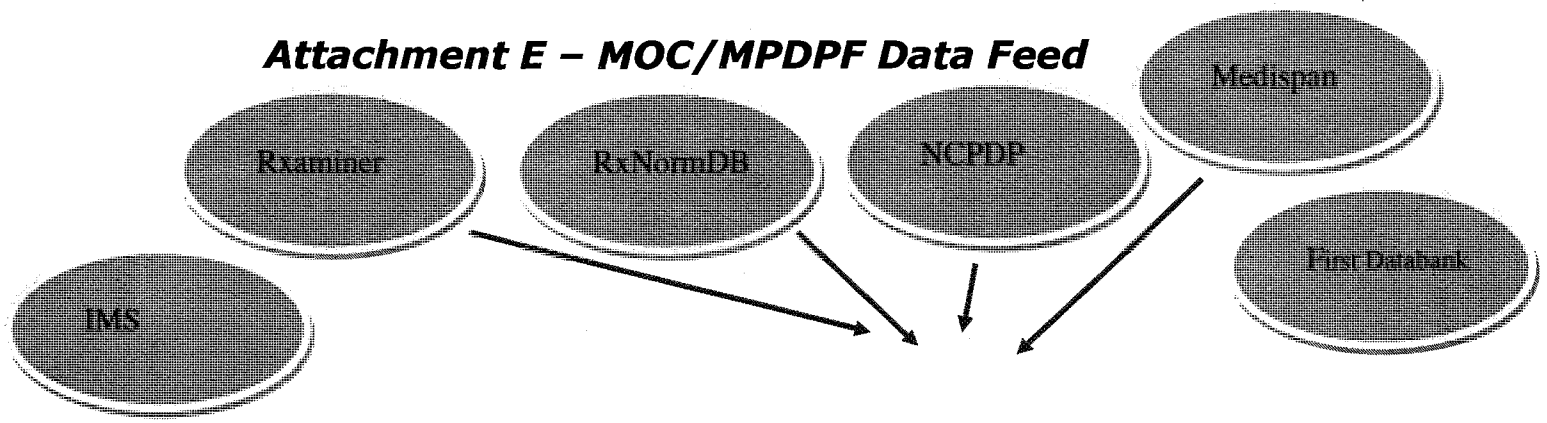
Application (Tool)	Associated Database	Data Source	Data
Dialysis Facility Compare (DFC)	DFC, Geography*	CMS/Office of Clinical Standards & Quality (OCSQ) • Quality Arbor Research • Standard Information Management Systems (SIMS) • Renal Management Information System (REMIS) • Program Management and Medical Information System (PMMIS)	Characteristics, Medical claims, payment and entitlement data on people with Medicare who have ESRD, 3 measures
Hospital Compare (HC)	HQI, Metrics, Geography*	CMS/Center for Drug & Health Plan Choice (CPC) CMS/Center for Medicare Management (CMM) CMS/Office of Information Services (OIS) CMS/Center for Medicaid & State Operations (CMSO) CMS/Office of External Affairs (OEA) CMS/OCSQ	HCAHPs Medicare Payment and Volume Demographics - OSCAR/ ASPEN Plain Language 7 Heart Attack care measures 4 Heart Failure care measures 7 Pneumonia care measures 7 Surgical care improvement project measures 3 Asthma care (children only) measures
Home Health Compare (HHC)	HHC, Geography*	CMS/CPC CMS/CMSO CMS/OCSQ	HHCAHPS Outcome and Assessment Information Set (OASIS) 3 measures for improvement in getting around

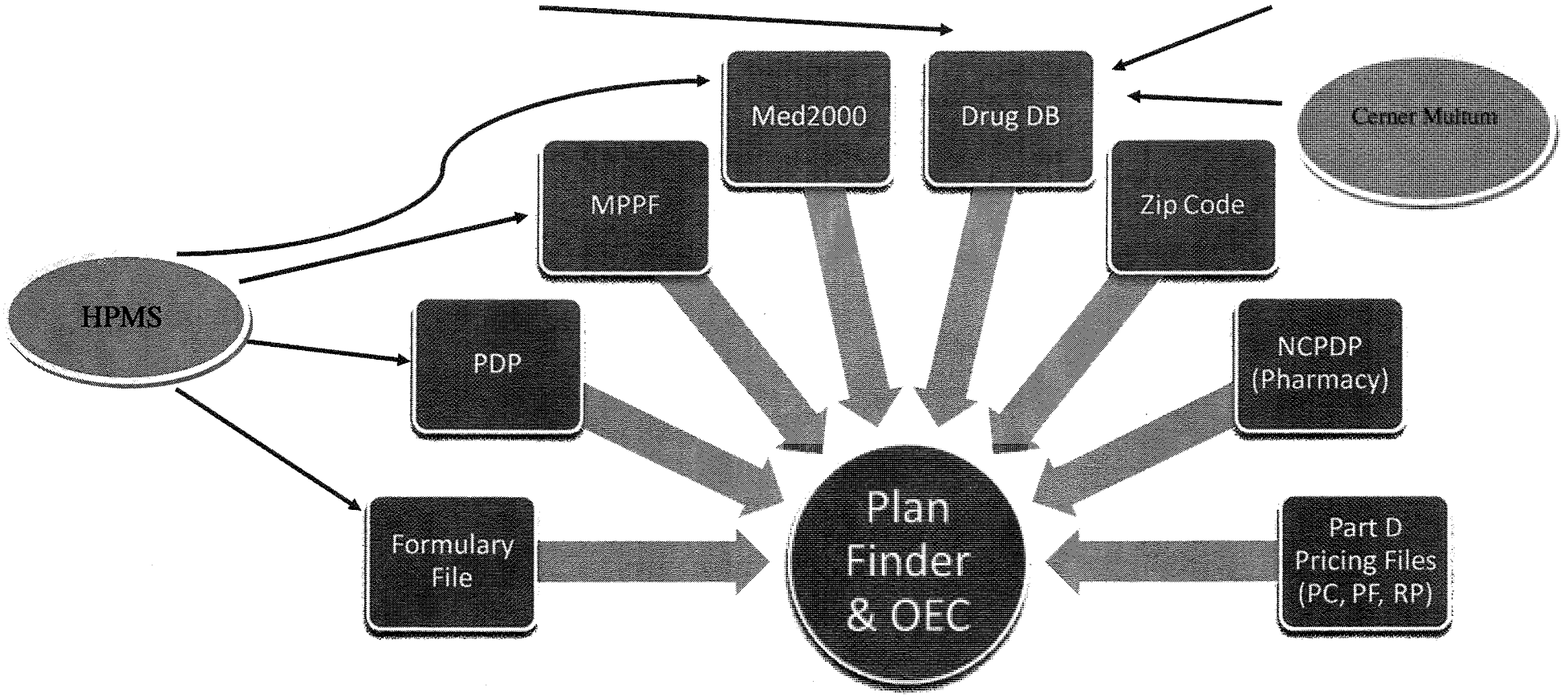
			4 measures for meeting the patient's activities of daily living 3 measures for patient medical emergencies 2 measures about how home healthcare ends
Nursing Home Compare (NHC)	NHC, Geography*	CMS/CMSO CMS/OEA CMS/OCSQ	Minimum Data Sets (MDS) Repository OSCAR/ASPEN - demographics Plain Language Health and Fire Safety Surveys and Complaint Survey deficiencies Nurse staffing 14 measures for long-stay residents 5 measures for short-stay residents
Physician and Other Healthcare Professional Directory (PHPD)	Physician, Geography*	Payment Enrollment Chain Ownership System (PECOS) PHPD Data Contractor National Plan and Provider Enumeration System (NPPES)	Physician Listings Foreign language, Gender, Residency information, Hospital Affiliation Physician Quality Reporting Initiative (PQRI)

Medicare Prescription Drug Plan Finder (MPDPF)	PDAP, PDP, Geography*	CMS/CPC Online Enrollment Center (OEC) database CMS/Health Plan Management System (HPMS) Electronics Services Support Contractor Medicare Beneficiary Database (MBD) To be proposed by contractor	Plan Ratings Data Enrollment Applications Plan Contact, Formulary, and Beneficiary Information Eligibility criteria and Contact information Enrollment and Eligibility data Drug database
Application (Tool)	Associated Databases	Data Source	Data
Medicare Options Compare (MOC)	Med2000, MGC, MPPF, Geography*	CMS/CPC Online Enrollment Center (OEC) database CMS/HPMS Electronics Services Support Contractor Medicare Beneficiary Database (MBD) To be proposed by contractor	Plan Ratings Data Enrollment Applications Plan Contact, Formulary, and Beneficiary Information Eligibility criteria and Contact information Enrollment and Eligibility data Drug database
Medicare Eligibility Tool (MET)		Social Security Administration (SSA)	Published information, Rate and eligibility info from press releases
Long-Term Care (LTC)		National Council on Aging (NCOA) CPC	Risk/Cost Calculator Static information
Helpful Contacts	Con, Geography*	Electronics Services Support Contractor CMS/Website Project Management Group (WPMG) CMS/Call Center Operations Group (CCOG)	Characteristics Characteristics Characteristics

Publications		CMS/OEA	Publications, Key words, related pubs, order information
Supplier Directory	Supplier, Geography*	National Supplier Clearance Warehouse	Characteristics, Participating and non-participating suppliers
Your Medicare Coverage (YMC)		CMS/OEA	Coverage Information, Services, Medical Equipment

**The Geography Database is used on many tools, though is only updated quarterly. This database provides relationships about states, states to counties, counties to zip codes, SSA and FIPS counties, cities to states and zip to cities. It is supplied by the United States Postal Service.*


Attachment E – MOC/MPDPF Data Feed
Rxaminer
RxNormDB
NCPDP
Medispan
First Databank
IMS


Med2000
Drug DB
Cerner Multum
MPPF
Zip Code
HPMS
PDP
NCPDP
(Pharmacy)
Formulary
File
Plan
Finder
& OEC
Part D
Pricing Files
(PC, PF, RP)

Attachment F – Licenses

CMS Owned

Item	Purpose	Qty
Corda Builder Maintenance	In support of Medicare.gov Graphing and chart functionalities	12
Corda Popchart Enterprise Maintenance	In support of Medicare.gov Graphing and chart functionalities	3
PopChart Enterprise Developer Maintenance	In support of Medicare.gov Graphing and chart functionalities	3
OptiMap Enterprise Maintenance	In support of Medicare.gov Graphing and chart functionalities	3
OptiMap Developer Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
Highwire Enterprise Maintenance Gold 4 CPU	In support of Medicare.gov Graphing and chart functionalities	3
Highwire Enterprise Developer 4 CPU	In support of Medicare.gov Graphing and chart functionalities	3
Repliweb Distribution Manager License	In support of CMS.gov file replication and content deployment	6
BrowserHawk Enterprise Edition 1 year Support and Maintenance	Browser support and attribute detection software in support of Medicare.gov & CMS.HHS.gov multi-browser capabilities	16
Google Maps for Enterprise	In support of Medicare.gov's Mapping, Directions, and Address Geocoding functionalities	1
RightNow Enterprise Suite	Provide support and hosting for the Frequently Asked Questions (FAQs) on the Websites and incident management for Website feedback.	1
Ephox EditLive! 1 – Production 1 – Development	Provide ability to implement an embedded content editor into the Stellent Content Management System to allow the end user the ability to submit and update content published to CMS.HHS.gov	2
Visual Studio Team Edition for Developer/Database with MSDN	In support of .NET migration effort for CMS Websites. These licenses are for developers to develop locally on their machine.	6
Visual Studio Team Foundation Server with MSDN	In support of .NET migration effort for CMS Websites.	1
Visual Studio Team Foundation Server User Client Access Licenses (CALs)	In support of .NET migration effort for CMS Websites.	1
Socrata Social Data Platform and Social Data Player	In support of Agency goals to make the datasets on the websites more accessible, interactive and more visual.	2

Contractor Acquired Property

Item	Purpose	Qty
NCOA Long Term Care	Contractor will renew this annually in February on CMS' behalf	1
USPS AIS Zip + 4	In support of the quarterly geography database updates	1
Visual Studio Team Edition for Developer/Database with MSDN	In support of .NET migration effort for CMS Websites. These licenses are for developers to develop locally on their machine.	17
Visual Studio Team Suite with MSDN	In support of .NET migration effort for CMS Websites.	2
Visual Studio Team Foundation Server with MSDN	In support of .NET migration effort for CMS Websites.	1
Visual Studio Team Foundation Server User Client Access Licenses (CALs)	In support of .NET migration effort for CMS Websites.	3
Licenses for third party data (this includes Cerner Multum, First Databank, Wolters Kluwer/Medispan, NCPDP, RxNormDB, Rxaminer, and IMS)	To support the operation of Plan Finder/Formulary Finder	
Corda Builder Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
Corda Popchart Enterprise Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
PopChart Enterprise Developer Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
BrowserHawk Enterprise Edition 1 year Support and Maintenance	Browser support and attribute detection software in support of Medicare.gov & CMS.HHS.gov multi-browser capabilities – 1 year support	8
BrowserHawk Professional Edition	Browser support and attribute detection software in support of Medicare.gov & CMS.HHS.gov multi-browser capabilities – 1 year support	15
Apple Leopard Operating System	To keep up with new MAC browsers that work with this OS only	2

Attachment G – Acronym List

ARS – Acceptable Risk Standards

ASP – Active Server Pages

BLL – Business Logic Layer

BPSSM – Business Partner System Security Manual

CAM – Cost Accounting Manager

CASE – Computer Aided Software Engineering

CCOG – Call Center Operations Group

CMM – Center for Medicare Management

CMS – Centers for Medicare & Medicaid Services

CMSO – Center for Medicaid & State Operations

COTR – Contracting Officer Technical Representative

COTS – Commercial-off-the-Shelf

CPC – Center for Drug & Health Plan Choice

CSC – Computer Software Component

CSCI – Computer Software Configuration Item

CSR – Customer Service Representative

DAL – Data Access Layer

DDD – Database Design Document

DDL – Data Definition Language

DFC – Dialysis Facility Compare

DLL – Dynamic Link Library

DME – Durable Medical Equipment

DUA – Data Use Agreement

EDC – Enterprise Data Center

EIT – Electronic and Information Technology

e-MSN – Electronic Medicare Summary Notice

ERD – Entity-Relationship Diagrams

ESD – Enterprise System Development

EVM – Earned Value Management

FF – Formulary Finder

FIPS – Federal Information Processing Standards

FISMA – Federal Information Security Management Act

GFI – Government Furnished Information

GFP – Government Furnished Property

GUI – Graphical User Interface

HC – Hospital Compare

HHC – Home Health Compare

HICN – Health Insurance Claim Number

HPMS – Health Plan Management System

IBR – Integrated Baseline Review

IRR – Implementation Readiness Review

IS RA – Information Security Risk Assessment

JOA – Joint Operating Agreement

JSP – Java Server Pages

LAN – Local Area Network

LCD – Local Coverage Determination

LIS – Limited Income Subsidy

LMRP – Local Medical Review Policies

LTC – Long-Term Care

MBD – Medicare Beneficiary Database

MBP – Medicare Beneficiary Portal (aka MyMedicare.gov)

MDS – Minimum Data Sets

MET – Medicare Eligibility Tool

MKS - Mortice Kern Systems Content Management Tool

MMA – Medicare Modernization Act

MOC – Medicare Options Compare

MPDPF – Medicare Prescription Drug Plan Finder

MSN – Medicare Summary Notice

MSP – Medicare Secondary Payer

NCD – National Coverage Determinations

NCOA – National Council on Aging

NGD – Next Generation Desktop

NHC – Nursing Home Compare

NPPES – National Plan and Provider Enumeration System

OASIS – Outcome and Assessment Information Set

OBIS – Office of Beneficiary Information Services

OCSQ – Office of Clinical Standards & Quality

OEA – Office of External Affairs

OEC – Online Enrollment Center

OIS – Office of Information Services

OSCAR - Online Survey Certification and Reporting System

PDP – Prescription Drug Plan

PDR – Preliminary Design Review

PECOS – Provider Enrollment and Chain Ownership System

PHPD – Physician and Other Healthcare Professional Directory

PMB – Performance Measurement Baseline

PMBOK – Project Management Body of Knowledge

PMMIS – Program Management and Medical Information System

PO – Project Officer

POD – Print-on-Demand

PQRI – Physician Quality Reporting Initiative

QA – Quality Assurance

RAM – Responsibility Assignment Matrix

REMIS – Renal Management Information System

RSS – Really Simple Syndication

SAS – Statement on Auditing Standards

SCE – Software Capability Evaluation

SCM – Software Configuration Management

SDIF – Software Development and Integration Facility

SDLC – System Development Life Cycle

SDMP – System Development Management Plan

SEO – Search Engine Optimization

SFTP - Secure File Transfer Protocol

SIMS – Standard Information Management Systems

SLA – Service Level Agreement

SLOC – Source Lines of Code

SOA – Service-Oriented Architecture

SOAP – Simple Object Access Protocol

SOW – Statement of Work

SQL – Structured Query Language

SSA – Social Security Administration

SSL – Secure Socket Layer

SSP – System Security Plan

SyRS – System Requirements Specification

TRM – Technical Reference Model

UAT – User Acceptance Test

UCM – Oracle Universal Content Management System

VB/COM – Visual Basic/Component Object Model

VCS – Virtual Call Center Strategy

VDD – Version Description Document

VRR – Validation Readiness Review

WAN – Wide Area Network

WBS – Work Breakdown Structure

WPMG – Website Project Management Group

YMC – Your Medicare Coverage

Attachment H – Release Schedule Information

Medicare.gov

1 Release/Month with updates on 3-4 of the tools.
Each Release generally has 1 Bugfix and 1 Hotfix

CMS.HHS.gov

Frequent updates for Static Pages
Monthly Releases for Major Application Level changes with updates throughout the year

MyMedicare.gov

Major Quarterly Releases
One smaller Release each Month

TASK ORDER CLAUSES

1. CONFIDENTIALITY

As a result of this task order, the Contractor may have access to confidential information (i.e. information considered proprietary as well as information that may fall under the Privacy Act). The Contractor shall not disclose any such information or findings to any parties other than the Contracting Officer's Technical Representative (COTR) and staff assigned to this effort. Appropriate administrative, technical, procedural and physical safeguards shall be established by the Contractor to protect the confidentiality of the data and to prevent unauthorized access to such data.

2. CODE OF CONDUCT

Effective June 9, 2004, smoking is not permitted anywhere on the CMS single site campus. This includes all areas outside the building, such as off-site facility, entranceways, sidewalks and parking areas. Smoking will not be permitted anywhere in Regional Offices or Washington, D.C. Office locations unless permitted by GSA guidelines or local landlord requirements. Contractor employees are subject to the same restrictions as government personnel. Fines up to $50 per occurrence will be issued and enforced by the Federal Protective Service.

The preferred dress codes at CMS facilities are professional attire, business attire or business casual attire.

3. HIPAA BUSINESS ASSOCIATE PROVISION II

Definitions:

All terms used herein and not otherwise defined shall have the same meaning as in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA," 42 U.S.C. sec. 1320d) and the corresponding implementing regulations. Provisions governing the Contractor's duties and obligations under the Privacy Act (including data use agreements) are covered elsewhere in the contract.
"Business Associate" shall mean the Contractor.
"Covered Entity" shall mean CMS' Medicare Fee for Service program and/or Medicare's Prescription Drug Discount Care and Transitional Assistance Programs.
"Secretary" shall mean the Secretary of the Department of Health and Human Services or the Secretary's designee.

Obligations and Activities of Business Associate

(a) Business Associate agrees to not use or disclose Protected Health Information ("PHI"), as defined in 45 C.F.R. § 160.103, created or received by Business Associate from or on behalf of Covered Entity other than as permitted or required by this Contract or as required by law.

(b) Business Associate agrees to use safeguards to prevent use or disclosure of PHI created or received by Business Associate from or on behalf of Covered Entity other than as provided for by this Contract. Furthermore, Business Associate agrees to use appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic protected health information ("EPHI"), as defined in 45 C.F.R. 160.103, it creates, receives, maintains or transmits on behalf of the Covered Entity to prevent use or disclosure of such EPHI.
(c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Contract.
(d) Business Associate agrees to report to Covered Entity any use or disclosure involving PHI it receives/maintains from/on behalf of the Covered Entity that is not provided for by this Contract of which it becomes aware. Furthermore, Business Associate agrees to report to Covered Entity any security incident involving EPHI of which it becomes aware.
(e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Contract to Business Associate with respect to such information. Furthermore, Business Associate agrees to ensure that its agents and subcontractors implement reasonable and appropriate safeguards for the PHI received from or on behalf of the Business Associate.
(f) Business Associate agrees to provide access, at the request of Covered Entity, to PHI received by Business Associate in the course of contract performance, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR § 164.524.
(g) Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 upon request of Covered Entity.
(h) Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, available to Covered Entity, or to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the various rules implementing the HIPAA.
(i) Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.
(j) Business Associate agrees to provide to Covered Entity, or an individual identified by the Covered Entity, information collected under this Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

Permitted Uses and Disclosures by Business Associate

Except as otherwise limited in this Contract, Business Associate may use or disclose PHI on behalf of, or to provide services to, Covered Entity for purposes of the performance of this Contract, if such use or disclosure of PHI would not violate the HIPAA Privacy or Security

Rules if done by Covered Entity or the minimum necessary policies and procedures of Covered Entity.

Obligations of Covered Entity

(a) Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
(b) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
(c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Privacy or Security Rules.

Term of Provision

(a) The term of this Provision shall be effective as of June 1, 2006, and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
(b) Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
(1) Provide an opportunity for Business Associate to cure the breach or end the violation consistent with the termination terms of this Contract. Covered Entity may terminate this Contract for default if the Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; or

(2) Consistent with the terms of this Contract, terminate this Contract for default if Business Associate has breached a material term of this Contract and cure is not possible; or

(3) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(c) Effect of Termination.

(1) Except as provided in paragraph (2) of this section, upon termination of this Contract, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

(2) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon such notice that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Contract to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

Miscellaneous

(a) A reference in this Contract to a section in the Rules issued under HIPAA means the section as in effect or as amended.
(b) The Parties agree to take such action as is necessary to amend this Contract from time to time as is necessary for Covered Entity to comply with the requirements of the Rules issued under HIPAA.
(c) The respective rights and obligations of Business Associate under paragraph (c) of the section entitled "term of Provision" shall survive the termination of this Contract.
(d) Any ambiguity in this Contract shall be resolved to permit Covered Entity to comply with the Rules implemented under HIPAA.

4. FAR 52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000)

(a) The Government may extend the term of this contract by written notice to the Contractor within the period of performance of the task order; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 30 days before the task order expires. The preliminary notice does not commit the Government to an extension.
(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.
(c) The total duration of this task order, including the exercise of any options under this clause, shall not exceed 5 years.

5. OPTIONS

The Government has the authority to exercise any option periods or optional tasks during the period of performance of the task order.

6. SECURITY CLAUSE -Background - Investigations for Contractor Personnel

If applicable, Contractor personnel performing services for CMS under this contract, task order or delivery order shall be required to undergo a background investigation. CMS will initiate and pay for any required background investigation(s).

After contract award, the CMS COTR and the Security and Emergency Management Group (SEMG), with the assistance of the Contractor, shall perform a position-sensitivity analysis based on the duties contractor personnel shall perform on the contract, task order or delivery order. The results of the position-sensitivity analysis will determine first, whether the provisions of this clause are applicable to the contract and second, if applicable, determine each position's sensitivity level (i.e., high risk, moderate risk or low risk) and dictate the appropriate level of background investigation to be processed. Investigative packages may contain the following forms:

1. SF-85, Questionnaire for Non-Sensitive Positions, 09/1995
2. SF-85P, Questionnaire for Public Trust Positions, 09/1995
3. OF-612, Optional Application for Federal Employment, 12/2002
4. OF-306, Declaration for Federal Employment, 01/2001
5. Credit Report Release Form
6. FD-258, Fingerprint Card, 5/99, and
7. CMS-730A, Request for Physical Access to CMS Facilities (NON-CMS ONLY), 11/2003.

The Contractor personnel shall be required to undergo a background investigation commensurate with one of these position-sensitivity levels:

1) High Risk (Level 6)
Public Trust positions that would have a potential for exceptionally serious impact on the integrity and efficiency of the service. This would include computer security of a major automated information system (AIS). This includes positions in which the incumbent's actions or inaction could diminish public confidence in the integrity, efficiency, or effectiveness of assigned government activities, whether or not actual damage occurs, particularly if duties are especially critical to the agency or program mission with a broad scope of responsibility and authority.

Major responsibilities that would require this level include:

a. development and administration of CMS computer security programs, including direction and control of risk analysis and/or threat assessment;
b. significant involvement in mission-critical systems;
c. preparation or approval of data for input into a system which does not necessarily involve personal access to the system but with relatively high risk of causing grave damage or realizing significant personal gain;
d. other responsibilities that involve relatively high risk of causing damage or realizing personal gain;
e. policy implementation;
f. higher level management duties/assignments or major program responsibility; or
g. independent spokespersons or non-management position with authority for independent action.

Approximate cost of each investigation: $2,900

2) Moderate Risk (Level 5)

Level 5 Public Trust positions include those involving policymaking, major program responsibility, and law enforcement duties that are associated with a "Moderate Risk." Also included are those positions involving access to or control of unclassified sensitive, proprietary information, or financial records, and those with similar duties through which the incumbent can realize a significant personal gain or cause serious damage to the program or Department.

Responsibilities that would require this level include:

a. the direction, planning, design, operation, or maintenance of a computer system and whose work is technically reviewed by a higher authority at the High Risk level to ensure the integrity of the system;
b. systems design, operation, testing, maintenance, and/or monitoring that are carried out under the technical review of a higher authority at the High Risk level;
c. access to and/or processing of information requiring protection under the Privacy Act of 1974;
d. assists in policy development and implementation;
e. mid-level management duties/assignments;
f. any position with responsibility for independent or semi-independent action; or
g. delivery of service positions that demand public confidence or trust.

Approximate cost of each investigation: $2,400

3) Low Risk (Level 1)

Positions having the potential for limited interaction with the agency or program mission, so the potential for impact on the integrity and efficiency of the service is small. This includes computer security impact on AIS.

Approximate cost of each investigation: $550

The Contractor shall submit the investigative package(s) to SEMG within three (3) days after being advised by the SEMG of the need to submit packages. Investigative packages shall be submitted to the following address:

Centers for Medicare & Medicaid Services
Office of Operations Management
Security and Emergency Management Group
Mail Stop SL-13-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850

The Contractor shall submit a copy of the transmittal letter to the Contracting Officer (CO).

Contractor personnel shall submit a CMS-730A (Request for Badge) to the SEMG (see attachment in Section J). The Contractor and the PO shall obtain all necessary signatures on the CMS-730A prior to any Contractor employee arriving for fingerprinting and badge processing.

The Contractor must appoint a Security Investigation Liaison as a point of contact to resolve any issues of inaccurate or incomplete form(s). Where personal information is involved, SEMG may need to contact the contractor employee directly. The Security Investigation Liaison may be required to facilitate such contact.

SEMG will fingerprint contractor personnel and send their completed investigative package to the Office of Personnel Management (OPM). OPM will conduct the background investigation. Badges will not be provided by SEMG until acceptable finger print results are received; until then the contractor employee will be considered an escorted visitor. The Contractor remains fully responsible for ensuring contract, task order or delivery order performance pending completion of background investigations of contractor personnel.

SEMG shall provide written notification to the CO with a copy to the COTR of all suitability decisions. The COTR shall then notify the Contractor in writing of the approval of the Contractor's employee(s), at that time the Contractor's employee(s) will receive a permanent identification badge. Contractor personnel who the SEMG determines to be ineligible may be required to cease working on the contract immediately.

The Contractor shall report immediately in writing to SEMG with copies to the CO and the COTR, any adverse information regarding any of its employees that may impact their ability to perform under this contract, task order or delivery order. Reports should be based on reliable and substantiated information, not on rumor or innuendo. The report shall include the contractor employee's name and social security number, along with the adverse information being reported.

Contractor personnel shall be provided an opportunity to explain or refute unfavorable information found in an investigation to SEMG before an adverse adjudication is made. Contractor personnel may request, in writing, a copy of their own investigative results by contacting:

Office of Personnel Management
Freedom of Information
Federal Investigations Processing Center
PO Box 618
Boyers, PA 16018-0618.

At the Agency's discretion, if an investigated contractor employee leaves the employment of the contractor, or otherwise is no longer associated with the contract, task order, or delivery order within one (1) year from the date the background investigation was initiated by CMS, then the Contractor may be required to reimburse CMS for the full cost of the investigation. Depending upon the type of background investigation conducted, the cost could be approximately $550 to $2,900. The amount to be paid by the Contractor shall be due and payable when the CO submits

a written letter notifying the Contractor as to the cost of the investigation. The Contractor shall pay the amount due within thirty (30) days of the date of the CO's letter by check made payable to the "United States Treasury." The Contractor shall provide a copy of the CO's letter as an attachment to the check and submit both to the Office of Financial Management at the following address:

Centers for Medicare & Medicaid Services
PO Box 7520
Baltimore, Maryland 21207

The Contractor must immediately provide written notification to SEMG (with copies to the CO and the PO) of all terminations or resignations of Contractor personnel working on this contract, task order or delivery order. The Contractor must also notify SEMG (with copies to the CO and the COTR) when a Contractor's employee is no longer working on this contract, task order or delivery order.

At the conclusion of the contract, task order or delivery order and at the time when a contractor employee is no longer working on the contract, task order or delivery order due to termination or resignation, all CMS-issued parking permits, identification badges, access cards, and/or keys must be promptly returned to SEMG. Contractor personnel who do not return their government-issued parking permits, identification badges, access cards, and/or keys within 48 hours of the last day of authorized access shall be permanently barred from the CMS complex and subject to fines and penalties authorized by applicable federal and State laws.

Work Performed Outside the United States and its Territories

The contractor, and its subcontractors, shall not perform any activities under this contract at a location outside of the United States, including the transmission of data or other information outside the United States, without the prior written approval of the Contracting Officer. The factors that the Contracting Officer will consider in making a decision to authorize the performance of work outside the United States include, but are not limited to the following:

1. All contract terms regarding system security
2. All contract terms regarding the confidentiality and privacy requirements for information and data protection
3. All contract terms that are otherwise relevant, including the provisions of the statement of work
4. Corporate compliance
5. All laws and regulations applicable to the performance of work outside the United States
6. The best interest of the United States

In requesting the Contracting Officer's authorization to perform work outside the United States, the contractor must demonstrate that the performance of the work outside the United States satisfies all of the above factors. If, in the Contracting Officer's judgment, the above factors are

not fully satisfied, the performance of work outside the United States will not be authorized. Any approval to employ or outsource work outside of the United States must have the concurrence of the CMS SEMG Director or designee.

7. CMS INFORMATION SECURITY CLAUSE

This clause applies to all organizations which possess or use Federal information, or which operate, use or have access to Federal information systems (whether automated or manual), on behalf of CMS.

The central tenet of the CMS Information Security (IS) Program is that all CMS information and information systems shall be protected from unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft—whether accidental or intentional. The security safeguards to provide this protection shall be risk-based and business-driven with implementation achieved through a multi-layered security structure. All information access shall be limited based on a least-privilege approach and a need-to-know basis, i.e., authorized user access is only to information necessary in the performance of required tasks. Most of CMS' information relates to the health care provided to the nation's Medicare and Medicaid beneficiaries, and as such, has access restrictions as required under legislative and regulatory mandates.

The CMS IS Program has a two-fold purpose:

(1) To enable CMS' business processes to function in an environment with commensurate security protections, and

(2) To meet the security requirements of federal laws, regulations, and directives.

The principal legislation for the CMS IS Program is Public Law (P.L.) 107-347, Title III, *Federal Information Security Management Act of 2002 (FISMA),* http://csrc.nist.gov/drivers/documents/FISMA-final.pdf. FISMA places responsibility and accountability for IS at all levels within federal agencies as well as those entities acting on their behalf. FISMA directs Office of Management and Budget (OMB) through the Department of Commerce, National Institute of Standards and Technology (NIST), to establish the standards and guidelines for federal agencies in implementing FISMA and managing cost-effective programs to protect their information and information systems. As a contractor acting on behalf of CMS, this legislation requires that **the Contractor shall**:

- Establish senior management level responsibility for IS,
- Define key IS roles and responsibilities within their organization,
- Comply with a minimum set of controls established for protecting all Federal information, and
- Act in accordance with CMS reporting rules and procedures for IS.

Additionally, the following laws, regulations and directives and any revisions or replacements of same have IS implications and are applicable to all CMS contractors.

- P.L. 93-579, *The Privacy Act of 1974,* http://www.usdoj.gov/oip/privstat.htm , (as amended);
- P.L. 99-474, *Computer Fraud & Abuse Act of 1986,* www.usdoj.gov/criminal/cybercrime/ccmanual/01ccma.pdf P.L. 104-13, *Paperwork Reduction Act of 1978*, as amended in 1995, U.S. Code 44 Chapter 35, www.archives.gov/federal-register/laws/paperwork-reduction;
- P.L. 104-208, *Clinger-Cohen Act of 1996* (formerly known as the Information Technology Management Reform Act), http://www.cio.gov/Documents/it_management_reform_act_Feb_1996.html;
- P.L. 104-191, *Health Insurance Portability and Accountability Act of 1996* (formerly known as the Kennedy-Kassenbaum Act) http://aspe.hhs.gov/admnsimp/pl104191.htm;
- OMB Circular No. A-123, *Management's Responsibility for Internal Control*, December 21, 2004, http://www.whitehouse.gov/omb/circulars/a123/a123_rev.html;
- OMB Circular A-130, *Management of Federal Information Resources*, Transmittal 4, November 30, 2000, http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html;
- NIST standards and guidance, http://csrc.nist.gov/; and,
- Department of Health and Human Services (DHHS) regulations, policies, standards and guidance http://www.hhs.gov/policies/index.html

These laws and regulations provide the structure for CMS to implement and manage a cost-effective IS program to protect its information and information systems. Therefore, **the Contractor shall** monitor and adhere to all IT policies, standards, procedures, directives, templates, and guidelines that govern the CMS IS Program, http://www.cms.hhs.gov/informationsecurity and the CMS System Lifecycle Framework, http://www.cms.hhs.gov/SystemLifecycleFramework.

The Contractor shall comply with the CMS IS Program requirements by performing, but not limited to, the following:

- Implement their own IS program that adheres to CMS IS policies, standards, procedures, and guidelines, as well as industry best practices;
- Participate and fully cooperate with CMS IS audits, reviews, evaluations, tests, and assessments of contractor systems, processes, and facilities;
- Provide upon request results from any other audits, reviews, evaluations, tests and/or assessments that involve CMS information or information systems;
- Report and process corrective actions for all findings, regardless of the source, in accordance with CMS procedures;
- Document its compliance with CMS security requirements and maintain such documentation in the systems security profile;
- Prepare and submit in accordance with CMS procedures, an incident report to CMS of any suspected or confirmed incidents that may impact CMS information or information systems; and

- Participate in CMS IT information conferences as directed by CMS.

If the contractor believes that an updated IS-related requirement posted to the CMS website may result in a significant cost impact, the contractor may submit a request for equitable cost adjustment before implementing change.

8. SECTION 508, Accessibility of Electronic and Information Technology (EIT)

A. This contract is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as amended by the Workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow all Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

B. The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

C. Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CRF 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

    1. Cancellation of the contract, delivery or task order, purchase order, or line item without termination liabilities; or

    2. In the case of custom EIT being developed by a Contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed, by itself, or by another firm for the non-compliant EIT, with the Contractor liable for reimbursement to the Government for any expenses incurred thereby.

D. The contractor must ensure that all EIT products that are less tan fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy this contract's requirements.

E. For every EIT product or service accepted under this contract by the Government that does not comply with 36 CRF 1194, the contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if

commercially available and cost neutral, on either the planned refresh cycle of the product or service, or on the contract renewal/effective option date, whichever shall occur first.

9. TRAVEL

Travel costs are to be reimbursed based upon the Federal Travel Regulations. Payment for travel is based on actual expenses incurred and the contractor is to maintain all receipts/vouchers for expense verification.

10. KEY PERSONNEL

The following individuals are identified as Key Personnel for this task order:

Individual	Labor Category
(b)(4)	Project Manger
	Application Architect & Deputy Project Manager
	Development Manager MyMedicare.gov focus
	Development Manager Medicare.gov/CMS.HHS.gov focus
	Development Manager Part D focus
	Development Manager CMS.HHS.gov Modernization Lead
	Systems/Security Manager
	Transition Manager

Prior to diverting/changing any of the specified key personnel to other programs, the contractor shall notify the Contracting Officer and COTR reasonably in advance and shall submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No diversion/changes shall be made by the Contractor without the consent of the COTR and the Contracting Officer.

11. CERTIFICATION OF FILING AND PAYMENT OF FEDERAL TAXES (March 2008)

(a) The offeror certifies that, to the best of its knowledge and belief:

1) It has filed all Federal tax returns required during the three years preceding this certification;

2) It has not been convicted of a criminal offense under the Internal Revenue Code of 1986; and

3) It has not been notified of any unpaid Federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

(b) The signature on the offer is considered to be a certification by the offeror under this provision.

12. FAR 52.203-13 CONTRACTOR CODE OF BUSINESS ETHICS AND CONDUCT.

As prescribed in 3.1004(a), insert the following clause:

Contractor Code of Business Ethics and Conduct (Dec 2008)

(a) *Definitions.* As used in this clause—
"Agent" means any individual, including a director, an officer, an employee, or an independent Contractor, authorized to act on behalf of the organization.
"Full cooperation"—

(1) Means disclosure to the Government of the information sufficient for law enforcement to identify the nature and extent of the offense and the individuals responsible for the conduct. It includes providing timely and complete response to Government auditors' and investigators' request for documents and access to employees with information;
(2) Does not foreclose any Contractor rights arising in law, the FAR, or the terms of the contract. It does not require—

(i) A Contractor to waive its attorney-client privilege or the protections afforded by the attorney work product doctrine; or
(ii) Any officer, director, owner, or employee of the Contractor, including a sole proprietor, to waive his or her attorney client privilege or Fifth Amendment rights; and

(3) Does not restrict a Contractor from—

(i) Conducting an internal investigation; or
(ii) Defending a proceeding or dispute arising under the contract or related to a potential or disclosed violation.

"Principal" means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity (*e.g.*, general manager; plant manager; head of a subsidiary, division, or business segment; and similar positions).
"Subcontract" means any contract entered into by a subcontractor to furnish supplies or services for performance of a prime contract or a subcontract.

"Subcontractor" means any supplier, distributor, vendor, or firm that furnished supplies or services to or for a prime contractor or another subcontractor.

"United States," means the 50 States, the District of Columbia, and outlying areas.

(b) *Code of business ethics and conduct.*

(1) Within 30 days after contract award, unless the Contracting Officer establishes a longer time period, the Contractor shall—

(i) Have a written code of business ethics and conduct; and

(ii) Make a copy of the code available to each employee engaged in performance of the contract.

(2) The Contractor shall—

(i) Exercise due diligence to prevent and detect criminal conduct; and

(ii) Otherwise promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law.

(3)

(i) The Contractor shall timely disclose, in writing, to the agency Office of the Inspector General (OIG), with a copy to the Contracting Officer, whenever, in connection with the award, performance, or closeout of this contract or any subcontract thereunder, the Contractor has credible evidence that a principal, employee, agent, or subcontractor of the Contractor has committed—

(A) A violation of Federal criminal law involving fraud, conflict of interest, bribery, or gratuity violations found in Title 18 of the United States Code; or

(B) A violation of the civil False Claims Act (31 U.S.C. 3729-3733).

(ii) The Government, to the extent permitted by law and regulation, will safeguard and treat information obtained pursuant to the Contractor's disclosure as confidential where the information has been marked "confidential" or "proprietary" by the company. To the extent permitted by law and regulation, such information will not be released by the Government to the public pursuant to a Freedom of Information Act request, 5 U.S.C. Section 552, without prior notification to the Contractor. The Government may transfer documents provided by the Contractor to any department or agency within the Executive Branch if the information relates to matters within the organization's jurisdiction.

(iii) If the violation relates to an order against a Governmentwide acquisition contract, a multi-agency contract, a multiple-award schedule contract such as the Federal Supply Schedule, or any other procurement instrument intended for use by multiple agencies, the Contractor shall notify the OIG of the ordering agency and the IG of the agency responsible for the basic contract.

(c) Business ethics awareness and compliance program and internal control system. This paragraph (c) does not apply if the Contractor has represented itself as a small business concern pursuant to the award of this contract or if this contract is for the acquisition of a commercial item as defined at FAR 2.101. The Contractor shall establish the following within 90 days after contract award, unless the Contracting Officer establishes a longer time period:

(1) An ongoing business ethics awareness and compliance program.

(i) This program shall include reasonable steps to communicate periodically and in a practical manner the Contractor's standards and procedures and other aspects

of the Contractor's business ethics awareness and compliance program and internal control system, by conducting effective training programs and otherwise disseminating information appropriate to an individual's respective roles and responsibilities.

(ii) The training conducted under this program shall be provided to the Contractor's principals and employees, and as appropriate, the Contractor's agents and subcontractors.

(2) An internal control system.

(i) The Contractor's internal control system shall—

(A) Establish standards and procedures to facilitate timely discovery of improper conduct in connection with Government contracts; and

(B) Ensure corrective measures are promptly instituted and carried out.

(ii) At a minimum, the Contractor's internal control system shall provide for the following:

(A) Assignment of responsibility at a sufficiently high level and adequate resources to ensure effectiveness of the business ethics awareness and compliance program and internal control system.

(B) Reasonable efforts not to include an individual as a principal, whom due diligence would have exposed as having engaged in conduct that is in conflict with the Contractor's code of business ethics and conduct.

(C) Periodic reviews of company business practices, procedures, policies, and internal controls for compliance with the Contractor's code of business ethics and conduct and the special requirements of Government contracting, including—

(1) Monitoring and auditing to detect criminal conduct;

(2) Periodic evaluation of the effectiveness of the business ethics awareness and compliance program and internal control system, especially if criminal conduct has been detected; and

(3) Periodic assessment of the risk of criminal conduct, with appropriate steps to design, implement, or modify the business ethics awareness and compliance program and the internal control system as necessary to reduce the risk of criminal conduct identified through this process.

(D) An internal reporting mechanism, such as a hotline, which allows for anonymity or confidentiality, by which employees may report suspected instances of improper conduct, and instructions that encourage employees to make such reports.

(E) Disciplinary action for improper conduct or for failing to take reasonable steps to prevent or detect improper conduct.

(F) Timely disclosure, in writing, to the agency OIG, with a copy to the Contracting Officer, whenever, in connection with the award, performance, or closeout of any Government contract performed by the Contractor or a subcontract thereunder, the Contractor has credible evidence that a principal, employee, agent, or subcontractor of the Contractor has committed a violation of Federal criminal law involving

fraud, conflict of interest, bribery, or gratuity violations found in Title 18 U.S.C. or a violation of the civil False Claims Act (31 U.S.C. 3729-3733).

(1) If a violation relates to more than one Government contract, the Contractor may make the disclosure to the agency OIG and Contracting Officer responsible for the largest dollar value contract impacted by the violation.

(2) If the violation relates to an order against a Governmentwide acquisition contract, a multi-agency contract, a multiple-award schedule contract such as the Federal Supply Schedule, or any other procurement instrument intended for use by multiple agencies, the contractor shall notify the OIG of the ordering agency and the IG of the agency responsible for the basic contract, and the respective agencies' contracting officers.

(3) The disclosure requirement for an individual contract continues until at least 3 years after final payment on the contract.

(4) The Government will safeguard such disclosures in accordance with paragraph (b)(3)(ii) of this clause.

(G) Full cooperation with any Government agencies responsible for audits, investigations, or corrective actions.

(d) *Subcontracts*.

(1) The Contractor shall include the substance of this clause, including this paragraph (d), in subcontracts that have a value in excess of $5,000,000 and a performance period of more than 120 days.

(2) In altering this clause to identify the appropriate parties, all disclosures of violation of the civil False Claims Act or of Federal criminal law shall be directed to the agency Office of the Inspector General, with a copy to the Contracting Officer.

13. POST AWARD EVALUATION OF CONTRACTOR PERFORMANCE

a. Contractor Performance Evaluations

Interim annual, and final evaluations of contractor performance will be prepared on this contract in accordance with FAR 42.15. The final performance evaluation will be prepared at the time of completion of work. At the discretion of the Contracting Officer, interim evaluations should be considered. Annual evaluations shall be prepared to coincide with the anniversary date of the contract.

A copy of all evaluations should be provided to the Contractor as soon as practicable after completion of the annual and final evaluation. The Contractor will be permitted thirty (30) days to review the document and to submit additional information or a rebutting statement. Any disagreement between the parties regarding an evaluation will be referred to the Deputy Director, Acquisition and Grants Group, whose decision will be final.

Copies of the evaluation, contractor responses, and review comments, if any, will be retained as part of the contract file, and will be used to support future award decisions.

b. Electronic Access to Contractor Performance Evaluations

Contractors that have Internet capability may access evaluations through a secure Web site for review and comment by completing the registration form that can be obtained at the following address: https://cpscontractor.nih.gov.

To register, simply logon and click on the "Register Here" link. This site provides instructions on how to register and offers computer-based training for contractors through the "CPS Contractor On-Line Training" hyperlink. There is no fee for registration or use of this system. Electronic evaluations are available to registered contractors for review 30 days from the date the evaluation is sent.

The registration process requires the contractor to identify an individual that will serve as a primary contact and who will be authorized access to the evaluation for review and comment. In addition, the contractor will be required to identify an alternate contact who will be responsible for notifying the cognizant contracting official in the event the primary contact is unavailable to process the evaluation within the required 30-day time frame.

14. APPROVAL OF CONTRACT ACQUIRED INFORMATION TECHNOLOGY (IT)

A. The Contractor must obtain the Contracting Officer's written approval prior to the acquisition of any IT investments (see FAR Part 2.101, for definition of IT) to ensure compatibility and successful integration with CMS's infrastructure/architecture.

B. In the performance of a system life cycle development project, the Contractor must submit to the COTR the technical specifications for each of the following incremental phase of the projected life cycle prior to the commencement of work:

1. Design and Engineering
2. Development, and
3. Testing

C. Upon written approval from the Contracting Officer, the Contractor shall commence work under the approved technical specification for the authorized incremental phase.

D. In either instance of an approved IT investment acquisition, or an incremental phase of a system life cycle development project, the contract shall be modified accordingly and the Contractor shall proceed.

E. CMS may disallow any contractor incurred cost that would not be allocated to the approved IT investment acquisition.

15. INDIRECT RATES CLAUSE

In accordance with Federal Acquisition Regulation (FAR) (48 CFR Chapter 1) Clause 52.216-7(d)(2), Allowable Cost and Payment incorporated by reference in this contract in Part II, Section I, the cognizant Contracting Officer representative responsible for negotiating provisional and/or final indirect cost rates is identified below:

Director, Division of Financial Advisory Services
Office of Acquisition Management and Policy
National Institutes of Health
6100 Building, Room 6B05
6100 Executive Blvd. MSC-7540
Bethesda, MD. 20892-7540

16. INDIRECT RATE CEILINGS

Indirect Rate	Proposed Rate	Rate Ceiling
Overhead	(b)(4)	
G&A		
Subcontractor Handling		

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 6

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000006	See Block 16C	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS,OAGM,ITG,DMITSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DMITSC	Ryan Kooy Contract Specialist 410-786-6637	AGG/RK

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-00015I
HHSM-500-T0007

10B. DATED *(SEE ITEM 13)* 04/30/2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)* Net Increase: $3,843,946.00
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
x	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-2 Changes, Cost Reimbursement, Alt 1
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to:
1. Fund additional work for Option Year 1;
2. Exercise and fund Optional Tasks 3E, Physician Compare Enhancements, and Optional Task 5K, Incremental Socrate DB Work;
3. Incorporate a revised Statement of Work into Section C of the contract; and
4. Revise Section G, Contract Administration Data.
Delivery Location Code: N/A
Not Applicable

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Richard J. Martin Vice President	Phyllis Lewis

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Richard J Martin *(Signature of person authorized to sign)*	9/19/11	Phyllis Lewis *(Signature of Contracting Officer)*	9/19/2011

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Period of Performance: 04/30/2011 to 04/29/2012				
	Add Item 0014 as follows:				
0014	Fund additional work to Option Period 1 Requisition No: 813-1-0615-03				(b)(4)
	Accounting Info: 15830615-7510511-252Z Funded: (b)(4)				
	Add Item 0015 as follows:				
0015	Fund additional work to Option Period 1. Requisition No: 813-1-3708-10				(b)(4)
	Accounting Info: 15996745-7510511-252Z Funded: (b)(4)				
	Add Item 0016 as follows:				
0016	Fund additional work to Option Period 1. Requisition No: 778-1-1575-19				(b)(4)
	Accounting Info: 15992835-75X0511-252Z Funded: (b)(4)				
	Add Item 0017 as follows:				
0017	Fund additional work to Option Period 1 Requisition No: 778-1-2024-04				(b)(4)
	Accounting Info: 15772024-75X8393-252Z Funded: (b)(4)				
	Add Item 0018 as follows:				
0018	Fund additional work to Option Period 1. Requisition No: 772-1-0478-10				(b)(4)
	Accounting Info: 15850478-7510511-252Z Funded: (b)(4)				
	Add Item 0019 as follows:				
	Continued ...				

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0019	Fund additional work to Option Period 1. Requisition No: 752-1-3359-32 Accounting Info: 15993359-75X0516-252Z Funded: (b)(4) Add Item 0020 as follows:				(b)(4)
0020	Fund additional work to Option Period 1. Requisition No: 813-1-0455-17 Accounting Info: 15810455-7510511-252Z Funded: (b)(4) Add Item 0021 as follows:				(b)(4)
0021	Fund additional work to Option Period 1 and Fund Optional Tasks 3E and 5K. Requisition No: 813-1-3708-11 Accounting Info: 15996745-7510511-252Z Funded: (b)(4) Add Item 0022 as follows:				(b)(4)
0022	Fund additional work to Option Period 1. Requisition No: 726-1-1733-11 Accounting Info: 15901733-7510511-252Z Funded: (b)(4) Add Item 0023 as follows:				(b)(4)
0023	Fund additional work to Option Period 1. Requisition No: 101-1-1033-14 Accounting Info: 15992600-7510519/-252Z Funded: (b)(4) Add Item 0024 as follows:				(b)(4)
0024	Fund additional work to Option Period 1 Requisition No: 501-1-5218-02 Accounting Info: Continued ...				

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	15992604-7510519-252Z Funded: (b)(4) [redacted]				

1. As a result of this modification the total estimated Cost-Plus-Fixed-Fee (CPFF) for this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	$3,843,946	$77,417,357	$81,261,303

Contract sections B, C, and G are revised as follows:

SECTION B – SUPPLIES OR SERVICES AND PRICES/COST

a. The following table establishes the estimated CPFF value for this contract:

	Period of Performance	Estimated Cost	Fixed Fee	Cost Plus Fixed Fee
Base Period*	4/30/2010-4/29/2011	(b)(4)		
Unexercised Optional Tasks	4/30/2010-4/29/2011			
Option Period 1**	**4/30/2011-4/29/2012**			
Option Period 2	4/30/2012-4/29/2013			
Option Period 3	4/30/2013-4/29/2014			
Option Period 4	4/30/2014-4/29/2015			
Total		**$ 75,945,197**	**$5,316,106**	**$ 81,261,303**

* Includes exercised optional tasks.
** Includes exercising Optional Task 3E, Physician Compare Enhancements, and Optional Task 5K, Incremental Socrate DB Work.

b. As a result of this modification to Option Period 1 the total current funding on this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	$3,843,946	$36,448,720	$40,292,666

END OF SECTION B

2. SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

The Statement of Work (SOW) is hereby revised in accordance with the attached revised SOW, dated June 30, 2011.

END OF SECTION C

3. SECTION G – CONTRACT ADMINISTRATION DATA

	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Base	0001A	768-0-0455-01	7500511	5810455	252Z	(b)(4)
Base	0001B	768-0-5218-02	7575X8005	5999213	252Z	
Base	0001C	768-0-3708-10	7500511	5996745	252Z	
Base	0001D	768-0-3708-11	7500511	5996745	252Z	
Mod 1	0001	765-0-7182-01	75X0119	5996084	252Z	
Mod 1	0002	772-0-0478-05	7500511	5850478	257Q	
Mod 1	0003	772-0-0478-06	7500511	5850478	257Q	
Mod 1	0004	768-0-3708-22	7500511	5996745	252Z	
Mod 1	0005	726-0-8129-06	759/30511	5992120	252Z	
Mod 1	0006	752-0-7212-01	75X0119	5996061	252Z	
Mod 1	0007	765-0-7183-01	75X0119	5996084	252Z	
Mod 1	0008	768-0-0455-14	7500511	5810455	252Z	
Mod 1	0009	767-0-1813-14	7500511	5921813	252Z	
Mod 2	0010	752-1-3359-03	75X0516	15993359	252Z	
Mod 3	0011	752-1-3359-03	75X0516	15993359	252Z	
Mod 4	0012	813-1-0455-06	7500511	15810455	252Z	
Mod 4	0013	813-1-3708-03	7500511	15996745	252Z	
Mod 5	0010	752-1-3359-03	75X0516	15993359	252Z	
Mod 6	0014	813-1-0615-03	7510511	15830615	252Z	
Mod 6	0015	813-1-3708-10	7510511	15996745	252Z	
Mod 6	0016	778-1-1575-19	75X0511	15992835	252Z	
Mod 6	0017	778-1-2024-04	75X8393	15772024	252Z	
Mod 6	0018	772-1-0478-10	7510511	15850478	252Z	
Mod 6	0019	752-1-3359-32	75X0516	5993359	252Z	
Mod 6	0020	813-1-0455-17	7510511	15810455	252Z	
Mod 6	0021	813-1-3708-11	7510511	15996745	252Z	
Mod 6	0022	726-1-1733-11	7510511	15901733	252Z	
Mod 6	0023	101-1-1033-14	7510519	15992600	252Z	
Mod 6	0024	501-1-5218-02	7510519	15992604	252Z	
			Total Amount Funded			**$40,292,666**

END OF SECTION G

All other terms and conditions in the contract remain unchanged and in full force and effect.

END OF MODIFICATION

Attachment: Statement of Work "Website Maintenance and Support Services Task Order" dated 6/30/2011

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 4

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000007	See Block 16C	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS, OAGM, ITG, DMITSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DMITSC	Ryan Kooy Contract Specialist 410-786-6637	AGG/RK

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*		9A. AMENDMENT OF SOLICITATION NO.
CGI Federal Inc. Attn: Elizabeth M. Burton 12601 Fair Lakes Circle Fairfax VA 22033-3408	(x)	9B. DATED *(SEE ITEM 11)*
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-00015I HHSM-500-T0007
		10B. DATED *(SEE ITEM 13)* 04/30/2010

CODE 7032276000	FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

Net Increase: $4,258,197.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-2 Changes, Cost Reimbursement, Alt 1
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to:
1. Fund additional work for Option Period 1;
2. Fully fund option period that was incrimentally funded;
3. Incorporate revised Statement of Work into Section C of the contract; and
4. Revise Section G, Contract Administration Data.
Delivery Location Code: N/A
Not Applicable

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
Richard J. Martin VP		Phyllis Lewis	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Richard J. Martin *(Signature of person authorized to sign)*	9/21/11	Phyllis Lewis *(Signature of Contracting Officer)*	9/22/2011

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Period of Performance: 04/30/2011 to 04/29/2012 Add Item 0025 as follows:				
0025	Fund Additional Work to Option Year 1 Requisition No: 888-1-7207-07 Accounting Info: 15992630-7510120.005-252Z Funded: (b)(4)				(b)(4)
	Add Item 0026 as follows:				
0026	Fund Additional Work to Option Year 1 Requisition No: 813-1-3708-14 Accounting Info: 15996745-7510511-252Z Funded: (b)(4)				(b)(4)
	Add Item 0027 as follows:				
0027	Fund Additional Work to Option Year 1 Requisition No: 401-1-3004-06 Accounting Info: 15992603-7510/519-252Z Funded: (b)(4)				(b)(4)
	Add Item 0028 as follows:				
0028	Fund Option Year 1 Requisition No: 501-1-5218-03 Accounting Info: 15992604-7510519-252Z Funded: (b)(4)				(b)(4)
	Add Item 0029 as follows:				
0029	Fund Additional Work to Option Year 1 and Fund Option Year 1 Requisition No: 221-1-0721-01 Accounting Info: 15992630-75X0120.005-252Z Funded: (b)(4)				(b)(4)

1. As a result of this modification the total estimated Cost-Plus-Fixed-Fee (CPFF) for this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	$1,899,902	$81,261,303	**$83,161,205**

Contract sections B, C, and G are revised as follows:

SECTION B – SUPPLIES OR SERVICES AND PRICES/COST

a. The following table establishes the estimated CPFF value for this contract:

	Period of Performance	Estimated Cost	Fixed Fee	Cost Plus Fixed Fee
Base Period*	4/30/2010-4/29/2011	(b)(4)		
Unexercised Optional Tasks	4/30/2010-4/29/2011			
Option Period 1*	**4/30/2011-4/29/2012**			
Option Period 2	4/30/2012-4/29/2013			
Option Period 3	4/30/2013-4/29/2014			
Option Period 4	4/30/2014-4/29/2015			
Total		**$ 77,720,806**	**$5,440,399**	**$ 83,161,205**

* Includes exercised optional tasks.

b. As a result of this modification to Option Period 1 the total current funding on this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	$4,258,197	$40,292,666	**$44,550,863**

END OF SECTION B

2. SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

The Statement of Work (SOW) is hereby revised in accordance with the attached revised SOW, dated September 01, 2011.

END OF SECTION C

3. SECTION G – CONTRACT ADMINISTRATION DATA

	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Base	0001A	768-0-0455-01	7500511	5810455	252Z	(b)(4)
Base	0001B	768-0-5218-02	7575X8005	5999213	252Z	
Base	0001C	768-0-3708-10	7500511	5996745	252Z	
Base	0001D	768-0-3708-11	7500511	5996745	252Z	
Mod 1	0001	765-0-7182-01	75X0119	5996084	252Z	
Mod 1	0002	772-0-0478-05	7500511	5850478	257Q	
Mod 1	0003	772-0-0478-06	7500511	5850478	257Q	
Mod 1	0004	768-0-3708-22	7500511	5996745	252Z	
Mod 1	0005	726-0-8129-06	759/30511	5992120	252Z	
Mod 1	0006	752-0-7212-01	75X0119	5996061	252Z	
Mod 1	0007	765-0-7183-01	75X0119	5996084	252Z	
Mod 1	0008	768-0-0455-14	7500511	5810455	252Z	
Mod 1	0009	767-0-1813-14	7500511	5921813	252Z	
Mod 2	0010	752-1-3359-03	75X0516	15993359	252Z	
Mod 3	0011	752-1-3359-03	75X0516	15993359	252Z	
Mod 4	0012	813-1-0455-06	7500511	15810455	252Z	
Mod 4	0013	813-1-3708-03	7500511	15996745	252Z	
Mod 5	0010	752-1-3359-03	75X0516	15993359	252Z	
Mod 6	0014	813-1-0615-03	7510511	15830615	252Z	
Mod 6	0015	813-1-3708-10	7510511	15996745	252Z	
Mod 6	0016	778-1-1575-19	75X0511	15992835	252Z	
Mod 6	0017	778-1-2024-04	75X8393	15772024	252Z	
Mod 6	0018	772-1-0478-10	7510511	15850478	252Z	
Mod 6	0019	752-1-3359-32	75X0516	5993359	252Z	
Mod 6	0020	813-1-0455-17	7510511	15810455	252Z	
Mod 6	0021	813-1-3708-11	7510511	15996745	252Z	
Mod 6	0022	726-1-1733-11	7510511	15901733	252Z	
Mod 6	0023	101-1-1033-14	7510519	15992600	252Z	
Mod 6	0024	501-1-5218-02	7510519	15992604	252Z	
Mod 7	0025	888-1-7207-07	7510120.005	15992630	252Z	
Mod 7	0026	813-1-3708-14	7510511	15996745	252Z	
Mod 7	0027	401-1-3004-06	7510/519	15992603	252Z	
Mod 7	0028	501-1-5218-03	7510519	15992604	252Z	
Mod 7	0029	221-1-0721-01	75X0120.005	15992630	252Z	
			Total Amount Funded			**$44,550,863**

END OF SECTION G

All other terms and conditions in the contract remain unchanged and in full force and effect.

END OF MODIFICATION

Attachment: Statement of Work "Website Maintenance and Support Services Task Order" dated 09/01/2011.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
		1 5

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
000008	04/30/2012	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE
CMS, OAGM, ITG, DMITSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DMITSC	Ryan Kooy Contract Specialist 410-786-6637	AGG/RK

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		9A. AMENDMENT OF SOLICITATION NO.
CGI Federal Inc. Attn: Elizabeth M. Burton 12601 Fair Lakes Circle Fairfax VA 22033-3408	(X)	9B. DATED (SEE ITEM 11)
	X	10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-000151 HHSM-500-T0007
		10B. DATED (SEE ITEM 13) 04/30/2010
CODE 7032276000	FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule

Net Increase: $20,500,076.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-2 Changes, Cost Reimbursement, Alt 1
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to:
1. Incorporate additional work for Option Period 2;
2. Fully Fund Option Period 2;
3. Incorporate revised Statement of Work into Section C of the contract; and
4. Revise Section G, Contract Administration Data.
Delivery Location Code: N/A
Not Applicable

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
Richard J. Martin, VP	Phyllis Lewis

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Richard J. Martin (Signature of person authorized to sign)	4/24/12	Phyllis Lewis (Signature of Contracting Officer)	4/26/2012

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Period of Performance: 04/30/2012 to 04/29/2013 Add Item 0030 as follows:				
0030	Option Period 2 Funding Requisition No: 950-2-3708-05 Accounting Info: 25996745-7520511-252Z---3708 CAN Number: 25996745 Appropriation: 7520511 Object Class: 252Z Project #: 3708 Funded: [redacted] Add Item 0031 as follows:				(b)(4) [redacted]
0031	Option Period 2 Funding Requisition No: 772-2-0478-03 Accounting Info: 25850478-7520511-252Z---0478 CAN Number: 25850478 Appropriation: 7520511 Object Class: 252Z Project #: 0478 Funded: [redacted] Add Item 0032 as follows:				[redacted]
0032	Option Period 2 Funding Requisition No: 950-2-5218-01 Accounting Info: 25992604-7512/0519-252Z---5218 CAN Number: 25992604 Appropriation: 7512/0519 Object Class: 252Z Project #: 5218 Funded: [redacted] Add Item 0033 as follows:				[redacted]
0033	Option Period 2 Funding Requisition No: 950-2-0455-10 Accounting Info: 25810455-7520511-252Z---0455 CAN Number: 25810455 Appropriation: 7520511 Object Class: 252Z Project #: 0455 Funded: [redacted] Add Item 0034 as follows:				[redacted]
0034	Option Period 2 Funding Requisition No: 752-2-3359-04 Continued ...				(b)(4) [redacted]

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Accounting Info: 25993359-75X0516-252Z---3359 CAN Number: 25993359 Appropriation: 75X0516 Object Class: 252Z Project #: 3359 Funded: [redacted] Add Item 0035 as follows:				
0035	Option Period 2 Funding Requisition No: 181-2-7344-10 Accounting Info: 25992901-75X-0511-252Z---7344 CAN Number: 25992901 Appropriation: 75X-0511 Object Class: 252Z Project #: 7344 Funded: [redacted] Add Item 0036 as follows:				[redacted]
0036	Option Period 2 Funding Requisition No: 181-2-7344-09 Accounting Info: 25992901-75X-0511-252Z---7344 CAN Number: 25992901 Appropriation: 75X-0511 Object Class: 252Z Project #: 7344 Funded: [redacted]				(b)(4) [redacted]

A. As a result of this modification the total estimated Cost-Plus-Fixed-Fee (CPFF) for this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	$ 9,241,381	$ 83,161,205	**$ 92,402,586**

SECTION B – SUPPLIES OR SERVICES AND PRICES/COST

a. The following table establishes the estimated CPFF value for this contract:

Contract Period	Period of Performance	Estimated Cost	Fixed Fee	Cost Plus Fixed Fee
Base Period*	4/30/2010-4/29/2011	(b)(4)		
Unexercised Optional Tasks	4/30/2010-4/29/2011			
Option Period 1*	4/30/2011-4/29/2012			
Option Period 2	**4/30/2012-4/29/2013**			
Option Period 3	4/30/2013-4/29/2014			
Option Period 4	4/30/2014-4/29/2015			
Total		**$86,361,451**	**$6,041,135**	**$ 92,402,586**

* Includes exercised optional tasks.

b. As a result of this modification to Option Period 2 the total current funding on this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	$20,500,076	$44,550,863	**$65,050,939**

END OF SECTION B

1. SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

The Statement of Work (SOW) is hereby revised in accordance with the attached revised SOW, dated April 13, 2012.

END OF SECTION C

2. SECTION G – CONTRACT ADMINISTRATION DATA

a. Accounting and Appropriation Data, is hereby revised as follows:

Mod #	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Total obligated amount for Items 0001 through 0029						(b)(4)
Mod 8	30	950-2-3708-05	7520511	25996745	252Z	
Mod 8	31	772-2-0478-03	7520511	5850478	252Z	
Mod 8	32	950-2-5218-01	7512/0519	25992604	252Z	
Mod 8	33	950-2-0455-10	7520511	25810455	252Z	
Mod 8	34	752-2-3359-04	75X0516	5993359	252Z	
Mod 8	35	181-2-7344-10	75X/0511	25992901	252Z	
Mod 8	36	181-2-7344-09	75X/0511	25992901	252Z	
			Total Amount Funded			**$65,050,939**

b. Subcontract Consents

(1) To facilitate the review of a proposed subcontract by the COR and the Contracting Officer, the Contractor shall submit the information required by the FAR Clause 52.244-2 entitled, "Subcontracts" to the Contracting Officer. The Contracting Officer shall review the request for subcontract approval and the COR's recommendation and advise the Contractor of his/her decision to consent to or dissent from the proposed subcontract, in writing.

(2) Consent is hereby given to issue the following subcontract(s):

(b)(4)

END OF SECTION G

All other terms and conditions in the contract remain unchanged and in full force and effect.

END OF MODIFICATION

Attachment: Statement of Work "Website Maintenance and Support Services Task Order" dated 04/13/2012.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 5

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
000009	See Block 16C	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE
CMS,OAGM,ITG,DMITSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DMITSC	Ryan Kooy Contract Specialist 410-786-6637	AGG/RK

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		
CGI Federal Inc. Attn: Elizabeth M. Burton 12601 Fair Lakes Circle Fairfax VA 22033-3408	(x)	9A. AMENDMENT OF SOLICITATION NO.
		9B. DATED (SEE ITEM 11)
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-00015I HHSM-500-T0007
		10B. DATED (SEE ITEM 13) 04/30/2010

CODE 7032276000	FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule

Net Increase: $12,393,476.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-2 Changes, Cost Reimbursement, Alt 1
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to:
1. Incorporate additional work for Option Period 2;
2. Incorporate revised Statement of Work into Section C of the contract; and
4. Revise Section G, Contract Administration Data.
Delivery Location Code: N/A
Not Applicable

Period of Performance: 04/30/2012 to 04/29/2013
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
Richard J. Martin, Vice President	Phyllis Lewis

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Richard J Mart (Signature of person authorized to sign)	9/17/12	Phyllis Lewis (Signature of Contracting Officer)	9/17/2012

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Add Item 0037 as follows:				
0037	Additional Funding OY 2 Requisition No: CM-393-2012-0119 Accounting Info: 5995818-75X0511-252z-767-2-8208-03 CAN Number: 5995818 Appropriation: 75X0511 Object Class: 252z Component ID: 767 Fiscal Year: 2 Project #: 8208 Sequence #: 03 Funded: [redacted]				[redacted]
	Add Item 0038 as follows:				
0038	Additional Funding OY 2 Requisition No: OC-393-2012-0067 Accounting Info: 5996745-7520511-252z-950-2-3708-08 CAN Number: 5996745 Appropriation: 7520511 Object Class: 252z Component ID: 950 Fiscal Year: 2 Project #: 3708 Sequence #: 08 Funded: [redacted]				[redacted]
	Add Item 0039 as follows:				
0039	Additional Funding OY 2 Requisition No: OC-393-2012-0077 Accounting Info: 5996720-7520511-252z-950-2-0769-01 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252z Component ID: 950 Fiscal Year: 2 Project #: 0769 Sequence #: 01 Funded: [redacted]				[redacted]
	Add Item 0040 as follows:				
0040	Additional Funding OY 2 Requisition No: OC-393-2012-0068 Accounting Info: 5996720-7520511-252Z-950-2-0764-04 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252Z Component ID: 950 Fiscal Year: 2 Project #: 0764 Sequence #: 04 Funded: [redacted]				[redacted]
	Add Item 0041 as follows: Continued ...				

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0041	Additional Funding OY 2 Requisition No: OCSQ-393-2012-0236 Accounting Info: 25992592-75 12/0519-252z-726-2-5306-01 CAN Number: 25992592 Appropriation: 75 12/0519 Object Class: 252z Component ID: 726 Fiscal Year: 2 Project #: 5306 Sequence #: 01 Funded: [redacted] Add Item 0042 as follows:				[redacted]
0042	Additional Funding OY 2 Requisition No: CMMI-393-2012-0101 Accounting Info: 25991055-75x0522-252z-817-2-7840-17 CAN Number: 25991055 Appropriation: 75x0522 Object Class: 252z Component ID: 817 Fiscal Year: 2 Project #: 7840 Sequence #: 17 Funded: [redacted] Add Item 0043 as follows:				[redacted]
0043	Additional Funding OY 2 Requisition No: OC-393-2012-0107 Accounting Info: 5996720-7520511-252z-950-2-0764-18 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252z Component ID: 950 Fiscal Year: 2 Project #: 0764 Sequence #: 18 Funded: [redacted]				[redacted]

A. As a result of this modification the total estimated Cost-Plus-Fixed-Fee (CPFF) for this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	**$ 12,393,476**	**$ 92,402,587**	**$ 104,796,063**

SECTION B – SUPPLIES OR SERVICES AND PRICES/COST

a. The following table establishes the estimated CPFF value for this contract:

Contract Period	Period of Performance	Estimated Cost	Fixed Fee	Cost Plus Fixed Fee	Total Funded
Base Period*	4/30/2010-4/29/2011	(b)(4)			
Unexercised Optional Tasks	4/30/2010-4/29/2011				
Option Period 1*	4/30/2011-4/29/2012				
Option Period 2	**4/30/2012-4/29/2013**				
Option Period 3	4/30/2013-4/29/2014				
Option Period 4	4/30/2014-4/29/2015				
Total		**$ 97,946,698**	**$6,849,365**	**$ 104,796,063**	**$77,444,415**

* Includes exercised optional tasks.

b. As a result of this modification to Option Period 2 the total current funding on this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	**$ 12,393,476**	**$ 65,050,939**	**$ 77,444,415**

END OF SECTION B

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

The Statement of Work (SOW) is hereby revised in accordance with the attached revised SOW, dated June 26, 2012.

END OF SECTION C

SECTION G – CONTRACT ADMINISTRATION DATA

a. Accounting and Appropriation Data, is hereby revised as follows:

Mod #	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Total obligated amount for Items 0001 through 0036						(b)(4)
Mod 9	37	CM-393-2012-0119	75X0511	5995818	252Z	
Mod 9	38	OC-393-2012-0067	7520511	5996745	252Z	
Mod 9	39	OC-393-2012-0077	7520511	5996720	252Z	
Mod 9	40	OC-393-2012-0068	7520511	5996720	252Z	
Mod 9	41	OCSQ-393-2012-0236	7512/0519	25992592	252Z	
Mod 9	42	CMMI-393-2012-0101	75X0522	5991055	252Z	
Mod 9	43	OC-393-2012-0107	7520511	5996720	252Z	
			Total Amount Funded			**$77,444,415**

END OF SECTION G

All other terms and conditions in the contract remain unchanged and in full force and effect.

END OF MODIFICATION

Attachment: Statement of Work "Website Maintenance and Support Services Task Order" dated 06/26/2012.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 4

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000001	See Block 16C	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS, OAGM, AGG, DBSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	DBSC	Michael Adkins Contract Specialist 410-786-8147	AGG/MA

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-00015I
HHSM-500-T0007

10B. DATED *(SEE ITEM 13)* 04/30/2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)* Net Increase: $4,511,380.00
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* FAR 52.217-9 OPTION TO EXTEND TERM OF THE CONTRAT (MAR 2000)

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to:

A. Provide [redacted] in additional funding to the Base Year
B. Exercise Optional tasks 5B, 5I, 5J and 5H
C. Provide [redacted] in funding for the exercised optional tasks

The total estimated cost is [redacted] and a fixed fee of [redacted] for a total CPFF of [redacted].

Period of Performance: 04/30/2010 to 04/29/2011

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Richard J. Martin, Vice President	DEBRA A. HOFFMAN

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Richard J Mart *(Signature of person authorized to sign)*	9/30/10	Debra A. Hoffman *(Signature of Contracting Officer)*	09/29/2010 SEP 30 2010

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Add Item 0001 as follows:				
0001	Modification 000001 Requisition No: 765-0-7182-01 Accounting Info: 05996084-75X0119-252Z Funded: [redacted]				(b)(4) [redacted]
	Add Item 0002 as follows:				
0002	Modification 000001 Requisition No: 772-0-0478-05 Accounting Info: 05850478-7500511-257Q Funded: [redacted]				[redacted]
	Add Item 0003 as follows:				
0003	Modification 000001 Requisition No: 772-0-0478-06 Accounting Info: 05850478-7500511-257Q Funded: [redacted]				[redacted]
	Add Item 0004 as follows:				
0004	Modification 000001 Requisition No: 768-0-3708-22 Accounting Info: 05996745-7500511-252Z Funded: [redacted]				[redacted]
	Add Item 0005 as follows:				
0005	Modification 000001 Requisition No: 726-0-8129-06 Accounting Info: 05992120-759/30511-252Z Funded: [redacted]				(b)(4) [redacted]
	Add Item 0006 as follows:				
0006	Modification 000001 Requisition No: 752-0-7212-01 Continued ...				(b)(4) [redacted]

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Accounting Info: 05996061-75X0119-252Z Funded: [redacted]				
	Add Item 0007 as follows:				
0007	Modification 000001 Requisition No: 765-0-7183-01				(b)(4) [redacted]
	Accounting Info: 05996084-75X0119-252Z Funded: [redacted]				
	Add Item 0008 as follows:				
0008	Modification 000001 Requisition No: 768-0-0455-14				[redacted]
	Accounting Info: 05810455-7500511-252Z Funded: [redacted]				
	Add Item 0009 as follows:				
0009	Modification 000001 Requisition No: 767-0-1813-14				[redacted]
	Accounting Info: 05921813-7500511-252Z Funded: [redacted]				

Task Order HHSM-500-T0007 is modified to provide additional funding, exercise optional tasks, provide funding for the additional tasks and add optional tasks that may be exercised in future modifications.

CGI will provide the services in the attached Modified Statement of Work for the base year for the costs in the tables below. As a result of this modification, the option periods remain unchanged.

Base Year: April 30, 2010 – April 29, 2011

Additional Funding Added to the Base Year:

COST COMPONENT	NEGOTIATED COST ESTIMATE
Total Costs	(b)(4)
Fixed Fee	
***Total Cost Plus Fixed Fee**	**$3,974,678**

*Slight variances from the proposed amount may be present due to rounding.

Optional Tasks Exercised With Modification 000001:

TASK	ESTIMATED COST	FIXED FEE	ESTIMATED CPFF
Medicare.gov			
5B – Renaming of the Hospital Compare Directory (HPD)	(b)(4)		
CMS.gov			
5I – Percussion requirements including Proof of Concept (POC), Pilot, and Migration (March & April 2011)	(b)(4)		
5J – Percussion Training and Subcontractor Agreement			
MyMedicare.gov			
5H – Online bill Pay – Phase 1 (Printable Form)	(b)(4)		
***Total Optional Tasks Exercised**	**$501,591.07**	**$35,111.28**	**$536,702.45**

*Slight variances from the proposed amount may be present due to rounding.

Total Funding Provided With Modification 000001:

	ESTIMATED COST	FIXED FEE	ESTIMATED CPFF
***Total Obligation**			**$4,511,380**

*Slight variances from the proposed amount may be present due to rounding.

In accordance with HHSAR 315.404-4, facilities capital cost of money is not an allowable cost.

The Task Order Clauses remain unchanged as a result of this modification.

SOW - Website Maintenance and Support Services Task Order

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SOW - Website Maintenance and Support Services Task Order

Centers for Medicare & Medicaid Services (CMS)

Website Maintenance and Support Services

Statement of Work

The Government is seeking the assistance of a Website Maintenance and Support Services Contractor (hereafter, "the Contractor"). Independently, and not as an agent of the Government, the Contractor shall furnish the necessary services, personnel, materials, equipment, and facilities, not otherwise provided by the Government, as needed to perform this task order.

The Centers for Medicare & Medicaid Services (CMS) has unlimited rights to all non-proprietary data, licenses, source code and programs, and system architecture developed by the Contractor. "Unlimited rights" shall be passed to CMS, its successors and assignees in accordance with FAR reference 52.227-14 Rights in data-general and 52.227-17 Rights in data – Special Works.

1 Introduction

CMS purchases healthcare for an estimated 85 million people through Medicare and Medicaid. On behalf of these beneficiaries, CMS works to ensure high quality healthcare at a reasonable price, provide information about benefits, health promotion, and choices, and also works with accrediting bodies to certify healthcare facilities.

CMS is responsible for accurate, timely, relevant, understandable, and easily accessible information that will help beneficiaries make decisions on their individual healthcare needs. CMS is committed to designing, evaluating, and providing comprehensive state-of-the-art education material and resources for beneficiaries, and the provider community. In its stewardship of the Medicare program, CMS ensures that policies and programs align to meet the healthcare needs of beneficiaries. Significant principles include assuring:

- Consumer information reaches beneficiaries, providers and other constituents to support informed purchasing decisions,
- Provider quality and accountability are supported, as well as cost effective; and,
- Beneficiaries are protected from poor care and their rights and dignity are maintained.

CMS uses the following strategies to make operational decisions:

- Collecting data, and using it to create useful comparative information,
- Distributing the information to Medicare beneficiaries,
- Encouraging use of this information by beneficiaries when choosing a health plan; and
- Providing Nursing home or healthcare options.

These strategies are intended to stimulate the market forces that provide incentives for high quality performance by healthcare providers. Additionally, this information has the potential to improve approaches to healthcare delivery for all consumers.

Some of the ways that CMS commits to disseminating information to beneficiaries is through three websites: www.Medicare.gov, www.CMS.gov, and www.MyMedicare.gov. These three sites are available to the public 24 hours a day, 7 days a week, are managed by the CMS Office of

Beneficiary Information Services (OBIS) Website Project Management Group, and are hosted by an independent Enterprise Data Center (EDC).

1.1 www.Medicare.gov Website

CMS' award-winning www.Medicare.gov consumer Internet site was first launched in 1998. Originally, the site contained searchable databases to assist consumers in finding information about Medicare Advantage and Medigap options available in their area. Since then, a multitude of databases and information resources have been added.

The website hosts 22 separate databases allowing consumers and beneficiaries to compare, select, and enroll in Medicare health and prescription drug plans, compare nursing homes, home health agencies, hospitals, physicians and more.

With the passing of Medicare Modernization Act (MMA), specifically the Prescription Drug Benefit and the expansion of Medicare Advantage plans, health plan choices that are available to Medicare beneficiaries have become more numerous, varied and complex. The Website is an essential tool to help beneficiaries, family members, caregivers, advocates, and healthcare providers learn and understand what their choices are and compare and select a health plan or prescription drug plan that best fits their individual needs.

1.2 www.CMS.gov Website

The CMS.gov website was launched in September 2001 and it serves all of the Agency's constituencies, including the medical community, lawmakers, researchers, Medicaid recipients, and the general public. CMS.gov is a highly visible website that serves as the primary vehicle for education and outreach to healthcare professionals and other CMS stakeholders.

In December 2005, CMS redesigned the CMS.gov website promoting a user-centered design which allows users to find content more efficiently. The Stellent Universal Content Management System (Stellent) was used by CMS employees to create, edit, delete, and publish information to the CMS.gov website. In the winter of 2009, CMS.gov transitioned from Stellent to the Oracle Universal Content Management System.

1.3 www.MyMedicare.gov Website

MyMedicare.gov is a public information portal that can be accessed through Medicare.gov. The MyMedicare.gov pilot began in December of 2004 and less than one year later access to MyMedicare.gov was nationwide with the current number of registered users exceeding 11 million and growing at a rate of about 200,000 per month.

MyMedicare.gov allows registered users the ability to access general Medicare and claims-specific information from a secure website 24 hrs a day, 7 days a week. Users are also able to change the email address they provided upon registration, order a new Medicare card, keep their drug list and favorites for physicians, nursing homes, and hospitals they prefer.

The portal is integrated with the Next Generation Desktop (NGD), a customer service tool used at the CMS' call center operations. Using this tool, the customer service representatives (CSRs) are able to aid the beneficiary in accessing information, execute a change request, or refer them to the appropriate resource to make changes to their personal information. MyMedicare.gov is critical to CMS' Virtual Call Center Strategy (VCS). The VCS is an initiative to create a virtual contact center environment that uses technologies, resources, and services effectively across the sites and

contractors. MyMedicare.gov focuses on improving customer service by providing consistent, accurate and understandable information though multiple communication channels.

1.4 cmsnet.cms.hhs.gov

CMS also has an Intranet that is maintained and updated by CMS employees. CMS uses the intranet to disseminate important information to the employees. Requests are submitted by content owners via an email request system called WebRequest – part of Rightnow Technologies. CMS has recognized that a redesign of the current CMSNet would better serve the employees of CMS due to the current Intranet site structure which is neither topic nor audience based and has no organization or navigation schema. There is an optional task in this SOW referring to the redesign effort under Section 9.

2 Website Purpose

CMS is seeking to obtain website development and support services for the Agency's external and internal websites and applications. The objective of obtaining these services is to further the Agency's goals to provide accurate, timely, and useful information to our Medicare beneficiaries and other audiences. Outlined below are the individual Website purposes, applications, and specifications.

2.1 www.Medicare.gov

Medicare.gov provides comprehensive Medicare information to beneficiaries and their caregivers. Comparative, searchable data found on the website are in the form of applications. Each compare application allows a user to perform research based on individual search criteria. The compare applications draw from a series of read-only databases containing publicly available information.

a) **Medicare Plan Finder (MPF)** – The Medicare Plan Finder (MPF) is the first major redesign of the Medicare Options Compare (MOC) and Medicare Prescription Drug Plan Finder (MPDPF) tools since the implementation of the Medicare Modernization Act of 2003. The new tool launched in June 2010, cleanly integrates the 2 tools that had previously been separate in order to improve usability and streamline the plan comparison process without eliminating anything that was considered valuable to the users. The redesigned MPF provides Medicare beneficiaries with one central point to view and compare all available drug and health plan choices by conducting a general or personalized search within their geographic area.

   For a personalized search, the tool provides dynamic plan information and messaging based on the beneficiaries' subsidy level, enrollment status, and location. In a general search, the tool provides dynamic plan information based on coverage type and location to view estimates of the out-of-pocket costs for their health and drug benefits, and plan ratings to further assist in making their health plan choices. Both search functions allow the user to review plan benefits, costs and quality information, and enroll in the plan of their choice by going directly to the Online Enrollment Center (OEC).

   A separate workflow allows users to find and compare Medigap policies in their area.

   Printed versions (in both English and Spanish) of the tool's search results can be ordered by 1-800-MEDICARE Call Center representatives via the Print-on-Demand (POD) process.

   This tool can be accessed at https://www.medicare.gov/find-a-plan/questions/home.aspx.

b) **Nursing Home Compare (NHC)** – This tool provides both an overview and detailed information about the past performance of every Medicare and Medicaid certified nursing home in the country providing a level of care called "skilled" care. The tool allows the user to compare the quality of the nursing homes by providing a five-star quality ratings system, health inspection results, nursing home staff data, quality measures, and fire safety inspection results. The NHC tool helps the beneficiaries to make an educated decision on which nursing homes to visit, and ultimately which to choose based on their level of need. The NHC tool is currently available in English and Spanish at http://www.medicare.gov/NHCompare/home.asp. Printed versions of the Website search results are also available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process.

c) **Home Health Compare (HHC)** – This tool provides the beneficiaries with the ability to search and compare home health agencies, and display detailed information about the services each agency offers. The information for the agencies (including quality measure data for all home health agencies within the United States and territories) assists beneficiaries in comparing home health agencies and making educated decisions based on their needs. The tool also provides static information such as data gathering techniques, glossary of definitions, links to related Websites, and home health-related publications. The HHC tool is currently available in English and Spanish on the website at http://www.medicare.gov/HHCompare/Home.asp.

d) **Hospital Compare (HC)** – This tool provides information on how well hospitals care for patients with certain medical conditions and surgical procedures, and results from a survey of patients about the quality of care they received during a recent hospital stay. The information provided on the tool helps the user to compare the quality of care provided at hospitals and encourages the hospitals to improve the quality of healthcare they provide. The Hospital Compare tool is currently available in English only on the Website at http://www.medicare.gov/Hospital/Home.asp or http://www.hospitalcompare.hhs.gov.

e) **Dialysis Facility Compare (DFC)** – This tool provides important information and resources, such as the past performance of every Medicare and Medicaid certified dialysis facility in the country. This tool also provides a list of some services available at each facility, quality measure data, etc, for patients and family members who want to learn more about chronic kidney disease and dialysis. There is helpful information to assist the users in making an educated decision about a facility, including two checklists of questions: one to ask their dialysis care providers and one to use when they visit a dialysis facility. The DFC tool is currently available in English only on the Website at http://www.medicare.gov/Dialysis/home.asp.

f) **Healthcare Provider Directory (HPD)** – This tool provides information on Medicare participating physicians, non-participating physicians, and other healthcare professionals. The types of information provided are: practice locations, specialty, residency/training information, phone numbers, foreign language, gender information, mapping and directions. In December 2008, Physician Quality Reporting Initiative (PQRI) information was added to the tool giving additional information to help users to view quality information on the physicians in their local area. The PQRI program is a voluntary program that allows physicians and other healthcare professionals to report information to Medicare about the quality of care they give to people with Medicare who have certain medical conditions. The HPD tool is currently available in English only at http://www.medicare.gov/find-a-

doctor/provider-search.aspx. Printed versions of the Website search results are also available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process.

g) **Helpful Contacts** – This tool provides the users with contact information for specific organizations or organizations that can help them get answers to their Medicare related questions. The users can search for contact information by Organization, Topic, or 5 Most Popular Organizations. The data gets updated by the 1-800 Medicare Call Center and CMS through the Contacts Editor tool. The Helpful Contacts tool is shared between Medicare.gov and CMS.gov. The Helpful Contacts tool is currently available in English only on the Website at http://www.medicare.gov/Contacts/Home.asp.

h) **Medicare Eligibility Tool (MET)** – This tool is designed to provide Medicare beneficiaries with eligibility and enrollment information based on their answers to personal and medical coverage information. In addition to the search part of the tool, the Resources tab provides access to the two MET calculators. The MET Eligibility Calculator provides the user with the dates of eligibility and enrollment for Medicare. The MET Late-Enrollment Penalty Calculator provides the user with an estimate of any Part B late enrollment penalties based on that years' premium. The MET tool is currently available in English only on the Website at http://www.medicare.gov/MedicareEligibility/home.asp.

i) **Supplier Directory** – This tool provides names, addresses, and contact information for suppliers that provide services or products under the Medicare program. The tool provides this information on the suppliers of Durable Medical Equipment, Prostheses and Prosthetic Devices, Orthotics, and Supplies to users based on the location information that is provided by the user. The Supplier tool is currently available in English only on the Website at http://www.medicare.gov/Supplier/home.asp.

j) **Your Medicare Coverage (YMC)** – This tool provides information about healthcare benefits under the Original Medicare plan. This tool provides the following information: Medicare coverage, cost, contact information, deductibles and count of Local Medical Review Policies (LMRPs) and National Coverage Determinations (NCDs). The YMC tool is currently available in English only on the Website at http://www.medicare.gov/Coverage/home.asp. Printed versions of the LMRPs, LCDs, and/or NCDs that were used to deny an item or service are available through the 1-800-MEDICARE Call Center via the POD process.

k) **Long-Term Care (LTC) –** this application provides a web-based decision tool to help consumers evaluate their financial and lifestyle planning for their long-term care needs. The data provided enables consumers to view a report that describes their long-term care forecasting. The decision tool includes a forecasting model that projects an individual's expected long-term care costs based upon that individual's profile using a calculator provided through a license with National Council On Aging (NCOA). Information that builds this predictive model includes demographic, psychosocial, and economic data. The LTC tool is currently available in English only on the Website at http://www.Medicare.gov/LTCPlanning/Home.asp.

l) **Publications** – This tool allows users to search, view and print Medicare publications. Additionally, users also have an option to order certain publications to be mailed to them. CMS employees use an administrative interface to make updates to publication file size, name, description, keyword, ordering information, date revised, related publications, and

publication category. A multilanguage publication link allows users to view some publications in languages other than English and Spanish. The Publications tool is currently available in English and Spanish and may be accessed at http://www.medicare.gov/Publications/Home.asp.

m) **Medicare Online Forms** – This tool allows users to view, print, or electronically submit Medicare forms online. These forms include the 'Medicare Authorization to Disclose Personal Health Information' Form, the 'Patient's Request for Medical Payment' Form, and the 'Medicare Appeals' Form. The Medicare Online Forms are currently available and may be accessed at http://www.medicare.gov/MedicareOnlineForms/.

n) **Testimonials (Medicare Stories)** – This tool is an optional service provided to users of the Medicare.gov site. This tool allows users to voluntarily share their experiences with Medicare by submitting a few required fields (first name, state/territory, and their story) on the site. Their stories or testimonials are then posted on the site to share with other users. Medicare Stories can be accessed at http://www.medicare.gov/Testimonials/DisplayTestimonial.asp?tstmTestimonialIds=2121%7C2122&tstmReturnURL=%2FMPDPF%2FPublic%2FInclude%2FDataSection%2FQuestions%2FMPDPFIntro.asp&tstmModule=MPDPF&tstmCallingTool=MPDPF&version=default&PDPYear=2010&MPDPF_MPPF_Integrate=N&browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&ViewType=Public&MAPDYear=2010

2.1.1 The Print-on-Demand (POD) Process

There is an application and two web interfaces that support the Print-on-Demand (POD) publication order print and fulfillment process: Ordering, Controller, and Vendor. The following is a list of the supporting applications and a brief business objective.

a) **Ordering** – This database is a read/write database that connects to each of the compare applications that allow public users to submit mailing information to order a hard copy of a selected Medicare Publication. The applications that support this functionality are MPF, NHC, HPD, YMC, and Publications.
b) **Controller** – provides access for the controller group to manage the order print and fulfillment process. The Contractor is part of the controller group in an administrative role.
c) **Vendor** – provides access for the print vendors to download order assignments and set assignments to complete.

The Ordering application provides the POD and static publications ordering procedures. The application is written in ASP and takes the public user through a series of steps to finalize an order.

Once public users have selected to order either a publication or dynamic booklet, they are taken to the 'Product Confirmation' page where they choose to either add more to the order or submit the order. After selecting to submit the order, public users are taken to the 'Shipping Information' page. This page begins the Secure Socket Layer (SSL) connection to the users. Medicare.gov uses a Verisign certificate to ensure the identity of the Medicare web server. Additionally, the system implements SSL 3.0 with 128-bit encryption.

Public users are required to input first and last name, address, city, state, and ZIP code. Optionally, they can provide a phone number and an email address. The ASP code running on the web browser validates whether the required fields are filled in and displays an error if they are not. In addition, each field is limited to a maximum number of characters; the largest text field is 50 characters

long. The application does not automatically verify that the shipping address is legitimate. However, the application does contain a manual verification link to the USPS. The link is a crosshairs watermark located below the input fields.

The next page is the 'Online Ordering' page where the user confirms the order. Once the order is confirmed, the Ordering application connects to the Ordering database. The Data Access Layer (DAL) manages the connection with the database server, which requires the Ordering application to authenticate itself. The application authenticates with a login name and password specific to the Ordering application, which is hard coded into the ASP code. After it has been authenticated, it places the new order in the Ordering database, and the database sends back a confirmation number that is displayed to the public user.

The Processor of XML (POX) application is used to create the XML variable data for POD capability and post it to the Medicare.gov website for the print vendors to download.

2.2 www.CMS.gov

CMS.gov provides the public the ability to access information regarding CMS programs. The CMS.gov mission is to provide clear, accurate, and timely information about CMS programs to the entire health community to improve quality and efficiency in an evolving healthcare system. The CMS.gov Website is a combination of static content and general content applications. The CMS.gov Website static content is updated via the Oracle Universal Content Management System (UCM) by CMS employees.

The Oracle UCM at CMS maintains over 69,348 static content items that are published to the CMS.gov Website. The system allows users with appropriate access to contribute and review content via an automated workflow and approval process. Users follow an Editorial Style Guide for CMS.gov that gives guidelines and rules for how the pages should be organized. All approved content is then translated by the system into web content supporting dynamic content assembly and then published out to the appropriate Website sections. The Applications below are used as search and indexing tools to provide dynamic content based on a user's search criteria and managed by the Contractor.

a) **Medicare Coverage Database (MCD)** – allows users access to local and national coverage information. This application is the web-based method used by CMS to collect Medicare coverage policies and related information and disseminate this information to the public. The MCD consists of a front-end search engine that links to three individual back-end databases containing both national and local coverage information. Each database is functionally distinct, independently operated and maintained, and supports a unique user base. The search engine currently resides in a production environment at CMS and refinement, testing, implementation, and maintenance will occur on an ongoing basis. The MCD application can be found at: http://www.cms.gov/mcd/overview.asp.

b) **Physician Fee Finder Schedule (PFFS)** – provides users with information on services covered by the Medicare Physician Fee Schedule (MPFS). It provides more than 10,000 physician services, the associated relative value units, a fee schedule status indicator, and various payment policy indicators needed for payment adjustment (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.). The Medicare Physician Fee Schedule pricing amounts are adjusted to reflect the variation in practice costs from area to area. A geographic practice cost index (GPCI) has been established for every Medicare

payment locality for each of the three components of a procedure's relative value unit (i.e., the RVUs for work, practice expense, and malpractice). The GPCIs are applied in the calculation of a fee schedule payment amount by multiplying the RVU for each component times the GPCI for that component.

This site is designed to take you through the selection steps prior to the display of the information. The site allows users to:

- Search pricing amounts, various payment policy indicators, RVUs, and GPCIs by a single procedure code, a range and a list of procedure codes.
- Search for the nation, a specific carrier, or a specific carrier locality. Each page has associated Help/Hint available to complete your selections.

The information that is provided on the physician fee schedule (PFS) web page relates to payment under the PFS and related information concerning the development of the payment amounts. This information is intended for physicians/non-physicians who provide services to Medicare beneficiaries. This information is updated on regular basis when there are payment/policy changes. The Physician Fee Finder Schedule application can be found at: http://www.cms.gov/PhysicianFeeSched/.

c) **Media Releases** – allows users to search and browse past and present press releases, fact sheets, and testimony on a variety of CMS related topics. Additionally, it provides a web interface for users to submit media releases for posting. The Media Release application can be found at http://www.cms.gov/apps/media/.

d) **Helpful Contacts** – allows users to search, browse, and view phone numbers and web address information for relevant healthcare agencies. This application is shared with Medicare.gov and is accessible throughout the CMS.gov Website. The Helpful Contacts application can be found at http://www.cms.gov/apps/contacts/.

e) **Vocabulary: Glossary** – allows users to search, browse, and view definitions for a list of terms which appear on the CMS.gov Website. Additionally, it shares a web interface with Vocabulary: Acronyms for CMS personnel to update glossary listings. The Glossary application can be found at http://www.cms.gov/apps/glossary/.

f) **Vocabulary: Acronyms** – allows users to search and view definitions for a list of acronyms which appear on the CMS.gov Website. Additionally, it shares a web interface with Vocabulary: Glossary for CMS personnel to update acronym listings. The Acronyms application can be found at http://www.cms.gov/apps/acronyms/.

g) **Event Calendar** – provides information about upcoming and past events at CMS. It allows CMS personnel to log in and add new events to the Event Calendar. Users can even register for conferences using this tool. The Event Calendar application can be found at http://www.cms.gov/apps/events/.

h) **Freedom of Information Act (FOIA)** – allows users to see the status of their FOIA request from the CMS.gov Website. Users have to enter a valid control number and pin in order to access their request status. When entered, the user will be displayed both general information (i.e., control number, date received, and subject) and status information (i.e., status of request, projected date of response, and date of response).

2.3 www.MyMedicare.gov

The purpose of the implementation of MyMedicare.gov is to provide a portal for beneficiaries to securely access a subset of the CSR functions. Users can go to MyMedicare.gov either through the Medicare.gov website, or by going to www.MyMedicare.gov. Access is limited to users who are able to authenticate with a username and password. A username and password is set up once a user registers on the website. Once logged in, the user has access to the following functions encompassing, but not limited to:

a) **Eligibility and Enrollment Information** - The "My Health and Drug Plans" tab provides the enrollment information for the beneficiary, including any existing Prescription Drug Plan (PDP), Limited Income Subsidy (LIS), Medicare Secondary Payer (MSP) and Other Insurance information. The tab also provides links to the various plan search tools on Medicare.gov. These tools enable the user to create and maintain drug lists and search for plans more quickly and easily.

b) **National Health Awareness Monthly Messages** - An applet displays monthly updated National Health Awareness messages. The link redirects the beneficiary to a page on the Medicare.gov Website where they can obtain additional information specifically related to that monthly message.

c) **Search and Obtain Part A, Part B and DME Claim Information** – Beneficiaries are able to search and view details for their Part A (Hospital Inpatient, Hospital Outpatient, Home Health, and Hospice), Part B (Physician Outpatient) and DME (Durable Medical Equipment) Claims. Beneficiaries are also able to order duplicate Medicare Summary Notices (MSNs). Furthermore, beneficiaries are able to view and print claim specific MSNs.

d) **Electronic 'Claim Based' Medicare Summary Notice (e-MSN)** – This functionality displays an electronic MSN to beneficiaries on the Website when their claim has been processed. It closely matches the printed hard copy MSN that beneficiaries receive in the mail, but will not be an exact duplicate. The contractor shall also provide electronic MSN functionality on the site to enable pilot eligible beneficiaries with links to obtain PDF versions of their MSNs. Specifically, MyMedicare.gov shall provide an option to New York and Connecticut beneficiaries to enroll in receiving e-MSNs and provide a link on the site to view quarterly MSNs in a PDF format.

e) **Links to Resources on General Medicare Information** – The "My Publications and Tools" tab displays various hyperlinks to additional Medicare resources. These resources provide additional information on topics such as coverage and enrollment, appeals and grievances, and steps on how to file and submit a claim.

f) **Preventive Services** – The "My Preventive Services" tab displays one or more rows of information for each category of preventive services (Cervical Cancer Screening, Pap test, Prostate Cancer Screening, Colorectal Cancer Screening, etc). This page also displays a 12-month calendar showing when the beneficiary is due for their next preventive service, Eligible Dates of Service, and informative notes regarding each preventive service listed. Users who provide an email address are also sent 'Preventive Services Alerts" notifying them that they are due for a preventive service.

g) **Message Center** – The "My Messages" tab provides the beneficiary access to important MyMedicare.gov related messages. These messages may contain attachments, which can be opened, saved, and printed.

h) **Medicare Secondary Payer (MSP)** – This functionality allows beneficiaries to obtain access to their MSP case information. The MSP tab is only available to beneficiaries with active MSP cases.

i) **Health Management Features** – This functionality allows beneficiaries to enter their pharmacies when they enter their drug lists, perform searches and save information on their favorite physicians, nursing homes, and hospitals. The beneficiary can also print an "On the Go" report which allows them to choose the information they want to display then print to bring with them on their next doctor's visit. Items they can select are (but not limited to): self-reported conditions, drug list, other providers, etc.

j) **Web Chat Functionality** – this functionality allows users access to general Medicare information through a Web Chat feature as well as a technical support hotline telephone number on the Website. Currently, the Web Chat feature is a web-based application through Verizon, but CMS is looking to integrate this functionality with the Next Generation Desktop application by utilizing Genesys in order to route the Web Chats to the next available Customer Service Agent.

2.4 Supporting Applications

There are other supporting applications that provide users with access to additional information and abilities. Some of these supporting applications are, and are not limited to, the Frequently Asked Questions (FAQs), Email This Page, Mailing Lists, RSS Feeds, and Static Pages.

3 Period of Performance

The period of performance for this Website Maintenance and Support Services Task Order shall consist of one Base period, including Transition activities, and four (4) one-year Option periods. The work shall be conducted at the Contractor's facility with some meetings conducted at CMS in Baltimore, MD.

Base Period:	04/30/10 – 04/29/11
Option Period 1:	04/30/11 – 04/29/12
Option Period 2:	04/30/12 – 04/29/13
Option Period 3:	04/30/13 – 04/29/14
Option Period 4:	04/30/14 – 04/29/15

4 Assumptions and Constraints

It is important that the Contractors and CMS have a common understanding regarding the conditions on which we shall build our relationship. The following identifies the basic assumptions and constraints concerning this effort.

- This SOW should take precedence in the event of conflicts between this SOW and the Enterprise System Development (ESD) SOW.

- All Contractor personnel shall participate in CMS Information Security Awareness Training.

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- Contractor personnel who are required to obtain a CMS badge shall undergo a background investigation at the Contractor's expense.

- There may be times when the Contractor shall be required to have staff at the CMS complex, as requested by CMS.

- CMS considers the Agency's Websites to include Medicare.gov, CMS.gov, and MyMedicare.gov and the supporting applications. Support on these sites and applications shall include, but are not limited to, development and maintenance, testing in CMS' QA and Staging environments as well as on the Contractor's simulated environment, performance, integration and load testing, training, user acceptance testing, hot fixes, bug fixes, etc.

- The Contractor shall provide software and/or licenses for software as required by CMS. This includes but is not limited to the National Council on Aging (NCOA) calculator license. See Attachment F for a list of licenses that CMS renews to support this contract.

- The Contractor's simulated environment must mimic CMS' test environment.

- The Contractor shall not design, implement, or maintain any customized or proprietary software, applications, or other functionalities without prior approval in writing from the Project Officer (PO).

- The Contractor shall receive prior approval, in writing, from the PO before introducing any new Commercial-off-the-Shelf (COTS) products or proprietary utilities.

- All products, including software and all utilities (proprietary and non-proprietary) developed to support the activities and deliverables of this contract, are the property of CMS. The Contractor shall deliver all products, including software and utilities (proprietary and non-proprietary), and deliverables of this contract at the request of CMS or upon termination of this contract.

- The Contractor shall provide contractor staff training on software and tools that are not unique to CMS and are required for this contract.

- The Contractor shall provide training to CMS staff on contractor unique software and tools, upon CMS request.

- CMS shall provide training to Contractor staff on CMS unique software and tools that is required for this contract, upon Contractor request.

- The Contractor shall be responsible for purchasing any hardware or software needed to accomplish their tasks.

- The Contractor shall establish connectivity to the CMS Baltimore Data Center, in order to perform required tasks.

- The Contractor shall use the current CMS standard desktop suite for all deliverables.

- The Contractor must provide the appropriate staff to be available during adhoc extended business hours (i.e. overnight, weekend, and some holidays) as required by CMS.

- Within this SOW, several tasks have been identified as optional (Section 9 of this SOW). CMS may exercise these options at their discretion through a unilateral modification to the contract. The Website Maintenance and Support Services Contractor shall be prepared to implement any or all of these requirements at any given time.

5 Scope

The Website Maintenance and Support Services Contractor shall be responsible for assessing, developing, testing, implementing, maintaining and making improvements to applications on the Agency's Websites in Agency standard technologies. These tasks will follow the Section J.1.11: Phase 6 – Maintenance Services portion of the ESD ID/IQ contract. The Contractor shall:

a) Provide technical expertise in fields such as content management, project management, decision tools, print-on-demand packages, Website usability, 508 accessibility and assistive technologies, Internet security, information architecture, customer relationship management applications, service-oriented architectures and web services, and e-government/customer service best practices to assist in the creation and maintenance of the Website applications.

b) Analyze existing Website application functionality and information to recommend, develop, assess, test (code, performance, etc), implement, and maintain enhancements and upgrades to the Websites and also further the integration and support of the Websites into the Virtual Contact Center Strategy (e.g., web chat capability, portals, electronic transaction processing, etc.)

   - Integrate the current MyMedicare.gov Web Chat functionality with the Next Generation Desktop application by utilizing Genesys in order to route the Web Chats to the next available Customer Service Representative.
   - Implement necessary MyMedicare.gov changes to the NGD Authorization Table to support the Desktop activities.
   - Add a new Media Type for CD format to Publications that are available on Medicare.gov.

c) Consult with other existing contractors and external experts to coordinate the development, implementation, and maintenance of the Websites.

d) Perform application monitoring, performance assessment, and testing of applications on an ongoing basis.

e) Support Agency implementation of new technologies, such as content management, data visualization, data marts, collaboration, web services, .NET migration, multimedia, social media, search engine optimization, and advanced search technologies.

   - As part of the MyMedicare.gov 2.0 Redesign effort, the contractor shall provide a Blue Button in both the Siebel and .NET platforms on the 'On the Go Report', 'Claims Search Results', and 'Claims Details' screens and provide the ability to download the data on these screens in a CSV file.
   - Migrate the Medicare Coverage Database (MCD) application on CMS.gov over to a .NET platform as well enhance the search functionality, add contextual Help, and update print functionality as part of the migration. In addition, the Contractor shall

be responsible for maintaining the front-end search engine piece of the application including ongoing maintenance.

- Migrate the Physician Fee Finder Schedule (PFFS) application on CMS.gov to a .NET platform. In addition, the Contractor shall be responsible for the ongoing maintenance of the front-end of the application as well as the database.
- Handle regular annual maintenance of the Freedom of Information Act (FOIA) application and migrate FOIA application to a .NET platform. The Contractor shall be responsible for the ongoing maintenance of the front-end piece of the application.
- Create a new Data Transformation Service to process the PECOS extract file for the Supplier Directory.
- Implement Socrata formatting changes in order to help automate the data.medicare.gov database refresh process and ensure consistency in the datasets.
- Convert the State Pharmaceutical Assistance Program (SPAP)/Pharmaceutical Assistance Program (PAP) workflow to a .NET architecture and update the PDAP database to SQL 2008. Additionally, integrate the workflow into the new Medicare Plan Finder tool and work to provide consistency in the visual redesign of the pages.

f) Perform analysis and produce recommendations on Website management best practices and models, at both an enterprise and project level.

- Develop and conduct an initial assessment of a Web Execution Plan and create a Web Governance Charter for the Websites.

g) Develop enterprise-wide customer service applications, including but not limited to: conference registration, glossary and acronyms, data visualization, and media releases.

h) Participate in the development and implementation of a more transactional approach to Website applications to increase the functionality of features focused on specific personal actions (e.g., allow users to search for and view information about their medical claims and deductibles, order additional copies of their Medicare Summary Notices, Online Enrollment Center (OEC), etc.)

- Provide electronic Medicare Summary Notice (eMSN) functionality on the site to enable pilot eligible beneficiaries with links to obtain PDF versions of their MSNs. Specifically, MyMedicare.gov shall provide an option to New York and Connecticut beneficiaries to enroll in receiving eMSNs and provide a link on the site to view quarterly MSNs in a PDF format.

i) Identify and implement user interface enhancements.

- As part of the Affordable Care Act, create and implement a Complaint Form in English and Spanish on Medicare.gov to allow individuals to register complaints on the site using either a personalized or generalized workflow.
- As part of the Affordable Care Act, implement enhancements to the Nursing Home Compare (NHC) Website which include updates to State Website links; information on number, type, severity, and outcome of complaints; information on number of criminal violations; information on number of civil monetary penalties (CMP), and access to a standardized complaint form that is an electronically fillable PDF document. Additionally, provide Nursing Home Compare mockups for Enforcements and Complaints.

- Update the Supplier Directory tool to display outreach information and implement changes to legacy tool for the Durable Medical Equipment (DME) Competitive Bidding initiative.
- Update Medicare.gov header and footer in Spanish for .NET tools as well as the legacy pages.

j) Identify, test and implement ways to adjust site coding to support visually impaired users, Section 508 guidelines, and trend analysis (statistics).

k) Ensure that applications function correctly under commonly used user agents and platforms, such as Internet Explorer, Navigator, Mozilla, Google Chrome, Opera, AOL, and Safari on Windows and Macintosh platforms.

l) Develop infrastructure that allows for proper processing, and transfer of all data associated with prescription drug plans. Currently, Medicare Part D has around 5,500 plans.

m) Perform manipulation and data management for the prescription drug plans and provide technical support to these plans. The Contractor shall provide a tool for plan and drug pricing information for the MPF application, as well as a tool for beneficiaries to enroll into the plans.

n) Take appropriate action to minimize measurable degradation in overall Website and individual Website tool performance due to increases in data or user volumes. This includes taking appropriate action to support high volumes of concurrent users (at least 22,000 concurrent users), especially on the MPF.

o) Develop and maintain a duplicate database for each alternative language (currently English and Spanish are supported), and provide the ability for additional languages. The Contractor shall maintain multiple different user interfaces per tool per language offered.

p) Ensure that POD processing is completed in a timely manner as well as develop, maintain, and improve POD technology.

q) Analyze current web security and recommend, develop, assess, test (code, performance, etc), implement, and maintain upgrades that provide greater security to the site.

6 Technical Specifications

Medicare.gov and CMS.gov have specific software and technical expertise expectations of the Contractor for this task order. The specifications for the applications and servers that need to be followed are also identified.

6.1 Global Specifications for Medicare.gov and CMSgov

When any of the applications on Medicare.gov or CMS.gov connect to the database, a connection string to the database server is established, which requires the application to authenticate itself. The database server authenticates the application against the active directory domain. The communication links between the applications and the database server are encrypted.

6.2 Medicare.gov Specific

Each application is supported by its own set of Dynamic Link Library (DLL) files written specifically for the application: a Business Logic Layer (BLL) and a Data Access Layer (DAL) DLL. As a result, each application is regarded as an independent component of the Medicare.gov system. The presentation layer of the application is currently based on Active Server Pages 3.0 (ASP), and will be migrated to .NET framework. The presentation layer has been written in JavaScript that performs basic input validation on the client side. The server side has been written in VBScript to provide the same level of validation. Neither the client nor server side validation filters input for special characters. The BLLs and DALs are written in Visual Basic 6.0/Component Object Model (VB/COM). The DAL interfaces the application to the Structured Query Language (SQL) database servers.

On the backend, the application BLL interacts with the database DAL. The database DAL establishes a connection string to the database server, which allows the application DAL to use the native SQL I&A scheme to authenticate with the SQL database server. Once the SQL server has authenticated the application, the application makes the database queries. Each application has a developed set of SQL queries to perform the customized searches. The database server returns the requested information, which is formatted by the ASP code and is displayed to the public user via the web browser.

6.2.1 Medicare Plan Finder (MPF) Tool Specifications

6.2.1.1 Support Requirements for Public Reporting of Medicare Health and Drug Benefits and Enrollment Facilitation

The Contractor shall perform manipulation and data management for the health and prescription drug plans and provide technical support to these plans. The Contractor shall develop and provide a tool for plan and drug pricing information for the MPF application, as well as a tool for beneficiaries to enroll into the plans, check their plan formulary or check current enrollment. Requirements regarding this functionality can be found below. This task also involves developing a solution to house the database and functionality.

Scale of Drug Benefit Information, Size, Data and Processing Requirements
Each of around 5,500 plans must submit drug pricing data and pharmacy network data on a weekly to biweekly basis. This data per plan may scale up to represent different formulations and pill sizes for approximately 7,000 drugs and approximately 75,000 pharmacies. This data is required for dynamic real-time calculations for concurrent requests representing all available plans and pharmacies per request. Each user request may include up to 150 unique plans and represent all reported measures for each plan. The software and supporting hardware/hosting shall support on-the-fly calculations and display of data for up to 22,000 concurrent users (each user having up to 150 unique plan options with all available data and cost calculations). The Price Comparison Engine software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor.

Medicare Plan Finder (MPF)
Requirements:

a) Services to display health and drug plan benefit information including drug pricing data and pharmacy network data & information on Medicare.gov

b) Update and maintain user interface for MPF

c) Work with other CMS contractors to integrate information hosted on their servers with existing data on Medicare.gov for use in the following databases:

- MPF (includes Out-of-Pocket-Costs)
- Formulary Finder (FF)
- Online Enrollment Center (OEC)
- Print-On-Demand functionality (POD)
- Check Current Enrollment

d) Integrate pricing data and pharmacy network data with other CMS contractors representing plan approved formularies, plan benefit structure, and load on a biweekly basis to accurately reflect benefit availability for each of the three types of Part D benefit plans (for all plans – about 5,500) for concurrent users

e) Develop and maintain necessary software to compute accurate pricing information to include individual drug prices, dispensing fees, cost for Medicare beneficiaries across a plan year, including estimated annual health and drug costs, per month costs, and costs during different coverage levels available through the Part D benefit (deductible, initial coverage limit, coverage gap, and catastrophic)

f) Software must account for beneficiary low income subsidy levels as available through Part D benefit

g) Software must accommodate multiple different processes and concurrent users for all available plans and potential infinite variables and software must be fully dynamic and on-the-fly

h) Maintain security and confidentiality of proprietary drug plan information

i) Accommodate price of an unlimited amount of drugs concurrently across all plans and benefit types on the public Medicare.gov website and the Customer Service Representative (CSR) version

j) Maintain CSR (non-public) version of application with enhanced and more robust operations (unlimited number of drugs, etc)

Data – Prescription Drug Pricing Data and Pharmacy Network Data
Data submission is required by all participating Medicare plans offering a prescription drug benefit on a weekly to biweekly basis. This includes both types of Medicare plans offering a drug benefit: Medicare Health and Prescription Drug Plans, and Prescription Drug Plans. The number of plans to be supported is approximately 5,500.

Requirements:

a) Create data file layouts

b) Enable plan submission for required drug pricing data and pharmacy network data to represent plans accommodated on Medicare.gov

c) Provide a solution to accommodate submission, processing and storage of approximately 100 gigabytes (GB) of data per week.

d) Provide service to plans to verify data received is in conformance with acceptable formats

e) Update and maintain online data analysis tool used by all plans to help validate and identify any issue with drug pricing and pharmacy network data

f) Transfer 100 GBs of data to CMS' policy group (CPC) contractor(s) for further analysis of data prior to public release on Medicare.gov on a weekly basis with possible increased frequency during peak times or as deemed necessary by CMS

Online Enrollment Center (OEC)
The Online Enrollment software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor. The contractor will have to build and maintain an Online Enrollment Center functionality per the requirements as contained in the SOW.

Requirements:

a) Develop and maintain user interface to facilitate enrollment of Medicare beneficiaries in a secure manner and participating Medicare Health Plans, Medicare Health and Prescription Drug Plans, and Prescription Drug Plans

b) Capture necessary required data elements for enrollment in such plans and transfer it to plans through a secure server

c) Provide user interface for various plans to secure interface/authentication for plans to access enrollment submission to respective plans for download in either a flat file format or a PDF format so enrollments can be processed

d) Provide interface for CMS partners to access and verify online enrollments (Check Current Enrollment workflow)

e) Store the enrollment applications in a secure environment, maintaining an administrative console for plans to download the enrollment applications in compliance with Agency security standards, and a mechanism by which CMS can track which enrollments have or have not been downloaded.

Technical Support
Requirements:

a) Provide technical support to Part D plans with regard to submission and data file layout for drug pricing data and pharmacy network data

b) Provide support for other CMS contractors for development and maintenance of integration with other sections of the MPF tool

c) Provide support to CMS' policy group with regards to identifying data issues through analysis performed by CMS contractors

d) Provide available resources to research and analyze issues with calculations and data presented on MPF

e) Support Web Service Agreements with organizations participating with CMS to access pricing and pharmacy data for both MPF and OEC

See Attachment E for a diagram showing the relationship of the data sources that feed into the data that makes up the Plan Finder and OEC portion of these tools.

6.3 MyMedicare.gov Specific

Most of the MyMedicare.gov functionality is developed using Siebel Tools, which uses Siebel screen object definitions. Each Siebel screen contains one or more Siebel views. A Siebel view consists of one or more applets. Each applet contains data elements, controls and hyperlinks. These controls map back to Siebel Business Components which hold the business logic for the application.

The Next Generation Desktop (NGD) contractor connects to the Medicare.gov Website using a secured Simple Object Access Protocol (SOAP) web service.

6.4 Software and Technical Expertise

The Contractor shall have technical expertise and software experience with the following:

- Web application development (ASP, ASP.NET, .NET framework, VB, C, C#, JavaScript, Java, J2EE, JSP, Websphere)
- Microsoft Unity Application Block
- Relational database design and programming (SQL, SQL Server T-SQL, Oracle PL/SQL)
- N-Tier Design and Development
- Object-oriented programming
- Web standard markup languages (HTML, XML, XHTML, CSS)
- Web protocols (HTTP, HTTPS, SSL, SFTP)
- Web services protocols (SOAP, WSDL)
- Usability, Content translation, Multilingual Websites
- Information Architecture
- Microsoft Windows Server 2003 & 2008
- Apple OS X
- UNIX (Linux, Solaris, etc.)
- Microsoft SQL Server 2000, 2005 and 2008
- System Administration and Network experience
- Section 508 Compliance
- Corda PopChart, Opti-Map, Highwire, and Builder
- Interaction design (AJAX)
- Content management (Stellent)
- Version Control (MKS, Team Foundation Server (TFS))
- Siebel Systems application, integration, and architecture and configuration
- Siebel Systems eFinancial Suite
- Quality Assurance, software testing and performance testing
- Portal, personalization, customer service and survey technologies
- Print-on-Demand technology
- GovDelivery
- Google Maps
- Google Search Appliance
- Global caching services
- Web Analytics

- Website Mobile Device Access (WAP)
- Service-Oriented Architecture (SOA)
- Syndication technologies
- Streaming video and podcast technologies (MPEG, H.264, ACC)
- Nierop session manager
- Multi-browser support
- Oracle EMS (customizing)
- Approved Earned Value Management System
- Browserhawk
- Microsoft Internet Information Server (IIS)
- Apache, IBM HTTP Server
- IBM WebSphere Application Server
- IBM WebSphereMQ
- IBM XML firewall
- Oracle 10g
- MySQL
- IBM Rational AppScan
- RightNow eService Center
- ERWIN
- Helicon ISAPI_Rewrite Version 3.0
- Adobe Captivate
- Accenture Digital Diagnostics
- Social Media (Blogs, Wiki, Podcasts, etc)
- Search Engine Optimization (SEO)
- Graphic Design
- Percussion Content Management System

6.5 Server Details

The Contractor shall set up a server environment that mimics the Medicare.gov, CMS.gov and MyMedicare.gov Websites. The minimum requirements are the following:

- Windows 2003 or 2008
- IIS 6.0 or 7.0
- Browser Hawk
- EWebEdit Pro
- Nierop session manager
- Corda
- .NET framework
- SQL 2000, 2005 or 2008
- Version Control Software (e.g., TFS, VSS)
- Load Runner
- Application Security Testing (e.g., Web Inspect)
- Google Maps Developer
- 508 Testing Software
- MDCN connection
- SFTP
- Bug Tracking Software

MyMedicare.gov Specific minimum requirements are the following:

- Siebel 7.726

- Oracle 10g

The contractor shall also have a plan for patch management to assure the testing environment is in synch with CMS' servers.

7 Functional Requirements

The Website Maintenance and Support Services Contractor shall support CMS efforts by providing access to systems, data, documentation, code, or other items and information as requested by CMS or their designated contact.

The Contractor shall develop and maintain all applications in accordance with the standards and guidelines outlined in Section 19 of this SOW which include, but are not limited to: Federal Information Security Management Act (FISMA), CMS Acceptable Risk Standards (ARS), and CMS Security Policies.

7.1 Tasks

The Contractor shall perform the activities listed in the following four categories in support of the Medicare.gov, CMS.gov, and MyMedicare.gov Websites and related application activities. The four categories are: Maintenance and Upgrade Support Services, Project Management and Planning Services, Design Upgrade Services, and Consulting Services.

7.1.1 Maintenance and Upgrade Support Services

The Contractor shall provide maintenance support and technical updates and support to designated CMS staff. The Contractor shall work with CMS staff to analyze requirements for additional functionality within the Website; integrate other data sources such as disenrollment data, appeal, and query submissions; provide support for multi-language versions of Agency's sites and applications; design site options to display multiple year databases (which can be turned on and off as needed); analyze technical issues raised by users of current or future databases or applications, the corresponding Website, and support expansions of the sites. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA, and update security documents accordingly. The Contractor shall maintain the updates to documents including, but not limited to: the Editorial Style Guide for CMS.gov and the Style Guide/User Interface document for Medicare.gov, and the Application, Database, Webmaster and POD guides for Medicare.gov. Updates to CMS.gov may include minor updates to the front-end portion of the FOIA application.

7.1.1.1 Database Refreshes and Releases

7.1.1.1.1 Monthly and Quarterly Data Refreshes

Across the websites there are monthly and quarterly data refreshes of the applications. Depending on the website, these refreshes can be in the form of "database refreshes" or "releases." The Contractor shall be responsible for the development of these releases on the testing environments and then again for the production environment. Below is a brief description of the requirements on a monthly and/or quarterly basis for each of the three Websites.

7.1.1.1.1.1 www.Medicare.gov

On a monthly basis, the following tools' databases get updated on the Medicare.gov website: Helpful Contacts, MPF, NHC, HPD, and Supplier Directory. The remaining tools (DFC, HHC, and

Hospital Compare) databases are updated on a quarterly basis, or as necessary with proposed enhancements to the tools.

For each data refresh, the test scripts and results reside with the Contractor, as the Contractor performs the testing based on the initial release requirements mandated by CMS. The test scripts verify the functionality, availability and usability of the Medicare.gov application from both a regression and new functionality perspective. The security related test scripts are grouped into four major categories – client side boundary conditions, server side boundary conditions, hidden fields, and query strings attached to the URL.

Once the database refresh has passed through the development environment and system test, it will go through a testing period of two (2) days. The Contractor sends the database load to CMS using a SFTP. CMS downloads the files and uses a content management system called MKS to upload the files to the Repliweb server. Once the files reach the development environments (QA and Staging), CMS will then finish refreshing the database(s), and the changes are tested on both environments. CMS reports defects and provides feedback to the Contractor development team via phone or email. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS to test as a Hotfix package. This Hotfix package is once again loaded on the QA and Staging environments and tested. CMS reserves the right to request another database be sent if changes to the database(s) were made after the Hotfix has been loaded to QA and Staging. Once the Hotfix has been validated, CMS will push the databases to the production servers for the EDC Contractor to load.

7.1.1.1.2 Releases

All three of the websites, have releases based on functionality changes to the websites. Please refer to Attachment H for more information about release schedules.

7.1.1.1.2.1 Medicare.gov

The Contractor shall be responsible for creating three packages for each Medicare.gov release. One package will be created for the User Acceptance Test (UAT) period, one for the Bugfix, and the one for the Production release. Each release package shall be accompanied with related documentation on how to load the files and restore any databases. See Section 7.1.3.3 for more information on the implementation plans that need to be included with the releases.

The process for the release load is as follows: The Contractor shall work with other CMS contractors to create the application update. Once the application update has passed through the development and system test in the Contractor's development environment, the Contractor shall prepare a release package and send it to CMS via SFTP server where CMS will download the files and upload them to the Repliweb server using MKS. The package will go through a User Acceptance Testing (UAT) period which begins approximately two (2) or three (3) weeks before the scheduled Production load. CMS will load the UAT package onto their QA and Staging environments and begin their UAT testing along with the Contractor. The Contractor shall develop system test cases/scripts to be provided to CMS and perform system testing within the development environment for every release. CMS will report any defects and provide feedback to the Contractor's development team via phone, email or through a bug tracking tool. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS as a Bugfix package. This Bugfix package, which should include new test scripts, is loaded on the QA and Staging environments and tested approximately two (2) days prior to the Production Release. Once the Bugfix has been validated, the Contractor shall create a production package with all updated files for CMS to load into the Production environment. The files will be downloaded by CMS and pushed

out to the Production environment on the given release date and time. The Contractor must be available at the time of the release to complete their testing of the Production Release load.

As determined by CMS, resources from a third party independent contractor shall be utilized to provide Validation and User Acceptance Testing services for the Medicare Plan Finder releases. Tasks for the independent contractor shall include the following:

- Analyzing system documentation and attending requirements reviews to determine impact to the system,
- Developing test materials including test plans, validation and UAT test scripts, daily test meeting agendas and minutes, and final test summaries,
- Reporting identified issues to developers, assigning issue severities and tracking until issue resolution, and
- Facilitating UAT Kickoff and daily meetings with UAT participants, reviewing test activities and outcomes.

7.1.1.1.2.2 www.CMS.gov

All applications listed under the purpose section for CMS.gov Website are released on a quarterly basis, or as needed. CMS.gov releases involve a UAT release which averages two (2) weeks, but can take up to four (4) weeks for review in a QA environment. The Contractor prepares a UAT package to send to CMS via SFTP to be loaded in the development environment. During the UAT period, if any items have been found, the Contractor prepares a Bugfix which then gets loaded to QA by CMS. Once the UAT and Bugfix package have been approved by CMS, the Contractor then prepares the production release. Once CMS receives the production release they load it to the production severs.

During testing of the CMS.gov application updates, the Contractor's functional team shall develop system test cases/scripts and perform system testing within the development environment for every release. Once the production package gets loaded to production, the Contractor shall also aid in testing the functionality within the Production environment. The Contractor shall also aid in testing applications developed by other contractors for the Website as needed. The testing shall include, but is not limited to testing for technical issues, continuity and 508 accessibility.

7.1.1.1.2.3 MyMedicare.gov

The MyMedicare.gov system uses some components of the Next Generation Desktop's (NGD) software and hardware. The Website Maintenance and Support Services Contractor shall maintain the applets, views, web templates and customized GUI components of the MyMedicare.gov site. All front-end processes shall be managed by the Website Maintenance and Support Services Contractor, while the business components are maintained by the NGD developer. Trouble tickets that affect both systems shall be a collaboration of efforts between the NGD developer and the Website Maintenance and Support Services Contractor. The Website Maintenance and Support Services Contractor shall be responsible for regression testing to determine impacts to the application. MyMedicare.gov has quarterly releases as well as functional releases.

Quarterly Releases are used to push out improvements to MyMedicare.gov portal. This process begins with requirements gathering and development. The Contactor shall work with CMS, and the NGD Contractor to develop these requirements and create the development package. Once the development package has been completed it is loaded onto the development environment and tested during UAT, which lasts for approximately three (3) weeks. During testing either any problems found shall be fixed immediately, or the release will be pushed back to accommodate the additional time needed, or the issue will be resolved in a subsequent release. Once testing is

considered completed, the enhancements are pushed to the Production servers. The Contractor shall provide test scripts for testing in both the Development and Production environments.

7.1.2 Project Management and Planning Services

The Contractor shall develop a Project Management Plan for implementation and design of the Website improvements, releases, updates, and new applications. The project planning services shall reflect current priorities and will need to be flexible and updated to reflect new initiatives and legislative changes. The project planning services must also be in line with earned value management system requirements.

7.1.2.1 Requirements

7.1.2.1.1 Step 1 – Requirements Gathering

For activities requiring the development of initial requirements definition, the Contractor shall:

a) Conduct Requirements Gathering Interviews (as needed)

b) Document and publish a Concept of Operations (Con Ops) – The Contractor shall work closely with CMS to define and record the business goals and operational concept for the application being updated.

c) Document and Publish Requirements – The results of the requirements gathering sessions shall be thoroughly documented and provided to CMS and any interview participants for review and feedback. In this document, the scope, phases, team leads, and the schedule/timeline should all be identified.

d) Develop a System Requirements Specification (SyRS) document which includes all of the requirements specified during the gathering session.

e) Prioritize Requirements and Update Project Plan – The Contractor shall work closely with CMS to prioritize the defined requirements and determine the level of effort for future phases. The approved updated project plan shall be shared with CMS and project stakeholders.

f) Unless otherwise indicated, provide mockups and a proposed timeline.

g) Document, maintain, and publish a Business Risk Assessment – The Contractor shall define and record the security risk(s), particularly as it relates to the business functions associated with the security/vulnerability of the Website or information, associated with interaction of other components/contractors, and the risk of misuse of information.

h) Define and maintain the System Security Plan (SSP), Information Security Risk Assessment (IS RA) Contingency Plan and Data Use Agreement(s) to ensure that all applications meet the guidelines as stated by CMS. Those guidelines are publicly available at http://www.CMS.gov/InformationSecurity. The SSP and/or IS RA shall clearly define user roles, and ensure that the data is protected. The Contractor shall also complete and maintain all necessary Data Use Agreements (DUA) to ensure that the disclosure of data complies with the requirements of the Privacy Act, the Privacy Rule, and CMS data release policies.

i) Test scripts and the Contractor's test results should be included in the requirements document prior to CMS testing on Staging and sign off on the requirements. This should include coordinating with other contractors as necessary to support all testing from the front-end to the back-end.

j) Track development and identify the phases. Once phases have been completed, there should be a sign off on the phases of the contract by CMS.

7.1.2.1.2 Analysis

The Contractor shall perform an analysis of the business, user and system requirements provided in the System Requirements Specification (SyRS) to ensure that they are correct, complete, clear, consistent, testable, traceable, feasible, modular and design-independent. The Contractor shall complete the system requirements portion of this document. The Contractor shall ensure that these requirements capture the required technical capabilities and constraints of the system being developed.

7.1.2.1.3 System Requirements Specifications (SyRS)

Following analysis, the Contractor shall update the SyRS. The SyRS shall contain the verified information and the new system requirements as specified in the "Directions for Completing a System Requirements Specification Outline" in the CMS Requirements Writer's Guide found at www.cms.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp. All changes to the SyRS shall be identified.

The Contractor shall use the Standard Microsoft Office Suite when creating and updating the SyRS document. At contract completion, the Contractor shall deliver a softcopy of the SyRS, with all applicable links between business, user and system requirements established.

7.1.2.1.4 System Requirements Review (SyRR)

The Contractor shall conduct a formal review of the SyRS with CMS staff. The purpose of this review is to affirm final agreement regarding the content of the SyRS. Upon successful completion of this review by CMS, the SyRS shall be baselined. The Contractor shall manage the SyRS baseline. Following establishment of the baseline, changes to the SyRS will require CMS approval. In addition, the Contractor shall notify CMS if changes to the SyRS will impact contract cost or schedule.

7.1.2.1.5 Logical Data Model

The Contractor shall provide the fully attributed key-based Logical Data Model in ERwin. Other tools may be used, but the model must be converted to ERwin before it can be reviewed and approved. The model shall adhere to the CMS Data Administration standards and must contain the Entity-Relationship diagrams (ERD), correct naming conventions, projected volumes, and a working knowledge of data being developed. Information on CMS policies for Logical Data Design can be found at http://www.cms.gov/DataAdmin/03_LogicalDataDesign.asp.

7.1.2.2 Project Kickoff and Project Definition

The Contractor shall conduct a project kickoff meeting to define roles and responsibilities of key staff, assess and validate the current Website Maintenance and Support Services business requirements, define the project approach and scope, and provide a Transition plan. The Contractor shall be prepared to share with CMS the detailed methodology and tool(s) to be used to

develop, coordinate and manage project schedules, milestones and deliverables. The Contractor shall also use the kickoff meeting to discuss development methodology, establish communication processes, establish status reporting procedures, and establish issues escalation and resolution strategy.

The discussions held at the kickoff meeting will contribute to the Contractor's development and completion of the System Development Management Plan (SDMP) for the Website Maintenance and Support Services project.

7.1.2.3 Project Management

The Contractor shall perform all project management according to the industry best practices described within the Project Management Body of Knowledge (PMBOK) fourth edition published by PMI. This includes technical and business management functions, in order to plan, implement, track, report, and deliver the required services. Earned Value Management shall be used as a management tool to track and report the status of the project and an Integrated Baseline Review shall be used to baseline the project.

The contractor shall adhere to an integrated project schedule and participate with CMS and any CMS designated contractors in integrating that schedule into one that is comprehensive for all CMS Website identified contractors. The project schedule shall incorporate interdependencies and provide upcoming critical dates.

The contractor shall proactively report to CMS any anticipated slips in the project schedule and shall provide a risk mitigation approach to return back on schedule or to compensate for missed milestones.

7.1.2.3.1 Planning

The Contractor shall provide, implement and maintain an integrated project management approach that combines the technical plans, schedule plans, risk management plans, (project) quality management, and cost management plans.

7.1.2.3.1.1 System Development Management Plan (SDMP)

The Contractor shall develop and deliver the SDMP in accordance with the following requirements. The Contractor shall update and maintain the SDMP throughout the life of the contract. Upon CMS approval, the Contractor shall perform in accordance with the SDMP.

The SDMP shall address:

a) Assumptions and Constraints – List the assumptions and constraints affecting the project.

b) Management Approach – A description of the overall project management approach.

c) Staffing Approach – to include:

1. Project Organization (Labor Category roles and responsibilities profile)
2. Organizational Chart
3. Approach to transitioning staff between each of the CMS System Development Life Cycle (SDLC) phases

4. Personnel/Staffing Resource Requirements – Provide the approach to estimating levels of resources required (e.g. staff effort in hours by labor category and by CMS SDLC phase)

d) Schedule Management Approach – To include task description, identification of the critical path, and deliverables for each near and long-term phase. In addition, the project schedule should address all milestones, task duration, task dependencies, task resources, external system and personnel dependencies, CMS dependencies, risks and the possible affected areas.

e) Configuration Management Approach - Define the configuration management activities to be performed during the life cycle of the project, and describe the responsibilities and authorities for accomplishing each activity. Identify the required coordination of configuration management activities with other project activities. Identify the tools and physical and human resources required for execution of the plan. The plan shall address the following activities: configuration management process implementation, configuration identification, configuration control, configuration status accounting, configuration evaluation and release management and delivery. These activities shall include:

1. Use of documented, repeatable development environment checkout/check-in procedures
2. Release package preparation procedures
3. Software migration procedures
4. Approach to identifying and managing Configuration Item(s)(CI)

f) Change Management Approach - Describe the process for requesting, analyzing, prioritizing, and reviewing the impact of the change to established baselines, and documenting changes through their implementation including, but not limited to:

1. The process for managing changes to baseline requirements and design documentation
2. Version control of documentation
3. The process for identifying and managing problem reports
4. A description of any tools

g) Quality Assurance (QA) Approach - Provide a description and table of methods, standards, measurements, reviews, documentation of findings and schedule used to ensure the quality of the development process and products by CMS SDLC phase. If standard QA practices are to be used or if the information exists elsewhere, references to the appropriate documents are sufficient. The person responsible for QA should also be identified.

h) Software Process Improvement - Describe an approach, which may be derived from the recommendations of a software process assessment (e.g., Software Capability Evaluation), which identifies the specific actions that will be taken to improve the software process and outline the plans for implementing those actions.

i) Communication Approach - The Contractor shall provide a communications matrix showing the Contractor's own review and approval of deliverables and demonstrate a methodology for identifying CMS stakeholders and needs, and communicating status, issues, risks, and risk mitigation strategies to those stakeholders.

j) Development Approach - Describe the Software Development and Integration Facility (SDIF) to include Commercial-off-the-Shelf (COTS) software, hardware and programming languages to be used. Explain the relationship to the target operating environment. Indicate whether the SDIF is an off-site contractor facility or whether the CMS Data Center is to be used for development.

1. Implementation Strategy - Describe the approach for identifying, managing, controlling and implementing releases.

2. Activities, Tools, Products, Methodologies, and Standards - For each CMS SDLC phase (Requirements Analysis, Design and Engineering, Development, Testing, and Implementation), provide a matrix that shows the major activities to be performed, the methodologies and Computer Aided Software Engineering (CASE) tools to be applied, the products/artifacts of the phase and specific procedures and standards for analysis, design, and coding artifacts. Describe the requirements analysis approach, design methods, development approach and test approach.

3. Metrics - Describe the approach for identifying objective measures to assess software design complexity and quality. Describe all metrics to be collected, when they will be collected, how they will be collected, how they will be reported (graph, etc.) and how they will be analyzed and used to manage the project.

4. Size Estimate for software work products - Describe the process for estimating software size (e.g., function points, source lines of code), computer resources (e.g., Million Instructions per second (MIPS)), communications network capacity (local area network (LAN) and wide area network (WAN)), and data storage.

k) Risk Management Approach - Document the process, methods, tools and resources that will be applied to the project for risk management. Describe how risks will be identified and analyzed, the basis for prioritizing risks, how risk responses will be developed and implemented, and how the success of those responses will be measured.

l) Transition Approach – to include, but not be limited to, the plans for transitioning the business and technical processes, operations, and maintenance of the Website. At a minimum, the Contractor shall provide roles, responsibilities, timelines, dependencies, risks, risk mitigation strategies, and milestones.

7.1.2.3.2 Closeout Certifications

The Contractor shall prepare closeout certifications. These shall consist of a statement that the contract is complete, including all deliverables have been provided, all services are complete, and there are no outstanding contractual issues.

7.1.2.4 Performance Measurement Baseline (PMB)

The Contractor and CMS shall mutually agree upon cost, schedule and technical plan baselines. These baselines shall be the basis for monitoring and reporting progress throughout the life of the contract.

7.1.2.4.1 Integrated Baseline Review (IBR) Artifacts

The Contractor shall provide IBR Artifacts to be the source of the baselines and systems reviewed in the IBR. The Contractor shall update and maintain the IBR Artifacts throughout the life of the contract. Changes shall be subject to review and approval by CMS. Once approved, the Contractor shall adhere to the PMB.

The IBR artifacts shall include the following:

a) Work Breakdown Structure (WBS)
b) WBS Dictionary
c) Responsibility Assignment Matrix (RAM)
d) Budget allocated to Control Accounts and Work Packages
e) Basis of Estimate for activities contained in the WBS and project schedule
f) System Development Management Plan
g) Initial version of the CMS EVM report
h) Initial version of the Risk report
i) Project schedule, for the task reviewed in the IBR, including:

1. All system development activities by WBS
2. All task dependencies
3. Identification of the critical path
4. Software Process Improvement activities
5. Risk mitigation activities

7.1.2.4.2 Integrated Baseline Review (IBR)

In the IBR, the Contractor and CMS shall walk through the Contractor's planned baselines. The IBR is conducted to achieve confidence that the baselines accurately capture the entire technical scope of work, are consistent with contract schedule requirements, are reasonably and logically planned, and have adequate resources assigned. A separate IBR shall be conducted for each task.

In the IBR, the Contractor's Cost Account Managers (CAMs) shall:

a) Demonstrate that there is a logical sequence of effort consistent with the contract schedule
b) Demonstrate the validity of the allocated cost accounts and budgets, both in terms of total resources and scheduling
c) Verify that the cost, schedule, and technical plans are integrated and that the technical content of control accounts and work packages is consistent with the contract scope of work, the WBS and the WBS dictionary
d) Support CMS' technical assessment of the SDMP, project standards and procedures for system development

7.1.2.4.2.1 Software Capability Evaluation (SCE)

CMS reserves the right to conduct an independent SCE to evaluate the maturity of the Contractor's software development process. Upon request, the Contractor shall support CMS' independent SCE in accordance with the Software Engineering Institute (SEI) Capability Maturity Model (CMM) procedures.

7.1.2.5 Value Engineering

The Contractor shall identify opportunities to improve any and all functions identified in this Task Order. As value-engineering opportunities are identified, the Contractor shall document the

current state, the opportunity for improvement and related performance metrics, implementation timeline and operational impact and provide this documentation to CMS.

The Contractor shall conduct annual usability testing for Medicare.gov, CMS.gov, and MyMedicare.gov tools as requested during the year. The Contractor shall work with CMS to determine the proper timing of these usability tests, and the tools that require the testing.

7.1.3 Design Upgrade Services

The Contractor shall work closely with CMS to produce web page design and functions that meet all the necessary Website requirements, including 508 accessibility and security regulations, while maintaining consistency of design and content. The Contractor shall provide ways to visually and functionally enhance the integration, responsiveness, and continuity of the web pages at CMS' direction. The Contractor shall provide comments and suggestions on technical writing and the overall readability of web pages and develop web pages that are accessible to individuals with physical disabilities and other special needs. The Contractor is also responsible for providing mockups for application enhancements. At various times, these mockups may and will be used in presentations to business owners on the new features of the applications.

The Contractor shall, along with continuing enhancements to the CMS.gov website, introduce a more transactional approach to the Website in order to enhance the experience of users and provide a more customized Website while improving customer service features.

The Contractor shall provide a development server environment from where CMS can view, comment, and change work throughout design and development. In support of new or redesigned web-based applications, the Contractor shall prepare wireframe prototypes and interaction design schematics as required by the Contracting Officer Technical Representative (COTR).

The Contractor shall work with CMS to implement Search Engine Optimization (SEO) to optimize the search result relevance to the users. All applications shall be selected, designed, and implemented to be consistent with the current CMS operating environment standards to ensure transfer of management data and communication between CMS and the Contractor is consistent and efficient. For more detailed information about the CMS standards and guidelines, please refer to Section 19 of this SOW.

The Contractor shall provide and maintain design documents for the Websites. These design documents shall be for the applications as well as the databases. The Contractor shall adhere to CMS' quality assurance standards and meet all policy requirements.

7.1.3.1 Design and Engineering

The Contractor shall develop the design for the architecture, software components, interfaces and the physical databases. The Contractor shall document the system design and allocate the system requirements in the SyRS to the design elements.

The Contractor shall use Computer Software Configuration Items (CSCIs) and Computer Software Components (CSCs) as logical elements of the system design. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61 as referenced in Section 19 in this SOW. CSCs are defined as a level of design decomposition below the CSCIs that shall exist entirely within a release.

7.1.3.1.1 Database Design Document

The Contractor shall provide a Database Design Document for each Database utilized by the Websites. The Database Design Document shall include a Physical Database Design (in third-normal form, where practical) to include:

a) A complete description of the logical model in ANSI standard SQL Data Definition Language (DDL);
b) A Data Dictionary to define all data elements, files, tables, and attributes, including:

- Name/Unique Identifier
- Alias
- Description
- Size and format
- Units
- Range
- Accuracy and precision
- Default values
- Retention Rules
- Key (and type of key);

c) Data integrity rules;
d) Audit data needed for updates and other changes;
e) Security provisions;
f) Use of stored procedures;
g) Use of role based security;
h) Data replication strategies and/or other means to keep data in sync; and
i) Database tuning and optimizing considerations (including use of keys, indexes, etc).

Guides for Physical Data Design can be found at http://www.cms.gov/DataAdmin/04_PhysicalDataDesign.asp. Additional links to aid in the documenting and model process can be found in the left hand navigation under the Data Administration section on CMS.gov.

7.1.3.2 Development

The Contractor shall develop code and conduct software unit and integration testing.

7.1.3.2.1 Code and Documentation

When directed by CMS, the Contractor shall develop the required software to meet the validated requirements. The code and documentation shall include:

a) Code: softcopy of all developed software, to include source code and executables. This shall include any operational software, test software, scripts and data that have been developed. The code shall be documented as follows:

1. Each unit shall contain a prologue that contains:
   - The name of the unit
   - The name of the programmer that developed the unit
   - The date the unit was written
   - A description of the unit

2. Each function procedure, or complex code structure shall be preceded by comments that explain in detail the purpose of the function, procedure or complex code structure. These comments shall include a description of all input variables, output variables, and the processing of each.

3. Each unit shall contain a revision history.

4. Testing must be conducted under the Contractor's environment which shall mimic the CMS Production environment.

b) Version Description Document (VDD) in hardcopy and softcopy, to include:

1. Description of each module

2. Run frequencies

3. Version and release descriptions to include a complete Software Configuration Management (SCM) listing

4. Software language

5. COTS software identification (version and license number)

6. Platform (mainframe, personal computer, server, etc)

7. Processing mode (on-line or batch)

8. A process flow depicting the process order of the programs

9. Library names

10. Release notes

c) Vendor Documentation

d) Application Service Level Agreements (SLA) in hardcopy and softcopy

e) Disaster Recovery Plan

7.1.3.3 Implementation

The Contractor shall assist in the installation of releases in the CMS QA, Staging, and Production environments.

7.1.3.3.1 Implementation Plans

The Contractor shall produce an Implementation Plan in softcopy to CMS. A separate plan is required for each release package. The Implementation Plan shall:

a) Provide specific instructions and step-by-step procedures needed to load the applications and databases;

b) Provide specific instructions and step-by-step procedures needed to verify the load was installed properly
c) Include screenshots to go along with instructions
d) Provide Disaster Recovery Procedures

If any COTS products are used, CMS must review installation procedures prior to loading the application or database.

7.1.3.3.2 Implementation Readiness Review (IRR)

An IRR shall be conducted after validation testing and prior to release of the new or changed system into Production. The purpose of the IRR is to ensure that all prerequisites leading up to production implementation have been met. This includes, but is not limited to, implementation planning including data conversion needs (if appropriate), QA processes, security plans and environmental needs. A separate IRR is required for each release. The Contractor shall present the following at the IRR:

a) Test Log
b) An outstanding Problem Report, indicating severity, effort and schedule to fix all outstanding issues
c) A walkthrough of the documentation provided under "Code and Documentation"
d) A walkthrough of the Implementation Plan
e) A review of the Training Plan

7.1.3.4 Validation Testing

The Contractor shall conduct validation testing on the complete, integrated system to evaluate the system's compliance with its specified requirements for each release.

7.1.3.4.1 Validation Readiness Review (VRR)

The Contractor shall conduct a VRR. A separate VRR is required for each release. The Contractor shall provide information to support a CMS decision to proceed with validation testing. The Contractor shall present the following at the VRR:

a) Test Plan to include schedule for conducting tests
b) Unit and integration test results
c) Outstanding Problem Reports.

7.1.3.5 Test Log

For all system releases, the Contractor shall deliver a Test Log to CMS following successful execution of each validation test. A separate Test Log may be required for each release. The Test Log shall include:

a) A summary of the test
b) Dates of the testing activities
c) Identification of the test cases performed
d) Any deviations from the Test Plan
e) Explanations of why any deviations were necessary
f) Test results – including the defect-to-change ratio for both User Acceptance Testing and Production Testing
g) Identification of requirements successfully tested; and

h) Problem Reports

7.1.4 Consulting Services

The Contractor shall provide advice and expertise on changes and enhancements suggested by CMS personnel; provide knowledge transfer sessions to review technical aspects of Website databases, applications, and functions and additional new features; review, summarize and submit Web comments to designated CMS personnel; participate in periodic meetings with CMS personnel to review changes and discuss enhancements to the interactive Websites; and work cooperatively with Agency staff and other contractors as certain projects necessitate.

8 Transition

8.1 Website Maintenance and Support Services Transition

The Contractor shall implement a low-risk approach during the Base Period to transition the activities and environments from the current Contractor to the Contractor selected for this Task Order. CMS is committed to ensuring that the transition is seamless and non-disruptive to the public, beneficiaries, applications and other Contractors needed for the Website. It is critical that the Website Maintenance and Support Services Contractor propose a realistic Transition plan, due with the proposal and is to be updated within 15 days of award, which identifies and addresses all factors and risks, and includes contingency plans for missed milestones or other impacts to the schedule. This Transition plan shall be updated continuously by the Contractor with CMS approval after the final document is presented to CMS.

Full operations must be successfully transitioned on or before December 31, 2010, to coincide with the expiration of current contract. Successful transition is defined as handling 100 percent of the Websites workload, documented acceptance testing of all improvements to the components, and full engagement in the project management.

Because of the necessity to complete transition by the December 31, 2010 cutoff date, the Contractor shall propose a Transition plan that is fully implemented prior to this date.

The Contractor shall work in cooperation with other CMS contractors to ensure a smooth and seamless transition to full operations. During the transition period and ongoing operations, the Contractor shall coordinate and support regular status meetings with CMS. The Contractor shall be required to coordinate all aspects of the transition with the incumbent Contractor.

8.1.1 Transition Activities

In addition to the Website Maintenance and Support Services transition, the Contractor shall also complete the below transition activities during the Base Period. The transition activities for this contract shall include the continuation of the ASP migration to Microsoft .NET framework and the transition of the Prescription Drug Plan Finder to the EDC.

8.1.1.1 ASP Migration to .NET

The incumbent Contractor will continue the ASP migration to Microsoft .NET framework for the Medicare.gov and CMS.gov Websites. As an activity to learn the site and to ensure the understanding of the redesign, the remaining activities of the migration shall continue by the Contractor in collaboration with the incumbent Contractor. As a result of this migration, the

Contractor shall be prepared to develop and maintain code in both the ASP 3.0 and .NET 3.5 languages.

The number of tools that will remain for this transition is currently unknown. However, the Contractor shall assume that most of the tools will not be transitioned at the time of the award. This activity will familiarize the winning contractor with .NET, ASP, as well as the remaining tools and sites to be migrated. This migration will involve communication with outside contractors as well as internal components to secure requirements.

8.1.1.2 Prescription Drug Plan Finder Migration to Enterprise Data Center

The Contractor will work with the current EDC Contractor to stand up the Prescription Drug Plan Finder Tool in the Enterprise Data Center (EDC). The Contractor shall propose a solution to have all public facing components located in the EDC. This solution should include all phases of this effort including planning and analysis, development, implementation (including configuration and setup of the application, hardware/software, and network), testing, maintenance, and ongoing support. In addition, the Contractor will be responsible for drafting and providing CMS with the necessary documentation (Project Plan, Risk Management Plan, Migration documents, etc.) throughout this effort.

The Contractor shall develop and maintain the software needed to meet the specified requirements as outlined in Section 6.2.1.1. Refer to Section 15 of the SOW for the Government Property that CMS will provide the Contractor.

9 Optional Tasks

9.1 Optional Task 1: Intranet Redesign

CMS anticipates exercising the Optional Tasks below during Option Period 1. Currently, the Intranet for CMS is under CMS' maintenance and creation. It is CMS' desire to have the Contractor create the redesigned Intranet using the Oracle UCM System or the HHS Enterprise Portal. As part of the redesign effort, the Contractor shall:

- Conduct usability testing
- Prepare wireframe prototypes and interaction design schematics as required by CMS
- Create a Website system that mimics the dynamics of the CMS.gov Website.

Optional Task 1A: Intranet Redesign Utilizing the Oracle UCM System:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Oracle Configuration – includes creating Oracle accounts, Oracle server configuration, creating workflows, defining permissions/rights

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications to mimic CMS.gov

Phase 5 – Technical Support after redesign

Optional Task 1B: Intranet Redesign Utilizing the HHS Enterprise Portal:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Content Management Design

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications

Phase 5 – Technical Support after redesign

9.2 Optional Tasks 2: MyMedicare.gov

2A – Caregiver Access – provides features for authorized caregivers to access a patient's MyMedicare.gov beneficiary account, if and when the patient authorizes access. Each caregiver requesting access must have his or her own MyMedicare.gov account. Specific access control shall govern the caregiver's account in order to restrict functions such as the change password or email address functionality.

2B – Authorization for access based on the Authorization Table in NGD – provide features for an Authorized user to access the online MyMedicare.gov beneficiary accounts based on the Authorization table in NGD. Each Authorized user requesting access must have his/her own MyMedicare.gov account. Access control shall be implemented to the authorized user by utilizing the limitations specified by the beneficiary for that user.

2C – Dashboard Presentation – this functionality will allow the user to move their "dashboard" information around the page when they first sign into MyMedicare.gov, so that they may personalize the page according to their preferences. This is similar to features found on Yahoo or Google, where users may personalize/customize their dashboard upon login. Users can minimize or maximize a portlet, suppress the viewing of portlets, save and maintain their dashboard preference, etc.

2D – Populate providers based on claims history –provide a feature for beneficiaries to choose providers based on their claims history, and add these providers to their "favorites" list. Also, provide a link to Medicare.gov in order to display more information about the providers. These favorite providers can also be printed as part of the "On the Go Report".

2E – Additional Lookup tools for providers and suppliers – provide a feature for the beneficiaries to search for providers by using Medicare.gov's Supplier Directory, Home Health Compare and Dialysis Facility Compare tools and add these providers to their Favorite Provider's list, should they desire to. These favorite providers can also be printed as part of the "On the Go Report".

2F – Additional categories for the Health Management Tab – this enhancement would add new categories to the Health Management tab as well as the "On the Go Report" for race/ethnicity, family histories, etc. so that the beneficiary can complete an even more comprehensive picture of their personal health comparison.

2G – Claim Alert Emails – this enhancement would automatically send an email to a beneficiary when new claims are processed and visible for viewing on their MyMedicare.gov account.

2H – Additional Initial Enrollment Questionnaires (IEQs) – currently, only the "Initial Enrollment Questionnaire (IEQ) for Beneficiaries 65 or Over" is available in English for online editing and submission. This enhancement would also deploy other English-language "IEQs" so that all users may complete their questionnaire online. Other IEQs include the following:

- IEQ for Disabled Beneficiaries
- IEQ for Beneficiaries with End-Stage Renal Disease
- IEQ for Beneficiaries with Childhood Disabilities
- IEQ for Disabled Widow or Widower

2I – eMSN Enhancements – provide a feature for the beneficiaries to download/view statement-based (e.g. exact duplicates of the paper MSN) Medicare Summary Notices to beneficiaries via MyMedicare.gov. Statement-based MSN includes all data presented on the paper MSN such as claims information, denials, deductibles, providers, and notes. This functionality would be piloted for Indiana beneficiaries.

2J – Annual and Quarterly Financial Summaries – the addition of the Medicare Annual/Quarterly Health Statement functionality would provide an "at a glance" overview of the beneficiary's Medicare benefits on a quarterly or annual basis, in real time. This information might include (but not be limited to): Claims, Annual Activity, Preventive Services, etc. CSRs may also be able to generate this report, and have it sent to the beneficiary either via email or U.S. Postal Service.

2K – Termination of Working Aged Medicare Summary Payment Records – currently, beneficiaries do not have the capability to close/terminate their Medicare Secondary Payer (MSP) records online. They may do so only by calling 1-800-MEDICARE. This enhancement is to provide the ability for users to close/terminate their MSP records online via MyMedicare.gov.

2L – Additional Promotion – implement links and perhaps a unique brand associated with MyMedicare.gov onto various pages and tools within Medicare.gov, in order to further promote the MyMedicare.gov system and encourage users to register, sign in and benefit from the portal's useful tools.

2M – Escalation Status Monitoring – on MyMedicare.gov, enable beneficiaries to view their own escalations which have been created on their behalf, and to track the resolution status.

2N – Welcome to the Medicare Wizard – this enhancement would add logic to MyMedicare.gov to show the appropriate wizard/workflow to the user, when they are signing up for Medicare. This process would link to a Medicare.gov workflow.

9.3 Optional Tasks 3: MyMedicare.gov and Medicare.gov Enhancements

3A – Drug Interaction Checker – this enhancement would automatically research drugs added to a beneficiary account and notify the user when a drug interacts adversely with another drug on the list.

3B – Google Mashup Expansion – Drug Pricing by Pharmacy Location. Based on the drugs in the beneficiaries' drug list, provide a mashup of drug cost by pharmacy in their area. Provides beneficiaries the ability to see which pharmacy has the best prescription price and determine best geographic option based on their needs.

9.4 Optional Tasks 4: CMS.gov Optional Tasks

For the CMS.gov Optional Tasks listed below, the Contractor shall be responsible for a visual redesign of each application along with migrating each to .NET 3.5 and SQL Server 2008. MCD and PFFS are currently full-fledged legacy ASP applications managed by other CMS contractors. All applications migrated to .NET will leverage the same architecture as currently being utilized for Medicare.gov .NET migrations. For MCD and PFFS, the Contractor shall also be responsible for the ongoing maintenance of the application. However, Forms, Manuals, and Transmittals are managed as dynamic list items using the Oracle UCM Server. They are currently rendered using the standard interface framework leveraged by all CMS.gov dynamic lists. For the redesign and .NET migration of these applications, the front-end and user interface will be independently redesigned for each and will be decoupled from the current uniform display framework that is used for all dynamic lists.

4A – Medicare Coverage Database (MCD)
4B – Physician Fee Finder Schedule (PFFS)
4C – Forms
4D – Transmittals
4E/F – Manuals/Dynamic List Framework
4G – Event Calendar
4H – Media Releases
4I – Glossary
4J - Acronyms

9.5 Optional Tasks 5: Other Enhancements

5A – Addition of Department of Defense (DoD) Hospitals to Hospital Compare (HC) - the contractor shall incorporate additional DoD hospitals (approximately 50 hospitals) to the Hospital Compare tool as directed by CMS. This Optional Task also includes adding a new hospital type as well as various text updates throughout the tool.

5B – Renaming Healthcare Provider Directory (HPD) – as part of the Affordable Care Act legislation, the contractor shall rename the Healthcare Provider Directory (HPD) as directed by CMS.

5C – Healthcare Provider Directory (HPD) Data Enhancements to Addresses – this enhancement will help to reduce the amount of identical addresses and addresses that are within close vicinity that belong to the same organization on the tool by condensing them into one central location.

5D – E-Authorization (Medicare.gov) – this enhancement will allow the E-Authorization form to be pre-populated with the beneficiary information so that the Customer Service Representatives (CSRs) at 1-800-MEDICARE will not have to enter the information manually. For this Optional Task, Medicare.gov will need to edit the code to invoke MyMedicare.gov web service, which is already in production, to fetch the personal identifiable information when the form is accessed by CSRs from Next Generation Desktop application.

5E – De-Authorization (Medicare.gov) – this enhancement will give users on MyMedicare.gov the ability to De-Authorize an Authorized Representative. This Optional Task is for the Medicare.gov portion of the enhancement.

5F – E-Authorization (MyMedicare.gov) – this enhancement will allow the E-Authorization form to be pre-populated with the beneficiary information so that the Customer Service Representatives (CSRs) at 1-800-MEDICARE will not have to enter the information manually. This Optional Task is for the MyMedicare.gov portion that will need to be implemented.

5G – De-Authorization (MyMedicare.gov) – this enhancement will give users on MyMedicare.gov the ability to De-Authorize an Authorized Representative. This Optional Task is for the MyMedicare.gov portion that will need to be implemented.

5H – MyMedicare.gov Online Bill Pay Phase I – Printable Form – this enhancement will provide MyMedicare.gov users with a pre-populated PDF version of the S-500 Form based on the user's Direct Bill status that the users can print, sign, and mail. MyMedicare.gov will pre-fill the fields with the premium information retrieved from the EDB system.

5I – Percussion Proof of Concept, Pilot, and Migration – this Optional Task entails creating a Percussion Content Management Proof of Concept (POC), conducting a Pilot which closely resembles the POC, and migrating CMS.gov content into the Percussion content management system in order for CMS to manage the content on the CMS.gov Website.

5J – Percussion Training and Subcontractor Agreement – this Optional Task is for 4 Contractor personnel to be trained on the Percussion Content Management System. It also includes subcontracting with Percussion directly.

10 Deliverables and Reporting Requirements

The Contractor shall provide the following reports to CMS: Project Summary Report, Earned Value Management Report, Financial Report, and Status Report. The Contractor shall also hold a management review within one week of the delivery of the reports, unless otherwise agreed upon by CMS.

10.1 Project Summary Report

The Contractor shall provide a summary report of projects in progress that will include the Earned Value Management Report (CPR Formats 1-5), a Financial Report, and a Variance Report, as described below, as well as additional information negotiated between the Contractor and CMS. At a minimum, this report shall include the following status information:

a) Project Schedule; (The schedule within the report shall be created using the current CMS version of Microsoft Project.)
b) High-level summary of project requirements

c) High-level summary of associated risks and mitigation plans
d) Estimated cost and level of effort information necessary to manage workloads

In addition to the summary report, CMS would like a one-page high-level overview summarizing the current status of all projects at the time of reporting.

10.1.1 Earned Value Management Report

In accordance with Section J.3.2 of the ESD ID/IQ Earned Value Management System (EVM), the Contractor shall provide EVM as outlined. Samples of Formats 1-5 are located in Attachment B of this SOW.

10.1.2 Financial Report

The Contractor shall provide monthly Financial reports to reflect the work performed by both the prime contractor and subcontractors. The Financial report shall report the content of pending invoices and shall include the following information:

a) Contract Name
b) Period of Performance
c) Current month, hours and cost expended for each labor category
d) Cumulative hours and cost expended for each labor category
e) Projected monthly hours and costs for the remainder of the contract period
f) Summary of the work completed by each contractor staff
g) Break out of costs, both allocated and remaining, for all Website applications
h) Variance Report to reflect the actual and proposed spending and shall include the following information:
    - Analysis of budgeted activities versus actual expenses on a monthly basis, as indicated in the sample format provided, for the following items:
        - CMS.gov Website
        - Medicare.gov, with specific breakouts for MyMedicare.gov, and Quality activities
        - Other activity breakouts as requested by CMS
    - Explanation of variances of greater than 10% of the budget monthly cost indicated in the cost proposal
    - Any relevant analysis or information explaining an activity causing an unexplained variance that occurred during the month.

The Financial report shall provide information and cost for each task by the Website (or release, if appropriate) for which the activities were performed.

10.1.3 Status Report

The Contractor shall provide an overview of the project status with focus on outstanding issues and risks. The report shall also include a detailed overview of tasks planned for the next three (3) months and a high-level overview of major milestones planned for the next twelve (12) months.

10.1.4 Management Review

The Contractor shall conduct Management Reviews as a forum for the Contractor and CMS to discuss project status. The primary focus will be the status against the plans baselined in the SDMP and the Performance Measurement Baseline (PMB).

10.2 Delivery Schedule

For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

DRAFT/FINAL: All document deliverables require both a Draft and a Final version (see Delivery Schedule below). The Final copy is to be a submission of the full document with all CMS comments resolved. The deliverable cover page shall be clearly marked Draft or Final.

UPDATES: Many of the deliverables require the Contractor to provide updates. Unless otherwise specified, there is an expectation that the Contractor shall notify CMS when they foresee a change to the content, and then provide an updated document based upon CMS-approved content revisions and a mutually agreed upon delivery date. All documents shall contain a date and a version number. Documents shall be maintained and kept current by the Contractor.

MONTHLY REPORTS: The data collection period for each monthly report shall be based on the entire month (e.g. April 1 through 30). The Contractor shall ensure that the data in the recurring monthly reports are accurate and consistent with one another assuring that each monthly report also incorporates any subcontractor's data for the same period of time.

AD HOC: The Contractor shall provide ad hoc documentation at CMS' request. Where timeframes are stated, CMS may choose to give consideration to unforeseen circumstances. Therefore, deliverable due dates are as stated unless otherwise agreed to by CMS and the Contractor. All timeframes are in calendar weeks, calendar months, or calendar days. For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

Deliverables shall be distributed as follows:

CMS Contracting Officer (CO) – Project Summary Report – 1 soft copy via email or as mutually agreed.

CMS Contracting Officer Technical Representative (COTR) – See Deliverable Table Below - 1 soft copy via email or as mutually agreed.

In performing the services and providing the support described in the Statement of Work, the Contractor shall provide the deliverables NO LATER THAN the dates in the following schedule:

Days = Calendar Days
IAW = In Accordance With
DAGC = Days after Government Comments

SOW #	Deliverable	Recurring	Non-Recurring
8	Transition Plan		Initial: With Proposal Final: 14 days after award Updates: As Mutually Agreed
7.1.2.2	Project Kickoff		Due: Within 28 days after contract award
7.1.2.3.1.1	System Development		Initial: Proposal

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	Management Plan (SDMP)		Draft: 28 days prior to Integrated Baseline Review (IBR) Final: 14 days after (IBR) Updates: As Mutually Agreed (recommend quarterly when changes available)
10.3	SDLC documents (Project Management Plan, Risk Assessment & Risk Management Plan, Requirements Management Plan, Quality Assurance Plan, Lessons Learned document, and Interface Control document)	With each tool or system release	
11.2	Joint Operating Agreements	1st Due: 28 days after award Recurring: Quarterly for 1st year, semi-annually there after	
7.1.2.3	Project Management Plan, Integrated Project Schedule and Requirements Documents	As needed	
10.1	Project Summary Report (includes Earned Value Management Report, Financial Report, Status Report, and Variance Report)	1st Due: 1st month after contract award Recurring: 3rd Wednesday of the month	
10.1.4	Management Review	1st Due: 30 days after IBR Recurring: Quarterly	
7.1.2.3.2	Closeout Certifications		Due: Upon Request

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7.1.2.4.1	Integrated Baseline Review (IBR) Artifacts		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: Upon changes
7.1.2.4.2	Integrated Baseline Review (IBR)		Held: 90 days after contract award for each task
7.1.2.1.3	System Requirements Specification (SyRS)		Draft: 14 days prior to SyRR (C.3.2) Final: 14 days after SyRR (C.3.2) Updates: Upon Approved CMS changes
7.1.2.1.4	System Requirements Review (SyRR)		Held: IAW SDMP Schedule
7.1.2.1.5	Logical Data Model		Upon Request
7.1.2.5	Usability Testing		Annually (each tool separately, CMS will help identify priority and coordinate the effort)
7.1.2.5	Value Engineering Docs		Upon request, or as identified
7.1.1.1	Data Refreshes and Releases	Monthly and Quarterly based on CMS and other CMS Contractor's schedules.	
18.1	System Security Plan (SSP) and Information Security Risk Assessment Contingency Plan Report		Analysis Phase: 14 days prior to Preliminary Design Review (PDR) Development Phase: Concurrent with DDD Testing: 7 days after successful completion of validation testing Updates: 6 months after contract award
18.2	Corrective Action Plan		After evaluation or test of security determined failures or weaknesses. Updates: quarterly progress report.

7.1.3.1.1	Database Design Document (DDD)		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: As Mutually Agreed
7.1.3.2.1	Code and Documentation		Draft: 14 days prior to VRR Final: 14 days prior to IRR Updates: For each application, as directed
7.1.3.4.1	Validation Readiness Review (VRR)		Held: Prior to validation testing
7.1.3.5	Test Log		As directed with each release
7.1.3.3.1	Implementation Plan		Draft: 4 months prior to IRR Final: 14 days prior to IRR Updates: For each release
7.1.3.3.2	Implementation Readiness Review (IRR)		Held: IAW SDMP Schedule
7.1.1	Application, Database, Webmaster, POD guides		Annually upon request.
7.1.1	Editorial Style Guide (CMS.gov & Medicare.gov)		Bi-annually or upon request

** The Contractor shall provide deliverables that are 508 compliant.*

10.3 Other Documents

The following documents shall be developed and maintained throughout the project lifecycle. These documents shall be delivered to CMS and stored in a centrally accessible version control document management system. System Development Lifecycle (SDLC) documents and review checkpoints include, but are not limited to:

a) System Disposition Plan
b) Change Requests
c) Problem Reports

For information referring to these documents please go to the System Lifecycle Framework page at http://www.CMS.gov/SystemLifecycleFramework/.

11 Coordination and Collaboration

In the multi-contractor environment, the Website Maintenance and Support Services Contractor shall collaborate with other Contractors to fulfill the objectives of the government. The Contractor shall maintain and develop current relationships and integration with external systems. As needed, system and network access, documentation, and support to CMS or their designated contacts shall be provided to maintain systems integration.

This Website Maintenance and Support Services task order requires cooperation, coordination, and integration among contractors, CMS, and companies that have other contractual relationships with CMS. The Contractor shall communicate and coordinate with other CMS staff when necessary. CMS may designate other contractors with which the Contractor shall fully cooperate. This may include, but not be limited to: Plan Data Contractors, Enterprise Data Center Contractor, Next Generation Desktop (NGD) Contractor, National Council on Aging (NCOA), GovDelivery, Google, etc. See Attachment C and D for more information on other contractors that the Contractor must interact with to perform duties as assigned in this SOW.

The Contractor shall develop, test, and implement migration plans for the Websites to accommodate changes in web platforms and environments, including any redeveloping, redesigning, testing and support of tools and Websites per changes in Agency standards.

11.1 Collaboration

11.1.1 Non-Website Maintenance and Support Services Transitions

The Website Maintenance and Support Services Contractor shall support other CMS contractors, system, and infrastructure transitions that occur outside the scope of this SOW, but affect the Website, Website users, or an application integrated with the Website.

The Website Maintenance and Support Services Contractor shall support these efforts and deliver a plan which identifies the changes necessary to the Website applications and/or architecture to accommodate these changes, potential risks, and a risk mitigation strategy. The Website Maintenance and Support Services Contractor shall work closely with CMS and any additional contractors in these efforts.

Expected transitions may include but are not limited to: the NGD application, and other external systems.

11.1.2 External Source Systems

The Contractor currently accesses data from numerous external systems to display to users. The Contractor shall be responsible for the operation, enhancement, and maintenance of the web-based access methods which connect to these systems, and to identify, troubleshoot, and resolve any issues which may arise.

11.1.3 Health Plan Management Systems (HPMS)

The Medicare Plan Finder (MPF) tool integrates with HPMS which is currently maintained under a CMS' policy group contracts with a Plan Data Contractor. The HPMS system provides the planned data loads for MPF. The plan data provided includes, but is not limited to the following:

- Contact Information

- Plan Formularies
- Plan Service Areas
- High-level cost information such as premium, deductible, etc

HPMS information is delivered to the Website Maintenance and Support Services Contractor by the Plan Data Contractor. The data is tested by the Website Maintenance and Support Services Contractor in a development environment. If the tests are successful, the data is delivered to CMS.

11.1.4 Electronic Support Services Contractor

The Electronic Support Services contract provides CMS with the Health Plan, Drug Plan, and contact data that supports the Medicare Plan Finder and Helpful Contacts tool. Beneficiaries rely upon these tools to provide them with accurate, timely information to assist them in making their health insurance and healthcare decisions.

11.1.5 Enterprise Data Center (EDC) Contractor

Currently the Medicare.gov Website and CBO/CSR tools are all housed on 14 production database servers, 12 production web servers, 2 development web servers, 2 development database servers, 1 training database server, and 1 training web server at a Contractors facilities offsite. CMS.gov tools are all housed on 4 production database servers, 4 production web servers, 2 development web servers, 2 development database servers, 1 production Stellent server, and 2 development Stellent servers. However, after the Technology Refresh occurs, both Medicare.gov and CMS.gov Websites will be housed on a total of 16 production web servers and 18 production database servers. MyMedicare.gov has 2 proxy servers managed by the EDC Contractor that connects to the Medicare Beneficiary Portal (MyMedicare.gov). The CMS Intranet has one web and one database server that houses all content. There are also Corda, Media, and Google Search Appliance servers that support all the Websites. During release to the development and production systems, the Website Maintenance and Support Services Contractor may have to interact with the EDC Contractor to troubleshoot problems. CMS will be responsible for coordinating this effort.

11.1.6 NGD Contractor

MyMedicare.gov is highly integrated with the Next Generation Desktop (NGD), co-hosted in the same data center and sharing the database layer of the application allowing CMS enhanced insight into the types of claims-information being requested by beneficiaries. The NGD is the Seibel-based customer relationship management tool used for CMS' call center operations. MyMedicare.gov accesses information through the NGD infrastructure to improve operational efficiency and consistency, and expand the options for Medicare constituents to gain access to Medicare information.

11.1.7 National Council on Aging (NCOA)

The Long Term Care (LTC) tool available on the Medicare.gov Website involves a dynamically accessed web service provided by NCOA through a licensing agreement obtained by the Website Maintenance and Support Services Contractor on behalf of CMS.

11.1.8 GovDelivery

GovDelivery is the email subscription management tool used by CMS. The Contractor is expected to maintain any code used to support the web services integration between the Oracle Content Management system and the GovDelivery application. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

11.1.9 Google Maps

Medicare.gov uses Google maps functionality for all of the tools that provide detailed location viewing on the Website. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

11.1.10 HPD Contractor

Medicare.gov uses the HPD Contractor to clean the data available in Provider Enrollment and Chain Ownership System (PECOS) to provide suitable information to the public. The contractor also adds supplemental data such as training (residency), languages spoken, and hospital affiliations.

11.2 Joint Operating Agreements (JOA)

When necessary, CMS will work with the Contractor to execute a Joint Operating Agreement (JOA) with CMS designated contractors that defines the roles and responsibilities and creates mutually agreed upon and cost effective methods to work with and support CMS' mission. A JOA describes the work that needs to be accomplished, and the roles and responsibilities of each signatory for the success of the task or project. It includes specifics about who shall do what, when, and for whom. The JOA also spells out the process the parties shall follow if either believes that the other is not following the agreement.

At a minimum, JOAs shall be established for the Website Maintenance and Support Services relationships with the following contractors: Plan Data, EDC, and others as specified by CMS.

The JOA shall be submitted within 15 business days after award of the contract and shall be updated on a quarterly basis for the first year, 15 days following the end of each quarter. After the first year, updates shall occur semi-annually. The Contractor shall perform the roles and responsibilities in the updated JOA. The Contractor shall identify and negotiate any changes required to appropriately address the roles and responsibilities of the parties of the JOA.

12 Facilities

The Contractor shall submit the location of proposed facilities prior to task order award.

12.1 Data Connectivity

As needed, the Contractor shall provide necessary premise-based network communications equipment required to connect Contractor facilities to the CMS network or other CMS-chosen network. This includes, but is not limited to, hubs, patch panels, and necessary cabling.

12.2 Government Access

The Contractor shall allow full access into all task order related facilities (including data centers or other support locations), at any time during normal operating hours, to CMS employees or persons designated by CMS. The Contracting Officer or COTR shall designate to the Contractor which CMS employees or specified persons require access to Contractor facilities. CMS may choose not to provide advance notice to the Contractor prior to visiting a location.

For the purposes of auditing or inventory management, CMS employees or their designated representatives shall have full access to all Government assets used during the course of conducting CMS business. The Contractor cannot cite competitive considerations, co-location with other clients' assets, or absence of an advanced notice as a reason to decline CMS employees or

representatives such access. The Contractor understands that designated CMS audit and inventory representatives report directly to CMS.

At CMS request, the Contractor shall provide full disclosure of audit and inventory information to CMS in the format defined by CMS. Such information may include, but is not limited to, asset description, technical specifications, serial number, effective commission and decommission dates, warranty, maintenance, asset owner, and asset utilization information.

13 Key Personnel

The Contractor shall submit resumes for each resource considered Key Personnel. All Key Personnel are subject to HHSAR Clause 352.270-5 Key Personnel (APR 1984) and the following:

a) Replacement is subject to the prior written approval of CMS
b) Requests for replacement shall include a detailed resume containing a description of position duties and qualifications, as well as information about the qualifications of the individual(s) proposed
c) Contractor proposals to move any Key Personnel off the task order shall be submitted in writing at least 30 calendar days in advance of the proposed move.

The following personnel are considered Key to this contract: Project Manager, Application Architect, Development Manager, Systems/Security Manager, and Transition Manager. Below are descriptions of what is expected of these Key Personnel.

The contractor shall identify additional key personnel as necessary to fulfill the requirements of this task order. Any staff identified as key personnel must have a backup who is properly trained and qualified to act as a fully functioning replacement in the absence of the key person. The Project Officer (PO) must be notified when key personnel are out of the office for an extended period of time (more than 2 days). In these instances, the name and contact information, including telephone number and email address, of the backup must be provided to the PO prior to the absence of the key personnel.

13.1 Project Manager

The Contractor shall provide a Project Management Professional (PMP®) certified Website Maintenance and Support Services Project Manager, who shall act as the central point of contact with CMS for all program-wide and event-specific issues. The Project Manager shall be responsible for all issue resolution and program management. The Project Manager shall provide comprehensive account support for the Website Maintenance and Support Services task order and have full authority to act for the Contractor in performing all task order requirements. The Project Manager shall notify the COTR whenever it is believed that s/he is receiving direction that deviates from the scope or terms of this task order. The Project Manager shall have a minimum of 5 years Project Management experience in the IT industry.

13.2 Application Architect

The Website Maintenance and Support Services Application Architect shall manage all activities related to the design and structure of the Websites. S/he shall lead all tasks related to the definition of the overall Website architecture and standards, and definition of the logical and physical data models. The Architect shall have successful experience with a minimum of 3 full lifecycle application implementations.

13.3 Development Manager

The Development Manager shall be responsible for the deployment of new functionality and addressing issues with existing functionality due to configuration and/or customization for all Websites. The Development Manager shall have successful 5 years experience in development.

13.4 Systems/Security Manager

A Systems/Security Manager shall ensure that better industry coding and security standard practices are being followed and that practices also support CMS security standards. The Manager shall also ensure that the Contractor's development environment has been configured properly to match CMS' environment, and assist CMS in any configuration changes for security related releases. The Systems/Security Manager shall have successful 5 years experience with systems configuration and security management.

13.5 Transition Manager

The Transition Manager shall ensure a smooth and seamless transition of current systems and applications supporting the CMS Website Maintenance and Support Services during the Base period. The Transition Manager shall coordinate a weekly status meeting with CMS to ensure transition is on track for a timely completion. The Transition Manager shall develop a Transition Plan that addresses the methodology to prepare and execute the transition of operations. The Transition Manager shall have successful experience with a minimum of at least 3 transition cycles.

14 Government Personnel

The following individuals are designated as the points of contact on this work effort. Only the Contracting Officer may provide contractual direction or interpretations on any work performed under this Task Order.

COTR: Susan Tudor
Phone: 410-786-0296
Email: Susan.Tudor@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

Alternate COTR: Michael McCann
Phone: 410-786-2539
Email: Michael.McCann@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

The responsibilities and duties of the COTR include:

a) Provide day-to-day technical direction to the Contractor as long as the terms/conditions of the contract are not changed.
b) Monitor Contractor's ongoing effort.
c) Serve as liaison between the Contractor and project team.
d) Review deliverables and advise the Contract Officer of the Contractor's performance.
e) Advise the Contract Officer on the Contractor's compliance with technical performance requirements.
f) Ensure that Contractor's input and/or recommendations are considered by CMS project management.

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Contract Specialist: Michael Adkins
Phone: 410-786-8147
Email: Michael.Adkins@cms.hhs.gov

Contracting Officer: Debra Hoffman
Phone: 410-786-0517
Email: Debra.Hoffman@cms.hhs.gov

15 Government Property

The Government Furnished Information (GFI), equipment, and facilities that CMS is providing are the following:

a) Compiled and source version of components used in web-based applications
b) Backups of all public Website databases from www.Medicare.gov and selected databases from CMS.gov (i.e., Media Release, Events, Vocabulary). **CMS will NOT be providing the following proprietary software currently used by the Medicare Plan Finder:**
   - **Price Comparison Engine software – to calculate and compare drug prices**
   - **Online Enrollment Center (OEC) software – to allow beneficiaries to enroll online in a drug plan of their choice (Refer to SOW Section 6.2.1.1 for OEC requirements)**
   - **Save Functionality – to allow user to save their drug and pharmacy lists on either the Medicare.gov or MyMedicare.gov Websites**
c) The raw and/or reformulated data submitted by Part D Plans. This data includes the Pricing Files from Part D Plans and the Plan Data from the Health Plan Management System (HPMS). The Plan Data from HPMS includes MPF Databases, Beneficiary Cost File, Formulary and Excluded Drugs, Partial Gap Coverage, and Exception Tiers
d) Online Analysis Tool (OAT) Software
e) Website files and scripts (all off www.Medicare.gov, selected sections of CMS.gov, and MyMedicare.gov), include site-wide template files
f) Development licenses for Ephox EditLive
g) Commercial licenses for the appropriate datasets as specified in existing Data Use Agreements
h) T1 Connectivity

CMS will not provide equipment or office facilities at the CMS site for Contractor personnel.

The Contractor shall prepare, conduct and maintain an inventory of all government owned property. CMS will provide the necessary guidelines for conducting this inventory. CMS and the Contractor shall conduct a yearly inventory for the duration of this contract and submit an updated inventory report to CMS.

The Contractor shall obtain CMS approval prior to any procurement made on behalf of the government.

16 Communications

The Contractor's Project Manager shall be on call during business hours for coordination with the GTL/SMEs, other designated representatives, and/or representatives of contractor-award work

under other task orders. The Project Manager or qualified designee shall be available and accessible 24 hours a day, seven days a week to discuss operational issues with the GTL/SMEs.

CMS emphasizes the importance that the Contractor be proactive in notifying CMS of any developing situation that may impact operations, service to beneficiaries, or any other contractual issue. Contractor shall advise CMS, in advance whenever possible, of any indication that a potential problem may be developing. In the case of a known impending problem, Contractor shall be forthcoming with CMS to address the risks and to identify mitigation strategies.

17 Section 508

17.1 Section 508 – Accessibility of Electronic and Information Technology

(a) This task order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or

2. In the case of custom Electronic and Information Technology (EIT) being developed by a Contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the Contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The Contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the Contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially

available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)

(2) 36 CFR 1194 (508 Standards)
36 CFR Part 1194.22 (a – p)
36 CFR Part 1194.41 (a – c)
(3) www.access-board.gov/sec508/508standards.htm (508 Standards)

(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)
a. Information Technology – General Information
(http://www.cms.gov/InfoTechGenInfo/)

17.1.1 Section 508 – CMS

CMS follows the HHS standard for compliancy. The Contractor shall use the Agency's standard tool to test for compliancy; currently CMS is using the Digital Diagnostics tool. CMS is working towards full compliancy through CMS' release process. The Contractor shall continuously manage this effort during the design and update of any application, and provide any Product Accessibility Templates as requested. The Contractor shall help CMS to fix the applications and pages found to be non-compliant in the 508 reports, or as identified by CMS. The Contractor shall also provide CMS a Remediation Report following each release that details the progress of the remediation of the tools. If the Contractor could not remediate an application or page, a justification is necessary and a plan outlined for when the remediation will occur. This report is due with each release of the Websites.

17.2 Section 508 – Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, PWS, or TO the SOW, PWS, or TO shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. www.access-board.gov/sec508/508standards.htm (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the SOW, PWS, or TO, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this SOW, PWS, or TO:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

18 Security

The Website must operate under all CMS stated security standards. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA. The Contractor is also responsible for overseeing the development and completion of a corrective action plan for vulnerabilities noted during the testing. Security details can be found on CMS' Information Security Standards page located at http://www.cms.gov/InformationSecurity/14_Standards.asp.

18.1 System Security Plan (SSP) and Information Security Risk Assessment (RA)

It is required that all federal systems be covered by an SSP and each system have the level of risk to the agency assessed. The Contractor shall determine the level of risks for the new or modified system using the CMS Information Security RA Methodology and shall deliver the RA to CMS. For SSPs, CMS has established General Support Systems and Major Application Systems groupings covering CMS' major business functions. Each group has on file an associated SSP that is updated on an annual basis from the RAs for the individual systems within the group. If a system is not included within an existing grouping, the Contractor shall deliver a complete SSP for the new or modified system using the CMS SSP Methodology. Additional security related information can be found by going to http://www.cms.gov/InformationSecurity/01_Overview.asp as referenced in Section 19 in this SOW.

18.2 Correct Deficiencies

The Contractor shall correct any security deficiencies, conditions, weaknesses, findings, or gaps identified by all audits, reviews, evaluations, tests and assessments, including but not limited to, the Statement on Auditing Standards (SAS) – 70 Reviews, Inspector General Audits, self-assessments such as the annual security controls testing as reported under FISMA, and Vulnerability Assessments in a timely manner.

The Contractor shall develop corrective action plans for all identified weaknesses, findings, gaps, or other deficiencies in accordance with the Business Partner System Security Manual (BPSSM) or as otherwise directed by CMS.

The Contractor shall correct weaknesses, findings, gaps, or other deficiencies within 90 calendar days of receipt of the final audit or evaluation report, unless authorized by CMS otherwise.

The Contractor shall validate and document that corrective actions are implemented, tested and effective. The Contractor shall also provide attestation and documentation of corrective actions to CMS upon request.

The Contractor shall provide corrective action plans and quarterly progress reports to CMS in accordance to the BPSSM or otherwise as directed by CMS.

18.3 Security Certification and Accreditation (C & A)

The Contractor shall comply with the CMS C&A methodology, policies, standards, procedures, and guidelines for Contractor facilities and systems. The CMS C&A methodology can be found on the CMS Website http://www.Cms.gov/it/security.

The Contractor shall undergo an independent evaluation and test of their systems security program in accordance with Section 912 of the MMA. The first test shall be completed prior to the Contractor commencing operation of the Website Maintenance and Support Services contract. The independent evaluation can be performed by CMS or a CMS approved contractor.

The Contractor shall conduct, at a minimum, annual vulnerability assessments including penetration tests of the Contractor's systems, program, and facility.

The Contractor shall support CMS validation and accreditation of the Contractor's systems and facilities in accordance with CMS C&A methodology.

19 Standards, Policies and Procedure References

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, the SOW shall take precedence. The Contractor shall comply with the Legislative and Executive Mandates of Section J.6 of the ESD ID/IQ, including but not limited to:

FEDERAL STANDARDS, POLICIES AND PROCEDURES

a. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191)
b. OMB Circular A-130 Management of Federal Information Resources, Appendix III, "Security of Federal Automated Information Systems"

c. MIL-HDBK-881 - Department of Defense Handbook, Work Breakdown Structure
d. DI-MGMT-81466 - Cost Performance Reporting
e. MIL-HDBK-61 - Configuration Management Guidance
f. American National Standards Institute (ANSI) /Electronic Industries Alliance (EIA) Standard 748-98, *Earned Value Management Standards*, May 1998
g. Privacy Act of 1974, as amended, 5 U.S.C. 552a (P.L. 93-579)
h. Rehabilitation Act, Section 508, Accessibility Standards
   (1) 29 U.S.C 794d (Rehabilitation Act as amended)
   (2) 36 CRF 1194 (508 Standards)
   (3) www.access-board.gov/sec508/508standards.htm (508 standards)
   (4) FAR 39.2 (Section 508)
i. OMB Federal Website Guidelines

CMS/DHHS STANDARDS, POLICIES AND PROCEDURES

Architecture

a. CMS Enterprise Architecture (http://www.Cms.gov/EnterpriseArchitecture/)
b. CMS Technical Reference Model (http://www.Cms.gov/EnterpriseArchitecture/04_FederalRefModel.asp)

Data Administration

a. Logical Data Design (http://www.cms.gov/DataAdmin/03_LogicalDataDesign.asp)
b. Physical Data Design (http://www.cms.gov/DataAdmin/04_PhysicalDataDesign.asp)
c. Model Management (http://www.cms.gov/DataAdmin/06_ModelManagement.asp)

Security

CMS IT Security (http://www.cms.gov/InformationSecurity/)
Federal Information Security Management Act (FISMA) of 2002, Title III, Section 301: Information Security, E-Government Act of 2002 (P.L. 107-347)

Requirements Engineering

CMS Requirements Writer's Guide (http://www.cms.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp)

Database Administration (DBA)

CMS DBA Standards (http://www.cms.gov/DBAdmin/01_Overview.asp)

Information Technology (IT) Project Management

IEEE/EIA Standard 12207.0-1996, Volume 4 "Guide to the Project Management Body of Knowledge"

System Development Life Cycle (SDLC) Standards and Deliverables

CMS Integrated IT Investment Management Roadmap (Roadmap) (http://www.cms.gov/SystemLifecycleFramework/)

Web Development

a. DHHS Web Standards
b. Editorial Style Guide for CMS.gov (http://webrequests.cms.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7746)
c. Daily Operations Plan for CMS.gov (http://webrequests.cms.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7427)
d. http://www.cms.gov/InfoTechGenInfo/
e. Section 508 Standards (http://www.cms.gov/InfoTechGenInfo/03_Section508.asp)
f. CMS SEO Guidelines
g. .NET Developers Guide (.NET TRA)

Attachment A – Glossary

Computer Software Component (CSC) - A functionally or logically distinct part of a Computer Software Configuration Item (CSCI), typically an aggregate of two or more software units.

Computer Software Configuration Item (CSCI) - An aggregation of software that is designated for configuration management and treated as a single entity in the configuration management process. It is a logical element in the design. CSCIs may occur at different levels of a hierarchy and may consist of other CSCIs. Typically, a CSCI will exist for each major functional area within the software system such that each CSCI can be independently tested, integrated and managed throughout the system development life cycle. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61.

Earned Value – A method that allows both government and contractor program managers to have visibility into technical, cost and schedule progress on their contracts. The implementation of an earned value management system is a recognized function of program management. It ensures that cost, schedule and technical aspects of the contract are truly integrated.

Enterprise Systems Inventory Database (ESID) - CMS' inventory of business application systems, managed and maintained by Information Technology Architecture staff of the Office of Information Systems. ESID is available to all CMSNet users for viewing business application system information.

Health Insurance Claim Number (HICN) – **See Medicare Claim Number.**

Integration Testing - Testing in which software components, hardware components, or both are combined and tested to evaluate the interaction between them.

Medicare Claim Number – This is a unique identifier for a Medicare beneficiary, not an actual claim number. This number corresponds to the number found on the beneficiary's Medicare card. It is also known as the Health Insurance Claim Number or HICN.

Performance Measurement Baseline – A time-phased budget plan against which project performance is measured. It is formed by the budgets assigned to schedule control accounts and the applicable indirect budgets. For future effort, not planned to the control account level, the performance measurement baseline also includes budgets assigned to higher level work breakdown structure elements, and undistributed budgets. It equals the total allocated budget less management reserve.

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Project - A temporary endeavor undertaken to create a unique project or service. *Temporary* means that every project has a definite beginning and a definite end. *Unique* means that the product or service is different in some distinguishing characteristic from all similar products or services. Projects are to be differentiated from ongoing operations of the organization.

Project Management - The application of knowledge, skills, tools and techniques to project activities in order to meet or exceed stakeholder expectations.

Service Level Agreement – This document describes the IT products and services to be provided, the expected quality and reliability of service, and the penalties and remedies the vendor faces for failure to perform as contracted.

Software Development Files (SDF) - This is a collection of material that is pertinent to the development of a given software unit or a set of related units. Contents typically include requirements, design, technical reports, code listings, test plans, test results, problem reports, schedules, and notes for the units.

Software Unit - The lowest level design component in the software hierarchy. Typically, this might be a single program or function. Optimally, a software unit will AVERAGE less than 100 SLOC.

Stress Testing - Testing conducted to evaluate a system or component at or beyond the limits of its specified requirements. The testing team subjects the system to an unreasonable load while denying it the resources needed to process that load, which will "stress" the system to the breaking point and, as a result, ensure that the break will not cause potentially harmful bugs; this must be conducted in a production-like environment.

Systems Development Life Cycle (SDLC) - A systems development lifecycle (SDLC) is any logical process used by a systems analyst to develop an information system, including requirements, validation, training, and user ownership. An SDLC should result in a high quality system that meets or exceeds customer expectations, within time and cost estimates, and works effectively and efficiently in the current and planned information technology infrastructure. An SDLC establishes a logical order of events for conducting system development that is controlled, measured, documented, and ultimately, improved. CMS has established a common SDLC framework that is based on the IEEE/EIA 12207.0 standard.

Technical Reference Model (TRM) - A model that identifies and defines the major CMS infrastructure services, applications, hardware, telecommunications and environment needed to support enterprise business functions, information and systems.

Traceability - The degree to which a relationship can be established between two or more products, especially products having a predecessor-successor or master-subordinate relationship to one another. An example is the degree to which the requirement and design of a given software component match.

Unit Testing - Testing of individual hardware or software units or groups of related units. For example, developers test their code as an isolated unit to ensure it functions correctly and to ensure all paths in the code logic are exercised and that boundary and error conditions are handled properly.

Validation Testing - Formal testing (1) conducted on a complete, integrated system to evaluate the system's compliance with its specified requirements, including stress testing; (2) to enable a user, customer, or other authorized entity to determine whether to accept a system or component (IEEE Std. 610-12-1990). Acceptance criteria include user requirements and system requirements.

Work Breakdown Structure (WBS) – A decomposition of the planned work effort into specific phases, tasks, activities, milestones and deliverables necessary to accomplish project objectives. A WBS is a task-oriented or deliverable-oriented grouping of identified elements or components of a project, which organizes and defines the total scope of the project. A WBS follows an outline structure where each descending level represents an increasingly detailed definition of a project component. Project components may be products or services. There are no time, cost, or resource assignments associated with a WBS.

Work Package – Detailed jobs, or material items, identified by The Contractor for accomplishing work required to complete the Contractor. A work package has the following characteristics: it represents units of work at levels where work is performed; it is clearly distinguished from all other work packages; is assigned a single organizational element; it has scheduled start and completion dates and, as applicable, interim milestones which are representative of physical accomplishment; it has a budget or assigned value expressed in terms of dollars, man-hours, or other measurable units; its duration is limited to a relatively short period of time, or it is subdivided by discrete value milestones to facilitate the objective measurement of work performed, or its level of effort; it is integrated with detailed engineering, manufacturing, or other schedules.

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Attachment B – Earned Value Management (EVM) Sample Report

HHSM-OCIO IT Earned Value Management Process and Procedures

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 1 - WORK BREAKDOWN STRUCTURE DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 3.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

6. CONTRACT DATA								
a. QUANTITY	b. NEGOTIATED COST	c. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	d. TARGET PROFIT/ FEE	e. TARGET PRICE	f. ESTIMATED PRICE	g. CONTRACT CEILING	h. ESTIMATED CONTRACT CEILING	i. DATE OF OTB/OTS (YYYYMMDD)

6. ESTIMATED COST AT COMPLETION	MANAGEMENT ESTIMATE AT COMPLETION (1)	CONTRACT BUDGET BASE (2)	VARIANCE (3)
a. BEST CASE			
b. WORST CASE			
c. MOST LIKELY			

7. AUTHORIZED CONTRACTOR REPRESENTATIVE		
a. NAME (Last, First, Middle Initial)	b. TITLE	
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)

8. PERFORMANCE DATA	CURRENT PERIOD					CUMULATIVE TO DATE					REPROGRAMMING ADJUSTMENTS			AT COMPLETION		
	BUDGETED COST		ACTUAL COST	VARIANCE		BUDGETED COST		ACTUAL COST	VARIANCE							
ITEM (1)	WORK SCHEDULED (2)	WORK PERFORMED (3)	WORK PERFORMED (4)	SCHEDULE (5)	COST (6)	WORK SCHEDULED (7)	WORK PERFORMED (8)	WORK PERFORMED (9)	SCHEDULE (10)	COST (11)	COST VARIANCE (12a)	SCHEDULE VARIANCE (12b)	BUDGET (13)	BUDGETED (14)	ESTIMATED (15)	VARIANCE (16)
a. WORK BREAKDOWN STRUCTURE ELEMENT																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																
9. RECONCILIATION TO CONTRACT BUDGET BASE																
a. VARIANCE ADJUSTMENT																
b. TOTAL CONTRACT VARIANCE																

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CLASSIFICATION (When Filled In)

CPR Format 1

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CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 2 - ORGANIZATIONAL CATEGORIES DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average .6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. PERFORMANCE DATA

ITEM (1)	CURRENT PERIOD: BUDGETED COST WORK SCHEDULED (2)	CURRENT PERIOD: BUDGETED COST WORK PERFORMED (3)	CURRENT PERIOD: ACTUAL COST WORK PERFORMED (4)	CURRENT PERIOD: VARIANCE SCHEDULE (5)	CURRENT PERIOD: VARIANCE COST (6)	CUMULATIVE TO DATE: BUDGETED COST WORK SCHEDULED (7)	CUMULATIVE TO DATE: BUDGETED COST WORK PERFORMED (8)	CUMULATIVE TO DATE: ACTUAL COST WORK PERFORMED (9)	CUMULATIVE TO DATE: VARIANCE SCHEDULE (10)	CUMULATIVE TO DATE: VARIANCE COST (11)	REPROGRAMMING ADJUSTMENTS: COST VARIANCE (12a)	REPROGRAMMING ADJUSTMENTS: SCHEDULE VARIANCE (12b)	REPROGRAMMING ADJUSTMENTS: BUDGET (13)	AT COMPLETION: BUDGETED (14)	AT COMPLETION: ESTIMATED (15)	AT COMPLETION: VARIANCE (16)
a. ORGANIZATIONAL CATEGORY																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																

DD FORM 2734/2, MAR 06 LOCAL REPRODUCTION AUTHORIZED.

CLASSIFICATION (When Filled In)

CPR

Format 2

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CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 3 - BASELINE DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 6.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. CONTRACT DATA						
a. ORIGINAL NEGOTIATED COST	b. NEGOTIATED CONTRACT CHANGES	c. CURRENT NEGOTIATED COST (a. + b.)	d. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	e. CONTRACT BUDGET BASE (c. + d.)	f. TOTAL ALLOCATED BUDGET	g. DIFFERENCE (e. - f.)

h. CONTRACT START DATE (YYYYMMDD)	i. CONTRACT DEFINITIZATION DATE (YYYYMMDD)	j. PLANNED COMPLETION DATE (YYYYMMDD)	k. CONTRACT COMPLETION DATE (YYYYMMDD)	l. ESTIMATED COMPLETION DATE (YYYYMMDD)

6. PERFORMANCE DATA

ITEM	BCWS CUMULATIVE TO DATE	BCWS FOR REPORT PERIOD	BUDGETED COST FOR WORK SCHEDULED (BCWS) (Non-Cumulative) SIX MONTH FORCAST +1	+2	+3	+4	+5	+6	ENTER SPECIFIED PERIODS					UNDISTRIBUTED BUDGET	TOTAL BUDGET
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
a. PERFORMANCE MEASUREMENT BASELINE (Beginning of Period)															
b. BASELINE CHANGES AUTHORIZED DURING REPORT PERIOD															
c. PERFORMANCE MEASUREMENT BASELINE (End of Period)															
7. MANAGEMENT RESERVE															
8. TOTAL															

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PR Format 3

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 4 - STAFFING

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and revi

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. PERFORMANCE DATA (All figures in whole numbers)

ORGANIZATIONAL CATEGORY	ACTUAL CURRENT PERIOD	ACTUAL END OF CURRENT PERIOD (Cumulative)	FORECAST (Non-Cumulative) SIX MONTH FORECAST BY MONTH (Enter Names of Months)						ENTER SPECIFIED PERIODS					AT COMPLETION
			+1	+2	+3	+4	+5	+6						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
6. TOTAL DIRECT														

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CPR Format 4

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT FORMAT 5 - EXPLANATIONS AND PROBLEM ANALYSES				FORM APPROVED OMB No. 0704-0188
The public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev				
1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

6. EVALUATION

Discussion should include but is not limited to:

Summary Analysis
- Summary of Overall Contract Variances
- Differences between EAC's (Blocks 6.a, 6.b, 6.c, or Block 8.15)
- Changes in Undistributed Budget
- Changes in Management Reserve
- Significant timephasing shifts in Baseline (BCWS) (Format 3)
- Significant timephasing shifts or Overall Changes in Forecasted Staffing (Format 4)
- Discussion of Over Target Baseline and/or Over Target Schedule incorporation

Analysis of Significant Variances: (identify and describe each)
- Type and Magnitude of Variance
- Explanation of Significant Reasons
- Effect on Immediate Task
- Effect on Total Contract
- Corrective Actions Taken or Planned

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CPR Format 5

Attachment C – OBIS Application Matrix

See attached PDF "obis_web_app_matrix"

Attachment D – Data Sources for Medicare.gov Tools

Application (Tool)	Associated Database	Data Source	Data
Dialysis Facility Compare (DFC)	DFC, Geography*	CMS/Office of Clinical Standards & Quality (OCSQ) • Quality Arbor Research • Standard Information Management Systems (SIMS) • Renal Management Information System (REMIS) • Program Management and Medical Information System (PMMIS)	Characteristics, Medical claims, payment and entitlement data on people with Medicare who have ESRD, 3 measures
Hospital Compare (HC)	HQI, Metrics, Geography*	CMS/Center for Drug & Health Plan Choice (CPC) CMS/Center for Medicare Management (CMM) CMS/Office of Information Services (OIS) CMS/Center for Medicaid & State Operations (CMSO) CMS/Office of External Affairs (OEA) CMS/OCSQ	HCAHPs Medicare Payment and Volume Demographics - OSCAR/ ASPEN Plain Language 7 Heart Attack care measures 4 Heart Failure care measures 7 Pneumonia care measures 7 Surgical care improvement project measures 3 Asthma care (children only) measures
Home Health Compare (HHC)	HHC, Geography*	CMS/CPC CMS/CMSO CMS/OCSQ	HHCAHPS Outcome and Assessment Information Set (OASIS) 3 measures for improvement in getting around

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			4 measures for meeting the patient's activities of daily living 3 measures for patient medical emergencies 2 measures about how home healthcare ends
Nursing Home Compare (NHC)	NHC, Geography*	CMS/CMSO CMS/OEA CMS/OCSQ	Minimum Data Sets (MDS) Repository OSCAR/ASPEN - demographics Plain Language Health and Fire Safety Surveys and Complaint Survey deficiencies Nurse staffing 14 measures for long-stay residents 5 measures for short-stay residents
Healthcare Provider Directory (HPD)	Physician, Geography*	Payment Enrollment Chain Ownership System (PECOS) PHPD Data Contractor National Plan and Provider Enumeration System (NPPES)	Physician Listings Foreign language, Gender, Residency information, Hospital Affiliation Physician Quality Reporting Initiative (PQRI)

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Medicare Plan Finder (MPF)	PDAP, OOPC, PDP, SPAP/PAP, Formularies and Supplemental files, Part D Plan Ratings data, Medigap data, Med2000, MGC, CBO-CSR Query, Geography*	CMS/CPC Online Enrollment Center (OEC) database CMS/Health Plan Management System (HPMS) Electronics Services Support Contractor Medicare Beneficiary Database (MBD) To be proposed by contractor	Plan Ratings Data Enrollment Applications Plan Contact, Formulary, and Beneficiary Information Eligibility criteria and Contact information Enrollment and Eligibility data Drug database
Application (Tool)	Associated Databases	Data Source	Data
Medicare Eligibility Tool (MET)		Social Security Administration (SSA)	Published information, Rate and eligibility info from press releases
Long-Term Care (LTC)		National Council on Aging (NCOA) CPC	Risk/Cost Calculator Static information
Helpful Contacts	Con, Geography*	Electronics Services Support Contractor CMS/Website Project Management Group (WPMG) CMS/Call Center Operations Group (CCOG)	Characteristics Characteristics Characteristics
Publications		CMS/OEA	Publications, Key words, related pubs, order information
Supplier Directory	Supplier, Geography*	National Supplier Clearance Warehouse	Characteristics, Participating and non-participating suppliers
Your Medicare Coverage (YMC)		CMS/OEA	Coverage Information, Services, Medical Equipment

**The Geography Database is used on many tools, though is only updated quarterly. This database provides relationships about states, states to counties, counties to zip codes, SSA and FIPS counties, cities to states and zip to cities. It is supplied by the United States Postal Service.*

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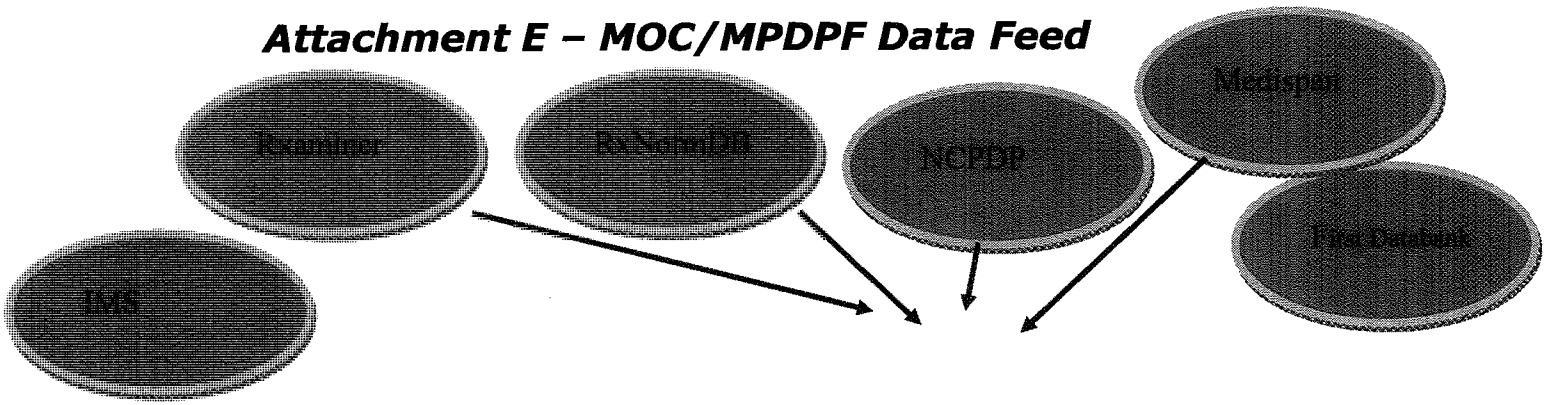
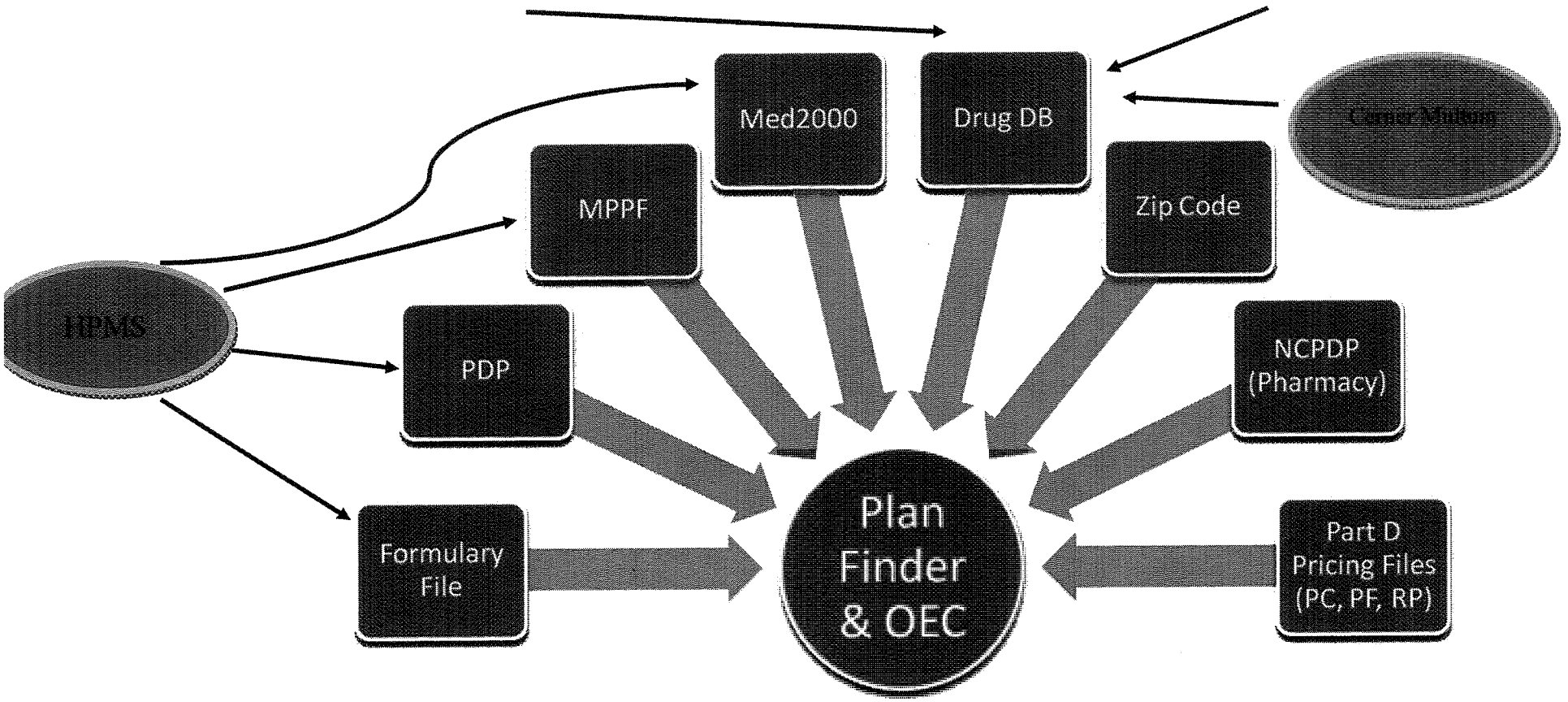


SOW - Website Maintenance and Support Services Task Order



SOW - Website Maintenance and Support Services Task Order

Attachment F – Licenses

CMS Owned

Item	Purpose	Qty
Corda Builder Maintenance	In support of Medicare.gov Graphing and chart functionalities	12
Corda Popchart Enterprise Maintenance	In support of Medicare.gov Graphing and chart functionalities	3
PopChart Enterprise Developer Maintenance	In support of Medicare.gov Graphing and chart functionalities	3
OptiMap Enterprise Maintenance	In support of Medicare.gov Graphing and chart functionalities	3
OptiMap Developer Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
Highwire Enterprise Maintenance Gold 4 CPU	In support of Medicare.gov Graphing and chart functionalities	3
Highwire Enterprise Developer 4 CPU	In support of Medicare.gov Graphing and chart functionalities	3
Repliweb Distribution Manager License	In support of CMS.gov file replication and content deployment	6
BrowserHawk Enterprise Edition 1 year Support and Maintenance	Browser support and attribute detection software in support of Medicare.gov & CMS.gov multi-browser capabilities	16
Google Maps for Enterprise	In support of Medicare.gov's Mapping, Directions, and Address Geocoding functionalities	1
RightNow Enterprise Suite	Provide support and hosting for the Frequently Asked Questions (FAQs) on the Websites and incident management for Website feedback.	1
Ephox EditLive! 1 – Production 1 – Development	Provide ability to implement an embedded content editor into the Stellent Content Management System to allow the end user the ability to submit and update content published to CMS.gov	2
Visual Studio Team Edition for Developer/Database with MSDN	In support of .NET migration effort for CMS Websites. These licenses are for developers to develop locally on their machine.	8
Visual Studio Team Foundation Server with MSDN	In support of .NET migration effort for CMS Websites.	1
Visual Studio Team Foundation Server User Client Access Licenses (CALs)	In support of .NET migration effort for CMS Websites.	1
Socrata Social Data Platform and Social Data	In support of Agency goals to make the datasets on the websites more accessible,	2

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Player	interactive and more visual.	
ThinkStock Image License	In support of obtaining royalty-free photo images for use on our Websites	1
Adobe Creative Suite 5 Web Premium	Software for producing standards-based Websites and immersive digital experiences in support of designing and developing Web content.	2
Adobe Captivate 5	Software that is an eLearning authoring tool for creating and maintaining complex Web content.	3
Flickr Pro Account (1-year)	Account for uploading and posting photos for the Websites	1
WebSort.net License (5-pack)	In support of conducting remote card sorting online	1
Sifter (Large Plan 1-year)	Hosted bug and issue tracking application	1

SOW - Website Maintenance and Support Services Task Order

Contractor Acquired Property

Item	Purpose	Qty
NCOA Long Term Care	Contractor will renew this annually in February on CMS' behalf	1
USPS AIS Zip + 4	In support of the quarterly geography database updates	1
Visual Studio Team Edition for Developer/Database with MSDN	In support of .NET migration effort for CMS Websites. These licenses are for developers to develop locally on their machine.	17
Visual Studio Team Suite with MSDN	In support of .NET migration effort for CMS Websites.	2
Visual Studio Team Foundation Server with MSDN	In support of .NET migration effort for CMS Websites.	1
Visual Studio Team Foundation Server User Client Access Licenses (CALs)	In support of .NET migration effort for CMS Websites.	3
Licenses for third party data (this includes Cerner Multum, First Databank, Wolters Kluwer/Medispan, NCPDP, RxNormDB, Rxaminer, and IMS)	To support the operation of Plan Finder/Formulary Finder	
Corda Builder Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
Corda Popchart Enterprise Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
PopChart Enterprise Developer Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
BrowserHawk Enterprise Edition 1 year Support and Maintenance	Browser support and attribute detection software in support of Medicare.gov & CMS.gov multi-browser capabilities – 1 year support	8
BrowserHawk Professional Edition	Browser support and attribute detection software in support of Medicare.gov & CMS.gov multi-browser capabilities – 1 year support	15
Apple Leopard Operating System	To keep up with new MAC browsers that work with this OS only	2

Attachment G – Acronym List

ARS – Acceptable Risk Standards

ASP – Active Server Pages

BLL – Business Logic Layer

BPSSM – Business Partner System Security Manual

CAM – Cost Accounting Manager

CASE – Computer Aided Software Engineering

CCOG – Call Center Operations Group

CMM – Center for Medicare Management

CMS – Centers for Medicare & Medicaid Services

CMSO – Center for Medicaid & State Operations

COTR – Contracting Officer Technical Representative

COTS – Commercial-off-the-Shelf

CPC – Center for Drug & Health Plan Choice

CSC – Computer Software Component

CSCI – Computer Software Configuration Item

CSR – Customer Service Representative

DAL – Data Access Layer

DDD – Database Design Document

DDL – Data Definition Language

DFC – Dialysis Facility Compare

DLL – Dynamic Link Library

DME – Durable Medical Equipment

DUA – Data Use Agreement

EDC – Enterprise Data Center

EIT – Electronic and Information Technology

e-MSN – Electronic Medicare Summary Notice

ERD – Entity-Relationship Diagrams

ESD – Enterprise System Development

EVM – Earned Value Management

FF – Formulary Finder

FIPS – Federal Information Processing Standards

FISMA – Federal Information Security Management Act

GFI – Government Furnished Information

GFP – Government Furnished Property

GUI – Graphical User Interface

HC – Hospital Compare

HHC – Home Health Compare

HICN – Health Insurance Claim Number

HPMS – Health Plan Management System

IBR – Integrated Baseline Review

IRR – Implementation Readiness Review

IS RA – Information Security Risk Assessment

JOA – Joint Operating Agreement

JSP – Java Server Pages

LAN – Local Area Network

LCD – Local Coverage Determination

LIS – Limited Income Subsidy

LMRP – Local Medical Review Policies

LTC – Long-Term Care

MBD – Medicare Beneficiary Database

MBP – Medicare Beneficiary Portal (aka MyMedicare.gov)

MDS – Minimum Data Sets

MET – Medicare Eligibility Tool

MKS - Mortice Kern Systems Content Management Tool

MMA – Medicare Modernization Act

MOC – Medicare Options Compare

MPDPF – Medicare Prescription Drug Plan Finder

MSN – Medicare Summary Notice

MSP – Medicare Secondary Payer

NCD – National Coverage Determinations

NCOA – National Council on Aging

NGD – Next Generation Desktop

NHC – Nursing Home Compare

NPPES – National Plan and Provider Enumeration System

OASIS – Outcome and Assessment Information Set

OBIS – Office of Beneficiary Information Services

OCSQ – Office of Clinical Standards & Quality

OEA – Office of External Affairs

OEC – Online Enrollment Center

OIS – Office of Information Services

OSCAR - Online Survey Certification and Reporting System

PDP – Prescription Drug Plan

PDR – Preliminary Design Review

PECOS – Provider Enrollment and Chain Ownership System

PHPD – Physician and Other Healthcare Professional Directory

PMB – Performance Measurement Baseline

PMBOK – Project Management Body of Knowledge

PMMIS – Program Management and Medical Information System

PO – Project Officer

POD – Print-on-Demand

PQRI – Physician Quality Reporting Initiative

QA – Quality Assurance

RAM – Responsibility Assignment Matrix

REMIS – Renal Management Information System

RSS – Really Simple Syndication

SAS – Statement on Auditing Standards

SCE – Software Capability Evaluation

SCM – Software Configuration Management

SDIF – Software Development and Integration Facility

SDLC – System Development Life Cycle

SDMP – System Development Management Plan

SEO – Search Engine Optimization

SFTP - Secure File Transfer Protocol

SIMS – Standard Information Management Systems

SLA – Service Level Agreement

SLOC – Source Lines of Code

SOA – Service-Oriented Architecture

SOAP – Simple Object Access Protocol

SOW – Statement of Work

SQL – Structured Query Language

SSA – Social Security Administration

SSL – Secure Socket Layer

SSP – System Security Plan

SyRS – System Requirements Specification

TRM – Technical Reference Model

UAT – User Acceptance Test

UCM – Oracle Universal Content Management System

VB/COM – Visual Basic/Component Object Model

VCS – Virtual Call Center Strategy

VDD – Version Description Document

VRR – Validation Readiness Review

WAN – Wide Area Network

WBS – Work Breakdown Structure

WPMG – Website Project Management Group

YMC – Your Medicare Coverage

Attachment H – Release Schedule Information

Medicare.gov

1 Release/Month with updates on 3-4 of the tools.
Each Release generally has 1 Bugfix and 1 Hotfix

CMS.gov

Frequent updates for Static Pages
Monthly Releases for Major Application Level changes with updates throughout the year

MyMedicare.gov

Major Quarterly Releases
One smaller Release each Month

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 4

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
000010	09/20/2012	See Schedule	

6. ISSUED BY — CODE: ITG - DMITSC

CMS, OAGM, ITG, DMITSC
7500 SECURITY BLVD., MS: C2-21-15
BALTIMORE MD 21244-1850

7. ADMINISTERED BY (If other than item 6) — CODE: AGG/RK

Ryan Kooy
Contract Specialist
410-786-6637

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 — FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0007

10B. DATED (SEE ITEM 13)
04/30/2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule — Net Increase: $1,999,832.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-2 Changes, Cost Reimbursement, Alt 1
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to revise the statement of work to include Task 5L, Support for User Interface and Web Design Specification for the Federally Funded Exchange (FFE). As a result the following contract sections have been revised:

1. Section B, Supplies or Services and Cost/Price;
2. Section C, Description/Specification/Work Statement; and,
3. Section G, Contract Administration Data.

Delivery Location Code: N/A
Not Applicable
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
Richard J. Martin, VP		Phyllis Lewis	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Richard J. Martin (Signature of person authorized to sign)	9/24/12	Phyllis Lewis (Signature of Contracting Officer)	9/25/2012

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Period of Performance: 04/30/2012 to 04/29/2013 Add Item 0044 as follows:				
0044	Additional Funding OY2 Requisition No: OC-393-2012-0108 Accounting Info: 5996720-7520511-252Z-950-2-0764-19 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252Z Component ID: 950 Fiscal Year: 2 Project #: 0764 Sequence #: 19 Funded: [redacted]				(b)(4) [redacted]
	Add Item 0045 as follows:				
0045	Additional Funding OY2 Requisition No: OC-393-2012-0119 Accounting Info: 5996720-7520511-252Z-950-2-0764-20 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252Z Component ID: 950 Fiscal Year: 2 Project #: 0764 Sequence #: 20 Funded: [redacted]				(b)(4) [redacted]

A. As a result of this modification the total estimated Cost-Plus-Fixed-Fee (CPFF) for this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	**$ 1,999,832**	**$ 104,796,063**	**$ 106,795,895**

SECTION B – SUPPLIES OR SERVICES AND PRICES/COST

a. The following table establishes the estimated CPFF value for this contract:

Contract Period	Period of Performance	Estimated Cost	Fixed Fee	Cost Plus Fixed Fee	Total Funded
Base Period*	4/30/2010-4/29/2011	(b)(4)			
Unexercised Optional Tasks	4/30/2010-4/29/2011				
Option Period 1*	4/30/2011-4/29/2012				
Option Period 2	**4/30/2012-4/29/2013**				
Option Period 3	4/30/2013-4/29/2014				
Option Period 4	4/30/2014-4/29/2015				
Total		**$99,815,700**	**$6,980,195**	**$ 106,795,895**	**$79,444,247**

* Includes exercised optional tasks.

b. As a result of this modification to Option Period 2 the total current funding on this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	**$ 1,999,832**	**$ 77,444,415**	**$ 79,444,247**

END OF SECTION B

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

The Statement of Work (SOW) is hereby revised in accordance with the attached revised SOW, dated September 5, 2012.

END OF SECTION C

SECTION G – CONTRACT ADMINISTRATION DATA

a. Accounting and Appropriation Data, is hereby revised as follows:

Mod #	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Total obligated amount for Items 0001 through 0043						(b)(4)
Mod 10	44	OC-393-2012-0108	7520511	5996720	252Z	
	45	OC-393-2012-0119	7520511	5996720	252Z	
			Total Amount Funded			**$ 79,444,247**

b. Subcontract Consents

(1) To facilitate the review of a proposed subcontract by the COR and the Contracting Officer, the Contractor shall submit the information required by the FAR Clause 52.244-2 entitled, "Subcontracts" to the Contracting Officer. The Contracting Officer shall review the request for subcontract approval and the COR's recommendation and advise the Contractor of his/her decision to consent to or dissent from the proposed subcontract, in writing.

(2) Consent is hereby given to issue the following subcontract(s):

(b)(4)

END OF SECTION G

All other terms and conditions in the contract remain unchanged and in full force and effect.

END OF MODIFICATION

Attachment: Statement of Work "Website Maintenance and Support Services Task Order" dated 09/05/2012.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 | 6

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000011	04/30/2013	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS, OAGM, ITG, DMITSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DMITSC	Ryan Kooy Contract Specialist 410-786-6637	AGG/RK

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*	(X)	9A. AMENDMENT OF SOLICITATION NO.
CGI Federal Inc. Attn: Elizabeth M. Burton 12601 Fair Lakes Circle Fairfax VA 22033-3408		9B. DATED *(SEE ITEM 11)*
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-000151 HHSM-500-T0007
		10B. DATED *(SEE ITEM 13)* 04/30/2010

CODE	7032276000	FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

Net Increase: $22,957,745.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-2 Changes, Cost Reimbursement, Alt 1
X	D. OTHER *(Specify type of modification and authority)* FAR 52.217-9 - Option to Extend Term of the Contract

E. IMPORTANT: Contractor ☐ is not ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to incrementally fund Option Year 3 of the contract and incorporate a revised Statement of Work. As a result the following contract sections have been revised:

1. Section B, Supplies or Services and Cost/Price;
2. Section C, Description/Specification/Work Statement; and,
3. Section G, Contract Administration Data.

Delivery Location Code: N/A
Not Applicable
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
Richard J. Martin, VP		Phyllis Lewis	
15B. CONTRACTOR/OFFEROR Richard J Martin *(Signature of person authorized to sign)*	15C. DATE SIGNED 4/29/13	16B. UNITED STATES OF AMERICA Phyllis Lewis *(Signature of Contracting Officer)*	16C. DATE SIGNED 4/29/2013

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Period of Performance: 04/30/2013 to 04/29/2014 Add Item 0046 as follows:				
0046	Fund Option Period 3 Requisition No: OC-393-2013-0182 Accounting Info: Req Identifier: P CAN Number: 5996934 Appropriation: 7530511 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 000455 Sequence #: 006 Funded: [redacted] Add Item 0047 as follows:				[redacted]
0047	Fund Option Period 3 Requisition No: OC-393-2013-0195 Accounting Info: P-203-13-003708-003 Req Identifier: P CAN Number: 5996934 Appropriation: 7530511 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 003708 Sequence #: 003 Funded: [redacted] Add Item 0048 as follows:				[redacted]
0048	Option Period 3 Funding Requisition No: OC-393-2013-0197 Accounting Info: P-203-13-000764-003 Req Identifier: P CAN Number: 5996084 Appropriation: 75X0119 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 000764 Sequence #: 003 Funded: [redacted] Add Item 0049 as follows:				[redacted]
0049	Fund Option Period 3 Requisition No: OC-393-2013-0190 Accounting Info: P-203-13-000764-011 Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 000764 Sequence #: 011 Continued ...				[redacted]

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Funded: [redacted]				
	Add Item 0050 as follows:				
0050	Fund Option Period 3 Requisition No: OC-393-2013-0207 Accounting Info: P-203-13-000455-007 Req Identifier: P CAN Number: 5990024 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 000455 Sequence #: 007 Funded: [redacted]				[redacted]

As a result of this modification the total estimated Cost-Plus-Fixed-Fee (CPFF) for this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	**$ 15,309,499**	**$ 106,795,895**	**$ 122,105,394**

SECTION B – SUPPLIES OR SERVICES AND PRICES/COST

a. The following table establishes the estimated CPFF value for this contract:

Contract Period	Period of Performance	Estimated Cost	Fixed Fee	Total Est. Cost Plus Fixed Fee	Total Funded
Base Period*	4/30/2010-4/29/2011	(b)(4)			
Unexercised Optional Tasks	4/30/2010-4/29/2011				
Option Period 1*	4/30/2011-4/29/2012				
Option Period 2	4/30/2012-4/29/2013				
Option Period 3	**4/30/2013-4/29/2014**				
Option Period 4	4/30/2014-4/29/2015				
Total		**$114,128,974**	**$7,976,420**	**$ 122,105,394**	**$102,401,992**

* Includes exercised optional tasks.

b. As a result of this modification to Option Period 3 the total current funding on this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	**$ 22,957,745**	**$ 79,444,247**	**$ 102,401,992**

c. Fixed Fee Payment Schedule, the Contractor shall include fee on a monthly basis based on the following fee schedule:

PER MONTH FIXED FEE PAYMENT SCHEDULE	
	Option Period 3
Period of Performance	**4/30/2013 to 4/29/2014**
Month 1 through 11	(b)(4)
Month 12	
Withholding	
Total Fixed Fee	$ 1,750,409.00
*** The total amount withheld of $100,000 (15% Withholding of Fixed Fee, not-to-exceed $100,000), less any adjustments found as a result of the final audit, will be paid upon completion of the contract closeout audit.**	

d. Limitation of Funds (Incremental Funding) has been inserted as follows:

Sufficient funds are not presently available to cover the total estimated amount of this contract. In accordance with the Limitation of Funds clause, FAR 52.232-22, initial funds will be obligated under the contract to cover the first increment of performance. Additional funds are intended to be allotted to the contract by modification up to and including the full estimated cost of the contract, to accomplish the entire project. While it is the Government's intention to incrementally fund this contract over the entire period of performance up to and including the full estimated cost, the Government will not be obligated to reimburse the contractor for costs incurred in excess of the cumulative amount of the periodic allotments, nor will the contractor be obligated to perform in excess of the amount allotted.

The Contracting Officer may allot additional funds to the contract by a unilateral contract modification. Should additional funds not become available by the end of the period as indicated below, the monthly status report associated with the last month of said period will become the final report.

(1) The total estimated cost to the Government for full performance of this contract, including allowable direct and indirect costs, is **$122,105,394**

(2) The following represents the schedule by which the Government expects to allot funds to this contract:

CLIN	Funded Cost	Funded Fee	Total Funding	Balance to be Funded	Funded Performance Through Date
Option Year 3	[redacted]		$ 22,957,745	[redacted]	09/15/2013

(3) Total funds currently obligated and available for payment under this contract are **$22,957,745.**

(4) The Contracting Officer may issue unilateral modifications to obligate additional funds to the contract and make related changes to paragraphs (b) and/or (c) above.

(5) Until this contract is fully funded, the requirements of the clause at FAR 52.232-22, Limitation of Funds, shall govern. Once the contract is fully funded, the requirements of the clause at FAR 52.232-20, Limitation of Cost, govern.

END OF SECTION B

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

The Statement of Work (SOW) is hereby revised in accordance with the attached revised SOW, dated April 30, 2013.

END OF SECTION C

SECTION G – CONTRACT ADMINISTRATION DATA

a. Accounting and Appropriation Data, is hereby revised as follows:

Mod #	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Total obligated amount for Items 0001 through 0045						(b)(4)
Mod 11	46	OC-393-2013-0182	7530511	5996934	25235	
	47	OC-393-2013-0195	7530511	5996934	25235	
	48	OC-393-2013-0197	75X0119	5996084	25235	
	49	OC-393-2013-0190	7575X0125.005	5990026	25235	
	50	OC-393-2013-0207	7575X0125.005	5990024	25235	
			Total Amount Funded			**$ 102,401,992**

b. Subcontract Consents

(2) Consent is hereby given to issue the following subcontract(s):

(b)(4)

END OF SECTION G

All other terms and conditions in the contract remain unchanged and in full force and effect.

Attachment: Statement of Work "Website Maintenance and Support Services Task Order" dated April 30, 2013.

END OF MODIFICATION

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 4

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000012	09/15/2013	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS,OAGM,ITG,DMITSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DMITSC	Ryan Kooy Contract Specialist 410-786-6637	AGG/RK

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-00015I
HHSM-500-T0007

10B. DATED *(SEE ITEM 13)* 04/30/2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)* Net Increase: $3,879,999.00
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-2 Changes, Cost Reimbursement, Alt 1
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☒ is not. ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to obligate the final incremental funds required for Option Year 3. As a result the following contract sections have been revised:

1. Section B, Supplies or Services and Cost/Price and
3. Section G, Contract Administration Data.
Delivery Location Code: N/A
Not Applicable

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
		Phyllis Lewis	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		Phyllis Lewis *(Signature of Contracting Officer)*	6/11/2013

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Period of Performance: 04/30/2013 to 04/29/2014 Add Item 0051 as follows:				
0051	Fund Option Year 3 Requisition No: OC-393-2013-0196 Accounting Info: Req Identifier: P CAN Number: 5992599 Appropriation: 7530519 Object Class: 25235 Component ID: 209 Fiscal Year: 13 Project #: 005218 Sequence #: 001 Funded: [redacted]				(b)(4) [redacted]
	Add Item 0052 as follows:				
0052	Fund Option Year 3 Requisition No: CMMI-393-2013-0247 Accounting Info: P-217-13-007849-001 Req Identifier: P CAN Number: 5991055 Appropriation: 75X0522 Object Class: 25235 Component ID: 217 Fiscal Year: 13 Project #: 007849 Sequence #: 001 Funded: [redacted]				[redacted]

The following revisions to the contract are as follows:

SECTION B – SUPPLIES OR SERVICES AND PRICES/COST

a. The following table establishes the estimated CPFF value for this contract:

Contract Period	Period of Performance	Estimated Cost	Fixed Fee	Total Est. Cost Plus Fixed Fee	Total Funded
Base Period*	4/30/2010-4/29/2011	(b)(4)			
Unexercised Optional Tasks	4/30/2010-4/29/2011				
Option Period 1*	4/30/2011-4/29/2012				
Option Period 2	4/30/2012-4/29/2013				
Option Period 3	**4/30/2013-4/29/2014**				
Option Period 4	4/30/2014-4/29/2015				
Total		**$114,128,974**	**$7,976,420**	**$ 122,105,394**	**$106,281,991**

* Includes exercised optional tasks.

b. As a result of this modification to Option Period 3 the total current funding on this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	**$ 3,879,999**	**$ 102,401,992**	**$ 106,281,991**

d. Limitation of Funds (Incremental Funding) has been revised as follows:

Sufficient funds are not presently available to cover the total estimated amount of this contract. In accordance with the Limitation of Funds clause, FAR 52.232-22, initial funds will be obligated under the contract to cover the first increment of performance. Additional funds are intended to be allotted to the contract by modification up to and including the full estimated cost of the contract, to accomplish the entire project. While it is the Government's intention to incrementally fund this contract over the entire period of performance up to and including the full estimated cost, the Government will not be obligated to reimburse the contractor for costs incurred in excess of the cumulative amount of the periodic allotments, nor will the contractor be obligated to perform in excess of the amount allotted.

The Contracting Officer may allot additional funds to the contract by a unilateral contract modification. Should additional funds not become available by the end of the period as indicated below, the monthly status report associated with the last month of said period will become the final report.

(1) The total estimated cost to the Government for full performance of this contract, including allowable direct and indirect costs, is **$122,105,394**

(2) The following represents the schedule by which the Government expects to allot funds to this contract:

CLIN	Funded Cost	Funded Fee	Total Funding	Balance to be Funded	Funded Performance Through Date
Option Year 3	[redacted]				04/29/2014

(3) Total funds currently obligated and available for payment under this contract are (b)(4) [redacted].

(4) The Contracting Officer may issue unilateral modifications to obligate additional funds to the contract and make related changes to paragraphs (b) and/or (c) above.

(5) Until this contract is fully funded, the requirements of the clause at FAR 52.232-22, Limitation of Funds, shall govern. Once the contract is fully funded, the requirements of the clause at FAR 52.232-20, Limitation of Cost, govern.

END OF SECTION B

SECTION G – CONTRACT ADMINISTRATION DATA

a. Accounting and Appropriation Data, is hereby revised as follows:

Mod #	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Total obligated amount for Items 0001 through 0045						(b)(4) [redacted]
Mod 11	46	OC-393-2013-0182	7530511	5996934	25235	
	47	OC-393-2013-0195	7530511	5996934	25235	
	48	OC-393-2013-0197	75X0119	5996084	25235	
	49	OC-393-2013-0190	7575X0125.005	5990026	25235	
	50	OC-393-2013-0207	7575X0125.005	5990024	25235	
Mod 12	51	CMMI-393-2013-0247	75X0522	5991055	25235	
	52	OC-393-2013-0196	7530519	35992599	25235	
Total Amount Funded						**$ 106,281,991**

END OF SECTION G

All other terms and conditions in the contract remain unchanged and in full force and effect.

END OF MODIFICATION

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 4

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000002	11/30/2010	752-1-3359-03	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS, OAGM, AGG, DBSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	AGG - DBSC	DEBRA A. HOFFMAN CONTRACT SPECIALIST (410) 786-0517	AGG/DAH

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*		9A. AMENDMENT OF SOLICITATION NO.
CGI Federal Inc. Attn: Elizabeth M. Burton 12601 Fair Lakes Circle Fairfax VA 22033-3408	(x)	9B. DATED *(SEE ITEM 11)*
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-00015I HHSM-500-T0007
		10B. DATED *(SEE ITEM 13)* 04/30/2010
CODE 7032276000	FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
15993359-75X0516-252Z

Net Increase: $48,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* FAR 52.243-2, CHANGES, COST REIMBURSEMENT, ALT 1

E. IMPORTANT: Contractor ☒ is not. ☐ is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
See the attached pages.
Delivery: 04/29/2011
Delivery Location Code: N/A
Not Applicable

Period of Performance: 04/30/2010 to 04/29/2011

Add Item 0010 as follows:
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
		DEBRA A. HOFFMAN	
15B. CONTRACTOR/OFFEROR _____ *(Signature of person authorized to sign)*	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA Debra A. Hoffman *(Signature of Contracting Officer)*	16C. DATE SIGNED NOV 29 2010

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0010					48,000.00

1. In accordance with FAR 52.243-2, Changes, Cost Reimbursement, Alt 1, this modification directs the following changes to the Statement of Work as noted in the highlighted portions on pages 15, 16, 24 and 44 of the attached Statement of Work:

   (A) Develop and implement the RACompare Phase I initiative on CMS.gov which shall include a United States State and Territory map, leveraging Corda OptiMap functionality, in order to display Medicaid RAC activity. This functionality shall consist of a 2-page workflow on the site with the Main page being accessed from http://www.cms.gov/MedicaidIntegrityProgram/. The second page will be the Details page which shall display the following attributes/values for each U.S. State and Territory:

   - Full State Name and State URL
   - SPA Status (No SPA Submitted; Submitted; Approved)
   - Date SPA Approved
   - Exception Requested?
   - Date Exception Request Received
   - Exception Determination
   - RAC Contract in Place?
   - Effective Date of RAC Contract
   - Contract Fee Structure

   The contractor shall also include Hover and/or Click operation allowed by State or Territory on the map and also a 'pop out' capability. The pop-up page will display the State abbreviation as well as the above list of attributes. The map shall utilize three colors that are Section 508 approved colors in order to differentiate the degree to which a State or Territory has established its Medicaid RAC program. Additionally, the tool shall only support the English language. CMS will provide the contractor an Excel file using an agreed upon format which shall be maintained across the database refreshes and delivered 4 business days prior to the go-live date. From January 2011 – April 2011, the Data File will be sent on a semi-monthly basis. There will be a one-time ETL process with this effort.

   (B) As part of the CMS.gov RACompare Phase I initiative, the contractor shall create a new SQL Server 2008 database. From January 2011-April 2011, the contractor shall receive Excel data files from CMS on a semi-monthly basis for these database refreshes. The file shall be sent 4 business days prior to the desired CMS go-live date.

(C) Deliverables

7.1.1.1	Data Refreshes and Releases	Semi-Monthly (RACompare Database Refreshes), Monthly and Quarterly based on CMS and other CMS Contractor's schedules.	

2. The Contractor must assert its right to an adjustment under this clause within 30 days from the date of receipt of this written order. Failure to agree to any adjustment shall be a dispute under the Disputes Clause. However, nothing in this clause shall excuse the Contractor from proceeding with the contract as changed.

3. The Contractor shall not be obligated to continue performance or incur costs beyond the point established in the Limitation of Costs clause of this contract. However, the Contractor must continue performance of the contract as changed.

4. Until this Directed Change can be definitized, the Government's liability on behalf of the change is limited to $48,000.00.

5. Additionally, this modification provides for the change of the Government's Contract Specialist and Contracting Officer on page 50 of the Statement of Work. The new points of contact are:

Contract Specialist:	Joe Feibel
Phone:	410-786-8261
Email:	Joseph.Feibel@cms.hhs.gov
Contracting Officer:	Phyllis Lewis
Phone:	410-786-8637
Email:	Phyllis.Lewis@cms.hhs.gov

SOW - Website Maintenance and Support Services Task Order

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SOW - Website Maintenance and Support Services Task Order

Centers for Medicare & Medicaid Services (CMS)

Website Maintenance and Support Services

Statement of Work

The Government is seeking the assistance of a Website Maintenance and Support Services Contractor (hereafter, "the Contractor"). Independently, and not as an agent of the Government, the Contractor shall furnish the necessary services, personnel, materials, equipment, and facilities, not otherwise provided by the Government, as needed to perform this task order.

The Centers for Medicare & Medicaid Services (CMS) has unlimited rights to all non-proprietary data, licenses, source code and programs, and system architecture developed by the Contractor. "Unlimited rights" shall be passed to CMS, its successors and assignees in accordance with FAR reference 52.227-14 Rights in data-general and 52.227-17 Rights in data – Special Works.

1 Introduction

CMS purchases healthcare for an estimated 85 million people through Medicare and Medicaid. On behalf of these beneficiaries, CMS works to ensure high quality healthcare at a reasonable price, provide information about benefits, health promotion, and choices, and also works with accrediting bodies to certify healthcare facilities.

CMS is responsible for accurate, timely, relevant, understandable, and easily accessible information that will help beneficiaries make decisions on their individual healthcare needs. CMS is committed to designing, evaluating, and providing comprehensive state-of-the-art education material and resources for beneficiaries, and the provider community. In its stewardship of the Medicare program, CMS ensures that policies and programs align to meet the healthcare needs of beneficiaries. Significant principles include assuring:

- Consumer information reaches beneficiaries, providers and other constituents to support informed purchasing decisions,
- Provider quality and accountability are supported, as well as cost effective; and,
- Beneficiaries are protected from poor care and their rights and dignity are maintained.

CMS uses the following strategies to make operational decisions:

- Collecting data, and using it to create useful comparative information,
- Distributing the information to Medicare beneficiaries,
- Encouraging use of this information by beneficiaries when choosing a health plan; and
- Providing Nursing home or healthcare options.

These strategies are intended to stimulate the market forces that provide incentives for high quality performance by healthcare providers. Additionally, this information has the potential to improve approaches to healthcare delivery for all consumers.

Some of the ways that CMS commits to disseminating information to beneficiaries is through three websites: www.Medicare.gov, www.CMS.gov, and www.MyMedicare.gov. These three sites are available to the public 24 hours a day, 7 days a week, are managed by the CMS Office of

Beneficiary Information Services (OBIS) Website Project Management Group, and are hosted by an independent Enterprise Data Center (EDC).

1.1 www.Medicare.gov Website

CMS' award-winning www.Medicare.gov consumer Internet site was first launched in 1998. Originally, the site contained searchable databases to assist consumers in finding information about Medicare Advantage and Medigap options available in their area. Since then, a multitude of databases and information resources have been added.

The website hosts 22 separate databases allowing consumers and beneficiaries to compare, select, and enroll in Medicare health and prescription drug plans, compare nursing homes, home health agencies, hospitals, physicians and more.

With the passing of Medicare Modernization Act (MMA), specifically the Prescription Drug Benefit and the expansion of Medicare Advantage plans, health plan choices that are available to Medicare beneficiaries have become more numerous, varied and complex. The Website is an essential tool to help beneficiaries, family members, caregivers, advocates, and healthcare providers learn and understand what their choices are and compare and select a health plan or prescription drug plan that best fits their individual needs.

1.2 www.CMS.gov Website

The CMS.gov website was launched in September 2001 and it serves all of the Agency's constituencies, including the medical community, lawmakers, researchers, Medicaid recipients, and the general public. CMS.gov is a highly visible website that serves as the primary vehicle for education and outreach to healthcare professionals and other CMS stakeholders.

In December 2005, CMS redesigned the CMS.gov website promoting a user-centered design which allows users to find content more efficiently. The Stellent Universal Content Management System (Stellent) was used by CMS employees to create, edit, delete, and publish information to the CMS.gov website. In the winter of 2009, CMS.gov transitioned from Stellent to the Oracle Universal Content Management System.

1.3 www.MyMedicare.gov Website

MyMedicare.gov is a public information portal that can be accessed through Medicare.gov. The MyMedicare.gov pilot began in December of 2004 and less than one year later access to MyMedicare.gov was nationwide with the current number of registered users exceeding 11 million and growing at a rate of about 200,000 per month.

MyMedicare.gov allows registered users the ability to access general Medicare and claims-specific information from a secure website 24 hrs a day, 7 days a week. Users are also able to change the email address they provided upon registration, order a new Medicare card, keep their drug list and favorites for physicians, nursing homes, and hospitals they prefer.

The portal is integrated with the Next Generation Desktop (NGD), a customer service tool used at the CMS' call center operations. Using this tool, the customer service representatives (CSRs) are able to aid the beneficiary in accessing information, execute a change request, or refer them to the appropriate resource to make changes to their personal information. MyMedicare.gov is critical to CMS' Virtual Call Center Strategy (VCS). The VCS is an initiative to create a virtual contact center environment that uses technologies, resources, and services effectively across the sites and

contractors. MyMedicare.gov focuses on improving customer service by providing consistent, accurate and understandable information though multiple communication channels.

1.4 cmsnet.cms.hhs.gov

CMS also has an Intranet that is maintained and updated by CMS employees. CMS uses the intranet to disseminate important information to the employees. Requests are submitted by content owners via an email request system called WebRequest – part of Rightnow Technologies. CMS has recognized that a redesign of the current CMSNet would better serve the employees of CMS due to the current Intranet site structure which is neither topic nor audience based and has no organization or navigation schema. There is an optional task in this SOW referring to the redesign effort under Section 9.

2 Website Purpose

CMS is seeking to obtain website development and support services for the Agency's external and internal websites and applications. The objective of obtaining these services is to further the Agency's goals to provide accurate, timely, and useful information to our Medicare beneficiaries and other audiences. Outlined below are the individual Website purposes, applications, and specifications.

2.1 www.Medicare.gov

Medicare.gov provides comprehensive Medicare information to beneficiaries and their caregivers. Comparative, searchable data found on the website are in the form of applications. Each compare application allows a user to perform research based on individual search criteria. The compare applications draw from a series of read-only databases containing publicly available information.

a) **Medicare Plan Finder (MPF)** – The Medicare Plan Finder (MPF) is the first major redesign of the Medicare Options Compare (MOC) and Medicare Prescription Drug Plan Finder (MPDPF) tools since the implementation of the Medicare Modernization Act of 2003. The new tool launched in June 2010, cleanly integrates the 2 tools that had previously been separate in order to improve usability and streamline the plan comparison process without eliminating anything that was considered valuable to the users. The redesigned MPF provides Medicare beneficiaries with one central point to view and compare all available drug and health plan choices by conducting a general or personalized search within their geographic area.

   For a personalized search, the tool provides dynamic plan information and messaging based on the beneficiaries' subsidy level, enrollment status, and location. In a general search, the tool provides dynamic plan information based on coverage type and location to view estimates of the out-of-pocket costs for their health and drug benefits, and plan ratings to further assist in making their health plan choices. Both search functions allow the user to review plan benefits, costs and quality information, and enroll in the plan of their choice by going directly to the Online Enrollment Center (OEC).

   A separate workflow allows users to find and compare Medigap policies in their area.

   Printed versions (in both English and Spanish) of the tool's search results can be ordered by 1-800-MEDICARE Call Center representatives via the Print-on-Demand (POD) process.

   This tool can be accessed at https://www.medicare.gov/find-a-plan/questions/home.aspx.

b) **Nursing Home Compare (NHC)** – This tool provides both an overview and detailed information about the past performance of every Medicare and Medicaid certified nursing home in the country providing a level of care called "skilled" care. The tool allows the user to compare the quality of the nursing homes by providing a five-star quality ratings system, health inspection results, nursing home staff data, quality measures, and fire safety inspection results. The NHC tool helps the beneficiaries to make an educated decision on which nursing homes to visit, and ultimately which to choose based on their level of need. The NHC tool is currently available in English and Spanish at http://www.medicare.gov/NHCompare/home.asp. Printed versions of the Website search results are also available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process.

c) **Home Health Compare (HHC)** – This tool provides the beneficiaries with the ability to search and compare home health agencies, and display detailed information about the services each agency offers. The information for the agencies (including quality measure data for all home health agencies within the United States and territories) assists beneficiaries in comparing home health agencies and making educated decisions based on their needs. The tool also provides static information such as data gathering techniques, glossary of definitions, links to related Websites, and home health-related publications. The HHC tool is currently available in English and Spanish on the website at http://www.medicare.gov/HHCompare/Home.asp.

d) **Hospital Compare (HC)** – This tool provides information on how well hospitals care for patients with certain medical conditions and surgical procedures, and results from a survey of patients about the quality of care they received during a recent hospital stay. The information provided on the tool helps the user to compare the quality of care provided at hospitals and encourages the hospitals to improve the quality of healthcare they provide. The Hospital Compare tool is currently available in English only on the Website at http://www.medicare.gov/Hospital/Home.asp or http://www.hospitalcompare.hhs.gov.

e) **Dialysis Facility Compare (DFC)** – This tool provides important information and resources, such as the past performance of every Medicare and Medicaid certified dialysis facility in the country. This tool also provides a list of some services available at each facility, quality measure data, etc, for patients and family members who want to learn more about chronic kidney disease and dialysis. There is helpful information to assist the users in making an educated decision about a facility, including two checklists of questions: one to ask their dialysis care providers and one to use when they visit a dialysis facility. The DFC tool is currently available in English only on the Website at http://www.medicare.gov/Dialysis/home.asp.

f) **Healthcare Provider Directory (HPD)** – This tool provides information on Medicare participating physicians, non-participating physicians, and other healthcare professionals. The types of information provided are: practice locations, specialty, residency/training information, phone numbers, foreign language, gender information, mapping and directions. In December 2008, Physician Quality Reporting Initiative (PQRI) information was added to the tool giving additional information to help users to view quality information on the physicians in their local area. The PQRI program is a voluntary program that allows physicians and other healthcare professionals to report information to Medicare about the quality of care they give to people with Medicare who have certain medical conditions. The HPD tool is currently available in English only at http://www.medicare.gov/find-a-doctor/provider-search.aspx. Printed versions of the Website search results are also

available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process.

g) **Helpful Contacts** – This tool provides the users with contact information for specific organizations or organizations that can help them get answers to their Medicare related questions. The users can search for contact information by Organization, Topic, or 5 Most Popular Organizations. The data gets updated by the 1-800 Medicare Call Center and CMS through the Contacts Editor tool. The Helpful Contacts tool is shared between Medicare.gov and CMS.gov. The Helpful Contacts tool is currently available in English only on the Website at http://www.medicare.gov/Contacts/Home.asp.

h) **Medicare Eligibility Tool (MET)** – This tool is designed to provide Medicare beneficiaries with eligibility and enrollment information based on their answers to personal and medical coverage information. In addition to the search part of the tool, the Resources tab provides access to the two MET calculators. The MET Eligibility Calculator provides the user with the dates of eligibility and enrollment for Medicare. The MET Late-Enrollment Penalty Calculator provides the user with an estimate of any Part B late enrollment penalties based on that years' premium. The MET tool is currently available in English only on the Website at http://www.medicare.gov/MedicareEligibility/home.asp.

i) **Supplier Directory** – This tool provides names, addresses, and contact information for suppliers that provide services or products under the Medicare program. The tool provides this information on the suppliers of Durable Medical Equipment, Prostheses and Prosthetic Devices, Orthotics, and Supplies to users based on the location information that is provided by the user. The Supplier tool is currently available in English only on the Website at http://www.medicare.gov/Supplier/home.asp.

j) **Your Medicare Coverage (YMC)** – This tool provides information about healthcare benefits under the Original Medicare plan. This tool provides the following information: Medicare coverage, cost, contact information, deductibles and count of Local Medical Review Policies (LMRPs) and National Coverage Determinations (NCDs). The YMC tool is currently available in English only on the Website at http://www.medicare.gov/Coverage/home.asp. Printed versions of the LMRPs, LCDs, and/or NCDs that were used to deny an item or service are available through the 1-800-MEDICARE Call Center via the POD process.

k) **Long-Term Care (LTC) –** this application provides a web-based decision tool to help consumers evaluate their financial and lifestyle planning for their long-term care needs. The data provided enables consumers to view a report that describes their long-term care forecasting. The decision tool includes a forecasting model that projects an individual's expected long-term care costs based upon that individual's profile using a calculator provided through a license with National Council On Aging (NCOA). Information that builds this predictive model includes demographic, psychosocial, and economic data. The LTC tool is currently available in English only on the Website at http://www.Medicare.gov/LTCPlanning/Home.asp.

l) **Publications** – This tool allows users to search, view and print Medicare publications. Additionally, users also have an option to order certain publications to be mailed to them. CMS employees use an administrative interface to make updates to publication file size, name, description, keyword, ordering information, date revised, related publications, and publication category. A multilanguage publication link allows users to view some publications in languages other than English and Spanish. The Publications tool is currently

available in English and Spanish and may be accessed at http://www.medicare.gov/Publications/Home.asp.

m) **Medicare Online Forms** – This tool allows users to view, print, or electronically submit Medicare forms online. These forms include the 'Medicare Authorization to Disclose Personal Health Information' Form, the 'Patient's Request for Medical Payment' Form, and the 'Medicare Appeals' Form. The Medicare Online Forms are currently available and may be accessed at http://www.medicare.gov/MedicareOnlineForms/.

n) **Testimonials (Medicare Stories)** – This tool is an optional service provided to users of the Medicare.gov site. This tool allows users to voluntarily share their experiences with Medicare by submitting a few required fields (first name, state/territory, and their story) on the site. Their stories or testimonials are then posted on the site to share with other users. Medicare Stories can be accessed at http://www.medicare.gov/Testimonials/DisplayTestimonial.asp?tstmTestimonialIds=2121%7C2122&tstmReturnURL=%2FMPDPF%2FPublic%2FInclude%2FDataSection%2FQuestions%2FMPDPFIntro.asp&tstmModule=MPDPF&tstmCallingTool=MPDPF&version=default&PDPYear=2010&MPDPF_MPPF_Integrate=N&browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&ViewType=Public&MAPDYear=2010

2.1.1 The Print-on-Demand (POD) Process

There is an application and two web interfaces that support the Print-on-Demand (POD) publication order print and fulfillment process: Ordering, Controller, and Vendor. The following is a list of the supporting applications and a brief business objective.

a) **Ordering** – This database is a read/write database that connects to each of the compare applications that allow public users to submit mailing information to order a hard copy of a selected Medicare Publication. The applications that support this functionality are MPF, NHC, HPD, YMC, and Publications.
b) **Controller** – provides access for the controller group to manage the order print and fulfillment process. The Contractor is part of the controller group in an administrative role.
c) **Vendor** – provides access for the print vendors to download order assignments and set assignments to complete.

The Ordering application provides the POD and static publications ordering procedures. The application is written in ASP and takes the public user through a series of steps to finalize an order.

Once public users have selected to order either a publication or dynamic booklet, they are taken to the 'Product Confirmation' page where they choose to either add more to the order or submit the order. After selecting to submit the order, public users are taken to the 'Shipping Information' page. This page begins the Secure Socket Layer (SSL) connection to the users. Medicare.gov uses a Verisign certificate to ensure the identity of the Medicare web server. Additionally, the system implements SSL 3.0 with 128-bit encryption.

Public users are required to input first and last name, address, city, state, and ZIP code. Optionally, they can provide a phone number and an email address. The ASP code running on the web browser validates whether the required fields are filled in and displays an error if they are not. In addition, each field is limited to a maximum number of characters; the largest text field is 50 characters long. The application does not automatically verify that the shipping address is legitimate. However, the application does contain a manual verification link to the USPS. The link is a crosshairs watermark located below the input fields.

The next page is the 'Online Ordering' page where the user confirms the order. Once the order is confirmed, the Ordering application connects to the Ordering database. The Data Access Layer (DAL) manages the connection with the database server, which requires the Ordering application to authenticate itself. The application authenticates with a login name and password specific to the Ordering application, which is hard coded into the ASP code. After it has been authenticated, it places the new order in the Ordering database, and the database sends back a confirmation number that is displayed to the public user.

The Processor of XML (POX) application is used to create the XML variable data for POD capability and post it to the Medicare.gov website for the print vendors to download.

2.2 www.CMS.gov

CMS.gov provides the public the ability to access information regarding CMS programs. The CMS.gov mission is to provide clear, accurate, and timely information about CMS programs to the entire health community to improve quality and efficiency in an evolving healthcare system. The CMS.gov Website is a combination of static content and general content applications. The CMS.gov Website static content is updated via the Oracle Universal Content Management System (UCM) by CMS employees.

The Oracle UCM at CMS maintains over 69,348 static content items that are published to the CMS.gov Website. The system allows users with appropriate access to contribute and review content via an automated workflow and approval process. Users follow an Editorial Style Guide for CMS.gov that gives guidelines and rules for how the pages should be organized. All approved content is then translated by the system into web content supporting dynamic content assembly and then published out to the appropriate Website sections. The Applications below are used as search and indexing tools to provide dynamic content based on a user's search criteria and managed by the Contractor.

a) **Medicare Coverage Database (MCD)** – allows users access to local and national coverage information. This application is the web-based method used by CMS to collect Medicare coverage policies and related information and disseminate this information to the public. The MCD consists of a front-end search engine that links to three individual back-end databases containing both national and local coverage information. Each database is functionally distinct, independently operated and maintained, and supports a unique user base. The search engine currently resides in a production environment at CMS and refinement, testing, implementation, and maintenance will occur on an ongoing basis. The MCD application can be found at: http://www.cms.gov/mcd/overview.asp.

b) **Physician Fee Finder Schedule (PFFS)** – provides users with information on services covered by the Medicare Physician Fee Schedule (MPFS). It provides more than 10,000 physician services, the associated relative value units, a fee schedule status indicator, and various payment policy indicators needed for payment adjustment (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.). The Medicare Physician Fee Schedule pricing amounts are adjusted to reflect the variation in practice costs from area to area. A geographic practice cost index (GPCI) has been established for every Medicare payment locality for each of the three components of a procedure's relative value unit (i.e., the RVUs for work, practice expense, and malpractice). The GPCIs are applied in the calculation of a fee schedule payment amount by multiplying the RVU for each component times the GPCI for that component.

This site is designed to take you through the selection steps prior to the display of the information. The site allows users to:

- Search pricing amounts, various payment policy indicators, RVUs, and GPCIs by a single procedure code, a range and a list of procedure codes.
- Search for the nation, a specific carrier, or a specific carrier locality. Each page has associated Help/Hint available to complete your selections.

The information that is provided on the physician fee schedule (PFS) web page relates to payment under the PFS and related information concerning the development of the payment amounts. This information is intended for physicians/non-physicians who provide services to Medicare beneficiaries. This information is updated on regular basis when there are payment/policy changes. The Physician Fee Finder Schedule application can be found at: http://www.cms.gov/PhysicianFeeSched/.

c) **Media Releases** – allows users to search and browse past and present press releases, fact sheets, and testimony on a variety of CMS related topics. Additionally, it provides a web interface for users to submit media releases for posting. The Media Release application can be found at http://www.cms.gov/apps/media/.

d) **Helpful Contacts** – allows users to search, browse, and view phone numbers and web address information for relevant healthcare agencies. This application is shared with Medicare.gov and is accessible throughout the CMS.gov Website. The Helpful Contacts application can be found at http://www.cms.gov/apps/contacts/.

e) **Vocabulary: Glossary** – allows users to search, browse, and view definitions for a list of terms which appear on the CMS.gov Website. Additionally, it shares a web interface with Vocabulary: Acronyms for CMS personnel to update glossary listings. The Glossary application can be found at http://www.cms.gov/apps/glossary/.

f) **Vocabulary: Acronyms** – allows users to search and view definitions for a list of acronyms which appear on the CMS.gov Website. Additionally, it shares a web interface with Vocabulary: Glossary for CMS personnel to update acronym listings. The Acronyms application can be found at http://www.cms.gov/apps/acronyms/.

g) **Event Calendar** – provides information about upcoming and past events at CMS. It allows CMS personnel to log in and add new events to the Event Calendar. Users can even register for conferences using this tool. The Event Calendar application can be found at http://www.cms.gov/apps/events/.

h) **Freedom of Information Act (FOIA)** – allows users to see the status of their FOIA request from the CMS.gov Website. Users have to enter a valid control number and pin in order to access their request status. When entered, the user will be displayed both general information (i.e., control number, date received, and subject) and status information (i.e., status of request, projected date of response, and date of response).

2.3 www.MyMedicare.gov

The purpose of the implementation of MyMedicare.gov is to provide a portal for beneficiaries to securely access a subset of the CSR functions. Users can go to MyMedicare.gov either through the Medicare.gov website, or by going to www.MyMedicare.gov. Access is limited to users who are able to authenticate with a username and password. A username and password is set up once a user

registers on the website. Once logged in, the user has access to the following functions encompassing, but not limited to:

a) **Eligibility and Enrollment Information** - The "My Health and Drug Plans" tab provides the enrollment information for the beneficiary, including any existing Prescription Drug Plan (PDP), Limited Income Subsidy (LIS), Medicare Secondary Payer (MSP) and Other Insurance information. The tab also provides links to the various plan search tools on Medicare.gov. These tools enable the user to create and maintain drug lists and search for plans more quickly and easily.

b) **National Health Awareness Monthly Messages** - An applet displays monthly updated National Health Awareness messages. The link redirects the beneficiary to a page on the Medicare.gov Website where they can obtain additional information specifically related to that monthly message.

c) **Search and Obtain Part A, Part B and DME Claim Information** – Beneficiaries are able to search and view details for their Part A (Hospital Inpatient, Hospital Outpatient, Home Health, and Hospice), Part B (Physician Outpatient) and DME (Durable Medical Equipment) Claims. Beneficiaries are also able to order duplicate Medicare Summary Notices (MSNs). Furthermore, beneficiaries are able to view and print claim specific MSNs.

d) **Electronic 'Claim Based' Medicare Summary Notice (e-MSN)** – This functionality displays an electronic MSN to beneficiaries on the Website when their claim has been processed. It closely matches the printed hard copy MSN that beneficiaries receive in the mail, but will not be an exact duplicate. The contractor shall also provide electronic MSN functionality on the site to enable pilot eligible beneficiaries with links to obtain PDF versions of their MSNs. Specifically, MyMedicare.gov shall provide an option to New York and Connecticut beneficiaries to enroll in receiving e-MSNs and provide a link on the site to view quarterly MSNs in a PDF format.

e) **Links to Resources on General Medicare Information** – The "My Publications and Tools" tab displays various hyperlinks to additional Medicare resources. These resources provide additional information on topics such as coverage and enrollment, appeals and grievances, and steps on how to file and submit a claim.

f) **Preventive Services** – The "My Preventive Services" tab displays one or more rows of information for each category of preventive services (Cervical Cancer Screening, Pap test, Prostate Cancer Screening, Colorectal Cancer Screening, etc). This page also displays a 12-month calendar showing when the beneficiary is due for their next preventive service, Eligible Dates of Service, and informative notes regarding each preventive service listed. Users who provide an email address are also sent 'Preventive Services Alerts" notifying them that they are due for a preventive service.

g) **Message Center** – The "My Messages" tab provides the beneficiary access to important MyMedicare.gov related messages. These messages may contain attachments, which can be opened, saved, and printed.

h) **Medicare Secondary Payer (MSP)** – This functionality allows beneficiaries to obtain access to their MSP case information. The MSP tab is only available to beneficiaries with active MSP cases.

i) **Health Management Features** – This functionality allows beneficiaries to enter their pharmacies when they enter their drug lists, perform searches and save information on their favorite physicians, nursing homes, and hospitals. The beneficiary can also print an "On the Go" report which allows them to choose the information they want to display then print to bring with them on their next doctor's visit. Items they can select are (but not limited to): self-reported conditions, drug list, other providers, etc.

j) **Web Chat Functionality** – this functionality allows users access to general Medicare information through a Web Chat feature as well as a technical support hotline telephone number on the Website. Currently, the Web Chat feature is a web-based application through Verizon, but CMS is looking to integrate this functionality with the Next Generation Desktop application by utilizing Genesys in order to route the Web Chats to the next available Customer Service Agent.

2.4 Supporting Applications

There are other supporting applications that provide users with access to additional information and abilities. Some of these supporting applications are, and are not limited to, the Frequently Asked Questions (FAQs), Email This Page, Mailing Lists, RSS Feeds, and Static Pages.

3 Period of Performance

The period of performance for this Website Maintenance and Support Services Task Order shall consist of one Base period, including Transition activities, and four (4) one-year Option periods. The work shall be conducted at the Contractor's facility with some meetings conducted at CMS in Baltimore, MD.

Base Period:	04/30/10 – 04/29/11
Option Period 1:	04/30/11 – 04/29/12
Option Period 2:	04/30/12 – 04/29/13
Option Period 3:	04/30/13 – 04/29/14
Option Period 4:	04/30/14 – 04/29/15

4 Assumptions and Constraints

It is important that the Contractors and CMS have a common understanding regarding the conditions on which we shall build our relationship. The following identifies the basic assumptions and constraints concerning this effort.

- This SOW should take precedence in the event of conflicts between this SOW and the Enterprise System Development (ESD) SOW.
- All Contractor personnel shall participate in CMS Information Security Awareness Training.
- Contractor personnel who are required to obtain a CMS badge shall undergo a background investigation at the Contractor's expense.
- There may be times when the Contractor shall be required to have staff at the CMS complex, as requested by CMS.
- CMS considers the Agency's Websites to include Medicare.gov, CMS.gov, and MyMedicare.gov and the supporting applications. Support on these sites and applications shall include, but are not limited to, development and maintenance, testing in CMS' QA and

Staging environments as well as on the Contractor's simulated environment, performance, integration and load testing, training, user acceptance testing, hot fixes, bug fixes, etc.

- The Contractor shall provide software and/or licenses for software as required by CMS. This includes but is not limited to the National Council on Aging (NCOA) calculator license. See Attachment F for a list of licenses that CMS renews to support this contract.
- The Contractor's simulated environment must mimic CMS' test environment.
- The Contractor shall not design, implement, or maintain any customized or proprietary software, applications, or other functionalities without prior approval in writing from the Project Officer (PO).
- The Contractor shall receive prior approval, in writing, from the PO before introducing any new Commercial-off-the-Shelf (COTS) products or proprietary utilities.
- All products, including software and all utilities (proprietary and non-proprietary) developed to support the activities and deliverables of this contract, are the property of CMS. The Contractor shall deliver all products, including software and utilities (proprietary and non-proprietary), and deliverables of this contract at the request of CMS or upon termination of this contract.
- The Contractor shall provide contractor staff training on software and tools that are not unique to CMS and are required for this contract.
- The Contractor shall provide training to CMS staff on contractor unique software and tools, upon CMS request.
- CMS shall provide training to Contractor staff on CMS unique software and tools that is required for this contract, upon Contractor request.
- The Contractor shall be responsible for purchasing any hardware or software needed to accomplish their tasks.
- The Contractor shall establish connectivity to the CMS Baltimore Data Center, in order to perform required tasks.
- The Contractor shall use the current CMS standard desktop suite for all deliverables.
- The Contractor must provide the appropriate staff to be available during adhoc extended business hours (i.e. overnight, weekend, and some holidays) as required by CMS.
- Within this SOW, several tasks have been identified as optional (Section 9 of this SOW). CMS may exercise these options at their discretion through a unilateral modification to the contract. The Website Maintenance and Support Services Contractor shall be prepared to implement any or all of these requirements at any given time.

5 Scope

The Website Maintenance and Support Services Contractor shall be responsible for assessing, developing, testing, implementing, maintaining and making improvements to applications on the

SOW - Website Maintenance and Support Services Task Order

Agency's Websites in Agency standard technologies. These tasks will follow the Section J.1.11: Phase 6 – Maintenance Services portion of the ESD ID/IQ contract. The Contractor shall:

a) Provide technical expertise in fields such as content management, project management, decision tools, print-on-demand packages, Website usability, 508 accessibility and assistive technologies, Internet security, information architecture, customer relationship management applications, service-oriented architectures and web services, and e-government/customer service best practices to assist in the creation and maintenance of the Website applications.

b) Analyze existing Website application functionality and information to recommend, develop, assess, test (code, performance, etc), implement, and maintain enhancements and upgrades to the Websites and also further the integration and support of the Websites into the Virtual Contact Center Strategy (e.g., web chat capability, portals, electronic transaction processing, etc.)

   - Integrate the current MyMedicare.gov Web Chat functionality with the Next Generation Desktop application by utilizing Genesys in order to route the Web Chats to the next available Customer Service Representative.
   - Implement necessary MyMedicare.gov changes to the NGD Authorization Table to support the Desktop activities.
   - Add a new Media Type for CD format to Publications that are available on Medicare.gov.

c) Consult with other existing contractors and external experts to coordinate the development, implementation, and maintenance of the Websites.

d) Perform application monitoring, performance assessment, and testing of applications on an ongoing basis.

e) Support Agency implementation of new technologies, such as content management, data visualization, data marts, collaboration, web services, .NET migration, multimedia, social media, search engine optimization, and advanced search technologies.

   - As part of the MyMedicare.gov 2.0 Redesign effort, the contractor shall provide a Blue Button in both the Siebel and .NET platforms on the 'On the Go Report', 'Claims Search Results', and 'Claims Details' screens and provide the ability to download the data on these screens in a CSV file.
   - Migrate the Medicare Coverage Database (MCD) application on CMS.gov over to a .NET platform as well enhance the search functionality, add contextual Help, and update print functionality as part of the migration. In addition, the Contractor shall be responsible for maintaining the front-end search engine piece of the application including ongoing maintenance.
   - Migrate the Physician Fee Finder Schedule (PFFS) application on CMS.gov to a .NET platform. In addition, the Contractor shall be responsible for the ongoing maintenance of the front-end of the application as well as the database.
   - Handle regular annual maintenance of the Freedom of Information Act (FOIA) application and migrate FOIA application to a .NET platform. The Contractor shall be responsible for the ongoing maintenance of the front-end piece of the application.
   - Create a new Data Transformation Service to process the PECOS extract file for the Supplier Directory.

- Implement Socrata formatting changes in order to help automate the data.medicare.gov database refresh process and ensure consistency in the datasets.
- Convert the State Pharmaceutical Assistance Program (SPAP)/Pharmaceutical Assistance Program (PAP) workflow to a .NET architecture and update the PDAP database to SQL 2008. Additionally, integrate the workflow into the new Medicare Plan Finder tool and work to provide consistency in the visual redesign of the pages.

f) Perform analysis and produce recommendations on Website management best practices and models, at both an enterprise and project level.

- Develop and conduct an initial assessment of a Web Execution Plan and create a Web Governance Charter for the Websites.

g) Develop enterprise-wide customer service applications, including but not limited to: conference registration, glossary and acronyms, data visualization, and media releases.

h) Participate in the development and implementation of a more transactional approach to Website applications to increase the functionality of features focused on specific personal actions (e.g., allow users to search for and view information about their medical claims and deductibles, order additional copies of their Medicare Summary Notices, Online Enrollment Center (OEC), etc.)

- Provide electronic Medicare Summary Notice (eMSN) functionality on the site to enable pilot eligible beneficiaries with links to obtain PDF versions of their MSNs. Specifically, MyMedicare.gov shall provide an option to New York and Connecticut beneficiaries to enroll in receiving eMSNs and provide a link on the site to view quarterly MSNs in a PDF format.

i) Identify and implement user interface enhancements.

- As part of the Affordable Care Act, create and implement a Complaint Form in English and Spanish on Medicare.gov to allow individuals to register complaints on the site using either a personalized or generalized workflow.
- As part of the Affordable Care Act, implement enhancements to the Nursing Home Compare (NHC) Website which include updates to State Website links; information on number, type, severity, and outcome of complaints; information on number of criminal violations; information on number of civil monetary penalties (CMP), and access to a standardized complaint form that is an electronically fillable PDF document. Additionally, provide Nursing Home Compare mockups for Enforcements and Complaints.
- Update the Supplier Directory tool to display outreach information and implement changes to legacy tool for the Durable Medical Equipment (DME) Competitive Bidding initiative.
- Update Medicare.gov header and footer in Spanish for .NET tools as well as the legacy pages.
- Develop and implement the RACompare Phase I initiative on CMS.gov which shall include a United States State and Territory map, leveraging Corda OptiMap functionality, in order to display Medicaid RAC activity. This functionality shall consist of a 2-page workflow on the site with the Main page being accessed from http://www.cms.gov/MedicaidIntegrityProgram/. The second page will be the Details

page which shall display the following attributes/values for each U.S. State and Territory:

- Full State Name and State URL
- SPA Status (No SPA Submitted; Submitted; Approved)
- Date SPA Approved
- Exception Requested?
- Date Exception Request Received
- Exception Determination
- RAC Contract in Place?
- Effective Date of RAC Contract
- Contract Fee Structure

The contractor shall also include Hover and/or Click operation allowed by State or Territory on the map and also a 'pop out' capability. The pop-up page will display the State abbreviation as well as the above list of attributes. The map shall utilize three colors that are Section 508 approved colors in order to differentiate the degree to which a State or Territory has established its Medicaid RAC program. Additionally, the tool shall only support the English language. CMS will provide the contractor an Excel file using an agreed upon format which shall be maintained across the database refreshes and delivered 4 business days prior to the go-live date. From January 2011 – April 2011, the Data File will be sent on a semi-monthly basis. There will be a one-time ETL process with this effort.

j) Identify, test and implement ways to adjust site coding to support visually impaired users, Section 508 guidelines, and trend analysis (statistics).

k) Ensure that applications function correctly under commonly used user agents and platforms, such as Internet Explorer, Navigator, Mozilla, Google Chrome, Opera, AOL, and Safari on Windows and Macintosh platforms.

l) Develop infrastructure that allows for proper processing, and transfer of all data associated with prescription drug plans. Currently, Medicare Part D has around 5,500 plans.

m) Perform manipulation and data management for the prescription drug plans and provide technical support to these plans. The Contractor shall provide a tool for plan and drug pricing information for the MPF application, as well as a tool for beneficiaries to enroll into the plans.

n) Take appropriate action to minimize measurable degradation in overall Website and individual Website tool performance due to increases in data or user volumes. This includes taking appropriate action to support high volumes of concurrent users (at least 22,000 concurrent users), especially on the MPF.

o) Develop and maintain a duplicate database for each alternative language (currently English and Spanish are supported), and provide the ability for additional languages. The Contractor shall maintain multiple different user interfaces per tool per language offered.

p) Ensure that POD processing is completed in a timely manner as well as develop, maintain, and improve POD technology.

q) Analyze current web security and recommend, develop, assess, test (code, performance, etc), implement, and maintain upgrades that provide greater security to the site.

6 Technical Specifications

Medicare.gov and CMS.gov have specific software and technical expertise expectations of the Contractor for this task order. The specifications for the applications and servers that need to be followed are also identified.

6.1 Global Specifications for Medicare.gov and CMSgov

When any of the applications on Medicare.gov or CMS.gov connect to the database, a connection string to the database server is established, which requires the application to authenticate itself. The database server authenticates the application against the active directory domain. The communication links between the applications and the database server are encrypted.

6.2 Medicare.gov Specific

Each application is supported by its own set of Dynamic Link Library (DLL) files written specifically for the application: a Business Logic Layer (BLL) and a Data Access Layer (DAL) DLL. As a result, each application is regarded as an independent component of the Medicare.gov system. The presentation layer of the application is currently based on Active Server Pages 3.0 (ASP), and will be migrated to .NET framework. The presentation layer has been written in JavaScript that performs basic input validation on the client side. The server side has been written in VBScript to provide the same level of validation. Neither the client nor server side validation filters input for special characters. The BLLs and DALs are written in Visual Basic 6.0/Component Object Model (VB/COM). The DAL interfaces the application to the Structured Query Language (SQL) database servers.

On the backend, the application BLL interacts with the database DAL. The database DAL establishes a connection string to the database server, which allows the application DAL to use the native SQL I&A scheme to authenticate with the SQL database server. Once the SQL server has authenticated the application, the application makes the database queries. Each application has a developed set of SQL queries to perform the customized searches. The database server returns the requested information, which is formatted by the ASP code and is displayed to the public user via the web browser.

6.2.1 Medicare Plan Finder (MPF) Tool Specifications

6.2.1.1 Support Requirements for Public Reporting of Medicare Health and Drug Benefits and Enrollment Facilitation

The Contractor shall perform manipulation and data management for the health and prescription drug plans and provide technical support to these plans. The Contractor shall develop and provide a tool for plan and drug pricing information for the MPF application, as well as a tool for beneficiaries to enroll into the plans, check their plan formulary or check current enrollment. Requirements regarding this functionality can be found below. This task also involves developing a solution to house the database and functionality.

Scale of Drug Benefit Information, Size, Data and Processing Requirements
Each of around 5,500 plans must submit drug pricing data and pharmacy network data on a weekly to biweekly basis. This data per plan may scale up to represent different formulations and pill sizes for approximately 7,000 drugs and approximately 75,000 pharmacies. This data is required for dynamic real-time calculations for concurrent requests representing all available plans and

pharmacies per request. Each user request may include up to 150 unique plans and represent all reported measures for each plan. The software and supporting hardware/hosting shall support on-the-fly calculations and display of data for up to 22,000 concurrent users (each user having up to 150 unique plan options with all available data and cost calculations). The Price Comparison Engine software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor.

Medicare Plan Finder (MPF)

Requirements:

a) Services to display health and drug plan benefit information including drug pricing data and pharmacy network data & information on Medicare.gov

b) Update and maintain user interface for MPF

c) Work with other CMS contractors to integrate information hosted on their servers with existing data on Medicare.gov for use in the following databases:

- MPF (includes Out-of-Pocket-Costs)
- Formulary Finder (FF)
- Online Enrollment Center (OEC)
- Print-On-Demand functionality (POD)
- Check Current Enrollment

d) Integrate pricing data and pharmacy network data with other CMS contractors representing plan approved formularies, plan benefit structure, and load on a biweekly basis to accurately reflect benefit availability for each of the three types of Part D benefit plans (for all plans – about 5,500) for concurrent users

e) Develop and maintain necessary software to compute accurate pricing information to include individual drug prices, dispensing fees, cost for Medicare beneficiaries across a plan year, including estimated annual health and drug costs, per month costs, and costs during different coverage levels available through the Part D benefit (deductible, initial coverage limit, coverage gap, and catastrophic)

f) Software must account for beneficiary low income subsidy levels as available through Part D benefit

g) Software must accommodate multiple different processes and concurrent users for all available plans and potential infinite variables and software must be fully dynamic and on-the-fly

h) Maintain security and confidentiality of proprietary drug plan information

i) Accommodate price of an unlimited amount of drugs concurrently across all plans and benefit types on the public Medicare.gov website and the Customer Service Representative (CSR) version

j) Maintain CSR (non-public) version of application with enhanced and more robust operations (unlimited number of drugs, etc)

Data – Prescription Drug Pricing Data and Pharmacy Network Data

Data submission is required by all participating Medicare plans offering a prescription drug benefit on a weekly to biweekly basis. This includes both types of Medicare plans offering a drug benefit: Medicare Health and Prescription Drug Plans, and Prescription Drug Plans. The number of plans to be supported is approximately 5,500.

Requirements:

a) Create data file layouts

b) Enable plan submission for required drug pricing data and pharmacy network data to represent plans accommodated on Medicare.gov

c) Provide a solution to accommodate submission, processing and storage of approximately 100 gigabytes (GB) of data per week.

d) Provide service to plans to verify data received is in conformance with acceptable formats

e) Update and maintain online data analysis tool used by all plans to help validate and identify any issue with drug pricing and pharmacy network data

f) Transfer 100 GBs of data to CMS' policy group (CPC) contractor(s) for further analysis of data prior to public release on Medicare.gov on a weekly basis with possible increased frequency during peak times or as deemed necessary by CMS

Online Enrollment Center (OEC)

The Online Enrollment software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor. The contractor will have to build and maintain an Online Enrollment Center functionality per the requirements as contained in the SOW.

Requirements:

a) Develop and maintain user interface to facilitate enrollment of Medicare beneficiaries in a secure manner and participating Medicare Health Plans, Medicare Health and Prescription Drug Plans, and Prescription Drug Plans

b) Capture necessary required data elements for enrollment in such plans and transfer it to plans through a secure server

c) Provide user interface for various plans to secure interface/authentication for plans to access enrollment submission to respective plans for download in either a flat file format or a PDF format so enrollments can be processed

d) Provide interface for CMS partners to access and verify online enrollments (Check Current Enrollment workflow)

e) Store the enrollment applications in a secure environment, maintaining an administrative console for plans to download the enrollment applications in compliance with Agency security standards, and a mechanism by which CMS can track which enrollments have or have not been downloaded.

Technical Support

Requirements:

a) Provide technical support to Part D plans with regard to submission and data file layout for drug pricing data and pharmacy network data

b) Provide support for other CMS contractors for development and maintenance of integration with other sections of the MPF tool

c) Provide support to CMS' policy group with regards to identifying data issues through analysis performed by CMS contractors

d) Provide available resources to research and analyze issues with calculations and data presented on MPF

e) Support Web Service Agreements with organizations participating with CMS to access pricing and pharmacy data for both MPF and OEC

See Attachment E for a diagram showing the relationship of the data sources that feed into the data that makes up the Plan Finder and OEC portion of these tools.

6.3 MyMedicare.gov Specific

Most of the MyMedicare.gov functionality is developed using Siebel Tools, which uses Siebel screen object definitions. Each Siebel screen contains one or more Siebel views. A Siebel view consists of one or more applets. Each applet contains data elements, controls and hyperlinks. These controls map back to Siebel Business Components which hold the business logic for the application.

The Next Generation Desktop (NGD) contractor connects to the Medicare.gov Website using a secured Simple Object Access Protocol (SOAP) web service.

6.4 Software and Technical Expertise

The Contractor shall have technical expertise and software experience with the following:

- Web application development (ASP, ASP.NET, .NET framework, VB, C, C#, JavaScript, Java, J2EE, JSP, Websphere)
- Microsoft Unity Application Block
- Relational database design and programming (SQL, SQL Server T-SQL, Oracle PL/SQL)
- N-Tier Design and Development
- Object-oriented programming
- Web standard markup languages (HTML, XML, XHTML, CSS)
- Web protocols (HTTP, HTTPS, SSL, SFTP)
- Web services protocols (SOAP, WSDL)
- Usability, Content translation, Multilingual Websites
- Information Architecture
- Microsoft Windows Server 2003 & 2008
- Apple OS X
- UNIX (Linux, Solaris, etc.)
- Microsoft SQL Server 2000, 2005 and 2008
- System Administration and Network experience
- Section 508 Compliance
- Corda PopChart, Opti-Map, Highwire, and Builder
- Interaction design (AJAX)
- Content management (Stellent)
- Version Control (MKS, Team Foundation Server (TFS))

- Siebel Systems application, integration, and architecture and configuration
- Siebel Systems eFinancial Suite
- Quality Assurance, software testing and performance testing
- Portal, personalization, customer service and survey technologies
- Print-on-Demand technology
- GovDelivery
- Google Maps
- Google Search Appliance
- Global caching services
- Web Analytics
- Website Mobile Device Access (WAP)
- Service-Oriented Architecture (SOA)
- Syndication technologies
- Streaming video and podcast technologies (MPEG, H.264, ACC)
- Nierop session manager
- Multi-browser support
- Oracle EMS (customizing)
- Approved Earned Value Management System
- Browserhawk
- Microsoft Internet Information Server (IIS)
- Apache, IBM HTTP Server
- IBM WebSphere Application Server
- IBM WebSphereMQ
- IBM XML firewall
- Oracle 10g
- MySQL
- IBM Rational AppScan
- RightNow eService Center
- ERWIN
- Helicon ISAPI_Rewrite Version 3.0
- Adobe Captivate
- Accenture Digital Diagnostics
- Social Media (Blogs, Wiki, Podcasts, etc)
- Search Engine Optimization (SEO)
- Graphic Design
- Percussion Content Management System

6.5 Server Details

The Contractor shall set up a server environment that mimics the Medicare.gov, CMS.gov and MyMedicare.gov Websites. The minimum requirements are the following:

- Windows 2003 or 2008
- IIS 6.0 or 7.0
- Browser Hawk
- EWebEdit Pro
- Nierop session manager
- Corda
- .NET framework
- SQL 2000, 2005 or 2008
- Version Control Software (e.g., TFS, VSS)
- Load Runner

- Application Security Testing (e.g., Web Inspect)
- Google Maps Developer
- 508 Testing Software
- MDCN connection
- SFTP
- Bug Tracking Software

MyMedicare.gov Specific minimum requirements are the following:

- Siebel 7.726
- Oracle 10g

The contractor shall also have a plan for patch management to assure the testing environment is in synch with CMS' servers.

7 Functional Requirements

The Website Maintenance and Support Services Contractor shall support CMS efforts by providing access to systems, data, documentation, code, or other items and information as requested by CMS or their designated contact.

The Contractor shall develop and maintain all applications in accordance with the standards and guidelines outlined in Section 19 of this SOW which include, but are not limited to: Federal Information Security Management Act (FISMA), CMS Acceptable Risk Standards (ARS), and CMS Security Policies.

7.1 Tasks

The Contractor shall perform the activities listed in the following four categories in support of the Medicare.gov, CMS.gov, and MyMedicare.gov Websites and related application activities. The four categories are: Maintenance and Upgrade Support Services, Project Management and Planning Services, Design Upgrade Services, and Consulting Services.

7.1.1 Maintenance and Upgrade Support Services

The Contractor shall provide maintenance support and technical updates and support to designated CMS staff. The Contractor shall work with CMS staff to analyze requirements for additional functionality within the Website; integrate other data sources such as disenrollment data, appeal, and query submissions; provide support for multi-language versions of Agency's sites and applications; design site options to display multiple year databases (which can be turned on and off as needed); analyze technical issues raised by users of current or future databases or applications, the corresponding Website, and support expansions of the sites. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA, and update security documents accordingly. The Contractor shall maintain the updates to documents including, but not limited to: the Editorial Style Guide for CMS.gov and the Style Guide/User Interface document for Medicare.gov, and the Application, Database, Webmaster and POD guides for Medicare.gov. Updates to CMS.gov may include minor updates to the front-end portion of the FOIA application.

7.1.1.1 Database Refreshes and Releases

7.1.1.1.1 Monthly and Quarterly Data Refreshes

Across the websites there are monthly and quarterly data refreshes of the applications. Depending on the website, these refreshes can be in the form of "database refreshes" or "releases." The

Contractor shall be responsible for the development of these releases on the testing environments and then again for the production environment. Below is a brief description of the requirements on a monthly and/or quarterly basis for each of the three Websites.

7.1.1.1.1.1 www.Medicare.gov

On a monthly basis, the following tools' databases get updated on the Medicare.gov website: Helpful Contacts, MPF, NHC, HPD, and Supplier Directory. The remaining tools (DFC, HHC, and Hospital Compare) databases are updated on a quarterly basis, or as necessary with proposed enhancements to the tools.

For each data refresh, the test scripts and results reside with the Contractor, as the Contractor performs the testing based on the initial release requirements mandated by CMS. The test scripts verify the functionality, availability and usability of the Medicare.gov application from both a regression and new functionality perspective. The security related test scripts are grouped into four major categories – client side boundary conditions, server side boundary conditions, hidden fields, and query strings attached to the URL.

Once the database refresh has passed through the development environment and system test, it will go through a testing period of two (2) days. The Contractor sends the database load to CMS using a SFTP. CMS downloads the files and uses a content management system called MKS to upload the files to the Repliweb server. Once the files reach the development environments (QA and Staging), CMS will then finish refreshing the database(s), and the changes are tested on both environments. CMS reports defects and provides feedback to the Contractor development team via phone or email. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS to test as a Hotfix package. This Hotfix package is once again loaded on the QA and Staging environments and tested. CMS reserves the right to request another database be sent if changes to the database(s) were made after the Hotfix has been loaded to QA and Staging. Once the Hotfix has been validated, CMS will push the databases to the production servers for the EDC Contractor to load.

7.1.1.1.2 Releases

All three of the websites, have releases based on functionality changes to the websites. Please refer to Attachment H for more information about release schedules.

7.1.1.1.2.1 Medicare.gov

The Contractor shall be responsible for creating three packages for each Medicare.gov release. One package will be created for the User Acceptance Test (UAT) period, one for the Bugfix, and the one for the Production release. Each release package shall be accompanied with related documentation on how to load the files and restore any databases. See Section 7.1.3.3 for more information on the implementation plans that need to be included with the releases.

The process for the release load is as follows: The Contractor shall work with other CMS contractors to create the application update. Once the application update has passed through the development and system test in the Contractor's development environment, the Contractor shall prepare a release package and send it to CMS via SFTP server where CMS will download the files and upload them to the Repliweb server using MKS. The package will go through a User Acceptance Testing (UAT) period which begins approximately two (2) or three (3) weeks before the scheduled Production load. CMS will load the UAT package onto their QA and Staging environments and begin their UAT testing along with the Contractor. The Contractor shall develop system test cases/scripts to be provided to CMS and perform system testing within the development environment for every release. CMS will report any defects and provide feedback to the Contractor's development team

via phone, email or through a bug tracking tool. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS as a Bugfix package. This Bugfix package, which should include new test scripts, is loaded on the QA and Staging environments and tested approximately two (2) days prior to the Production Release. Once the Bugfix has been validated, the Contractor shall create a production package with all updated files for CMS to load into the Production environment. The files will be downloaded by CMS and pushed out to the Production environment on the given release date and time. The Contractor must be available at the time of the release to complete their testing of the Production Release load.

As determined by CMS, resources from a third party independent contractor shall be utilized to provide Validation and User Acceptance Testing services for the Medicare Plan Finder releases. Tasks for the independent contractor shall include the following:

- Analyzing system documentation and attending requirements reviews to determine impact to the system,
- Developing test materials including test plans, validation and UAT test scripts, daily test meeting agendas and minutes, and final test summaries,
- Reporting identified issues to developers, assigning issue severities and tracking until issue resolution, and
- Facilitating UAT Kickoff and daily meetings with UAT participants, reviewing test activities and outcomes.

7.1.1.1.2.2 www.CMS.gov

All applications listed under the purpose section for CMS.gov Website are released on a quarterly basis, or as needed. CMS.gov releases involve a UAT release which averages two (2) weeks, but can take up to four (4) weeks for review in a QA environment. The Contractor prepares a UAT package to send to CMS via SFTP to be loaded in the development environment. During the UAT period, if any items have been found, the Contractor prepares a Bugfix which then gets loaded to QA by CMS. Once the UAT and Bugfix package have been approved by CMS, the Contractor then prepares the production release. Once CMS receives the production release they load it to the production severs.

During testing of the CMS.gov application updates, the Contractor's functional team shall develop system test cases/scripts and perform system testing within the development environment for every release. Once the production package gets loaded to production, the Contractor shall also aid in testing the functionality within the Production environment. The Contractor shall also aid in testing applications developed by other contractors for the Website as needed. The testing shall include, but is not limited to testing for technical issues, continuity and 508 accessibility.

As part of the CMS.gov RACompare Phase I initiative, the contractor shall create a new SQL Server 2008 database. From January 2011-April 2011, the contractor shall receive Excel data files from CMS on a semi-monthly basis for these database refreshes. The file shall be sent 4 business days prior to the desired CMS go-live date.

7.1.1.1.2.3 MyMedicare.gov

The MyMedicare.gov system uses some components of the Next Generation Desktop's (NGD) software and hardware. The Website Maintenance and Support Services Contractor shall maintain the applets, views, web templates and customized GUI components of the MyMedicare.gov site. All front-end processes shall be managed by the Website Maintenance and Support Services Contractor, while the business components are maintained by the NGD developer. Trouble tickets that affect both systems shall be a collaboration of efforts between the NGD developer and the Website Maintenance and Support Services Contractor. The Website Maintenance and Support

Services Contractor shall be responsible for regression testing to determine impacts to the application. MyMedicare.gov has quarterly releases as well as functional releases.

Quarterly Releases are used to push out improvements to MyMedicare.gov portal. This process begins with requirements gathering and development. The Contactor shall work with CMS, and the NGD Contractor to develop these requirements and create the development package. Once the development package has been completed it is loaded onto the development environment and tested during UAT, which lasts for approximately three (3) weeks. During testing either any problems found shall be fixed immediately, or the release will be pushed back to accommodate the additional time needed, or the issue will be resolved in a subsequent release. Once testing is considered completed, the enhancements are pushed to the Production servers. The Contractor shall provide test scripts for testing in both the Development and Production environments.

7.1.2 Project Management and Planning Services

The Contractor shall develop a Project Management Plan for implementation and design of the Website improvements, releases, updates, and new applications. The project planning services shall reflect current priorities and will need to be flexible and updated to reflect new initiatives and legislative changes. The project planning services must also be in line with earned value management system requirements.

7.1.2.1 Requirements

7.1.2.1.1 Step 1 – Requirements Gathering

For activities requiring the development of initial requirements definition, the Contractor shall:

a) Conduct Requirements Gathering Interviews (as needed)

b) Document and publish a Concept of Operations (Con Ops) – The Contractor shall work closely with CMS to define and record the business goals and operational concept for the application being updated.

c) Document and Publish Requirements – The results of the requirements gathering sessions shall be thoroughly documented and provided to CMS and any interview participants for review and feedback. In this document, the scope, phases, team leads, and the schedule/timeline should all be identified.

d) Develop a System Requirements Specification (SyRS) document which includes all of the requirements specified during the gathering session.

e) Prioritize Requirements and Update Project Plan – The Contractor shall work closely with CMS to prioritize the defined requirements and determine the level of effort for future phases. The approved updated project plan shall be shared with CMS and project stakeholders.

f) Unless otherwise indicated, provide mockups and a proposed timeline.

g) Document, maintain, and publish a Business Risk Assessment – The Contractor shall define and record the security risk(s), particularly as it relates to the business functions associated with the security/vulnerability of the Website or information, associated with interaction of other components/contractors, and the risk of misuse of information.

h) Define and maintain the System Security Plan (SSP), Information Security Risk Assessment (IS RA) Contingency Plan and Data Use Agreement(s) to ensure that all applications meet the guidelines as stated by CMS. Those guidelines are publicly available at http://www.CMS.gov/InformationSecurity. The SSP and/or IS RA shall clearly define user roles, and ensure that the data is protected. The Contractor shall also complete and maintain all necessary Data Use Agreements (DUA) to ensure that the disclosure of data complies with the requirements of the Privacy Act, the Privacy Rule, and CMS data release policies.

i) Test scripts and the Contractor's test results should be included in the requirements document prior to CMS testing on Staging and sign off on the requirements. This should include coordinating with other contractors as necessary to support all testing from the front-end to the back-end.

j) Track development and identify the phases. Once phases have been completed, there should be a sign off on the phases of the contract by CMS.

7.1.2.1.2 Analysis

The Contractor shall perform an analysis of the business, user and system requirements provided in the System Requirements Specification (SyRS) to ensure that they are correct, complete, clear, consistent, testable, traceable, feasible, modular and design-independent. The Contractor shall complete the system requirements portion of this document. The Contractor shall ensure that these requirements capture the required technical capabilities and constraints of the system being developed.

7.1.2.1.3 System Requirements Specifications (SyRS)

Following analysis, the Contractor shall update the SyRS. The SyRS shall contain the verified information and the new system requirements as specified in the "Directions for Completing a System Requirements Specification Outline" in the CMS Requirements Writer's Guide found at www.cms.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp. All changes to the SyRS shall be identified.

The Contractor shall use the Standard Microsoft Office Suite when creating and updating the SyRS document. At contract completion, the Contractor shall deliver a softcopy of the SyRS, with all applicable links between business, user and system requirements established.

7.1.2.1.4 System Requirements Review (SyRR)

The Contractor shall conduct a formal review of the SyRS with CMS staff. The purpose of this review is to affirm final agreement regarding the content of the SyRS. Upon successful completion of this review by CMS, the SyRS shall be baselined. The Contractor shall manage the SyRS baseline. Following establishment of the baseline, changes to the SyRS will require CMS approval. In addition, the Contractor shall notify CMS if changes to the SyRS will impact contract cost or schedule.

7.1.2.1.5 Logical Data Model

The Contractor shall provide the fully attributed key-based Logical Data Model in ERwin. Other tools may be used, but the model must be converted to ERwin before it can be reviewed and approved. The model shall adhere to the CMS Data Administration standards and must contain the Entity-Relationship diagrams (ERD), correct naming conventions, projected volumes, and a working

knowledge of data being developed. Information on CMS policies for Logical Data Design can be found at http://www.cms.gov/DataAdmin/03_LogicalDataDesign.asp.

7.1.2.2 Project Kickoff and Project Definition

The Contractor shall conduct a project kickoff meeting to define roles and responsibilities of key staff, assess and validate the current Website Maintenance and Support Services business requirements, define the project approach and scope, and provide a Transition plan. The Contractor shall be prepared to share with CMS the detailed methodology and tool(s) to be used to develop, coordinate and manage project schedules, milestones and deliverables. The Contractor shall also use the kickoff meeting to discuss development methodology, establish communication processes, establish status reporting procedures, and establish issues escalation and resolution strategy.

The discussions held at the kickoff meeting will contribute to the Contractor's development and completion of the System Development Management Plan (SDMP) for the Website Maintenance and Support Services project.

7.1.2.3 Project Management

The Contractor shall perform all project management according to the industry best practices described within the Project Management Body of Knowledge (PMBOK) fourth edition published by PMI. This includes technical and business management functions, in order to plan, implement, track, report, and deliver the required services. Earned Value Management shall be used as a management tool to track and report the status of the project and an Integrated Baseline Review shall be used to baseline the project.

The contractor shall adhere to an integrated project schedule and participate with CMS and any CMS designated contractors in integrating that schedule into one that is comprehensive for all CMS Website identified contractors. The project schedule shall incorporate interdependencies and provide upcoming critical dates.

The contractor shall proactively report to CMS any anticipated slips in the project schedule and shall provide a risk mitigation approach to return back on schedule or to compensate for missed milestones.

7.1.2.3.1 Planning

The Contractor shall provide, implement and maintain an integrated project management approach that combines the technical plans, schedule plans, risk management plans, (project) quality management, and cost management plans.

7.1.2.3.1.1 System Development Management Plan (SDMP)

The Contractor shall develop and deliver the SDMP in accordance with the following requirements. The Contractor shall update and maintain the SDMP throughout the life of the contract. Upon CMS approval, the Contractor shall perform in accordance with the SDMP.

The SDMP shall address:

a) Assumptions and Constraints – List the assumptions and constraints affecting the project.

b) Management Approach – A description of the overall project management approach.

c) Staffing Approach – to include:

1. Project Organization (Labor Category roles and responsibilities profile)
2. Organizational Chart
3. Approach to transitioning staff between each of the CMS System Development Life Cycle (SDLC) phases
4. Personnel/Staffing Resource Requirements – Provide the approach to estimating levels of resources required (e.g. staff effort in hours by labor category and by CMS SDLC phase)

d) Schedule Management Approach – To include task description, identification of the critical path, and deliverables for each near and long-term phase. In addition, the project schedule should address all milestones, task duration, task dependencies, task resources, external system and personnel dependencies, CMS dependencies, risks and the possible affected areas.

e) Configuration Management Approach - Define the configuration management activities to be performed during the life cycle of the project, and describe the responsibilities and authorities for accomplishing each activity. Identify the required coordination of configuration management activities with other project activities. Identify the tools and physical and human resources required for execution of the plan. The plan shall address the following activities: configuration management process implementation, configuration identification, configuration control, configuration status accounting, configuration evaluation and release management and delivery. These activities shall include:

1. Use of documented, repeatable development environment checkout/check-in procedures
2. Release package preparation procedures
3. Software migration procedures
4. Approach to identifying and managing Configuration Item(s)(CI)

f) Change Management Approach - Describe the process for requesting, analyzing, prioritizing, and reviewing the impact of the change to established baselines, and documenting changes through their implementation including, but not limited to:

1. The process for managing changes to baseline requirements and design documentation
2. Version control of documentation
3. The process for identifying and managing problem reports
4. A description of any tools

g) Quality Assurance (QA) Approach - Provide a description and table of methods, standards, measurements, reviews, documentation of findings and schedule used to ensure the quality of the development process and products by CMS SDLC phase. If standard QA practices are to be used or if the information exists elsewhere, references to the appropriate documents are sufficient. The person responsible for QA should also be identified.

h) Software Process Improvement - Describe an approach, which may be derived from the recommendations of a software process assessment (e.g., Software Capability Evaluation), which identifies the specific actions that will be taken to improve the software process and outline the plans for implementing those actions.

i) Communication Approach - The Contractor shall provide a communications matrix showing the Contractor's own review and approval of deliverables and demonstrate a methodology for identifying CMS stakeholders and needs, and communicating status, issues, risks, and risk mitigation strategies to those stakeholders.

j) Development Approach - Describe the Software Development and Integration Facility (SDIF) to include Commercial-off-the-Shelf (COTS) software, hardware and programming languages to be used. Explain the relationship to the target operating environment. Indicate whether the SDIF is an off-site contractor facility or whether the CMS Data Center is to be used for development.

1. Implementation Strategy - Describe the approach for identifying, managing, controlling and implementing releases.

2. Activities, Tools, Products, Methodologies, and Standards - For each CMS SDLC phase (Requirements Analysis, Design and Engineering, Development, Testing, and Implementation), provide a matrix that shows the major activities to be performed, the methodologies and Computer Aided Software Engineering (CASE) tools to be applied, the products/artifacts of the phase and specific procedures and standards for analysis, design, and coding artifacts. Describe the requirements analysis approach, design methods, development approach and test approach.

3. Metrics - Describe the approach for identifying objective measures to assess software design complexity and quality. Describe all metrics to be collected, when they will be collected, how they will be collected, how they will be reported (graph, etc.) and how they will be analyzed and used to manage the project.

4. Size Estimate for software work products - Describe the process for estimating software size (e.g., function points, source lines of code), computer resources (e.g., Million Instructions per second (MIPS)), communications network capacity (local area network (LAN) and wide area network (WAN)), and data storage.

k) Risk Management Approach - Document the process, methods, tools and resources that will be applied to the project for risk management. Describe how risks will be identified and analyzed, the basis for prioritizing risks, how risk responses will be developed and implemented, and how the success of those responses will be measured.

l) Transition Approach – to include, but not be limited to, the plans for transitioning the business and technical processes, operations, and maintenance of the Website. At a minimum, the Contractor shall provide roles, responsibilities, timelines, dependencies, risks, risk mitigation strategies, and milestones.

7.1.2.3.2 Closeout Certifications

The Contractor shall prepare closeout certifications. These shall consist of a statement that the contract is complete, including all deliverables have been provided, all services are complete, and there are no outstanding contractual issues.

7.1.2.4 Performance Measurement Baseline (PMB)

The Contractor and CMS shall mutually agree upon cost, schedule and technical plan baselines. These baselines shall be the basis for monitoring and reporting progress throughout the life of the contract.

7.1.2.4.1 Integrated Baseline Review (IBR) Artifacts

The Contractor shall provide IBR Artifacts to be the source of the baselines and systems reviewed in the IBR. The Contractor shall update and maintain the IBR Artifacts throughout the life of the contract. Changes shall be subject to review and approval by CMS. Once approved, the Contractor shall adhere to the PMB.

The IBR artifacts shall include the following:

a) Work Breakdown Structure (WBS)
b) WBS Dictionary
c) Responsibility Assignment Matrix (RAM)
d) Budget allocated to Control Accounts and Work Packages
e) Basis of Estimate for activities contained in the WBS and project schedule
f) System Development Management Plan
g) Initial version of the CMS EVM report
h) Initial version of the Risk report
i) Project schedule, for the task reviewed in the IBR, including:

1. All system development activities by WBS
2. All task dependencies
3. Identification of the critical path
4. Software Process Improvement activities
5. Risk mitigation activities

7.1.2.4.2 Integrated Baseline Review (IBR)

In the IBR, the Contractor and CMS shall walk through the Contractor's planned baselines. The IBR is conducted to achieve confidence that the baselines accurately capture the entire technical scope of work, are consistent with contract schedule requirements, are reasonably and logically planned, and have adequate resources assigned. A separate IBR shall be conducted for each task.

In the IBR, the Contractor's Cost Account Managers (CAMs) shall:

a) Demonstrate that there is a logical sequence of effort consistent with the contract schedule
b) Demonstrate the validity of the allocated cost accounts and budgets, both in terms of total resources and scheduling
c) Verify that the cost, schedule, and technical plans are integrated and that the technical content of control accounts and work packages is consistent with the contract scope of work, the WBS and the WBS dictionary
d) Support CMS' technical assessment of the SDMP, project standards and procedures for system development

7.1.2.4.2.1 Software Capability Evaluation (SCE)

CMS reserves the right to conduct an independent SCE to evaluate the maturity of the Contractor's software development process. Upon request, the Contractor shall support CMS' independent SCE in accordance with the Software Engineering Institute (SEI) Capability Maturity Model (CMM) procedures.

7.1.2.5 Value Engineering

The Contractor shall identify opportunities to improve any and all functions identified in this Task Order. As value-engineering opportunities are identified, the Contractor shall document the

current state, the opportunity for improvement and related performance metrics, implementation timeline and operational impact and provide this documentation to CMS.

The Contractor shall conduct annual usability testing for Medicare.gov, CMS.gov, and MyMedicare.gov tools as requested during the year. The Contractor shall work with CMS to determine the proper timing of these usability tests, and the tools that require the testing.

7.1.3 Design Upgrade Services

The Contractor shall work closely with CMS to produce web page design and functions that meet all the necessary Website requirements, including 508 accessibility and security regulations, while maintaining consistency of design and content. The Contractor shall provide ways to visually and functionally enhance the integration, responsiveness, and continuity of the web pages at CMS' direction. The Contractor shall provide comments and suggestions on technical writing and the overall readability of web pages and develop web pages that are accessible to individuals with physical disabilities and other special needs. The Contractor is also responsible for providing mockups for application enhancements. At various times, these mockups may and will be used in presentations to business owners on the new features of the applications.

The Contractor shall, along with continuing enhancements to the CMS.gov website, introduce a more transactional approach to the Website in order to enhance the experience of users and provide a more customized Website while improving customer service features.

The Contractor shall provide a development server environment from where CMS can view, comment, and change work throughout design and development. In support of new or redesigned web-based applications, the Contractor shall prepare wireframe prototypes and interaction design schematics as required by the Contracting Officer Technical Representative (COTR).

The Contractor shall work with CMS to implement Search Engine Optimization (SEO) to optimize the search result relevance to the users. All applications shall be selected, designed, and implemented to be consistent with the current CMS operating environment standards to ensure transfer of management data and communication between CMS and the Contractor is consistent and efficient. For more detailed information about the CMS standards and guidelines, please refer to Section 19 of this SOW.

The Contractor shall provide and maintain design documents for the Websites. These design documents shall be for the applications as well as the databases. The Contractor shall adhere to CMS' quality assurance standards and meet all policy requirements.

7.1.3.1 Design and Engineering

The Contractor shall develop the design for the architecture, software components, interfaces and the physical databases. The Contractor shall document the system design and allocate the system requirements in the SyRS to the design elements.

The Contractor shall use Computer Software Configuration Items (CSCIs) and Computer Software Components (CSCs) as logical elements of the system design. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61 as referenced in Section 19 in this SOW. CSCs are defined as a level of design decomposition below the CSCIs that shall exist entirely within a release.

7.1.3.1.1 Database Design Document

The Contractor shall provide a Database Design Document for each Database utilized by the Websites. The Database Design Document shall include a Physical Database Design (in third-normal form, where practical) to include:

a) A complete description of the logical model in ANSI standard SQL Data Definition Language (DDL);
b) A Data Dictionary to define all data elements, files, tables, and attributes, including:

- Name/Unique Identifier
- Alias
- Description
- Size and format
- Units
- Range
- Accuracy and precision
- Default values
- Retention Rules
- Key (and type of key);

c) Data integrity rules;
d) Audit data needed for updates and other changes;
e) Security provisions;
f) Use of stored procedures;
g) Use of role based security;
h) Data replication strategies and/or other means to keep data in sync; and
i) Database tuning and optimizing considerations (including use of keys, indexes, etc).

Guides for Physical Data Design can be found at http://www.cms.gov/DataAdmin/04_PhysicalDataDesign.asp. Additional links to aid in the documenting and model process can be found in the left hand navigation under the Data Administration section on CMS.gov.

7.1.3.2 Development

The Contractor shall develop code and conduct software unit and integration testing.

7.1.3.2.1 Code and Documentation

When directed by CMS, the Contractor shall develop the required software to meet the validated requirements. The code and documentation shall include:

a) Code: softcopy of all developed software, to include source code and executables. This shall include any operational software, test software, scripts and data that have been developed. The code shall be documented as follows:

1. Each unit shall contain a prologue that contains:
   - The name of the unit
   - The name of the programmer that developed the unit
   - The date the unit was written
   - A description of the unit

2. Each function procedure, or complex code structure shall be preceded by comments that explain in detail the purpose of the function, procedure or complex code

structure. These comments shall include a description of all input variables, output variables, and the processing of each.

3. Each unit shall contain a revision history.

4. Testing must be conducted under the Contractor's environment which shall mimic the CMS Production environment.

b) Version Description Document (VDD) in hardcopy and softcopy, to include:

1. Description of each module

2. Run frequencies

3. Version and release descriptions to include a complete Software Configuration Management (SCM) listing

4. Software language

5. COTS software identification (version and license number)

6. Platform (mainframe, personal computer, server, etc)

7. Processing mode (on-line or batch)

8. A process flow depicting the process order of the programs

9. Library names

10. Release notes

c) Vendor Documentation

d) Application Service Level Agreements (SLA) in hardcopy and softcopy

e) Disaster Recovery Plan

7.1.3.3 Implementation

The Contractor shall assist in the installation of releases in the CMS QA, Staging, and Production environments.

7.1.3.3.1 Implementation Plans

The Contractor shall produce an Implementation Plan in softcopy to CMS. A separate plan is required for each release package. The Implementation Plan shall:

a) Provide specific instructions and step-by-step procedures needed to load the applications and databases;
b) Provide specific instructions and step-by-step procedures needed to verify the load was installed properly
c) Include screenshots to go along with instructions
d) Provide Disaster Recovery Procedures

If any COTS products are used, CMS must review installation procedures prior to loading the application or database.

7.1.3.3.2 Implementation Readiness Review (IRR)

An IRR shall be conducted after validation testing and prior to release of the new or changed system into Production. The purpose of the IRR is to ensure that all prerequisites leading up to production implementation have been met. This includes, but is not limited to, implementation planning including data conversion needs (if appropriate), QA processes, security plans and environmental needs. A separate IRR is required for each release. The Contractor shall present the following at the IRR:

a) Test Log
b) An outstanding Problem Report, indicating severity, effort and schedule to fix all outstanding issues
c) A walkthrough of the documentation provided under "Code and Documentation"
d) A walkthrough of the Implementation Plan
e) A review of the Training Plan

7.1.3.4 Validation Testing

The Contractor shall conduct validation testing on the complete, integrated system to evaluate the system's compliance with its specified requirements for each release.

7.1.3.4.1 Validation Readiness Review (VRR)

The Contractor shall conduct a VRR. A separate VRR is required for each release. The Contractor shall provide information to support a CMS decision to proceed with validation testing. The Contractor shall present the following at the VRR:

a) Test Plan to include schedule for conducting tests
b) Unit and integration test results
c) Outstanding Problem Reports.

7.1.3.5 Test Log

For all system releases, the Contractor shall deliver a Test Log to CMS following successful execution of each validation test. A separate Test Log may be required for each release. The Test Log shall include:

a) A summary of the test
b) Dates of the testing activities
c) Identification of the test cases performed
d) Any deviations from the Test Plan
e) Explanations of why any deviations were necessary
f) Test results – including the defect-to-change ratio for both User Acceptance Testing and Production Testing
g) Identification of requirements successfully tested; and
h) Problem Reports

7.1.4 Consulting Services

The Contractor shall provide advice and expertise on changes and enhancements suggested by CMS personnel; provide knowledge transfer sessions to review technical aspects of Website

databases, applications, and functions and additional new features; review, summarize and submit Web comments to designated CMS personnel; participate in periodic meetings with CMS personnel to review changes and discuss enhancements to the interactive Websites; and work cooperatively with Agency staff and other contractors as certain projects necessitate.

8 Transition

8.1 Website Maintenance and Support Services Transition

The Contractor shall implement a low-risk approach during the Base Period to transition the activities and environments from the current Contractor to the Contractor selected for this Task Order. CMS is committed to ensuring that the transition is seamless and non-disruptive to the public, beneficiaries, applications and other Contractors needed for the Website. It is critical that the Website Maintenance and Support Services Contractor propose a realistic Transition plan, due with the proposal and is to be updated within 15 days of award, which identifies and addresses all factors and risks, and includes contingency plans for missed milestones or other impacts to the schedule. This Transition plan shall be updated continuously by the Contractor with CMS approval after the final document is presented to CMS.

Full operations must be successfully transitioned on or before December 31, 2010, to coincide with the expiration of current contract. Successful transition is defined as handling 100 percent of the Websites workload, documented acceptance testing of all improvements to the components, and full engagement in the project management.

Because of the necessity to complete transition by the December 31, 2010 cutoff date, the Contractor shall propose a Transition plan that is fully implemented prior to this date.

The Contractor shall work in cooperation with other CMS contractors to ensure a smooth and seamless transition to full operations. During the transition period and ongoing operations, the Contractor shall coordinate and support regular status meetings with CMS. The Contractor shall be required to coordinate all aspects of the transition with the incumbent Contractor.

8.1.1 Transition Activities

In addition to the Website Maintenance and Support Services transition, the Contractor shall also complete the below transition activities during the Base Period. The transition activities for this contract shall include the continuation of the ASP migration to Microsoft .NET framework and the transition of the Prescription Drug Plan Finder to the EDC.

8.1.1.1 ASP Migration to .NET

The incumbent Contractor will continue the ASP migration to Microsoft .NET framework for the Medicare.gov and CMS.gov Websites. As an activity to learn the site and to ensure the understanding of the redesign, the remaining activities of the migration shall continue by the Contractor in collaboration with the incumbent Contractor. As a result of this migration, the Contractor shall be prepared to develop and maintain code in both the ASP 3.0 and .NET 3.5 languages.

The number of tools that will remain for this transition is currently unknown. However, the Contractor shall assume that most of the tools will not be transitioned at the time of the award. This activity will familiarize the winning contractor with .NET, ASP, as well as the remaining tools and sites to be migrated. This migration will involve communication with outside contractors as well as internal components to secure requirements.

8.1.1.2 Prescription Drug Plan Finder Migration to Enterprise Data Center

The Contractor will work with the current EDC Contractor to stand up the Prescription Drug Plan Finder Tool in the Enterprise Data Center (EDC). The Contractor shall propose a solution to have all public facing components located in the EDC. This solution should include all phases of this effort including planning and analysis, development, implementation (including configuration and setup of the application, hardware/software, and network), testing, maintenance, and ongoing support. In addition, the Contractor will be responsible for drafting and providing CMS with the necessary documentation (Project Plan, Risk Management Plan, Migration documents, etc.) throughout this effort.

The Contractor shall develop and maintain the software needed to meet the specified requirements as outlined in Section 6.2.1.1. Refer to Section 15 of the SOW for the Government Property that CMS will provide the Contractor.

9 Optional Tasks

9.1 Optional Task 1: Intranet Redesign

CMS anticipates exercising the Optional Tasks below during Option Period 1. Currently, the Intranet for CMS is under CMS' maintenance and creation. It is CMS' desire to have the Contractor create the redesigned Intranet using the Oracle UCM System or the HHS Enterprise Portal. As part of the redesign effort, the Contractor shall:

- Conduct usability testing
- Prepare wireframe prototypes and interaction design schematics as required by CMS
- Create a Website system that mimics the dynamics of the CMS.gov Website.

Optional Task 1A: Intranet Redesign Utilizing the Oracle UCM System:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Oracle Configuration – includes creating Oracle accounts, Oracle server configuration, creating workflows, defining permissions/rights

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications to mimic CMS.gov

Phase 5 – Technical Support after redesign

Optional Task 1B: Intranet Redesign Utilizing the HHS Enterprise Portal:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Content Management Design

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications

Phase 5 – Technical Support after redesign

9.2 Optional Tasks 2: MyMedicare.gov

2A – Caregiver Access – provides features for authorized caregivers to access a patient's MyMedicare.gov beneficiary account, if and when the patient authorizes access. Each caregiver requesting access must have his or her own MyMedicare.gov account. Specific access control shall govern the caregiver's account in order to restrict functions such as the change password or email address functionality.

2B – Authorization for access based on the Authorization Table in NGD – provide features for an Authorized user to access the online MyMedicare.gov beneficiary accounts based on the Authorization table in NGD. Each Authorized user requesting access must have his/her own MyMedicare.gov account. Access control shall be implemented to the authorized user by utilizing the limitations specified by the beneficiary for that user.

2C – Dashboard Presentation – this functionality will allow the user to move their "dashboard" information around the page when they first sign into MyMedicare.gov, so that they may personalize the page according to their preferences. This is similar to features found on Yahoo or Google, where users may personalize/customize their dashboard upon login. Users can minimize or maximize a portlet, suppress the viewing of portlets, save and maintain their dashboard preference, etc.

2D – Populate providers based on claims history –provide a feature for beneficiaries to choose providers based on their claims history, and add these providers to their "favorites" list. Also, provide a link to Medicare.gov in order to display more information about the providers. These favorite providers can also be printed as part of the "On the Go Report".

2E – Additional Lookup tools for providers and suppliers – provide a feature for the beneficiaries to search for providers by using Medicare.gov's Supplier Directory, Home Health Compare and Dialysis Facility Compare tools and add these providers to their Favorite Provider's list, should they desire to. These favorite providers can also be printed as part of the "On the Go Report".

2F – Additional categories for the Health Management Tab – this enhancement would add new categories to the Health Management tab as well as the "On the Go Report" for race/ethnicity, family histories, etc. so that the beneficiary can complete an even more comprehensive picture of their personal health comparison.

2G – Claim Alert Emails – this enhancement would automatically send an email to a beneficiary when new claims are processed and visible for viewing on their MyMedicare.gov account.

2H – Additional Initial Enrollment Questionnaires (IEQs) – currently, only the "Initial Enrollment Questionnaire (IEQ) for Beneficiaries 65 or Over" is available in English for online

editing and submission. This enhancement would also deploy other English-language "IEQs" so that all users may complete their questionnaire online. Other IEQs include the following:

- IEQ for Disabled Beneficiaries
- IEQ for Beneficiaries with End-Stage Renal Disease
- IEQ for Beneficiaries with Childhood Disabilities
- IEQ for Disabled Widow or Widower

2I – eMSN Enhancements – provide a feature for the beneficiaries to download/view statement-based (e.g. exact duplicates of the paper MSN) Medicare Summary Notices to beneficiaries via MyMedicare.gov. Statement-based MSN includes all data presented on the paper MSN such as claims information, denials, deductibles, providers, and notes. This functionality would be piloted for Indiana beneficiaries.

2J – Annual and Quarterly Financial Summaries – the addition of the Medicare Annual/Quarterly Health Statement functionality would provide an "at a glance" overview of the beneficiary's Medicare benefits on a quarterly or annual basis, in real time. This information might include (but not be limited to): Claims, Annual Activity, Preventive Services, etc. CSRs may also be able to generate this report, and have it sent to the beneficiary either via email or U.S. Postal Service.

2K – Termination of Working Aged Medicare Summary Payment Records – currently, beneficiaries do not have the capability to close/terminate their Medicare Secondary Payer (MSP) records online. They may do so only by calling 1-800-MEDICARE. This enhancement is to provide the ability for users to close/terminate their MSP records online via MyMedicare.gov.

2L – Additional Promotion – implement links and perhaps a unique brand associated with MyMedicare.gov onto various pages and tools within Medicare.gov, in order to further promote the MyMedicare.gov system and encourage users to register, sign in and benefit from the portal's useful tools.

2M – Escalation Status Monitoring – on MyMedicare.gov, enable beneficiaries to view their own escalations which have been created on their behalf, and to track the resolution status.

2N – Welcome to the Medicare Wizard – this enhancement would add logic to MyMedicare.gov to show the appropriate wizard/workflow to the user, when they are signing up for Medicare. This process would link to a Medicare.gov workflow.

9.3 Optional Tasks 3: MyMedicare.gov and Medicare.gov Enhancements

3A – Drug Interaction Checker – this enhancement would automatically research drugs added to a beneficiary account and notify the user when a drug interacts adversely with another drug on the list.

3B – Google Mashup Expansion – Drug Pricing by Pharmacy Location. Based on the drugs in the beneficiaries' drug list, provide a mashup of drug cost by pharmacy in their area. Provides beneficiaries the ability to see which pharmacy has the best prescription price and determine best geographic option based on their needs.

9.4 Optional Tasks 4: CMS.gov Optional Tasks

For the CMS.gov Optional Tasks listed below, the Contractor shall be responsible for a visual redesign of each application along with migrating each to .NET 3.5 and SQL Server 2008. MCD and PFFS are currently full-fledged legacy ASP applications managed by other CMS contractors. All

applications migrated to .NET will leverage the same architecture as currently being utilized for Medicare.gov .NET migrations. For MCD and PFFS, the Contractor shall also be responsible for the ongoing maintenance of the application. However, Forms, Manuals, and Transmittals are managed as dynamic list items using the Oracle UCM Server. They are currently rendered using the standard interface framework leveraged by all CMS.gov dynamic lists. For the redesign and .NET migration of these applications, the front-end and user interface will be independently redesigned for each and will be decoupled from the current uniform display framework that is used for all dynamic lists.

4A – Medicare Coverage Database (MCD)
4B – Physician Fee Finder Schedule (PFFS)
4C – Forms
4D – Transmittals
4E/F – Manuals/Dynamic List Framework
4G – Event Calendar
4H – Media Releases
4I – Glossary
4J - Acronyms

9.5 Optional Tasks 5: Other Enhancements

5A – Addition of Department of Defense (DoD) Hospitals to Hospital Compare (HC) - the contractor shall incorporate additional DoD hospitals (approximately 50 hospitals) to the Hospital Compare tool as directed by CMS. This Optional Task also includes adding a new hospital type as well as various text updates throughout the tool.

5B – Renaming Healthcare Provider Directory (HPD) – as part of the Affordable Care Act legislation, the contractor shall rename the Healthcare Provider Directory (HPD) as directed by CMS.

5C – Healthcare Provider Directory (HPD) Data Enhancements to Addresses – this enhancement will help to reduce the amount of identical addresses and addresses that are within close vicinity that belong to the same organization on the tool by condensing them into one central location.

5D – E-Authorization (Medicare.gov) – this enhancement will allow the E-Authorization form to be pre-populated with the beneficiary information so that the Customer Service Representatives (CSRs) at 1-800-MEDICARE will not have to enter the information manually. For this Optional Task, Medicare.gov will need to edit the code to invoke MyMedicare.gov web service, which is already in production, to fetch the personal identifiable information when the form is accessed by CSRs from Next Generation Desktop application.

5E – De-Authorization (Medicare.gov) – this enhancement will give users on MyMedicare.gov the ability to De-Authorize an Authorized Representative. This Optional Task is for the Medicare.gov portion of the enhancement.

5F – E-Authorization (MyMedicare.gov) – this enhancement will allow the E-Authorization form to be pre-populated with the beneficiary information so that the Customer Service Representatives (CSRs) at 1-800-MEDICARE will not have to enter the information manually. This Optional Task is for the MyMedicare.gov portion that will need to be implemented.

5G – De-Authorization (MyMedicare.gov) – this enhancement will give users on MyMedicare.gov the ability to De-Authorize an Authorized Representative. This Optional Task is for the MyMedicare.gov portion that will need to be implemented.

5H – MyMedicare.gov Online Bill Pay Phase I – Printable Form – this enhancement will provide MyMedicare.gov users with a pre-populated PDF version of the S-500 Form based on the user's Direct Bill status that the users can print, sign, and mail. MyMedicare.gov will pre-fill the fields with the premium information retrieved from the EDB system.

5I – Percussion Proof of Concept, Pilot, and Migration – this Optional Task entails creating a Percussion Content Management Proof of Concept (POC), conducting a Pilot which closely resembles the POC, and migrating CMS.gov content into the Percussion content management system in order for CMS to manage the content on the CMS.gov Website.

5J – Percussion Training and Subcontractor Agreement – this Optional Task is for 4 Contractor personnel to be trained on the Percussion Content Management System. It also includes subcontracting with Percussion directly.

10 Deliverables and Reporting Requirements

The Contractor shall provide the following reports to CMS: Project Summary Report, Earned Value Management Report, Financial Report, and Status Report. The Contractor shall also hold a management review within one week of the delivery of the reports, unless otherwise agreed upon by CMS.

10.1 Project Summary Report

The Contractor shall provide a summary report of projects in progress that will include the Earned Value Management Report (CPR Formats 1-5), a Financial Report, and a Variance Report, as described below, as well as additional information negotiated between the Contractor and CMS. At a minimum, this report shall include the following status information:

a) Project Schedule; (The schedule within the report shall be created using the current CMS version of Microsoft Project.)
b) High-level summary of project requirements
c) High-level summary of associated risks and mitigation plans
d) Estimated cost and level of effort information necessary to manage workloads

In addition to the summary report, CMS would like a one-page high-level overview summarizing the current status of all projects at the time of reporting.

10.1.1 Earned Value Management Report

In accordance with Section J.3.2 of the ESD ID/IQ Earned Value Management System (EVM), the Contractor shall provide EVM as outlined. Samples of Formats 1-5 are located in Attachment B of this SOW.

10.1.2 Financial Report

The Contractor shall provide monthly Financial reports to reflect the work performed by both the prime contractor and subcontractors. The Financial report shall report the content of pending invoices and shall include the following information:

a) Contract Name

b) Period of Performance
c) Current month, hours and cost expended for each labor category
d) Cumulative hours and cost expended for each labor category
e) Projected monthly hours and costs for the remainder of the contract period
f) Summary of the work completed by each contractor staff
g) Break out of costs, both allocated and remaining, for all Website applications
h) Variance Report to reflect the actual and proposed spending and shall include the following information:
    - Analysis of budgeted activities versus actual expenses on a monthly basis, as indicated in the sample format provided, for the following items:
        - CMS.gov Website
        - Medicare.gov, with specific breakouts for MyMedicare.gov, and Quality activities
        - Other activity breakouts as requested by CMS
    - Explanation of variances of greater than 10% of the budget monthly cost indicated in the cost proposal
    - Any relevant analysis or information explaining an activity causing an unexplained variance that occurred during the month.

The Financial report shall provide information and cost for each task by the Website (or release, if appropriate) for which the activities were performed.

10.1.3 Status Report

The Contractor shall provide an overview of the project status with focus on outstanding issues and risks. The report shall also include a detailed overview of tasks planned for the next three (3) months and a high-level overview of major milestones planned for the next twelve (12) months.

10.1.4 Management Review

The Contractor shall conduct Management Reviews as a forum for the Contractor and CMS to discuss project status. The primary focus will be the status against the plans baselined in the SDMP and the Performance Measurement Baseline (PMB).

10.2 Delivery Schedule

For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

DRAFT/FINAL: All document deliverables require both a Draft and a Final version (see Delivery Schedule below). The Final copy is to be a submission of the full document with all CMS comments resolved. The deliverable cover page shall be clearly marked Draft or Final.

UPDATES: Many of the deliverables require the Contractor to provide updates. Unless otherwise specified, there is an expectation that the Contractor shall notify CMS when they foresee a change to the content, and then provide an updated document based upon CMS-approved content revisions and a mutually agreed upon delivery date. All documents shall contain a date and a version number. Documents shall be maintained and kept current by the Contractor.

MONTHLY REPORTS: The data collection period for each monthly report shall be based on the entire month (e.g. April 1 through 30). The Contractor shall ensure that the data in the recurring monthly reports are accurate and consistent with one another assuring that each monthly report also incorporates any subcontractor's data for the same period of time.

AD HOC: The Contractor shall provide ad hoc documentation at CMS' request. Where timeframes are stated, CMS may choose to give consideration to unforeseen circumstances. Therefore, deliverable due dates are as stated unless otherwise agreed to by CMS and the Contractor. All timeframes are in calendar weeks, calendar months, or calendar days. For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

Deliverables shall be distributed as follows:

CMS Contracting Officer (CO) – Project Summary Report – 1 soft copy via email or as mutually agreed.

CMS Contracting Officer Technical Representative (COTR) – See Deliverable Table Below - 1 soft copy via email or as mutually agreed.

In performing the services and providing the support described in the Statement of Work, the Contractor shall provide the deliverables NO LATER THAN the dates in the following schedule:

Days = Calendar Days
IAW = In Accordance With
DAGC = Days after Government Comments

SOW #	Deliverable	Recurring	Non-Recurring
8	Transition Plan		Initial: With Proposal Final: 14 days after award Updates: As Mutually Agreed
7.1.2.2	Project Kickoff		Due: Within 28 days after contract award
7.1.2.3.1.1	System Development Management Plan (SDMP)		Initial: Proposal Draft: 28 days prior to Integrated Baseline Review (IBR) Final: 14 days after (IBR) Updates: As Mutually Agreed (recommend quarterly when changes available)
10.3	SDLC documents (Project Management Plan, Risk Assessment & Risk Management Plan, Requirements Management Plan, Quality Assurance Plan, Lessons Learned	With each tool or system release	

	document, and Interface Control document)		
11.2	Joint Operating Agreements	1st Due: 28 days after award Recurring: Quarterly for 1st year, semi-annually there after	
7.1.2.3	Project Management Plan, Integrated Project Schedule and Requirements Documents	As needed	
10.1	Project Summary Report (includes Earned Value Management Report, Financial Report, Status Report, and Variance Report)	1st Due: 1st month after contract award Recurring: 3rd Wednesday of the month	
10.1.4	Management Review	1st Due: 30 days after IBR Recurring: Quarterly	
7.1.2.3.2	Closeout Certifications		Due: Upon Request
7.1.2.4.1	Integrated Baseline Review (IBR) Artifacts		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: Upon changes
7.1.2.4.2	Integrated Baseline Review (IBR)		Held: 90 days after contract award for each task
7.1.2.1.3	System Requirements Specification (SyRS)		Draft: 14 days prior to SyRR (C.3.2) Final: 14 days after SyRR (C.3.2) Updates: Upon Approved CMS changes
7.1.2.1.4	System Requirements Review (SyRR)		Held: IAW SDMP Schedule
7.1.2.1.5	Logical Data Model		Upon Request
7.1.2.5	Usability Testing		Annually (each tool separately, CMS will help identify priority and coordinate the effort)

7.1.2.5	Value Engineering Docs		Upon request, or as identified
7.1.1.1	Data Refreshes and Releases	Semi-Monthly (RACompare Database Refreshes), Monthly and Quarterly based on CMS and other CMS Contractor's schedules.	
18.1	System Security Plan (SSP) and Information Security Risk Assessment Contingency Plan Report		Analysis Phase: 14 days prior to Preliminary Design Review (PDR) Development Phase: Concurrent with DDD Testing: 7 days after successful completion of validation testing Updates: 6 months after contract award
18.2	Corrective Action Plan		After evaluation or test of security determined failures or weaknesses. Updates: quarterly progress report.
7.1.3.1.1	Database Design Document (DDD)		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: As Mutually Agreed
7.1.3.2.1	Code and Documentation		Draft: 14 days prior to VRR Final: 14 days prior to IRR Updates: For each application, as directed
7.1.3.4.1	Validation Readiness Review (VRR)		Held: Prior to validation testing
7.1.3.5	Test Log		As directed with each release
7.1.3.3.1	Implementation Plan		Draft: 4 months prior to IRR Final: 14 days prior to IRR

			Updates: For each release
7.1.3.3.2	Implementation Readiness Review (IRR)		Held: IAW SDMP Schedule
7.1.1	Application, Database, Webmaster, POD guides		Annually upon request.
7.1.1	Editorial Style Guide (CMS.gov & Medicare.gov)		Bi-annually or upon request

** The Contractor shall provide deliverables that are 508 compliant.*

10.3 Other Documents

The following documents shall be developed and maintained throughout the project lifecycle. These documents shall be delivered to CMS and stored in a centrally accessible version control document management system. System Development Lifecycle (SDLC) documents and review checkpoints include, but are not limited to:

a) System Disposition Plan
b) Change Requests
c) Problem Reports

For information referring to these documents please go to the System Lifecycle Framework page at http://www.CMS.gov/SystemLifecycleFramework/.

11 Coordination and Collaboration

In the multi-contractor environment, the Website Maintenance and Support Services Contractor shall collaborate with other Contractors to fulfill the objectives of the government. The Contractor shall maintain and develop current relationships and integration with external systems. As needed, system and network access, documentation, and support to CMS or their designated contacts shall be provided to maintain systems integration.

This Website Maintenance and Support Services task order requires cooperation, coordination, and integration among contractors, CMS, and companies that have other contractual relationships with CMS. The Contractor shall communicate and coordinate with other CMS staff when necessary. CMS may designate other contractors with which the Contractor shall fully cooperate. This may include, but not be limited to: Plan Data Contractors, Enterprise Data Center Contractor, Next Generation Desktop (NGD) Contractor, National Council on Aging (NCOA), GovDelivery, Google, etc. See Attachment C and D for more information on other contractors that the Contractor must interact with to perform duties as assigned in this SOW.

The Contractor shall develop, test, and implement migration plans for the Websites to accommodate changes in web platforms and environments, including any redeveloping, redesigning, testing and support of tools and Websites per changes in Agency standards.

11.1 Collaboration

11.1.1 Non-Website Maintenance and Support Services Transitions

The Website Maintenance and Support Services Contractor shall support other CMS contractors, system, and infrastructure transitions that occur outside the scope of this SOW, but affect the Website, Website users, or an application integrated with the Website.

The Website Maintenance and Support Services Contractor shall support these efforts and deliver a plan which identifies the changes necessary to the Website applications and/or architecture to accommodate these changes, potential risks, and a risk mitigation strategy. The Website Maintenance and Support Services Contractor shall work closely with CMS and any additional contractors in these efforts.

Expected transitions may include but are not limited to: the NGD application, and other external systems.

11.1.2 External Source Systems

The Contractor currently accesses data from numerous external systems to display to users. The Contractor shall be responsible for the operation, enhancement, and maintenance of the web-based access methods which connect to these systems, and to identify, troubleshoot, and resolve any issues which may arise.

11.1.3 Health Plan Management Systems (HPMS)

The Medicare Plan Finder (MPF) tool integrates with HPMS which is currently maintained under a CMS' policy group contracts with a Plan Data Contractor. The HPMS system provides the planned data loads for MPF. The plan data provided includes, but is not limited to the following:

- Contact Information
- Plan Formularies
- Plan Service Areas
- High-level cost information such as premium, deductible, etc

HPMS information is delivered to the Website Maintenance and Support Services Contractor by the Plan Data Contractor. The data is tested by the Website Maintenance and Support Services Contractor in a development environment. If the tests are successful, the data is delivered to CMS.

11.1.4 Electronic Support Services Contractor

The Electronic Support Services contract provides CMS with the Health Plan, Drug Plan, and contact data that supports the Medicare Plan Finder and Helpful Contacts tool. Beneficiaries rely upon these tools to provide them with accurate, timely information to assist them in making their health insurance and healthcare decisions.

11.1.5 Enterprise Data Center (EDC) Contractor

Currently the Medicare.gov Website and CBO/CSR tools are all housed on 14 production database servers, 12 production web servers, 2 development web servers, 2 development database servers, 1 training database server, and 1 training web server at a Contractors facilities offsite. CMS.gov tools are all housed on 4 production database servers, 4 production web servers, 2 development web servers, 2 development database servers, 1 production Stellent server, and 2 development Stellent servers. However, after the Technology Refresh occurs, both Medicare.gov and CMS.gov Websites will be housed on a total of 16 production web servers and 18 production database

servers. MyMedicare.gov has 2 proxy servers managed by the EDC Contractor that connects to the Medicare Beneficiary Portal (MyMedicare.gov). The CMS Intranet has one web and one database server that houses all content. There are also Corda, Media, and Google Search Appliance servers that support all the Websites. During release to the development and production systems, the Website Maintenance and Support Services Contractor may have to interact with the EDC Contractor to troubleshoot problems. CMS will be responsible for coordinating this effort.

11.1.6 NGD Contractor

MyMedicare.gov is highly integrated with the Next Generation Desktop (NGD), co-hosted in the same data center and sharing the database layer of the application allowing CMS enhanced insight into the types of claims-information being requested by beneficiaries. The NGD is the Seibel-based customer relationship management tool used for CMS' call center operations. MyMedicare.gov accesses information through the NGD infrastructure to improve operational efficiency and consistency, and expand the options for Medicare constituents to gain access to Medicare information.

11.1.7 National Council on Aging (NCOA)

The Long Term Care (LTC) tool available on the Medicare.gov Website involves a dynamically accessed web service provided by NCOA through a licensing agreement obtained by the Website Maintenance and Support Services Contractor on behalf of CMS.

11.1.8 GovDelivery

GovDelivery is the email subscription management tool used by CMS. The Contractor is expected to maintain any code used to support the web services integration between the Oracle Content Management system and the GovDelivery application. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

11.1.9 Google Maps

Medicare.gov uses Google maps functionality for all of the tools that provide detailed location viewing on the Website. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

11.1.10 HPD Contractor

Medicare.gov uses the HPD Contractor to clean the data available in Provider Enrollment and Chain Ownership System (PECOS) to provide suitable information to the public. The contractor also adds supplemental data such as training (residency), languages spoken, and hospital affiliations.

11.2 Joint Operating Agreements (JOA)

When necessary, CMS will work with the Contractor to execute a Joint Operating Agreement (JOA) with CMS designated contractors that defines the roles and responsibilities and creates mutually agreed upon and cost effective methods to work with and support CMS' mission. A JOA describes the work that needs to be accomplished, and the roles and responsibilities of each signatory for the success of the task or project. It includes specifics about who shall do what, when, and for whom. The JOA also spells out the process the parties shall follow if either believes that the other is not following the agreement.

At a minimum, JOAs shall be established for the Website Maintenance and Support Services relationships with the following contractors: Plan Data, EDC, and others as specified by CMS.

The JOA shall be submitted within 15 business days after award of the contract and shall be updated on a quarterly basis for the first year, 15 days following the end of each quarter. After the first year, updates shall occur semi-annually. The Contractor shall perform the roles and responsibilities in the updated JOA. The Contractor shall identify and negotiate any changes required to appropriately address the roles and responsibilities of the parties of the JOA.

12 Facilities

The Contractor shall submit the location of proposed facilities prior to task order award.

12.1 Data Connectivity

As needed, the Contractor shall provide necessary premise-based network communications equipment required to connect Contractor facilities to the CMS network or other CMS-chosen network. This includes, but is not limited to, hubs, patch panels, and necessary cabling.

12.2 Government Access

The Contractor shall allow full access into all task order related facilities (including data centers or other support locations), at any time during normal operating hours, to CMS employees or persons designated by CMS. The Contracting Officer or COTR shall designate to the Contractor which CMS employees or specified persons require access to Contractor facilities. CMS may choose not to provide advance notice to the Contractor prior to visiting a location.

For the purposes of auditing or inventory management, CMS employees or their designated representatives shall have full access to all Government assets used during the course of conducting CMS business. The Contractor cannot cite competitive considerations, co-location with other clients' assets, or absence of an advanced notice as a reason to decline CMS employees or representatives such access. The Contractor understands that designated CMS audit and inventory representatives report directly to CMS.

At CMS request, the Contractor shall provide full disclosure of audit and inventory information to CMS in the format defined by CMS. Such information may include, but is not limited to, asset description, technical specifications, serial number, effective commission and decommission dates, warranty, maintenance, asset owner, and asset utilization information.

13 Key Personnel

The Contractor shall submit resumes for each resource considered Key Personnel. All Key Personnel are subject to HHSAR Clause 352.270-5 Key Personnel (APR 1984) and the following:

a) Replacement is subject to the prior written approval of CMS
b) Requests for replacement shall include a detailed resume containing a description of position duties and qualifications, as well as information about the qualifications of the individual(s) proposed
c) Contractor proposals to move any Key Personnel off the task order shall be submitted in writing at least 30 calendar days in advance of the proposed move.

The following personnel are considered Key to this contract: Project Manager, Application Architect, Development Manager, Systems/Security Manager, and Transition Manager. Below are descriptions of what is expected of these Key Personnel.

The contractor shall identify additional key personnel as necessary to fulfill the requirements of this task order. Any staff identified as key personnel must have a backup who is properly trained and qualified to act as a fully functioning replacement in the absence of the key person. The Project Officer (PO) must be notified when key personnel are out of the office for an extended period of time (more than 2 days). In these instances, the name and contact information, including telephone number and email address, of the backup must be provided to the PO prior to the absence of the key personnel.

13.1 Project Manager

The Contractor shall provide a Project Management Professional (PMP®) certified Website Maintenance and Support Services Project Manager, who shall act as the central point of contact with CMS for all program-wide and event-specific issues. The Project Manager shall be responsible for all issue resolution and program management. The Project Manager shall provide comprehensive account support for the Website Maintenance and Support Services task order and have full authority to act for the Contractor in performing all task order requirements. The Project Manager shall notify the COTR whenever it is believed that s/he is receiving direction that deviates from the scope or terms of this task order. The Project Manager shall have a minimum of 5 years Project Management experience in the IT industry.

13.2 Application Architect

The Website Maintenance and Support Services Application Architect shall manage all activities related to the design and structure of the Websites. S/he shall lead all tasks related to the definition of the overall Website architecture and standards, and definition of the logical and physical data models. The Architect shall have successful experience with a minimum of 3 full lifecycle application implementations.

13.3 Development Manager

The Development Manager shall be responsible for the deployment of new functionality and addressing issues with existing functionality due to configuration and/or customization for all Websites. The Development Manager shall have successful 5 years experience in development.

13.4 Systems/Security Manager

A Systems/Security Manager shall ensure that better industry coding and security standard practices are being followed and that practices also support CMS security standards. The Manager shall also ensure that the Contractor's development environment has been configured properly to match CMS' environment, and assist CMS in any configuration changes for security related releases. The Systems/Security Manager shall have successful 5 years experience with systems configuration and security management.

13.5 Transition Manager

The Transition Manager shall ensure a smooth and seamless transition of current systems and applications supporting the CMS Website Maintenance and Support Services during the Base period. The Transition Manager shall coordinate a weekly status meeting with CMS to ensure transition is on track for a timely completion. The Transition Manager shall develop a Transition Plan that addresses the methodology to prepare and execute the transition of operations. The Transition Manager shall have successful experience with a minimum of at least 3 transition cycles.

14 Government Personnel

The following individuals are designated as the points of contact on this work effort. Only the Contracting Officer may provide contractual direction or interpretations on any work performed under this Task Order.

COTR: Susan Tudor
Phone: 410-786-0296
Email: Susan.Tudor@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

Alternate COTR: Michael McCann
Phone: 410-786-2539
Email: Michael.McCann@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

The responsibilities and duties of the COTR include:

a) Provide day-to-day technical direction to the Contractor as long as the terms/conditions of the contract are not changed.
b) Monitor Contractor's ongoing effort.
c) Serve as liaison between the Contractor and project team.
d) Review deliverables and advise the Contract Officer of the Contractor's performance.
e) Advise the Contract Officer on the Contractor's compliance with technical performance requirements.
f) Ensure that Contractor's input and/or recommendations are considered by CMS project management.

Contract Specialist:	Joe Feibel
Phone:	410-786-8261
Email:	Joseph.Feibel@cms.hhs.gov
Contracting Officer:	Phyllis Lewis
Phone:	410-786-8637
Email:	Phyllis.Lewis@cms.hhs.gov

15 Government Property

The Government Furnished Information (GFI), equipment, and facilities that CMS is providing are the following:

a) Compiled and source version of components used in web-based applications
b) Backups of all public Website databases from www.Medicare.gov and selected databases from CMS.gov (i.e., Media Release, Events, Vocabulary). **CMS will NOT be providing the following proprietary software currently used by the Medicare Plan Finder:**
    - **Price Comparison Engine software – to calculate and compare drug prices**
    - **Online Enrollment Center (OEC) software – to allow beneficiaries to enroll online in a drug plan of their choice (Refer to SOW Section 6.2.1.1 for OEC requirements)**
    - **Save Functionality – to allow user to save their drug and pharmacy lists on either the Medicare.gov or MyMedicare.gov Websites**

c) The raw and/or reformulated data submitted by Part D Plans. This data includes the Pricing Files from Part D Plans and the Plan Data from the Health Plan Management System (HPMS). The Plan Data from HPMS includes MPF Databases, Beneficiary Cost File, Formulary and Excluded Drugs, Partial Gap Coverage, and Exception Tiers
d) Online Analysis Tool (OAT) Software
e) Website files and scripts (all off www.Medicare.gov, selected sections of CMS.gov, and MyMedicare.gov), include site-wide template files
f) Development licenses for Ephox EditLive
g) Commercial licenses for the appropriate datasets as specified in existing Data Use Agreements
h) T1 Connectivity

CMS will not provide equipment or office facilities at the CMS site for Contractor personnel.

The Contractor shall prepare, conduct and maintain an inventory of all government owned property. CMS will provide the necessary guidelines for conducting this inventory. CMS and the Contractor shall conduct a yearly inventory for the duration of this contract and submit an updated inventory report to CMS.

The Contractor shall obtain CMS approval prior to any procurement made on behalf of the government.

16 Communications

The Contractor's Project Manager shall be on call during business hours for coordination with the GTL/SMEs, other designated representatives, and/or representatives of contractor-award work under other task orders. The Project Manager or qualified designee shall be available and accessible 24 hours a day, seven days a week to discuss operational issues with the GTL/SMEs.

CMS emphasizes the importance that the Contractor be proactive in notifying CMS of any developing situation that may impact operations, service to beneficiaries, or any other contractual issue. Contractor shall advise CMS, in advance whenever possible, of any indication that a potential problem may be developing. In the case of a known impending problem, Contractor shall be forthcoming with CMS to address the risks and to identify mitigation strategies.

17 Section 508

17.1 Section 508 – Accessibility of Electronic and Information Technology

(a) This task order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36

CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or

2. In the case of custom Electronic and Information Technology (EIT) being developed by a Contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the Contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The Contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the Contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)

(2) 36 CFR 1194 (508 Standards)
36 CFR Part 1194.22 (a – p)
36 CFR Part 1194.41 (a – c)
(3) www.access-board.gov/sec508/508standards.htm (508 Standards)

(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)
a. Information Technology – General Information
(http://www.cms.gov/InfoTechGenInfo/)

17.1.1 Section 508 – CMS

CMS follows the HHS standard for compliancy. The Contractor shall use the Agency's standard tool to test for compliancy; currently CMS is using the Digital Diagnostics tool. CMS is working towards full compliancy through CMS' release process. The Contractor shall continuously manage this effort during the design and update of any application, and provide any Product Accessibility Templates as requested. The Contractor shall help CMS to fix the applications and pages found to be non-compliant in the 508 reports, or as identified by CMS. The Contractor shall also provide CMS a

Remediation Report following each release that details the progress of the remediation of the tools. If the Contractor could not remediate an application or page, a justification is necessary and a plan outlined for when the remediation will occur. This report is due with each release of the Websites.

17.2 Section 508 – Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, PWS, or TO the SOW, PWS, or TO shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. www.access-board.gov/sec508/508standards.htm (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the SOW, PWS, or TO, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this SOW, PWS, or TO:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

18 Security

The Website must operate under all CMS stated security standards. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA. The Contractor is also responsible for overseeing the development and completion of a corrective action plan for vulnerabilities noted during the testing. Security details can be found on CMS' Information Security Standards page located at http://www.cms.gov/InformationSecurity/14_Standards.asp.

18.1 System Security Plan (SSP) and Information Security Risk Assessment (RA)

It is required that all federal systems be covered by an SSP and each system have the level of risk to the agency assessed. The Contractor shall determine the level of risks for the new or modified system using the CMS Information Security RA Methodology and shall deliver the RA to CMS. For SSPs, CMS has established General Support Systems and Major Application Systems groupings covering CMS' major business functions. Each group has on file an associated SSP that is updated on an annual basis from the RAs for the individual systems within the group. If a system is not included within an existing grouping, the Contractor shall deliver a complete SSP for the new or modified system using the CMS SSP Methodology. Additional security related information can be found by going to http://www.cms.gov/InformationSecurity/01_Overview.asp as referenced in Section 19 in this SOW.

18.2 Correct Deficiencies

The Contractor shall correct any security deficiencies, conditions, weaknesses, findings, or gaps identified by all audits, reviews, evaluations, tests and assessments, including but not limited to, the Statement on Auditing Standards (SAS) – 70 Reviews, Inspector General Audits, self-assessments such as the annual security controls testing as reported under FISMA, and Vulnerability Assessments in a timely manner.

The Contractor shall develop corrective action plans for all identified weaknesses, findings, gaps, or other deficiencies in accordance with the Business Partner System Security Manual (BPSSM) or as otherwise directed by CMS.

The Contractor shall correct weaknesses, findings, gaps, or other deficiencies within 90 calendar days of receipt of the final audit or evaluation report, unless authorized by CMS otherwise.

The Contractor shall validate and document that corrective actions are implemented, tested and effective. The Contractor shall also provide attestation and documentation of corrective actions to CMS upon request.

The Contractor shall provide corrective action plans and quarterly progress reports to CMS in accordance to the BPSSM or otherwise as directed by CMS.

18.3 Security Certification and Accreditation (C & A)

The Contractor shall comply with the CMS C&A methodology, policies, standards, procedures, and guidelines for Contractor facilities and systems. The CMS C&A methodology can be found on the CMS Website http://www.Cms.gov/it/security.

The Contractor shall undergo an independent evaluation and test of their systems security program in accordance with Section 912 of the MMA. The first test shall be completed prior to the

Contractor commencing operation of the Website Maintenance and Support Services contract. The independent evaluation can be performed by CMS or a CMS approved contractor.

The Contractor shall conduct, at a minimum, annual vulnerability assessments including penetration tests of the Contractor's systems, program, and facility.

The Contractor shall support CMS validation and accreditation of the Contractor's systems and facilities in accordance with CMS C&A methodology.

19 Standards, Policies and Procedure References

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, the SOW shall take precedence. The Contractor shall comply with the Legislative and Executive Mandates of Section J.6 of the ESD ID/IQ, including but not limited to:

FEDERAL STANDARDS, POLICIES AND PROCEDURES

a. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191)
b. OMB Circular A-130 Management of Federal Information Resources, Appendix III, "Security of Federal Automated Information Systems"
c. MIL-HDBK-881 - Department of Defense Handbook, Work Breakdown Structure
d. DI-MGMT-81466 - Cost Performance Reporting
e. MIL-HDBK-61 - Configuration Management Guidance
f. American National Standards Institute (ANSI) /Electronic Industries Alliance (EIA) Standard 748-98, *Earned Value Management Standards*, May 1998
g. Privacy Act of 1974, as amended, 5 U.S.C. 552a (P.L. 93-579)
h. Rehabilitation Act, Section 508, Accessibility Standards
   (1) 29 U.S.C 794d (Rehabilitation Act as amended)
   (2) 36 CRF 1194 (508 Standards)
   (3) www.access-board.gov/sec508/508standards.htm (508 standards)
   (4) FAR 39.2 (Section 508)
i. OMB Federal Website Guidelines

CMS/DHHS STANDARDS, POLICIES AND PROCEDURES

Architecture

a. CMS Enterprise Architecture (http://www.Cms.gov/EnterpriseArchitecture/)
b. CMS Technical Reference Model (http://www.Cms.gov/EnterpriseArchitecture/04_FederalRefModel.asp)

Data Administration

a. Logical Data Design (http://www.cms.gov/DataAdmin/03_LogicalDataDesign.asp)
b. Physical Data Design (http://www.cms.gov/DataAdmin/04_PhysicalDataDesign.asp)
c. Model Management (http://www.cms.gov/DataAdmin/06_ModelManagement.asp)

Security

CMS IT Security (http://www.cms.gov/InformationSecurity/)
Federal Information Security Management Act (FISMA) of 2002, Title III, Section 301: Information Security, E-Government Act of 2002 (P.L. 107-347)

Requirements Engineering

CMS Requirements Writer's Guide (http://www.cms.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp)

Database Administration (DBA)

CMS DBA Standards (http://www.cms.gov/DBAdmin/01_Overview.asp)

Information Technology (IT) Project Management

IEEE/EIA Standard 12207.0-1996, Volume 4 "Guide to the Project Management Body of Knowledge"

System Development Life Cycle (SDLC) Standards and Deliverables

CMS Integrated IT Investment Management Roadmap (Roadmap) (http://www.cms.gov/SystemLifecycleFramework/)

Web Development

a. DHHS Web Standards
b. Editorial Style Guide for CMS.gov (http://webrequests.cms.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7746)
c. Daily Operations Plan for CMS.gov (http://webrequests.cms.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7427)
d. http://www.cms.gov/InfoTechGenInfo/
e. Section 508 Standards (http://www.cms.gov/InfoTechGenInfo/03_Section508.asp)
f. CMS SEO Guidelines
g. .NET Developers Guide (.NET TRA)

Attachment A – Glossary

Computer Software Component (CSC) - A functionally or logically distinct part of a Computer Software Configuration Item (CSCI), typically an aggregate of two or more software units.

Computer Software Configuration Item (CSCI) - An aggregation of software that is designated for configuration management and treated as a single entity in the configuration management process. It is a logical element in the design. CSCIs may occur at different levels of a hierarchy and may consist of other CSCIs. Typically, a CSCI will exist for each major functional area within the software system such that each CSCI can be independently tested, integrated and managed throughout the system development life cycle. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61.

Earned Value – A method that allows both government and contractor program managers to have visibility into technical, cost and schedule progress on their contracts. The implementation of an earned value management system is a recognized function of program management. It ensures that cost, schedule and technical aspects of the contract are truly integrated.

Enterprise Systems Inventory Database (ESID) - CMS' inventory of business application systems, managed and maintained by Information Technology Architecture staff of the Office of Information Systems. ESID is available to all CMSNet users for viewing business application system information.

Health Insurance Claim Number (HICN) – **See Medicare Claim Number.**

Integration Testing - Testing in which software components, hardware components, or both are combined and tested to evaluate the interaction between them.

Medicare Claim Number – This is a unique identifier for a Medicare beneficiary, not an actual claim number. This number corresponds to the number found on the beneficiary's Medicare card. It is also known as the Health Insurance Claim Number or HICN.

Performance Measurement Baseline – A time-phased budget plan against which project performance is measured. It is formed by the budgets assigned to schedule control accounts and the applicable indirect budgets. For future effort, not planned to the control account level, the performance measurement baseline also includes budgets assigned to higher level work breakdown structure elements, and undistributed budgets. It equals the total allocated budget less management reserve.

Project - A temporary endeavor undertaken to create a unique project or service. *Temporary* means that every project has a definite beginning and a definite end. *Unique* means that the product or service is different in some distinguishing characteristic from all similar products or services. Projects are to be differentiated from ongoing operations of the organization.

Project Management - The application of knowledge, skills, tools and techniques to project activities in order to meet or exceed stakeholder expectations.

Service Level Agreement – This document describes the IT products and services to be provided, the expected quality and reliability of service, and the penalties and remedies the vendor faces for failure to perform as contracted.

Software Development Files (SDF) - This is a collection of material that is pertinent to the development of a given software unit or a set of related units. Contents typically include requirements, design, technical reports, code listings, test plans, test results, problem reports, schedules, and notes for the units.

Software Unit - The lowest level design component in the software hierarchy. Typically, this might be a single program or function. Optimally, a software unit will AVERAGE less than 100 SLOC.

Stress Testing - Testing conducted to evaluate a system or component at or beyond the limits of its specified requirements. The testing team subjects the system to an unreasonable load while denying it the resources needed to process that load, which will "stress" the system to the breaking point and, as a result, ensure that the break will not cause potentially harmful bugs; this must be conducted in a production-like environment.

Systems Development Life Cycle (SDLC) - A systems development lifecycle (SDLC) is any logical process used by a systems analyst to develop an information system, including requirements, validation, training, and user ownership. An SDLC should result in a high quality

system that meets or exceeds customer expectations, within time and cost estimates, and works effectively and efficiently in the current and planned information technology infrastructure. An SDLC establishes a logical order of events for conducting system development that is controlled, measured, documented, and ultimately, improved. CMS has established a common SDLC framework that is based on the IEEE/EIA 12207.0 standard.

Technical Reference Model (TRM) - A model that identifies and defines the major CMS infrastructure services, applications, hardware, telecommunications and environment needed to support enterprise business functions, information and systems.

Traceability - The degree to which a relationship can be established between two or more products, especially products having a predecessor-successor or master-subordinate relationship to one another. An example is the degree to which the requirement and design of a given software component match.

Unit Testing - Testing of individual hardware or software units or groups of related units. For example, developers test their code as an isolated unit to ensure it functions correctly and to ensure all paths in the code logic are exercised and that boundary and error conditions are handled properly.

Validation Testing - Formal testing (1) conducted on a complete, integrated system to evaluate the system's compliance with its specified requirements, including stress testing; (2) to enable a user, customer, or other authorized entity to determine whether to accept a system or component (IEEE Std. 610-12-1990). Acceptance criteria include user requirements and system requirements.

Work Breakdown Structure (WBS) – A decomposition of the planned work effort into specific phases, tasks, activities, milestones and deliverables necessary to accomplish project objectives. A WBS is a task-oriented or deliverable-oriented grouping of identified elements or components of a project, which organizes and defines the total scope of the project. A WBS follows an outline structure where each descending level represents an increasingly detailed definition of a project component. Project components may be products or services. There are no time, cost, or resource assignments associated with a WBS.

Work Package – Detailed jobs, or material items, identified by The Contractor for accomplishing work required to complete the Contractor. A work package has the following characteristics: it represents units of work at levels where work is performed; it is clearly distinguished from all other work packages; is assigned a single organizational element; it has scheduled start and completion dates and, as applicable, interim milestones which are representative of physical accomplishment; it has a budget or assigned value expressed in terms of dollars, man-hours, or other measurable units; its duration is limited to a relatively short period of time, or it is subdivided by discrete value milestones to facilitate the objective measurement of work performed, or its level of effort; it is integrated with detailed engineering, manufacturing, or other schedules.

Attachment B – Earned Value Management (EVM) Sample Report

HHSM-OCIO IT Earned Value Management Process and Procedures

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 1 - WORK BREAKDOWN STRUCTURE DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 3.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. CONTRACT DATA								
a. QUANTITY	b. NEGOTIATED COST	c. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	d. TARGET PROFIT/ FEE	e. TARGET PRICE	f. ESTIMATED PRICE	g. CONTRACT CEILING	h. ESTIMATED CONTRACT CEILING	i. DATE OF OTB/OTS (YYYYMMDD)

6. ESTIMATED COST AT COMPLETION	MANAGEMENT ESTIMATE AT COMPLETION (1)	CONTRACT BUDGET BASE (2)	VARIANCE (3)	7. AUTHORIZED CONTRACTOR REPRESENTATIVE a. NAME (Last, First, Middle Initial)	b. TITLE	
a. BEST CASE				c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)
b. WORST CASE						
c. MOST LIKELY						

8. PERFORMANCE DATA

ITEM (1)	CURRENT PERIOD BUDGETED COST WORK SCHEDULED (2)	CURRENT PERIOD BUDGETED COST WORK PERFORMED (3)	CURRENT PERIOD ACTUAL COST WORK PERFORMED (4)	CURRENT PERIOD VARIANCE SCHEDULE (5)	CURRENT PERIOD VARIANCE COST (6)	CUMULATIVE TO DATE BUDGETED COST WORK SCHEDULED (7)	CUMULATIVE TO DATE BUDGETED COST WORK PERFORMED (8)	CUMULATIVE TO DATE ACTUAL COST WORK PERFORMED (9)	CUMULATIVE TO DATE VARIANCE SCHEDULE (10)	CUMULATIVE TO DATE VARIANCE COST (11)	REPROGRAMMING ADJUSTMENTS COST VARIANCE (12a)	REPROGRAMMING ADJUSTMENTS SCHEDULE VARIANCE (12b)	REPROGRAMMING ADJUSTMENTS BUDGET (13)	AT COMPLETION BUDGETED (14)	AT COMPLETION ESTIMATED (15)	AT COMPLETION VARIANCE (16)
a. WORK BREAKDOWN STRUCTURE ELEMENT																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																
9. RECONCILIATION TO CONTRACT BUDGET BASE																
a. VARIANCE ADJUSTMENT																
b. TOTAL CONTRACT VARIANCE																

DD FORM 2734/1, MAR 05 LOCAL REPRODUCTION AUTHORIZED.

CLASSIFICATION (When Filled In)

CPR Format 1

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 2 - ORGANIZATIONAL CATEGORIES DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average .6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. PERFORMANCE DATA

ITEM (1)	CURRENT PERIOD: BUDGETED COST WORK SCHEDULED (2)	CURRENT PERIOD: BUDGETED COST WORK PERFORMED (3)	CURRENT PERIOD: ACTUAL COST WORK PERFORMED (4)	CURRENT PERIOD: VARIANCE SCHEDULE (5)	CURRENT PERIOD: VARIANCE COST (6)	CUMULATIVE TO DATE: BUDGETED COST WORK SCHEDULED (7)	CUMULATIVE TO DATE: BUDGETED COST WORK PERFORMED (8)	CUMULATIVE TO DATE: ACTUAL COST WORK PERFORMED (9)	CUMULATIVE TO DATE: VARIANCE SCHEDULE (10)	CUMULATIVE TO DATE: VARIANCE COST (11)	REPROGRAMMING ADJUSTMENTS: COST VARIANCE (12a)	REPROGRAMMING ADJUSTMENTS: SCHEDULE VARIANCE (12b)	REPROGRAMMING ADJUSTMENTS: BUDGET (13)	AT COMPLETION: BUDGETED (14)	AT COMPLETION: ESTIMATED (15)	AT COMPLETION: VARIANCE (16)
a. ORGANIZATIONAL CATEGORY																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																

DD FORM 2734/2, MAR 05 LOCAL REPRODUCTION AUTHORIZED.

CLASSIFICATION (When Filled In)

CPR

Format 2

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 3 - BASELINE DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 6.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. CONTRACT DATA

a. ORIGINAL NEGOTIATED COST	b. NEGOTIATED CONTRACT CHANGES	c. CURRENT NEGOTIATED COST (a. + b.)	d. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	e. CONTRACT BUDGET BASE (c. + d.)	f. TOTAL ALLOCATED BUDGET	g. DIFFERENCE (e. - f.)

h. CONTRACT START DATE (YYYYMMDD)	i. CONTRACT DEFINITIZATION DATE (YYYYMMDD)	j. PLANNED COMPLETION DATE (YYYYMMDD)	k. CONTRACT COMPLETION DATE (YYYYMMDD)	l. ESTIMATED COMPLETION DATE (YYYYMMDD)

6. PERFORMANCE DATA

ITEM	BCWS CUMULATIVE TO DATE	BCWS FOR REPORT PERIOD	BUDGETED COST FOR WORK SCHEDULED (BCWS) (Non-Cumulative) SIX MONTH FORCAST +1	+2	+3	+4	+5	+6	ENTER SPECIFIED PERIODS					UNDISTRIBUTED BUDGET	TOTAL BUDGET
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
a. PERFORMANCE MEASUREMENT BASELINE (Beginning of Period)															
b. BASELINE CHANGES AUTHORIZED DURING REPORT PERIOD															
c. PERFORMANCE MEASUREMENT BASELINE (End of Period)															
7. MANAGEMENT RESERVE															
8. TOTAL															

DD FORM 2734/3, MAR 05 LOCAL REPRODUCTION AUTHORIZED. C

PR Format 3

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 4 - STAFFING

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and revi

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. PERFORMANCE DATA (All figures in whole numbers)

ORGANIZATIONAL CATEGORY	ACTUAL CURRENT PERIOD	ACTUAL END OF CURRENT PERIOD (Cumulative)	FORECAST (Non-Cumulative) SIX MONTH FORECAST BY MONTH (Enter Names of Months)						ENTER SPECIFIED PERIODS					AT COMPLETION
			+1	+2	+3	+4	+5	+6						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
6. TOTAL DIRECT														

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CPR Format 4

SOW - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT FORMAT 5 - EXPLANATIONS AND PROBLEM ANALYSES				FORM APPROVED OMB No. 0704-0188
The public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev				
1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. EVALUATION

Discussion should include but is not limited to:

Summary Analysis
- Summary of Overall Contract Variances
- Differences between EAC's (Blocks 6.a, 6.b, 6.c, or Block 8.15)
- Changes in Undistributed Budget
- Changes in Management Reserve
- Significant timephasing shifts in Baseline (BCWS) (Format 3)
- Significant timephasing shifts or Overall Changes in Forecasted Staffing (Format 4)
- Discussion of Over Target Baseline and/or Over Target Schedule incorporation

Analysis of Significant Variances: (identify and describe each)
- Type and Magnitude of Variance
- Explanation of Significant Reasons
- Effect on Immediate Task
- Effect on Total Contract
- Corrective Actions Taken or Planned

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CPR Format 5

Attachment C – OBIS Application Matrix

See attached PDF "obis_web_app_matrix"

Attachment D – Data Sources for Medicare.gov Tools

Application (Tool)	Associated Database	Data Source	Data
Dialysis Facility Compare (DFC)	DFC, Geography*	CMS/Office of Clinical Standards & Quality (OCSQ) • Quality Arbor Research • Standard Information Management Systems (SIMS) • Renal Management Information System (REMIS) • Program Management and Medical Information System (PMMIS)	Characteristics, Medical claims, payment and entitlement data on people with Medicare who have ESRD, 3 measures
Hospital Compare (HC)	HQI, Metrics, Geography*	CMS/Center for Drug & Health Plan Choice (CPC) CMS/Center for Medicare Management (CMM) CMS/Office of Information Services (OIS) CMS/Center for Medicaid & State Operations (CMSO) CMS/Office of External Affairs (OEA) CMS/OCSQ	HCAHPs Medicare Payment and Volume Demographics - OSCAR/ ASPEN Plain Language 7 Heart Attack care measures 4 Heart Failure care measures 7 Pneumonia care measures 7 Surgical care improvement project measures 3 Asthma care (children only) measures
Home Health Compare (HHC)	HHC, Geography*	CMS/CPC CMS/CMSO CMS/OCSQ	HHCAHPS Outcome and Assessment Information Set (OASIS) 3 measures for improvement in getting around

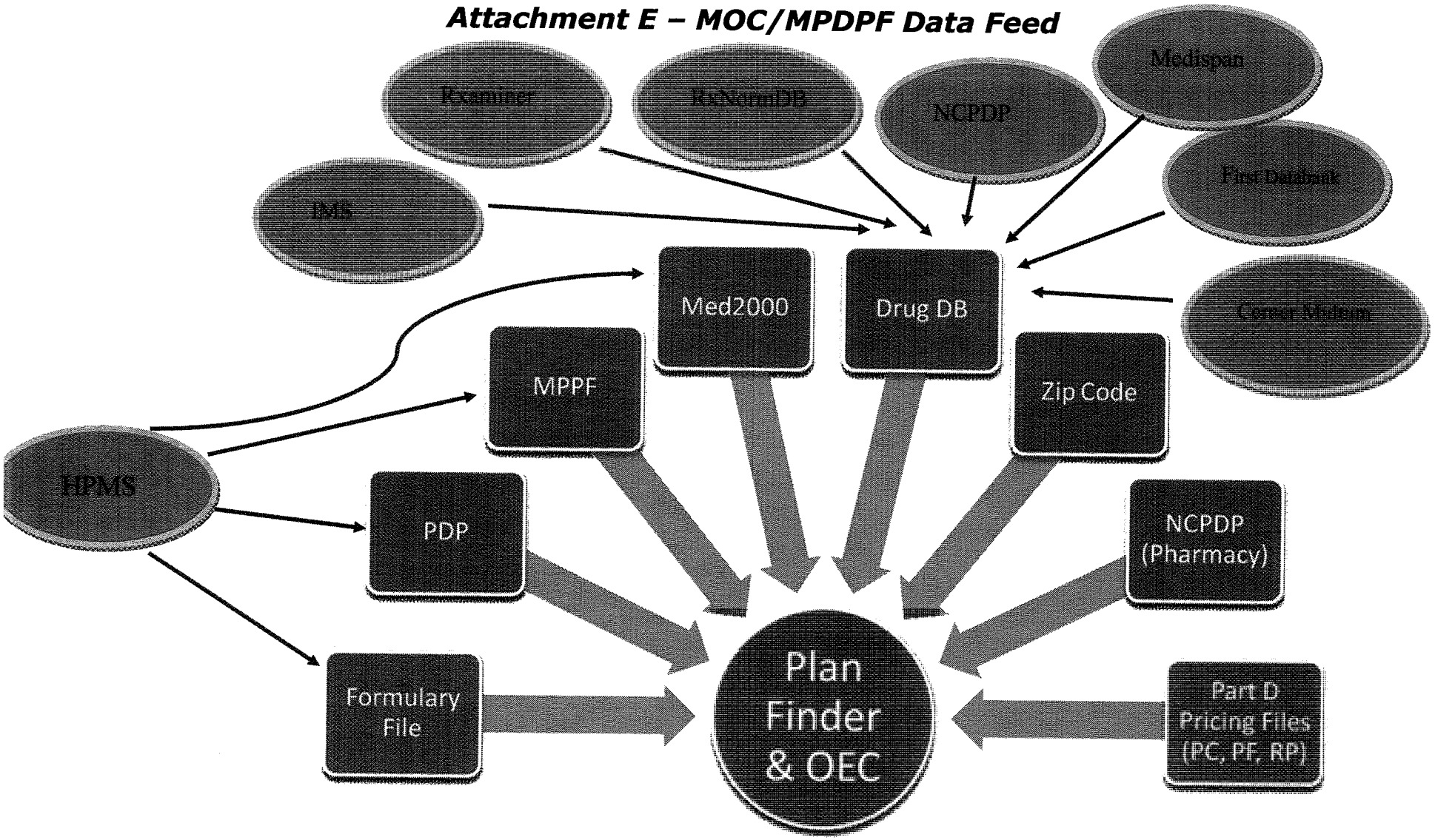
			4 measures for meeting the patient's activities of daily living 3 measures for patient medical emergencies 2 measures about how home healthcare ends
Nursing Home Compare (NHC)	NHC, Geography*	CMS/CMSO CMS/OEA CMS/OCSQ	Minimum Data Sets (MDS) Repository OSCAR/ASPEN - demographics Plain Language Health and Fire Safety Surveys and Complaint Survey deficiencies Nurse staffing 14 measures for long-stay residents 5 measures for short-stay residents
Healthcare Provider Directory (HPD)	Physician, Geography*	Payment Enrollment Chain Ownership System (PECOS) PHPD Data Contractor National Plan and Provider Enumeration System (NPPES)	Physician Listings Foreign language, Gender, Residency information, Hospital Affiliation Physician Quality Reporting Initiative (PQRI)

Medicare Plan Finder (MPF)	PDAP, OOPC, PDP, SPAP/PAP, Formularies and Supplemental files, Part D Plan Ratings data, Medigap data, Med2000, MGC, CBO-CSR Query, Geography*	CMS/CPC Online Enrollment Center (OEC) database CMS/Health Plan Management System (HPMS) Electronics Services Support Contractor Medicare Beneficiary Database (MBD) To be proposed by contractor	Plan Ratings Data Enrollment Applications Plan Contact, Formulary, and Beneficiary Information Eligibility criteria and Contact information Enrollment and Eligibility data Drug database
Application (Tool)	Associated Databases	Data Source	Data
Medicare Eligibility Tool (MET)		Social Security Administration (SSA)	Published information, Rate and eligibility info from press releases
Long-Term Care (LTC)		National Council on Aging (NCOA) CPC	Risk/Cost Calculator Static information
Helpful Contacts	Con, Geography*	Electronics Services Support Contractor CMS/Website Project Management Group (WPMG) CMS/Call Center Operations Group (CCOG)	Characteristics Characteristics Characteristics
Publications		CMS/OEA	Publications, Key words, related pubs, order information
Supplier Directory	Supplier, Geography*	National Supplier Clearance Warehouse	Characteristics, Participating and non-participating suppliers
Your Medicare Coverage (YMC)		CMS/OEA	Coverage Information, Services, Medical Equipment

**The Geography Database is used on many tools, though is only updated quarterly. This database provides relationships about states, states to counties, counties to zip codes, SSA and FIPS counties, cities to states and zip to cities. It is supplied by the United States Postal Service.*

SOW - Website Maintenance and Support Services Task Order

Attachment E – MOC/MPDPF Data Feed



Attachment F – Licenses

CMS Owned

Item	Purpose	Qty
Corda Builder Maintenance	In support of Medicare.gov Graphing and chart functionalities	12
Corda Popchart Enterprise Maintenance	In support of Medicare.gov Graphing and chart functionalities	3
PopChart Enterprise Developer Maintenance	In support of Medicare.gov Graphing and chart functionalities	3
OptiMap Enterprise Maintenance	In support of Medicare.gov Graphing and chart functionalities	3
OptiMap Developer Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
Highwire Enterprise Maintenance Gold 4 CPU	In support of Medicare.gov Graphing and chart functionalities	3
Highwire Enterprise Developer 4 CPU	In support of Medicare.gov Graphing and chart functionalities	3
Repliweb Distribution Manager License	In support of CMS.gov file replication and content deployment	6
BrowserHawk Enterprise Edition 1 year Support and Maintenance	Browser support and attribute detection software in support of Medicare.gov & CMS.gov multi-browser capabilities	16
Google Maps for Enterprise	In support of Medicare.gov's Mapping, Directions, and Address Geocoding functionalities	1
RightNow Enterprise Suite	Provide support and hosting for the Frequently Asked Questions (FAQs) on the Websites and incident management for Website feedback.	1
Ephox EditLive! 1 – Production 1 – Development	Provide ability to implement an embedded content editor into the Stellent Content Management System to allow the end user the ability to submit and update content published to CMS.gov	2
Visual Studio Team Edition for Developer/Database with MSDN	In support of .NET migration effort for CMS Websites. These licenses are for developers to develop locally on their machine.	8
Visual Studio Team Foundation Server with MSDN	In support of .NET migration effort for CMS Websites.	1
Visual Studio Team Foundation Server User Client Access Licenses (CALs)	In support of .NET migration effort for CMS Websites.	1
Socrata Social Data Platform and Social Data Player	In support of Agency goals to make the datasets on the websites more accessible, interactive and more visual.	2

SOW - Website Maintenance and Support Services Task Order

ThinkStock Image License	In support of obtaining royalty-free photo images for use on our Websites	1
Adobe Creative Suite 5 Web Premium	Software for producing standards-based Websites and immersive digital experiences in support of designing and developing Web content.	2
Adobe Captivate 5	Software that is an eLearning authoring tool for creating and maintaining complex Web content.	3
Flickr Pro Account (1-year)	Account for uploading and posting photos for the Websites	1
WebSort.net License (5-pack)	In support of conducting remote card sorting online	1
Sifter (Large Plan 1-year)	Hosted bug and issue tracking application	1

Contractor Acquired Property

Item	Purpose	Qty
NCOA Long Term Care	Contractor will renew this annually in February on CMS' behalf	1
USPS AIS Zip + 4	In support of the quarterly geography database updates	1
Visual Studio Team Edition for Developer/Database with MSDN	In support of .NET migration effort for CMS Websites. These licenses are for developers to develop locally on their machine.	17
Visual Studio Team Suite with MSDN	In support of .NET migration effort for CMS Websites.	2
Visual Studio Team Foundation Server with MSDN	In support of .NET migration effort for CMS Websites.	1
Visual Studio Team Foundation Server User Client Access Licenses (CALs)	In support of .NET migration effort for CMS Websites.	3
Licenses for third party data (this includes Cerner Multum, First Databank, Wolters Kluwer/Medispan, NCPDP, RxNormDB, Rxaminer, and IMS)	To support the operation of Plan Finder/Formulary Finder	
Corda Builder Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
Corda Popchart Enterprise Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
PopChart Enterprise Developer Maintenance	In support of Medicare.gov Graphing and chart functionalities	2
BrowserHawk Enterprise Edition 1 year Support and Maintenance	Browser support and attribute detection software in support of Medicare.gov & CMS.gov multi-browser capabilities – 1 year support	8
BrowserHawk Professional Edition	Browser support and attribute detection software in support of Medicare.gov & CMS.gov multi-browser capabilities – 1 year support	15
Apple Leopard Operating System	To keep up with new MAC browsers that work with this OS only	2

Attachment G – Acronym List

ARS – Acceptable Risk Standards

ASP – Active Server Pages

BLL – Business Logic Layer

BPSSM – Business Partner System Security Manual

CAM – Cost Accounting Manager

CASE – Computer Aided Software Engineering

CCOG – Call Center Operations Group

CMM – Center for Medicare Management

CMS – Centers for Medicare & Medicaid Services

CMSO – Center for Medicaid & State Operations

COTR – Contracting Officer Technical Representative

COTS – Commercial-off-the-Shelf

CPC – Center for Drug & Health Plan Choice

CSC – Computer Software Component

CSCI – Computer Software Configuration Item

CSR – Customer Service Representative

DAL – Data Access Layer

DDD – Database Design Document

DDL – Data Definition Language

DFC – Dialysis Facility Compare

DLL – Dynamic Link Library

DME – Durable Medical Equipment

DUA – Data Use Agreement

EDC – Enterprise Data Center

EIT – Electronic and Information Technology

e-MSN – Electronic Medicare Summary Notice

ERD – Entity-Relationship Diagrams

ESD – Enterprise System Development

EVM – Earned Value Management

FF – Formulary Finder

FIPS – Federal Information Processing Standards

FISMA – Federal Information Security Management Act

GFI – Government Furnished Information

GFP – Government Furnished Property

GUI – Graphical User Interface

HC – Hospital Compare

HHC – Home Health Compare

HICN – Health Insurance Claim Number

HPMS – Health Plan Management System

IBR – Integrated Baseline Review

IRR – Implementation Readiness Review

IS RA – Information Security Risk Assessment

JOA – Joint Operating Agreement

JSP – Java Server Pages

LAN – Local Area Network

LCD – Local Coverage Determination

LIS – Limited Income Subsidy

LMRP – Local Medical Review Policies

LTC – Long-Term Care

MBD – Medicare Beneficiary Database

MBP – Medicare Beneficiary Portal (aka MyMedicare.gov)

MDS – Minimum Data Sets

MET – Medicare Eligibility Tool

MKS - Mortice Kern Systems Content Management Tool

MMA – Medicare Modernization Act

MOC – Medicare Options Compare

MPDPF – Medicare Prescription Drug Plan Finder

MSN – Medicare Summary Notice

MSP – Medicare Secondary Payer

NCD – National Coverage Determinations

NCOA – National Council on Aging

NGD – Next Generation Desktop

NHC – Nursing Home Compare

NPPES – National Plan and Provider Enumeration System

OASIS – Outcome and Assessment Information Set

OBIS – Office of Beneficiary Information Services

OCSQ – Office of Clinical Standards & Quality

OEA – Office of External Affairs

OEC – Online Enrollment Center

OIS – Office of Information Services

OSCAR - Online Survey Certification and Reporting System

PDP – Prescription Drug Plan

PDR – Preliminary Design Review

PECOS – Provider Enrollment and Chain Ownership System

PHPD – Physician and Other Healthcare Professional Directory

PMB – Performance Measurement Baseline

PMBOK – Project Management Body of Knowledge

PMMIS – Program Management and Medical Information System

PO – Project Officer

POD – Print-on-Demand

PQRI – Physician Quality Reporting Initiative

QA – Quality Assurance

RAM – Responsibility Assignment Matrix

REMIS – Renal Management Information System

RSS – Really Simple Syndication

SAS – Statement on Auditing Standards

SCE – Software Capability Evaluation

SCM – Software Configuration Management

SDIF – Software Development and Integration Facility

SDLC – System Development Life Cycle

SDMP – System Development Management Plan

SEO – Search Engine Optimization

SFTP - Secure File Transfer Protocol

SIMS – Standard Information Management Systems

SLA – Service Level Agreement

SLOC – Source Lines of Code

SOA – Service-Oriented Architecture

SOAP – Simple Object Access Protocol

SOW – Statement of Work

SQL – Structured Query Language

SSA – Social Security Administration

SSL – Secure Socket Layer

SSP – System Security Plan

SyRS – System Requirements Specification

TRM – Technical Reference Model

UAT – User Acceptance Test

UCM – Oracle Universal Content Management System

VB/COM – Visual Basic/Component Object Model

VCS – Virtual Call Center Strategy

VDD – Version Description Document

VRR – Validation Readiness Review

WAN – Wide Area Network

WBS – Work Breakdown Structure

WPMG – Website Project Management Group

YMC – Your Medicare Coverage

Attachment H – Release Schedule Information

Medicare.gov

1 Release/Month with updates on 3-4 of the tools.
Each Release generally has 1 Bugfix and 1 Hotfix

CMS.gov

Frequent updates for Static Pages
Monthly Releases for Major Application Level changes with updates throughout the year

MyMedicare.gov

Major Quarterly Releases
One smaller Release each Month

1. In accordance with FAR 52.243-2, Changes, Cost Reimbursement, Alt 1, this modification directs the following changes to the Statement of Work as noted in the highlighted portions on pages 15, 16, 24 and 44:

   (A) Develop and implement the RACompare Phase I initiative on CMS.gov which shall include a United States State and Territory map, leveraging Corda OptiMap functionality, in order to display Medicaid RAC activity. This functionality shall consist of a 2-page workflow on the site with the Main page being accessed from http://www.cms.gov/MedicaidIntegrityProgram/. The second page will be the Details page which shall display the following attributes/values for each U.S. State and Territory:

   - Full State Name and State URL
   - SPA Status (No SPA Submitted; Submitted; Approved)
   - Date SPA Approved
   - Exception Requested?
   - Date Exception Request Received
   - Exception Determination
   - RAC Contract in Place?
   - Effective Date of RAC Contract
   - Contract Fee Structure

   The contractor shall also include Hover and/or Click operation allowed by State or Territory on the map and also a 'pop out' capability. The pop-up page will display the State abbreviation as well as the above list of attributes. The map shall utilize three colors that are Section 508 approved colors in order to differentiate the degree to which a State or Territory has established its Medicaid RAC program. Additionally, the tool shall only support the English language. CMS will provide the contractor an Excel file using an agreed upon format which shall be maintained across the database refreshes and delivered 4 business days prior to the go-live date. From January 2011 – April 2011, the Data File will be sent on a semi-monthly basis. There will be a one-time ETL process with this effort.

   (B) As part of the CMS.gov RACompare Phase I initiative, the contractor will create a new SQL Server 2008 database. From January 2011-April 2011, the contractor shall receive Excel data files from CMS on a semi-monthly basis for these database refreshes. The file shall be sent 4 business days prior to the desired CMS go-live date.

(C) Deliverables

7.1.1.1	Data Refreshes and Releases	Semi-Monthly (RACompare Database Refreshes), Monthly and Quarterly based on CMS and other CMS Contractor's schedules.	

2. The Contractor must assert its right to an adjustment under this clause within 30 days from the date of receipt of this written order. Failure to agree to any adjustment shall be a dispute under the Disputes Clause. However, nothing in this clause shall excuse the Contractor from proceeding with the contract as changed.

3. The Contractor shall not be obligated to continue performance or incur costs beyond the point established in the Limitation of Funds clause of this contract. However, the Contractor must continue performance of the contract as changed.

4. Until this Directed Change can be definitized, the Government's liability on behalf of the change is limited to $48,000.00.

5. Additionally, this modification provides for the change of the Government's Contract Specialist and Contracting Officer on page 50 of the Statement of Work. The new points of contact are:

Contract Specialist:	Joe Feibel
Phone:	410-786-8261
Email:	Joseph.Feibel@cms.hhs.gov
Contracting Officer:	Phyllis Lewis
Phone:	410-786-8637
Email:	Phyllis.Lewis@cms.hhs.gov

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 | 4

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000003	See Block 16C	752-1-3359-03	

6. ISSUED BY CODE ITG - DMITSC

CMS, OAGM, ITG, DMITSC
7500 SECURITY BLVD., MS: C2-21-15
BALTIMORE MD 21244-1850

7. ADMINISTERED BY *(If other than Item 6)* CODE AGG/JFEIBEL

Joseph Feibel
Contract Specialist
410-786-8261

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0007

10B. DATED *(SEE ITEM 13)*
04/30/2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
15993359-75X0516-252Z Net Decrease: -$5.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR Clause No. 43.103 (a)(1) - Equitable Adjustment
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 3 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783

Contract No. HHSM-500-2007-00015I, Task Order No. HHSM-500-T0007 is hereby modified to definitize modification 000002.

1. As a result of this definitization, Item 0010, is fully funded at a not-to-exceed amount of [redacted].

The following sections of this task order are hereby altered (modified or included) as
Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Richard J. Martin, Vice President	Phyllis Lewis

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Richard J Martin *(Signature of person authorized to sign)*	2/24/11	Phyllis Lewis *(Signature of Contracting Officer)*	3/3/2011

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	follows:				
	Period of Performance: 04/30/2010 to 04/29/2011				
	Add Item 0011 as follows:				
0011	Item 0010				-5.00

A. SECTION B, SUPPLIES OR SERVICES AND PRICES/COST, Schedule of Service Price/Cost is hereby revised.

1. Item 0010 costs are definitized as follows:

*Item 0010		This Mod	Revised
Est. Costs	(b)(4)		
Fixed Fee			
Total Est. Costs	$48,000	-$5	**$47,995**

* Slight variances from the proposed amount may be present due to rounding.

2. The following table establishes the estimated costs and fixed fee for this contract.

*Total Potential Contract Value		This Mod	Revised
Estimated Costs	(b)(4)		
Fixed Fee			
Total Est. Costs	$77,726,006	-$5	**$77,726,001**

	Estimated Cost	Fixed Fee	Estimated Cost Plus Fixed Fee
Base Period	(b)(4)		
Unexercised Optional Tasks			
Option Period 1			
Option Period 2			
Option Period 3			
Option Period 4			
Total	$72,641,121	$5,084,880	**$77,726,001**

3. As a result of definitizing Item 0010, the current contract value is decreased as follows:

	From	By	To
Estimated Costs	(b)(4)		
Fixed Fee			
Total Est. Costs	$25,119,209	-$5	**$25,119,204**

B. SECTION F – DELIVERIES OR PERFORMANCE

	Period of Performance
Base Period	4/30/10 - 4/29/11
Option Period 1	4/30/11 – 4/29/12
Option Period 2	4/30/12 – 4/29/13
Option Period 3	4/30/13 – 4/29/14
Option Period 4	4/30/14 – 4/29/15

C. SECTION G. CONTRACT ADMINSTRATION DATA, is hereby modified as follows:

Total Order Obligations

	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Base	0001A	768-0-0455-01	7500511	05810455	252Z	(b)(4)
Base	0001B	768-0-5218-02	7575X8005	05999213	252Z	
Base	0001C	768-0-3708-10	7500511	05996745	252Z	
Base	0001D	768-0-3708-11	7500511	05996745	252Z	
Mod 1	0001	765-0-7182-01	75X0119	05996084	252Z	
Mod 1	0002	772-0-0478-05	7500511	05850478	257Q	
Mod 1	0003	772-0-0478-06	7500511	05850478	257Q	
Mod 1	0004	768-0-3708-22	7500511	05996745	252Z	
Mod 1	0005	726-0-8129-06	759/30511	05992120	252Z	
Mod 1	0006	752-0-7212-01	75X0119	05996061	252Z	
Mod 1	0007	765-0-7183-01	75X0119	05996084	252Z	
Mod 1	0008	768-0-0455-14	7500511	05810455	252Z	
Mod 1	0009	767-0-1813-14	7500511	05921813	252Z	
Mod 2	0010	752-1-3359-03	75X0516	15993359	252Z	
Mod 3	**0010**	**752-1-3359-03**	**75X0516**	**15993359**	**252Z**	**-$5**
				Total Funded Amount		**$25,119,204**

D. Contractor's Release

In consideration of the modification agreed to herein as a complete equitable adjustment for Item 0010, the contractor releases Government from any and all liabilities under contract for further equitable adjustments attributable to such facts or circumstances for the aforesaid changes.

E. All other terms and conditions remain the same.

END OF MODIFICATION

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 5

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000004	See Block 16C	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS, OAGM, ITG, DMITSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DMITSC	Joseph Feibel Contract Specialist 410-786-8261	AGG/JFEIBEL

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0007

10B. DATED *(SEE ITEM 13)*
04/30/2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule
Net Increase: $11,341,516.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR Clause No. 52.232-2 - Limitation of Funds
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 3 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783

Contract No. HHSM-500-2007-00015I, Task Order No. HHSM-500-T0007 is hereby further modified to incremetally fund and Exercise Option Period 1 at a reduced level and to appoint Alternate Contracting Officer's Technical Representatives (COTR).

The following sections of this task order are hereby altered (modified or included) as follows:

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
Richard J. Martin		Phyllis Lewis	
15B. CONTRACTOR/OFFEROR Richard J. Martin *(Signature of person authorized to sign)*	15C. DATE SIGNED 4/29/11	16B. UNITED STATES OF AMERICA Phyllis Lewis *(Signature of Contracting Officer)*	16C. DATE SIGNED 4/29/2011

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Delivery: 03/29/2011 Delivery Location Code: N/A Not Applicable				
	Period of Performance: 04/30/2010 to 02/29/2012 Add Item 0012 as follows:				
0012	Funding for Option Period 1 Requisition No: 813-1-0455-06 Accounting Info: 15810455-7510511-252Z Funded: [redacted]				[redacted]
	Add Item 0013 as follows:				
0013	Funding for Option Period 1 Requisition No: 813-1-3708-03 Accounting Info: 15996745-7510511-252Z Funded: [redacted]				[redacted]

1. SECTION B, SUPPLIES OR SERVICES AND PRICES/COST, Schedule of Service Price/Cost is hereby revised.

a. The following table establishes the estimated costs and fixed fee for this contract.

	*Estimated Cost	*Fixed Fee	*Estimated Cost Plus Fixed Fee
Base Period	(b)(4)		
Unexercised Optional Tasks			
Option Period 1			
Option Period 2			
Option Period 3			
Option Period 4			
Total	**$72,363,884**	**$5,065,473**	**$77,429,357**

* Slight variances from the proposed amount may be present due to rounding.

b. As a result of incrementally funding Option Period 1, the current contract value is increased as follows:

	From	By	To
Estimated Costs	(b)(4)		
Fixed Fee			
Total Est. Costs	**$25,119,204**	**$11,341,516.**	**$36,460,720**

c. It is estimated that the amount currently obligated and allotted will cover performance of this Task Order from 4/30/11 through 2/29/12.

d. Upon full funding of Option Period 1, the contract value will be increased as follows:

	From	By	To
Estimated Costs	(b)(4)		
Fixed Fee			
Total Est. Costs	**$25,119,204**	**$13,699,811**	**$38,819,015**

2. SECTION C - DESCRIPTION/SPECIFICATIONS OF WORK

The Statement of Work is hereby revised in accordance with the attached Revised Statement of Work, dated March 8, 2011.

3. SECTION F – DELIVERIES OR PERFORMANCE

	Period of Performance
Base Period	4/30/10 - 4/29/11
Option Period 1	4/30/11 – 4/29/12
Option Period 2	4/30/12 – 4/29/13
Option Period 3	4/30/13 – 4/29/14
Option Period 4	4/30/14 – 4/29/15

4. **SECTION G. CONTRACT ADMINSTRATION DATA**, is hereby modified as follows:

Total Order Obligations

	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Base	0001A	768-0-0455-01	7500511	5810455	252Z	(b)(4)
Base	0001B	768-0-5218-02	7575X8005	5999213	252Z	
Base	0001C	768-0-3708-10	7500511	5996745	252Z	
Base	0001D	768-0-3708-11	7500511	5996745	252Z	
Mod 1	0001	765-0-7182-01	75X0119	5996084	252Z	
Mod 1	0002	772-0-0478-05	7500511	5850478	257Q	
Mod 1	0003	772-0-0478-06	7500511	5850478	257Q	
Mod 1	0004	768-0-3708-22	7500511	5996745	252Z	
Mod 1	0005	726-0-8129-06	759/30511	5992120	252Z	
Mod 1	0006	752-0-7212-01	75X0119	5996061	252Z	
Mod 1	0007	765-0-7183-01	75X0119	5996084	252Z	
Mod 1	0008	768-0-0455-14	7500511	5810455	252Z	

Mod 1	0009	767-0-1813-14	7500511	5921813	252Z	(b)(4)
Mod 2	0010	752-1-3359-03	75X0516	15993359	252Z	
Mod 3	0011	752-1-3359-03	75X0516	15993359	252Z	
Mod 4	**0012**	**813-1-0455-06**	**7500511**	**15810455**	**252Z**	
Mod 4	**0013**	**813-1-3708-03**	**7500511**	**15996745**	**252Z**	
				Total Funded Amount		**$36,460,720**

Government Personnel

Karyn Klein is hereby designated as the Alternate COTR.

Jeffery Burdette is hereby designated as the Alternate COTR for the MyMedicare.gov Website.

5. All other terms and conditions remain the same.

END OF MODIFICATION

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 | 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000005	05/26/2011	752-1-3359-03	

6. ISSUED BY CODE ITG - DMITSC

CMS, OAGM, ITG, DMITSC
7500 SECURITY BLVD., MS: C2-21-15
BALTIMORE MD 21244-1850

7. ADMINISTERED BY *(If other than Item 6)* CODE AGG/RK

Ryan Kooy
Contract Specialist
410-786-6637

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0007

10B. DATED *(SEE ITEM 13)*
04/30/2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
15993359-75X0516-252Z Net Decrease: -$12,000.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR Clause No. 43.103 (a)(1) - Equitable Adjustment
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The Purpose of this modification is to de-obligate $12,000 from requisition number 752-1-3359-03. As a result the estimated costs, fixed fee and total estimated cost for the base period are revised as follows:

Estimated Costs are decreased from [redacted] by [redacted] to [redacted]

Fixed Fee is decreased from [redacted] by [redacted] to [redacted].

Total Est. Cost is decreased from [redacted] by $12,000 to [redacted].

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Richard J. Martin, VP	Phyllis Lewis

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Richard J. Martin *(Signature of person authorized to sign)*	5/27/11	Phyllis Lewis *(Signature of Contracting Officer)*	5/27/2011

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	All other terms and conditions of this Task Order remain unchanged and in full force and effect. Delivery: 05/26/2011 Delivery Location Code: N/A Not Applicable Period of Performance: 04/30/2010 to 04/29/2011 Change Item 0010 to read as follows(amount shown is the obligated amount): Deobligate Funds				
0010	Deobligate Funds				-12,000.00

Centers for Medicare & Medicaid Services (CMS)

Website Maintenance and Support Services

Statement of Work

The Government is seeking to renew the Website Maintenance and Support Services Contractor (hereafter, "the Contractor"). Independently, and not as an agent of the Government, the Contractor shall furnish the necessary services, personnel, materials, equipment, and facilities, not otherwise provided by the Government, as needed to perform this task order.

The Centers for Medicare & Medicaid Services (CMS) has unlimited rights to all non-proprietary data, licenses, source code and programs, and system architecture developed by the Contractor. "Unlimited rights" shall be passed to CMS, its successors and assignees in accordance with FAR reference 52.227-14 Rights in data-general and 52.227-17 Rights in data – Special Works.

1 Introduction

CMS purchases healthcare for an estimated 85 million people through Medicare and Medicaid. On behalf of these beneficiaries, CMS works to ensure high quality healthcare at a reasonable price, provide information about benefits, health promotion, and choices, and also works with accrediting bodies to certify healthcare facilities.

CMS is responsible for accurate, timely, relevant, understandable, and easily accessible information that will help beneficiaries make decisions on their individual healthcare needs. CMS is committed to designing, evaluating, and providing comprehensive state-of-the-art education material and resources for beneficiaries, and the provider community. In its stewardship of the Medicare program, CMS ensures that policies and programs align to meet the healthcare needs of beneficiaries. Significant principles include assuring:

- Consumer information reaches beneficiaries, providers and other constituents to support informed purchasing decisions,
- Provider quality and accountability are supported, as well as cost effective; and,
- Beneficiaries are protected from poor care and their rights and dignity are maintained.

CMS uses the following strategies to make operational decisions:

- Collecting data, and using it to create useful comparative information,
- Distributing the information to Medicare beneficiaries,
- Encouraging use of this information by beneficiaries when choosing a health plan; and
- Providing Nursing home or healthcare options.

These strategies are intended to stimulate the market forces that provide incentives for high quality performance by healthcare providers. Additionally, this information has the potential to improve approaches to healthcare delivery for all consumers.

Some of the ways that CMS commits to disseminating information to beneficiaries is through three websites: www.Medicare.gov, www.CMS.gov, and www.MyMedicare.gov. These three sites are available to the public 24 hours a day, 7 days a week, are managed by the CMS Office of

Beneficiary Information Services (OBIS) Website Project Management Group, and are hosted by an independent Enterprise Data Center (EDC).

1.1 www.Medicare.gov Website

CMS' award-winning www.Medicare.gov consumer Internet site was first launched in 1998. Originally, the site contained searchable databases to assist consumers in finding information about Medicare Advantage and Medigap options available in their area. Since then, a multitude of databases and information resources have been added.

The website hosts 22 separate databases allowing consumers and beneficiaries to compare, select, and enroll in Medicare health and prescription drug plans, compare nursing homes, home health agencies, hospitals, physicians and more.

With the passing of Medicare Modernization Act (MMA), specifically the Prescription Drug Benefit and the expansion of Medicare Advantage plans, health plan choices that are available to Medicare beneficiaries have become more numerous, varied and complex. The Website is an essential tool to help beneficiaries, family members, caregivers, advocates, and healthcare providers learn and understand what their choices are and compare and select a health plan or prescription drug plan that best fits their individual needs.

1.2 www.CMS.gov Website

The CMS.gov website was launched in September 2001 and it serves all of the Agency's constituencies, including the medical community, lawmakers, researchers, Medicaid recipients, and the general public. CMS.gov is a highly visible website that serves as the primary vehicle for education and outreach to healthcare professionals and other CMS stakeholders.

In December 2005, CMS redesigned the CMS.gov website promoting a user-centered design which allows users to find content more efficiently. The Stellent Universal Content Management System (Stellent) was used by CMS employees to create, edit, delete, and publish information to the CMS.gov website. In the winter of 2009, CMS.gov transitioned from Stellent to the Oracle Universal Content Management System.

1.3 www.MyMedicare.gov Website

MyMedicare.gov is a public information portal that can be accessed through Medicare.gov. The MyMedicare.gov pilot began in December of 2004 and less than one year later access to MyMedicare.gov was nationwide with the current number of registered users exceeding 14 million and growing at a rate of over 200,000 per month.

MyMedicare.gov allows registered users the ability to access general Medicare and claims-specific information from a secure website 24 hrs a day, 7 days a week. Users are also able to change the email address they provided upon registration, order a new Medicare card, keep their drug list and favorites for physicians, nursing homes, and hospitals they prefer.

The portal is integrated with the Next Generation Desktop (NGD), a customer service tool used at the CMS' call center operations. Using this tool, the customer service representatives (CSRs) are able to aid the beneficiary in accessing information, execute a change request, or refer them to the appropriate resource to make changes to their personal information. MyMedicare.gov is critical to CMS' Virtual Call Center Strategy (VCS). The VCS is an initiative to create a virtual contact center environment that uses technologies, resources, and services effectively across the sites and contractors. MyMedicare.gov focuses on improving customer service by providing consistent,

accurate and understandable information through multiple communication channels. In the fall of 2010, this site migrated from ASP to .NET and underwent a major visual redesign of the site and functionality.
There is an increased capacity of work needed to maintain the normal MyMedicare operations as this site is much more complex and functionality rich than it was when it was created.

1.4 cmsnet.cms.hhs.gov

CMS also has an Intranet that is maintained and updated by CMS employees. CMS uses the intranet to disseminate important information to the employees. Requests are submitted by content owners via an email request system called WebRequest – part of Rightnow Technologies. CMS has recognized that a redesign of the current CMSNet would better serve the employees of CMS due to the current Intranet site structure which is neither topic nor audience based and has no organization or navigation schema. There is an optional task in this SOW referring to the redesign effort under Section 9.

1.5 www.Healthcare.gov Website (Federally Funded Exchange)

The Federal Exchange will provide all exchange capability in support of states that do not or will not have a state-specific exchange solution in compliance with the Exchange master schedule. Although the features and functions of the Federal Exchange are similar to those found in any state exchange application, the Federal Exchange must be sufficiently robust and flexible to support any number of states, including integration with each respective state's related programs, such as Medicaid, CHIP, and others. The Contractor shall perform tasks required to deliver the FX services. This includes acquiring the software necessary for Exchanges (see attachment F), as well as design work (currently being performed by the subcontractor "IDEO"), and accessibility support (currently being performed by the subcontractor "TPG).

1.5.1 User Experience and Design Requirements

The contractor shall incorporate the user experience design work from the Office of Communications (OC) in accordance with OC requirements, the Public Release Application (PRA) prototype, the UX Design Specification, and ongoing input from usability testing and stakeholder feedback into the FEPS development and Sprint Release cycles. The contractor shall have the ability to rapidly deploy changes to production in response to ongoing consumer testing, monitoring and analysis results.

In addition to meeting the Section 508 Accessibility requirements defined in Section 3.1 of the SOW, the contractor shall fully comply with Section 508 Accessibility requirements (to at least 95% compliance), including addressing all issues identified through HHS compliance scans.

1.5.2 Usability Testing Requirements

The contractor shall provide support of a test environment for the Office of Communications for usability testing purposes. In addition to the test environment, the contractor shall provide support with the development and delivery of user-friendly wireframes, mockups, and prototypes for usability

testing. The contractor shall begin providing these services with the first fully functional system release. The usability testing shall include at least three (3) iterations of testing of the following components: Individual Application, Plan Compare, My Account, SHOP, Shepherding concept, and Individual Exemptions. Additional rounds of testing with the listed components, as well as additional components, shall be supported as needed.

1.5.3 Functional Business Requirements

As part of the Affordable Care Act, there is a requirement for the FFE Website to accept complaints online. Therefore, the contractor shall support the implementation and ongoing maintenance support for a secure online Marketplace Complaint Form in order for Qualified Health Plan enrollees to submit plan complaints for triage.

Many of the consumers and uninsured who will be utilizing the FFE Website to obtain affordable health care coverage may not have access to a computer. CMS' research has shown that many of the uninsured population will be accessing the site through their mobile device. Therefore, the contractor shall support CMS' mobile strategy using responsive design throughout development.

From a customer service perspective, the FFE Website shall have the ability to create and integrate a light-weight user account (e.g., Level 1 user accounts). The purpose of the light-weight account is to provide users the ability to browse plans and save favorites without having to go through the identity proofing requirements.

The contractor shall also assist with development and support of a pre-enrollment customized checklist on the FFE Website. The pre-enrollment checklist will be customized for the user and will be a simple checklist of items the user might need to collect and prepare to have ready in order to enroll in a Qualified Health Plan (e.g., birth certificate, tax information, etc.). Since this will be a customized list, it will need to be integrated into the back-end systems being developed and shall be tied into the My Account Shepherding concept. The contractor shall implement and support the Shepherding concept developed by the Office of Communications. This concept will be incorporated into the My Account functionality that will ultimately help guide users through the complex process of enrolling in a Qualified Health Plan and help smooth over any policy or business processes that might be confusing for consumers throughout the process. Shepherding will also help inform users what their next step is during the process so they always know the status of their particular situation.

Additionally, the contractor shall assist with development and support of a stand-alone eligibility screener tool that will need to be integrated into the Application and back-end business logic and will most likely be leveraged by Healthcare.gov. The screener tool shall be designed in a user-friendly, simple way to allow consumers to quickly determine if they might be eligible for some type of financial assistance and should proceed down the path of completing the Application.

Finally, the contractor shall provide a training instance of the fully functional FFE website (static and dynamic) to support the training of CSRs, Navigators, and other third parties for training purposes.

1.5.4 Technical Requirements

The FFE Website will have the capability to allow for static Marketplace content to be made available to third party Websites (e.g., other Federal Agencies, State Based Exchanges, etc.) utilizing the Content Syndication Hub and the contractor shall assist in this effort.

The FFE Website templates shall utilize and integrate the assets.cms.gov code framework as a baseline. The contractor shall also be responsible for integration with CMS' overall cookie strategy for the Marketplace (FFE).

There are several Software as a Service (SaaS) tools which will be integrated into the FFE Website, including GovDelivery, Google Analytics, and Google Maps. The contractor shall integrate and support Google Analytics for Website metrics and other reporting requirements. GovDelivery shall be integrated into the Website to support outbound communications (both email and SMS messages). Furthermore, GovDelivery Transactional Messaging Service (TMS) shall be used to generate event-based outbound emails ("Mail as an API") and outbound SMS ("SMS as an API"). GovDelivery shall also be integrated with Adobe LifeCycle for sending consumer notifications. Healthcare.gov will use Google maps functionality to provide detailed location viewing on the Website. The contractor shall procure the required licensing and be responsible for the implementation.

Lastly, the contractor shall provide CMS with the technical and foreign language translation services required to deliver written information (e.g., Internet static web pages and dynamic online tool content) about CMS related programs (i.e., Health Insurance Marketplace, Children's Health Insurance Program (CHIP), Medicare and Medicaid programs including expansion activities) to people with limited English proficiency. The contractor shall have the capability to receive time-sensitive materials, via E-mail, fax, or next-day mail delivery, for one to three day turnaround times including electronic data (in a file format such as Access, Adobe InDesign, Excel, PDF, Power Point, and Word). The contractor shall be required to translate these materials from English to Spanish and shall be responsible for quality control including editing services which must consist of proofreading, redesign or repagination, or updating existing content, and expert personnel to assure that translations are accomplished in a timely, efficient, and effective manner.

Assumptions

- CMS will provide timely information throughout the course of the period of performance if any additional requirements are needed and/or change
- CMS will provide a minimum of two weeks' notice for scope changes, depending on the size and duration of the effort
- The FEPS contractor shall acquire Google Search Appliances from Emergent. The Government will take acceptance of them upon delivery. Any operational or maintenance issues will be the responsibility of Google.

General Requirements

The contractor shall separately track and account for the Office of Communications FFE Website requirements in their monthly invoices and EVM reports.

Website Purpose

CMS is seeking to obtain website development and support services for the Agency's external and internal websites and applications. The objective of obtaining these services is to further the Agency's goals to provide accurate, timely, and useful information to our Medicare beneficiaries and other audiences. Outlined below are the individual Website purposes, applications, and specifications.

1.6 www.Medicare.gov

Medicare.gov provides comprehensive Medicare information to beneficiaries and their caregivers. Comparative, searchable data found on the website are in the form of applications. Each compare application allows a user to perform research based on individual search criteria. The compare applications draw from a series of read-only databases containing publicly available information.

a) **Medicare Plan Finder (MPF)** – The Medicare Plan Finder (MPF) is the first major redesign of the Medicare Options Compare (MOC) and Medicare Prescription Drug Plan Finder (MPDPF) tools since the implementation of the Medicare Modernization Act of 2003. The new tool launched in June 2010, cleanly integrates the 2 tools that had previously been separate in order to improve usability and streamline the plan comparison process without eliminating anything that was considered valuable to the users. The redesigned MPF provides Medicare beneficiaries with one central point to view and compare all available drug and health plan choices by conducting a general or personalized search within their geographic area.

   For a personalized search, the tool provides dynamic plan information and messaging based on the beneficiaries' subsidy level, enrollment status, and location. In a general search, the tool provides dynamic plan information based on coverage type and location to view estimates of the out-of-pocket costs for their health and drug benefits, and plan ratings to further assist in making their health plan choices. Both search functions allow the user to review plan benefits, costs and quality information, and enroll in the plan of their choice by going directly to the Online Enrollment Center (OEC).

   Additional work was done in 2011 to support tool refinements and mandated requirements that impact the current plan finder logic (backend logic/frontend display), quality ratings and Online Enrollment Center, which included the following upgrades:

   - Revisited logic to improve estimates of out-of-pocket costs related to cost and "days' supply" maintained on the plan finder, specifically as it relates to floor pricing, ceiling pricing, 30 day mail order and 90 day retail.
   - Added the mandated requirement for plan finder for the 5 star rating plans and related Special Enrollment Period.
   - Added Cost Plans (currently excluded) to Online Enrollment Center for October, which includes a new OEC enrollment form, adding Cost plans to the Contract lists that display Enroll buttons and access to OEC Admin Console.
   - Extended the existing CSR web service to pull the PDE drug data from NGD.

- Developed and brokered the web service request for DrX to retrieve the PDE drug information.
- Developed capability for CSR's to add a maximum of 40 drugs in the drug basket per the existing functionality with the basket pre-populated with Part D Data from the past 12 months.
- Developed capability for Beneficiaries to add a maximum of 20 drugs in the drug basket per the existing functionality with the basket pre-populated with Part D Data from the past 12 months.

A separate workflow allows users to find and compare Medigap policies in their area.

Printed versions (in both English and Spanish) of the tool's search results can be ordered by 1-800-MEDICARE Call Center representatives via the Print-on-Demand (POD) process.

This tool can be accessed at https://www.medicare.gov/find-a-plan/questions/home.aspx.

b) **Nursing Home Compare (NHC)** – This tool provides both an overview and detailed information about the past performance of every Medicare and Medicaid certified nursing home in the country providing a level of care called “skilled” care. The tool allows the user to compare the quality of the nursing homes by providing a five-star quality ratings system, health inspection results, nursing home staff data, quality measures, and fire safety inspection results. The NHC tool helps the beneficiaries to make an educated decision on which nursing homes to visit, and ultimately which to choose based on their level of need. The NHC tool is currently available in English and Spanish at http://www.medicare.gov/NHCompare/home.asp. Printed versions of the Website search results are also available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process.

In 2011, the contractor modified Nursing Home Compare to display the detailed results of approximately 200,000 nursing home surveys. These surveys contained approximately 200,000 pdf files—each pdf file containing the full results of each survey – that were supplied each month by CMS.

In 2011, the contractor also made recommendations for linking the survey summary results currently displayed on Nursing Home Compare under the health inspections tab to the detailed summary of the survey contained in each pdf file. The link was made by nursing home CMS certification number (CCN), survey date, and survey type (either complaint or standard), which uniquely identifies each survey. The contractor’s recommendations included: 1) how to alert website viewers about the availability of survey information; 2) methods to link specifically to each pdf file; 3) methods to update the website each month with the pdf files.

c) **Home Health Compare (HHC)** – This tool provides the beneficiaries with the ability to search and compare home health agencies, and display detailed information about the services each agency offers. The information for the agencies (including quality measure data for all home health agencies within the United States and territories) assists beneficiaries in comparing home health agencies and making educated decisions based on their needs. The tool also provides static information such as data gathering techniques, glossary of definitions, links to related Websites, and home health-related publications. The

HHC tool is currently available in English and Spanish on the website at http://medicare.gov/homehealthcompare/search.aspx.

d) **Hospital Compare (HC)** – This tool provides information on how well hospitals care for patients with certain medical conditions and surgical procedures, and results from a survey of patients about the quality of care they received during a recent hospital stay. The information provided on the tool helps the user to compare the quality of care provided at hospitals and encourages the hospitals to improve the quality of healthcare they provide. The Hospital Compare tool is currently available in English only on the Website at http://www.hospitalcompare.hhs.gov/hospital-search.aspx.

There are 17 measures to be added to Hospital Compare displays in December:

8 measures of timely and effective care for patients with Stroke
6 measures of timely and effective care for patients with venous thromboembolism
2 Healthcare Associated Infection measures (C. Diff. and MRSA)
1 Perinatal measure

e) **Dialysis Facility Compare (DFC)** – This tool provides important information and resources, such as the past performance of every Medicare and Medicaid certified dialysis facility in the country. This tool also provides a list of some services available at each facility, quality measure data, etc, for patients and family members who want to learn more about chronic kidney disease and dialysis. There is helpful information to assist the users in making an educated decision about a facility, including two checklists of questions: one to ask their dialysis care providers and one to use when they visit a dialysis facility. The DFC tool is currently available in English only on the Website at http://www.medicare.gov/Dialysis/home.asp.

f) **Physician Compare (PC)** – This tool provides information on Medicare participating, non-participating physicians, and other healthcare professionals. The types of information provided are: provider name, practice locations, specialty, residency/training information, phone numbers, foreign language, gender information, mapping and directions, and accepting new Medicare patients. In December 2008, Physician Quality Reporting Initiative (PQRI) information was added to the tool giving additional information to help users to view quality information on the physicians in their local area. The PQRI program is a voluntary program that allows physicians and other healthcare professionals to report information to Medicare about the quality of care they give to people with Medicare who have certain medical conditions. In 2010 Electronic Prescribing (eRx The PC tool is currently available in English only at http://www.medicare.gov/find-a-doctor/provider-search.aspx. Future enhancements to the PC tool include but are not limited to:

- Responsive Design for Mobile Technology
- Development of a Provider Portal – providers will be able to update their information as well as preview their Quality Measures data
- Physician to Hospital Integration – this feature will link provider hospital affiliation to the respective hospital's profile page on the Hospital Compare tool
- PECOS Data Delivery directly to CGI for weekly updates
- Update MBP/Physician integration pages with new UI and Design
- Add Board Certification Data

- Physician Compare Redesign – The redesign that was started in OY2 has been moved to OY3 and closeout activities for the release are still in progress.

g) **Helpful Contacts** – This tool provides the users with contact information for specific organizations or organizations that can help them get answers to their Medicare related questions. The users can search for contact information by Organization, Topic, or 5 Most Popular Organizations. The data gets updated by the 1-800 Medicare Call Center and CMS through the Contacts Editor tool. The Helpful Contacts tool is shared between Medicare.gov and CMS.gov. The Helpful Contacts tool is currently available in English only on the Website at http://www.medicare.gov/Contacts/Home.asp.

h) **Medicare Eligibility Tool (MET)** – This tool is designed to provide Medicare beneficiaries with eligibility and enrollment information based on their answers to personal and medical coverage information. In addition to the search part of the tool, the Resources tab provides access to the two MET calculators. The MET Eligibility Calculator provides the user with the dates of eligibility and enrollment for Medicare. The MET Late-Enrollment Penalty Calculator provides the user with an estimate of any Part B late enrollment penalties based on that years' premium. The MET tool is currently available in English only on the Website at http://www.medicare.gov/MedicareEligibility/home.asp.

MET Redesign –REDESIGN PLUS PERCUSSION AND PDF GENERATION:

Migrate MET tool to .NET technology
Update UI of the tool to be consistent with other redesign efforts
Leverage Assets framework
Integrate with Percussion to reuse content
Integrate with Adobe Livecycle to generate pre-filled 40B PDFs which are 508 compliant

i) **Supplier Directory** – This tool provides names, addresses, and contact information for suppliers that provide services or products under the Medicare program. The tool provides this information on the suppliers of Durable Medical Equipment, Prostheses and Prosthetic Devices, Orthotics, and Supplies to users based on the location information that is provided by the user. The Supplier tool is currently available in English only on the Website at http://www.medicare.gov/Supplier/home.asp.

j) **Your Medicare Coverage (YMC)** – This tool provides information about healthcare benefits under the Original Medicare plan. This tool provides the following information: Medicare coverage, cost, contact information, deductibles and count of Local Medical Review Policies (LMRPs) and National Coverage Determinations (NCDs). The YMC tool is currently available in English only on the Website at http://www.medicare.gov/Coverage/home.asp. Printed versions of the LMRPs, LCDs, and/or NCDs that were used to deny an item or service are available through the 1-800-MEDICARE Call Center via the POD process.

k) **Long-Term Care (LTC) – T**his application provides a web-based decision tool to help consumers evaluate their financial and lifestyle planning for their long-term care needs. The data provided enables consumers to view a report that describes their long-term care forecasting. The decision tool includes a forecasting model that projects an individual's expected long-term care costs based upon that individual's profile using a calculator provided through a license with National Council On Aging (NCOA). Information that builds this predictive model includes demographic, psychosocial, and economic data. The LTC tool

is currently available in English only on the Website at http://www.Medicare.gov/LTCPlanning/Home.asp.

l) **Publications** – This tool allows users to search, view and print Medicare publications. Additionally, users also have an option to order certain publications to be mailed to them. CMS employees use an administrative interface to make updates to publication file size, name, description, keyword, ordering information, date revised, related publications, and publication category. A multi-language publication link allows users to view some publications in languages other than English and Spanish. The Publications tool is currently available in English and Spanish and may be accessed at http://www.medicare.gov/Publications/Home.asp.

m) **Medicare Online Forms** – This tool allows users to view, print, or electronically submit Medicare forms online. These forms include the 'Medicare Authorization to Disclose Personal Health Information' Form, the 'Patient's Request for Medical Payment' Form, and the 'Medicare Appeals' Form. The Medicare Online Forms are currently available and may be accessed at http://www.medicare.gov/MedicareOnlineForms/.

n) **Testimonials (Medicare Stories)** – This tool is an optional service provided to users of the Medicare.gov site. This tool allows users to voluntarily share their experiences with Medicare by submitting a few required fields (first name, state/territory, and their story) on the site. Their stories or testimonials are then posted on the site to share with other users. Medicare Stories can be accessed at http://www.medicare.gov/Testimonials/DisplayTestimonial.asp?tstmTestimonialIds=2121%7C2122&tstmReturnURL=%2FMPDPF%2FPublic%2FInclude%2FDataSection%2FQuestions%2FMPDPFIntro.asp&tstmModule=MPDPF&tstmCallingTool=MPDPF&version=default&PDPYear=2010&MPDPF_MPPF_Integrate=N&browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&ViewType=Public&MAPDYear=2010

o) **Medicare & You Web - eHandbook Widget**
This widget, which will be housed on Medicare.gov in the new "Medicare & You Web" section (but may be used in other locations as well), will allow beneficiaries to opt out of receiving paper copies of the Medicare & You Handbook (and opting into email subscriptions). This is hereafter referred to as the eHandbook widget.

The eHandbook widget will utilize the existing MyMedicare.gov web services infrastructure and will utilize the "knowledge-based login" (equivalent to the personalized Plan Finder search) as opposed to a MyMedicare user ID/password to set this preference in the NGD backend. If the user does not have an email address on file in NGD, the widget should prompt the user for this information and store it back to the NGD data store.

The eHandbook widget will be going into production in late Summer 2012.

p) **CCIIO.cms.gov –** The contractor will provide day-to-day support for cciio.cms.gov postings and website enhancements, including occasional off-hours support, Cciio.cms.gov template and content architecture changes. The contractor will also provide support for the migration of cciio.cms.gov from HHS percussion environment to CMS Percussion environment and version upgrades in the CMS environment.

CCIIO Oversight is requesting the modification of the existing tool created by CGI that allows visitors of cciio.cms.gov to search, to display, to sort, and to download existing Rate

Review Part III documentation submitted by insurance issuers to CCIIO. CGI will modify the tool to allow visitors to select a state or states and/or a particular insurance company's or companies' submitted Medical Loss Ratio Data. This tool will exist separately from the Rate Review tool on http://cciio.cms.gov/mlr. The tool will be able to sort on state and insurance company and date of submission. Excel templates displayed resulting from the search results will be available for download by visitors to cciio.cms.gov. CGI will coordinate all changes with the cciio.cms.gov web publishing team lead (me).

1.6.1 The Print-on-Demand (POD) Process

There is an application and two web interfaces that support the Print-on-Demand (POD) publication order print and fulfillment process: Ordering, Controller, and Vendor. The following is a list of the supporting applications and a brief business objective.

a) **Ordering** – This database is a read/write database that connects to each of the compare applications that allow public users to submit mailing information to order a hard copy of a selected Medicare Publication. The applications that support this functionality are MPF, NHC, HPD, YMC, and Publications.
b) **Controller** – provides access for the controller group to manage the order print and fulfillment process. The Contractor is part of the controller group in an administrative role.
c) **Vendor** – provides access for the print vendors to download order assignments and set assignments to complete.

The Ordering application provides the POD and static publications ordering procedures. The application is written in ASP and takes the public user through a series of steps to finalize an order.

Once public users have selected to order either a publication or dynamic booklet, they are taken to the 'Product Confirmation' page where they choose to either add more to the order or submit the order. After selecting to submit the order, public users are taken to the 'Shipping Information' page. This page begins the Secure Socket Layer (SSL) connection to the users. Medicare.gov uses a Verisign certificate to ensure the identity of the Medicare web server. Additionally, the system implements SSL 3.0 with 128-bit encryption.

Public users are required to input first and last name, address, city, state, and ZIP code. Optionally, they can provide a phone number and an email address. The ASP code running on the web browser validates whether the required fields are filled in and displays an error if they are not. In addition, each field is limited to a maximum number of characters; the largest text field is 50 characters long. The application does not automatically verify that the shipping address is legitimate. However, the application does contain a manual verification link to the USPS. The link is a crosshairs watermark located below the input fields.

The next page is the 'Online Ordering' page where the user confirms the order. Once the order is confirmed, the Ordering application connects to the Ordering database. The Data Access Layer (DAL) manages the connection with the database server, which requires the Ordering application to authenticate itself. The application authenticates with a login name and password specific to the Ordering application, which is hard coded into the ASP code. After it has been authenticated, it places the new order in the Ordering database, and the database sends back a confirmation number that is displayed to the public user.

The Processor of XML (POX) application is used to create the XML variable data for POD capability and post it to the Medicare.gov website for the print vendors to download.

1.7 www.CMS.gov

CMS.gov provides the public the ability to access information regarding CMS programs. The CMS.gov mission is to provide clear, accurate, and timely information about CMS programs to the entire health community to improve quality and efficiency in an evolving healthcare system. The CMS.gov Website is a combination of static content and general content applications. The CMS.gov Website static content is updated via the Oracle Universal Content Management System (UCM) by CMS employees.

The Oracle UCM at CMS maintains over 69,348 static content items that are published to the CMS.gov Website. The system allows users with appropriate access to contribute and review content via an automated workflow and approval process. Users follow an Editorial Style Guide for CMS.gov that gives guidelines and rules for how the pages should be organized. All approved content is then translated by the system into web content supporting dynamic content assembly and then published out to the appropriate Website sections. The Applications below are used as search and indexing tools to provide dynamic content based on a user's search criteria and managed by the Contractor.

With the Oracle UCM at end of life, CMS took advantage of HHS' enterprise license agreement with Percussion. Percussion is the CMS enterprise WCM (Web Content Management) system. It includes the static content for all of our public websites and our Intranet. Percussion provides a streamlined workflow, faster publishing, built in SEO and Section 508 functionality, content syndication, and Web 2.0 support. Over the course of the next 12 months, CMS will use a phased approach to migrate existing content to Percussion.

a) **Medicare Coverage Database (MCD)** – allows users access to local and national coverage information. This application is the web-based method used by CMS to collect Medicare coverage policies and related information and disseminate this information to the public. The MCD consists of a front-end search engine that links to three individual back-end databases containing both national and local coverage information. Each database is functionally distinct, independently operated and maintained, and supports a unique user base. The search engine currently resides in a production environment at CMS and refinement, testing, implementation, and maintenance will occur on an ongoing basis. The MCD application can be found at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.
MCD releases and integration have grown in capacity. This includes 4 quarterly releases.

b) **Physician Fee Finder Schedule (PFFS)** – provides users with information on services covered by the Medicare Physician Fee Schedule (MPFS). It provides more than 10,000 physician services, the associated relative value units, a fee schedule status indicator, and various payment policy indicators needed for payment adjustment (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.). The Medicare Physician Fee Schedule pricing amounts are adjusted to reflect the variation in practice costs from area to area. A geographic practice cost index (GPCI) has been established for every Medicare payment locality for each of the three components of a procedure's relative value unit (i.e., the RVUs for work, practice expense, and malpractice). The GPCIs are applied in the calculation of a fee schedule payment amount by multiplying the RVU for each component times the GPCI for that component.

   This site is designed to take you through the selection steps prior to the display of the information. The site allows users to:

- Search pricing amounts, various payment policy indicators, RVUs, and GPCIs by a single procedure code, a range and a list of procedure codes.
- Search for the nation, a specific carrier, or a specific carrier locality. Each page has associated Help/Hint available to complete your selections.

The information that is provided on the physician fee schedule (PFS) web page relates to payment under the PFS and related information concerning the development of the payment amounts. This information is intended for physicians/non-physicians who provide services to Medicare beneficiaries. This information is updated on regular basis when there are payment/policy changes. The Physician Fee Finder Schedule application can be found at: http://www.cms.gov/PhysicianFeeSched/.

c) Media Releases – allows users to search and browse past and present press releases, fact sheets, and testimony on a variety of CMS related topics. Additionally, it provides a web interface for users to submit media releases for posting. The Media Release application can be found at http://www.cms.gov/apps/media/.

d) Helpful Contacts – allows users to search, browse, and view phone numbers and web address information for relevant healthcare agencies. This application is shared with Medicare.gov and is accessible throughout the CMS.gov Website. The Helpful Contacts application can be found at http://www.cms.gov/apps/contacts/.

e) Vocabulary: Glossary – allows users to search, browse, and view definitions for a list of terms which appear on the CMS.gov Website. Additionally, it shares a web interface with Vocabulary: Acronyms for CMS personnel to update glossary listings. The Glossary application can be found at http://www.cms.gov/apps/glossary/.

f) Vocabulary: Acronyms – allows users to search and view definitions for a list of acronyms which appear on the CMS.gov Website. Additionally, it shares a web interface with Vocabulary: Glossary for CMS personnel to update acronym listings. The Acronyms application can be found at http://www.cms.gov/apps/acronyms/.

g) Event Calendar – provides information about upcoming and past events at CMS. It allows CMS personnel to log in and add new events to the Event Calendar. Users can even register for conferences using this tool. The Event Calendar application can be found at http://www.cms.gov/apps/events/.

h) Freedom of Information Act (FOIA) – allows users to see the status of their FOIA request from the CMS.gov Website. Users have to enter a valid control number and pin in order to access their request status. When entered, the user will be displayed both general information (i.e., control number, date received, and subject) and status information (i.e., status of request, projected date of response, and date of response).

i) www.MyMedicare.gov

The purpose of the implementation of MyMedicare.gov is to provide a portal for beneficiaries to securely access a subset of the CSR functions. Users can go to MyMedicare.gov either through the Medicare.gov website, or by going to www.MyMedicare.gov. Access is limited to users who are able to authenticate with a username and password. A username and password is set up once a user registers on the website. Once logged in, the user has access to the following functions encompassing, but not limited to:

a) **Eligibility and Enrollment Information** - The "My Health and Drug Plans" tab provides the enrollment information for the beneficiary, including any existing Prescription Drug Plan (PDP), Limited Income Subsidy (LIS), Medicare Secondary Payer (MSP) and Other Insurance information. The tab also provides links to the various plan search tools on Medicare.gov. These tools enable the user to create and maintain drug lists and search for plans more quickly and easily.

b) **National Health Awareness Monthly Messages** - An applet displays monthly updated National Health Awareness messages. The link redirects the beneficiary to a page on the Medicare.gov Website where they can obtain additional information specifically related to that monthly message.

c) **Search and Obtain Part A, Part B and DME Claim Information** – Beneficiaries are able to search and view details for their Part A (Hospital Inpatient, Hospital Outpatient, Home Health, and Hospice), Part B (Physician Outpatient) and DME (Durable Medical Equipment) Claims. Beneficiaries are also able to order duplicate Medicare Summary Notices (MSNs). Furthermore, beneficiaries are able to view and print claim specific MSNs.

d) **Electronic 'Claim Based' Medicare Summary Notice (e-MSN)** – This functionality displays an electronic MSN to beneficiaries on the Website when their claim has been processed. It closely matches the printed hard copy MSN that beneficiaries receive in the mail, but will not be an exact duplicate. The contractor shall also provide electronic MSN functionality on the site to enable pilot eligible beneficiaries with links to obtain PDF versions of their MSNs. Specifically, MyMedicare.gov shall provide an option to New York and Connecticut beneficiaries to enroll in receiving e-MSNs and provide a link on the site to view quarterly MSNs in a PDF format.

e) **Links to Resources on General Medicare Information** – The "My Publications and Tools" tab displays various hyperlinks to additional Medicare resources. These resources provide additional information on topics such as coverage and enrollment, appeals and grievances, and steps on how to file and submit a claim.

f) **Preventive Services** – The "My Preventive Services" tab displays one or more rows of information for each category of preventive services (Cervical Cancer Screening, Pap test, Prostate Cancer Screening, Colorectal Cancer Screening, etc). This page also displays a 12-month calendar showing when the beneficiary is due for their next preventive service, Eligible Dates of Service, and informative notes regarding each preventive service listed. Users who provide an email address are also sent 'Preventive Services Alerts" notifying them that they are due for a preventive service.

g) **Message Center** – The "My Messages" tab provides the beneficiary access to important MyMedicare.gov related messages. These messages may contain attachments, which can be opened, saved, and printed.

h) **Medicare Secondary Payer (MSP)** – This functionality allows beneficiaries to obtain access to their MSP case information. The MSP tab is only available to beneficiaries with active MSP cases.

i) **Health Management Features** – This functionality allows beneficiaries to enter their pharmacies when they enter their drug lists, perform searches and save information on their favorite physicians, nursing homes, and hospitals. The beneficiary can also print an "On the

Go" report which allows them to choose the information they want to display then print to bring with them on their next doctor's visit. Items they can select are (but not limited to): self-reported conditions, drug list, other providers, etc.

j) Web Chat Functionality – This functionality allows users access to general Medicare information through a Web Chat feature as well as a technical support hotline telephone number on the Website. Currently, the Web Chat feature is a web-based application through Verizon, but CMS is looking to integrate this functionality with the Next Generation Desktop application by utilizing Genesys in order to route the Web Chats to the next available Customer Service Agent.

k) Blue Button Functionality - Allows beneficiaries to download their personal health data to their computer in a format that can later be used to upload into a personal health record.

l) Part D Data was added to MyMedicare.gov and the Blue Button - MyMedicare.gov utilizes Part D Data to provide the past 12 months of Part D claims in both the MyMedicare.gov user interface, as well as the Blue Button.

m) Interactive HITECH Web Tools Developed for Various Professional Audiences – Creation of various HITECH online tools for CMS that function in multiple ways from multiple choice questions that produce results, calculators, interactive timelines and payment tip tools. Tools should be developed to work across multiple browsers and be 508 compatible based off HHS guidelines. The contractor would work closely with CMS during development and implantation onto cms.gov. Examples of possible tools to develop:

- **eHealth Programs Interactive Timeline**: This is an interactive timeline and users could click through it to show a timeline of various major program milestones, dates for each of them along with the different programs that are applicable to various providers circumstances
- **E-Health Eligibility Widget**: This is a widget type functionality where you could enter certain data and the widget would spit out a results page.
- **MU Stage 1 and 2 Calculator**: This would be two separate calculators with similar functionality but different content. The calculator could assist providers in determining payments and input options – and final business logic in the form of the results page.
- The funding provided for this task is associated with the American Recovery and Reinvestment Act (ARRA). Therefore, this funding must be tracked separately within the CGI monthly reporting and it can only be used to support this initiative.

1.8 Supporting Applications

There are other supporting applications that provide users with access to additional information and abilities. Some of these supporting applications are, and are not limited to, the Frequently Asked Questions (FAQs), Email This Page, Mailing Lists, RSS Feeds, and Static Pages.

2 Period of Performance

The period of performance for this Website Maintenance and Support Services Task Order shall consist of one Base period, including Transition activities, and four (4) one-year Option periods. The work shall be conducted at the Contractor's facility with some meetings conducted at CMS in Baltimore, MD.

Base Period: 04/30/10 – 04/29/11
Option Period 1: 04/30/11 – 04/29/12
Option Period 2: 04/30/12 – 04/29/13
Option Period 3: 04/30/13 – 04/29/14
Option Period 4: 04/30/14 – 04/29/15

3 Assumptions and Constraints

It is important that the Contractors and CMS have a common understanding regarding the conditions on which we shall build our relationship. The following identifies the basic assumptions and constraints concerning this effort.

- This SOW should take precedence in the event of conflicts between this SOW and the Enterprise System Development (ESD) SOW.
- All Contractor personnel shall participate in CMS Information Security Awareness Training.
- Contractor personnel who are required to obtain a CMS badge shall undergo a background investigation at the Contractor's expense.
- There may be times when the Contractor shall be required to have staff at the CMS complex, as requested by CMS.
- CMS considers the Agency's Websites to include Medicare.gov, CMS.gov, and MyMedicare.gov and the supporting applications. Support on these sites and applications shall include, but are not limited to, development and maintenance, testing in CMS' QA and Staging environments as well as on the Contractor's simulated environment, performance, integration and load testing, training, user acceptance testing, hot fixes, bug fixes, etc.
- The Contractor shall provide software and/or licenses for software as required by CMS. See Attachment F for a list of licenses that CMS renews to support this contract.
- The Contractor's simulated environment must mimic CMS' test environment.
- The Contractor shall not design, implement, or maintain any customized or proprietary software, applications, or other functionalities without prior approval in writing from the Contracting Officer's Representative (COR).
- The Contractor shall receive prior approval, in writing, from the COR before introducing any new Commercial-off-the-Shelf (COTS) products or proprietary utilities.
- All products, including software and all utilities (proprietary and non-proprietary) developed to support the activities and deliverables of this contract, are the property of CMS. The Contractor shall deliver all products, including software and utilities (proprietary and non-proprietary), and deliverables of this contract at the request of CMS or upon termination of this contract.
- The Contractor shall provide contractor staff training on software and tools that are not unique to CMS and are required for this contract.
- The Contractor shall provide training to CMS staff on contractor unique software and tools, upon CMS request.

- CMS shall provide training to Contractor staff on CMS unique software and tools that is required for this contract, upon Contractor request.

- The Contractor shall be responsible for purchasing any hardware or software needed to accomplish their tasks.

- The Contractor shall establish connectivity to the CMS Baltimore Data Center, in order to perform required tasks.

- The Contractor shall use the current CMS standard desktop suite for all deliverables.

- The Contractor must provide the appropriate staff to be available during adhoc extended business hours (i.e. overnight, weekend, and some holidays) as required by CMS.

- Within this SOW, several tasks have been identified as optional (Section 9 of this SOW). CMS may exercise these options at their discretion through a unilateral modification to the contract. The Website Maintenance and Support Services Contractor shall be prepared to implement any or all of these requirements at any given time.

- All travel will be performed on an as needed basis and submitted to the CMS COR for approval prior to execution. Per diem will be reimbursed at Government-approved rates in effect at the time of travel. All travel as well as per diem (lodging, meals, incidentals) shall be reimbursed in accordance with the Federal Travel Regulation (FTR) - For reference purposes refer to the below link: http://www.gsa.gov/portal/content/104790.

4 Scope

The Website Maintenance and Support Services Contractor shall be responsible for assessing, developing, testing, implementing, maintaining and making improvements to applications on the Agency's Websites in Agency standard technologies. These tasks will follow the Section J.1.11: Phase 6 – Maintenance Services portion of the ESD ID/IQ contract. The Contractor shall:

a) Provide technical expertise in fields such as content management, project management, decision tools, print-on-demand packages, Website usability, 508 accessibility and assistive technologies, Internet security, information architecture, customer relationship management applications, service-oriented architectures and web services, and e-government/customer service best practices to assist in the creation and maintenance of the Website applications.
    - Provide consultation and support on the CMS implementation of the Percussion web content management system, including a limited amount of direct support hours with Percussion via a subcontract.
    - Provide development, testing, and assistance with automated tools to support the migration of CMS.gov downloads and dynamic lists from Stellent to Percussion.

b) Analyze existing Website application functionality and information to recommend, develop, assess, test (code, performance, etc), implement, and maintain enhancements and upgrades to the Websites and also further the integration and support of the Websites into the Virtual Contact Center Strategy (e.g., web chat capability, portals, electronic transaction processing, etc.)

- Integrate the current MyMedicare.gov Web Chat functionality with the Next Generation Desktop application by utilizing Genesys in order to route the Web Chats to the next available Customer Service Representative.
- Implement necessary MyMedicare.gov changes to the NGD Authorization Table to support the Desktop activities.
- Add a new Media Type for CD format to Publications that are available on Medicare.gov.

c) Consult with other existing contractors and external experts to coordinate the development, implementation, and maintenance of the Websites.

d) Perform application monitoring, performance assessment, and testing of applications on an ongoing basis.
   - Monitoring impact of legislative and policy changes on Websites releases
   - Working with CMS to monitor and assess new technologies with potential to add value to Website applications
   - Monitor and enhance best practices in areas such as Agile, Security, automated testing, SOA, performance testing, User Experience, Web Design, Active Standards, Accessibility, etc.

e) Support Agency implementation of new technologies, such as content management, data visualization, data marts, collaboration, web services, .NET migration, multimedia, social media, search engine optimization, and advanced search technologies.

   - As part of the MyMedicare.gov 2.0 Redesign effort, the contractor shall provide a Blue Button in both the Siebel and .NET platforms on the 'On the Go Report', 'Claims Search Results', and 'Claims Details' screens and provide the ability to download the data on these screens in a CSV file.
   - Migrate the Medicare Coverage Database (MCD) application on CMS.gov over to a .NET platform as well enhance the search functionality, add contextual Help, and update print functionality as part of the migration. In addition, the Contractor shall be responsible for maintaining the front-end search engine piece of the application including ongoing maintenance and quarterly releases.
   - Migrate the Physician Fee Finder Schedule (PFFS) application on CMS.gov to a .NET platform. In addition, the Contractor shall be responsible for the ongoing maintenance of the front-end of the application as well as the database.
   - Handle regular annual maintenance of the Freedom of Information Act (FOIA) application and migrate FOIA application to a .NET platform. The Contractor shall be responsible for the ongoing maintenance of the front-end piece of the application.
   - Create a new Data Transformation Service to process the PECOS extract file for the Supplier Directory.
   - Implement Socrata formatting changes in order to help automate the data.medicare.gov database refresh process and ensure consistency in the datasets.
   - CGI shall implement a replacement solution for the finder.healthcare.gov tool, private insurance plan data, and associated APIs. CGI will build an interface between the HIOS system and CMS' Socrata tool (data.healthcare.gov) to insure that private plan data, company profiles, and MLR/rate review information remains online after the shutdown of finder.healthcare.gov. CGI shall develop and provide views of the Socrata datasets and shall establish SODA APIs that align with these views.

- Convert the State Pharmaceutical Assistance Program (SPAP)/Pharmaceutical Assistance Program (PAP) workflow to a .NET architecture and update the PDAP database to SQL 2008. Additionally, integrate the workflow into the new Medicare Plan Finder tool and work to provide consistency in the visual redesign of the pages.
- Enhanced health management capabilities
- Increased data portability,
- Expanded accessibility,
- Additional web 2.0 features
- Functionality to achieve the 5 goals outlined in the ONC Federal Health IT Strategic Plan
  using technology to improve customer service.
- MyMedicare.gov Mobile – development of a PDA accessible version of the site or development of specific mobile tools
- eMSN – Development required to support the national roll out of the eMSN functionality which is currently in a pilot state
- Claim Alerts Emails – Development of functionality to provide beneficiaries with an alert sent to their email address of record notifying them of recent claim activity prompting login to the site for details
- Claim Notes – provide users with the ability to add notes to claims for later personal reference
- The contractor shall complete the migration to .NET framework for the Nursing Home compare tool.
- The contractor shall work to redesign and migrate Dialysis Facility Compare to .NET framework.
- Mobile Web and other Web 2.0 activities for the 3 websites and Exchange. The contractor shall optimize content for display on mobile device platforms. The contractor shall develop and implement mobile friendly web interfaces and mobile apps for the web portal.
- Redesign of tools on an ongoing basis to incorporate mobile/responsive design.
- Medicare.gov redesign – Including headers and footers for Medicare.gov and MyMedicare.gov.
- CMS.gov redesign – Support in researching and implementing new technologies as determined by CMS.
- Agile - The contractor may decide to use an agile-based approach to systems development if needed.

f) Perform analysis and produce recommendations on Website management best practices and models, at both an enterprise and project level.

- Develop and conduct an initial assessment of a Web Execution Plan and create a Web Governance Charter for the Websites.

g) Develop enterprise-wide customer service applications, including but not limited to: conference registration, glossary and acronyms, data visualization, and media releases.

h) Participate in the development and implementation of a more transactional approach to Website applications to increase the functionality of features focused on specific personal actions (e.g., allow users to search for and view information about their medical claims and deductibles, order additional copies of their Medicare Summary Notices, Online Enrollment Center (OEC), etc.)

- Provide electronic Medicare Summary Notice (eMSN) functionality on the site to enable pilot eligible beneficiaries with links to obtain PDF versions of their MSNs. Specifically, MyMedicare.gov shall provide an option to New York and Connecticut beneficiaries to enroll in receiving eMSNs and provide a link on the site to view quarterly MSNs in a PDF format.

i) Identify and implement user interface enhancements.

- As part of the Affordable Care Act, create and implement a Complaint Form in English and Spanish on Medicare.gov to allow individuals to register complaints on the site using either a personalized or generalized workflow.
- As part of the Affordable Care Act, implement enhancements to the Nursing Home Compare (NHC) Website which include updates to State Website links; information on number, type, severity, and outcome of complaints; information on number of criminal violations; information on number of civil monetary penalties (CMP), and access to a standardized complaint form that is an electronically fillable PDF document. Additionally, provide Nursing Home Compare mockups for Enforcements and Complaints.
- Update the Supplier Directory tool to display outreach information and implement changes to legacy tool for the Durable Medical Equipment (DME) Competitive Bidding initiative.
- Update Medicare.gov header and footer in Spanish for .NET tools as well as the legacy pages.
- Develop and implement the RACompare Phase I initiative on CMS.gov which shall include a United States State and Territory map, leveraging Corda OptiMap functionality, in order to display Medicaid RAC activity. This functionality shall consist of a 2-page workflow on the site with the Main page being accessed from http://www.cms.gov/MedicaidIntegrityProgram/. The second page will be the Details page which shall display the following attributes/values for each U.S. State and Territory:
  - Full State Name and State URL
  - SPA Status (No SPA Submitted; Submitted; Approved)
  - Date SPA Approved
  - Exception Requested?
  - Date Exception Request Received
  - Exception Determination
  - RAC Contract in Place?
  - Effective Date of RAC Contract
  - Contract Fee Structure

  The contractor shall also include Hover and/or Click operation allowed by State or Territory on the map and also a 'pop out' capability. The pop-up page will display the State abbreviation as well as the above list of attributes. The map shall utilize three colors that are Section 508 approved colors in order to differentiate the degree to which a State or Territory has established its Medicaid RAC program. Additionally, the tool shall only support the English language. CMS will provide the contractor an Excel file using an agreed upon format which shall be maintained across the database refreshes and delivered 4 business days prior to the go-live date. From January 2011 – April 2011, the Data File will be sent on a semi-monthly basis. There will be a one-time ETL process with this effort.

j) Identify, test and implement ways to adjust site coding to support visually impaired users, Section 508 guidelines, and trend analysis (statistics). Ensure maximum usability for users accessing sites using assistive technology; ensure section 508 compliance for current standards and strategic direction for standards to be released during development/release of Exchange sites. This will include work done by The Paciello group (TPG).

k) Ensure that applications function correctly under commonly used user agents and platforms, such as Internet Explorer, Navigator, Mozilla, Google Chrome, Opera, AOL, and Safari on Windows and Macintosh platforms.

l) Develop infrastructure that allows for proper processing, and transfer of all data associated with prescription drug plans. Currently, Medicare Part D has around 5,500 plans.

m) Perform manipulation and data management for the prescription drug plans and provide technical support to these plans. The Contractor shall provide a tool for plan and drug pricing information for the MPF application, as well as a tool for beneficiaries to enroll into the plans.

n) Take appropriate action to minimize measurable degradation in overall Website and individual Website tool performance due to increases in data or user volumes. This includes taking appropriate action to support high volumes of concurrent users (at least 22,000 concurrent users), especially on the MPF.

o) Develop and maintain a duplicate database for each alternative language (currently English and Spanish are supported), and provide the ability for additional languages. The Contractor shall maintain multiple different user interfaces per tool per language offered.

p) Ensure that POD processing is completed in a timely manner as well as develop, maintain, and improve POD technology. Enable Spanish language as an option on POD orders page for Supplier Directory.

q) Analyze current web security and recommend, develop, assess, test (code, performance, etc), implement, and maintain upgrades that provide greater security to the site.

5 Technical Specifications

Medicare.gov and CMS.gov have specific software and technical expertise expectations of the Contractor for this task order. The specifications for the applications and servers that need to be followed are also identified.

5.1 Global Specifications for Medicare.gov and CMSgov

When any of the applications on Medicare.gov or CMS.gov connect to the database, a connection string to the database server is established, which requires the application to authenticate itself. The database server authenticates the application against the active directory domain. The communication links between the applications and the database server are encrypted.

5.2 Medicare.gov Specific

Each application is supported by its own set of Dynamic Link Library (DLL) files written specifically for the application: a Business Logic Layer (BLL) and a Data Access Layer (DAL) DLL. As a result, each application is regarded as an independent component of the Medicare.gov system. The presentation layer of the application is currently based on Active Server Pages 3.0 (ASP), and will

be migrated to .NET framework. The presentation layer has been written in JavaScript that performs basic input validation on the client side. The server side has been written in VBScript to provide the same level of validation. Neither the client nor server side validation filters input for special characters. The BLLs and DALs are written in Visual Basic 6.0/Component Object Model (VB/COM). The DAL interfaces the application to the Structured Query Language (SQL) database servers.

On the backend, the application BLL interacts with the database DAL. The database DAL establishes a connection string to the database server, which allows the application DAL to use the native SQL I&A scheme to authenticate with the SQL database server. Once the SQL server has authenticated the application, the application makes the database queries. Each application has a developed set of SQL queries to perform the customized searches. The database server returns the requested information, which is formatted by the ASP code and is displayed to the public user via the web browser.

5.2.1 Medicare Plan Finder (MPF) Tool Specifications

5.2.1.1 Support Requirements for Public Reporting of Medicare Health and Drug Benefits and Enrollment Facilitation

The Contractor shall perform manipulation and data management for the health and prescription drug plans and provide technical support to these plans. The Contractor shall develop and provide a tool for plan and drug pricing information for the MPF application, as well as a tool for beneficiaries to enroll into the plans, check their plan formulary or check current enrollment. Requirements regarding this functionality can be found below. This task also involves developing a solution to house the database and functionality.

Scale of Drug Benefit Information, Size, Data and Processing Requirements
Each of around 5,500 plans must submit drug pricing data and pharmacy network data on a weekly to biweekly basis. This data per plan may scale up to represent different formulations and pill sizes for approximately 7,000 drugs and approximately 75,000 pharmacies. This data is required for dynamic real-time calculations for concurrent requests representing all available plans and pharmacies per request. Each user request may include up to 150 unique plans and represent all reported measures for each plan. The software and supporting hardware/hosting shall support on-the-fly calculations and display of data for up to 22,000 concurrent users (each user having up to 150 unique plan options with all available data and cost calculations). The Price Comparison Engine software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor.

Medicare Plan Finder (MPF)
Requirements:

a) Services to display health and drug plan benefit information including drug pricing data and pharmacy network data & information on Medicare.gov

b) Update and maintain user interface for MPF

c) Work with other CMS contractors to integrate information hosted on their servers with existing data on Medicare.gov for use in the following databases:

- MPF (includes Out-of-Pocket-Costs)
- Formulary Finder (FF)
- Online Enrollment Center (OEC)

- Print-On-Demand functionality (POD)
- Check Current Enrollment

d) Integrate pricing data and pharmacy network data with other CMS contractors representing plan approved formularies, plan benefit structure, and load on a biweekly basis to accurately reflect benefit availability for each of the three types of Part D benefit plans (for all plans – about 5,500) for concurrent users

e) Develop and maintain necessary software to compute accurate pricing information to include individual drug prices, dispensing fees, cost for Medicare beneficiaries across a plan year, including estimated annual health and drug costs, per month costs, and costs during different coverage levels available through the Part D benefit (deductible, initial coverage limit, coverage gap, and catastrophic)

f) Software must account for beneficiary low income subsidy levels as available through Part D benefit

g) Software must accommodate multiple different processes and concurrent users for all available plans and potential infinite variables and software must be fully dynamic and on-the-fly

h) Maintain security and confidentiality of proprietary drug plan information

i) Accommodate price of an unlimited amount of drugs concurrently across all plans and benefit types on the public Medicare.gov website and the Customer Service Representative (CSR) version

j) Maintain CSR (non-public) version of application with enhanced and more robust operations (unlimited number of drugs, etc)

Data – Prescription Drug Pricing Data and Pharmacy Network Data
Data submission is required by all participating Medicare plans offering a prescription drug benefit on a weekly to biweekly basis. This includes both types of Medicare plans offering a drug benefit: Medicare Health and Prescription Drug Plans, and Prescription Drug Plans. The number of plans to be supported is approximately 5,500.

Requirements:

a) Create data file layouts

b) Enable plan submission for required drug pricing data and pharmacy network data to represent plans accommodated on Medicare.gov

c) Provide a solution to accommodate submission, processing and storage of approximately 100 gigabytes (GB) of data per week.

d) Provide service to plans to verify data received is in conformance with acceptable formats

e) Update and maintain online data analysis tool used by all plans to help validate and identify any issue with drug pricing and pharmacy network data

f) Transfer 100 GBs of data to CMS' policy group (CPC) contractor(s) for further analysis of data prior to public release on Medicare.gov on a weekly basis with possible increased frequency during peak times or as deemed necessary by CMS

Online Enrollment Center (OEC)

The Online Enrollment software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor. The contractor will have to build and maintain an Online Enrollment Center functionality per the requirements as contained in the SOW.

Requirements:

a) Develop and maintain user interface to facilitate enrollment of Medicare beneficiaries in a secure manner and participating Medicare Health Plans, Medicare Health and Prescription Drug Plans, and Prescription Drug Plans

b) Capture necessary required data elements for enrollment in such plans and transfer it to plans through a secure server

c) Provide user interface for various plans to secure interface/authentication for plans to access enrollment submission to respective plans for download in either a flat file format or a PDF format so enrollments can be processed

d) Provide interface for CMS partners to access and verify online enrollments (Check Current Enrollment workflow)

e) Store the enrollment applications in a secure environment, maintaining an administrative console for plans to download the enrollment applications in compliance with Agency security standards, and a mechanism by which CMS can track which enrollments have or have not been downloaded.

Technical Support

Requirements:

a) Provide technical support to Part D plans with regard to submission and data file layout for drug pricing data and pharmacy network data

b) Provide support for other CMS contractors for development and maintenance of integration with other sections of the MPF tool

c) Provide support to CMS' policy group with regards to identifying data issues through analysis performed by CMS contractors

d) Provide available resources to research and analyze issues with calculations and data presented on MPF

e) Support Web Service Agreements with organizations participating with CMS to access pricing and pharmacy data for both MPF and OEC

See Attachment E for a diagram showing the relationship of the data sources that feed into the data that makes up the Plan Finder and OEC portion of these tools.

5.3 MyMedicare.gov Specific

Most of the MyMedicare.gov functionality is developed using Siebel Tools, which uses Siebel screen object definitions. Each Siebel screen contains one or more Siebel views. A Siebel view consists of one or more applets. Each applet contains data elements, controls and hyperlinks. These controls map back to Siebel Business Components which hold the business logic for the application.

The Next Generation Desktop (NGD) contractor connects to the Medicare.gov Website using a secured Simple Object Access Protocol (SOAP) web service.

5.4 Software and Technical Expertise

The Contractor shall have technical expertise and software experience with the following:

- Web application development (ASP, ASP.NET, .NET framework, VB, C, C#, JavaScript, Java, J2EE, JSP, Websphere)
- Microsoft Unity Application Block
- Relational database design and programming (SQL, SQL Server T-SQL, Oracle PL/SQL)
- N-Tier Design and Development
- Object-oriented programming
- Web standard markup languages (HTML, XML, XHTML, CSS)
- Web protocols (HTTP, HTTPS, SSL, SFTP)
- Web services protocols (SOAP, WSDL)
- Usability, Content translation, Multilingual Websites
- Information Architecture
- Microsoft Windows Server 2003 & 2008
- Apple OS X
- UNIX (Linux, Solaris, etc.)
- Microsoft SQL Server 2000, 2005 and 2008
- System Administration and Network experience
- Section 508 Compliance
- Corda PopChart, Opti-Map, Highwire, and Builder
- Interaction design (AJAX)
- Content management (Stellent)
- Version Control (MKS, Team Foundation Server (TFS))
- Siebel Systems application, integration, and architecture and configuration
- Siebel Systems eFinancial Suite
- Quality Assurance, software testing and performance testing
- Portal, personalization, customer service and survey technologies
- Print-on-Demand technology
- GovDelivery
- Google Maps
- Google Search Appliance
- Global caching services
- Web Analytics
- Website Mobile Device Access (WAP)
- Service-Oriented Architecture (SOA)
- Syndication technologies
- Streaming video and podcast technologies (MPEG, H.264, ACC)
- Nierop session manager
- Multi-browser support
- Oracle EMS (customizing)
- Approved Earned Value Management System

- Browserhawk
- Microsoft Internet Information Server (IIS)
- Apache, IBM HTTP Server
- IBM WebSphere Application Server
- IBM WebSphereMQ
- IBM XML firewall
- Oracle 10g
- MySQL
- IBM Rational AppScan
- RightNow eService Center
- ERWIN
- Helicon ISAPI_Rewrite Version 3.0
- Adobe Captivate
- Accenture Digital Diagnostics
- Social Media (Blogs, Wiki, Podcasts, etc)
- Search Engine Optimization (SEO)
- Graphic Design
- Percussion Content Management System - Ongoing support of Percussion and expansion of content migrated into Percussion - including Intranet, CCIIO, CMMI, Med.gov content is necessary.
- JIRA – This includes implementation, migrations, infrastructure, and maintenance.

5.5 Server Details

The Contractor shall set up a server environment that mimics the Medicare.gov, CMS.gov and MyMedicare.gov Websites. The minimum requirements are the following:

- Windows 2003 or 2008
- IIS 6.0 or 7.0
- Browser Hawk
- EWebEdit Pro
- Nierop session manager
- Corda
- .NET framework
- SQL 2000, 2005 or 2008
- Version Control Software (e.g., TFS, VSS)
- Load Runner
- Application Security Testing (e.g., Web Inspect)
- Google Maps Developer
- 508 Testing Software
- MDCN connection
- SFTP
- Bug Tracking Software

MyMedicare.gov Specific minimum requirements are the following:

- Siebel 7.726
- Oracle 10g

The contractor shall also have a plan for patch management to assure the testing environment is in synch with CMS' servers.

6 Functional Requirements

The Website Maintenance and Support Services Contractor shall support CMS efforts by providing access to systems, data, documentation, code, or other items and information as requested by CMS or their designated contact.

The Contractor shall develop and maintain all applications in accordance with the standards and guidelines outlined in Section 19 of this SOW which include, but are not limited to: Federal Information Security Management Act (FISMA), CMS Acceptable Risk Standards (ARS), and CMS Security Policies.

6.1 Tasks

The Contractor shall perform the activities listed in the following four categories in support of the Medicare.gov, CMS.gov, and MyMedicare.gov Websites and related application activities. The four categories are: Maintenance and Upgrade Support Services, Project Management and Planning Services, Design Upgrade Services, and Consulting Services.

6.1.1 Maintenance and Upgrade Support Services

The Contractor shall provide maintenance support and technical updates and support to designated CMS staff. The Contractor shall work with CMS staff to analyze requirements for additional functionality within the Website; integrate other data sources such as disenrollment data, appeal, and query submissions; provide support for multi-language versions of Agency's sites and applications; design site options to display multiple year databases (which can be turned on and off as needed); analyze technical issues raised by users of current or future databases or applications, the corresponding Website, and support expansions of the sites. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA, and update security documents accordingly. The Contractor shall maintain the updates to documents including, but not limited to: the Editorial Style Guide for CMS.gov and the Style Guide/User Interface document for Medicare.gov, and the Application, Database, Webmaster and POD guides for Medicare.gov. Updates to CMS.gov may include minor updates to the front-end portion of the FOIA application.

6.1.1.1 Database Refreshes and Releases

6.1.1.1.1 Monthly and Quarterly Data Refreshes

Across the websites there are monthly and quarterly data refreshes of the applications. Depending on the website, these refreshes can be in the form of "database refreshes" or "releases." The Contractor shall be responsible for the development of these releases on the testing environments and then again for the production environment. Below is a brief description of the requirements on a monthly and/or quarterly basis for each of the three Websites.

6.1.1.1.1.1 www.Medicare.gov

On a monthly basis, the following tools' databases get updated on the Medicare.gov website: Helpful Contacts, MPF, NHC, HPD, and Supplier Directory. The remaining tools (DFC, HHC, and Hospital Compare) databases are updated on a quarterly basis, or as necessary with proposed enhancements to the tools.

For each data refresh, the test scripts and results reside with the Contractor, as the Contractor performs the testing based on the initial release requirements mandated by CMS. The test scripts verify the functionality, availability and usability of the Medicare.gov application from both a

regression and new functionality perspective. The security related test scripts are grouped into four major categories – client side boundary conditions, server side boundary conditions, hidden fields, and query strings attached to the URL.

Once the database refresh has passed through the development environment and system test, it will go through a testing period of two (2) days. The Contractor sends the database load to CMS using a SFTP. CMS downloads the files and uses a content management system called MKS to upload the files to the Repliweb server. Once the files reach the development environments (QA and Staging), CMS will then finish refreshing the database(s), and the changes are tested on both environments. CMS reports defects and provides feedback to the Contractor development team via phone or email. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS to test as a Hotfix package. This Hotfix package is once again loaded on the QA and Staging environments and tested. CMS reserves the right to request another database be sent if changes to the database(s) were made after the Hotfix has been loaded to QA and Staging. Once the Hotfix has been validated, CMS will push the databases to the production servers for the EDC Contractor to load.

6.1.1.1.2 Releases

All three of the websites, have releases based on functionality changes to the websites. Please refer to Attachment H for more information about release schedules.

6.1.1.1.2.1 Medicare.gov

The Contractor shall be responsible for creating three packages for each Medicare.gov release. One package will be created for the User Acceptance Test (UAT) period, one for the Bugfix, and the one for the Production release. Each release package shall be accompanied with related documentation on how to load the files and restore any databases. See Section 7.1.3.3 for more information on the implementation plans that need to be included with the releases.

The process for the release load is as follows: The Contractor shall work with other CMS contractors to create the application update. Once the application update has passed through the development and system test in the Contractor's development environment, the Contractor shall prepare a release package and send it to CMS via SFTP server where CMS will download the files and upload them to the Repliweb server using MKS. The package will go through a User Acceptance Testing (UAT) period which begins approximately two (2) or three (3) weeks before the scheduled Production load. CMS will load the UAT package onto their QA and Staging environments and begin their UAT testing along with the Contractor. The Contractor shall develop system test cases/scripts to be provided to CMS and perform system testing within the development environment for every release. CMS will report any defects and provide feedback to the Contractor's development team via phone, email or through a bug tracking tool. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS as a Bugfix package. This Bugfix package, which should include new test scripts, is loaded on the QA and Staging environments and tested approximately two (2) days prior to the Production Release. Once the Bugfix has been validated, the Contractor shall create a production package with all updated files for CMS to load into the Production environment. The files will be downloaded by CMS and pushed out to the Production environment on the given release date and time. The Contractor must be available at the time of the release to complete their testing of the Production Release load.

As determined by CMS, resources from a third party independent contractor shall be utilized to provide Validation and User Acceptance Testing services for the Medicare Plan Finder releases. Tasks for the independent contractor shall include the following:

- Analyzing system documentation and attending requirements reviews to determine impact to the system,
- Developing test materials including test plans, validation and UAT test scripts, daily test meeting agendas and minutes, and final test summaries,
- Reporting identified issues to developers, assigning issue severities and tracking until issue resolution, and
- Facilitating UAT Kickoff and daily meetings with UAT participants, reviewing test activities and outcomes.

6.1.1.1.2.2 www.CMS.gov

All applications listed under the purpose section for CMS.gov Website are released on a quarterly basis, or as needed. CMS.gov releases involve a UAT release which averages two (2) weeks, but can take up to four (4) weeks for review in a QA environment. The Contractor prepares a UAT package to send to CMS via SFTP to be loaded in the development environment. During the UAT period, if any items have been found, the Contractor prepares a Bugfix which then gets loaded to QA by CMS. Once the UAT and Bugfix package have been approved by CMS, the Contractor then prepares the production release. Once CMS receives the production release they load it to the production severs.

During testing of the CMS.gov application updates, the Contractor's functional team shall develop system test cases/scripts and perform system testing within the development environment for every release. Once the production package gets loaded to production, the Contractor shall also aid in testing the functionality within the Production environment. The Contractor shall also aid in testing applications developed by other contractors for the Website as needed. The testing shall include, but is not limited to testing for technical issues, continuity and 508 accessibility.

As part of the CMS.gov RACompare Phase I initiative, the contractor shall create a new SQL Server 2008 database. From January 2011-April 2011, the contractor shall receive Excel data files from CMS on a semi-monthly basis for these database refreshes. The file shall be sent 4 business days prior to the desired CMS go-live date.

6.1.1.1.2.3 MyMedicare.gov

The MyMedicare.gov system uses some components of the Next Generation Desktop's (NGD) software and hardware. The Website Maintenance and Support Services Contractor shall maintain the applets, views, web templates and customized GUI components of the MyMedicare.gov site. All front-end processes shall be managed by the Website Maintenance and Support Services Contractor, while the business components are maintained by the NGD developer. Trouble tickets that affect both systems shall be a collaboration of efforts between the NGD developer and the Website Maintenance and Support Services Contractor. The Website Maintenance and Support Services Contractor shall be responsible for regression testing to determine impacts to the application. MyMedicare.gov has quarterly releases as well as functional releases.

Quarterly Releases are used to push out improvements to MyMedicare.gov portal. This process begins with requirements gathering and development. The Contactor shall work with CMS, and the NGD Contractor to develop these requirements and create the development package. Once the development package has been completed it is loaded onto the development environment and tested during UAT, which lasts for approximately three (3) weeks. During testing either any problems found shall be fixed immediately, or the release will be pushed back to accommodate the additional time needed, or the issue will be resolved in a subsequent release. Once testing is considered completed, the enhancements are pushed to the Production servers. The Contractor shall provide test scripts for testing in both the Development and Production environments.

6.1.2 Project Management and Planning Services

The Contractor shall develop a Project Management Plan for implementation and design of the Website improvements, releases, updates, and new applications. The project planning services shall reflect current priorities and will need to be flexible and updated to reflect new initiatives and legislative changes. The project planning services must also be in line with earned value management system requirements.

6.1.2.1 Requirements

6.1.2.1.1 Step 1 – Requirements Gathering

For activities requiring the development of initial requirements definition, the Contractor shall:

a) Conduct Requirements Gathering Interviews (as needed)

b) Document and publish a Concept of Operations (Con Ops) – The Contractor shall work closely with CMS to define and record the business goals and operational concept for the application being updated.

c) Document and Publish Requirements – The results of the requirements gathering sessions shall be thoroughly documented and provided to CMS and any interview participants for review and feedback. In this document, the scope, phases, team leads, and the schedule/timeline should all be identified.

d) Develop a System Requirements Specification (SyRS) document which includes all of the requirements specified during the gathering session.

e) Prioritize Requirements and Update Project Plan – The Contractor shall work closely with CMS to prioritize the defined requirements and determine the level of effort for future phases. The approved updated project plan shall be shared with CMS and project stakeholders.

f) Unless otherwise indicated, provide mockups and a proposed timeline.

g) Document, maintain, and publish a Business Risk Assessment – The Contractor shall define and record the security risk(s), particularly as it relates to the business functions associated with the security/vulnerability of the Website or information, associated with interaction of other components/contractors, and the risk of misuse of information.

h) Define and maintain the System Security Plan (SSP), Information Security Risk Assessment (IS RA) Contingency Plan and Data Use Agreement(s) to ensure that all applications meet the guidelines as stated by CMS. Those guidelines are publicly available at http://www.CMS.gov/InformationSecurity. The SSP and/or IS RA shall clearly define user roles, and ensure that the data is protected. The Contractor shall also complete and maintain all necessary Data Use Agreements (DUA) to ensure that the disclosure of data complies with the requirements of the Privacy Act, the Privacy Rule, and CMS data release policies.

i) Test scripts and the Contractor's test results should be included in the requirements document prior to CMS testing on Staging and sign off on the requirements. This should include coordinating with other contractors as necessary to support all testing from the front-end to the back-end.

j) Track development and identify the phases. Once phases have been completed, there should be a sign off on the phases of the contract by CMS.

6.1.2.1.2 Analysis

The Contractor shall perform an analysis of the business, user and system requirements provided in the System Requirements Specification (SyRS) to ensure that they are correct, complete, clear, consistent, testable, traceable, feasible, modular and design-independent. The Contractor shall complete the system requirements portion of this document. The Contractor shall ensure that these requirements capture the required technical capabilities and constraints of the system being developed.

6.1.2.1.3 System Requirements Specifications (SyRS)

Following analysis, the Contractor shall update the SyRS. The SyRS shall contain the verified information and the new system requirements as specified in the "Directions for Completing a System Requirements Specification Outline" in the CMS Requirements Writer's Guide found at www.cms.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp. All changes to the SyRS shall be identified.

The Contractor shall use the Standard Microsoft Office Suite when creating and updating the SyRS document. At contract completion, the Contractor shall deliver a softcopy of the SyRS, with all applicable links between business, user and system requirements established.

6.1.2.1.4 System Requirements Review (SyRR)

The Contractor shall conduct a formal review of the SyRS with CMS staff. The purpose of this review is to affirm final agreement regarding the content of the SyRS. Upon successful completion of this review by CMS, the SyRS shall be baselined. The Contractor shall manage the SyRS baseline. Following establishment of the baseline, changes to the SyRS will require CMS approval. In addition, the Contractor shall notify CMS if changes to the SyRS will impact contract cost or schedule.

6.1.2.1.5 Logical Data Model

The Contractor shall provide the fully attributed key-based Logical Data Model in ERwin. Other tools may be used, but the model must be converted to ERwin before it can be reviewed and approved. The model shall adhere to the CMS Data Administration standards and must contain the Entity-Relationship diagrams (ERD), correct naming conventions, projected volumes, and a working knowledge of data being developed. Information on CMS policies for Logical Data Design can be found at http://www.cms.gov/DataAdmin/03_LogicalDataDesign.asp.

6.1.2.2 Project Kickoff and Project Definition

The Contractor shall conduct a project kickoff meeting to define roles and responsibilities of key staff, assess and validate the current Website Maintenance and Support Services business requirements, define the project approach and scope, and provide a Transition plan. The Contractor shall be prepared to share with CMS the detailed methodology and tool(s) to be used to develop, coordinate and manage project schedules, milestones and deliverables. The Contractor shall also use the kickoff meeting to discuss development methodology, establish communication processes, establish status reporting procedures, and establish issues escalation and resolution strategy.

The discussions held at the kickoff meeting will contribute to the Contractor's development and completion of the System Development Management Plan (SDMP) for the Website Maintenance and Support Services project.

6.1.2.3 Project Management

The Contractor shall perform all project management according to the industry best practices described within the Project Management Body of Knowledge (PMBOK) fourth edition published by PMI. This includes technical and business management functions, in order to plan, implement, track, report, and deliver the required services. Earned Value Management shall be used as a management tool to track and report the status of the project and an Integrated Baseline Review shall be used to baseline the project.

The contractor shall adhere to an integrated project schedule and participate with CMS and any CMS designated contractors in integrating that schedule into one that is comprehensive for all CMS Website identified contractors. The project schedule shall incorporate interdependencies and provide upcoming critical dates.

The contractor shall proactively report to CMS any anticipated slips in the project schedule and shall provide a risk mitigation approach to return back on schedule or to compensate for missed milestones.

6.1.2.3.1 Planning

The Contractor shall provide, implement and maintain an integrated project management approach that combines the technical plans, schedule plans, risk management plans, (project) quality management, and cost management plans.

6.1.2.3.1.1 System Development Management Plan (SDMP)

The Contractor shall develop and deliver the SDMP in accordance with the following requirements. The Contractor shall update and maintain the SDMP throughout the life of the contract. Upon CMS approval, the Contractor shall perform in accordance with the SDMP.

The SDMP shall address:

a) Assumptions and Constraints – List the assumptions and constraints affecting the project.

b) Management Approach – A description of the overall project management approach.

c) Staffing Approach – to include:

1. Project Organization (Labor Category roles and responsibilities profile)
2. Organizational Chart
3. Approach to transitioning staff between each of the CMS System Development Life Cycle (SDLC) phases
4. Personnel/Staffing Resource Requirements – Provide the approach to estimating levels of resources required (e.g. staff effort in hours by labor category and by CMS SDLC phase)

d) Schedule Management Approach – To include task description, identification of the critical path, and deliverables for each near and long-term phase. In addition, the project schedule should address all milestones, task duration, task dependencies, task resources, external

system and personnel dependencies, CMS dependencies, risks and the possible affected areas.

e) Configuration Management Approach - Define the configuration management activities to be performed during the life cycle of the project, and describe the responsibilities and authorities for accomplishing each activity. Identify the required coordination of configuration management activities with other project activities. Identify the tools and physical and human resources required for execution of the plan. The plan shall address the following activities: configuration management process implementation, configuration identification, configuration control, configuration status accounting, configuration evaluation and release management and delivery. These activities shall include:

1. Use of documented, repeatable development environment checkout/check-in procedures
2. Release package preparation procedures
3. Software migration procedures
4. Approach to identifying and managing Configuration Item(s)(CI)

f) Change Management Approach - Describe the process for requesting, analyzing, prioritizing, and reviewing the impact of the change to established baselines, and documenting changes through their implementation including, but not limited to:

1. The process for managing changes to baseline requirements and design documentation
2. Version control of documentation
3. The process for identifying and managing problem reports
4. A description of any tools

g) Quality Assurance (QA) Approach - Provide a description and table of methods, standards, measurements, reviews, documentation of findings and schedule used to ensure the quality of the development process and products by CMS SDLC phase. If standard QA practices are to be used or if the information exists elsewhere, references to the appropriate documents are sufficient. The person responsible for QA should also be identified.

h) Software Process Improvement - Describe an approach, which may be derived from the recommendations of a software process assessment (e.g., Software Capability Evaluation), which identifies the specific actions that will be taken to improve the software process and outline the plans for implementing those actions.

i) Communication Approach - The Contractor shall provide a communications matrix showing the Contractor's own review and approval of deliverables and demonstrate a methodology for identifying CMS stakeholders and needs, and communicating status, issues, risks, and risk mitigation strategies to those stakeholders.

j) Development Approach - Describe the Software Development and Integration Facility (SDIF) to include Commercial-off-the-Shelf (COTS) software, hardware and programming languages to be used. Explain the relationship to the target operating environment. Indicate whether the SDIF is an off-site contractor facility or whether the CMS Data Center is to be used for development.

1. Implementation Strategy - Describe the approach for identifying, managing, controlling and implementing releases.

2. Activities, Tools, Products, Methodologies, and Standards - For each CMS SDLC phase (Requirements Analysis, Design and Engineering, Development, Testing, and Implementation), provide a matrix that shows the major activities to be performed, the methodologies and Computer Aided Software Engineering (CASE) tools to be applied, the products/artifacts of the phase and specific procedures and standards for analysis, design, and coding artifacts. Describe the requirements analysis approach, design methods, development approach and test approach.

3. Metrics - Describe the approach for identifying objective measures to assess software design complexity and quality. Describe all metrics to be collected, when they will be collected, how they will be collected, how they will be reported (graph, etc.) and how they will be analyzed and used to manage the project.

4. Size Estimate for software work products - Describe the process for estimating software size (e.g., function points, source lines of code), computer resources (e.g., Million Instructions per second (MIPS)), communications network capacity (local area network (LAN) and wide area network (WAN)), and data storage.

k) Risk Management Approach - Document the process, methods, tools and resources that will be applied to the project for risk management. Describe how risks will be identified and analyzed, the basis for prioritizing risks, how risk responses will be developed and implemented, and how the success of those responses will be measured.

l) Transition Approach – to include, but not be limited to, the plans for transitioning the business and technical processes, operations, and maintenance of the Website. At a minimum, the Contractor shall provide roles, responsibilities, timelines, dependencies, risks, risk mitigation strategies, and milestones.

6.1.2.3.2 Closeout Certifications

The Contractor shall prepare closeout certifications. These shall consist of a statement that the contract is complete, including all deliverables have been provided, all services are complete, and there are no outstanding contractual issues.

6.1.2.4 Performance Measurement Baseline (PMB)

The Contractor and CMS shall mutually agree upon cost, schedule and technical plan baselines. These baselines shall be the basis for monitoring and reporting progress throughout the life of the contract.

6.1.2.4.1 Integrated Baseline Review (IBR) Artifacts

The Contractor shall provide IBR Artifacts to be the source of the baselines and systems reviewed in the IBR. The Contractor shall update and maintain the IBR Artifacts throughout the life of the contract. Changes shall be subject to review and approval by CMS. Once approved, the Contractor shall adhere to the PMB.

The IBR artifacts shall include the following:

a) Work Breakdown Structure (WBS)

b) WBS Dictionary
c) Responsibility Assignment Matrix (RAM)
d) Budget allocated to Control Accounts and Work Packages
e) Basis of Estimate for activities contained in the WBS and project schedule
f) System Development Management Plan
g) Initial version of the CMS EVM report
h) Initial version of the Risk report
i) Project schedule, for the task reviewed in the IBR, including:

1. All system development activities by WBS
2. All task dependencies
3. Identification of the critical path
4. Software Process Improvement activities
5. Risk mitigation activities

6.1.2.4.2 Integrated Baseline Review (IBR)

In the IBR, the Contractor and CMS shall walk through the Contractor's planned baselines. The IBR is conducted to achieve confidence that the baselines accurately capture the entire technical scope of work, are consistent with contract schedule requirements, are reasonably and logically planned, and have adequate resources assigned. A separate IBR shall be conducted for each task.

In the IBR, the Contractor's Cost Account Managers (CAMs) shall:

a) Demonstrate that there is a logical sequence of effort consistent with the contract schedule
b) Demonstrate the validity of the allocated cost accounts and budgets, both in terms of total resources and scheduling
c) Verify that the cost, schedule, and technical plans are integrated and that the technical content of control accounts and work packages is consistent with the contract scope of work, the WBS and the WBS dictionary
d) Support CMS' technical assessment of the SDMP, project standards and procedures for system development

6.1.2.4.2.1 Software Capability Evaluation (SCE)

CMS reserves the right to conduct an independent SCE to evaluate the maturity of the Contractor's software development process. Upon request, the Contractor shall support CMS' independent SCE in accordance with the Software Engineering Institute (SEI) Capability Maturity Model (CMM) procedures.

6.1.2.5 Value Engineering

The Contractor shall identify opportunities to improve any and all functions identified in this Task Order. As value-engineering opportunities are identified, the Contractor shall document the current state, the opportunity for improvement and related performance metrics, implementation timeline and operational impact and provide this documentation to CMS.

The Contractor shall conduct annual usability testing for Medicare.gov, CMS.gov, and MyMedicare.gov tools as requested during the year. The Contractor shall work with CMS to determine the proper timing of these usability tests, and the tools that require the testing.

6.1.3 Design Upgrade Services

The Contractor shall work closely with CMS to produce web page design and functions that meet all the necessary Website requirements, including 508 accessibility and security regulations, while maintaining consistency of design and content. The Contractor shall provide ways to visually and functionally enhance the integration, responsiveness, and continuity of the web pages at CMS' direction. The Contractor shall provide comments and suggestions on technical writing and the overall readability of web pages and develop web pages that are accessible to individuals with physical disabilities and other special needs. The Contractor is also responsible for providing mockups for application enhancements. At various times, these mockups may and will be used in presentations to business owners on the new features of the applications.

The Contractor shall, along with continuing enhancements to the CMS.gov website, introduce a more transactional approach to the Website in order to enhance the experience of users and provide a more customized Website while improving customer service features.

The Contractor shall provide a development server environment from where CMS can view, comment, and change work throughout design and development. In support of new or redesigned web-based applications, the Contractor shall prepare wireframe prototypes and interaction design schematics as required by the Contracting Officer Technical Representative (COTR).

The Contractor shall work with CMS to implement Search Engine Optimization (SEO) to optimize the search result relevance to the users. All applications shall be selected, designed, and implemented to be consistent with the current CMS operating environment standards to ensure transfer of management data and communication between CMS and the Contractor is consistent and efficient. For more detailed information about the CMS standards and guidelines, please refer to Section 19 of this SOW.

The Contractor shall provide and maintain design documents for the Websites. These design documents shall be for the applications as well as the databases. The Contractor shall adhere to CMS' quality assurance standards and meet all policy requirements.

6.1.3.1 Design and Engineering

The Contractor shall develop the design for the architecture, software components, interfaces and the physical databases. The Contractor shall document the system design and allocate the system requirements in the SyRS to the design elements.

The Contractor shall use Computer Software Configuration Items (CSCIs) and Computer Software Components (CSCs) as logical elements of the system design. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61 as referenced in Section 19 in this SOW. CSCs are defined as a level of design decomposition below the CSCIs that shall exist entirely within a release.

6.1.3.1.1 Database Design Document

The Contractor shall provide a Database Design Document for each Database utilized by the Websites. The Database Design Document shall include a Physical Database Design (in third-normal form, where practical) to include:

a) A complete description of the logical model in ANSI standard SQL Data Definition Language (DDL);
b) A Data Dictionary to define all data elements, files, tables, and attributes, including:

- Name/Unique Identifier
- Alias
- Description
- Size and format
- Units
- Range
- Accuracy and precision
- Default values
- Retention Rules
- Key (and type of key);

c) Data integrity rules;
d) Audit data needed for updates and other changes;
e) Security provisions;
f) Use of stored procedures;
g) Use of role based security;
h) Data replication strategies and/or other means to keep data in sync; and
i) Database tuning and optimizing considerations (including use of keys, indexes, etc).

Guides for Physical Data Design can be found at http://www.cms.gov/DataAdmin/04_PhysicalDataDesign.asp. Additional links to aid in the documenting and model process can be found in the left hand navigation under the Data Administration section on CMS.gov.

6.1.3.2 Development

The Contractor shall develop code and conduct software unit and integration testing.

6.1.3.2.1 Code and Documentation

When directed by CMS, the Contractor shall develop the required software to meet the validated requirements. The code and documentation shall include:

a) Code: softcopy of all developed software, to include source code and executables. This shall include any operational software, test software, scripts and data that have been developed. The code shall be documented as follows:

1. Each unit shall contain a prologue that contains:
   - The name of the unit
   - The name of the programmer that developed the unit
   - The date the unit was written
   - A description of the unit

2. Each function procedure, or complex code structure shall be preceded by comments that explain in detail the purpose of the function, procedure or complex code structure. These comments shall include a description of all input variables, output variables, and the processing of each.

3. Each unit shall contain a revision history.

4. Testing must be conducted under the Contractor's environment which shall mimic the CMS Production environment.

b) Version Description Document (VDD) in hardcopy and softcopy, to include:

1. Description of each module
2. Run frequencies
3. Version and release descriptions to include a complete Software Configuration Management (SCM) listing
4. Software language
5. COTS software identification (version and license number)
6. Platform (mainframe, personal computer, server, etc)
7. Processing mode (on-line or batch)
8. A process flow depicting the process order of the programs
9. Library names
10. Release notes

c) Vendor Documentation

d) Application Service Level Agreements (SLA) in hardcopy and softcopy

e) Disaster Recovery Plan

6.1.3.3 Implementation

The Contractor shall assist in the installation of releases in the CMS QA, Staging, and Production environments.

6.1.3.3.1 Implementation Plans

The Contractor shall produce an Implementation Plan in softcopy to CMS. A separate plan is required for each release package. The Implementation Plan shall:

a) Provide specific instructions and step-by-step procedures needed to load the applications and databases;
b) Provide specific instructions and step-by-step procedures needed to verify the load was installed properly
c) Include screenshots to go along with instructions
d) Provide Disaster Recovery Procedures

If any COTS products are used, CMS must review installation procedures prior to loading the application or database.

6.1.3.3.2 Implementation Readiness Review (IRR)

An IRR shall be conducted after validation testing and prior to release of the new or changed system into Production. The purpose of the IRR is to ensure that all prerequisites leading up to production implementation have been met. This includes, but is not limited to, implementation planning including data conversion needs (if appropriate), QA processes, security plans and environmental needs. A separate IRR is required for each release. The Contractor shall present the following at the IRR:

a) Test Log
b) An outstanding Problem Report, indicating severity, effort and schedule to fix all outstanding issues
c) A walkthrough of the documentation provided under "Code and Documentation"
d) A walkthrough of the Implementation Plan
e) A review of the Training Plan

6.1.3.4 Validation Testing

The Contractor shall conduct validation testing on the complete, integrated system to evaluate the system's compliance with its specified requirements for each release.

6.1.3.4.1 Validation Readiness Review (VRR)

The Contractor shall conduct a VRR. A separate VRR is required for each release. The Contractor shall provide information to support a CMS decision to proceed with validation testing. The Contractor shall present the following at the VRR:

a) Test Plan to include schedule for conducting tests
b) Unit and integration test results
c) Outstanding Problem Reports.

6.1.3.5 Test Log

For all system releases, the Contractor shall deliver a Test Log to CMS following successful execution of each validation test. A separate Test Log may be required for each release. The Test Log shall include:

a) A summary of the test
b) Dates of the testing activities
c) Identification of the test cases performed
d) Any deviations from the Test Plan
e) Explanations of why any deviations were necessary
f) Test results – including the defect-to-change ratio for both User Acceptance Testing and Production Testing
g) Identification of requirements successfully tested; and
h) Problem Reports

6.1.4 Consulting Services

The Contractor shall provide advice and expertise on changes and enhancements suggested by CMS personnel; provide knowledge transfer sessions to review technical aspects of Website databases, applications, and functions and additional new features; review, summarize and submit Web comments to designated CMS personnel; participate in periodic meetings with CMS personnel to review changes and discuss enhancements to the interactive Websites; and work cooperatively with Agency staff and other contractors as certain projects necessitate.

7 Transition

7.1 Website Maintenance and Support Services Transition

The Contractor shall implement a low-risk approach during the Base Period to transition the activities and environments from the current Contractor to the Contractor selected for this Task Order. CMS is committed to ensuring that the transition is seamless and non-disruptive to the public, beneficiaries, applications and other Contractors needed for the Website. It is critical that the Website Maintenance and Support Services Contractor propose a realistic Transition plan, due with the proposal and is to be updated within 15 days of award, which identifies and addresses all factors and risks, and includes contingency plans for missed milestones or other impacts to the schedule. This Transition plan shall be updated continuously by the Contractor with CMS approval after the final document is presented to CMS.

Full operations must be successfully transitioned on or before December 31, 2010, to coincide with the expiration of current contract. Successful transition is defined as handling 100 percent of the Websites workload, documented acceptance testing of all improvements to the components, and full engagement in the project management.

Because of the necessity to complete transition by the December 31, 2010 cutoff date, the Contractor shall propose a Transition plan that is fully implemented prior to this date.

The Contractor shall work in cooperation with other CMS contractors to ensure a smooth and seamless transition to full operations. During the transition period and ongoing operations, the Contractor shall coordinate and support regular status meetings with CMS. The Contractor shall be required to coordinate all aspects of the transition with the incumbent Contractor.

7.1.1 Transition Activities

In addition to the Website Maintenance and Support Services transition, the Contractor shall also complete the below transition activities during the Base Period. The transition activities for this contract shall include the continuation of the ASP migration to Microsoft .NET framework and the transition of the Prescription Drug Plan Finder to the EDC.

7.1.1.1 ASP Migration to .NET

The incumbent Contractor will continue the ASP migration to Microsoft .NET framework for the Medicare.gov and CMS.gov Websites. As an activity to learn the site and to ensure the understanding of the redesign, the remaining activities of the migration shall continue by the Contractor in collaboration with the incumbent Contractor. As a result of this migration, the Contractor shall be prepared to develop and maintain code in both the ASP 3.0 and .NET 3.5 languages.

The number of tools that will remain for this transition is currently unknown. However, the Contractor shall assume that most of the tools will not be transitioned at the time of the award. This activity will familiarize the winning contractor with .NET, ASP, as well as the remaining tools and sites to be migrated. This migration will involve communication with outside contractors as well as internal components to secure requirements.

7.1.1.2 Prescription Drug Plan Finder Migration to Enterprise Data Center

The Contractor will work with the current EDC Contractor to stand up the Prescription Drug Plan Finder Tool in the Enterprise Data Center (EDC). The Contractor shall propose a solution to have all public facing components located in the EDC. This solution should include all phases of this

effort including planning and analysis, development, implementation (including configuration and setup of the application, hardware/software, and network), testing, maintenance, and ongoing support. In addition, the Contractor will be responsible for drafting and providing CMS with the necessary documentation (Project Plan, Risk Management Plan, Migration documents, etc.) throughout this effort.

The Contractor shall develop and maintain the software needed to meet the specified requirements as outlined in Section 6.2.1.1. Refer to Section 15 of the SOW for the Government Property that CMS will provide the Contractor.

8 Optional Tasks

8.1 Optional Task 1: Intranet Redesign

CMS anticipates exercising the Optional Tasks below during Option Period 1. Currently, the Intranet for CMS is under CMS' maintenance and creation. It is CMS' desire to have the Contractor create the redesigned Intranet using the Oracle UCM System or the HHS Enterprise Portal. As part of the redesign effort, the Contractor shall:

- Conduct usability testing
- Prepare wireframe prototypes and interaction design schematics as required by CMS
- Create a Website system that mimics the dynamics of the CMS.gov Website.

Optional Task 1A: Intranet Redesign Utilizing the Oracle UCM System:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Oracle Configuration – includes creating Oracle accounts, Oracle server configuration, creating workflows, defining permissions/rights

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications to mimic CMS.gov

Phase 5 – Technical Support after redesign

Optional Task 1B: Intranet Redesign Utilizing the HHS Enterprise Portal:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Content Management Design

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications

Phase 5 – Technical Support after redesign

8.2 Optional Tasks 2: MyMedicare.gov

2A – Caregiver Access – provides features for authorized caregivers to access a patient's MyMedicare.gov beneficiary account, if and when the patient authorizes access. Each caregiver requesting access must have his or her own MyMedicare.gov account. Specific access control shall govern the caregiver's account in order to restrict functions such as the change password or email address functionality.

2B – Authorization for access based on the Authorization Table in NGD – provide features for an Authorized user to access the online MyMedicare.gov beneficiary accounts based on the Authorization table in NGD. Each Authorized user requesting access must have his/her own MyMedicare.gov account. Access control shall be implemented to the authorized user by utilizing the limitations specified by the beneficiary for that user.

2C – Dashboard Presentation – this functionality will allow the user to move their "dashboard" information around the page when they first sign into MyMedicare.gov, so that they may personalize the page according to their preferences. This is similar to features found on Yahoo or Google, where users may personalize/customize their dashboard upon login. Users can minimize or maximize a portlet, suppress the viewing of portlets, save and maintain their dashboard preference, etc.

2D – Populate providers based on claims history –provide a feature for beneficiaries to choose providers based on their claims history, and add these providers to their "favorites" list. Also, provide a link to Medicare.gov in order to display more information about the providers. These favorite providers can also be printed as part of the "On the Go Report".

2E – Additional Lookup tools for providers and suppliers – provide a feature for the beneficiaries to search for providers by using Medicare.gov's Supplier Directory, Home Health Compare and Dialysis Facility Compare tools and add these providers to their Favorite Provider's list, should they desire to. These favorite providers can also be printed as part of the "On the Go Report".

2F – Additional categories for the Health Management Tab – this enhancement would add new categories to the Health Management tab as well as the "On the Go Report" for race/ethnicity, family histories, etc. so that the beneficiary can complete an even more comprehensive picture of their personal health comparison.

2G – Claim Alert Emails – this enhancement would automatically send an email to a beneficiary when new claims are processed and visible for viewing on their MyMedicare.gov account.

2H – Additional Initial Enrollment Questionnaires (IEQs) – currently, only the "Initial Enrollment Questionnaire (IEQ) for Beneficiaries 65 or Over" is available in English for online editing and submission. This enhancement would also deploy other English-language "IEQs" so that all users may complete their questionnaire online. Other IEQs include the following:

- IEQ for Disabled Beneficiaries
- IEQ for Beneficiaries with End-Stage Renal Disease
- IEQ for Beneficiaries with Childhood Disabilities

- IEQ for Disabled Widow or Widower

2I – eMSN Enhancements – provide a feature for the beneficiaries to download/view statement-based (e.g. exact duplicates of the paper MSN) Medicare Summary Notices to beneficiaries via MyMedicare.gov. Statement-based MSN includes all data presented on the paper MSN such as claims information, denials, deductibles, providers, and notes. This functionality would be piloted for Indiana beneficiaries.

2J – Annual and Quarterly Financial Summaries – the addition of the Medicare Annual/Quarterly Health Statement functionality would provide an "at a glance" overview of the beneficiary's Medicare benefits on a quarterly or annual basis, in real time. This information might include (but not be limited to): Claims, Annual Activity, Preventive Services, etc. CSRs may also be able to generate this report, and have it sent to the beneficiary either via email or U.S. Postal Service.

2K – Termination of Working Aged Medicare Summary Payment Records – currently, beneficiaries do not have the capability to close/terminate their Medicare Secondary Payer (MSP) records online. They may do so only by calling 1-800-MEDICARE. This enhancement is to provide the ability for users to close/terminate their MSP records online via MyMedicare.gov.

2L – Additional Promotion – implement links and perhaps a unique brand associated with MyMedicare.gov onto various pages and tools within Medicare.gov, in order to further promote the MyMedicare.gov system and encourage users to register, sign in and benefit from the portal's useful tools.

2M – Escalation Status Monitoring – on MyMedicare.gov, enable beneficiaries to view their own escalations which have been created on their behalf, and to track the resolution status.

2N – Welcome to the Medicare Wizard – this enhancement would add logic to MyMedicare.gov to show the appropriate wizard/workflow to the user, when they are signing up for Medicare. This process would link to a Medicare.gov workflow.

2N – MyMedicare/Blue Button Mobile - The MyMedicare.gov site and the Blue Button functionality will be made available via a mobile optimized version of the site to be used from mobile devices. The mobile version of the MyMedicare.gov website will be developed to facilitate usage of all key features of MyMedicare.gov in addition to the making the Blue Button functionality available to mobile device users.

The contractor shall develop a mobile optimized version of MyMedicare.gov as well as the Blue Button functionality under the direction of CMS stakeholders. The mobile optimized version of MyMedicare.gov and Blue Button will provide registered users easy access to all aspects information available via MyMedicare.gov on their mobile device in an emphasis on security and usability.

8.3 Optional Tasks 3: MyMedicare.gov and Medicare.gov Enhancements

3A – Drug Interaction Checker – this enhancement would automatically research drugs added to a beneficiary account and notify the user when a drug interacts adversely with another drug on the list.

3B – Google Mashup Expansion – Drug Pricing by Pharmacy Location. Based on the drugs in the beneficiaries' drug list, provide a mashup of drug cost by pharmacy in their area. Provides beneficiaries the ability to see which pharmacy has the best prescription price and determine best geographic option based on their needs.

3C - Supplier Directory .NET Migration – this enhancement would be a visual redesign effort and a migration of the current Supplier Directory tool developed in ASP over to .NET. It will also include the reworking of the competitive bidding crosswalk.

The scope of this task includes:

- Migrate Supplier to .NET technology
- Visual Refresh
- Update competitive bidding crosswalk
- Add Profile page to Supplier workflow
- Add optional Name search and modify functionality
- Provide ability for provider feedback

3D - Nursing Home Compare .NET Migration – this enhancement would be a visual redesign effort and migration of the current Nursing Home Compare tool developed in ASP over to .NET.

3E – Physician Compare Enhancements – these enhancements would be to add the following release items to the Physician Compare tool on Medicare.gov: Addition of 2009 and 2010 eRx data and 2009 eRx downloadable file, 2009 PQRS downloadable file, and 2010 PQRS data, updated language to PQRS section, add board certification data, and navigation enhancements (rearranging the homepage, modify the results section, and Results page).

Section 10331 of the Affordable Care Act (ACA) requires CMS to establish a Physician Compare website by January 1, 2011 containing information on physicians enrolled in the Medicare program and other eligible professionals who participate in the Physician Quality Reporting Initiative (PQRI). By no later than January 1, 2013 (and for reporting periods beginning no earlier than January 1, 2012), we are required to implement a plan to make information on physician performance publicly available through Physician Compare.

3F – Physician Healthcare Provider Directory .NET Migration - this enhancement would be a visual redesign effort and migration of the current Physician Compare tool developed in ASP over to .NET.

8.4 Optional Tasks 4: CMS.gov Optional Tasks

For the CMS.gov Optional Tasks (4A – 4J) listed below, the Contractor shall be responsible for a visual redesign of each application along with migrating each to .NET 3.5 and SQL Server 2008. MCD and PFFS are currently full-fledged legacy ASP applications managed by other CMS contractors. All applications migrated to .NET will leverage the same architecture as currently being utilized for Medicare.gov .NET migrations. For MCD and PFFS, the Contractor shall also be responsible for the ongoing maintenance and releases of the application. However, Forms, Manuals, and Transmittals are managed as dynamic list items using the Oracle UCM Server. They are currently rendered using the standard interface framework leveraged by all CMS.gov dynamic lists. For the redesign and .NET migration of these applications, the front-end and user interface will be independently redesigned for each and will be decoupled from the current uniform display framework that is used for all dynamic lists.

4A – Medicare Coverage Database (MCD)
4B – Physician Fee Finder Schedule (PFFS)
4C – Forms
4D – Transmittals
4E/F – Manuals/Dynamic List Framework
4G – Event Calendar
4H – Media Releases
4I – Glossary
4J – Acronyms

4K – RACompare Phase 2 – this enhancement will expand upon the Phase I RACompare effort. The tasks will include the following:

- Develop and maintain a web portal for State Medicaid officials from the United States, including the District of Columbia and the five U.S. territories, to upload their jurisdiction's data for their Medicaid RAC (Recovery Audit Contractor) program, so that the data can be used for RACs At-A-Glance.

- Develop and maintain a web page of a map of the U.S., including the District of Columbia and the 5 territories, using the product developed during Phase I for the Medicaid RAC program.

4L – CMMI – this enhancement will provide the following:

- Socrata Support for innovations.cms.gov – This includes dataset management and configuration for data.cms.gov, enhanced Socrata functionality including webforms, API integration, analytics, and reporting. Also includes integrations of data.cms.gov datasets and enhanced functionality via API into the Innovations microsite.

- Drupal support – This includes consulting and development of Drupal-based solutions in support of CMMI program initiatives. Contractor may subcontract this work in consultation with CMS.

- Drupal Support for Exchanges – This includes providing operational support for Drupal software in Terremark hosting environment. This includes system configuration, change management, design services, and operational support.

- Percussion support for CMMI web projects - This includes, but are not limited to, development support for innovation.cms.gov and partnershipforpatients.cms.gov. This includes custom templating, application development, design and visualizations, general support and maintenance, and content management within Percussion.

- Socrata support for CMMI projects - This includes dataset management and configuration for data.cms.gov, enhanced Socrata functionality including webforms, API integration, analytics, and reporting. Also includes integrations of data.cms.gov datasets and enhanced functionality via API into CMMI web applications.

- Open Government and Innovations Support – This includes consulting on projects and development of products supporting CMMI's role in open government and innovations

projects including: open source technologies, open data, consumer engagement, and "Gov2.0" activities. Contractor may subcontract this work in consultation with CMS.

8.5 Optional Tasks 5: Other Enhancements

5A – Addition of Department of Defense (DoD) Hospitals to Hospital Compare (HC) - the contractor shall incorporate additional DoD hospitals (approximately 50 hospitals) to the Hospital Compare tool as directed by CMS. This Optional Task also includes adding a new hospital type as well as various text updates throughout the tool.

5B – Renaming Healthcare Provider Directory (HPD) – as part of the Affordable Care Act legislation, the contractor shall rename the Healthcare Provider Directory (HPD) as directed by CMS.

5C – Healthcare Provider Directory (HPD) Data Enhancements to Addresses – this enhancement will help to reduce the amount of identical addresses and addresses that are within close vicinity that belong to the same organization on the tool by condensing them into one central location.

5D – E-Authorization (Medicare.gov) – this enhancement will allow the E-Authorization form to be pre-populated with the beneficiary information so that the Customer Service Representatives (CSRs) at 1-800-MEDICARE will not have to enter the information manually. For this Optional Task, Medicare.gov will need to edit the code to invoke MyMedicare.gov web service, which is already in production, to fetch the personal identifiable information when the form is accessed by CSRs from Next Generation Desktop application.

5E – De-Authorization (Medicare.gov) – this enhancement will give users on MyMedicare.gov the ability to De-Authorize an Authorized Representative. This Optional Task is for the Medicare.gov portion of the enhancement.

5F – E-Authorization (MyMedicare.gov) – this enhancement will allow the E-Authorization form to be pre-populated with the beneficiary information so that the Customer Service Representatives (CSRs) at 1-800-MEDICARE will not have to enter the information manually. This Optional Task is for the MyMedicare.gov portion that will need to be implemented.

5G – De-Authorization (MyMedicare.gov) – this enhancement will give users on MyMedicare.gov the ability to De-Authorize an Authorized Representative. This Optional Task is for the MyMedicare.gov portion that will need to be implemented.

5H – MyMedicare.gov Online Bill Pay Phase I – Printable Form – this enhancement will provide MyMedicare.gov users with a pre-populated PDF version of the S-500 Form based on the user's Direct Bill status that the users can print, sign, and mail. MyMedicare.gov will pre-fill the fields with the premium information retrieved from the EDB system.

5I – Percussion Proof of Concept, Pilot, and Migration – this Optional Task entails creating a Percussion Content Management Proof of Concept (POC), conducting a Pilot which closely resembles the POC, and migrating CMS.gov content into the Percussion content management system in order for CMS to manage the content on the CMS.gov Website.

5J – Percussion Training and Subcontractor Agreement – this Optional Task is for 4 Contractor personnel to be trained on the Percussion Content Management System. It also includes subcontracting with Percussion directly.

The CGI team will also support:

- Patches/product upgrades in terms of requirements definition, design, integration, testing and implementation of the patches and upgrades thereby reducing risk of introducing issues into the production environment.
- Development of new or modified templates and configuration updates as needed to support WNMG in the management of the production system
- Documentation/testing related to requirements, validation of templates and configuration updates, 508 compliance testing
- Support for CMS administrative staff in troubleshooting product issues.
- Additional CGI support related to CM1 including training costs, working with Percussion consultants and CMS staff in discovery through implementation phases, providing O&M Support of CM1 implementation post deployment
- Addition support from Percussion consulting related to CM1. Specifically, a Percussion consultant working with CGI and CMS for 2 months to support installation and implementation of CM1 including configuration, customization, template build and LDAP integration
- Additional support from Percussion consulting related to optimization. Specifically a 2 week, 2 resource optimization effort performing analysis of CMS implementation. Deliverable would be a recommendations document for performance improvements.

5K – Incremental Socrata Database Work – this Optional Task would require the contractor to perform the actual data loading into Socrata.

5L - Support for User Interface and Web Design Specification for the Federally Funded Exchange (FFE). The contractor shall provide additional support for the Web user interface and the Web user experience, expanded to include the federally funded Exchange website. This includes work that can be done via a subcontractor. Specifically, the contractor shall provide a new class of models, specifications, requirements, documentation, prototypes for multiple audiences, and other artifacts that will be utilized within the exchange project at CMS to inform and communicate internally and externally how all aspects of FFE Web experience will work and look from the point of view of the user.

This support shall focus on four areas:

1. Design advice and stewardship for Exchange-related user experience and user interface requirements based on both the internal research, test results, development, and project activities already underway, as well externally available health care insurance enrollment and plan selection user experience efforts and designs, including but not limited to Enroll UX 2014. The contractor will participate in the internal prototype development (i.e., prototypes for usability testing) process and well as the requirements process for making system functionality decisions on a regular basis and will review/participate in the development of artifacts necessary for those processes.
2. Development of documentation, manuals, and other artifacts that describe and specify the user interface/user experience requirements for the FFE.
3. Development of similar documentation described above, but specifically written and formatted to benefit and communicate to the teams implementing State-Based Exchanges (SBE's). This shall include the use of additional templates, functional prototypes, tools, or

documentation as necessary, and may include multiple versions or phases so that available materials can be provided as early as possible to the audiences within the States.

4. Development of multiple prototypes for other purposes, such as internal demonstrations or approvals, stakeholder engagement, or public communication, etc.

9 Deliverables and Reporting Requirements

The Contractor shall provide the following reports to CMS: Project Summary Report, Earned Value Management Report, Financial Report, and Status Report. The Contractor shall also hold a management review within one week of the delivery of the reports, unless otherwise agreed upon by CMS.

9.1 Project Summary Report

The Contractor shall provide a summary report of projects in progress that will include the Earned Value Management Report (CPR Formats 1-5), a Financial Report, and a Variance Report, as described below, as well as additional information negotiated between the Contractor and CMS. At a minimum, this report shall include the following status information:

a) Project Schedule; (The schedule within the report shall be created using the current CMS version of Microsoft Project.)
b) High-level summary of project requirements
c) High-level summary of associated risks and mitigation plans
d) Estimated cost and level of effort information necessary to manage workloads

In addition to the summary report, CMS would like a one-page high-level overview summarizing the current status of all projects at the time of reporting.

9.1.1 Earned Value Management Report

In accordance with Section J.3.2 of the ESD ID/IQ Earned Value Management System (EVM), the Contractor shall provide EVM as outlined. Samples of Formats 1-5 are located in Attachment B of this SOW.

9.1.2 Financial Report

The Contractor shall provide monthly Financial reports to reflect the work performed by both the prime contractor and subcontractors. The Financial report shall report the content of pending invoices and shall include the following information:

a) Contract Name
b) Period of Performance
c) Current month, hours and cost expended for each labor category
d) Cumulative hours and cost expended for each labor category
e) Projected monthly hours and costs for the remainder of the contract period
f) Summary of the work completed by each contractor staff
g) Break out of costs, both allocated and remaining, for all Website applications
h) Variance Report to reflect the actual and proposed spending and shall include the following information:
    - Analysis of budgeted activities versus actual expenses on a monthly basis, as indicated in the sample format provided, for the following items:
        - CMS.gov Website

  - Medicare.gov, with specific breakouts for MyMedicare.gov, and Quality activities
  - Other activity breakouts as requested by CMS
- Explanation of variances of greater than 10% of the budget monthly cost indicated in the cost proposal
- Any relevant analysis or information explaining an activity causing an unexplained variance that occurred during the month.

The Financial report shall provide information and cost for each task by the Website (or release, if appropriate) for which the activities were performed.

9.1.3 Status Report

The Contractor shall provide an overview of the project status with focus on outstanding issues and risks. The report shall also include a detailed overview of tasks planned for the next three (3) months and a high-level overview of major milestones planned for the next twelve (12) months.

9.1.4 Management Review

The Contractor shall conduct Management Reviews as a forum for the Contractor and CMS to discuss project status. The primary focus will be the status against the plans baselined in the SDMP and the Performance Measurement Baseline (PMB).

9.2 Delivery Schedule

For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

DRAFT/FINAL: All document deliverables require both a Draft and a Final version (see Delivery Schedule below). The Final copy is to be a submission of the full document with all CMS comments resolved. The deliverable cover page shall be clearly marked Draft or Final.

UPDATES: Many of the deliverables require the Contractor to provide updates. Unless otherwise specified, there is an expectation that the Contractor shall notify CMS when they foresee a change to the content, and then provide an updated document based upon CMS-approved content revisions and a mutually agreed upon delivery date. All documents shall contain a date and a version number. Documents shall be maintained and kept current by the Contractor.

MONTHLY REPORTS: The data collection period for each monthly report shall be based on the entire month (e.g. April 1 through 30). The Contractor shall ensure that the data in the recurring monthly reports are accurate and consistent with one another assuring that each monthly report also incorporates any subcontractor's data for the same period of time.

AD HOC: The Contractor shall provide ad hoc documentation at CMS' request. Where timeframes are stated, CMS may choose to give consideration to unforeseen circumstances. Therefore, deliverable due dates are as stated unless otherwise agreed to by CMS and the Contractor. All timeframes are in calendar weeks, calendar months, or calendar days. For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

Deliverables shall be distributed as follows:

CMS Contracting Officer (CO) – Project Summary Report – 1 soft copy via email or as mutually agreed.

CMS Contracting Officer Representative (COR) – See Deliverable Table Below - 1 soft copy via email or as mutually agreed.

In performing the services and providing the support described in the Statement of Work, the Contractor shall provide the deliverables NO LATER THAN the dates in the following schedule:

Days = Calendar Days
IAW = In Accordance With
DAGC = Days after Government Comments

SOW #	Deliverable	Recurring	Non-Recurring
8	Transition Plan		Initial: With Proposal Final: 14 days after award Updates: As Mutually Agreed
7.1.2.2	Project Kickoff		Due: Within 28 days after contract award
7.1.2.3.1.1	System Development Management Plan (SDMP)		Initial: Proposal Draft: 28 days prior to Integrated Baseline Review (IBR) Final: 14 days after (IBR) Updates: As Mutually Agreed (recommend quarterly when changes available)
10.3	SDLC documents (Project Management Plan, Risk Assessment & Risk Management Plan, Requirements Management Plan, Quality Assurance Plan, Lessons Learned document, and Interface Control document)	With each tool or system release	
11.2	Joint Operating Agreements	1st Due: 28 days after award Recurring: Quarterly for 1st year, semi-annually there after	
7.1.2.3	Project Management	As needed	

	Plan, Integrated Project Schedule and Requirements Documents		
10.1	Project Summary Report (includes Earned Value Management Report, Financial Report, Status Report, and Variance Report)	1st Due: 1st month after contract award Recurring: 3rd Wednesday of the month	
10.1.4	Management Review	1st Due: 30 days after IBR Recurring: Quarterly	
7.1.2.3.2	Closeout Certifications		Due: Upon Request
7.1.2.4.1	Integrated Baseline Review (IBR) Artifacts		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: Upon changes
7.1.2.4.2	Integrated Baseline Review (IBR)		Held: 90 days after contract award for each task
7.1.2.1.3	System Requirements Specification (SyRS)		Draft: 14 days prior to SyRR (C.3.2) Final: 14 days after SyRR (C.3.2) Updates: Upon Approved CMS changes
7.1.2.1.4	System Requirements Review (SyRR)		Held: IAW SDMP Schedule
7.1.2.1.5	Logical Data Model		Upon Request
7.1.2.5	Usability Testing		Annually (each tool separately, CMS will help identify priority and coordinate the effort)
7.1.2.5	Value Engineering Docs		Upon request, or as identified
7.1.1.1	Data Refreshes and Releases	• RACompare Phase 1 – Semi-Monthly Database Refreshes • Monthly and Quarterly Refreshes and System	

		Releases based on CMS and other CMS Contractor's schedules.	
18.1	System Security Plan (SSP) and Information Security Risk Assessment Contingency Plan Report		Analysis Phase: 14 days prior to Preliminary Design Review (PDR) Development Phase: Concurrent with DDD Testing: 7 days after successful completion of validation testing Updates: 6 months after contract award
18.2	Corrective Action Plan		After evaluation or test of security determined failures or weaknesses. Updates: quarterly progress report.
7.1.3.1.1	Database Design Document (DDD)		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: As Mutually Agreed
7.1.3.2.1	Code and Documentation		Draft: 14 days prior to VRR Final: 14 days prior to IRR Updates: For each application, as directed
7.1.3.4.1	Validation Readiness Review (VRR)		Held: Prior to validation testing
7.1.3.5	Test Log		As directed with each release
7.1.3.3.1	Implementation Plan		Draft: 4 months prior to IRR Final: 14 days prior to IRR Updates: For each release
7.1.3.3.2	Implementation Readiness Review (IRR)		Held: IAW SDMP Schedule

7.1.1	Application, Database, Webmaster, POD guides		Annually upon request.
7.1.1	Editorial Style Guide (CMS.gov & Medicare.gov)		Bi-annually or upon request

** The Contractor shall provide deliverables that are 508 compliant.*

9.3 Other Documents

The following documents shall be developed and maintained throughout the project lifecycle. These documents shall be delivered to CMS and stored in a centrally accessible version control document management system. System Development Lifecycle (SDLC) documents and review checkpoints include, but are not limited to:

a) System Disposition Plan
b) Change Requests
c) Problem Reports

For information referring to these documents please go to the System Lifecycle Framework page at http://www.CMS.gov/SystemLifecycleFramework/.

10 Coordination and Collaboration

In the multi-contractor environment, the Website Maintenance and Support Services Contractor shall collaborate with other Contractors to fulfill the objectives of the government. The Contractor shall maintain and develop current relationships and integration with external systems. As needed, system and network access, documentation, and support to CMS or their designated contacts shall be provided to maintain systems integration.

This Website Maintenance and Support Services task order requires cooperation, coordination, and integration among contractors, CMS, and companies that have other contractual relationships with CMS. The Contractor shall communicate and coordinate with other CMS staff when necessary. CMS may designate other contractors with which the Contractor shall fully cooperate. This may include, but not be limited to: Plan Data Contractors, Enterprise Data Center Contractor, Next Generation Desktop (NGD) Contractor, National Council on Aging (NCOA), GovDelivery, Google, etc. See Attachment C and D for more information on other contractors that the Contractor must interact with to perform duties as assigned in this SOW.

The Contractor shall develop, test, and implement migration plans for the Websites to accommodate changes in web platforms and environments, including any redeveloping, redesigning, testing and support of tools and Websites per changes in Agency standards.

10.1 Collaboration

10.1.1 Non-Website Maintenance and Support Services Transitions

The Website Maintenance and Support Services Contractor shall support other CMS contractors, system, and infrastructure transitions that occur outside the scope of this SOW, but affect the Website, Website users, or an application integrated with the Website.

The Website Maintenance and Support Services Contractor shall support these efforts and deliver a plan which identifies the changes necessary to the Website applications and/or architecture to

accommodate these changes, potential risks, and a risk mitigation strategy. The Website Maintenance and Support Services Contractor shall work closely with CMS and any additional contractors in these efforts.

Expected transitions may include but are not limited to: the NGD application, and other external systems.

10.1.2 External Source Systems

The Contractor currently accesses data from numerous external systems to display to users. The Contractor shall be responsible for the operation, enhancement, and maintenance of the web-based access methods which connect to these systems, and to identify, troubleshoot, and resolve any issues which may arise.

10.1.3 Health Plan Management Systems (HPMS)

The Medicare Plan Finder (MPF) tool integrates with HPMS which is currently maintained under a CMS' policy group contracts with a Plan Data Contractor. The HPMS system provides the planned data loads for MPF. The plan data provided includes, but is not limited to the following:

- Contact Information
- Plan Formularies
- Plan Service Areas
- High-level cost information such as premium, deductible, etc

HPMS information is delivered to the Website Maintenance and Support Services Contractor by the Plan Data Contractor. The data is tested by the Website Maintenance and Support Services Contractor in a development environment. If the tests are successful, the data is delivered to CMS.

10.1.4 Electronic Support Services Contractor

The Electronic Support Services contract provides CMS with the Health Plan, Drug Plan, and contact data that supports the Medicare Plan Finder and Helpful Contacts tool. Beneficiaries rely upon these tools to provide them with accurate, timely information to assist them in making their health insurance and healthcare decisions.

10.1.5 Enterprise Data Center (EDC) Contractor

Currently the Medicare.gov Website and CBO/CSR tools are all housed on 14 production database servers, 12 production web servers, 2 development web servers, 2 development database servers, 1 training database server, and 1 training web server at a Contractors facilities offsite. CMS.gov tools are all housed on 4 production database servers, 4 production web servers, 2 development web servers, 2 development database servers, 1 production Stellent server, and 2 development Stellent servers. However, after the Technology Refresh occurs, both Medicare.gov and CMS.gov Websites will be housed on a total of 16 production web servers and 18 production database servers. MyMedicare.gov has 2 proxy servers managed by the EDC Contractor that connects to the Medicare Beneficiary Portal (MyMedicare.gov). The CMS Intranet has one web and one database server that houses all content. There are also Corda, Media, and Google Search Appliance servers that support all the Websites. During release to the development and production systems, the Website Maintenance and Support Services Contractor may have to interact with the EDC Contractor to troubleshoot problems. CMS will be responsible for coordinating this effort.

10.1.6 NGD Contractor

MyMedicare.gov is highly integrated with the Next Generation Desktop (NGD), co-hosted in the same data center and sharing the database layer of the application allowing CMS enhanced insight into the types of claims-information being requested by beneficiaries. The NGD is the Seibel-based customer relationship management tool used for CMS' call center operations. MyMedicare.gov accesses information through the NGD infrastructure to improve operational efficiency and consistency, and expand the options for Medicare constituents to gain access to Medicare information.

10.1.7 GovDelivery

GovDelivery is the email subscription management tool used by CMS. The Contractor is expected to maintain any code used to support the web services integration between the Oracle Content Management system and the GovDelivery application. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

10.1.8 Google Maps

Medicare.gov uses Google maps functionality for all of the tools that provide detailed location viewing on the Website. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

10.1.9 PHPD Contractor

Medicare.gov uses the PHPD Contractor to clean the data available in Provider Enrollment and Chain Ownership System (PECOS) to provide suitable information to the public. The contractor also adds supplemental data such as training (residency), languages spoken, and hospital affiliations.

10.2 Joint Operating Agreements (JOA)

When necessary, CMS will work with the Contractor to execute a Joint Operating Agreement (JOA) with CMS designated contractors that defines the roles and responsibilities and creates mutually agreed upon and cost effective methods to work with and support CMS' mission. A JOA describes the work that needs to be accomplished, and the roles and responsibilities of each signatory for the success of the task or project. It includes specifics about who shall do what, when, and for whom. The JOA also spells out the process the parties shall follow if either believes that the other is not following the agreement.

At a minimum, JOAs shall be established for the Website Maintenance and Support Services relationships with the following contractors: Plan Data, EDC, and others as specified by CMS.

The JOA shall be submitted within 15 business days after award of the contract and shall be updated on a quarterly basis for the first year, 15 days following the end of each quarter. After the first year, updates shall occur semi-annually. The Contractor shall perform the roles and responsibilities in the updated JOA. The Contractor shall identify and negotiate any changes required to appropriately address the roles and responsibilities of the parties of the JOA.

11 Facilities

The Contractor shall submit the location of proposed facilities prior to task order award.

11.1 Data Connectivity

As needed, the Contractor shall provide necessary premise-based network communications equipment required to connect Contractor facilities to the CMS network or other CMS-chosen network. This includes, but is not limited to, hubs, patch panels, and necessary cabling.

11.2 Government Access

The Contractor shall allow full access into all task order related facilities (including data centers or other support locations), at any time during normal operating hours, to CMS employees or persons designated by CMS. The Contracting Officer or COTR shall designate to the Contractor which CMS employees or specified persons require access to Contractor facilities. CMS may choose not to provide advance notice to the Contractor prior to visiting a location.

For the purposes of auditing or inventory management, CMS employees or their designated representatives shall have full access to all Government assets used during the course of conducting CMS business. The Contractor cannot cite competitive considerations, co-location with other clients' assets, or absence of an advanced notice as a reason to decline CMS employees or representatives such access. The Contractor understands that designated CMS audit and inventory representatives report directly to CMS.

At CMS request, the Contractor shall provide full disclosure of audit and inventory information to CMS in the format defined by CMS. Such information may include, but is not limited to, asset description, technical specifications, serial number, effective commission and decommission dates, warranty, maintenance, asset owner, and asset utilization information.

12 Key Personnel

The Contractor shall submit resumes for each resource considered Key Personnel. All Key Personnel are subject to HHSAR Clause 352.270-5 Key Personnel (APR 1984) and the following:

a) Replacement is subject to the prior written approval of CMS
b) Requests for replacement shall include a detailed resume containing a description of position duties and qualifications, as well as information about the qualifications of the individual(s) proposed
c) Contractor proposals to move any Key Personnel off the task order shall be submitted in writing at least 30 calendar days in advance of the proposed move.

The following personnel are considered Key to this contract: Project Manager, Application Architect, Development Manager, Systems/Security Manager, and Transition Manager. Below are descriptions of what is expected of these Key Personnel.

The contractor shall identify additional key personnel as necessary to fulfill the requirements of this task order. Any staff identified as key personnel must have a backup who is properly trained and qualified to act as a fully functioning replacement in the absence of the key person. The Project Officer (PO) must be notified when key personnel are out of the office for an extended period of time (more than 2 days). In these instances, the name and contact information, including telephone number and email address, of the backup must be provided to the PO prior to the absence of the key personnel.

12.1 Project Manager

The Contractor shall provide a Project Management Professional (PMP®) certified Website Maintenance and Support Services Project Manager, who shall act as the central point of contact with CMS for all program-wide and event-specific issues. The Project Manager shall be responsible for all issue resolution and program management. The Project Manager shall provide comprehensive account support for the Website Maintenance and Support Services task order and have full authority to act for the Contractor in performing all task order requirements. The Project Manager shall notify the COTR whenever it is believed that s/he is receiving direction that deviates from the scope or terms of this task order. The Project Manager shall have a minimum of 5 years Project Management experience in the IT industry.

12.2 Application Architect

The Website Maintenance and Support Services Application Architect shall manage all activities related to the design and structure of the Websites. S/he shall lead all tasks related to the definition of the overall Website architecture and standards, and definition of the logical and physical data models. The Architect shall have successful experience with a minimum of 3 full lifecycle application implementations.

12.3 Development Manager

The Development Manager shall be responsible for the deployment of new functionality and addressing issues with existing functionality due to configuration and/or customization for all Websites. The Development Manager shall have successful 5 years experience in development.

12.4 Systems/Security Manager

A Systems/Security Manager shall ensure that better industry coding and security standard practices are being followed and that practices also support CMS security standards. The Manager shall also ensure that the Contractor's development environment has been configured properly to match CMS' environment, and assist CMS in any configuration changes for security related releases. The Systems/Security Manager shall have successful 5 years experience with systems configuration and security management.

12.5 Transition Manager

The Transition Manager shall ensure a smooth and seamless transition of current systems and applications supporting the CMS Website Maintenance and Support Services during the Base period. The Transition Manager shall coordinate a weekly status meeting with CMS to ensure transition is on track for a timely completion. The Transition Manager shall develop a Transition Plan that addresses the methodology to prepare and execute the transition of operations. The Transition Manager shall have successful experience with a minimum of at least 3 transition cycles.

13 Government Personnel

The following individuals are designated as the points of contact on this work effort. Only the Contracting Officer may provide contractual direction or interpretations on any work performed under this Task Order.

COR: Karyn Klein
Phone: 410-786-3978
Email: Karyn.Klein@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

Alternate COR: Susan Tudor
Phone: 410-786-0296
Email: Susan.Tudor@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

The responsibilities and duties of the COR include:

a) Provide day-to-day technical direction to the Contractor as long as the terms/conditions of the contract are not changed.
b) Monitor Contractor's ongoing effort.
c) Serve as liaison between the Contractor and project team.
d) Review deliverables and advise the Contract Officer of the Contractor's performance.
e) Advise the Contract Officer on the Contractor's compliance with technical performance requirements.
f) Ensure that Contractor's input and/or recommendations are considered by CMS project management.

Contract Specialist:	Ryan Kooy
Phone:	410-786-6637
Email:	Ryan.Kooy@cms.hhs.gov
Contracting Officer:	Phyllis Lewis
Phone:	410-786-8637
Email:	Phyllis.Lewis@cms.hhs.gov

14 Government Property

The Government Furnished Information (GFI), equipment, and facilities that CMS is providing are the following:

a) Compiled and source version of components used in web-based applications
b) Backups of all public Website databases from www.Medicare.gov and selected databases from CMS.gov (i.e., Media Release, Events, Vocabulary). **CMS will <u>NOT</u> be providing the following proprietary software currently used by the Medicare Plan Finder:**
    - **Price Comparison Engine software – to calculate and compare drug prices**
    - **Online Enrollment Center (OEC) software – to allow beneficiaries to enroll online in a drug plan of their choice (Refer to SOW Section 6.2.1.1 for OEC requirements)**
    - **Save Functionality – to allow user to save their drug and pharmacy lists on either the Medicare.gov or MyMedicare.gov Websites**
c) The raw and/or reformulated data submitted by Part D Plans. This data includes the Pricing Files from Part D Plans and the Plan Data from the Health Plan Management System (HPMS). The Plan Data from HPMS includes MPF Databases, Beneficiary Cost File, Formulary and Excluded Drugs, Partial Gap Coverage, and Exception Tiers
d) Online Analysis Tool (OAT) Software
e) Website files and scripts (all off www.Medicare.gov, selected sections of CMS.gov, and MyMedicare.gov), include site-wide template files
f) Commercial licenses for the appropriate datasets as specified in existing Data Use Agreements
g) T1 Connectivity

CMS will not provide equipment or office facilities at the CMS site for Contractor personnel.

The Contractor shall prepare, conduct and maintain an inventory of all government owned property. CMS will provide the necessary guidelines for conducting this inventory. CMS and the Contractor shall conduct a yearly inventory for the duration of this contract and submit an updated inventory report to CMS.

The Contractor shall obtain CMS approval prior to any procurement made on behalf of the government.

15 Communications

The Contractor's Project Manager shall be on call during business hours for coordination with the GTL/SMEs, other designated representatives, and/or representatives of contractor-award work under other task orders. The Project Manager or qualified designee shall be available and accessible 24 hours a day, seven days a week to discuss operational issues with the GTL/SMEs.

CMS emphasizes the importance that the Contractor be proactive in notifying CMS of any developing situation that may impact operations, service to beneficiaries, or any other contractual issue. Contractor shall advise CMS, in advance whenever possible, of any indication that a potential problem may be developing. In the case of a known impending problem, Contractor shall be forthcoming with CMS to address the risks and to identify mitigation strategies.

16 Section 508

16.1 Section 508 – Accessibility of Electronic and Information Technology

(a) This task order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or

2. In the case of custom Electronic and Information Technology (EIT) being developed by a Contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the Contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The Contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the Contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)

(2) 36 CFR 1194 (508 Standards)
36 CFR Part 1194.22 (a – p)
36 CFR Part 1194.41 (a – c)
(3) www.access-board.gov/sec508/508standards.htm (508 Standards)

(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)
a. Information Technology – General Information
(http://www.cms.gov/InfoTechGenInfo/)

16.1.1 Section 508 – CMS

CMS follows the HHS standard for compliancy. The Contractor shall use the Agency's standard tool to test for compliancy; currently CMS is using the Digital Diagnostics tool. CMS is working towards full compliancy through CMS' release process. The Contractor shall continuously manage this effort during the design and update of any application, and provide any Product Accessibility Templates as requested. The Contractor shall help CMS to fix the applications and pages found to be non-compliant in the 508 reports, or as identified by CMS. The Contractor shall also provide CMS a Remediation Report following each release that details the progress of the remediation of the tools. If the Contractor could not remediate an application or page, a justification is necessary and a plan outlined for when the remediation will occur. This report is due with each release of the Websites.

16.2 Section 508 – Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, PWS, or TO the SOW, PWS, or TO shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. www.access-board.gov/sec508/508standards.htm (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the SOW, PWS, or TO, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this SOW, PWS, or TO:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

17 Security

The Website must operate under all CMS stated security standards. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA. The Contractor is also responsible for overseeing the development and completion of a corrective action plan for vulnerabilities noted during the testing. Security details can be found on CMS' Information Security Standards page located at http://www.cms.gov/InformationSecurity/14_Standards.asp.

17.1 System Security Plan (SSP) and Information Security Risk Assessment (RA)

It is required that all federal systems be covered by an SSP and each system have the level of risk to the agency assessed. The Contractor shall determine the level of risks for the new or modified system using the CMS Information Security RA Methodology and shall deliver the RA to CMS. For SSPs, CMS has established General Support Systems and Major Application Systems groupings covering CMS' major business functions. Each group has on file an associated SSP that is updated on an annual basis from the RAs for the individual systems within the group. If a system is not included within an existing grouping, the Contractor shall deliver a complete SSP for the new or modified system using the CMS SSP Methodology. Additional security related information can be found by going to http://www.cms.gov/InformationSecurity/01_Overview.asp as referenced in Section 19 in this SOW.

17.2 Correct Deficiencies

The Contractor shall correct any security deficiencies, conditions, weaknesses, findings, or gaps identified by all audits, reviews, evaluations, tests and assessments, including but not limited to, the Statement on Auditing Standards (SAS) – 70 Reviews, Inspector General Audits, self-assessments such as the annual security controls testing as reported under FISMA, and Vulnerability Assessments in a timely manner.

The Contractor shall develop corrective action plans for all identified weaknesses, findings, gaps, or other deficiencies in accordance with the Business Partner System Security Manual (BPSSM) or as otherwise directed by CMS.

The Contractor shall correct weaknesses, findings, gaps, or other deficiencies within 90 calendar days of receipt of the final audit or evaluation report, unless authorized by CMS otherwise.

The Contractor shall validate and document that corrective actions are implemented, tested and effective. The Contractor shall also provide attestation and documentation of corrective actions to CMS upon request.

The Contractor shall provide corrective action plans and quarterly progress reports to CMS in accordance to the BPSSM or otherwise as directed by CMS.

17.3 Security Certification and Accreditation (C & A)

The Contractor shall comply with the CMS C&A methodology, policies, standards, procedures, and guidelines for Contractor facilities and systems. The CMS C&A methodology can be found on the CMS Website http://www.Cms.gov/it/security.

The Contractor shall undergo an independent evaluation and test of their systems security program in accordance with Section 912 of the MMA. The first test shall be completed prior to the Contractor commencing operation of the Website Maintenance and Support Services contract. The independent evaluation can be performed by CMS or a CMS approved contractor.

The Contractor shall conduct, at a minimum, annual vulnerability assessments including penetration tests of the Contractor's systems, program, and facility.

The Contractor shall support CMS validation and accreditation of the Contractor's systems and facilities in accordance with CMS C&A methodology.

18 Standards, Policies and Procedure References

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, the SOW shall take precedence. The Contractor shall comply with the Legislative and Executive Mandates of Section J.6 of the ESD ID/IQ, including but not limited to:

FEDERAL STANDARDS, POLICIES AND PROCEDURES

a. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191)
b. OMB Circular A-130 Management of Federal Information Resources, Appendix III, "Security of Federal Automated Information Systems"
c. MIL-HDBK-881 - Department of Defense Handbook, Work Breakdown Structure
d. DI-MGMT-81466 - Cost Performance Reporting
e. MIL-HDBK-61 - Configuration Management Guidance
f. American National Standards Institute (ANSI) /Electronic Industries Alliance (EIA) Standard 748-98, *Earned Value Management Standards*, May 1998
g. Privacy Act of 1974, as amended, 5 U.S.C. 552a (P.L. 93-579)
h. Rehabilitation Act, Section 508, Accessibility Standards
   (1) 29 U.S.C 794d (Rehabilitation Act as amended)
   (2) 36 CRF 1194 (508 Standards)
   (3) www.access-board.gov/sec508/508standards.htm (508 standards)
   (4) FAR 39.2 (Section 508)
i. OMB Federal Website Guidelines

CMS/DHHS STANDARDS, POLICIES AND PROCEDURES

Architecture

a. CMS Enterprise Architecture (http://www.Cms.gov/EnterpriseArchitecture/)
b. CMS Technical Reference Model (http://www.Cms.gov/EnterpriseArchitecture/04_FederalRefModel.asp)

Data Administration

a. Logical Data Design (http://www.cms.gov/DataAdmin/03_LogicalDataDesign.asp)
b. Physical Data Design (http://www.cms.gov/DataAdmin/04_PhysicalDataDesign.asp)
c. Model Management (http://www.cms.gov/DataAdmin/06_ModelManagement.asp)

Security

CMS IT Security (http://www.cms.gov/InformationSecurity/)
Federal Information Security Management Act (FISMA) of 2002, Title III, Section 301: Information Security, E-Government Act of 2002 (P.L. 107-347)

Requirements Engineering

CMS Requirements Writer's Guide
(http://www.cms.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp)

Database Administration (DBA)

CMS DBA Standards (http://www.cms.gov/DBAdmin/01_Overview.asp)

Information Technology (IT) Project Management

IEEE/EIA Standard 12207.0-1996, Volume 4 "Guide to the Project Management Body of Knowledge"

System Development Life Cycle (SDLC) Standards and Deliverables

CMS Integrated IT Investment Management Roadmap (Roadmap) (http://www.cms.gov/SystemLifecycleFramework/)

Web Development

a. DHHS Web Standards
b. Editorial Style Guide for CMS.gov (http://webrequests.cms.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7746)
c. Daily Operations Plan for CMS.gov (http://webrequests.cms.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7427)
d. http://www.cms.gov/InfoTechGenInfo/
e. Section 508 Standards (http://www.cms.gov/InfoTechGenInfo/03_Section508.asp)
f. CMS SEO Guidelines
g. .NET Developers Guide (.NET TRA)

Attachment A – Glossary

Computer Software Component (CSC) - A functionally or logically distinct part of a Computer Software Configuration Item (CSCI), typically an aggregate of two or more software units.

Computer Software Configuration Item (CSCI) - An aggregation of software that is designated for configuration management and treated as a single entity in the configuration management process. It is a logical element in the design. CSCIs may occur at different levels of a hierarchy and may consist of other CSCIs. Typically, a CSCI will exist for each major functional area within the software system such that each CSCI can be independently tested, integrated and managed throughout the system development life cycle. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61.

Earned Value – A method that allows both government and contractor program managers to have visibility into technical, cost and schedule progress on their contracts. The implementation of an earned value management system is a recognized function of program management. It ensures that cost, schedule and technical aspects of the contract are truly integrated.

Enterprise Systems Inventory Database (ESID) - CMS' inventory of business application systems, managed and maintained by Information Technology Architecture staff of the Office of Information Systems. ESID is available to all CMSNet users for viewing business application system information.

Health Insurance Claim Number (HICN) – **See Medicare Claim Number.**

Integration Testing - Testing in which software components, hardware components, or both are combined and tested to evaluate the interaction between them.

Medicare Claim Number – This is a unique identifier for a Medicare beneficiary, not an actual claim number. This number corresponds to the number found on the beneficiary's Medicare card. It is also known as the Health Insurance Claim Number or HICN.

Performance Measurement Baseline – A time-phased budget plan against which project performance is measured. It is formed by the budgets assigned to schedule control accounts and the applicable indirect budgets. For future effort, not planned to the control account level, the performance measurement baseline also includes budgets assigned to higher level work breakdown structure elements, and undistributed budgets. It equals the total allocated budget less management reserve.

Project - A temporary endeavor undertaken to create a unique project or service. *Temporary* means that every project has a definite beginning and a definite end. *Unique* means that the product or service is different in some distinguishing characteristic from all similar products or services. Projects are to be differentiated from ongoing operations of the organization.

Project Management - The application of knowledge, skills, tools and techniques to project activities in order to meet or exceed stakeholder expectations.

Service Level Agreement – This document describes the IT products and services to be provided, the expected quality and reliability of service, and the penalties and remedies the vendor faces for failure to perform as contracted.

Software Development Files (SDF) - This is a collection of material that is pertinent to the development of a given software unit or a set of related units. Contents typically include requirements, design, technical reports, code listings, test plans, test results, problem reports, schedules, and notes for the units.

Software Unit - The lowest level design component in the software hierarchy. Typically, this might be a single program or function. Optimally, a software unit will AVERAGE less than 100 SLOC.

Stress Testing - Testing conducted to evaluate a system or component at or beyond the limits of its specified requirements. The testing team subjects the system to an unreasonable load while denying it the resources needed to process that load, which will "stress" the system to the breaking point and, as a result, ensure that the break will not cause potentially harmful bugs; this must be conducted in a production-like environment.

Systems Development Life Cycle (SDLC) - A systems development lifecycle (SDLC) is any logical process used by a systems analyst to develop an information system, including requirements, validation, training, and user ownership. An SDLC should result in a high quality system that meets or exceeds customer expectations, within time and cost estimates, and works effectively and efficiently in the current and planned information technology infrastructure. An SDLC establishes a logical order of events for conducting system development that is controlled, measured, documented, and ultimately, improved. CMS has established a common SDLC framework that is based on the IEEE/EIA 12207.0 standard.

Technical Reference Model (TRM) - A model that identifies and defines the major CMS infrastructure services, applications, hardware, telecommunications and environment needed to support enterprise business functions, information and systems.

Traceability - The degree to which a relationship can be established between two or more products, especially products having a predecessor-successor or master-subordinate relationship to one another. An example is the degree to which the requirement and design of a given software component match.

Unit Testing - Testing of individual hardware or software units or groups of related units. For example, developers test their code as an isolated unit to ensure it functions correctly and to ensure all paths in the code logic are exercised and that boundary and error conditions are handled properly.

Validation Testing - Formal testing (1) conducted on a complete, integrated system to evaluate the system's compliance with its specified requirements, including stress testing; (2) to enable a user, customer, or other authorized entity to determine whether to accept a system or component (IEEE Std. 610-12-1990). Acceptance criteria include user requirements and system requirements.

Work Breakdown Structure (WBS) – A decomposition of the planned work effort into specific phases, tasks, activities, milestones and deliverables necessary to accomplish project objectives. A WBS is a task-oriented or deliverable-oriented grouping of identified elements or components of a project, which organizes and defines the total scope of the project. A WBS follows an outline structure where each descending level represents an increasingly detailed definition of a project component. Project components may be products or services. There are no time, cost, or resource assignments associated with a WBS.

Work Package – Detailed jobs, or material items, identified by The Contractor for accomplishing work required to complete the Contractor. A work package has the following characteristics: it represents units of work at levels where work is performed; it is clearly distinguished from all other work packages; is assigned a single organizational element; it has scheduled start and completion dates and, as applicable, interim milestones which are representative of physical accomplishment; it has a budget or assigned value expressed in terms of dollars, man-hours, or other measurable units; its duration is limited to a relatively short period of time, or it is subdivided by discrete value milestones to facilitate the objective measurement of work performed, or its level of effort; it is integrated with detailed engineering, manufacturing, or other schedules.

Attachment B – Earned Value Management (EVM) Sample Report

HHSM-OCIO IT Earned Value Management Process and Procedures

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 1 - WORK BREAKDOWN STRUCTURE DOLLARS IN _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 3.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. CONTRACT DATA								
a. QUANTITY	b. NEGOTIATED COST	c. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	d. TARGET PROFIT/ FEE	e. TARGET PRICE	f. ESTIMATED PRICE	g. CONTRACT CEILING	h. ESTIMATED CONTRACT CEILING	i. DATE OF OTB/OTS (YYYYMMDD)

6. ESTIMATED COST AT COMPLETION	MANAGEMENT ESTIMATE AT COMPLETION (1)	CONTRACT BUDGET BASE (2)	VARIANCE (3)
a. BEST CASE			
b. WORST CASE			
c. MOST LIKELY			

7. AUTHORIZED CONTRACTOR REPRESENTATIVE		
a. NAME (Last, First, Middle Initial)	b. TITLE	
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)

8. PERFORMANCE DATA

ITEM (1)	CURRENT PERIOD: BUDGETED COST WORK SCHEDULED (2)	CURRENT PERIOD: BUDGETED COST WORK PERFORMED (3)	CURRENT PERIOD: ACTUAL COST WORK PERFORMED (4)	CURRENT PERIOD: VARIANCE SCHEDULE (5)	CURRENT PERIOD: VARIANCE COST (6)	CUMULATIVE TO DATE: BUDGETED COST WORK SCHEDULED (7)	CUMULATIVE TO DATE: BUDGETED COST WORK PERFORMED (8)	CUMULATIVE TO DATE: ACTUAL COST WORK PERFORMED (9)	CUMULATIVE TO DATE: VARIANCE SCHEDULE (10)	CUMULATIVE TO DATE: VARIANCE COST (11)	REPROGRAMMING ADJUSTMENTS: COST VARIANCE (12a)	REPROGRAMMING ADJUSTMENTS: SCHEDULE VARIANCE (12b)	REPROGRAMMING ADJUSTMENTS: BUDGET (13)	AT COMPLETION: BUDGETED (14)	AT COMPLETION: ESTIMATED (15)	AT COMPLETION: VARIANCE (16)
a. WORK BREAKDOWN STRUCTURE ELEMENT																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																
9. RECONCILIATION TO CONTRACT BUDGET BASE																
a. VARIANCE ADJUSTMENT																
b. TOTAL CONTRACT VARIANCE																

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CLASSIFICATION (When Filled In)

CPR Format 1

SOW (9/9/2013) - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 2 - ORGANIZATIONAL CATEGORIES **DOLLARS IN** _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average .6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. PERFORMANCE DATA

ITEM (1)	CURRENT PERIOD					CUMULATIVE TO DATE					REPROGRAMMING ADJUSTMENTS			AT COMPLETION		
	BUDGETED COST		ACTUAL COST	VARIANCE		BUDGETED COST		ACTUAL COST	VARIANCE							
	WORK SCHEDULED (2)	WORK PERFORMED (3)	WORK PERFORMED (4)	SCHEDULE (5)	COST (6)	WORK SCHEDULED (7)	WORK PERFORMED (8)	WORK PERFORMED (9)	SCHEDULE (10)	COST (11)	COST VARIANCE (12a)	SCHEDULE VARIANCE (12b)	BUDGET (13)	BUDGETED (14)	ESTIMATED (15)	VARIANCE (16)
a. ORGANIZATIONAL CATEGORY																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																

DD FORM 2734/2, MAR 05 LOCAL REPRODUCTION AUTHORIZED.

CLASSIFICATION (When Filled In)

CPR

Format 2

SOW (9/9/2013) - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 3 - BASELINE **DOLLARS IN** _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 6.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. CONTRACT DATA

a. ORIGINAL NEGOTIATED COST	b. NEGOTIATED CONTRACT CHANGES	c. CURRENT NEGOTIATED COST (a. + b.)	d. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	e. CONTRACT BUDGET BASE (c. + d.)	f. TOTAL ALLOCATED BUDGET	g. DIFFERENCE (e. - f.)

h. CONTRACT START DATE (YYYYMMDD)	i. CONTRACT DEFINITIZATION DATE (YYYYMMDD)	j. PLANNED COMPLETION DATE (YYYYMMDD)	k. CONTRACT COMPLETION DATE (YYYYMMDD)	l. ESTIMATED COMPLETION DATE (YYYYMMDD)

6. PERFORMANCE DATA

ITEM	BCWS CUMULATIVE TO DATE	BCWS FOR REPORT PERIOD	BUDGETED COST FOR WORK SCHEDULED (BCWS) (Non-Cumulative) SIX MONTH FORCAST +1	+2	+3	+4	+5	+6	ENTER SPECIFIED PERIODS					UNDISTRIBUTED BUDGET	TOTAL BUDGET
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
a. PERFORMANCE MEASUREMENT BASELINE (Beginning of Period)															
b. BASELINE CHANGES AUTHORIZED DURING REPORT PERIOD															
c. PERFORMANCE MEASUREMENT BASELINE (End of Period)															
7. MANAGEMENT RESERVE															
8. TOTAL															

DD FORM 2734/3, MAR 05 LOCAL REPRODUCTION AUTHORIZED.

CPR Format 3

SOW (9/9/2013) - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT **FORMAT 4 - STAFFING**														**FORM APPROVED** **OMB No. 0704-0188**
The public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and revi														
1. CONTRACTOR **a. NAME** **b. LOCATION (Address and ZIP Code)**			**2. CONTRACT** **a. NAME** **b. NUMBER** **c. TYPE** **d. SHARE RATIO**						**3. PROGRAM** **a. NAME** **b. PHASE** **c. EVMS ACCEPTANCE** **NO YES (YYYYMMDD)**					**4. REPORT PERIOD** **a. FROM (YYYYMMDD)** **b. TO (YYYYMMDD)**
5. PERFORMANCE DATA (All figures in whole numbers)														
ORGANIZATIONAL CATEGORY	**ACTUAL CURRENT PERIOD**	ACTUAL END OF CURRENT PERIOD (Cumulative)	**FORECAST (Non-Cumulative)** **SIX MONTH FORECAST BY MONTH** (Enter Names of Months) **+1**	**+2**	**+3**	**+4**	**+5**	**+6**	**ENTER SPECIFIED PERIODS**					**AT COMPLETION**
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**	**(10)**	**(11)**	**(12)**	**(13)**	**(14)**	**(15)**
6. TOTAL DIRECT														

DD FORM 2734/4, MAR 05 LOCAL REPRODUCTION AUTHORIZED.

CPR Format 4

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT FORMAT 5 - EXPLANATIONS AND PROBLEM ANALYSES				FORM APPROVED OMB No. 0704-0188
The public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev				
1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. EVALUATION

Discussion should include but is not limited to:

Summary Analysis

- Summary of Overall Contract Variances
- Differences between EAC's (Blocks 6.a, 6.b, 6.c, or Block 8.15)
- Changes in Undistributed Budget
- Changes in Management Reserve
- Significant timephasing shifts in Baseline (BCWS) (Format 3)
- Significant timephasing shifts or Overall Changes in Forecasted Staffing (Format 4)
- Discussion of Over Target Baseline and/or Over Target Schedule incorporation

Analysis of Significant Variances: (identify and describe each)

- Type and Magnitude of Variance
- Explanation of Significant Reasons
- Effect on Immediate Task
- Effect on Total Contract
- Corrective Actions Taken or Planned

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CPR Format 5

Attachment C – OBIS Application Matrix

See attached PDF “obis_web_app_matrix”

Attachment D – Data Sources for Medicare.gov Tools

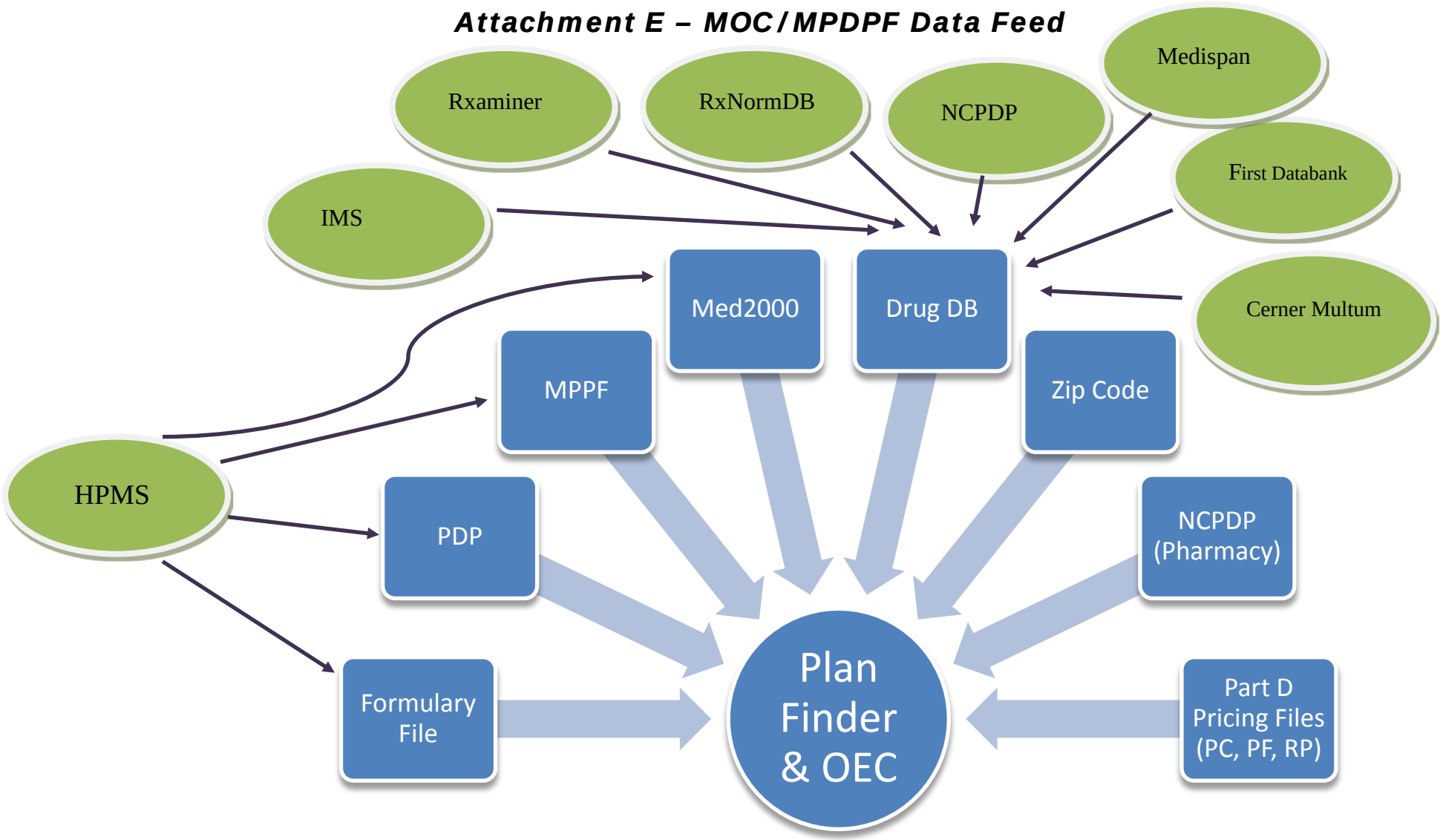
Application (Tool)	Associated Database	Data Source	Data
Dialysis Facility Compare (DFC)	DFC, Geography*	CMS/Office of Clinical Standards & Quality (OCSQ) • Quality Arbor Research • Standard Information Management Systems (SIMS) • Renal Management Information System (REMIS) • Program Management and Medical Information System (PMMIS)	Characteristics, Medical claims, payment and entitlement data on people with Medicare who have ESRD, 3 measures
Hospital Compare (HC)	HQI, Metrics, Geography*	CMS/Center for Drug & Health Plan Choice (CPC) CMS/Center for Medicare Management (CMM) CMS/Office of Information Services (OIS) CMS/Center for Medicaid & State Operations (CMSO) CMS/Office of External Affairs (OEA) CMS/OCSQ	HCAHPs Medicare Payment and Volume Demographics - OSCAR/ ASPEN Plain Language 7 Heart Attack care measures 4 Heart Failure care measures 7 Pneumonia care measures 7 Surgical care improvement project measures 3 Asthma care (children only) measures
Home Health Compare (HHC)	HHC, Geography*	CMS/CPC CMS/CMSO CMS/OCSQ	HHCAHPS Outcome and Assessment Information Set (OASIS) 3 measures for improvement in getting around

			4 measures for meeting the patient's activities of daily living 3 measures for patient medical emergencies 2 measures about how home healthcare ends
Nursing Home Compare (NHC)	NHC, Geography*	CMS/CMSO CMS/OEA CMS/OCSQ	Minimum Data Sets (MDS) Repository OSCAR/ASPEN - demographics Plain Language Health and Fire Safety Surveys and Complaint Survey deficiencies Nurse staffing 14 measures for long-stay residents 5 measures for short-stay residents
Healthcare Provider Directory (HPD)	Physician, Geography*	Payment Enrollment Chain Ownership System (PECOS) PHPD Data Contractor National Plan and Provider Enumeration System (NPPES)	Physician Listings Foreign language, Gender, Residency information, Hospital Affiliation Physician Quality Reporting Initiative (PQRI)

Medicare Plan Finder (MPF)	PDAP, OOPC, PDP, SPAP/PAP, Formularies and Supplemental files, Part D Plan Ratings data, Medigap data, Med2000, MGC, CBO-CSR Query, Geography*	CMS/CPC Online Enrollment Center (OEC) database CMS/Health Plan Management System (HPMS) Electronics Services Support Contractor Medicare Beneficiary Database (MBD) To be proposed by contractor	Plan Ratings Data Enrollment Applications Plan Contact, Formulary, and Beneficiary Information Eligibility criteria and Contact information Enrollment and Eligibility data Drug database
Application (Tool)	Associated Databases	Data Source	Data
Medicare Eligibility Tool (MET)		Social Security Administration (SSA)	Published information, Rate and eligibility info from press releases
Long-Term Care (LTC)		National Council on Aging (NCOA) CPC	Risk/Cost Calculator Static information
Helpful Contacts	Con, Geography*	Electronics Services Support Contractor CMS/Website Project Management Group (WPMG) CMS/Call Center Operations Group (CCOG)	Characteristics Characteristics Characteristics
Publications		CMS/OEA	Publications, Key words, related pubs, order information
Supplier Directory	Supplier, Geography*	National Supplier Clearance Warehouse	Characteristics, Participating and non-participating suppliers
Your Medicare Coverage (YMC)		CMS/OEA	Coverage Information, Services, Medical Equipment

**The Geography Database is used on many tools, though is only updated quarterly. This database provides relationships about states, states to counties, counties to zip codes, SSA and FIPS counties, cities to states and zip to cities. It is supplied by the United States Postal Service.*

SOW (9/9/2013) - Website Maintenance and Support Services Task Order


Attachment E – MOC/MPDPF Data Feed
Rxaminer
RxNormDB
NCPDP
Medispan
First Databank
IMS
Med2000
Drug DB
Cerner Multum
MPPF
Zip Code
HPMS
PDP
NCPDP (Pharmacy)
Formulary File
Plan Finder & OEC
Part D Pricing Files (PC, PF, RP)

Attachment F – Licenses

NOTE: All renewals or purchases of software listed in this section are to be purchased as required and directed by WNMG to support continuous Website operations.

Item #	Software	Purpose	Renewal?	QTY
ALM Tools				
1A	Atlassian - JIRA - Maintenance	Application Lifecycle Management Tool- Core Tool for CMS Websites instance - 500 Users	Yes	1
1B	Atlassian - JIRA - Maintenance	Application Lifecycle Management Tool- Core Tool for FFE instance - 500 Users	Yes	1
2A	QuickSSLPremium	SSL Cert for CMS Websites Jira Environment	Yes	1
2B	QuickSSLPremium	SSL Cert for FFE JIRA Environment	Yes	1
2A	JIRA Plug-in - GreenHopper	Supports Agile project management to simplify both sprint planning and task tracking.	Yes	1
2B	JIRA Plug-in - GreenHopper	Supports Agile project management to simplify both sprint planning and task tracking.	Yes	1
3A	JIRA Plug-in - Planning Poker	Supports Story Point Estimation in Agile project management.	Yes	1
3B	JIRA Plug-in - Planning Poker	Supports Story Point Estimation in Agile project management.	Yes	1
4A	JIRA Plug-in - Confluence	Collaboration Plug-in.	Yes	1
4B	JIRA Plug-in - Confluence	Collaboration Plug-in.	Yes	1
5A	JIRA Plug-in - Gliffy	Diagramming Plug-in.	Yes	1
5B	JIRA Plug-in - Gliffy	Diagramming Plug-in.	Yes	1
6A	JIRA Plug-in - Zephyr	Test Management Plug-in.	Yes	1
6B	JIRA Plug-in - Zephyr	Test Management Plug-in.	Yes	1
7A	JIRA Plug-in - EasyBI	Business Intelligence Plug-in.	Yes	1
7B	JIRA Plug-in - EasyBI	Business Intelligence Plug-in.	Yes	1
8A	JIRA Plug-in - Workflow Toolbox	Workflow Plug-in.	Yes	1
8B	JIRA Plug-in - Workflow Toolbox	Workflow Plug-in.	Yes	1
9A	JIRA Plug-in - Bob Swift Software	Code used in Core Workflows Story anf Release Workflows.	No-New	1
9B	JIRA Plug-in - Bob Swift Software	Code used in Core Workflows Story anf Release Workflows.	No-New	1
10A	JIRA Plug-in - Conditions Validator	Provides visibility on workflow transitions. It is used by entrie team and results in reduced support costs from the JIRA team.	No-New	1

10B	JIRA Plug-in - Conditions Validator	Provides visibility on workflow transitions. It is used by entrie team and results in reduced support costs from the JIRA team.	No-New	1
11A	JIRA Plug-in - JIRA Auditor	Provides audit trail for administrative actions.	No-New	1
11B	JIRA Plug-in - JIRA Auditor	Provides audit trail for administrative actions.	No-New	1
12A	JIRA Plug-in - Link Explorer	Groups issues in a hierarchical fashion when they are added to JIRA. Replaces functionality of current Structure Plug-in. 500 Users.	No-New	1
12B	JIRA Plug-in - Link Explorer	Groups issues in a hierarchical fashion when they are added to JIRA. Replaces functionality of current Structure Plug-in. 500 Users.	No-New	1
13A	JIRA Plug-in -Ad Hoc Workflow	Provides per page approval and promotion from draft to production. Important for managing which documentas are ready to be delivered to CMS.	No-New	1
13B	JIRA Plug-in -Ad Hoc Workflow	Provides per page approval and promotion from draft to production. Important for managing which documentas are ready to be delivered to CMS.	No-New	1
14A	JIRA Plug-in -Atlassian Crowd	Consolidates user and group administration between JIRA and Confluence. Reduces support costs.	No-New	1
14B	JIRA Plug-in -Atlassian Crowd	Consolidates user and group administration between JIRA and Confluence. Reduces support costs.	No-New	1
15A	JIRA Plug-in -Issue Sheet	Enhancese display of filtered searches in JIRA	No-New	1
15B	JIRA Plug-in -Issue Sheet	Enhancese display of filtered searches in JIRA	No-New	1
16A	JIRA Plug-in -USETFS	Provides interaction with TFS and allows specific story's and bugs to be related to code.	No-New	1
16B	JIRA Plug-in -USETFS	Provides interaction with TFS and allows specific story's and bugs to be related to code.	No-New	1
17A	JIRA Plug-in -Zen Foundation	Provides professional consistent look and feel of Confluence Wiki pages.	No-New	1
17B	JIRA Plug-in -Zen Foundation	Provides professional consistent look and feel of Confluence Wiki pages.	No-New	1
DATA RELATED TOOLS				
1A	Socrata Master Subscription	Socrata Master Subscription Agreement for up to 10 Instances (projects; web properties). Limited 365-day duration, unlimited scope use within customer's environment to all Socrata products available on the CGS schedule for up to 10 distinct instances, projects or web properties. 8/1/12 - 7/31/13	Yes	1
1B	Socrata Program Manager	1 Block of 185 hours of support for onboarding of datasets, technical training, and integration with Socrata API. Price is per hour.	Yes	1
2A	Redgate SQL Compare	Used by Medicare.gov team to compare, verify, and synchronize database schemas	Yes	5
2B	Redgate SQL Monitor	Enable CGI internal database monitoring	No-NEW	3

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2C	Redgate SQL Index Manager	Used by CWS team for database indexing	No-NEW	1
2D	Regate SQL Developer Bundle	Aides in SQL Development effots	No-New	5
3	MS SQL Server 2008 R2	Relational Database Server System	Yes	16
4	Zip +4	Geography database updates	Yes	1
DESIGN TOOLS				
1	Axure RP Pro	Wireframing, Protopying, Design Tool. 1 MAC version, 5 PC version.	Yes	6
2	Adobe Creative Cloud Team	Online access to entire collection of Adobe Creative Suite 6 tools	Yes	1
DEVELOPMENT/VERSION CONTROL TOOLS				
1	BrowserHawk Enterprise Edition	Medicare.gov multi-browser support and detection development	Yes	8
2	Ektron eWebEditPro	Allow hyperlinking in OESS admin tool	Yes	2
3	iOs Development	Account for Apple iOS development for CMS	Yes	1
4	MS TFS	For CGI Use (1 For Medicare.gov 1 For Mymedicare.gov)	Yes	2
5	MS TFS Client Access Licenses (CALs)	Supporting use of Team Foundation Server	Yes	65
6	Microsoft Remote Desktop CALs	Pending	Pending	Pending
7	HP WebInspect Perpetual Streamline License Maintenance	Website Security Testing	Yes	1
8A	GitHub Enterprise for Organizations - Increase from 100 seats to 500 seats	Web-based hosting service for software development projects that use the Git revision control system. Acts as both a code sharing and publishing service, as well as a collaboration hub for developers. GitHub Enterprise for Organizations offers all the features of GitHub.com, but hosted as a virtual machine on CMS's own servers.	Yes	20 seat packs of 20 seats each (total of 400 seats) - PRORATED
8B	GitHub	See Above	Yes	25 seat packs of 20 seats each (total of 500 seats)
9	RepliWeb	File Replication Software	Yes	7
10	FusionCharts (CMS)	Chart creation for CMS	Yes	2
MONITORING TOOLS				
1A	Chartbeat	Used by CMS to monitor website presence for CMS Websites	Yes	12
1B	Chartbeat	Used by CMS to monitor website presence for FFE sites	Yes	12
2A	Geckoboard	Website Dashboard - CMS Websites . XL Plan	Yes	1

2B	Geckoboard	Website Dashboard - FFE sites. XL Plan.	Yes	1
3A	New Relic	Web application monitoring for CMS - 43 hosts for CMS Websites	Yes	12
3B	New Relic	Web application monitoring for CMS - 50 hosts for FFE	Yes	12
4	Optimizely	Supports A/B and multivariate Testing for FFE. 1 Year at 100M visitors/month	Yes	12
5A	Pingdom	In support of conducting external monitoring on the CMS Websites and their applications	Yes	1
5B	Pingdom	In support of conducting external monitoring on the FFE sites	Yes	2
6	Puppet	Puppet is IT automation software that helps system administrators manage infrastructure throughout its lifecycle, from provisioning and configuration to patch management and compliance	Yes	200
2E	Redgate SQL Monitor	Enable production database server monitoring	No-New	21
7	Splunk	50GB Plan - Since we are getting in OY2, this s/b renewed at lower cot than this.	Yes	1
8	Redgate ANTS Memory Profiler Maintenance	Used by CWS team to examine and discover memory leaks within applications	Yes	1
TESTING SOFTWARE				
1	Browserstack	Cross Browser Testing	No-NEW	12
2	Sauce Labs	Cross Browser Testing	Yes	1
3	Ethnio	To facilitate targeted user testing on sites.	Yes	1
4A	Freedom Scientific - JAWS (CMS)	Screen reader software used to verify section 508 compliance	Yes	2
4B	Freedom Scientific - JAWS (CGI)	Screen reader software used to verify section 508 compliance	Yes	5
5	HP QuickTest Pro	Used by team to perform automated regression testing	Yes	4
6	Magus ActiveStandards (CMS)	Compliance software for CMS	Yes	1
TESTING SOFTWARE - JEFF				
1A	HP Load Runner 9.5 (MEDG)	Load testing software. 500 Virtual Users	Yes	1
1B	HP LoadRunner 9.5	Used by team to perform load and performance testing	Yes	1
2	SOASTA On Demand CloudTest Services	Bundled price for 10 CloudTest execution Hours up to 20,000 virtual users. Includes up to 100 hours scripting support. Price negotiated represents a 30% discount for CMS.	Yes	1
TIER 1 SUPPORT-ROB				
1	Percussion Tier 1 Support	12 months of quick,direct access to Percussion experts. NOTE THAT THE $50k price will be discounted by $15k due to credit for unused CM1 training in OY2.	Yes	1

OTHER				
1	ARCHIVEIT	Internet Archiving Sofware	Yes	1
2	BaseCampHQ	Collaboration Software	Yes	1
3	Bit.ly	URL Shortening	Yes	1
4	Wildfire	Social Media Tool	No-New	1
7	Uservoice (CMS)	Customer Feedback for CMS	Yes	1
8	Snagit maintenance	Maintenance for Screen Capture Software	Yes	75

Attachment G – Acronym List

ARS – Acceptable Risk Standards

ASP – Active Server Pages

BLL – Business Logic Layer

BPSSM – Business Partner System Security Manual

CAM – Cost Accounting Manager

CASE – Computer Aided Software Engineering

CCOG – Call Center Operations Group

CMM – Center for Medicare Management

CMS – Centers for Medicare & Medicaid Services

CMSO – Center for Medicaid & State Operations

COTR – Contracting Officer Technical Representative

COTS – Commercial-off-the-Shelf

CPC – Center for Drug & Health Plan Choice

CSC – Computer Software Component

CSCI – Computer Software Configuration Item

CSR – Customer Service Representative

DAL – Data Access Layer

DDD – Database Design Document

DDL – Data Definition Language

DFC – Dialysis Facility Compare

DLL – Dynamic Link Library

DME – Durable Medical Equipment

DUA – Data Use Agreement

EDC – Enterprise Data Center

EIT – Electronic and Information Technology

e-MSN – Electronic Medicare Summary Notice

ERD – Entity-Relationship Diagrams

ESD – Enterprise System Development

EVM – Earned Value Management

FF – Formulary Finder

FIPS – Federal Information Processing Standards

FISMA – Federal Information Security Management Act

GFI – Government Furnished Information

GFP – Government Furnished Property

GUI – Graphical User Interface

HC – Hospital Compare

HHC – Home Health Compare

HICN – Health Insurance Claim Number

HPMS – Health Plan Management System

IBR – Integrated Baseline Review

IRR – Implementation Readiness Review

IS RA – Information Security Risk Assessment

JOA – Joint Operating Agreement

JSP – Java Server Pages

LAN – Local Area Network

LCD – Local Coverage Determination

LIS – Limited Income Subsidy

LMRP – Local Medical Review Policies

LTC – Long-Term Care

MBD – Medicare Beneficiary Database

MBP – Medicare Beneficiary Portal (aka MyMedicare.gov)

MDS – Minimum Data Sets

MET – Medicare Eligibility Tool

MKS - Mortice Kern Systems Content Management Tool

MMA – Medicare Modernization Act

MOC – Medicare Options Compare

MPDPF – Medicare Prescription Drug Plan Finder

MSN – Medicare Summary Notice

MSP – Medicare Secondary Payer

NCD – National Coverage Determinations

NCOA – National Council on Aging

NGD – Next Generation Desktop

NHC – Nursing Home Compare

NPPES – National Plan and Provider Enumeration System

OASIS – Outcome and Assessment Information Set

OBIS – Office of Beneficiary Information Services

OCSQ – Office of Clinical Standards & Quality

OEA – Office of External Affairs

OEC – Online Enrollment Center

OIS – Office of Information Services

OSCAR - Online Survey Certification and Reporting System

PDP – Prescription Drug Plan

PDR – Preliminary Design Review

PECOS – Provider Enrollment and Chain Ownership System

PHPD – Physician and Other Healthcare Professional Directory

PMB – Performance Measurement Baseline

PMBOK – Project Management Body of Knowledge

PMMIS – Program Management and Medical Information System

PO – Project Officer

POD – Print-on-Demand

PQRI – Physician Quality Reporting Initiative

QA – Quality Assurance

RAM – Responsibility Assignment Matrix

REMIS – Renal Management Information System

RSS – Really Simple Syndication

SAS – Statement on Auditing Standards

SCE – Software Capability Evaluation

SCM – Software Configuration Management

SDIF – Software Development and Integration Facility

SDLC – System Development Life Cycle

SDMP – System Development Management Plan

SEO – Search Engine Optimization

SFTP - Secure File Transfer Protocol

SIMS – Standard Information Management Systems

SLA – Service Level Agreement

SLOC – Source Lines of Code

SOA – Service-Oriented Architecture

SOAP – Simple Object Access Protocol

SOW – Statement of Work

SQL – Structured Query Language

SSA – Social Security Administration

SSL – Secure Socket Layer

SSP – System Security Plan

SyRS – System Requirements Specification

TRM – Technical Reference Model

UAT – User Acceptance Test

UCM – Oracle Universal Content Management System

VB/COM – Visual Basic/Component Object Model

VCS – Virtual Call Center Strategy

VDD – Version Description Document

VRR – Validation Readiness Review

WAN – Wide Area Network

WBS – Work Breakdown Structure

WPMG – Website Project Management Group

YMC – Your Medicare Coverage

Attachment H – Release Schedule Information

Medicare.gov

1 Release/Month with updates on 3-4 of the tools
Each Release generally has 1 Bugfix and 1 Hotfix
Monthly Database Refreshes for around 6 of the tools

**CMS is moving towards a model of Major Quarterly Releases for about 2-3 of the Medicare.gov tools.*

CMS.gov

Frequent updates for Static Pages
Monthly Releases for Major Application Level changes with updates throughout the year
Quarterly System Releases for Medicare Coverage Database (MCD) application
Quarterly Database Refreshes for Physician Fee Finder Schedule (PFFS)

**CMS is moving towards a model of having Major Quarterly Releases scheduled for about 2-3 of the CMS.gov tools.*

MyMedicare.gov

Major Quarterly Releases
One smaller Release each Month

Centers for Medicare & Medicaid Services (CMS)

Website Maintenance and Support Services

Statement of Work

The Government is seeking to renew the Website Maintenance and Support Services Contractor (hereafter, "the Contractor"). Independently, and not as an agent of the Government, the Contractor shall furnish the necessary services, personnel, materials, equipment, and facilities, not otherwise provided by the Government, as needed to perform this task order.

The Centers for Medicare & Medicaid Services (CMS) has unlimited rights to all non-proprietary data, licenses, source code and programs, and system architecture developed by the Contractor. "Unlimited rights" shall be passed to CMS, its successors and assignees in accordance with FAR reference 52.227-14 Rights in data-general and 52.227-17 Rights in data – Special Works.

1 Introduction

CMS purchases healthcare for an estimated 85 million people through Medicare and Medicaid. On behalf of these beneficiaries, CMS works to ensure high quality healthcare at a reasonable price, provide information about benefits, health promotion, and choices, and also works with accrediting bodies to certify healthcare facilities.

CMS is responsible for accurate, timely, relevant, understandable, and easily accessible information that will help beneficiaries make decisions on their individual healthcare needs. CMS is committed to designing, evaluating, and providing comprehensive state-of-the-art education material and resources for beneficiaries, and the provider community. In its stewardship of the Medicare program, CMS ensures that policies and programs align to meet the healthcare needs of beneficiaries. Significant principles include assuring:

- Consumer information reaches beneficiaries, providers and other constituents to support informed purchasing decisions,
- Provider quality and accountability are supported, as well as cost effective; and,
- Beneficiaries are protected from poor care and their rights and dignity are maintained.

CMS uses the following strategies to make operational decisions:

- Collecting data, and using it to create useful comparative information,
- Distributing the information to Medicare beneficiaries,
- Encouraging use of this information by beneficiaries when choosing a health plan; and
- Providing Nursing home or healthcare options.

These strategies are intended to stimulate the market forces that provide incentives for high quality performance by healthcare providers. Additionally, this information has the potential to improve approaches to healthcare delivery for all consumers.

Some of the ways that CMS commits to disseminating information to beneficiaries is through three websites: www.Medicare.gov, www.CMS.gov, and www.MyMedicare.gov. These three sites are available to the public 24 hours a day, 7 days a week, are managed by the CMS Office of

Beneficiary Information Services (OBIS) Website Project Management Group, and are hosted by an independent Enterprise Data Center (EDC).

1.1 www.Medicare.gov Website

CMS' award-winning www.Medicare.gov consumer Internet site was first launched in 1998. Originally, the site contained searchable databases to assist consumers in finding information about Medicare Advantage and Medigap options available in their area. Since then, a multitude of databases and information resources have been added.

The website hosts 22 separate databases allowing consumers and beneficiaries to compare, select, and enroll in Medicare health and prescription drug plans, compare nursing homes, home health agencies, hospitals, physicians and more.

With the passing of Medicare Modernization Act (MMA), specifically the Prescription Drug Benefit and the expansion of Medicare Advantage plans, health plan choices that are available to Medicare beneficiaries have become more numerous, varied and complex. The Website is an essential tool to help beneficiaries, family members, caregivers, advocates, and healthcare providers learn and understand what their choices are and compare and select a health plan or prescription drug plan that best fits their individual needs.

1.2 www.CMS.gov Website

The CMS.gov website was launched in September 2001 and it serves all of the Agency's constituencies, including the medical community, lawmakers, researchers, Medicaid recipients, and the general public. CMS.gov is a highly visible website that serves as the primary vehicle for education and outreach to healthcare professionals and other CMS stakeholders.

In December 2005, CMS redesigned the CMS.gov website promoting a user-centered design which allows users to find content more efficiently. The Stellent Universal Content Management System (Stellent) was used by CMS employees to create, edit, delete, and publish information to the CMS.gov website. In the winter of 2009, CMS.gov transitioned from Stellent to the Oracle Universal Content Management System.

1.3 www.MyMedicare.gov Website

MyMedicare.gov is a public information portal that can be accessed through Medicare.gov. The MyMedicare.gov pilot began in December of 2004 and less than one year later access to MyMedicare.gov was nationwide with the current number of registered users exceeding 14 million and growing at a rate of over 200,000 per month.

MyMedicare.gov allows registered users the ability to access general Medicare and claims-specific information from a secure website 24 hrs a day, 7 days a week. Users are also able to change the email address they provided upon registration, order a new Medicare card, keep their drug list and favorites for physicians, nursing homes, and hospitals they prefer.

The portal is integrated with the Next Generation Desktop (NGD), a customer service tool used at the CMS' call center operations. Using this tool, the customer service representatives (CSRs) are able to aid the beneficiary in accessing information, execute a change request, or refer them to the appropriate resource to make changes to their personal information. MyMedicare.gov is critical to CMS' Virtual Call Center Strategy (VCS). The VCS is an initiative to create a virtual contact center environment that uses technologies, resources, and services effectively across the sites and contractors. MyMedicare.gov focuses on improving customer service by providing consistent,

accurate and understandable information though multiple communication channels. In the fall of 2010, this site migrated from ASP to .NET and underwent a major visual redesign of the site and functionality.

1.4 cmsnet.cms.hhs.gov

CMS also has an Intranet that is maintained and updated by CMS employees. CMS uses the intranet to disseminate important information to the employees. Requests are submitted by content owners via an email request system called WebRequest – part of Rightnow Technologies. CMS has recognized that a redesign of the current CMSNet would better serve the employees of CMS due to the current Intranet site structure which is neither topic nor audience based and has no organization or navigation schema. There is an optional task in this SOW referring to the redesign effort under Section 9.

2 Website Purpose

CMS is seeking to obtain website development and support services for the Agency's external and internal websites and applications. The objective of obtaining these services is to further the Agency's goals to provide accurate, timely, and useful information to our Medicare beneficiaries and other audiences. Outlined below are the individual Website purposes, applications, and specifications.

2.1 www.Medicare.gov

Medicare.gov provides comprehensive Medicare information to beneficiaries and their caregivers. Comparative, searchable data found on the website are in the form of applications. Each compare application allows a user to perform research based on individual search criteria. The compare applications draw from a series of read-only databases containing publicly available information.

a) **Medicare Plan Finder (MPF)** – The Medicare Plan Finder (MPF) is the first major redesign of the Medicare Options Compare (MOC) and Medicare Prescription Drug Plan Finder (MPDPF) tools since the implementation of the Medicare Modernization Act of 2003. The new tool launched in June 2010, cleanly integrates the 2 tools that had previously been separate in order to improve usability and streamline the plan comparison process without eliminating anything that was considered valuable to the users. The redesigned MPF provides Medicare beneficiaries with one central point to view and compare all available drug and health plan choices by conducting a general or personalized search within their geographic area.

   For a personalized search, the tool provides dynamic plan information and messaging based on the beneficiaries' subsidy level, enrollment status, and location. In a general search, the tool provides dynamic plan information based on coverage type and location to view estimates of the out-of-pocket costs for their health and drug benefits, and plan ratings to further assist in making their health plan choices. Both search functions allow the user to review plan benefits, costs and quality information, and enroll in the plan of their choice by going directly to the Online Enrollment Center (OEC).

   Additional work was done in 2011 to support tool refinements and mandated requirements that impact the current plan finder logic (backend logic/frontend display), quality ratings and Online Enrollment Center, which included the following upgrades:

- Revisited logic to improve estimates of out-of-pocket costs related to cost and "days' supply" maintained on the plan finder, specifically as it relates to floor pricing, ceiling pricing, 30 day mail order and 90 day retail.
- Added the mandated requirement for plan finder for the 5 star rating plans and related Special Enrollment Period.
- Added Cost Plans (currently excluded) to Online Enrollment Center for October, which includes a new OEC enrollment form, adding Cost plans to the Contract lists that display Enroll buttons and access to OEC Admin Console.
- Extended the existing CSR web service to pull the PDE drug data from NGD.
- Developed and brokered the web service request for DrX to retrieve the PDE drug information.
- Developed capability for CSR's to add a maximum of 40 drugs in the drug basket per the existing functionality with the basket pre-populated with Part D Data from the past 12 months.
- Developed capability for Beneficiaries to add a maximum of 20 drugs in the drug basket per the existing functionality with the basket pre-populated with Part D Data from the past 12 months.

A separate workflow allows users to find and compare Medigap policies in their area.

Printed versions (in both English and Spanish) of the tool's search results can be ordered by 1-800-MEDICARE Call Center representatives via the Print-on-Demand (POD) process.

This tool can be accessed at https://www.medicare.gov/find-a-plan/questions/home.aspx.

b) **Nursing Home Compare (NHC)** – This tool provides both an overview and detailed information about the past performance of every Medicare and Medicaid certified nursing home in the country providing a level of care called "skilled" care. The tool allows the user to compare the quality of the nursing homes by providing a five-star quality ratings system, health inspection results, nursing home staff data, quality measures, and fire safety inspection results. The NHC tool helps the beneficiaries to make an educated decision on which nursing homes to visit, and ultimately which to choose based on their level of need. The NHC tool is currently available in English and Spanish at http://www.medicare.gov/NHCompare/home.asp. Printed versions of the Website search results are also available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process.

In 2011, the contractor modified Nursing Home Compare to display the detailed results of approximately 200,000 nursing home surveys. These surveys contained approximately 200,000 pdf files—each pdf file containing the full results of each survey – that were supplied each month by CMS.

In 2011, the contractor also made recommendations for linking the survey summary results currently displayed on Nursing Home Compare under the health inspections tab to the detailed summary of the survey contained in each pdf file. The link was made by nursing home CMS certification number (CCN), survey date, and survey type (either complaint or standard), which uniquely identifies each survey. The contractor's recommendations included: 1) how to alert website viewers about the availability of survey information; 2)

methods to link specifically to each pdf file; 3) methods to update the website each month with the pdf files.

c) **Home Health Compare (HHC)** – This tool provides the beneficiaries with the ability to search and compare home health agencies, and display detailed information about the services each agency offers. The information for the agencies (including quality measure data for all home health agencies within the United States and territories) assists beneficiaries in comparing home health agencies and making educated decisions based on their needs. The tool also provides static information such as data gathering techniques, glossary of definitions, links to related Websites, and home health-related publications. The HHC tool is currently available in English and Spanish on the website at http://medicare.gov/homehealthcompare/search.aspx.

d) **Hospital Compare (HC)** – This tool provides information on how well hospitals care for patients with certain medical conditions and surgical procedures, and results from a survey of patients about the quality of care they received during a recent hospital stay. The information provided on the tool helps the user to compare the quality of care provided at hospitals and encourages the hospitals to improve the quality of healthcare they provide. The Hospital Compare tool is currently available in English only on the Website at http://www.hospitalcompare.hhs.gov/hospital-search.aspx.

e) **Dialysis Facility Compare (DFC)** – This tool provides important information and resources, such as the past performance of every Medicare and Medicaid certified dialysis facility in the country. This tool also provides a list of some services available at each facility, quality measure data, etc, for patients and family members who want to learn more about chronic kidney disease and dialysis. There is helpful information to assist the users in making an educated decision about a facility, including two checklists of questions: one to ask their dialysis care providers and one to use when they visit a dialysis facility. The DFC tool is currently available in English only on the Website at http://www.medicare.gov/Dialysis/home.asp.

f) **Physician Compare (PC)** – This tool provides information on Medicare participating, non-participating physicians, and other healthcare professionals. The types of information provided are: provider name, practice locations, specialty, residency/training information, phone numbers, foreign language, gender information, mapping and directions, and accepting new Medicare patients. In December 2008, Physician Quality Reporting Initiative (PQRI) information was added to the tool giving additional information to help users to view quality information on the physicians in their local area. The PQRI program is a voluntary program that allows physicians and other healthcare professionals to report information to Medicare about the quality of care they give to people with Medicare who have certain medical conditions. In 2010 Electronic Prescribing (eRx The PC tool is currently available in English only at http://www.medicare.gov/find-a-doctor/provider-search.aspx. Printed versions of the Website search results are also available in both English and Spanish through the 1-800-MEDICARE Call Center via the POD process. Future enhancements to the PC tool include but are not limited to:

- Responsive Design for Mobile Technology
- Development of a Provider Portal – providers will be able to update their information as well as preview their Quality Measures data
- Physician to Hospital Integration – this feature will link provider hospital affiliation to the respective hospital's profile page on the Hospital Compare tool

- PECOS Data Delivery directly to CGI for weekly updates
- Update MBP/Physician integration pages with new UI and Design
- Add Board Certification Data
- Physician Compare Redesign

g) **Helpful Contacts** – This tool provides the users with contact information for specific organizations or organizations that can help them get answers to their Medicare related questions. The users can search for contact information by Organization, Topic, or 5 Most Popular Organizations. The data gets updated by the 1-800 Medicare Call Center and CMS through the Contacts Editor tool. The Helpful Contacts tool is shared between Medicare.gov and CMS.gov. The Helpful Contacts tool is currently available in English only on the Website at http://www.medicare.gov/Contacts/Home.asp.

h) **Medicare Eligibility Tool (MET)** – This tool is designed to provide Medicare beneficiaries with eligibility and enrollment information based on their answers to personal and medical coverage information. In addition to the search part of the tool, the Resources tab provides access to the two MET calculators. The MET Eligibility Calculator provides the user with the dates of eligibility and enrollment for Medicare. The MET Late-Enrollment Penalty Calculator provides the user with an estimate of any Part B late enrollment penalties based on that years' premium. The MET tool is currently available in English only on the Website at http://www.medicare.gov/MedicareEligibility/home.asp.

i) **Supplier Directory** – This tool provides names, addresses, and contact information for suppliers that provide services or products under the Medicare program. The tool provides this information on the suppliers of Durable Medical Equipment, Prostheses and Prosthetic Devices, Orthotics, and Supplies to users based on the location information that is provided by the user. The Supplier tool is currently available in English only on the Website at http://www.medicare.gov/Supplier/home.asp.

j) **Your Medicare Coverage (YMC)** – This tool provides information about healthcare benefits under the Original Medicare plan. This tool provides the following information: Medicare coverage, cost, contact information, deductibles and count of Local Medical Review Policies (LMRPs) and National Coverage Determinations (NCDs). The YMC tool is currently available in English only on the Website at http://www.medicare.gov/Coverage/home.asp. Printed versions of the LMRPs, LCDs, and/or NCDs that were used to deny an item or service are available through the 1-800-MEDICARE Call Center via the POD process.

k) **Long-Term Care (LTC) – T**his application provides a web-based decision tool to help consumers evaluate their financial and lifestyle planning for their long-term care needs. The data provided enables consumers to view a report that describes their long-term care forecasting. The decision tool includes a forecasting model that projects an individual's expected long-term care costs based upon that individual's profile using a calculator provided through a license with National Council On Aging (NCOA). Information that builds this predictive model includes demographic, psychosocial, and economic data. The LTC tool is currently available in English only on the Website at http://www.Medicare.gov/LTCPlanning/Home.asp.

l) **Publications** – This tool allows users to search, view and print Medicare publications. Additionally, users also have an option to order certain publications to be mailed to them. CMS employees use an administrative interface to make updates to publication file size, name, description, keyword, ordering information, date revised, related publications, and

publication category. A multilanguage publication link allows users to view some publications in languages other than English and Spanish. The Publications tool is currently available in English and Spanish and may be accessed at http://www.medicare.gov/Publications/Home.asp.

m) **Medicare Online Forms** – This tool allows users to view, print, or electronically submit Medicare forms online. These forms include the 'Medicare Authorization to Disclose Personal Health Information' Form, the 'Patient's Request for Medical Payment' Form, and the 'Medicare Appeals' Form. The Medicare Online Forms are currently available and may be accessed at http://www.medicare.gov/MedicareOnlineForms/.

n) **Testimonials (Medicare Stories)** – This tool is an optional service provided to users of the Medicare.gov site. This tool allows users to voluntarily share their experiences with Medicare by submitting a few required fields (first name, state/territory, and their story) on the site. Their stories or testimonials are then posted on the site to share with other users. Medicare Stories can be accessed at http://www.medicare.gov/Testimonials/DisplayTestimonial.asp?tstmTestimonialIds=2121%7C2122&tstmReturnURL=%2FMPDPF%2FPublic%2FInclude%2FDataSection%2FQuestions%2FMPDPFIntro.asp&tstmModule=MPDPF&tstmCallingTool=MPDPF&version=default&PDPYear=2010&MPDPF_MPPF_Integrate=N&browser=IE%7C7%7CWinXP&language=English&defaultstatus=0&pagelist=Home&ViewType=Public&MAPDYear=2010

o) **Medicare & You Web - eHandbook Widget**
This widget, which will be housed on Medicare.gov in the new "Medicare & You Web" section (but may be used in other locations as well), will allow beneficiaries to opt out of receiving paper copies of the Medicare & You Handbook (and opting into email subscriptions). This is hereafter referred to as the eHandbook widget.

The eHandbook widget will utilize the existing MyMedicare.gov web services infrastructure and will utilize the "knowledge-based login" (equivalent to the personalized Plan Finder search) as opposed to a MyMedicare user ID/password to set this preference in the NGD backend. If the user does not have an email address on file in NGD, the widget should prompt the user for this information and store it back to the NGD data store.

The eHandbook widget will be going into production in late Summer 2012.

p) **CCIIO.cms.gov –** The contractor will provide day-to-day support for cciio.cms.gov postings and website enhancements, including occasional off-hours support, Cciio.cms.gov template and content architecture changes. The contractor will also provide support for the migration of cciio.cms.gov from HHS percussion environment to CMS Percussion environment and version upgrades in the CMS environment.

CCIIO Oversight is requesting the modification of the existing tool created by CGI that allows visitors of cciio.cms.gov to search, to display, to sort, and to download existing Rate Review Part III documentation submitted by insurance issuers to CCIIO. CGI will modify the tool to allow visitors to select a state or states and/or a particular insurance company's or companies' submitted Medical Loss Ratio Data. This tool will exist separately from the Rate Review tool on http://cciio.cms.gov/mlr. The tool will be able to sort on state and insurance company and date of submission. Excel templates displayed resulting from the search results will be available for download by visitors to cciio.cms.gov. CGI will coordinate all changes with the cciio.cms.gov web publishing team lead (me).

2.1.1 The Print-on-Demand (POD) Process

There is an application and two web interfaces that support the Print-on-Demand (POD) publication order print and fulfillment process: Ordering, Controller, and Vendor. The following is a list of the supporting applications and a brief business objective.

a) **Ordering** – This database is a read/write database that connects to each of the compare applications that allow public users to submit mailing information to order a hard copy of a selected Medicare Publication. The applications that support this functionality are MPF, NHC, HPD, YMC, and Publications.
b) **Controller** – provides access for the controller group to manage the order print and fulfillment process. The Contractor is part of the controller group in an administrative role.
c) **Vendor** – provides access for the print vendors to download order assignments and set assignments to complete.

The Ordering application provides the POD and static publications ordering procedures. The application is written in ASP and takes the public user through a series of steps to finalize an order.

Once public users have selected to order either a publication or dynamic booklet, they are taken to the 'Product Confirmation' page where they choose to either add more to the order or submit the order. After selecting to submit the order, public users are taken to the 'Shipping Information' page. This page begins the Secure Socket Layer (SSL) connection to the users. Medicare.gov uses a Verisign certificate to ensure the identity of the Medicare web server. Additionally, the system implements SSL 3.0 with 128-bit encryption.

Public users are required to input first and last name, address, city, state, and ZIP code. Optionally, they can provide a phone number and an email address. The ASP code running on the web browser validates whether the required fields are filled in and displays an error if they are not. In addition, each field is limited to a maximum number of characters; the largest text field is 50 characters long. The application does not automatically verify that the shipping address is legitimate. However, the application does contain a manual verification link to the USPS. The link is a crosshairs watermark located below the input fields.

The next page is the 'Online Ordering' page where the user confirms the order. Once the order is confirmed, the Ordering application connects to the Ordering database. The Data Access Layer (DAL) manages the connection with the database server, which requires the Ordering application to authenticate itself. The application authenticates with a login name and password specific to the Ordering application, which is hard coded into the ASP code. After it has been authenticated, it places the new order in the Ordering database, and the database sends back a confirmation number that is displayed to the public user.

The Processor of XML (POX) application is used to create the XML variable data for POD capability and post it to the Medicare.gov website for the print vendors to download.

2.2 www.CMS.gov

CMS.gov provides the public the ability to access information regarding CMS programs. The CMS.gov mission is to provide clear, accurate, and timely information about CMS programs to the entire health community to improve quality and efficiency in an evolving healthcare system. The CMS.gov Website is a combination of static content and general content applications. The CMS.gov

Website static content is updated via the Oracle Universal Content Management System (UCM) by CMS employees.

The Oracle UCM at CMS maintains over 69,348 static content items that are published to the CMS.gov Website. The system allows users with appropriate access to contribute and review content via an automated workflow and approval process. Users follow an Editorial Style Guide for CMS.gov that gives guidelines and rules for how the pages should be organized. All approved content is then translated by the system into web content supporting dynamic content assembly and then published out to the appropriate Website sections. The Applications below are used as search and indexing tools to provide dynamic content based on a user's search criteria and managed by the Contractor.

With the Oracle UCM at end of life, CMS took advantage of HHS' enterprise license agreement with Percussion. Percussion is the CMS enterprise WCM (Web Content Management) system. It includes the static content for all of our public websites and our Intranet. Percussion provides a streamlined workflow, faster publishing, built in SEO and Section 508 functionality, content syndication, and Web 2.0 support. Over the course of the next 12 months, CMS will use a phased approach to migrate existing content to Percussion.

a) **Medicare Coverage Database (MCD)** – allows users access to local and national coverage information. This application is the web-based method used by CMS to collect Medicare coverage policies and related information and disseminate this information to the public. The MCD consists of a front-end search engine that links to three individual back-end databases containing both national and local coverage information. Each database is functionally distinct, independently operated and maintained, and supports a unique user base. The search engine currently resides in a production environment at CMS and refinement, testing, implementation, and maintenance will occur on an ongoing basis. The MCD application can be found at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

b) **Physician Fee Finder Schedule (PFFS)** – provides users with information on services covered by the Medicare Physician Fee Schedule (MPFS). It provides more than 10,000 physician services, the associated relative value units, a fee schedule status indicator, and various payment policy indicators needed for payment adjustment (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.). The Medicare Physician Fee Schedule pricing amounts are adjusted to reflect the variation in practice costs from area to area. A geographic practice cost index (GPCI) has been established for every Medicare payment locality for each of the three components of a procedure's relative value unit (i.e., the RVUs for work, practice expense, and malpractice). The GPCIs are applied in the calculation of a fee schedule payment amount by multiplying the RVU for each component times the GPCI for that component.

   This site is designed to take you through the selection steps prior to the display of the information. The site allows users to:

   - Search pricing amounts, various payment policy indicators, RVUs, and GPCIs by a single procedure code, a range and a list of procedure codes.
   - Search for the nation, a specific carrier, or a specific carrier locality. Each page has associated Help/Hint available to complete your selections.

The information that is provided on the physician fee schedule (PFS) web page relates to payment under the PFS and related information concerning the development of the payment amounts. This information is intended for physicians/non-physicians who provide services to Medicare beneficiaries. This information is updated on regular basis when there are payment/policy changes. The Physician Fee Finder Schedule application can be found at: http://www.cms.gov/PhysicianFeeSched/.

c) **Media Releases** – allows users to search and browse past and present press releases, fact sheets, and testimony on a variety of CMS related topics. Additionally, it provides a web interface for users to submit media releases for posting. The Media Release application can be found at http://www.cms.gov/apps/media/.

d) **Helpful Contacts** – allows users to search, browse, and view phone numbers and web address information for relevant healthcare agencies. This application is shared with Medicare.gov and is accessible throughout the CMS.gov Website. The Helpful Contacts application can be found at http://www.cms.gov/apps/contacts/.

e) **Vocabulary: Glossary** – allows users to search, browse, and view definitions for a list of terms which appear on the CMS.gov Website. Additionally, it shares a web interface with Vocabulary: Acronyms for CMS personnel to update glossary listings. The Glossary application can be found at http://www.cms.gov/apps/glossary/.

f) **Vocabulary: Acronyms** – allows users to search and view definitions for a list of acronyms which appear on the CMS.gov Website. Additionally, it shares a web interface with Vocabulary: Glossary for CMS personnel to update acronym listings. The Acronyms application can be found at http://www.cms.gov/apps/acronyms/.

g) **Event Calendar** – provides information about upcoming and past events at CMS. It allows CMS personnel to log in and add new events to the Event Calendar. Users can even register for conferences using this tool. The Event Calendar application can be found at http://www.cms.gov/apps/events/.

h) **Freedom of Information Act (FOIA)** – allows users to see the status of their FOIA request from the CMS.gov Website. Users have to enter a valid control number and pin in order to access their request status. When entered, the user will be displayed both general information (i.e., control number, date received, and subject) and status information (i.e., status of request, projected date of response, and date of response).

i) **www.MyMedicare.gov**

The purpose of the implementation of MyMedicare.gov is to provide a portal for beneficiaries to securely access a subset of the CSR functions. Users can go to MyMedicare.gov either through the Medicare.gov website, or by going to www.MyMedicare.gov. Access is limited to users who are able to authenticate with a username and password. A username and password is set up once a user registers on the website. Once logged in, the user has access to the following functions encompassing, but not limited to:

a) **Eligibility and Enrollment Information** - The "My Health and Drug Plans" tab provides the enrollment information for the beneficiary, including any existing Prescription Drug Plan (PDP), Limited Income Subsidy (LIS), Medicare Secondary Payer (MSP) and Other Insurance information. The tab also provides links to the various plan search tools on Medicare.gov.

These tools enable the user to create and maintain drug lists and search for plans more quickly and easily.

b) National Health Awareness Monthly Messages - An applet displays monthly updated National Health Awareness messages. The link redirects the beneficiary to a page on the Medicare.gov Website where they can obtain additional information specifically related to that monthly message.

c) Search and Obtain Part A, Part B and DME Claim Information – Beneficiaries are able to search and view details for their Part A (Hospital Inpatient, Hospital Outpatient, Home Health, and Hospice), Part B (Physician Outpatient) and DME (Durable Medical Equipment) Claims. Beneficiaries are also able to order duplicate Medicare Summary Notices (MSNs). Furthermore, beneficiaries are able to view and print claim specific MSNs.

d) Electronic 'Claim Based' Medicare Summary Notice (e-MSN) – This functionality displays an electronic MSN to beneficiaries on the Website when their claim has been processed. It closely matches the printed hard copy MSN that beneficiaries receive in the mail, but will not be an exact duplicate. The contractor shall also provide electronic MSN functionality on the site to enable pilot eligible beneficiaries with links to obtain PDF versions of their MSNs. Specifically, MyMedicare.gov shall provide an option to New York and Connecticut beneficiaries to enroll in receiving e-MSNs and provide a link on the site to view quarterly MSNs in a PDF format.

e) Links to Resources on General Medicare Information – The "My Publications and Tools" tab displays various hyperlinks to additional Medicare resources. These resources provide additional information on topics such as coverage and enrollment, appeals and grievances, and steps on how to file and submit a claim.

f) Preventive Services – The "My Preventive Services" tab displays one or more rows of information for each category of preventive services (Cervical Cancer Screening, Pap test, Prostate Cancer Screening, Colorectal Cancer Screening, etc). This page also displays a 12-month calendar showing when the beneficiary is due for their next preventive service, Eligible Dates of Service, and informative notes regarding each preventive service listed. Users who provide an email address are also sent 'Preventive Services Alerts" notifying them that they are due for a preventive service.

g) Message Center – The "My Messages" tab provides the beneficiary access to important MyMedicare.gov related messages. These messages may contain attachments, which can be opened, saved, and printed.

h) Medicare Secondary Payer (MSP) – This functionality allows beneficiaries to obtain access to their MSP case information. The MSP tab is only available to beneficiaries with active MSP cases.

i) Health Management Features – This functionality allows beneficiaries to enter their pharmacies when they enter their drug lists, perform searches and save information on their favorite physicians, nursing homes, and hospitals. The beneficiary can also print an "On the Go" report which allows them to choose the information they want to display then print to bring with them on their next doctor's visit. Items they can select are (but not limited to): self-reported conditions, drug list, other providers, etc.

j) Web Chat Functionality – This functionality allows users access to general Medicare information through a Web Chat feature as well as a technical support hotline telephone number on the Website. Currently, the Web Chat feature is a web-based application through Verizon, but CMS is looking to integrate this functionality with the Next Generation Desktop application by utilizing Genesys in order to route the Web Chats to the next available Customer Service Agent.

k) Blue Button Functionality - Allows beneficiaries to download their personal health data to their computer in a format that can later be used to upload into a personal health record.

l) Part D Data was added to MyMedicare.gov and the Blue Button - MyMedicare.gov utilizes Part D Data to provide the past 12 months of Part D claims in both the MyMedicare.gov user interface, as well as the Blue Button.

2.3 Supporting Applications

There are other supporting applications that provide users with access to additional information and abilities. Some of these supporting applications are, and are not limited to, the Frequently Asked Questions (FAQs), Email This Page, Mailing Lists, RSS Feeds, and Static Pages.

3 Period of Performance

The period of performance for this Website Maintenance and Support Services Task Order shall consist of one Base period, including Transition activities, and four (4) one-year Option periods. The work shall be conducted at the Contractor's facility with some meetings conducted at CMS in Baltimore, MD.

Base Period:	04/30/10 – 04/29/11
Option Period 1:	04/30/11 – 04/29/12
Option Period 2:	04/30/12 – 04/29/13
Option Period 3:	04/30/13 – 04/29/14
Option Period 4:	04/30/14 – 04/29/15

4 Assumptions and Constraints

It is important that the Contractors and CMS have a common understanding regarding the conditions on which we shall build our relationship. The following identifies the basic assumptions and constraints concerning this effort.

- This SOW should take precedence in the event of conflicts between this SOW and the Enterprise System Development (ESD) SOW.
- All Contractor personnel shall participate in CMS Information Security Awareness Training.
- Contractor personnel who are required to obtain a CMS badge shall undergo a background investigation at the Contractor's expense.
- There may be times when the Contractor shall be required to have staff at the CMS complex, as requested by CMS.
- CMS considers the Agency's Websites to include Medicare.gov, CMS.gov, and MyMedicare.gov and the supporting applications. Support on these sites and applications shall include, but are not limited to, development and maintenance, testing in CMS' QA and

Staging environments as well as on the Contractor's simulated environment, performance, integration and load testing, training, user acceptance testing, hot fixes, bug fixes, etc.

- The Contractor shall provide software and/or licenses for software as required by CMS. See Attachment F for a list of licenses that CMS renews to support this contract.
- The Contractor's simulated environment must mimic CMS' test environment.
- The Contractor shall not design, implement, or maintain any customized or proprietary software, applications, or other functionalities without prior approval in writing from the Contracting Officer's Representative (COR).
- The Contractor shall receive prior approval, in writing, from the COR before introducing any new Commercial-off-the-Shelf (COTS) products or proprietary utilities.
- All products, including software and all utilities (proprietary and non-proprietary) developed to support the activities and deliverables of this contract, are the property of CMS. The Contractor shall deliver all products, including software and utilities (proprietary and non-proprietary), and deliverables of this contract at the request of CMS or upon termination of this contract.
- The Contractor shall provide contractor staff training on software and tools that are not unique to CMS and are required for this contract.
- The Contractor shall provide training to CMS staff on contractor unique software and tools, upon CMS request.
- CMS shall provide training to Contractor staff on CMS unique software and tools that is required for this contract, upon Contractor request.
- The Contractor shall be responsible for purchasing any hardware or software needed to accomplish their tasks.
- The Contractor shall establish connectivity to the CMS Baltimore Data Center, in order to perform required tasks.
- The Contractor shall use the current CMS standard desktop suite for all deliverables.
- The Contractor must provide the appropriate staff to be available during adhoc extended business hours (i.e. overnight, weekend, and some holidays) as required by CMS.
- Within this SOW, several tasks have been identified as optional (Section 9 of this SOW). CMS may exercise these options at their discretion through a unilateral modification to the contract. The Website Maintenance and Support Services Contractor shall be prepared to implement any or all of these requirements at any given time.
- All travel will be performed on an as needed basis and submitted to the CMS COR for approval prior to execution. Per diem will be reimbursed at Government-approved rates in effect at the time of travel. All travel as well as per diem (lodging, meals, incidentals) shall be reimbursed in accordance with the Federal Travel Regulation (FTR) - For reference purposes refer to the below link: http://www.gsa.gov/portal/content/104790.

5 Scope

The Website Maintenance and Support Services Contractor shall be responsible for assessing, developing, testing, implementing, maintaining and making improvements to applications on the Agency's Websites in Agency standard technologies. These tasks will follow the Section J.1.11: Phase 6 – Maintenance Services portion of the ESD ID/IQ contract. The Contractor shall:

a) Provide technical expertise in fields such as content management, project management, decision tools, print-on-demand packages, Website usability, 508 accessibility and assistive technologies, Internet security, information architecture, customer relationship management applications, service-oriented architectures and web services, and e-government/customer service best practices to assist in the creation and maintenance of the Website applications.
    - Provide consultation and support on the CMS implementation of the Percussion web content management system, including a limited amount of direct support hours with Percussion via a subcontract.
    - Provide development, testing, and assistance with automated tools to support the migration of CMS.gov downloads and dynamic lists from Stellent to Percussion.

b) Analyze existing Website application functionality and information to recommend, develop, assess, test (code, performance, etc), implement, and maintain enhancements and upgrades to the Websites and also further the integration and support of the Websites into the Virtual Contact Center Strategy (e.g., web chat capability, portals, electronic transaction processing, etc.)

    - Integrate the current MyMedicare.gov Web Chat functionality with the Next Generation Desktop application by utilizing Genesys in order to route the Web Chats to the next available Customer Service Representative.
    - Implement necessary MyMedicare.gov changes to the NGD Authorization Table to support the Desktop activities.
    - Add a new Media Type for CD format to Publications that are available on Medicare.gov.

c) Consult with other existing contractors and external experts to coordinate the development, implementation, and maintenance of the Websites.

d) Perform application monitoring, performance assessment, and testing of applications on an ongoing basis.

e) Support Agency implementation of new technologies, such as content management, data visualization, data marts, collaboration, web services, .NET migration, multimedia, social media, search engine optimization, and advanced search technologies.

    - As part of the MyMedicare.gov 2.0 Redesign effort, the contractor shall provide a Blue Button in both the Siebel and .NET platforms on the 'On the Go Report', 'Claims Search Results', and 'Claims Details' screens and provide the ability to download the data on these screens in a CSV file.
    - Migrate the Medicare Coverage Database (MCD) application on CMS.gov over to a .NET platform as well enhance the search functionality, add contextual Help, and update print functionality as part of the migration. In addition, the Contractor shall

be responsible for maintaining the front-end search engine piece of the application including ongoing maintenance and quarterly releases.

- Migrate the Physician Fee Finder Schedule (PFFS) application on CMS.gov to a .NET platform. In addition, the Contractor shall be responsible for the ongoing maintenance of the front-end of the application as well as the database.
- Handle regular annual maintenance of the Freedom of Information Act (FOIA) application and migrate FOIA application to a .NET platform. The Contractor shall be responsible for the ongoing maintenance of the front-end piece of the application.
- Create a new Data Transformation Service to process the PECOS extract file for the Supplier Directory.
- Implement Socrata formatting changes in order to help automate the data.medicare.gov database refresh process and ensure consistency in the datasets.
- Convert the State Pharmaceutical Assistance Program (SPAP)/Pharmaceutical Assistance Program (PAP) workflow to a .NET architecture and update the PDAP database to SQL 2008. Additionally, integrate the workflow into the new Medicare Plan Finder tool and work to provide consistency in the visual redesign of the pages.
- Enhanced health management capabilities
- Increased data portability,
- Expanded accessibility,
- Additional web 2.0 features
- Functionality to achieve the 5 goals outlined in the ONC Federal Health IT Strategic Plan
  using technology to improve customer service.
- MyMedicare.gov Mobile − development of a PDA accessible version of the site or development of specific mobile tools
- eMSN − Development required to support the national roll out of the eMSN functionality which is currently in a pilot state
- Claim Alerts Emails − Development of functionality to provide beneficiaries with an alert sent to their email address of record notifying them of recent claim activity prompting login to the site for details
- Claim Notes − provide users with the ability to add notes to claims for later personal reference
- The contractor shall complete the migration to .NET framework for the Nursing Home compare tool.
- The contractor shall work to redesign and migrate Dialysis Facility Compare to .NET framework.
- Mobile Web and other Web 2.0 activities for the 3 websites and Exchange. The contractor shall optimize content for display on mobile device platforms. The contractor shall develop and implement mobile friendly web interfaces and mobile apps for the web portal.
- Medicare.gov redesign − Including headers and footers for Medicare.gov and MyMedicare.gov.
- CMS.gov redesign − Support in researching and implementing new technologies as determined by CMS.
- Agile - The contractor may decide to use an agile-based approach to systems development if needed.

f) Perform analysis and produce recommendations on Website management best practices and models, at both an enterprise and project level.

- Develop and conduct an initial assessment of a Web Execution Plan and create a Web Governance Charter for the Websites.

g) Develop enterprise-wide customer service applications, including but not limited to: conference registration, glossary and acronyms, data visualization, and media releases.

h) Participate in the development and implementation of a more transactional approach to Website applications to increase the functionality of features focused on specific personal actions (e.g., allow users to search for and view information about their medical claims and deductibles, order additional copies of their Medicare Summary Notices, Online Enrollment Center (OEC), etc.)

- Provide electronic Medicare Summary Notice (eMSN) functionality on the site to enable pilot eligible beneficiaries with links to obtain PDF versions of their MSNs. Specifically, MyMedicare.gov shall provide an option to New York and Connecticut beneficiaries to enroll in receiving eMSNs and provide a link on the site to view quarterly MSNs in a PDF format.

i) Identify and implement user interface enhancements.

- As part of the Affordable Care Act, create and implement a Complaint Form in English and Spanish on Medicare.gov to allow individuals to register complaints on the site using either a personalized or generalized workflow.
- As part of the Affordable Care Act, implement enhancements to the Nursing Home Compare (NHC) Website which include updates to State Website links; information on number, type, severity, and outcome of complaints; information on number of criminal violations; information on number of civil monetary penalties (CMP), and access to a standardized complaint form that is an electronically fillable PDF document. Additionally, provide Nursing Home Compare mockups for Enforcements and Complaints.
- Update the Supplier Directory tool to display outreach information and implement changes to legacy tool for the Durable Medical Equipment (DME) Competitive Bidding initiative.
- Update Medicare.gov header and footer in Spanish for .NET tools as well as the legacy pages.
- Develop and implement the RACompare Phase I initiative on CMS.gov which shall include a United States State and Territory map, leveraging Corda OptiMap functionality, in order to display Medicaid RAC activity. This functionality shall consist of a 2-page workflow on the site with the Main page being accessed from http://www.cms.gov/MedicaidIntegrityProgram/. The second page will be the Details page which shall display the following attributes/values for each U.S. State and Territory:
  - Full State Name and State URL
  - SPA Status (No SPA Submitted; Submitted; Approved)
  - Date SPA Approved
  - Exception Requested?
  - Date Exception Request Received
  - Exception Determination
  - RAC Contract in Place?
  - Effective Date of RAC Contract
  - Contract Fee Structure

The contractor shall also include Hover and/or Click operation allowed by State or Territory on the map and also a 'pop out' capability. The pop-up page will display the State abbreviation as well as the above list of attributes. The map shall utilize three colors that are Section 508 approved colors in order to differentiate the degree to which a State or Territory has established its Medicaid RAC program. Additionally, the tool shall only support the English language. CMS will provide the contractor an Excel file using an agreed upon format which shall be maintained across the database refreshes and delivered 4 business days prior to the go-live date. From January 2011 – April 2011, the Data File will be sent on a semi-monthly basis. There will be a one-time ETL process with this effort.

j) Identify, test and implement ways to adjust site coding to support visually impaired users, Section 508 guidelines, and trend analysis (statistics). Ensure maximum usability for users accessing sites using assistive technology; ensure section 508 compliance for current standards and strategic direction for standards to be released during development/release of Exchange sites. This will include work done by The Paciello group.

k) Ensure that applications function correctly under commonly used user agents and platforms, such as Internet Explorer, Navigator, Mozilla, Google Chrome, Opera, AOL, and Safari on Windows and Macintosh platforms.

l) Develop infrastructure that allows for proper processing, and transfer of all data associated with prescription drug plans. Currently, Medicare Part D has around 5,500 plans.

m) Perform manipulation and data management for the prescription drug plans and provide technical support to these plans. The Contractor shall provide a tool for plan and drug pricing information for the MPF application, as well as a tool for beneficiaries to enroll into the plans.

n) Take appropriate action to minimize measurable degradation in overall Website and individual Website tool performance due to increases in data or user volumes. This includes taking appropriate action to support high volumes of concurrent users (at least 22,000 concurrent users), especially on the MPF.

o) Develop and maintain a duplicate database for each alternative language (currently English and Spanish are supported), and provide the ability for additional languages. The Contractor shall maintain multiple different user interfaces per tool per language offered.

p) Ensure that POD processing is completed in a timely manner as well as develop, maintain, and improve POD technology. Enable Spanish language as an option on POD orders page for Supplier Directory.

q) Analyze current web security and recommend, develop, assess, test (code, performance, etc), implement, and maintain upgrades that provide greater security to the site.

6 Technical Specifications

Medicare.gov and CMS.gov have specific software and technical expertise expectations of the Contractor for this task order. The specifications for the applications and servers that need to be followed are also identified.

6.1 Global Specifications for Medicare.gov and CMSgov

When any of the applications on Medicare.gov or CMS.gov connect to the database, a connection string to the database server is established, which requires the application to authenticate itself. The database server authenticates the application against the active directory domain. The communication links between the applications and the database server are encrypted.

6.2 Medicare.gov Specific

Each application is supported by its own set of Dynamic Link Library (DLL) files written specifically for the application: a Business Logic Layer (BLL) and a Data Access Layer (DAL) DLL. As a result, each application is regarded as an independent component of the Medicare.gov system. The presentation layer of the application is currently based on Active Server Pages 3.0 (ASP), and will be migrated to .NET framework. The presentation layer has been written in JavaScript that performs basic input validation on the client side. The server side has been written in VBScript to provide the same level of validation. Neither the client nor server side validation filters input for special characters. The BLLs and DALs are written in Visual Basic 6.0/Component Object Model (VB/COM). The DAL interfaces the application to the Structured Query Language (SQL) database servers.

On the backend, the application BLL interacts with the database DAL. The database DAL establishes a connection string to the database server, which allows the application DAL to use the native SQL I&A scheme to authenticate with the SQL database server. Once the SQL server has authenticated the application, the application makes the database queries. Each application has a developed set of SQL queries to perform the customized searches. The database server returns the requested information, which is formatted by the ASP code and is displayed to the public user via the web browser.

6.2.1 Medicare Plan Finder (MPF) Tool Specifications

6.2.1.1 Support Requirements for Public Reporting of Medicare Health and Drug Benefits and Enrollment Facilitation

The Contractor shall perform manipulation and data management for the health and prescription drug plans and provide technical support to these plans. The Contractor shall develop and provide a tool for plan and drug pricing information for the MPF application, as well as a tool for beneficiaries to enroll into the plans, check their plan formulary or check current enrollment. Requirements regarding this functionality can be found below. This task also involves developing a solution to house the database and functionality.

Scale of Drug Benefit Information, Size, Data and Processing Requirements

Each of around 5,500 plans must submit drug pricing data and pharmacy network data on a weekly to biweekly basis. This data per plan may scale up to represent different formulations and pill sizes for approximately 7,000 drugs and approximately 75,000 pharmacies. This data is required for dynamic real-time calculations for concurrent requests representing all available plans and pharmacies per request. Each user request may include up to 150 unique plans and represent all reported measures for each plan. The software and supporting hardware/hosting shall support on-the-fly calculations and display of data for up to 22,000 concurrent users (each user having up to 150 unique plan options with all available data and cost calculations). The Price Comparison Engine software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor.

Medicare Plan Finder (MPF)

Requirements:

a) Services to display health and drug plan benefit information including drug pricing data and pharmacy network data & information on Medicare.gov

b) Update and maintain user interface for MPF

c) Work with other CMS contractors to integrate information hosted on their servers with existing data on Medicare.gov for use in the following databases:

- MPF (includes Out-of-Pocket-Costs)
- Formulary Finder (FF)
- Online Enrollment Center (OEC)
- Print-On-Demand functionality (POD)
- Check Current Enrollment

d) Integrate pricing data and pharmacy network data with other CMS contractors representing plan approved formularies, plan benefit structure, and load on a biweekly basis to accurately reflect benefit availability for each of the three types of Part D benefit plans (for all plans – about 5,500) for concurrent users

e) Develop and maintain necessary software to compute accurate pricing information to include individual drug prices, dispensing fees, cost for Medicare beneficiaries across a plan year, including estimated annual health and drug costs, per month costs, and costs during different coverage levels available through the Part D benefit (deductible, initial coverage limit, coverage gap, and catastrophic)

f) Software must account for beneficiary low income subsidy levels as available through Part D benefit

g) Software must accommodate multiple different processes and concurrent users for all available plans and potential infinite variables and software must be fully dynamic and on-the-fly

h) Maintain security and confidentiality of proprietary drug plan information

i) Accommodate price of an unlimited amount of drugs concurrently across all plans and benefit types on the public Medicare.gov website and the Customer Service Representative (CSR) version

j) Maintain CSR (non-public) version of application with enhanced and more robust operations (unlimited number of drugs, etc)

Data – Prescription Drug Pricing Data and Pharmacy Network Data

Data submission is required by all participating Medicare plans offering a prescription drug benefit on a weekly to biweekly basis. This includes both types of Medicare plans offering a drug benefit: Medicare Health and Prescription Drug Plans, and Prescription Drug Plans. The number of plans to be supported is approximately 5,500.

Requirements:

a) Create data file layouts

b) Enable plan submission for required drug pricing data and pharmacy network data to represent plans accommodated on Medicare.gov

c) Provide a solution to accommodate submission, processing and storage of approximately 100 gigabytes (GB) of data per week.

d) Provide service to plans to verify data received is in conformance with acceptable formats

e) Update and maintain online data analysis tool used by all plans to help validate and identify any issue with drug pricing and pharmacy network data

f) Transfer 100 GBs of data to CMS' policy group (CPC) contractor(s) for further analysis of data prior to public release on Medicare.gov on a weekly basis with possible increased frequency during peak times or as deemed necessary by CMS

Online Enrollment Center (OEC)
The Online Enrollment software utilized by the existing Contractor is proprietary and will not be provided to the incumbent Contractor. The contractor will have to build and maintain an Online Enrollment Center functionality per the requirements as contained in the SOW.

Requirements:

a) Develop and maintain user interface to facilitate enrollment of Medicare beneficiaries in a secure manner and participating Medicare Health Plans, Medicare Health and Prescription Drug Plans, and Prescription Drug Plans

b) Capture necessary required data elements for enrollment in such plans and transfer it to plans through a secure server

c) Provide user interface for various plans to secure interface/authentication for plans to access enrollment submission to respective plans for download in either a flat file format or a PDF format so enrollments can be processed

d) Provide interface for CMS partners to access and verify online enrollments (Check Current Enrollment workflow)

e) Store the enrollment applications in a secure environment, maintaining an administrative console for plans to download the enrollment applications in compliance with Agency security standards, and a mechanism by which CMS can track which enrollments have or have not been downloaded.

Technical Support
Requirements:

a) Provide technical support to Part D plans with regard to submission and data file layout for drug pricing data and pharmacy network data

b) Provide support for other CMS contractors for development and maintenance of integration with other sections of the MPF tool

c) Provide support to CMS' policy group with regards to identifying data issues through analysis performed by CMS contractors

d) Provide available resources to research and analyze issues with calculations and data presented on MPF

e) Support Web Service Agreements with organizations participating with CMS to access pricing and pharmacy data for both MPF and OEC

See Attachment E for a diagram showing the relationship of the data sources that feed into the data that makes up the Plan Finder and OEC portion of these tools.

6.3 MyMedicare.gov Specific

Most of the MyMedicare.gov functionality is developed using Siebel Tools, which uses Siebel screen object definitions. Each Siebel screen contains one or more Siebel views. A Siebel view consists of one or more applets. Each applet contains data elements, controls and hyperlinks. These controls map back to Siebel Business Components which hold the business logic for the application.

The Next Generation Desktop (NGD) contractor connects to the Medicare.gov Website using a secured Simple Object Access Protocol (SOAP) web service.

6.4 Software and Technical Expertise

The Contractor shall have technical expertise and software experience with the following:

- Web application development (ASP, ASP.NET, .NET framework, VB, C, C#, JavaScript, Java, J2EE, JSP, Websphere)
- Microsoft Unity Application Block
- Relational database design and programming (SQL, SQL Server T-SQL, Oracle PL/SQL)
- N-Tier Design and Development
- Object-oriented programming
- Web standard markup languages (HTML, XML, XHTML, CSS)
- Web protocols (HTTP, HTTPS, SSL, SFTP)
- Web services protocols (SOAP, WSDL)
- Usability, Content translation, Multilingual Websites
- Information Architecture
- Microsoft Windows Server 2003 & 2008
- Apple OS X
- UNIX (Linux, Solaris, etc.)
- Microsoft SQL Server 2000, 2005 and 2008
- System Administration and Network experience
- Section 508 Compliance
- Corda PopChart, Opti-Map, Highwire, and Builder
- Interaction design (AJAX)
- Content management (Stellent)
- Version Control (MKS, Team Foundation Server (TFS))
- Siebel Systems application, integration, and architecture and configuration
- Siebel Systems eFinancial Suite
- Quality Assurance, software testing and performance testing
- Portal, personalization, customer service and survey technologies
- Print-on-Demand technology
- GovDelivery
- Google Maps
- Google Search Appliance
- Global caching services

- Web Analytics
- Website Mobile Device Access (WAP)
- Service-Oriented Architecture (SOA)
- Syndication technologies
- Streaming video and podcast technologies (MPEG, H.264, ACC)
- Nierop session manager
- Multi-browser support
- Oracle EMS (customizing)
- Approved Earned Value Management System
- Browserhawk
- Microsoft Internet Information Server (IIS)
- Apache, IBM HTTP Server
- IBM WebSphere Application Server
- IBM WebSphereMQ
- IBM XML firewall
- Oracle 10g
- MySQL
- IBM Rational AppScan
- RightNow eService Center
- ERWIN
- Helicon ISAPI_Rewrite Version 3.0
- Adobe Captivate
- Accenture Digital Diagnostics
- Social Media (Blogs, Wiki, Podcasts, etc)
- Search Engine Optimization (SEO)
- Graphic Design
- Percussion Content Management System

6.5 Server Details

The Contractor shall set up a server environment that mimics the Medicare.gov, CMS.gov and MyMedicare.gov Websites. The minimum requirements are the following:

- Windows 2003 or 2008
- IIS 6.0 or 7.0
- Browser Hawk
- EWebEdit Pro
- Nierop session manager
- Corda
- .NET framework
- SQL 2000, 2005 or 2008
- Version Control Software (e.g., TFS, VSS)
- Load Runner
- Application Security Testing (e.g., Web Inspect)
- Google Maps Developer
- 508 Testing Software
- MDCN connection
- SFTP
- Bug Tracking Software

MyMedicare.gov Specific minimum requirements are the following:

- Siebel 7.726

- Oracle 10g

The contractor shall also have a plan for patch management to assure the testing environment is in synch with CMS' servers.

7 Functional Requirements

The Website Maintenance and Support Services Contractor shall support CMS efforts by providing access to systems, data, documentation, code, or other items and information as requested by CMS or their designated contact.

The Contractor shall develop and maintain all applications in accordance with the standards and guidelines outlined in Section 19 of this SOW which include, but are not limited to: Federal Information Security Management Act (FISMA), CMS Acceptable Risk Standards (ARS), and CMS Security Policies.

7.1 Tasks

The Contractor shall perform the activities listed in the following four categories in support of the Medicare.gov, CMS.gov, and MyMedicare.gov Websites and related application activities. The four categories are: Maintenance and Upgrade Support Services, Project Management and Planning Services, Design Upgrade Services, and Consulting Services.

7.1.1 Maintenance and Upgrade Support Services

The Contractor shall provide maintenance support and technical updates and support to designated CMS staff. The Contractor shall work with CMS staff to analyze requirements for additional functionality within the Website; integrate other data sources such as disenrollment data, appeal, and query submissions; provide support for multi-language versions of Agency's sites and applications; design site options to display multiple year databases (which can be turned on and off as needed); analyze technical issues raised by users of current or future databases or applications, the corresponding Website, and support expansions of the sites. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA, and update security documents accordingly. The Contractor shall maintain the updates to documents including, but not limited to: the Editorial Style Guide for CMS.gov and the Style Guide/User Interface document for Medicare.gov, and the Application, Database, Webmaster and POD guides for Medicare.gov. Updates to CMS.gov may include minor updates to the front-end portion of the FOIA application.

7.1.1.1 Database Refreshes and Releases

7.1.1.1.1 Monthly and Quarterly Data Refreshes

Across the websites there are monthly and quarterly data refreshes of the applications. Depending on the website, these refreshes can be in the form of "database refreshes" or "releases." The Contractor shall be responsible for the development of these releases on the testing environments and then again for the production environment. Below is a brief description of the requirements on a monthly and/or quarterly basis for each of the three Websites.

7.1.1.1.1.1 www.Medicare.gov

On a monthly basis, the following tools' databases get updated on the Medicare.gov website: Helpful Contacts, MPF, NHC, HPD, and Supplier Directory. The remaining tools (DFC, HHC, and

Hospital Compare) databases are updated on a quarterly basis, or as necessary with proposed enhancements to the tools.

For each data refresh, the test scripts and results reside with the Contractor, as the Contractor performs the testing based on the initial release requirements mandated by CMS. The test scripts verify the functionality, availability and usability of the Medicare.gov application from both a regression and new functionality perspective. The security related test scripts are grouped into four major categories – client side boundary conditions, server side boundary conditions, hidden fields, and query strings attached to the URL.

Once the database refresh has passed through the development environment and system test, it will go through a testing period of two (2) days. The Contractor sends the database load to CMS using a SFTP. CMS downloads the files and uses a content management system called MKS to upload the files to the Repliweb server. Once the files reach the development environments (QA and Staging), CMS will then finish refreshing the database(s), and the changes are tested on both environments. CMS reports defects and provides feedback to the Contractor development team via phone or email. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS to test as a Hotfix package. This Hotfix package is once again loaded on the QA and Staging environments and tested. CMS reserves the right to request another database be sent if changes to the database(s) were made after the Hotfix has been loaded to QA and Staging. Once the Hotfix has been validated, CMS will push the databases to the production servers for the EDC Contractor to load.

7.1.1.1.2 Releases

All three of the websites, have releases based on functionality changes to the websites. Please refer to Attachment H for more information about release schedules.

7.1.1.1.2.1 Medicare.gov

The Contractor shall be responsible for creating three packages for each Medicare.gov release. One package will be created for the User Acceptance Test (UAT) period, one for the Bugfix, and the one for the Production release. Each release package shall be accompanied with related documentation on how to load the files and restore any databases. See Section 7.1.3.3 for more information on the implementation plans that need to be included with the releases.

The process for the release load is as follows: The Contractor shall work with other CMS contractors to create the application update. Once the application update has passed through the development and system test in the Contractor's development environment, the Contractor shall prepare a release package and send it to CMS via SFTP server where CMS will download the files and upload them to the Repliweb server using MKS. The package will go through a User Acceptance Testing (UAT) period which begins approximately two (2) or three (3) weeks before the scheduled Production load. CMS will load the UAT package onto their QA and Staging environments and begin their UAT testing along with the Contractor. The Contractor shall develop system test cases/scripts to be provided to CMS and perform system testing within the development environment for every release. CMS will report any defects and provide feedback to the Contractor's development team via phone, email or through a bug tracking tool. All incidents reported by CMS shall be tracked by the Contractor. The incidents and defects shall be fixed and sent back to CMS as a Bugfix package. This Bugfix package, which should include new test scripts, is loaded on the QA and Staging environments and tested approximately two (2) days prior to the Production Release. Once the Bugfix has been validated, the Contractor shall create a production package with all updated files for CMS to load into the Production environment. The files will be downloaded by CMS and pushed

out to the Production environment on the given release date and time. The Contractor must be available at the time of the release to complete their testing of the Production Release load.

As determined by CMS, resources from a third party independent contractor shall be utilized to provide Validation and User Acceptance Testing services for the Medicare Plan Finder releases. Tasks for the independent contractor shall include the following:

- Analyzing system documentation and attending requirements reviews to determine impact to the system,
- Developing test materials including test plans, validation and UAT test scripts, daily test meeting agendas and minutes, and final test summaries,
- Reporting identified issues to developers, assigning issue severities and tracking until issue resolution, and
- Facilitating UAT Kickoff and daily meetings with UAT participants, reviewing test activities and outcomes.

7.1.1.1.2.2 www.CMS.gov

All applications listed under the purpose section for CMS.gov Website are released on a quarterly basis, or as needed. CMS.gov releases involve a UAT release which averages two (2) weeks, but can take up to four (4) weeks for review in a QA environment. The Contractor prepares a UAT package to send to CMS via SFTP to be loaded in the development environment. During the UAT period, if any items have been found, the Contractor prepares a Bugfix which then gets loaded to QA by CMS. Once the UAT and Bugfix package have been approved by CMS, the Contractor then prepares the production release. Once CMS receives the production release they load it to the production severs.

During testing of the CMS.gov application updates, the Contractor's functional team shall develop system test cases/scripts and perform system testing within the development environment for every release. Once the production package gets loaded to production, the Contractor shall also aid in testing the functionality within the Production environment. The Contractor shall also aid in testing applications developed by other contractors for the Website as needed. The testing shall include, but is not limited to testing for technical issues, continuity and 508 accessibility.

As part of the CMS.gov RACompare Phase I initiative, the contractor shall create a new SQL Server 2008 database. From January 2011-April 2011, the contractor shall receive Excel data files from CMS on a semi-monthly basis for these database refreshes. The file shall be sent 4 business days prior to the desired CMS go-live date.

7.1.1.1.2.3 MyMedicare.gov

The MyMedicare.gov system uses some components of the Next Generation Desktop's (NGD) software and hardware. The Website Maintenance and Support Services Contractor shall maintain the applets, views, web templates and customized GUI components of the MyMedicare.gov site. All front-end processes shall be managed by the Website Maintenance and Support Services Contractor, while the business components are maintained by the NGD developer. Trouble tickets that affect both systems shall be a collaboration of efforts between the NGD developer and the Website Maintenance and Support Services Contractor. The Website Maintenance and Support Services Contractor shall be responsible for regression testing to determine impacts to the application. MyMedicare.gov has quarterly releases as well as functional releases.

Quarterly Releases are used to push out improvements to MyMedicare.gov portal. This process begins with requirements gathering and development. The Contactor shall work with CMS, and the NGD Contractor to develop these requirements and create the development package. Once the

development package has been completed it is loaded onto the development environment and tested during UAT, which lasts for approximately three (3) weeks. During testing either any problems found shall be fixed immediately, or the release will be pushed back to accommodate the additional time needed, or the issue will be resolved in a subsequent release. Once testing is considered completed, the enhancements are pushed to the Production servers. The Contractor shall provide test scripts for testing in both the Development and Production environments.

7.1.2 Project Management and Planning Services

The Contractor shall develop a Project Management Plan for implementation and design of the Website improvements, releases, updates, and new applications. The project planning services shall reflect current priorities and will need to be flexible and updated to reflect new initiatives and legislative changes. The project planning services must also be in line with earned value management system requirements.

7.1.2.1 Requirements

7.1.2.1.1 Step 1 – Requirements Gathering

For activities requiring the development of initial requirements definition, the Contractor shall:

a) Conduct Requirements Gathering Interviews (as needed)

b) Document and publish a Concept of Operations (Con Ops) − The Contractor shall work closely with CMS to define and record the business goals and operational concept for the application being updated.

c) Document and Publish Requirements − The results of the requirements gathering sessions shall be thoroughly documented and provided to CMS and any interview participants for review and feedback. In this document, the scope, phases, team leads, and the schedule/timeline should all be identified.

d) Develop a System Requirements Specification (SyRS) document which includes all of the requirements specified during the gathering session.

e) Prioritize Requirements and Update Project Plan − The Contractor shall work closely with CMS to prioritize the defined requirements and determine the level of effort for future phases. The approved updated project plan shall be shared with CMS and project stakeholders.

f) Unless otherwise indicated, provide mockups and a proposed timeline.

g) Document, maintain, and publish a Business Risk Assessment − The Contractor shall define and record the security risk(s), particularly as it relates to the business functions associated with the security/vulnerability of the Website or information, associated with interaction of other components/contractors, and the risk of misuse of information.

h) Define and maintain the System Security Plan (SSP), Information Security Risk Assessment (IS RA) Contingency Plan and Data Use Agreement(s) to ensure that all applications meet the guidelines as stated by CMS. Those guidelines are publicly available at http://www.CMS.gov/InformationSecurity. The SSP and/or IS RA shall clearly define user roles, and ensure that the data is protected. The Contractor shall also complete and maintain all necessary Data Use Agreements (DUA) to ensure that the disclosure of data

complies with the requirements of the Privacy Act, the Privacy Rule, and CMS data release policies.

i) Test scripts and the Contractor's test results should be included in the requirements document prior to CMS testing on Staging and sign off on the requirements. This should include coordinating with other contractors as necessary to support all testing from the front-end to the back-end.

j) Track development and identify the phases. Once phases have been completed, there should be a sign off on the phases of the contract by CMS.

7.1.2.1.2 Analysis

The Contractor shall perform an analysis of the business, user and system requirements provided in the System Requirements Specification (SyRS) to ensure that they are correct, complete, clear, consistent, testable, traceable, feasible, modular and design-independent. The Contractor shall complete the system requirements portion of this document. The Contractor shall ensure that these requirements capture the required technical capabilities and constraints of the system being developed.

7.1.2.1.3 System Requirements Specifications (SyRS)

Following analysis, the Contractor shall update the SyRS. The SyRS shall contain the verified information and the new system requirements as specified in the "Directions for Completing a System Requirements Specification Outline" in the CMS Requirements Writer's Guide found at www.cms.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp. All changes to the SyRS shall be identified.

The Contractor shall use the Standard Microsoft Office Suite when creating and updating the SyRS document. At contract completion, the Contractor shall deliver a softcopy of the SyRS, with all applicable links between business, user and system requirements established.

7.1.2.1.4 System Requirements Review (SyRR)

The Contractor shall conduct a formal review of the SyRS with CMS staff. The purpose of this review is to affirm final agreement regarding the content of the SyRS. Upon successful completion of this review by CMS, the SyRS shall be baselined. The Contractor shall manage the SyRS baseline. Following establishment of the baseline, changes to the SyRS will require CMS approval. In addition, the Contractor shall notify CMS if changes to the SyRS will impact contract cost or schedule.

7.1.2.1.5 Logical Data Model

The Contractor shall provide the fully attributed key-based Logical Data Model in ERwin. Other tools may be used, but the model must be converted to ERwin before it can be reviewed and approved. The model shall adhere to the CMS Data Administration standards and must contain the Entity-Relationship diagrams (ERD), correct naming conventions, projected volumes, and a working knowledge of data being developed. Information on CMS policies for Logical Data Design can be found at http://www.cms.gov/DataAdmin/03_LogicalDataDesign.asp.

7.1.2.2 Project Kickoff and Project Definition

The Contractor shall conduct a project kickoff meeting to define roles and responsibilities of key staff, assess and validate the current Website Maintenance and Support Services business requirements, define the project approach and scope, and provide a Transition plan. The

Contractor shall be prepared to share with CMS the detailed methodology and tool(s) to be used to develop, coordinate and manage project schedules, milestones and deliverables. The Contractor shall also use the kickoff meeting to discuss development methodology, establish communication processes, establish status reporting procedures, and establish issues escalation and resolution strategy.

The discussions held at the kickoff meeting will contribute to the Contractor's development and completion of the System Development Management Plan (SDMP) for the Website Maintenance and Support Services project.

7.1.2.3 Project Management

The Contractor shall perform all project management according to the industry best practices described within the Project Management Body of Knowledge (PMBOK) fourth edition published by PMI. This includes technical and business management functions, in order to plan, implement, track, report, and deliver the required services. Earned Value Management shall be used as a management tool to track and report the status of the project and an Integrated Baseline Review shall be used to baseline the project.

The contractor shall adhere to an integrated project schedule and participate with CMS and any CMS designated contractors in integrating that schedule into one that is comprehensive for all CMS Website identified contractors. The project schedule shall incorporate interdependencies and provide upcoming critical dates.

The contractor shall proactively report to CMS any anticipated slips in the project schedule and shall provide a risk mitigation approach to return back on schedule or to compensate for missed milestones.

7.1.2.3.1 Planning

The Contractor shall provide, implement and maintain an integrated project management approach that combines the technical plans, schedule plans, risk management plans, (project) quality management, and cost management plans.

7.1.2.3.1.1 System Development Management Plan (SDMP)

The Contractor shall develop and deliver the SDMP in accordance with the following requirements. The Contractor shall update and maintain the SDMP throughout the life of the contract. Upon CMS approval, the Contractor shall perform in accordance with the SDMP.

The SDMP shall address:

a) Assumptions and Constraints – List the assumptions and constraints affecting the project.

b) Management Approach – A description of the overall project management approach.

c) Staffing Approach – to include:

1. Project Organization (Labor Category roles and responsibilities profile)
2. Organizational Chart
3. Approach to transitioning staff between each of the CMS System Development Life Cycle (SDLC) phases

4. Personnel/Staffing Resource Requirements – Provide the approach to estimating levels of resources required (e.g. staff effort in hours by labor category and by CMS SDLC phase)

d) Schedule Management Approach – To include task description, identification of the critical path, and deliverables for each near and long-term phase. In addition, the project schedule should address all milestones, task duration, task dependencies, task resources, external system and personnel dependencies, CMS dependencies, risks and the possible affected areas.

e) Configuration Management Approach - Define the configuration management activities to be performed during the life cycle of the project, and describe the responsibilities and authorities for accomplishing each activity. Identify the required coordination of configuration management activities with other project activities. Identify the tools and physical and human resources required for execution of the plan. The plan shall address the following activities: configuration management process implementation, configuration identification, configuration control, configuration status accounting, configuration evaluation and release management and delivery. These activities shall include:

1. Use of documented, repeatable development environment checkout/check-in procedures
2. Release package preparation procedures
3. Software migration procedures
4. Approach to identifying and managing Configuration Item(s)(CI)

f) Change Management Approach - Describe the process for requesting, analyzing, prioritizing, and reviewing the impact of the change to established baselines, and documenting changes through their implementation including, but not limited to:

1. The process for managing changes to baseline requirements and design documentation
2. Version control of documentation
3. The process for identifying and managing problem reports
4. A description of any tools

g) Quality Assurance (QA) Approach - Provide a description and table of methods, standards, measurements, reviews, documentation of findings and schedule used to ensure the quality of the development process and products by CMS SDLC phase. If standard QA practices are to be used or if the information exists elsewhere, references to the appropriate documents are sufficient. The person responsible for QA should also be identified.

h) Software Process Improvement - Describe an approach, which may be derived from the recommendations of a software process assessment (e.g., Software Capability Evaluation), which identifies the specific actions that will be taken to improve the software process and outline the plans for implementing those actions.

i) Communication Approach - The Contractor shall provide a communications matrix showing the Contractor's own review and approval of deliverables and demonstrate a methodology for identifying CMS stakeholders and needs, and communicating status, issues, risks, and risk mitigation strategies to those stakeholders.

j) Development Approach - Describe the Software Development and Integration Facility (SDIF) to include Commercial-off-the-Shelf (COTS) software, hardware and programming languages to be used. Explain the relationship to the target operating environment. Indicate whether the SDIF is an off-site contractor facility or whether the CMS Data Center is to be used for development.

1. Implementation Strategy - Describe the approach for identifying, managing, controlling and implementing releases.

2. Activities, Tools, Products, Methodologies, and Standards - For each CMS SDLC phase (Requirements Analysis, Design and Engineering, Development, Testing, and Implementation), provide a matrix that shows the major activities to be performed, the methodologies and Computer Aided Software Engineering (CASE) tools to be applied, the products/artifacts of the phase and specific procedures and standards for analysis, design, and coding artifacts. Describe the requirements analysis approach, design methods, development approach and test approach.

3. Metrics - Describe the approach for identifying objective measures to assess software design complexity and quality. Describe all metrics to be collected, when they will be collected, how they will be collected, how they will be reported (graph, etc.) and how they will be analyzed and used to manage the project.

4. Size Estimate for software work products - Describe the process for estimating software size (e.g., function points, source lines of code), computer resources (e.g., Million Instructions per second (MIPS)), communications network capacity (local area network (LAN) and wide area network (WAN)), and data storage.

k) Risk Management Approach - Document the process, methods, tools and resources that will be applied to the project for risk management. Describe how risks will be identified and analyzed, the basis for prioritizing risks, how risk responses will be developed and implemented, and how the success of those responses will be measured.

l) Transition Approach – to include, but not be limited to, the plans for transitioning the business and technical processes, operations, and maintenance of the Website. At a minimum, the Contractor shall provide roles, responsibilities, timelines, dependencies, risks, risk mitigation strategies, and milestones.

7.1.2.3.2 Closeout Certifications

The Contractor shall prepare closeout certifications. These shall consist of a statement that the contract is complete, including all deliverables have been provided, all services are complete, and there are no outstanding contractual issues.

7.1.2.4 Performance Measurement Baseline (PMB)

The Contractor and CMS shall mutually agree upon cost, schedule and technical plan baselines. These baselines shall be the basis for monitoring and reporting progress throughout the life of the contract.

7.1.2.4.1 Integrated Baseline Review (IBR) Artifacts

The Contractor shall provide IBR Artifacts to be the source of the baselines and systems reviewed in the IBR. The Contractor shall update and maintain the IBR Artifacts throughout the life of the

contract. Changes shall be subject to review and approval by CMS. Once approved, the Contractor shall adhere to the PMB.

The IBR artifacts shall include the following:

a) Work Breakdown Structure (WBS)
b) WBS Dictionary
c) Responsibility Assignment Matrix (RAM)
d) Budget allocated to Control Accounts and Work Packages
e) Basis of Estimate for activities contained in the WBS and project schedule
f) System Development Management Plan
g) Initial version of the CMS EVM report
h) Initial version of the Risk report
i) Project schedule, for the task reviewed in the IBR, including:

    1. All system development activities by WBS
    2. All task dependencies
    3. Identification of the critical path
    4. Software Process Improvement activities
    5. Risk mitigation activities

7.1.2.4.2 Integrated Baseline Review (IBR)

In the IBR, the Contractor and CMS shall walk through the Contractor's planned baselines. The IBR is conducted to achieve confidence that the baselines accurately capture the entire technical scope of work, are consistent with contract schedule requirements, are reasonably and logically planned, and have adequate resources assigned. A separate IBR shall be conducted for each task.

In the IBR, the Contractor's Cost Account Managers (CAMs) shall:

a) Demonstrate that there is a logical sequence of effort consistent with the contract schedule
b) Demonstrate the validity of the allocated cost accounts and budgets, both in terms of total resources and scheduling
c) Verify that the cost, schedule, and technical plans are integrated and that the technical content of control accounts and work packages is consistent with the contract scope of work, the WBS and the WBS dictionary
d) Support CMS' technical assessment of the SDMP, project standards and procedures for system development

7.1.2.4.2.1 Software Capability Evaluation (SCE)

CMS reserves the right to conduct an independent SCE to evaluate the maturity of the Contractor's software development process. Upon request, the Contractor shall support CMS' independent SCE in accordance with the Software Engineering Institute (SEI) Capability Maturity Model (CMM) procedures.

7.1.2.5 Value Engineering

The Contractor shall identify opportunities to improve any and all functions identified in this Task Order. As value-engineering opportunities are identified, the Contractor shall document the current state, the opportunity for improvement and related performance metrics, implementation timeline and operational impact and provide this documentation to CMS.

The Contractor shall conduct annual usability testing for Medicare.gov, CMS.gov, and MyMedicare.gov tools as requested during the year. The Contractor shall work with CMS to determine the proper timing of these usability tests, and the tools that require the testing.

7.1.3 Design Upgrade Services

The Contractor shall work closely with CMS to produce web page design and functions that meet all the necessary Website requirements, including 508 accessibility and security regulations, while maintaining consistency of design and content. The Contractor shall provide ways to visually and functionally enhance the integration, responsiveness, and continuity of the web pages at CMS' direction. The Contractor shall provide comments and suggestions on technical writing and the overall readability of web pages and develop web pages that are accessible to individuals with physical disabilities and other special needs. The Contractor is also responsible for providing mockups for application enhancements. At various times, these mockups may and will be used in presentations to business owners on the new features of the applications.

The Contractor shall, along with continuing enhancements to the CMS.gov website, introduce a more transactional approach to the Website in order to enhance the experience of users and provide a more customized Website while improving customer service features.

The Contractor shall provide a development server environment from where CMS can view, comment, and change work throughout design and development. In support of new or redesigned web-based applications, the Contractor shall prepare wireframe prototypes and interaction design schematics as required by the Contracting Officer Technical Representative (COTR).

The Contractor shall work with CMS to implement Search Engine Optimization (SEO) to optimize the search result relevance to the users. All applications shall be selected, designed, and implemented to be consistent with the current CMS operating environment standards to ensure transfer of management data and communication between CMS and the Contractor is consistent and efficient. For more detailed information about the CMS standards and guidelines, please refer to Section 19 of this SOW.

The Contractor shall provide and maintain design documents for the Websites. These design documents shall be for the applications as well as the databases. The Contractor shall adhere to CMS' quality assurance standards and meet all policy requirements.

7.1.3.1 Design and Engineering

The Contractor shall develop the design for the architecture, software components, interfaces and the physical databases. The Contractor shall document the system design and allocate the system requirements in the SyRS to the design elements.

The Contractor shall use Computer Software Configuration Items (CSCIs) and Computer Software Components (CSCs) as logical elements of the system design. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61 as referenced in Section 19 in this SOW. CSCs are defined as a level of design decomposition below the CSCIs that shall exist entirely within a release.

7.1.3.1.1 Database Design Document

The Contractor shall provide a Database Design Document for each Database utilized by the Websites. The Database Design Document shall include a Physical Database Design (in third-normal form, where practical) to include:

a) A complete description of the logical model in ANSI standard SQL Data Definition Language (DDL);
b) A Data Dictionary to define all data elements, files, tables, and attributes, including:

- Name/Unique Identifier
- Alias
- Description
- Size and format
- Units
- Range
- Accuracy and precision
- Default values
- Retention Rules
- Key (and type of key);

c) Data integrity rules;
d) Audit data needed for updates and other changes;
e) Security provisions;
f) Use of stored procedures;
g) Use of role based security;
h) Data replication strategies and/or other means to keep data in sync; and
i) Database tuning and optimizing considerations (including use of keys, indexes, etc).

Guides for Physical Data Design can be found at http://www.cms.gov/DataAdmin/04_PhysicalDataDesign.asp. Additional links to aid in the documenting and model process can be found in the left hand navigation under the Data Administration section on CMS.gov.

7.1.3.2 Development

The Contractor shall develop code and conduct software unit and integration testing.

7.1.3.2.1 Code and Documentation

When directed by CMS, the Contractor shall develop the required software to meet the validated requirements. The code and documentation shall include:

a) Code: softcopy of all developed software, to include source code and executables. This shall include any operational software, test software, scripts and data that have been developed. The code shall be documented as follows:

1. Each unit shall contain a prologue that contains:
   - The name of the unit
   - The name of the programmer that developed the unit
   - The date the unit was written
   - A description of the unit

2. Each function procedure, or complex code structure shall be preceded by comments that explain in detail the purpose of the function, procedure or complex code structure. These comments shall include a description of all input variables, output variables, and the processing of each.

3. Each unit shall contain a revision history.

4. Testing must be conducted under the Contractor's environment which shall mimic the CMS Production environment.

b) Version Description Document (VDD) in hardcopy and softcopy, to include:

1. Description of each module

2. Run frequencies

3. Version and release descriptions to include a complete Software Configuration Management (SCM) listing

4. Software language

5. COTS software identification (version and license number)

6. Platform (mainframe, personal computer, server, etc)

7. Processing mode (on-line or batch)

8. A process flow depicting the process order of the programs

9. Library names

10. Release notes

c) Vendor Documentation

d) Application Service Level Agreements (SLA) in hardcopy and softcopy

e) Disaster Recovery Plan

7.1.3.3 Implementation

The Contractor shall assist in the installation of releases in the CMS QA, Staging, and Production environments.

7.1.3.3.1 Implementation Plans

The Contractor shall produce an Implementation Plan in softcopy to CMS. A separate plan is required for each release package. The Implementation Plan shall:

a) Provide specific instructions and step-by-step procedures needed to load the applications and databases;
b) Provide specific instructions and step-by-step procedures needed to verify the load was installed properly
c) Include screenshots to go along with instructions
d) Provide Disaster Recovery Procedures

If any COTS products are used, CMS must review installation procedures prior to loading the application or database.

7.1.3.3.2 Implementation Readiness Review (IRR)

An IRR shall be conducted after validation testing and prior to release of the new or changed system into Production. The purpose of the IRR is to ensure that all prerequisites leading up to production implementation have been met. This includes, but is not limited to, implementation planning including data conversion needs (if appropriate), QA processes, security plans and environmental needs. A separate IRR is required for each release. The Contractor shall present the following at the IRR:

a) Test Log
b) An outstanding Problem Report, indicating severity, effort and schedule to fix all outstanding issues
c) A walkthrough of the documentation provided under "Code and Documentation"
d) A walkthrough of the Implementation Plan
e) A review of the Training Plan

7.1.3.4 Validation Testing

The Contractor shall conduct validation testing on the complete, integrated system to evaluate the system's compliance with its specified requirements for each release.

7.1.3.4.1 Validation Readiness Review (VRR)

The Contractor shall conduct a VRR. A separate VRR is required for each release. The Contractor shall provide information to support a CMS decision to proceed with validation testing. The Contractor shall present the following at the VRR:

a) Test Plan to include schedule for conducting tests
b) Unit and integration test results
c) Outstanding Problem Reports.

7.1.3.5 Test Log

For all system releases, the Contractor shall deliver a Test Log to CMS following successful execution of each validation test. A separate Test Log may be required for each release. The Test Log shall include:

a) A summary of the test
b) Dates of the testing activities
c) Identification of the test cases performed
d) Any deviations from the Test Plan
e) Explanations of why any deviations were necessary
f) Test results – including the defect-to-change ratio for both User Acceptance Testing and Production Testing
g) Identification of requirements successfully tested; and
h) Problem Reports

7.1.4 Consulting Services

The Contractor shall provide advice and expertise on changes and enhancements suggested by CMS personnel; provide knowledge transfer sessions to review technical aspects of Website databases, applications, and functions and additional new features; review, summarize and submit Web comments to designated CMS personnel; participate in periodic meetings with CMS personnel to review changes and discuss enhancements to the interactive Websites; and work cooperatively with Agency staff and other contractors as certain projects necessitate.

8 Transition

8.1 Website Maintenance and Support Services Transition

The Contractor shall implement a low-risk approach during the Base Period to transition the activities and environments from the current Contractor to the Contractor selected for this Task Order. CMS is committed to ensuring that the transition is seamless and non-disruptive to the public, beneficiaries, applications and other Contractors needed for the Website. It is critical that the Website Maintenance and Support Services Contractor propose a realistic Transition plan, due with the proposal and is to be updated within 15 days of award, which identifies and addresses all factors and risks, and includes contingency plans for missed milestones or other impacts to the schedule. This Transition plan shall be updated continuously by the Contractor with CMS approval after the final document is presented to CMS.

Full operations must be successfully transitioned on or before December 31, 2010, to coincide with the expiration of current contract. Successful transition is defined as handling 100 percent of the Websites workload, documented acceptance testing of all improvements to the components, and full engagement in the project management.

Because of the necessity to complete transition by the December 31, 2010 cutoff date, the Contractor shall propose a Transition plan that is fully implemented prior to this date.

The Contractor shall work in cooperation with other CMS contractors to ensure a smooth and seamless transition to full operations. During the transition period and ongoing operations, the Contractor shall coordinate and support regular status meetings with CMS. The Contractor shall be required to coordinate all aspects of the transition with the incumbent Contractor.

8.1.1 Transition Activities

In addition to the Website Maintenance and Support Services transition, the Contractor shall also complete the below transition activities during the Base Period. The transition activities for this contract shall include the continuation of the ASP migration to Microsoft .NET framework and the transition of the Prescription Drug Plan Finder to the EDC.

8.1.1.1 ASP Migration to .NET

The incumbent Contractor will continue the ASP migration to Microsoft .NET framework for the Medicare.gov and CMS.gov Websites. As an activity to learn the site and to ensure the understanding of the redesign, the remaining activities of the migration shall continue by the Contractor in collaboration with the incumbent Contractor. As a result of this migration, the Contractor shall be prepared to develop and maintain code in both the ASP 3.0 and .NET 3.5 languages.

The number of tools that will remain for this transition is currently unknown. However, the Contractor shall assume that most of the tools will not be transitioned at the time of the award. This activity will familiarize the winning contractor with .NET, ASP, as well as the remaining tools and sites to be migrated. This migration will involve communication with outside contractors as well as internal components to secure requirements.

8.1.1.2 Prescription Drug Plan Finder Migration to Enterprise Data Center

The Contractor will work with the current EDC Contractor to stand up the Prescription Drug Plan Finder Tool in the Enterprise Data Center (EDC). The Contractor shall propose a solution to have all public facing components located in the EDC. This solution should include all phases of this

effort including planning and analysis, development, implementation (including configuration and setup of the application, hardware/software, and network), testing, maintenance, and ongoing support. In addition, the Contractor will be responsible for drafting and providing CMS with the necessary documentation (Project Plan, Risk Management Plan, Migration documents, etc.) throughout this effort.

The Contractor shall develop and maintain the software needed to meet the specified requirements as outlined in Section 6.2.1.1. Refer to Section 15 of the SOW for the Government Property that CMS will provide the Contractor.

9 Optional Tasks

9.1 Optional Task 1: Intranet Redesign

CMS anticipates exercising the Optional Tasks below during Option Period 1. Currently, the Intranet for CMS is under CMS' maintenance and creation. It is CMS' desire to have the Contractor create the redesigned Intranet using the Oracle UCM System or the HHS Enterprise Portal. As part of the redesign effort, the Contractor shall:

- Conduct usability testing
- Prepare wireframe prototypes and interaction design schematics as required by CMS
- Create a Website system that mimics the dynamics of the CMS.gov Website.

Optional Task 1A: Intranet Redesign Utilizing the Oracle UCM System:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Oracle Configuration – includes creating Oracle accounts, Oracle server configuration, creating workflows, defining permissions/rights

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications to mimic CMS.gov

Phase 5 – Technical Support after redesign

Optional Task 1B: Intranet Redesign Utilizing the HHS Enterprise Portal:

The current plan calls for the redesign to be done in five (5) Phases:

Phase 1 – Analysis and design – includes defining the information architecture, overall look and feel, stability/focus group testing

Phase 2 – Content Management Design

Phase 3 – Documentation and Post Redesign Usability Testing

Phase 4 – Application Development – migrate application to the new look and feel, develop standards and guidelines for new applications

Phase 5 – Technical Support after redesign

9.2 Optional Tasks 2: MyMedicare.gov

2A – Caregiver Access – provides features for authorized caregivers to access a patient's MyMedicare.gov beneficiary account, if and when the patient authorizes access. Each caregiver requesting access must have his or her own MyMedicare.gov account. Specific access control shall govern the caregiver's account in order to restrict functions such as the change password or email address functionality.

2B – Authorization for access based on the Authorization Table in NGD – provide features for an Authorized user to access the online MyMedicare.gov beneficiary accounts based on the Authorization table in NGD. Each Authorized user requesting access must have his/her own MyMedicare.gov account. Access control shall be implemented to the authorized user by utilizing the limitations specified by the beneficiary for that user.

2C – Dashboard Presentation – this functionality will allow the user to move their "dashboard" information around the page when they first sign into MyMedicare.gov, so that they may personalize the page according to their preferences. This is similar to features found on Yahoo or Google, where users may personalize/customize their dashboard upon login. Users can minimize or maximize a portlet, suppress the viewing of portlets, save and maintain their dashboard preference, etc.

2D – Populate providers based on claims history –provide a feature for beneficiaries to choose providers based on their claims history, and add these providers to their "favorites" list. Also, provide a link to Medicare.gov in order to display more information about the providers. These favorite providers can also be printed as part of the "On the Go Report".

2E – Additional Lookup tools for providers and suppliers – provide a feature for the beneficiaries to search for providers by using Medicare.gov's Supplier Directory, Home Health Compare and Dialysis Facility Compare tools and add these providers to their Favorite Provider's list, should they desire to. These favorite providers can also be printed as part of the "On the Go Report".

2F – Additional categories for the Health Management Tab – this enhancement would add new categories to the Health Management tab as well as the "On the Go Report" for race/ethnicity, family histories, etc. so that the beneficiary can complete an even more comprehensive picture of their personal health comparison.

2G – Claim Alert Emails – this enhancement would automatically send an email to a beneficiary when new claims are processed and visible for viewing on their MyMedicare.gov account.

2H – Additional Initial Enrollment Questionnaires (IEQs) – currently, only the "Initial Enrollment Questionnaire (IEQ) for Beneficiaries 65 or Over" is available in English for online editing and submission. This enhancement would also deploy other English-language "IEQs" so that all users may complete their questionnaire online. Other IEQs include the following:

- IEQ for Disabled Beneficiaries
- IEQ for Beneficiaries with End-Stage Renal Disease
- IEQ for Beneficiaries with Childhood Disabilities

- IEQ for Disabled Widow or Widower

2I – eMSN Enhancements – provide a feature for the beneficiaries to download/view statement-based (e.g. exact duplicates of the paper MSN) Medicare Summary Notices to beneficiaries via MyMedicare.gov. Statement-based MSN includes all data presented on the paper MSN such as claims information, denials, deductibles, providers, and notes. This functionality would be piloted for Indiana beneficiaries.

2J – Annual and Quarterly Financial Summaries – the addition of the Medicare Annual/Quarterly Health Statement functionality would provide an "at a glance" overview of the beneficiary's Medicare benefits on a quarterly or annual basis, in real time. This information might include (but not be limited to): Claims, Annual Activity, Preventive Services, etc. CSRs may also be able to generate this report, and have it sent to the beneficiary either via email or U.S. Postal Service.

2K – Termination of Working Aged Medicare Summary Payment Records – currently, beneficiaries do not have the capability to close/terminate their Medicare Secondary Payer (MSP) records online. They may do so only by calling 1-800-MEDICARE. This enhancement is to provide the ability for users to close/terminate their MSP records online via MyMedicare.gov.

2L – Additional Promotion – implement links and perhaps a unique brand associated with MyMedicare.gov onto various pages and tools within Medicare.gov, in order to further promote the MyMedicare.gov system and encourage users to register, sign in and benefit from the portal's useful tools.

2M – Escalation Status Monitoring – on MyMedicare.gov, enable beneficiaries to view their own escalations which have been created on their behalf, and to track the resolution status.

2N – Welcome to the Medicare Wizard – this enhancement would add logic to MyMedicare.gov to show the appropriate wizard/workflow to the user, when they are signing up for Medicare. This process would link to a Medicare.gov workflow.

2N – MyMedicare/Blue Button Mobile - The MyMedicare.gov site and the Blue Button functionality will be made available via a mobile optimized version of the site to be used from mobile devices. The mobile version of the MyMedicare.gov website will be developed to facilitate usage of all key features of MyMedicare.gov in addition to the making the Blue Button functionality available to mobile device users.

The contractor shall develop a mobile optimized version of MyMedicare.gov as well as the Blue Button functionality under the direction of CMS stakeholders. The mobile optimized version of MyMedicare.gov and Blue Button will provide registered users easy access to all aspects information available via MyMedicare.gov on their mobile device in an emphasis on security and usability.

9.3 Optional Tasks 3: MyMedicare.gov and Medicare.gov Enhancements

3A – Drug Interaction Checker – this enhancement would automatically research drugs added to a beneficiary account and notify the user when a drug interacts adversely with another drug on the list.

3B – Google Mashup Expansion – Drug Pricing by Pharmacy Location. Based on the drugs in the beneficiaries' drug list, provide a mashup of drug cost by pharmacy in their area. Provides beneficiaries the ability to see which pharmacy has the best prescription price and determine best geographic option based on their needs.

3C - Supplier Directory .NET Migration – this enhancement would be a visual redesign effort and a migration of the current Supplier Directory tool developed in ASP over to .NET. It will also include the reworking of the competitive bidding crosswalk.

The scope of this task includes:

- Migrate Supplier to .NET technology
- Visual Refresh
- Update competitive bidding crosswalk
- Add Profile page to Supplier workflow
- Add optional Name search and modify functionality
- Provide ability for provider feedback

3D - Nursing Home Compare .NET Migration – this enhancement would be a visual redesign effort and migration of the current Nursing Home Compare tool developed in ASP over to .NET.

3E – Physician Compare Enhancements – these enhancements would be to add the following release items to the Physician Compare tool on Medicare.gov: Addition of 2009 and 2010 eRx data and 2009 eRx downloadable file, 2009 PQRS downloadable file, and 2010 PQRS data, updated language to PQRS section, add board certification data, and navigation enhancements (rearranging the homepage, modify the results section, and Results page).

Section 10331 of the Affordable Care Act (ACA) requires CMS to establish a Physician Compare website by January 1, 2011 containing information on physicians enrolled in the Medicare program and other eligible professionals who participate in the Physician Quality Reporting Initiative (PQRI). By no later than January 1, 2013 (and for reporting periods beginning no earlier than January 1, 2012), we are required to implement a plan to make information on physician performance publicly available through Physician Compare.

3F – Physician Healthcare Provider Directory .NET Migration - this enhancement would be a visual redesign effort and migration of the current Physician Compare tool developed in ASP over to .NET.

9.4 Optional Tasks 4: CMS.gov Optional Tasks

For the CMS.gov Optional Tasks (4A – 4J) listed below, the Contractor shall be responsible for a visual redesign of each application along with migrating each to .NET 3.5 and SQL Server 2008. MCD and PFFS are currently full-fledged legacy ASP applications managed by other CMS contractors. All applications migrated to .NET will leverage the same architecture as currently being utilized for Medicare.gov .NET migrations. For MCD and PFFS, the Contractor shall also be responsible for the ongoing maintenance and releases of the application. However, Forms, Manuals, and Transmittals are managed as dynamic list items using the Oracle UCM Server. They are currently rendered using the standard interface framework leveraged by all CMS.gov dynamic lists. For the redesign and .NET migration of these applications, the front-end and user interface will be independently redesigned for each and will be decoupled from the current uniform display framework that is used for all dynamic lists.

4A – Medicare Coverage Database (MCD)
4B – Physician Fee Finder Schedule (PFFS)
4C – Forms
4D – Transmittals
4E/F – Manuals/Dynamic List Framework
4G – Event Calendar
4H – Media Releases
4I – Glossary
4J – Acronyms

4K – RACompare Phase 2 – this enhancement will expand upon the Phase I RACompare effort. The tasks will include the following:

- Develop and maintain a web portal for State Medicaid officials from the United States, including the District of Columbia and the five U.S. territories, to upload their jurisdiction's data for their Medicaid RAC (Recovery Audit Contractor) program, so that the data can be used for RACs At-A-Glance.

- Develop and maintain a web page of a map of the U.S., including the District of Columbia and the 5 territories, using the product developed during Phase I for the Medicaid RAC program.

4L – CMMI – this enhancement will provide the following:

- Socrata Support for innovations.cms.gov – This includes dataset management and configuration for data.cms.gov, enhanced Socrata functionality including webforms, API integration, analytics, and reporting. Also includes integrations of data.cms.gov datasets and enhanced functionality via API into the Innovations microsite.

- Drupal support – This includes consulting and development of Drupal-based solutions in support of CMMI program initiatives. Contractor may subcontract this work in consultation with CMS.

- Drupal Support for Exchanges – This includes providing operational support for Drupal software in Terremark hosting environment. This includes system configuration, change management, design services, and operational support.

9.5 Optional Tasks 5: Other Enhancements

5A – Addition of Department of Defense (DoD) Hospitals to Hospital Compare (HC) - the contractor shall incorporate additional DoD hospitals (approximately 50 hospitals) to the Hospital Compare tool as directed by CMS. This Optional Task also includes adding a new hospital type as well as various text updates throughout the tool.

5B – Renaming Healthcare Provider Directory (HPD) – as part of the Affordable Care Act legislation, the contractor shall rename the Healthcare Provider Directory (HPD) as directed by CMS.

5C – Healthcare Provider Directory (HPD) Data Enhancements to Addresses – this enhancement will help to reduce the amount of identical addresses and addresses that are within

close vicinity that belong to the same organization on the tool by condensing them into one central location.

5D – E-Authorization (Medicare.gov) – this enhancement will allow the E-Authorization form to be pre-populated with the beneficiary information so that the Customer Service Representatives (CSRs) at 1-800-MEDICARE will not have to enter the information manually. For this Optional Task, Medicare.gov will need to edit the code to invoke MyMedicare.gov web service, which is already in production, to fetch the personal identifiable information when the form is accessed by CSRs from Next Generation Desktop application.

5E – De-Authorization (Medicare.gov) – this enhancement will give users on MyMedicare.gov the ability to De-Authorize an Authorized Representative. This Optional Task is for the Medicare.gov portion of the enhancement.

5F – E-Authorization (MyMedicare.gov) – this enhancement will allow the E-Authorization form to be pre-populated with the beneficiary information so that the Customer Service Representatives (CSRs) at 1-800-MEDICARE will not have to enter the information manually. This Optional Task is for the MyMedicare.gov portion that will need to be implemented.

5G – De-Authorization (MyMedicare.gov) – this enhancement will give users on MyMedicare.gov the ability to De-Authorize an Authorized Representative. This Optional Task is for the MyMedicare.gov portion that will need to be implemented.

5H – MyMedicare.gov Online Bill Pay Phase I – Printable Form – this enhancement will provide MyMedicare.gov users with a pre-populated PDF version of the S-500 Form based on the user's Direct Bill status that the users can print, sign, and mail. MyMedicare.gov will pre-fill the fields with the premium information retrieved from the EDB system.

5I – Percussion Proof of Concept, Pilot, and Migration – this Optional Task entails creating a Percussion Content Management Proof of Concept (POC), conducting a Pilot which closely resembles the POC, and migrating CMS.gov content into the Percussion content management system in order for CMS to manage the content on the CMS.gov Website.

5J – Percussion Training and Subcontractor Agreement – this Optional Task is for 4 Contractor personnel to be trained on the Percussion Content Management System. It also includes subcontracting with Percussion directly.

The CGI team will also support:

- Patches/product upgrades in terms of requirements definition, design, integration, testing and implementation of the patches and upgrades thereby reducing risk of introducing issues into the production environment.
- Development of new or modified templates and configuration updates as needed to support WNMG in the management of the production system
- Documentation/testing related to requirements, validation of templates and configuration updates, 508 compliance testing
- Support for CMS administrative staff in troubleshooting product issues.
- Additional CGI support related to CM1 including training costs, working with Percussion consultants and CMS staff in discovery through implementation phases, providing O&M Support of CM1 implementation post deployment
- Addition support from Percussion consulting related to CM1. Specifically, a Percussion consultant working with CGI and CMS for 2 months to support installation and

implementation of CM1 including configuration, customization, template build and LDAP integration
- Additional support from Percussion consulting related to optimization. Specifically a 2 week, 2 resource optimization effort performing analysis of CMS implementation. Deliverable would be a recommendations document for performance improvements.

5K – Incremental Socrata Database Work – this Optional Task would require the contractor to perform the actual data loading into Socrata.

5L - Support for User Interface and Web Design Specification for the Federally Funded Exchange (FFE). The contractor shall provide additional support for the Web user interface and the Web user experience, expanded to include the federally funded Exchange website. This includes work that can be done via a subcontractor. Specifically, the contractor shall provide a new class of models, specifications, requirements, documentation, prototypes for multiple audiences, and other artifacts that will be utilized within the exchange project at CMS to inform and communicate internally and externally how all aspects of FFE Web experience will work and look from the point of view of the user.

This support shall focus on four areas:

1. Design advice and stewardship for Exchange-related user experience and user interface requirements based on both the internal research, test results, development, and project activities already underway, as well externally available health care insurance enrollment and plan selection user experience efforts and designs, including but not limited to Enroll UX 2014. The contractor will participate in the internal prototype development (i.e., prototypes for usability testing) process and well as the requirements process for making system functionality decisions on a regular basis and will review/participate in the development of artifacts necessary for those processes.
2. Development of documentation, manuals, and other artifacts that describe and specify the user interface/user experience requirements for the FFE.
3. Development of similar documentation described above, but specifically written and formatted to benefit and communicate to the teams implementing State-Based Exchanges (SBE's). This shall include the use of additional templates, functional prototypes, tools, or documentation as necessary, and may include multiple versions or phases so that available materials can be provided as early as possible to the audiences within the States.
4. Development of multiple prototypes for other purposes, such as internal demonstrations or approvals, stakeholder engagement, or public communication, etc.

10 Deliverables and Reporting Requirements

The Contractor shall provide the following reports to CMS: Project Summary Report, Earned Value Management Report, Financial Report, and Status Report. The Contractor shall also hold a management review within one week of the delivery of the reports, unless otherwise agreed upon by CMS.

10.1 Project Summary Report

The Contractor shall provide a summary report of projects in progress that will include the Earned Value Management Report (CPR Formats 1-5), a Financial Report, and a Variance Report, as

described below, as well as additional information negotiated between the Contractor and CMS. At a minimum, this report shall include the following status information:

a) Project Schedule; (The schedule within the report shall be created using the current CMS version of Microsoft Project.)
b) High-level summary of project requirements
c) High-level summary of associated risks and mitigation plans
d) Estimated cost and level of effort information necessary to manage workloads

In addition to the summary report, CMS would like a one-page high-level overview summarizing the current status of all projects at the time of reporting.

10.1.1 Earned Value Management Report

In accordance with Section J.3.2 of the ESD ID/IQ Earned Value Management System (EVM), the Contractor shall provide EVM as outlined. Samples of Formats 1-5 are located in Attachment B of this SOW.

10.1.2 Financial Report

The Contractor shall provide monthly Financial reports to reflect the work performed by both the prime contractor and subcontractors. The Financial report shall report the content of pending invoices and shall include the following information:

a) Contract Name
b) Period of Performance
c) Current month, hours and cost expended for each labor category
d) Cumulative hours and cost expended for each labor category
e) Projected monthly hours and costs for the remainder of the contract period
f) Summary of the work completed by each contractor staff
g) Break out of costs, both allocated and remaining, for all Website applications
h) Variance Report to reflect the actual and proposed spending and shall include the following information:
    - Analysis of budgeted activities versus actual expenses on a monthly basis, as indicated in the sample format provided, for the following items:
        - CMS.gov Website
        - Medicare.gov, with specific breakouts for MyMedicare.gov, and Quality activities
        - Other activity breakouts as requested by CMS
    - Explanation of variances of greater than 10% of the budget monthly cost indicated in the cost proposal
    - Any relevant analysis or information explaining an activity causing an unexplained variance that occurred during the month.

The Financial report shall provide information and cost for each task by the Website (or release, if appropriate) for which the activities were performed.

10.1.3 Status Report

The Contractor shall provide an overview of the project status with focus on outstanding issues and risks. The report shall also include a detailed overview of tasks planned for the next three (3) months and a high-level overview of major milestones planned for the next twelve (12) months.

10.1.4 Management Review

The Contractor shall conduct Management Reviews as a forum for the Contractor and CMS to discuss project status. The primary focus will be the status against the plans baselined in the SDMP and the Performance Measurement Baseline (PMB).

10.2 Delivery Schedule

For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

DRAFT/FINAL: All document deliverables require both a Draft and a Final version (see Delivery Schedule below). The Final copy is to be a submission of the full document with all CMS comments resolved. The deliverable cover page shall be clearly marked Draft or Final.

UPDATES: Many of the deliverables require the Contractor to provide updates. Unless otherwise specified, there is an expectation that the Contractor shall notify CMS when they foresee a change to the content, and then provide an updated document based upon CMS-approved content revisions and a mutually agreed upon delivery date. All documents shall contain a date and a version number. Documents shall be maintained and kept current by the Contractor.

MONTHLY REPORTS: The data collection period for each monthly report shall be based on the entire month (e.g. April 1 through 30). The Contractor shall ensure that the data in the recurring monthly reports are accurate and consistent with one another assuring that each monthly report also incorporates any subcontractor's data for the same period of time.

AD HOC: The Contractor shall provide ad hoc documentation at CMS' request. Where timeframes are stated, CMS may choose to give consideration to unforeseen circumstances. Therefore, deliverable due dates are as stated unless otherwise agreed to by CMS and the Contractor. All timeframes are in calendar weeks, calendar months, or calendar days. For the structure of the deliverables, the Contractor's format shall use the CMS standard desktop suite.

Deliverables shall be distributed as follows:

CMS Contracting Officer (CO) – Project Summary Report – 1 soft copy via email or as mutually agreed.

CMS Contracting Officer Representative (COR) – See Deliverable Table Below - 1 soft copy via email or as mutually agreed.

In performing the services and providing the support described in the Statement of Work, the Contractor shall provide the deliverables NO LATER THAN the dates in the following schedule:

Days = Calendar Days
IAW = In Accordance With
DAGC = Days after Government Comments

SOW #	Deliverable	Recurring	Non-Recurring
8	Transition Plan		Initial: With Proposal Final: 14 days after award Updates: As

			Mutually Agreed
7.1.2.2	Project Kickoff		Due: Within 28 days after contract award
7.1.2.3.1.1	System Development Management Plan (SDMP)		Initial: Proposal Draft: 28 days prior to Integrated Baseline Review (IBR) Final: 14 days after (IBR) Updates: As Mutually Agreed (recommend quarterly when changes available)
10.3	SDLC documents (Project Management Plan, Risk Assessment & Risk Management Plan, Requirements Management Plan, Quality Assurance Plan, Lessons Learned document, and Interface Control document)	With each tool or system release	
11.2	Joint Operating Agreements	1st Due: 28 days after award Recurring: Quarterly for 1st year, semi-annually there after	
7.1.2.3	Project Management Plan, Integrated Project Schedule and Requirements Documents	As needed	
10.1	Project Summary Report (includes Earned Value Management Report, Financial Report, Status Report, and Variance Report)	1st Due: 1st month after contract award Recurring: 3rd Wednesday of the month	
10.1.4	Management Review	1st Due: 30 days after IBR Recurring: Quarterly	
7.1.2.3.2	Closeout Certifications		Due: Upon Request

7.1.2.4.1	Integrated Baseline Review (IBR) Artifacts		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: Upon changes
7.1.2.4.2	Integrated Baseline Review (IBR)		Held: 90 days after contract award for each task
7.1.2.1.3	System Requirements Specification (SyRS)		Draft: 14 days prior to SyRR (C.3.2) Final: 14 days after SyRR (C.3.2) Updates: Upon Approved CMS changes
7.1.2.1.4	System Requirements Review (SyRR)		Held: IAW SDMP Schedule
7.1.2.1.5	Logical Data Model		Upon Request
7.1.2.5	Usability Testing		Annually (each tool separately, CMS will help identify priority and coordinate the effort)
7.1.2.5	Value Engineering Docs		Upon request, or as identified
7.1.1.1	Data Refreshes and Releases	• RACompare Phase 1 – Semi-Monthly Database Refreshes • Monthly and Quarterly Refreshes and System Releases based on CMS and other CMS Contractor's schedules.	
18.1	System Security Plan (SSP) and Information Security Risk Assessment Contingency Plan Report		Analysis Phase: 14 days prior to Preliminary Design Review (PDR) Development Phase: Concurrent with DDD Testing: 7 days after successful completion of

			validation testing Updates: 6 months after contract award
18.2	Corrective Action Plan		After evaluation or test of security determined failures or weaknesses. Updates: quarterly progress report.
7.1.3.1.1	Database Design Document (DDD)		Draft: 14 days prior to IBR Final: 14 days after IBR Updates: As Mutually Agreed
7.1.3.2.1	Code and Documentation		Draft: 14 days prior to VRR Final: 14 days prior to IRR Updates: For each application, as directed
7.1.3.4.1	Validation Readiness Review (VRR)		Held: Prior to validation testing
7.1.3.5	Test Log		As directed with each release
7.1.3.3.1	Implementation Plan		Draft: 4 months prior to IRR Final: 14 days prior to IRR Updates: For each release
7.1.3.3.2	Implementation Readiness Review (IRR)		Held: IAW SDMP Schedule
7.1.1	Application, Database, Webmaster, POD guides		Annually upon request.
7.1.1	Editorial Style Guide (CMS.gov & Medicare.gov)		Bi-annually or upon request

** The Contractor shall provide deliverables that are 508 compliant.*

10.3 Other Documents

The following documents shall be developed and maintained throughout the project lifecycle. These documents shall be delivered to CMS and stored in a centrally accessible version control document management system. System Development Lifecycle (SDLC) documents and review checkpoints include, but are not limited to:

a) System Disposition Plan
b) Change Requests

c) Problem Reports

For information referring to these documents please go to the System Lifecycle Framework page at http://www.CMS.gov/SystemLifecycleFramework/.

11 Coordination and Collaboration

In the multi-contractor environment, the Website Maintenance and Support Services Contractor shall collaborate with other Contractors to fulfill the objectives of the government. The Contractor shall maintain and develop current relationships and integration with external systems. As needed, system and network access, documentation, and support to CMS or their designated contacts shall be provided to maintain systems integration.

This Website Maintenance and Support Services task order requires cooperation, coordination, and integration among contractors, CMS, and companies that have other contractual relationships with CMS. The Contractor shall communicate and coordinate with other CMS staff when necessary. CMS may designate other contractors with which the Contractor shall fully cooperate. This may include, but not be limited to: Plan Data Contractors, Enterprise Data Center Contractor, Next Generation Desktop (NGD) Contractor, National Council on Aging (NCOA), GovDelivery, Google, etc. See Attachment C and D for more information on other contractors that the Contractor must interact with to perform duties as assigned in this SOW.

The Contractor shall develop, test, and implement migration plans for the Websites to accommodate changes in web platforms and environments, including any redeveloping, redesigning, testing and support of tools and Websites per changes in Agency standards.

11.1 Collaboration

11.1.1 Non-Website Maintenance and Support Services Transitions

The Website Maintenance and Support Services Contractor shall support other CMS contractors, system, and infrastructure transitions that occur outside the scope of this SOW, but affect the Website, Website users, or an application integrated with the Website.

The Website Maintenance and Support Services Contractor shall support these efforts and deliver a plan which identifies the changes necessary to the Website applications and/or architecture to accommodate these changes, potential risks, and a risk mitigation strategy. The Website Maintenance and Support Services Contractor shall work closely with CMS and any additional contractors in these efforts.

Expected transitions may include but are not limited to: the NGD application, and other external systems.

11.1.2 External Source Systems

The Contractor currently accesses data from numerous external systems to display to users. The Contractor shall be responsible for the operation, enhancement, and maintenance of the web-based access methods which connect to these systems, and to identify, troubleshoot, and resolve any issues which may arise.

11.1.3 Health Plan Management Systems (HPMS)

The Medicare Plan Finder (MPF) tool integrates with HPMS which is currently maintained under a CMS' policy group contracts with a Plan Data Contractor. The HPMS system provides the planned data loads for MPF. The plan data provided includes, but is not limited to the following:

- Contact Information
- Plan Formularies
- Plan Service Areas
- High-level cost information such as premium, deductible, etc

HPMS information is delivered to the Website Maintenance and Support Services Contractor by the Plan Data Contractor. The data is tested by the Website Maintenance and Support Services Contractor in a development environment. If the tests are successful, the data is delivered to CMS.

11.1.4 Electronic Support Services Contractor

The Electronic Support Services contract provides CMS with the Health Plan, Drug Plan, and contact data that supports the Medicare Plan Finder and Helpful Contacts tool. Beneficiaries rely upon these tools to provide them with accurate, timely information to assist them in making their health insurance and healthcare decisions.

11.1.5 Enterprise Data Center (EDC) Contractor

Currently the Medicare.gov Website and CBO/CSR tools are all housed on 14 production database servers, 12 production web servers, 2 development web servers, 2 development database servers, 1 training database server, and 1 training web server at a Contractors facilities offsite. CMS.gov tools are all housed on 4 production database servers, 4 production web servers, 2 development web servers, 2 development database servers, 1 production Stellent server, and 2 development Stellent servers. However, after the Technology Refresh occurs, both Medicare.gov and CMS.gov Websites will be housed on a total of 16 production web servers and 18 production database servers. MyMedicare.gov has 2 proxy servers managed by the EDC Contractor that connects to the Medicare Beneficiary Portal (MyMedicare.gov). The CMS Intranet has one web and one database server that houses all content. There are also Corda, Media, and Google Search Appliance servers that support all the Websites. During release to the development and production systems, the Website Maintenance and Support Services Contractor may have to interact with the EDC Contractor to troubleshoot problems. CMS will be responsible for coordinating this effort.

11.1.6 NGD Contractor

MyMedicare.gov is highly integrated with the Next Generation Desktop (NGD), co-hosted in the same data center and sharing the database layer of the application allowing CMS enhanced insight into the types of claims-information being requested by beneficiaries. The NGD is the Seibel-based customer relationship management tool used for CMS' call center operations. MyMedicare.gov accesses information through the NGD infrastructure to improve operational efficiency and consistency, and expand the options for Medicare constituents to gain access to Medicare information.

11.1.7 GovDelivery

GovDelivery is the email subscription management tool used by CMS. The Contractor is expected to maintain any code used to support the web services integration between the Oracle Content Management system and the GovDelivery application. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

11.1.8 Google Maps

Medicare.gov uses Google maps functionality for all of the tools that provide detailed location viewing on the Website. CMS maintains the licensing agreement independently, though the contractor is responsible for implementation.

11.1.9 PHPD Contractor

Medicare.gov uses the PHPD Contractor to clean the data available in Provider Enrollment and Chain Ownership System (PECOS) to provide suitable information to the public. The contractor also adds supplemental data such as training (residency), languages spoken, and hospital affiliations.

11.2 Joint Operating Agreements (JOA)

When necessary, CMS will work with the Contractor to execute a Joint Operating Agreement (JOA) with CMS designated contractors that defines the roles and responsibilities and creates mutually agreed upon and cost effective methods to work with and support CMS' mission. A JOA describes the work that needs to be accomplished, and the roles and responsibilities of each signatory for the success of the task or project. It includes specifics about who shall do what, when, and for whom. The JOA also spells out the process the parties shall follow if either believes that the other is not following the agreement.

At a minimum, JOAs shall be established for the Website Maintenance and Support Services relationships with the following contractors: Plan Data, EDC, and others as specified by CMS.

The JOA shall be submitted within 15 business days after award of the contract and shall be updated on a quarterly basis for the first year, 15 days following the end of each quarter. After the first year, updates shall occur semi-annually. The Contractor shall perform the roles and responsibilities in the updated JOA. The Contractor shall identify and negotiate any changes required to appropriately address the roles and responsibilities of the parties of the JOA.

12 Facilities

The Contractor shall submit the location of proposed facilities prior to task order award.

12.1 Data Connectivity

As needed, the Contractor shall provide necessary premise-based network communications equipment required to connect Contractor facilities to the CMS network or other CMS-chosen network. This includes, but is not limited to, hubs, patch panels, and necessary cabling.

12.2 Government Access

The Contractor shall allow full access into all task order related facilities (including data centers or other support locations), at any time during normal operating hours, to CMS employees or persons designated by CMS. The Contracting Officer or COTR shall designate to the Contractor which CMS employees or specified persons require access to Contractor facilities. CMS may choose not to provide advance notice to the Contractor prior to visiting a location.

For the purposes of auditing or inventory management, CMS employees or their designated representatives shall have full access to all Government assets used during the course of conducting CMS business. The Contractor cannot cite competitive considerations, co-location with other clients' assets, or absence of an advanced notice as a reason to decline CMS employees or representatives such access. The Contractor understands that designated CMS audit and inventory representatives report directly to CMS.

At CMS request, the Contractor shall provide full disclosure of audit and inventory information to CMS in the format defined by CMS. Such information may include, but is not limited to, asset description, technical specifications, serial number, effective commission and decommission dates, warranty, maintenance, asset owner, and asset utilization information.

13 Key Personnel

The Contractor shall submit resumes for each resource considered Key Personnel. All Key Personnel are subject to HHSAR Clause 352.270-5 Key Personnel (APR 1984) and the following:

a) Replacement is subject to the prior written approval of CMS
b) Requests for replacement shall include a detailed resume containing a description of position duties and qualifications, as well as information about the qualifications of the individual(s) proposed
c) Contractor proposals to move any Key Personnel off the task order shall be submitted in writing at least 30 calendar days in advance of the proposed move.

The following personnel are considered Key to this contract: Project Manager, Application Architect, Development Manager, Systems/Security Manager, and Transition Manager. Below are descriptions of what is expected of these Key Personnel.

The contractor shall identify additional key personnel as necessary to fulfill the requirements of this task order. Any staff identified as key personnel must have a backup who is properly trained and qualified to act as a fully functioning replacement in the absence of the key person. The Project Officer (PO) must be notified when key personnel are out of the office for an extended period of time (more than 2 days). In these instances, the name and contact information, including telephone number and email address, of the backup must be provided to the PO prior to the absence of the key personnel.

13.1 Project Manager

The Contractor shall provide a Project Management Professional (PMP®) certified Website Maintenance and Support Services Project Manager, who shall act as the central point of contact with CMS for all program-wide and event-specific issues. The Project Manager shall be responsible for all issue resolution and program management. The Project Manager shall provide comprehensive account support for the Website Maintenance and Support Services task order and have full authority to act for the Contractor in performing all task order requirements. The Project Manager shall notify the COTR whenever it is believed that s/he is receiving direction that deviates from the scope or terms of this task order. The Project Manager shall have a minimum of 5 years Project Management experience in the IT industry.

13.2 Application Architect

The Website Maintenance and Support Services Application Architect shall manage all activities related to the design and structure of the Websites. S/he shall lead all tasks related to the definition of the overall Website architecture and standards, and definition of the logical and physical data models. The Architect shall have successful experience with a minimum of 3 full lifecycle application implementations.

13.3 Development Manager

The Development Manager shall be responsible for the deployment of new functionality and addressing issues with existing functionality due to configuration and/or customization for all Websites. The Development Manager shall have successful 5 years experience in development.

13.4 Systems/Security Manager

A Systems/Security Manager shall ensure that better industry coding and security standard practices are being followed and that practices also support CMS security standards. The Manager shall also ensure that the Contractor's development environment has been configured properly to match CMS' environment, and assist CMS in any configuration changes for security related releases. The Systems/Security Manager shall have successful 5 years experience with systems configuration and security management.

13.5 Transition Manager

The Transition Manager shall ensure a smooth and seamless transition of current systems and applications supporting the CMS Website Maintenance and Support Services during the Base period. The Transition Manager shall coordinate a weekly status meeting with CMS to ensure transition is on track for a timely completion. The Transition Manager shall develop a Transition Plan that addresses the methodology to prepare and execute the transition of operations. The Transition Manager shall have successful experience with a minimum of at least 3 transition cycles.

14 Government Personnel

The following individuals are designated as the points of contact on this work effort. Only the Contracting Officer may provide contractual direction or interpretations on any work performed under this Task Order.

COR: Karyn Klein
Phone: 410-786-3978
Email: Karyn.Klein@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

Alternate COR: Susan Tudor
Phone: 410-786-0296
Email: Susan.Tudor@cms.hhs.gov
Address: Mail Stop S1-01-26, 7500 Security Blvd., Baltimore, MD 21244

The responsibilities and duties of the COR include:

a) Provide day-to-day technical direction to the Contractor as long as the terms/conditions of the contract are not changed.
b) Monitor Contractor's ongoing effort.
c) Serve as liaison between the Contractor and project team.
d) Review deliverables and advise the Contract Officer of the Contractor's performance.
e) Advise the Contract Officer on the Contractor's compliance with technical performance requirements.
f) Ensure that Contractor's input and/or recommendations are considered by CMS project management.

Contract Specialist:	Ryan Kooy
Phone:	410-786-6637
Email:	Ryan.Kooy@cms.hhs.gov
Contracting Officer:	Phyllis Lewis
Phone:	410-786-8637
Email:	Phyllis.Lewis@cms.hhs.gov

15 Government Property

The Government Furnished Information (GFI), equipment, and facilities that CMS is providing are the following:

a) Compiled and source version of components used in web-based applications
b) Backups of all public Website databases from www.Medicare.gov and selected databases from CMS.gov (i.e., Media Release, Events, Vocabulary). **CMS will <u>NOT</u> be providing the following proprietary software currently used by the Medicare Plan Finder:**
    - **Price Comparison Engine software – to calculate and compare drug prices**
    - **Online Enrollment Center (OEC) software – to allow beneficiaries to enroll online in a drug plan of their choice (Refer to SOW Section 6.2.1.1 for OEC requirements)**
    - **Save Functionality – to allow user to save their drug and pharmacy lists on either the Medicare.gov or MyMedicare.gov Websites**
c) The raw and/or reformulated data submitted by Part D Plans. This data includes the Pricing Files from Part D Plans and the Plan Data from the Health Plan Management System (HPMS). The Plan Data from HPMS includes MPF Databases, Beneficiary Cost File, Formulary and Excluded Drugs, Partial Gap Coverage, and Exception Tiers
d) Online Analysis Tool (OAT) Software
e) Website files and scripts (all off www.Medicare.gov, selected sections of CMS.gov, and MyMedicare.gov), include site-wide template files
f) Commercial licenses for the appropriate datasets as specified in existing Data Use Agreements
g) T1 Connectivity

CMS will not provide equipment or office facilities at the CMS site for Contractor personnel.

The Contractor shall prepare, conduct and maintain an inventory of all government owned property. CMS will provide the necessary guidelines for conducting this inventory. CMS and the Contractor shall conduct a yearly inventory for the duration of this contract and submit an updated inventory report to CMS.

The Contractor shall obtain CMS approval prior to any procurement made on behalf of the government.

16 Communications

The Contractor's Project Manager shall be on call during business hours for coordination with the GTL/SMEs, other designated representatives, and/or representatives of contractor-award work under other task orders. The Project Manager or qualified designee shall be available and accessible 24 hours a day, seven days a week to discuss operational issues with the GTL/SMEs.

CMS emphasizes the importance that the Contractor be proactive in notifying CMS of any developing situation that may impact operations, service to beneficiaries, or any other contractual issue. Contractor shall advise CMS, in advance whenever possible, of any indication that a potential problem may be developing. In the case of a known impending problem, Contractor shall be forthcoming with CMS to address the risks and to identify mitigation strategies.

17 Section 508

17.1 Section 508 – Accessibility of Electronic and Information Technology

(a) This task order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or

2. In the case of custom Electronic and Information Technology (EIT) being developed by a Contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the Contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The Contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the Contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)

(2) 36 CFR 1194 (508 Standards)
36 CFR Part 1194.22 (a – p)
36 CFR Part 1194.41 (a – c)
(3) www.access-board.gov/sec508/508standards.htm (508 Standards)

(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)
a. Information Technology – General Information
(http://www.cms.gov/InfoTechGenInfo/)

17.1.1 Section 508 – CMS

CMS follows the HHS standard for compliancy. The Contractor shall use the Agency's standard tool to test for compliancy; currently CMS is using the Digital Diagnostics tool. CMS is working towards full compliancy through CMS' release process. The Contractor shall continuously manage this effort during the design and update of any application, and provide any Product Accessibility Templates as requested. The Contractor shall help CMS to fix the applications and pages found to be non-compliant in the 508 reports, or as identified by CMS. The Contractor shall also provide CMS a Remediation Report following each release that details the progress of the remediation of the tools. If the Contractor could not remediate an application or page, a justification is necessary and a plan outlined for when the remediation will occur. This report is due with each release of the Websites.

17.2 Section 508 – Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, PWS, or TO the SOW, PWS, or TO shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)

2. 36 CFR 1194 (508 Standards)

3. www.access-board.gov/sec508/508standards.htm (508 standards)

4. FAR 39.2 (Section 508)

5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information

provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the SOW, PWS, or TO, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this SOW, PWS, or TO:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

18 Security

The Website must operate under all CMS stated security standards. The Contractor shall conduct an annual security controls testing of all applications and systems as reported under FISMA. The Contractor is also responsible for overseeing the development and completion of a corrective action plan for vulnerabilities noted during the testing. Security details can be found on CMS' Information Security Standards page located at http://www.cms.gov/InformationSecurity/14_Standards.asp.

18.1 System Security Plan (SSP) and Information Security Risk Assessment (RA)

It is required that all federal systems be covered by an SSP and each system have the level of risk to the agency assessed. The Contractor shall determine the level of risks for the new or modified system using the CMS Information Security RA Methodology and shall deliver the RA to CMS. For SSPs, CMS has established General Support Systems and Major Application Systems groupings covering CMS' major business functions. Each group has on file an associated SSP that is updated on an annual basis from the RAs for the individual systems within the group. If a system is not included within an existing grouping, the Contractor shall deliver a complete SSP for the new or modified system using the CMS SSP Methodology. Additional security related information can be found by going to http://www.cms.gov/InformationSecurity/01_Overview.asp as referenced in Section 19 in this SOW.

18.2 Correct Deficiencies

The Contractor shall correct any security deficiencies, conditions, weaknesses, findings, or gaps identified by all audits, reviews, evaluations, tests and assessments, including but not limited to, the Statement on Auditing Standards (SAS) – 70 Reviews, Inspector General Audits, self-assessments such as the annual security controls testing as reported under FISMA, and Vulnerability Assessments in a timely manner.

The Contractor shall develop corrective action plans for all identified weaknesses, findings, gaps, or other deficiencies in accordance with the Business Partner System Security Manual (BPSSM) or as otherwise directed by CMS.

The Contractor shall correct weaknesses, findings, gaps, or other deficiencies within 90 calendar days of receipt of the final audit or evaluation report, unless authorized by CMS otherwise.

The Contractor shall validate and document that corrective actions are implemented, tested and effective. The Contractor shall also provide attestation and documentation of corrective actions to CMS upon request.

The Contractor shall provide corrective action plans and quarterly progress reports to CMS in accordance to the BPSSM or otherwise as directed by CMS.

18.3 Security Certification and Accreditation (C & A)

The Contractor shall comply with the CMS C&A methodology, policies, standards, procedures, and guidelines for Contractor facilities and systems. The CMS C&A methodology can be found on the CMS Website http://www.Cms.gov/it/security.

The Contractor shall undergo an independent evaluation and test of their systems security program in accordance with Section 912 of the MMA. The first test shall be completed prior to the Contractor commencing operation of the Website Maintenance and Support Services contract. The independent evaluation can be performed by CMS or a CMS approved contractor.

The Contractor shall conduct, at a minimum, annual vulnerability assessments including penetration tests of the Contractor's systems, program, and facility.

The Contractor shall support CMS validation and accreditation of the Contractor's systems and facilities in accordance with CMS C&A methodology.

19 Standards, Policies and Procedure References

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this SOW, the SOW shall take precedence. The Contractor shall comply with the Legislative and Executive Mandates of Section J.6 of the ESD ID/IQ, including but not limited to:

FEDERAL STANDARDS, POLICIES AND PROCEDURES

a. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191)
b. OMB Circular A-130 Management of Federal Information Resources, Appendix III, "Security of Federal Automated Information Systems"
c. MIL-HDBK-881 - Department of Defense Handbook, Work Breakdown Structure
d. DI-MGMT-81466 - Cost Performance Reporting
e. MIL-HDBK-61 - Configuration Management Guidance
f. American National Standards Institute (ANSI) /Electronic Industries Alliance (EIA) Standard 748-98, *Earned Value Management Standards*, May 1998
g. Privacy Act of 1974, as amended, 5 U.S.C. 552a (P.L. 93-579)
h. Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C 794d (Rehabilitation Act as amended)
(2) 36 CRF 1194 (508 Standards)
(3) www.access-board.gov/sec508/508standards.htm (508 standards)
(4) FAR 39.2 (Section 508)

i. OMB Federal Website Guidelines

CMS/DHHS STANDARDS, POLICIES AND PROCEDURES

Architecture

a. CMS Enterprise Architecture (http://www.Cms.gov/EnterpriseArchitecture/)
b. CMS Technical Reference Model (http://www.Cms.gov/EnterpriseArchitecture/04_FederalRefModel.asp)

Data Administration

a. Logical Data Design (http://www.cms.gov/DataAdmin/03_LogicalDataDesign.asp)
b. Physical Data Design (http://www.cms.gov/DataAdmin/04_PhysicalDataDesign.asp)
c. Model Management (http://www.cms.gov/DataAdmin/06_ModelManagement.asp)

Security

CMS IT Security (http://www.cms.gov/InformationSecurity/)
Federal Information Security Management Act (FISMA) of 2002, Title III, Section 301: Information Security, E-Government Act of 2002 (P.L. 107-347)

Requirements Engineering

CMS Requirements Writer's Guide (http://www.cms.gov/SystemLifecycleFramework/03A_RequiredArtifacts.asp)

Database Administration (DBA)

CMS DBA Standards (http://www.cms.gov/DBAdmin/01_Overview.asp)

Information Technology (IT) Project Management

IEEE/EIA Standard 12207.0-1996, Volume 4 "Guide to the Project Management Body of Knowledge"

System Development Life Cycle (SDLC) Standards and Deliverables

CMS Integrated IT Investment Management Roadmap (Roadmap) (http://www.cms.gov/SystemLifecycleFramework/)

Web Development

a. DHHS Web Standards
b. Editorial Style Guide for CMS.gov (http://webrequests.cms.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7746)
c. Daily Operations Plan for CMS.gov (http://webrequests.cms.gov/cgi-bin/cmshhsgov2.cfg/php/enduser/std_adp.php?p_faqid=7427)
d. http://www.cms.gov/InfoTechGenInfo/

e. Section 508 Standards (http://www.cms.gov/InfoTechGenInfo/03_Section508.asp)
f. CMS SEO Guidelines
g. .NET Developers Guide (.NET TRA)

Attachment A – Glossary

Computer Software Component (CSC) - A functionally or logically distinct part of a Computer Software Configuration Item (CSCI), typically an aggregate of two or more software units.

Computer Software Configuration Item (CSCI) - An aggregation of software that is designated for configuration management and treated as a single entity in the configuration management process. It is a logical element in the design. CSCIs may occur at different levels of a hierarchy and may consist of other CSCIs. Typically, a CSCI will exist for each major functional area within the software system such that each CSCI can be independently tested, integrated and managed throughout the system development life cycle. Specific guidelines governing the selection and use of CSCIs can be found in MIL-HDBK-61.

Earned Value – A method that allows both government and contractor program managers to have visibility into technical, cost and schedule progress on their contracts. The implementation of an earned value management system is a recognized function of program management. It ensures that cost, schedule and technical aspects of the contract are truly integrated.

Enterprise Systems Inventory Database (ESID) - CMS' inventory of business application systems, managed and maintained by Information Technology Architecture staff of the Office of Information Systems. ESID is available to all CMSNet users for viewing business application system information.

Health Insurance Claim Number (HICN) – **See Medicare Claim Number.**

Integration Testing - Testing in which software components, hardware components, or both are combined and tested to evaluate the interaction between them.

Medicare Claim Number – This is a unique identifier for a Medicare beneficiary, not an actual claim number. This number corresponds to the number found on the beneficiary's Medicare card. It is also known as the Health Insurance Claim Number or HICN.

Performance Measurement Baseline – A time-phased budget plan against which project performance is measured. It is formed by the budgets assigned to schedule control accounts and the applicable indirect budgets. For future effort, not planned to the control account level, the performance measurement baseline also includes budgets assigned to higher level work breakdown structure elements, and undistributed budgets. It equals the total allocated budget less management reserve.

Project - A temporary endeavor undertaken to create a unique project or service. *Temporary* means that every project has a definite beginning and a definite end. *Unique* means that the product or service is different in some distinguishing characteristic from all similar products or services. Projects are to be differentiated from ongoing operations of the organization.

Project Management - The application of knowledge, skills, tools and techniques to project activities in order to meet or exceed stakeholder expectations.

Service Level Agreement – This document describes the IT products and services to be provided, the expected quality and reliability of service, and the penalties and remedies the vendor faces for failure to perform as contracted.

Software Development Files (SDF) - This is a collection of material that is pertinent to the development of a given software unit or a set of related units. Contents typically include requirements, design, technical reports, code listings, test plans, test results, problem reports, schedules, and notes for the units.

Software Unit - The lowest level design component in the software hierarchy. Typically, this might be a single program or function. Optimally, a software unit will AVERAGE less than 100 SLOC.

Stress Testing - Testing conducted to evaluate a system or component at or beyond the limits of its specified requirements. The testing team subjects the system to an unreasonable load while denying it the resources needed to process that load, which will "stress" the system to the breaking point and, as a result, ensure that the break will not cause potentially harmful bugs; this must be conducted in a production-like environment.

Systems Development Life Cycle (SDLC) - A systems development lifecycle (SDLC) is any logical process used by a systems analyst to develop an information system, including requirements, validation, training, and user ownership. An SDLC should result in a high quality system that meets or exceeds customer expectations, within time and cost estimates, and works effectively and efficiently in the current and planned information technology infrastructure. An SDLC establishes a logical order of events for conducting system development that is controlled, measured, documented, and ultimately, improved. CMS has established a common SDLC framework that is based on the IEEE/EIA 12207.0 standard.

Technical Reference Model (TRM) - A model that identifies and defines the major CMS infrastructure services, applications, hardware, telecommunications and environment needed to support enterprise business functions, information and systems.

Traceability - The degree to which a relationship can be established between two or more products, especially products having a predecessor-successor or master-subordinate relationship to one another. An example is the degree to which the requirement and design of a given software component match.

Unit Testing - Testing of individual hardware or software units or groups of related units. For example, developers test their code as an isolated unit to ensure it functions correctly and to ensure all paths in the code logic are exercised and that boundary and error conditions are handled properly.

Validation Testing – Formal testing (1) conducted on a complete, integrated system to evaluate the system's compliance with its specified requirements, including stress testing; (2) to enable a user, customer, or other authorized entity to determine whether to accept a system or component (IEEE Std. 610-12-1990). Acceptance criteria include user requirements and system requirements.

Work Breakdown Structure (WBS) – A decomposition of the planned work effort into specific phases, tasks, activities, milestones and deliverables necessary to accomplish project objectives. A WBS is a task-oriented or deliverable-oriented grouping of identified elements or components of a project, which organizes and defines the total scope of the project. A WBS follows an outline

structure where each descending level represents an increasingly detailed definition of a project component. Project components may be products or services. There are no time, cost, or resource assignments associated with a WBS.

Work Package – Detailed jobs, or material items, identified by The Contractor for accomplishing work required to complete the Contractor. A work package has the following characteristics: it represents units of work at levels where work is performed; it is clearly distinguished from all other work packages; is assigned a single organizational element; it has scheduled start and completion dates and, as applicable, interim milestones which are representative of physical accomplishment; it has a budget or assigned value expressed in terms of dollars, man-hours, or other measurable units; its duration is limited to a relatively short period of time, or it is subdivided by discrete value milestones to facilitate the objective measurement of work performed, or its level of effort; it is integrated with detailed engineering, manufacturing, or other schedules.

Attachment B – Earned Value Management (EVM) Sample Report

HHSM-OCIO IT Earned Value Management Process and Procedures

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 1 - WORK BREAKDOWN STRUCTURE **DOLLARS IN** _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 3.1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. CONTRACT DATA								
a. QUANTITY	b. NEGOTIATED COST	c. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	d. TARGET PROFIT/ FEE	e. TARGET PRICE	f. ESTIMATED PRICE	g. CONTRACT CEILING	h. ESTIMATED CONTRACT CEILING	i. DATE OF OTB/OTS (YYYYMMDD)

6. ESTIMATED COST AT COMPLETION	MANAGEMENT ESTIMATE AT COMPLETION (1)	CONTRACT BUDGET BASE (2)	VARIANCE (3)
a. BEST CASE			
b. WORST CASE			
c. MOST LIKELY			

7. AUTHORIZED CONTRACTOR REPRESENTATIVE		
a. NAME (Last, First, Middle Initial)	b. TITLE	
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)

8. PERFORMANCE DATA

ITEM (1)	CURRENT PERIOD BUDGETED COST WORK SCHEDULED (2)	CURRENT PERIOD BUDGETED COST WORK PERFORMED (3)	CURRENT PERIOD ACTUAL COST WORK PERFORMED (4)	CURRENT PERIOD VARIANCE SCHEDULE (5)	CURRENT PERIOD VARIANCE COST (6)	CUMULATIVE TO DATE BUDGETED COST WORK SCHEDULED (7)	CUMULATIVE TO DATE BUDGETED COST WORK PERFORMED (8)	CUMULATIVE TO DATE ACTUAL COST WORK PERFORMED (9)	CUMULATIVE TO DATE VARIANCE SCHEDULE (10)	CUMULATIVE TO DATE VARIANCE COST (11)	REPROGRAMMING ADJUSTMENTS COST VARIANCE (12a)	REPROGRAMMING ADJUSTMENTS SCHEDULE VARIANCE (12b)	REPROGRAMMING ADJUSTMENTS BUDGET (13)	AT COMPLETION BUDGETED (14)	AT COMPLETION ESTIMATED (15)	AT COMPLETION VARIANCE (16)
a. WORK BREAKDOWN STRUCTURE ELEMENT																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																
9. RECONCILIATION TO CONTRACT BUDGET BASE																
a. VARIANCE ADJUSTMENT																
b. TOTAL CONTRACT VARIANCE																

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CLASSIFICATION (When Filled In)

CPR Format 1

SOW (9/5/2012) - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 2 - ORGANIZATIONAL CATEGORIES **DOLLARS IN** _____

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average .6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. PERFORMANCE DATA

ITEM	CURRENT PERIOD					CUMULATIVE TO DATE					REPROGRAMMING ADJUSTMENTS			AT COMPLETION		
	BUDGETED COST		ACTUAL COST	VARIANCE		BUDGETED COST		ACTUAL COST	VARIANCE							
	WORK SCHEDULED	WORK PERFORMED	WORK PERFORMED	SCHEDULE	COST	WORK SCHEDULED	WORK PERFORMED	WORK PERFORMED	SCHEDULE	COST	COST VARIANCE	SCHEDULE VARIANCE	BUDGET	BUDGETED	ESTIMATED	VARIANCE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12a)	(12b)	(13)	(14)	(15)	(16)
a. ORGANIZATIONAL CATEGORY																
b. COST OF MONEY																
c. GENERAL AND ADMINISTRATIVE																
d. UNDISTRIBUTED BUDGET																
e. SUB TOTAL (PERFORMANCE MEASUREMENT BASELINE)																
f. MANAGEMENT RESERVE																
g. TOTAL																

DD FORM 2734/2, MAR 05 LOCAL REPRODUCTION AUTHORIZED.

CLASSIFICATION (When Filled In)

CPR

Format 2

SOW (9/5/2012) - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT
FORMAT 3 - BASELINE **DOLLARS IN _____**

FORM APPROVED
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 6.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re

1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. CONTRACT DATA

a. ORIGINAL NEGOTIATED COST	b. NEGOTIATED CONTRACT CHANGES	c. CURRENT NEGOTIATED COST (a. + b.)	d. ESTIMATED COST OF AUTHORIZED UNPRICED WORK	e. CONTRACT BUDGET BASE (c. + d.)	f. TOTAL ALLOCATED BUDGET	g. DIFFERENCE (e. - f.)

h. CONTRACT START DATE (YYYYMMDD)	i. CONTRACT DEFINITIZATION DATE (YYYYMMDD)	j. PLANNED COMPLETION DATE (YYYYMMDD)	k. CONTRACT COMPLETION DATE (YYYYMMDD)	l. ESTIMATED COMPLETION DATE (YYYYMMDD)

6. PERFORMANCE DATA

ITEM	BCWS CUMULA-TIVE TO DATE	BCWS FOR REPORT PERIOD	BUDGETED COST FOR WORK SCHEDULED (BCWS) (Non-Cumulative) SIX MONTH FORCAST +1	+2	+3	+4	+5	+6	ENTER SPECIFIED PERIODS					UNDIS-TRIBUTED BUDGET	TOTAL BUDGET
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
a. PERFORMANCE MEASUREMENT BASELINE (Beginning of Period)															
b. BASELINE CHANGES AUTHORIZED DURING REPORT PERIOD															
c. PERFORMANCE MEASUREMENT BASELINE (End of Period)															
7. MANAGEMENT RESERVE															
8. TOTAL															

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CPR Format 3

SOW (9/5/2012) - Website Maintenance and Support Services Task Order

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT **FORMAT 4 - STAFFING**													**FORM APPROVED** **OMB No. 0704-0188**
The public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and revi													
1. CONTRACTOR **a. NAME** **b. LOCATION (Address and ZIP Code)**			**2. CONTRACT** **a. NAME** **b. NUMBER** **c. TYPE** **d. SHARE RATIO**						**3. PROGRAM** **a. NAME** **b. PHASE** **c. EVMS ACCEPTANCE** **NO YES (YYYYMMDD)**				**4. REPORT PERIOD** **a. FROM (YYYYMMDD)** **b. TO (YYYYMMDD)**	
5. PERFORMANCE DATA (All figures in whole numbers)														
ORGANIZATIONAL CATEGORY	**ACTUAL CURRENT PERIOD**	**ACTUAL END OF CURRENT PERIOD** (Cumulative)	**FORECAST (Non-Cumulative)** **SIX MONTH FORECAST BY MONTH** (Enter Names of Months) **+1**	**+2**	**+3**	**+4**	**+5**	**+6**	**ENTER SPECIFIED PERIODS**					**AT COMPLETION**
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**	**(8)**	**(9)**	**(10)**	**(11)**	**(12)**	**(13)**	**(14)**	**(15)**
6. TOTAL DIRECT														

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CPR Format 4

CLASSIFICATION (When Filled In)

CONTRACT PERFORMANCE REPORT FORMAT 5 - EXPLANATIONS AND PROBLEM ANALYSES				FORM APPROVED OMB No. 0704-0188
The public reporting burden for this collection of information is estimated to average 36 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and rev				
1. CONTRACTOR	2. CONTRACT		3. PROGRAM	4. REPORT PERIOD
a. NAME	a. NAME		a. NAME	a. FROM (YYYYMMDD)
b. LOCATION (Address and ZIP Code)	b. NUMBER		b. PHASE	b. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	c. EVMS ACCEPTANCE NO YES (YYYYMMDD)	

5. EVALUATION

Discussion should include but is not limited to:

Summary Analysis

- Summary of Overall Contract Variances
- Differences between EAC's (Blocks 6.a, 6.b, 6.c, or Block 8.15)
- Changes in Undistributed Budget
- Changes in Management Reserve
- Significant timephasing shifts in Baseline (BCWS) (Format 3)
- Significant timephasing shifts or Overall Changes in Forecasted Staffing (Format 4)
- Discussion of Over Target Baseline and/or Over Target Schedule incorporation

Analysis of Significant Variances: (identify and describe each)

- Type and Magnitude of Variance
- Explanation of Significant Reasons
- Effect on Immediate Task
- Effect on Total Contract
- Corrective Actions Taken or Planned

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CPR Format 5

Attachment C – OBIS Application Matrix

See attached PDF "obis_web_app_matrix"

Attachment D – Data Sources for Medicare.gov Tools

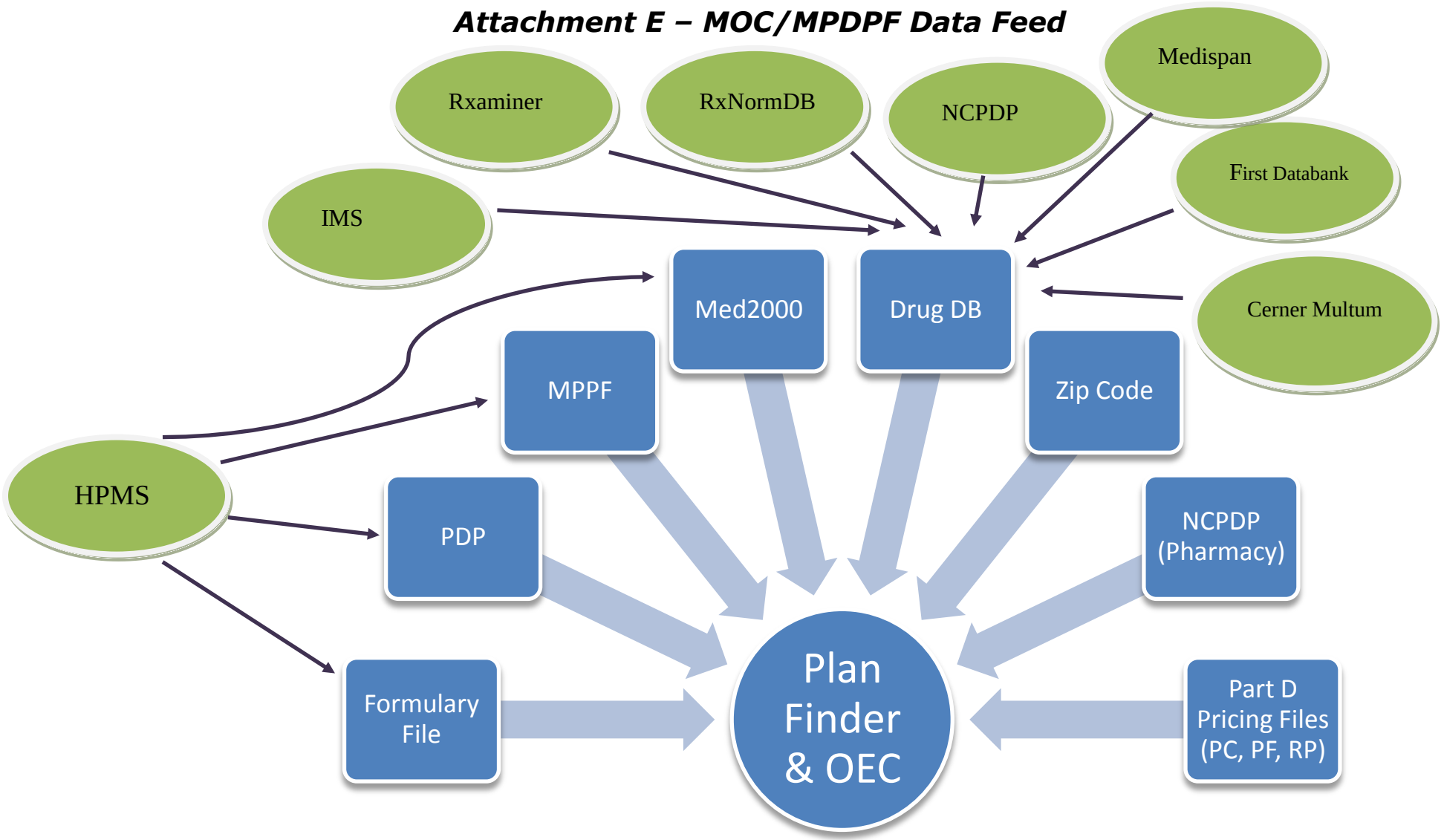
Application (Tool)	Associated Database	Data Source	Data
Dialysis Facility Compare (DFC)	DFC, Geography*	CMS/Office of Clinical Standards & Quality (OCSQ) • Quality Arbor Research • Standard Information Management Systems (SIMS) • Renal Management Information System (REMIS) • Program Management and Medical Information System (PMMIS)	Characteristics, Medical claims, payment and entitlement data on people with Medicare who have ESRD, 3 measures
Hospital Compare (HC)	HQI, Metrics, Geography*	CMS/Center for Drug & Health Plan Choice (CPC) CMS/Center for Medicare Management (CMM) CMS/Office of Information Services (OIS) CMS/Center for Medicaid & State Operations (CMSO) CMS/Office of External Affairs (OEA) CMS/OCSQ	HCAHPs Medicare Payment and Volume Demographics - OSCAR/ ASPEN Plain Language 7 Heart Attack care measures 4 Heart Failure care measures 7 Pneumonia care measures 7 Surgical care improvement project measures 3 Asthma care (children only) measures
Home Health Compare (HHC)	HHC, Geography*	CMS/CPC CMS/CMSO CMS/OCSQ	HHCAHPS Outcome and Assessment Information Set (OASIS) 3 measures for improvement in getting around

			4 measures for meeting the patient's activities of daily living 3 measures for patient medical emergencies 2 measures about how home healthcare ends
Nursing Home Compare (NHC)	NHC, Geography*	CMS/CMSO CMS/OEA CMS/OCSQ	Minimum Data Sets (MDS) Repository OSCAR/ASPEN - demographics Plain Language Health and Fire Safety Surveys and Complaint Survey deficiencies Nurse staffing 14 measures for long-stay residents 5 measures for short-stay residents
Healthcare Provider Directory (HPD)	Physician, Geography*	Payment Enrollment Chain Ownership System (PECOS) PHPD Data Contractor National Plan and Provider Enumeration System (NPPES)	Physician Listings Foreign language, Gender, Residency information, Hospital Affiliation Physician Quality Reporting Initiative (PQRI)

Medicare Plan Finder (MPF)	PDAP, OOPC, PDP, SPAP/PAP, Formularies and Supplemental files, Part D Plan Ratings data, Medigap data, Med2000, MGC, CBO-CSR Query, Geography*	CMS/CPC Online Enrollment Center (OEC) database CMS/Health Plan Management System (HPMS) Electronics Services Support Contractor Medicare Beneficiary Database (MBD) To be proposed by contractor	Plan Ratings Data Enrollment Applications Plan Contact, Formulary, and Beneficiary Information Eligibility criteria and Contact information Enrollment and Eligibility data Drug database
Application (Tool)	Associated Databases	Data Source	Data
Medicare Eligibility Tool (MET)		Social Security Administration (SSA)	Published information, Rate and eligibility info from press releases
Long-Term Care (LTC)		National Council on Aging (NCOA) CPC	Risk/Cost Calculator Static information
Helpful Contacts	Con, Geography*	Electronics Services Support Contractor CMS/Website Project Management Group (WPMG) CMS/Call Center Operations Group (CCOG)	Characteristics Characteristics Characteristics
Publications		CMS/OEA	Publications, Key words, related pubs, order information
Supplier Directory	Supplier, Geography*	National Supplier Clearance Warehouse	Characteristics, Participating and non-participating suppliers
Your Medicare Coverage (YMC)		CMS/OEA	Coverage Information, Services, Medical Equipment

**The Geography Database is used on many tools, though is only updated quarterly. This database provides relationships about states, states to counties, counties to zip codes, SSA and FIPS counties, cities to states and zip to cities. It is supplied by the United States Postal Service.*

SOW (9/5/2012) - Website Maintenance and Support Services Task Order


Attachment E – MOC/MPDPF Data Feed
Rxaminer
RxNormDB
NCPDP
Medispan
IMS
First Databank
Med2000
Drug DB
Cerner Multum
MPPF
Zip Code
HPMS
PDP
NCPDP (Pharmacy)
Formulary File
Plan Finder & OEC
Part D Pricing Files (PC, PF, RP)

Attachment F – Licenses

NOTE: All renewals or purchases of software listed in this section are to be purchased as required and directed by WNMG to support continuous Website operations.

Item	Description	CMS OWNED OR CGI ACQUIRED	QTY
Puppet	Monitoring tool	CGI	
Splunk	Monitoring tool	CGI	
Drupal	Content Mgmt	CGI	TBD
JIRA	ALM Software - possible alternative to SW Planner	CGI	TBD
ALM Software (Currently using SmartBear Software Planner with possible migration to Jira)	ALM SOFTWARE - ANNUAL OPTION	CGI	TBD
Software Planner Addt Users	CGI Defect Management	CGI	TBD
ARCHIVE IT (Internet Archive)	Archiving Software	CGI	1
Basecamphq	Collaboration Software	CGI	1
Magus ActiveStandards (CMS)	Compliance software for CMS	CGI	1
Adobe Acrobat Suite X	PDF Creation	CGI	1
Adobe Captivate 5	Software that is an eLearning, authoring tool for creating and maintaning complex Web content.	CMS Owned	3
Adobe Creative Suite 5 Web Premium	Software for producing standards based Websites and immersive digital experiences in support of designing and developing Web content	CMS Owned	2

Flickr Pro Account - 1 year	Account for uploading and posting photos for the Websites	CMS Owned	1
Thinkstock Image License	In support of obtaining royalty-free photo images for use on Websites	CMS Owned	1
Wufoo	Online HTML form builder for the Websites	CMS Owned	1
Redgate SQL Compare Maintenance	Database comparison and sync	CGI	5
Socrata 24X7 Support	Socrata 24X7 Support	CGI	12
Socrata 24X7 Support (2nd Web Property)	Socrata 24X7 Support (2nd Web Property)	CGI	12
Socrata Data Set Preparation Services	Socrata Data Set Preparation Services	CGI	50
Socrata Enterprise	Upgraded Version	CGI OWNED	TBD
Socrata Geo-Coding	Socrata Geo-Coding	CGI	12
Socrata Geo-Coding (2nd Web Property)	Socrata Geo-Coding (2nd Web Property)	CGI	12
Socrata Premium	Social Data API allows the user to search for or browse public datasets and make them more easily accessible, interactive and visual.	CMS OWNED	12
Socrata Premium (2nd Web Property)	Social Data API allows the user to search for or browse public datasets and make them more easily accessible, interactive and visual.	CMS OWNED	12
Zip +4	Zip +4 data can be shared as per the license however it can not be re-sold. Data comes in CD-Rom and then imported to the Geography Database	CGI	1
TypeKit (CMS)	Website Font Package (CMS)	CGI	12
WebSort.net License - 5 pack	In support of conducint remote card sorting onling	CMS Owned	1

Apple iOS Dev	iOS Developer Account	CGI	1
MS Team Foundation Server (TFS)	For CMS use	CMS Owned	1
MS Team Foundation Server (TFS)	For CGI Use	CGI	1
MSelect Visual Studio Team Ed For Sw Dev MP w/MSDN Prem LIC/SA All Lang	Licenses for Medicare.gov	CGI	19
MSelect Visual Studio Team Ed For Sw Dev MP w/MSDN Prem LIC/SA All Lang (For CMS)	CMS Owned Licenses	CMS Owned	5
MS Visual Studio Ultimate Ed with MSDN	2 additional licenses for Visual Studio with MSDN and advanced Debugging and testing tools not found in Premium edition plus extra technical support access	CGI	2
TFS Client Access Licenses (CALs)	35 single user licenses	CGI	65
SQL Server 2008 R2	Cloud-ready Information Platform	CGI	2
TFS Client Access Licenses (CALs)	CMS CALs	CMS Owned	1
TFS Client Access Licenses (CALs)	3 licenses (5 User pack)	CGI	3
coTweet Enterprise (CMS)	Social Network managmenet and integration for CMS	CGI	1
Google Maps for Enterprise	In support of Med.gov Mapping, directions, and address Geocoding	CMS Owned	1
Licenses for 3rd Party Data to Support PlanFinder	Cerner, Multum, First Data, etc. etc. etc.	CGI	N/A
Right Now Enterprise Suite	Provide support and hosting forFAQs and incident management on Website	CMS Owned	1
Uservoice (CMS)	Customer Feedback for CMS	CGI	1

SOW (9/5/2012) - Website Maintenance and Support Services Task Order

WebInspect Perpetual Streamline License Annual Maintenance	In support of website security analysis and development	CGI	1
Chartbeat - 12 months	Website Monitoring Service	GCI	12
Cloudkick	Allows users to conduct server monitoring to facilitate troubleshooting or performance issues	CGI	1
Geckoboard	Website Dashboard	CGI	1
New Relic (CMS)	Web application monitoring for CMS	CGI	12
Pingdom	In support of conducting external monitoring on the CMS Websites and their applications	CMS Owned	1
Sifter Large Plan - 12 months	Purchased for CMS to track defects and enhancements	CMS Owned	12
Percussion Tier 1 Support	1 year support	CGI	1
Ethnio	To facilitate targeted user testing on sites.	CGI	1
Freedom Scientific - JAWS	Screen Reader Software	CGI	5
Load Runner 9.5 (MEDG)	Load testing software. 500 Virtual Users	CGI	1
LoadRunner 9.5 (MBP)	Load testing software. 500 Virtual Users	CGI	1
Morae Bundle	Usability Testing	CGI	1
QuickTest Pro	Automated Test Script Execution	CGI	3
Redgate ANTS Memory Profiler	Find memory leaks in CWS team applications	CGI	5

Bit.ly	URL Shortening	CGI	1
RepliWeb	provides automated, secured file transfer, file replication, content deployment solutions & SharePoint Replication	CGI	1
RepliWeb	provides automated, secured file transfer, file replication, content deployment solutions & SharePoint Replication	CMS Owned	6
BrowserHawk Enterprise Edition 1 year Support and Maintenance renewal	In support of Medicare.gov multi-browser support and detection development	CGI	8
BrowserHawk Enterprise Edition 1 year Support and Maintenance renewal	In support of Medicare.gov multi-browser support and detection development	CMS Owned	16
BrowserHawk Professional Edition 1 year Support and Maintenance	In support of Medicare.gov multi-browser support and detection development	CGI	15
Ektron eWebEditPro	Maintenance Renewal (internal). Allow hyperlinking in OESS admin tool	CGI	1
Ektron eWebEditPro (For CMS)	Maintenance Renewal (internal). Allow hyperlinking in OESS admin tool	CGI	1
Snagit maintenance	Maintenance	CGI	40
Stylus Studio Maintence Agreement	Maintenance Agreement for Stylus Studio puchased with Stylus Studio Enterprise 2010.	CGI	5
Corda Builder Maintenance	In support of Medicare.gov Quality Graphs	CGI	2
Corda Builder Maintenance	In support of Medicare.gov Quality Graphs	CMS Owned	12
Corda Highwire Enterprise Maintenance	In support of Medicare.gov Quality Graphs	CGI	1
Corda Highwire Enterprise Maintenance	In support of Medicare.gov Quality Graphs	CMS Owned	6
Corda Optimap Developer Maintenance	In support of Medicare.gov Quality Graphs	CMS Owned	2

Corda Optimap Enterprise Maintenance	In support of Medicare.gov Quality Graphs	CGI	1
Corda Optimap Enterprise Maintenance	In support of Medicare.gov Quality Graphs	CMS Owned	3
Corda PopChart Developer Maintenance	In support of Medicare.gov Quality Graphs	CGI	2
Corda PopChart Enterprise Developer Maintenance	In support of Medicare.gov Quality Graphs	CMS Owned	3
Corda PopChart Enterprise Maintenance	In support of Medicare.gov Quality Graphs	CGI	2
Corda PopChart Enterprise Maintenance	In support of Medicare.gov Quality Graphs	CMS Owned	3
FusionCharts (CMS)	Chart creation for CMS	CGI	2
Visual Studio Team Suite w/MSDN (For CMS)	CMS Owned Licenses	CGI	2

Attachment G – Acronym List

ARS – Acceptable Risk Standards

ASP – Active Server Pages

BLL – Business Logic Layer

BPSSM – Business Partner System Security Manual

CAM – Cost Accounting Manager

CASE – Computer Aided Software Engineering

CCOG – Call Center Operations Group

CMM – Center for Medicare Management

CMS – Centers for Medicare & Medicaid Services

CMSO – Center for Medicaid & State Operations

COTR – Contracting Officer Technical Representative

COTS – Commercial-off-the-Shelf

CPC – Center for Drug & Health Plan Choice

CSC – Computer Software Component

CSCI – Computer Software Configuration Item

CSR – Customer Service Representative

DAL – Data Access Layer

DDD – Database Design Document

DDL – Data Definition Language

DFC – Dialysis Facility Compare

DLL – Dynamic Link Library

DME – Durable Medical Equipment

DUA – Data Use Agreement

EDC – Enterprise Data Center

EIT – Electronic and Information Technology

e-MSN – Electronic Medicare Summary Notice

ERD – Entity-Relationship Diagrams

ESD – Enterprise System Development

EVM – Earned Value Management

FF – Formulary Finder

FIPS – Federal Information Processing Standards

FISMA – Federal Information Security Management Act

GFI – Government Furnished Information

GFP – Government Furnished Property

GUI – Graphical User Interface

HC – Hospital Compare

HHC – Home Health Compare

HICN – Health Insurance Claim Number

HPMS – Health Plan Management System

IBR – Integrated Baseline Review

IRR – Implementation Readiness Review

IS RA – Information Security Risk Assessment

JOA – Joint Operating Agreement

JSP – Java Server Pages

LAN – Local Area Network

LCD – Local Coverage Determination

LIS – Limited Income Subsidy

LMRP – Local Medical Review Policies

LTC – Long-Term Care

MBD – Medicare Beneficiary Database

MBP – Medicare Beneficiary Portal (aka MyMedicare.gov)

MDS – Minimum Data Sets

MET – Medicare Eligibility Tool

MKS - Mortice Kern Systems Content Management Tool

MMA – Medicare Modernization Act

MOC – Medicare Options Compare

MPDPF – Medicare Prescription Drug Plan Finder

MSN – Medicare Summary Notice

MSP – Medicare Secondary Payer

NCD – National Coverage Determinations

NCOA – National Council on Aging

NGD – Next Generation Desktop

NHC – Nursing Home Compare

NPPES – National Plan and Provider Enumeration System

OASIS – Outcome and Assessment Information Set

OBIS – Office of Beneficiary Information Services

OCSQ – Office of Clinical Standards & Quality

OEA – Office of External Affairs

OEC – Online Enrollment Center

OIS – Office of Information Services

OSCAR - Online Survey Certification and Reporting System

PDP – Prescription Drug Plan

PDR – Preliminary Design Review

PECOS – Provider Enrollment and Chain Ownership System

PHPD – Physician and Other Healthcare Professional Directory

PMB – Performance Measurement Baseline

PMBOK – Project Management Body of Knowledge

PMMIS – Program Management and Medical Information System

PO – Project Officer

POD – Print-on-Demand

PQRI – Physician Quality Reporting Initiative

QA – Quality Assurance

RAM – Responsibility Assignment Matrix

REMIS – Renal Management Information System

RSS – Really Simple Syndication

SAS – Statement on Auditing Standards

SCE – Software Capability Evaluation

SCM – Software Configuration Management

SDIF – Software Development and Integration Facility

SDLC – System Development Life Cycle

SDMP – System Development Management Plan

SEO – Search Engine Optimization

SFTP - Secure File Transfer Protocol

SIMS – Standard Information Management Systems

SLA – Service Level Agreement

SLOC – Source Lines of Code

SOA – Service-Oriented Architecture

SOAP – Simple Object Access Protocol

SOW – Statement of Work

SQL – Structured Query Language

SSA – Social Security Administration

SSL – Secure Socket Layer

SSP – System Security Plan

SyRS – System Requirements Specification

TRM – Technical Reference Model

UAT – User Acceptance Test

UCM – Oracle Universal Content Management System

VB/COM – Visual Basic/Component Object Model

VCS – Virtual Call Center Strategy

VDD – Version Description Document

VRR – Validation Readiness Review

WAN – Wide Area Network

WBS – Work Breakdown Structure

WPMG – Website Project Management Group

YMC – Your Medicare Coverage

Attachment H – Release Schedule Information

Medicare.gov

1 Release/Month with updates on 3-4 of the tools
Each Release generally has 1 Bugfix and 1 Hotfix
Monthly Database Refreshes for around 6 of the tools

**CMS is moving towards a model of Major Quarterly Releases for about 2-3 of the Medicare.gov tools.*

CMS.gov

Frequent updates for Static Pages
Monthly Releases for Major Application Level changes with updates throughout the year
Quarterly System Releases for Medicare Coverage Database (MCD) application
Quarterly Database Refreshes for Physician Fee Finder Schedule (PFFS)

**CMS is moving towards a model of having Major Quarterly Releases scheduled for about 2-3 of the CMS.gov tools.*

MyMedicare.gov

Major Quarterly Releases
One smaller Release each Month

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 6

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000001	See Block 16C	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS,OAGM,ITG,DISSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DISSC	Allisan Hafner Contract Specialist 410-786-5147	AGG/AH

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

X 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0012

10B. DATED *(SEE ITEM 13)*
09/30/2011

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

Net Increase: $35,771,689.82

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* FAR 52.243-2 Changes - Cost Reimbursement, Alternate II

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this Task Order Modification is to
(1) Incorporate a revised statement of work,
(2) Add OAGM to the distribution list for deliverables,
(3) Replace the Schedule of Service Price/Cost chart with a system-generated schedule,
(4) Change Contracting Officer and Contract Specialist,
(5) Incorporate a revised Award Fee Plan, and
(6) Consent to subcontract

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Richard J. Martin	Kevin Newton

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Richard J. Martin *(Signature of person authorized to sign)*	8/24/12	Kevin C. Newton	Kevin C. Newton 2012.08.26 10:15:19 -04'00'

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)

A. The "Schedule of Service Price/Costs" (Section B3) is hereby DELETED in its entirety and REPLACED with the schedule herein. As a result of the contract writing system-generated schedule containing the pertinent information, the following task order sections are DELETED and RESERVED:

1. Section F5 - Period of Performance

2. Section G9 - Accounting and Appropriation Data

B. The last paragraph of "Time and Place of Deliveries" (Section F6) is DELETED in its entirety and REPLACED with the following paragraph:

"All deliverables shall be addressed and delivered to the Contracting Officer's Representative, Contracting Officer and Contract Specialist, unless otherwise indicated."

C. The "Government Point of Contact" (Section G7) is modified as follows:

1. The Contracting Officer is changed to "Kevin Newton, 410-786-2319, Kevin.newton@cms.hhs.gov"

2. The Contract Specialist is changed to "Allisan Hafner, 410-786-5147, Allisan.hafner@cms.hhs.gov"

D. The section entitled "Attachments" is DELETED in its entirety and REPLACED with:

"Attachments:
1. Statement of Work, dated 3 May 12, 57 pages
2. Award Fee Plan, dated 16 Aug 12, 6 pages
3. Section F - Deliverables, dated 30 Sep 11, 3 pages"

E. In accordance with FAR 52.244-2 -- Subcontracts, the Government consents to the following subcontracts:

Continued ...

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	1. (b)(4) 2. 3. 4. 5. 6. 7. 8. 9. 10.				
	LIST OF CHANGES: Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4) Obligated Amount for this Modification: $35,771,689.82 New Total Obligated Amount for this Award: (b)(4) Delivery Location Code: N/A Not Applicable				
	Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	Base Period - Design, Devlopment and Implementation (Non-severable services) Award Type: Cost Total Estimated Cost: (b)(4) Requisition No: 888-1-7206-05 Accounting Info: 15996086-75X0119-252Z CAN Number: 15996086 Appropriation: 75X0119 Object Class: 252Z Funded: (b)(4) NOTE: The following are the sub contract line items associated with CLIN 0001. The full funding for these totals comes from item 0001, 000101, 000102, 000103, and 000104. 0001AA - Estimated Cost, NTE, IAW SOW: (b)(4) 0001AB - Fixed Fee: (b)(4) 0001AC - Travel, NTE, IAW FTR: (b)(4) Continued ...				(b)(4)

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Add Item 000101 as follows:				
000101	Additional funding for Base Period Requisition No: OIS-393-2012-0383 Accounting Info: 5996720-7520511-252Z-770-2-0763-09 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252Z Component ID: 770 Fiscal Year: 2 Project #: 0763 Sequence #: 09 Funded: (b)(4)				(b)(4)
	Add Item 000102 as follows:				
000102	Additional funding for Base Period Requisition No: OIS-393-2012-0203 Accounting Info: 5996720-7520511-252Z-770-2-0765-02 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252Z Component ID: 770 Fiscal Year: 2 Project #: 0765 Sequence #: 02 Funded: (b)(4)				(b)(4)
	Add Item 000103 as follows:				
000103	Additional funding for Base Period Requisition No: OIS-393-2012-0204 Accounting Info: 5996720-7520511-252Z-770-2-0749-01 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252Z Component ID: 770 Fiscal Year: 2 Project #: 0749 Sequence #: 01 Funded: (b)(4)				(b)(4)
	Add Item 000104 as follows:				
000104	Additional funding for Base Period Requisition No: OIS-393-2012-0205 Accounting Info: 5996720-7520511-252Z-770-2-0763-03 CAN Number: 5996720 Appropriation: 7520511 Object Class: 252Z Component ID: 770 Fiscal Year: 2 Project #: 0763 Sequence #: 03 Funded: (b)(4)				(b)(4)
	Add Item 1001 as follows: Continued ...				

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1001	1st Option Period - Operations and Maintenance (Severable services) Award Type: Cost-plus-award-fee Total Estimated Cost: (b)(4) Base Fee: N/A| Award Fee: (b)(4) Amount: (b)(4) (Option Line Item) Add Item 1002 as follows:				Option
1002	1st Option Period - Travel (Severable services) Award Type: Cost Total Estimated Cost: (b)(4) Amount: (b)(4) (Option Line Item) Period of Performance: 09/02/2013 to 09/01/2014 Add Item 2001 as follows:				Option
2001	2nd Option Period - Operations and Maintenance (Severable services) Award Type: Cost-plus-award-fee Total Estimated Cost: (b)(4) Base Fee: N/A| Award Fee: (b)(4) Amount: (b)(4) (Option Line Item) Period of Performance: 09/02/2014 to 09/01/2015 Add Item 2002 as follows:				Option
2002	2nd Option Period - Travel (Severable services) Award Type: Cost Total Estimated Cost: (b)(4) Amount: (b)(4) (Option Line Item) Add Item 3001 as follows:				Option
3001	3rd Option Period - Operations and Maintenance (Severable services) Award Type: Cost-plus-award-fee Total Estimated Cost: (b)(4) Base Fee: N/A| Award Fee: (b)(4) Amount: (b)(4) (Option Line Item) Add Item 3002 as follows:				Option
3002	3rd Option Period - Travel (Severable services) Award Type: Cost Total Estimated Cost: (b)(4) Amount: (b)(4) (Option Line Item) Period of Performance: 09/02/2015 to 09/01/2016 Add Item 4001 as follows: Continued ...				Option

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
4001	Transition Out (Severable services) Award Type: Cost-plus-award-fee Total Estimated Cost: (b)(4) Base Fee: N/A| Award Fee: (b)(4) Amount: (b)(4) (Option Line Item) Period of Performance: 09/02/2016 to 03/01/2017 Add Item 4002 as follows:				Option
4002	Transition Out - Travel (Severable services) Award Type: Cost Total Estimated Cost: (b)(4) Amount: (b)(4) (Option Line Item) Period of Performance: 09/02/2016 to 03/01/2017				Option

Department of Health and Human Services

Centers for Medicare & Medicaid Services

Federal Exchange Program System
Federal Exchange Statement of Work

Version 1.1

May 3, 2012

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Section C – Statement of Work

The Contractor shall furnish all of the necessary personnel, materials, services, facilities, (except as otherwise specified herein), and otherwise do all the things necessary for or incident to the performance of the work as set forth below.

The Contractor, acting independently and not as an agent of the Government, shall furnish all the necessary services, qualified personnel, material, equipment/supplies (except as otherwise specified in the task order), and facilities, not otherwise provided by the Government, as needed to perform the Statement of Work (SOW) below.

Throughout this document, reference is made to notification, delivery, liaison and interaction between the Centers for Medicare and Medicaid Services (CMS) and the Contractor. This task order requires the Contractor to interact with CMS personnel of multiple disciplines (contracting personnel, contract management personnel, technical personnel, etc.) who form a CMS team. Identification of the specific point-of-contact on the CMS team for specific situations has not been addressed in this document; this lack of specificity in no way affects any of the requirements the contractor is required to perform. The Contractor is advised that specific use of the terms "CMS", "Contracting Officers Technical Representative" (COTR) or "Contracting Officer" (CO) in this document could denote one or several other members of the CMS team (see Appendix A, ACRONYMS).

1. Introduction

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (P.L. 111-148). On March 30, 2010, the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) was signed into law. The two laws are collectively referred to as the Affordable Care Act. The Affordable Care Act creates new competitive private health insurance markets – called Exchanges – that will give millions of Americans and small businesses access to affordable coverage and the same insurance choices members of Congress will have. Exchanges will help individuals and small employers shop for, select, and enroll in high quality, affordable private health plans that fit their needs at competitive prices. The IT systems will support a simple and seamless identification of people who qualify for coverage through the Exchange, tax credits, cost-sharing reductions, Medicaid, and CHIP programs. By providing a place for one-stop shopping, Exchanges will make purchasing health insurance easier and more understandable and will put greater control and more choice in the hands of individuals and small businesses.

The Centers for Medicare & Medicaid Services (CMS) is working with States (including the District of Columbia and the territories) to establish Exchanges in every State. The law gives States the opportunity to establish State-based Exchanges, subject to certification that the State-based Exchange meets federal standards and will be ready to offer health care coverage on January 1, 2014. The deadline for certification is January 1, 2013. In a State that does not achieve certification by the deadline, the law directs the Secretary of Health and Human Services to facilitate the establishment of an Exchange in that State.

CMS has pursued various forms of collaboration with the States to facilitate, streamline and simplify the establishment of an Exchange in every State. These include an early innovator

program, under which seven States were awarded grants to develop IT systems that could serve as models for other States, as well as a federal data services hub, through which HHS will provide certain data verification services to all Exchanges. These two efforts have made it clear that for a variety of reasons including reducing redundancy, promoting efficiency, and addressing the tight implementation timelines authorized under the Affordable Care Act, many, if not most States, may find it advantageous to draw on a combination of their own work plus business services developed by other States and the Federal government as they move toward certification. Therefore, CMS is planning a menu of Exchange options for States.

"State Partnership Model"

Some States have expressed a preference for a flexible State Partnership Model combining State designed and operated business functions with Federally designed and operated business functions. Examples of such shared business functions could include eligibility and enrollment, financial management, and health plan management systems and services. State partnerships would not preclude States from meeting all certification requirements and choosing to operate an exclusively State-based Exchange. CMS is pursuing an approach that will be flexible to accommodate any of these options available to States.

Exchanges are competitive marketplaces

Section 1311 of the Affordable Care Act sets minimum standards for Exchanges covering key areas of consumer protection, including a certification process for qualified health plans (QHPs). These standards help ensure that all Exchanges will be competitive marketplaces that serve the interests of individuals and small businesses. By pooling people together, reducing transaction costs, and increasing transparency, Exchanges will create more efficient and competitive health insurance markets for individuals and small employers.

CMS has solicited public comment, published guidance, and provided technical support to States as they work to establish Exchanges. Our work to solicit input on the Exchange began with a formal Request for Comment that was published on July 27, 2010. Over 300 responses were received from a wide variety of stakeholders offering perspectives on many aspects of the implementation of Exchanges. Initial guidance was published in November 2010, and the first Notice of Proposed Rule Making, which will address the core standards for establishment and operation of Exchanges, will be published soon. See:
http://cciio.cms.gov/resources/files/guidance_to_states_on_exchanges.html

Exchange will help coordinate interaction with other State health coverage programs

Section 1311 of the Affordable Care Act requires Exchanges to coordinate eligibility determinations across State health coverage programs. On May 31, 2011, CMS issued IT guidance 2.0 to describe coordination among Exchanges, Medicaid and CHIP. See:
http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf

States have the first option to establish Exchanges

Section 1311 of the Affordable Care Act provides each State with the option to set up an exclusively State-based Exchange and authorizes grant funding to cover start up costs through 2014 for States meeting benchmarks. Since September 30, 2010, CMS has awarded planning grants to 49 States and the District of Columbia to assist with initial planning activities related to the implementation of the Exchanges ("Planning Grants"). See: http://cciio.cms.gov/resources/fundingopportunities/exchange_planning_grant_foa.pdf

In an effort to promote re-use and efficiency in the development of IT components for Exchanges, CMS provided funding for IT Innovation on February 15, 2011. These "Innovator Grants" went to seven States, totaling $241 million in funding to develop Exchange IT systems that will serve as models for other States. These grants require the awardees to make available to other States their work and the IT products and other assets developed under the grants. Importantly, these grantees participate in an "open collaborative" among States, CMS and other Federal agencies to share interim deliverables and knowledge to facilitate the efficient development and operation of Exchange IT systems. This approach aims to reduce the need for each State and the Federal government to "reinvent the wheel" and aids States in Exchange establishment by accelerating the development of Exchange IT systems. See: http://cciio.cms.gov/resources/fundingopportunities/early_innovator_grants.pdf

A third funding opportunity was announced on January 20, 2011, which provides States with financial support for activities related to the establishment of exclusively State-based Exchanges ("Establishment Grants"). This funding opportunity provides two levels of funding based on the progress made by each State in planning for and establishing an Exchange. The first level provides one year of funding and can be limited in scope. The second level requires a more advanced state of readiness and provides funding through 2014. Interim deliverables and knowledge gained under these grants will also be supported in an open collaborative among States and CMS.

States can apply for grants to carry out activities in one or more of eleven core areas of Exchange operation: Background Research, Stakeholder Consultation, Legislative and Regulatory Action, Governance, Program Integration, Exchange IT Systems, Financial Management, Oversight and Program Integrity, Health Insurance Market Reforms, Providing Assistance to Individuals and Small Businesses, and Business Operations of the Exchange. State progress will be evaluated under these eleven core areas to support the certification of Exchanges by January 1, 2013. This funding opportunity announcement provided substantial information about standards and benchmarks that Exchanges must meet to achieve certification. See: http://cciio.cms.gov/resources/fundingopportunities/foa_exchange_establishment.pdf

Certification of State Exchanges will be a flexible process

Section 1321 of the Affordable Care Act requires Exchanges be certified by no later than January 1, 2013. To meet that deadline, CMS anticipates that the certification process will begin no later than July 2012. The process is likely to include initial progress submissions, operational assessments of readiness, final applications, and a substantial amount of collaboration and discussion with CMS. Depending on the State, the process could include the State

supplementing its own internally developed systems and services with work products developed by other States or the Federal government. From now through 2012, CMS will be working with States collaboratively, and will be continually evaluating how to develop federal business systems and services, and support similar development by others, in a manner that maximizes State flexibility. The goal is to give States the full opportunity to compare the menu of options including a flexible State Partnership Model, and an exclusively a State-based Exchange.

1.1 Task Order Scope

The Federal Exchange Program System (FEPS) consists of a FX that serves the needs of individuals within states where those states do not have their own state-run exchange, and the Data Services Hub (DSH), which provides common services and interfaces to federal agency information. Since states may elect to establish their own state-run exchanges or portions thereof, this task order will permit future modifications to encompass state's needs that are unknown at this time. Should CMS require additional services over and above those awarded at time of award, CMS will modify this order accordingly to meet the individuals' and states' needs. CMS expects these information technology (IT) systems to support a first-class customer experience, provide seamless coordination between state-administered Medicaid and CHIP programs and the FX, and between the FX and plans, employers, and navigators. These systems will also generate robust data in support of program evaluation efforts.

Through this procurement, CMS seeks qualified contractors to build the technical solution and support the operations of the FX that serves the needs as described within the Affordable Care Act, enables consumers to obtain affordable health care coverage, and allows employers to offer healthcare coverage to their employees.

The FX serves the needs of individuals – including exchange insurance support, Medicaid support, and Community Living Assistance Services and Supports (CLASS) Act support – within states where those states do not have their own state-run exchange. As such, the FX may perform all the core functions as any state exchange would or provide a subset of the services to augment the capabilities built by the state. The capability must exist to activate or enable states within the FX with varying degrees of notice. The federal FX development will be aware of some states' requirements for support early in the development life cycle, but the need to support other states may not be communicated until much later. The FX must be sufficiently robust to provide support of state exchange requirements at any point in the life cycle. In addition, the FX must be capable of integration with a variety of state (and federal) boundary systems and processes.

The key Exchange IT systems modules shall include, but not be limited to:

1. Eligibility & Enrollment
2. Health plan management to support QHP certification
3. Payment management system for Free Choice Vouchers
4. Premium tax credits administration
5. Cost-sharing assistance administration

The foregoing Exchange IT modules must support the core business functions of an Exchange. As presently understood, the Exchange consists of the following business functions:

- Exchange Administration
- QHP and Quality Management
- Eligibility & Enrollment
- Verification of eligibility against authoritative data sources
- Insurance Portal for Consumers
- Premium Tax Credit Administration
- Cost Sharing Reduction Administration
- Small Employer coordination to offer coverage (and potentially Premium Aggregation and Collection Services)
- Appeals & Case Management
- Payment and Financial Management
- Risk Adjustment and Reinsurance
- Program Integrity
- Measuring Quality and Consumer satisfaction
- Consumer tools and information to support calculation of out of pocket costs, available subsidies, and information to make appropriate choices of affordable coverage

In addition, the FX must be interoperable and integrated with State Medicaid/CHIP programs and capable of interfacing with Department of Health and Human Services (HHS) and other data sources in order to verify and acquire data as needed.

The Pre-existing Condition Insurance Plan (PCIP) program, an existing federal health insurance program, will migrate its data and operations to the FX by 2014, enabling consumers to receive equivalent services and support. PCIP provides health insurance available to those who have been denied coverage by private insurance companies because of a pre-existing condition. PCIP is administered either at the state or the federal government level (if a state does not have a PCIP program). PCIP provides a health coverage option for people without health coverage for at least six (6) months, people who have a pre-existing condition or have been denied health coverage because of a health condition, and who are U.S. citizens or reside here legally.

The optimal outcome of the Affordable Care Act is every state and territory operating their own exchange to serve the needs of their individuals and employers; however, CMS anticipates that a number of states will need local support. In some cases this support will be limited to oversight and minimal consulting to help facilitate or expedite work in progress. In other cases there may be more tactical support required or the need to be migrated to the FEPS. The level and amount of support provided to states in these cases will be carefully evaluated, for example, to determine if such help will bring the state back in compliance with schedule or if the work is too significant to augment, and therefore, the state must be opted-out and folded into the FX solution. This

aspect of the FEPS will involve careful analysis and evaluation prior to any assignment of resources

In order to ensure exceptional performance and accountability for these projects, CMS is following the Exchange Life Cycle (ELC), a model derived from the CMS Integrated IT Investment & System Life Cycle Framework (ILC) used for development and implementation of all CMS IT systems. The ELC was created with an Exchange-specific Project Process Agreement (PPA). All planning will comply with Office of Management and Budget (OMB) Circular A-130 and the Clinger-Cohen Act, which mandates that each federal agency develop a depiction of the functional and technical processes utilized to accomplish its mission. All work performed should be compliant with HHS Enterprise Architecture.

1.2 Contract Outcome

For this task order, CMS desires a Managed Services approach that will include the following:

1. Architecting and developing a Federal Exchange that may be used by any state that opts out of building and operating its own Exchange
2. Designing a solution that is flexible, adaptable, and modular to accommodate the implementation of additional functional requirements and services; and
3. Participating in a collaborative environment and relationship to support the coordination between CMS and the primary partners, e.g., the Internal Revenue Service (IRS)

The foregoing activities must be completed to ensure the FX will be ready. The following reviews represent the key milestones (stage gate reviews in the ELC, dates represented as calendar year) for the FX:

- Architecture Review: October 2011
- Project Startup Review: Q4 2011
- Project Baseline Review: Q1 2012
- Preliminary Design Review: Q1 2012
- Detailed Design Review: Q2 2012
- Final Detailed Design Review: Q2 2012
- Pre-Operational Readiness Review: Q4 2012
- Operational Readiness Review: Q1 2013

A detailed description of the foregoing activities and milestones can be found in the Collaborative Environment and Life Cycle Governance Supplement to the Exchange Reference Architecture: Foundation Guidance document and the CMS ILC site at http://www.cms.hhs.gov/SystemLifecycleFramework/

The planned artifacts and templates for the FEPS development will also be stored in the Application Life Cycle Management (ALM) environment that CMS is standing up for the use of multiple stakeholders across the Affordability Care Act projects.

1.3 Assumptions and Constraints

The Contractor's task order response should take the following assumptions and constraints into consideration:

- The Affordable Care Act requires individuals to be enrolled in appropriate health insurance programs by January 2014. CMS expects open enrollment to begin in October 2013. CMS requires that Exchange and DSH capability be ready for nationwide testing by January 2013.
- Identification of states requiring FX support. States requiring federal exchange support will be identified between 2011 through the end of 2013. The architecture and design of the FEPS must allow for capture of required state information in the FX in a modular and repeatable manner.
- Varying schedules among participants within overall Exchange Program. Other federal agency partners and the states will determine their own development and delivery schedules for their components of the program.
- Level of cooperation and support for consistent milestones. CMS will track the progress of the states and federal partners with a focus on nation-wide integration testing starting in January 2013.
- The applicability of the system models developed by Early Innovator States must be evaluated to assess the degree of leverage that can be recognized from innovation grant state deliverables in support of the remaining states, the federal exchanges, and the DSH
- The contractor shall support sharing and re-use of developed FX solutions with Early Innovator States and others. This includes deployment of tools and supporting personnel needed to support activities associated with sharing and re-using of FX services and artifacts.
- The contractor shall support CMS with operations and management of Inner Sourcing and Community Management initiatives related to sharing FX services, incorporating system models from Early Innovator States for other states to utilize, and sharing applicable FX models and services with Issuers.
- Assume that there will be 10 visits to state sites at an average cost of $2,500.00 per visit.
- The contractor shall acquire the required infrastructure services from the CMS Cloud Service provider, Terremark. CMS will provide the contractor with a FEDSTRIP authorization to permit the contractor to order the required services from the cloud service provider's GSA contract, at pricing equal or better than the negotiated pricing on the CMS Cloud Services task order with Terremark.
- The Government intends on establishing a ceiling for indirect rates of not more than +/- 5% from the proposed rates.
- CMS defines local travel as travel that is less than twelve (12) hours in duration within the Washington Metropolitan Area, including Baltimore, MD, and Virginia, and does not require overnight lodging.

- Travel performed for personal convenience or daily travel to and from work at the contractor's facility or local Government facility (i.e.: designated work site) shall not be reimbursed under this contract.
- If travel is proposed the Contractor's business proposal shall segregate it from other pricing/elements and the breakout shall include: Names of travelers, destinations (to and from), mode of transportation, mileage, rental cars, hotel, purpose of trip, etc.
- All travel will be performed on an as needed basis and submitted to the CMS Contracting Officer Technical Representative (COTR) for approval prior to execution. Per diem will be reimbursed at Government-approved rates in effect at the time of travel. All travel as well as per diem (lodging, meals and incidentals) shall be reimbursed in accordance with the Federal Travel Regulation (FTR) – For reference purposes refer to the below link: http://www.gsa.gov/portal/content/104790

1.4 Standards and Reference Material

The following documents are provided as background material to this procurement:

- Guidance for Exchange and Medicaid IT Systems, versions 1.0 and 2.0
- Medicaid and Exchange IT Architecture Guidance: Framework for Collaboration with State Grantees. This overview document describes the relationships between the Exchange Reference Architecture documents.
- Exchange Reference Architecture Foundation Guidance
- Collaborative Environment and Life Cycle Governance – Exchange Reference Architecture Supplement
- Harmonized Security and Privacy Framework – Exchange TRA Supplement
- Eligibility and Enrollment – Exchange Business Architecture Supplement
- Plan Management – Exchange Business Architecture Supplement
- Conceptual Data Model and Data Sources – Exchange Information Architecture Supplement
- Business Blueprint Master Glossary. Glossary of key terms and concepts referenced in the Exchange Business Architecture supplements.
- Business Blueprint Services Workbook. Contains the inventory of Exchange business services and supporting business services identified from the process models and their mapping to business processes.
- Eligibility & Enrollment Blueprint Data Capture Workbook. Contains the meta-data describing the Eligibility & Enrollment process flows, and associated activities, information flows, and capabilities.

- Plan Management Blueprint Data Capture Workbook. Contains the meta-data describing the Plan Management process flows, and associated activities, information flows, and capabilities
- Financial Management Blueprint Data Capture Workbook. Contains the meta-data describing the Plan Management process flows, and associated activities, information flows, and capabilities
- CMS Technical Reference Architecture (TRA), v.2.1 and supplements. Several relevant TRA supplements are listed on the CMS web site (http://www.cms.gov/SystemLifecycleFramework/TRAS/list.asp#TopOfPage) and other supplements are under development. Supplements are available upon request.
- CMS Testing Framework document, which can be found at

http://www.cms.gov/SystemLifecycleFramework/Downloads/CMSTestingFrameworkOverview.pdf

- MITA Framework 2.0 and supporting material. MITA material is available on the CMS web site (http://www.cms.gov/MedicaidInfoTechArch/04_MITAFramework.asp#TopOfPage).
- Publication 1075: Tax Information Security Guidelines for Federal, State and Local Agencies. OMB No. 1545-0962. See www.irs.gov/pub/irs-pdf/p1075.pdf.
- Internal Revenue Manual (IRM); Part 10; Security, Privacy and Assurance. See www.irs.gov/irm/part10/

2. Requirements and Work Activities

These requirements are for systems development and delivery of a federally operated Federal Exchange (FX). The Contractor's proposed solution shall be designed and developed to interoperate with the Data Services Hub and State Exchanges. As such, the majority of the following tasks relate to life cycle activities that support delivery. The CMS ELC is the baseline system development life cycle model used to structure and track progress. Each specific development task includes full life cycle coverage from technical requirements definition to testing and Authority to Operate (ATO). CMS has tailored the ILC through a PPA to create the ELC used in this SOW. CMS believes that an iterative or agile development approach may provide the best opportunity to incrementally build and test FX functionality.

The Contractor's proposed solution shall be based on a modular, agile, flexible services based approach to systems development, including use of open interfaces, open source software, Government Off-The-Shelf (GOTS) software, and exposed application programming interfaces supported as web services; the separation of business rules from core programming; and the availability of business rules in both human and machine readable formats.

2.1 General Technical Requirements

Each of the following technical areas describes one aspect of an integrated service capability to support FX operations. Although the areas are described individually, the Contractor shall architect an integrated, flexible, and adaptable end-to-end solution.

2.1.1 Infrastructure Requirements

The key objectives of this infrastructure approach are to provide elasticity (flexibility with respect to capacity-on-demand), an operating expense model instead of a capital expense model, and usage-based pricing for processing, storage, bandwidth, and license management. To that end, the Contractor's proposed solution shall be incorporated into CMS' Terremark hosted environment and the Contractor shall work with Terremark, to ensure that these objectives are met as part of the infrastructure design and implementation, and the platform design and implementation.

The FEPS infrastructure is supported by managed services contract(s) for development, test, and production awarded to Terremark. Depending on the definition of the term "managed service," these managed services may be considered a federal cloud implementation. As such, it is imperative that the FX services are designed and implemented in a platform-independent manner, namely, the Contractor shall make no assumptions about the specifics of the managed service platform, but shall design and implement the services to take advantage of platform capabilities to allow for vendor independence, location independence, and elasticity (e.g., capacity-on-demand). This means that The Contractor shall build FX services using open standards and platform-independent application programming interface (API) products, such as those available from Dasein or Deltacloud. If the Contractor believes another approach will perform equally or better than developed products or an open source product suite, the Contractor may recommend such a solution. The Contractor shall then demonstrate that from

performance, support, response, ease of development, connectivity, and cost considerations the alternative solution meets or exceeds all requirements in this SOW.

The Contractor shall utilize the CMS secure managed services environment. The CMS secure managed services environment includes Infrastructure as a Service (IaaS) and Platform as a Service (PaaS) support. The Contractor shall provide a comprehensive listing of all system infrastructure and platform components needed to support this SOW and work with Terremark to acquire, configure, and deliver them as part of the contractor's proposed solution to CMS. . The Contractor shall present the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the approach. The Contractor shall develop, implement, integrate, test, and deliver the FX services using the approved managed services approach.

The Contractor shall define an infrastructure that is consistent with the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture, for development, test, and production. The infrastructure shall be comprised of managed services, including, but not limited to, managed server services, managed network services, managed storage services, managed monitoring and reporting services, and managed security services. The Contractor shall support and operate the FX systems running on the infrastructure, for the period of performance of this SOW. The infrastructure must be capable of scaling to meet the anticipated peak demands during open enrollment. The infrastructure must meet all data management safeguard requirements required for Personally Identifiable Information (PII), Personal Health Information (PHI), and Federal Tax Information (FTI) data.

The Contactor shall:

- Be responsible for developing and maintaining all interfaces specific to supporting the work required under this SOW and ensure all interfaces are compatible with the CMS secure managed services environment
- Ensure services provided as part of this SOW will not degrade the existing Service Level Agreements (SLA) for the CMS secure managed services environment
- Ensure services provided as part of this SOW will not degrade the security levels of the CMS secure managed services environment
- Ensure their delivered Software-as-a Service (SaaS) products are capable of seamlessly integrating and supporting the IaaS and PaaS services
- Ensure the infrastructure is comprised of managed services, including, but not limited to, managed server services, managed network services, managed storage services, managed monitoring and reporting services, and managed security services.
- Ensure IaaS, PaaS, and SaaS will be configured to support the following environments:
  - (Internal to CMS) Development, Integration, and Quality Assurance
  - (Shared with external entities) User Acceptance Test, Pre-Production, and Production
  - Pre-production environment will be utilized for performance testing and shall have equal capacity to Production

- Ensure configuration support for IaaS and PaaS is accounted for as part of FX solution.
- Ensure that peak volume does not overload the web and the data hub infrastructure
- Ensure the proposed infrastructure is consistent with the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture.

The Contractor's proposed IT structure shall adhere strictly to CMS standards for connectivity, interfaces, security, and data transmission.

2.1.2 Transactional Database Server

For FEPS, CMS is utilizing the Marklogic database server as primary transactional database. From evaluation, CMS has found MarkLogic database server, compared to traditional RDBMS, offers horizontal scalability with ability to add additional database nodes on the fly. Additionally, Marklogic database server provides rich xml-based data services that eliminate need for ORM. With primarily transactional nature of FX and DSH operations, the Marklogic database server offers the best performance-to-scalability value for CMS.

The Contractor shall provide all software and infrastructure required to acquire, configure, and deploy Marklogic database servers on FX infrastructure. This shall include all infrastructure support (both IaaS and PaaS) on the CMS' Terremark environment and incorporation of the Marklogic database server as an integral part of the FX system.

The Contractor shall provide the following activities to support the CMS FX implementation goals:

- MarkLogic server Installation and Configuration
- Loading of CMS FX data sources into the MarkLogic Server.
- Application Development based on MarkLogic Server
- Integration with third party applications: design and development of the integration approach or implementing the integration between MarkLogic Server and other third party applications.

2.1.3 Content Delivery Network

The Federal Exchange may support multiple states and have to deliver web site content to a large number of individuals across a vast geographic landscape.

The Contractor shall incorporate a robust Content Delivery Network (CDN) service as part of FEPS to maximize resources, protect the integrity and availability of the origin servers, and accelerate static content delivery.

The Contractor shall select and ensure the CDN service meets the following requirements:

- Has points of presence in the United States and have the ability to significantly accelerate both static, and possibly dynamic, data delivery to U.S. citizens worldwide; incorporates

a robust and secure caching strategy to bring the right balance of acceleration verses security and privacy to dynamic elements

- Provides on-demand scalability to host multimedia files (e.g. audio mp3, mp4, videos .wmv, wmp, Flash, Quicktime, etc.)
- Obfuscate the CMS origin servers from the public Internet
- Be end-point aware and optimize content for display on mobile device platforms as well as traditional computing devices such as laptops and desktops. In addition, it must be optimized for display on a wide variety of internet browsers.
- Be resilient and ensure 99.999% of content retrieval from the origin servers, and if it is unable to it must send notification to CMS within 1 hour of the incident
- Be reliable and ensure 100% data availability when responding to requestor, and if it is unable to it must send notification to CMS within 1 hour of the incident. CMS anticipates peak loads periods associated with seasonal health care plan enrollment, as well as monthly peaks during state and plan provider reporting periods
- Provide on-going and managed Intrusion Prevention Services and appropriate Web Application Firewalls for CMS hosted content. The CDN must manage, prevent, or absorb foreseeable known malicious attacks (including, but not limited to Denial of Service (DoS/DDoS), SQL Injection, HTTP Request Smuggling/Request Splitting, Buffer Overflow, Cross Site Scripting, and Advanced Persistent Threats) and keep malicious traffic from reaching origin servers
- Provide Web Analytics and Usage Reports for the previous day, 95% of the time
- Provide access to logs daily (compiled logs for 24 hour period ending midnight eastern time) for CMS to download via SFTP.

2.1.4 Data Management Requirements

The Contractor shall work in coordination and collaboration with the CMS Data Strategy and Governance Team to support the strategic data vision for the FEPS. As of the issuance of this SOW, issues include, but are not limited to, the following:

- Data format standards for internal processing (e.g., XML, X12, or other formats)
- Data transport formats, including formats based on NIEM
- Data translation approaches for Exchange interfaces
- Data translation approaches for federal interfaces
- Data model(s) for maintaining individual data, transaction audit data, federal agency partner data, etc.
- Data retention policy
- Recommendations for Data Use agreements and Data Exchange agreements with stakeholders.
- Integrated Master Data Management capabilities as part of FX solution

- Integration of Customer Resource Management (CRM) and case management system data as part of FX solution (i.e. data integration related to consumer Call Center operations as well as Issuer facing operations support center)
- Utilization of existing platform for workflow and integration into overall FX data management (i.e. use of Adobe LiveCycle platform for ticketing system and case management system)

Any information exchanges developed in this task which cross organizational boundaries must be consistent with existing health information exchange standards, including, specifically the latest National Information Exchange Model (NIEM) specifications and guidelines through the harmonization process. If there are not current NIEM specifications, the task must be consistent with the NIEM guidelines. Further information and training about development of NIEM conformant schemas and the use of NIEM specifications and guidelines is available at http://www.niem.gov via online and in-class courses. Also, various information, expertise, and reviews will be accessible through the appropriate Domain governance and NIEM-PMO committees.

The objective of Master Data Management (MDM) is to provide processes for collecting, aggregating, matching, consolidating, persisting and distributing data to ensure consistency and control for the use of information. The Contractor's FX MDM capabilities shall integrate with the CMS' enterprise MDM solution and support data integration with CRM solution. The Contractor shall provide processes to ensure all services us authoritative sources of master data. The Contractor shall utilize data management standards and procedures for the definition, collection, and exchange of data elements, as outlined by the CMS Data Strategy and Governance Program. The Contractor shall provide a data dictionary that includes each data element attribute defined by the CMS Data Strategy and Governance Program.

The Contractor shall provide data validation and verification support, to assist in ensuring the cleanliness and accuracy of the data being exchanged, and as input to sources within CMS. CMS anticipates implementing a metadata registry and repository based on the ISO/IEC 11179 standard.

To encourage seamless sharing, exchange and integration of tools and repositories, the Contractor shall support and adhere to the CMS metadata and data governance strategy and policies.

The Contractor shall ensure the data management approach is consistent with, interfaces with, and supports the CMS data analytic solution, known as Multidimensional Insurance Data Analytics System (MIDAS), which provides the following functions

- Centralizes and consolidates business logic into a metadata repository required to report and manage performance of the Affordable Care Act activities
- Integrates data from multiple operational source systems into a single, web-based information data store
- Provides access to standardized reporting, ad hoc queries, and data visualization
- Provides reporting on the data collected and maintained

- Provides robust analytic capabilities supporting trending and prediction from the data collected and maintained.

The Contractor shall present the benefit, risks, and implementation technologies recommended, and work with CMS to finalize the design. The Contractor shall develop, implement, test, and deliver the data models.

2.1.5 Data Security Requirements

As the Exchange and DSH may contain a variety of sensitive data, including PHI, PII, and IRS FTI described in Section 6103 of the Internal Revenue Code of 1986, the Contractor's solution design and implementation shall incorporate appropriate data.

Federal agencies and their contractors must adhere to the Federal Information Security Management Act (FISMA) in developing, documenting, and implementing programs to provide security for federal government information and information systems. Both federal and state agencies may be "covered entities" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), and thus, subject to these laws when handling PHI. These federal agencies and, in some instances, their contractors, are also subject to the Privacy Act of 1974, which places limitations on the collection, disclosure, and use of certain personal information, including PHI. The privacy provisions of the e-Government Act of 2002 require federal agencies to conduct privacy impact assessments (PIA) to assess risks and protections when collecting, maintaining, and disseminating PII. Finally, IRS data safeguard requirements, as outlined in IRS Publication 1075, dictate how to handle Section 6103 data.

The Contractor shall comply with any security requirements established by CMS to ensure proper and confidential handling of data and information. The Contractor shall refer to the HHS-OCIO Policy for Information Systems Security and Privacy, dated September 22, 2010. The contractor shall become familiar with the HHS Departmental Information Security Policies, which may be found at: http://www.hhs.gov/ocio/policy/2007-0002.html

The HHS Cybersecurity Program develops policies, procedures, and guidance to serve as a foundation for the HHS information security program. These documents implement relevant Federal laws, regulations, standards, and guidelines that provide a basis for the information security program at the Department.

The Contractor shall comply with any security and privacy requirements established by the IRS (e.g., Publication 1075 Tax Information Security Guidelines for Federal, State, and Local Agencies) to ensure proper and confidential handling and storage of Section 6103 FTI data. In addition, any system handling tax information shall have audit trails that meet IRS standards.

The Contractor shall architect, design, implement, and test each component of the FX to assure sufficient data security for all categories of sensitive data. The Contractor shall support CMS in conducting PIAs to assess risks and PII data protection.

2.1.6 Security Requirements and Authority to Operate

The Contractor shall provide security services in support of CMS, which shall include coordination among the CMS Chief Information Security Officer (CISO), business owners, and other stakeholders. The collection of CMS policies, procedures, standards, and guidelines are located on the CMS Information Security "Virtual Handbook" Web site at: http://www.cms.gov/InformationSecurity.

The Contractor shall

- Provide certification documentation required by the CISO for compliance with CMS systems security requirements for the FX infrastructure and delivered application system(s).

  The Contractor shall build and deliver system(s) that are compliant with the CMS Acceptable Risk Safeguards and creating all artifacts necessary to receive an ATO in CFACTS; and the Contractor shall comply with the guidance in the Business Partner System Security Manual (BPSSM).

  The Contractor shall provide the CMS ISSO all required documentation in the security certification of existing controls and compliance with CMS systems security requirements as described in the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 (Public Law 107-347, 44 U.S.C. Ch 36).

- Administer a security program

  The Contractor shall comply with all CMS security program requirements as specified within the CMS Information Security (IS) "Virtual Handbook" (a collection of CMS policies, procedures, standards and guidelines that implements the CMS Information Security Program). The Virtual Handbook can be found at www.cms.hhs.gov/informationsecurity.

  The Contractor shall comply with all security controls outlined in the CMS Information Security (IS) Acceptable Risks and Safeguards (ARS) for "Moderate" systems. Appropriate references are the CMS IS ARS, Appendix B and the CMS System Security Levels by Information Type (located at www.cms.hhs.gov/informationSecurity in the Info Security Library).

  The Contractor shall provide CMS with a security plan of action within thirty (30) days of request and implement the plan within thirty (30) days of approval by CMS. The Contractor shall maintain any Corrective Action Plan (CAP) associated with deficiencies in the IS Program (e.g., those items identified during a FISMA audit). Moreover, the Contractor shall comply with the guidance and requirements of the CMS Information Security Plan of Action & Milestones (POA&M) Procedure, which is located at www.cms.hhs.gov/InformationSecurity in the Info Security Library.

The Contractor shall comply with the CMS Policy for the Information Security Program (PISP) and all CMS methodologies, policies, standards, and procedures contained within the CMS PISP unless otherwise directed by CMS in writing.

The Contractor shall document its compliance with CMS security requirements and maintain such documentation in the System Security Plan as directed by CMS.

- Correct deficiencies in a timely manner
- The Contractor shall perform work to correct any security deficiencies, conditions, weaknesses, findings, or gaps identified by all audits, reviews, evaluations, tests, and assessments, including but not limited to, Office of the Inspector General (OIG) audits, self-assessments, Contractor management review, security audits, and vulnerability assessments in a timely manner. Deviations or waivers regarding the inability to correct security deficiencies shall be coordinated and approved by CMS.

  The Contractor shall develop, in conjunction with CMS, Corrective Action Plans (CAP) for all identified weaknesses, findings, gaps, or other deficiencies in accordance with IOM Pub. 100-17 Business Partner System Security Manual (BPSSM) or as otherwise directed by CMS.

  The Contractor shall validate through post-hoc analysis and document that corrective actions have been implemented and demonstrated to be effective.

  The Contractor shall provide CAPs and quarterly progress reports to CMS as directed by CMS.

- Attest to corrective actions

  The Contractor shall provide, from all involved parties, attestation of initiated and completed corrective actions to CMS upon request.

- Support security review and verification

  The Contractor shall comply with the CMS Security Assessment methodology, policies, standards, procedures, and guidelines for contractor facilities and systems (http://www.cms.hhs.gov/InformationSecurity/14_standards.asp#TopOfPage).

  The Contractor shall conduct or undergo, as specifically selected and directed by CMS, an independent evaluation and test of its systems security program in accordance with CMS Reporting Standard for Information Security (IS) testing and adhere to the prescribed template, see (http://www.cms.hhs.gov/InformationSecurity/14_Standards.asp#TopOfPage). The Contractor shall support CMS validation and accreditation of contractor systems and facilities in accordance with CMS' Security Assessment methodology.

  The Contractor shall provide annual certification in accordance with Security Assessment methodology that certifies it has examined the management, operational, and technical controls for the Contractor's systems supporting the CMS and that it considers these controls adequate to meet CMS security standards and requirements.

2.1.7 Authentication and Authorization Requirements

All trading partners and stakeholders who interact with the FX will authenticate themselves and be able to exercise certain actions based on their assigned authority. In addition, the individuals of the supported states must have the ability to create and maintain individual accounts.

The Contractor shall architect security models that meet the requirements for authenticating users and authorizing access for FX services. The Contractor shall identify the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the design(s). The Contractor shall develop, implement, test, and deliver the security model(s) for the FX. The anticipated connections for the FX are: up to 5,000 system administrators or other authorized stakeholders, and up to 1,000,000 individuals for each state that is part of the FX. The Contractor shall ensure that the A&A solution does not impact the overall throughput or performance of the FX.

The HHS Certificate Authority will be the source of all security certificates.

2.1.8 Web Services

The Contractor shall employ Web Services as the implementation model to be used for implementing the systems in this SOW. For CMS, "Web Services" means interoperable, network-based application interactions between different systems, typically as components within a service-oriented architecture (SOA). The goal in using SOA-based Web services is to maximize interoperability, through open standards, and reusability of service components. The components necessary to support a Web Services implementation include, but are not limited to, service visibility (often through a UDDI registry), an enterprise service bus (ESB), a rules engine, and a metadata catalog.

The Contractor shall architect a Web Services model that meets the requirements for use of services, routing of service requests and other messages, aggregating responses, tracking messages, and management of business rules.

The Contractor shall describe services using Web Services Description Language (WSDL). WSDL is a machine readable description of a Web services interface. The Contractor and other service providers shall describe services using WSDL. The Contractor shall publish the WSDL to a UDDI directory of services to facilitate a consumer's ability to locate and determine how to communicate with that service. WSDL is used by the service consumer in identifying the requests and responses available from that service provider. Service consumers use the WSDL to identify the requests and responses available from that service provider. WSDL is often used in combination with SOAP and an XML Schema to provide Web services over the Internet. A client program connecting to a Web service can read the WSDL file to determine what operations are available on the server. Any special datatypes used are embedded in the WSDL file in the form of XML Schema. The client can then use SOAP to actually call one of the operations listed in the WSDL file. It is envisioned that a UDDI will be the central service directory for federal exchange operations. The UDDI will register state level services and federal agency services to allow coordinated use of these services between stakeholders in the FEPS environment.

ESB is an architectural concept that unifies, mediates, orchestrates, and connects shared services across systems. ESB is the platform by which the exposed services of business systems are made available for reuse by other business systems. An application will communicate via the bus, which acts as a message broker between applications. Such an approach has the primary advantage of reducing the number of point-to-point connections required to allow applications to communicate. This, in turn, makes impact analysis for major software changes simpler and more straightforward. By reducing the number of points-of-contact to a particular application, the process of adapting a system to changes in one of its components becomes easier.

For CMS, an ESB is an integration infrastructure component used to implement independent sharing of data and business processes. The collection of Business Service Pattern documents describe the use cases for the supporting services to be implemented in the FX; additional service pattern documentation will be provided for the Exchange as it is developed.

Business rules can describe both the logic governing CMS front office mission and system execution-related automation processes and the logic governing back office support systems, applications, and other information technology. Business rules are also the most frequently changed SOA components, because of new legislation, regulation, or changed front office processes. For ease of maintenance, it is thus necessary to separate these rules from technical services. For CMS, a business rules engine is an infrastructure component used to capture, define, maintain, and expose business rules for use by the systems under this requirement.

A Metadata Catalog (MC) provides the interface to a central site for publication and distributed management of metadata. The MC is a virtual "place" where participants at large can access and understand collections of metadata components, in which internal and external organizations and other stakeholders have invested. CMS expects the MC to evolve transparently and collaboratively as the interface to the service registry, since it is "managed" by representatives of a large, diverse, geographically distributed group of people and organizations. XML is the primary type of metadata for building the CMS MC. Any system that makes use of any XML should be visible, accessible, and understandable via the MC. The MC should facilitate the way communities of interest collaborate on, evolve, and transparently manage information-sharing "vocabularies" encoded in XML-based forms for both machine (WSDLs, schema, etc.) and human interfaces (e.g. web pages).

The Contractor shall present the benefits, risks, and implementation technologies recommended, and work with CMS to finalize the design of the Web Services infrastructure.

If the Contractor believes another approach will perform equally or better than a Web Services software suite or the components defined above, the Contractor may recommend such a solution. The Contractor shall then demonstrate that from performance, support, response, ease of development, connectivity, and cost considerations the alternative solution meets or exceeds all requirements in this SOW.

The Contractor shall develop, implement, test, and deliver the Web Services implementation for the systems in this SOW.

2.1.9 System Logs

Tracking of FX transaction processing is critical to assure that CMS meets performance requirements and serves individuals in accordance with the mandates of the Affordable Care Act. Toward this end the Contractor shall:

- Design an appropriate level of transaction logging – through all relevant components as necessary, e.g., the ESB and the FX
- Design a data model sufficient to capture and store the logged information
- Implement the logging approach, that includes security auditing, monitoring, and review – subject to CMS approval of the design(s)
- Assure a minimum impact on performance to allow efficient processing of anticipated peak loads

2.1.10 General Roles and Responsibilities

The Contractor shall:

- Comply with CMS policies and standards and regulations applicable to CMS for information, information systems, personnel, physical and technical security, and change control
- Comply with Federal policies and standards with regard to data management and security, including those related to PII, PHI, and FTI
- Work collegially and share information with CMS staff and designated contractors. The Contractor shall work closely, collaboratively, and cooperatively with CMS staff from across the organization, contractor(s) supporting Healthcare.gov and Healthcare.Gov Plan Finder, contractors and staff from other government agencies, and contractors and staff from state organizations. The Contractor shall develop Joint Operation Agreements, as needed.
- Work collegially and share information with the states. The contractor shall work closely, collaboratively, and cooperatively with all states, as directed by CMS, to document activities and artifacts, and develop capabilities in such a way that they are easily shareable with the states.
- Conform to changes in laws, regulations and policies, as appropriate
- Work within the definition of the CMS Technical Reference Architecture (TRA), the Medicaid Information Technology Architecture (MITA), and the Exchange Reference Architecture.
- Provide timely creation, updates, maintenance and delivery of all appropriate project plans, project time and cost estimates, technical specifications, product documentation, and management reporting in a form/format that is acceptable to CMS for all projects and project activities

- Use existing CMS Change Management Systems and procedures. For example, requests for change (RFC) and standard requests forms (SRF) shall be used and submitted by the required deadlines to the appropriate review groups; and the Contractor shall await approval from the Government before implementation of the change requests. Examples of Government review groups and personnel include, but are not limited to: Technical Advisory Group (TAG), Change Control Boards (CCBs), CO, COTR, GTL, and the Office of Information Services (OIS).
- Recommend standards, industry best practices, and key performance indicators to the Government for configuration and operations; and implement the practices, once approved
- Acquire and manage all consumables necessary for the operations of the system, such as, but not limited to: backup media, labels, office supplies, and spare parts
- Use incident management and work ticketing/tracking systems
- Generate all documentation to ensure it is compliant with the requirements of Section 508 of the Rehabilitation Act
- Follow and implement eGov Accessibility and Usability guidelines, as appropriate
- Provide multi-lingual support for public, consumer-facing Internet portals, as appropriate
- Provide all scripts and software, including source code developed to support the task order to the Government; these artifacts become the property of the Government
- Ensure all software licenses are transferrable to the Government
- Make full use of the CMS Application Life Cycle Management (ALM) environment, including CollabNet, for storing, distributing, and communicating SOW products to the entire FEPS community

2.1.11 Hours of Operation

Primary Business hours for availability of Contractor resources to CMS and coverage during Operations and Maintenance are 9:00 AM Eastern to 6:00 PM Eastern time, Monday to Friday. On-call coverage is acceptable all other hours including weekends and holidays. When on-site services are necessary to resolve an outage or problem, arrival on-site is required within one (1) hour of the request. The Contractor shall provide CMS with a roster that includes contact information such as cell and home phone numbers.

Below represents the coverage requirements:

Coverage Type	Hours of Operation (HOO)
Onsite, at contractor location, during development	9AM-6PM EST, M-F
Onsite, at contractor location, during production, up to first 210 calendar days	8AM-8PM, EST, M-F, on call 24X7 as directed by CMS to address any outages of

following "go live" date	Exchange or Hub
Onsite, contractor location, following first 210 calendar days after "go live"	9AM-6PM EST, M-F
Onsite, CMS location(s) Bethesda or Woodlawn	As directed by CMS

2.1.12 Travel

All travel shall be as approved by the COTR prior to execution. The Contractor shall submit their request for travel at least twenty-five (25) days prior or at the direction of CMS to the onset of travel so there can be adequate time to obtain the best available airfare rates, etc. The Contractor shall make staff available to meet with CMS representatives and provide staff support for meetings and conferences, as requested. (For travel assumptions see Appendix C).

2.1.13 Connectivity

The Contractor shall be required to establish network connectivity to CMS. Contractors who have existing connectivity to CMS through circuits provided on CMSNet (formerly MDCN) may use those circuits to establish connectivity for their employees engaged in work on CMS tasks. All employee workstations communicating with the CMS network shall conform to the CMS standard desktop configuration and abide by the CMS Desktop Features and Specifications. All users shall comply with the HHS Rules of Behavior. Contractors who do not have connectivity to the CMS network or those who need to provide their employees with remote access to the CMS Baltimore Data Center (BDC) shall provide employees with CMS VPN based remote access over Internet broadband connections. The employee workstation configurations shall comply with the requirements defined in the current version of "VPN Process Instructions For CMS Contractors". These requirements include a CMS standard desktop configuration, an RSA token supported by CMS, a currently patched operating system, current anti-virus software, and a current version of the VPN client used by CMS.

If the above connectivity solution does not meet the contractor's requirements or needs, the contractor shall contact their assigned COTR and schedule a kick-off meeting with all parties to discuss the project and networking requirements. This kick-off meeting will also necessitate the COTR and/or GTLs to validate the contractor's authority to gain access to the CMS Network prior to starting the process for acquiring direct circuit connectivity.

2.1.14 Earned Value

The Contractor shall have an Earned Value Management System (EVMS) that is flexible enough to support a range of EV requirements depending on the scope, budget, duration, and complexity of the project. The purpose of the EVMS is to

a. Plan and control schedule and cost and to evaluate technical performance,

b. Measure the value of completed tasks,
c. Generate timely and reliable information reports on a monthly basis.

The Contractor shall provide documentation for the proposed EVMS that complies with the EVMS guidelines in the American National Standards Institute/Electronic Industry Alliance's (ANSI/EIA) Standard-748 and ESD SOW section J.3.2: Earned Value Management System.

If the Contractor proposes to use a system that does not meet the requirements of the ANSI/EIA Standard-748, the Contractor shall submit a comprehensive plan for compliance with the EVMS guidelines.

a. The plan shall:

(1) Describe the EVMS that the Contractor intends to use in performance of the contract,
(2) Distinguish between the Contractor's existing management system and modifications proposed to meet the guidelines,
(3) Describe the management system and its application in terms of the EVMS guidelines,
(4) Describe the proposed procedure for administration of the guidelines, as applied to sub-contractors,
(5) Provide documentation describing the process and results of any third-party or self-evaluation of the system's compliance with the EVMS guidelines.

b. The Contractor shall provide information and assistance as required by the Contracting Officer to support review of the plan.

The Contractor shall identify the major sub-contractors, or major sub-contracted effort if major sub-contractors have not been selected, planned for application of the guidelines. The Contractor and CMS shall agree to sub-contractors selected for application of the EVMS guidelines.

2.1.14.1 Integrated Baseline Review (IBR)

The Contractor shall plan and take part in an IBR. The objective of the IBR is for CMS and the Contractor to jointly assess the Contractor's Performance Measurement Baseline to ensure complete coverage of the SOW, logical scheduling of the work activities, adequacy of resources, and identification of risks. In the IBR, the Contractor shall:

a. Verify that the cost, schedule, and technical plans are integrated,
b. Demonstrate that there is a logical sequence of effort consistent with the contract schedule,
c. Demonstrate the validity of the allocated cost accounts and budgets, both in terms of total resources and scheduling,
d. Support CMS's technical assessment of the earned value methods that the Contractor is using to measure progress to assure that objective and meaningful performance shall be provided,
e. Support CMS's technical assessment of the SDMP, project standards, and procedures for software development,

f. Keep management informed about project status, directions being taken, technical agreements reached, and overall status of evolving software products,
g. Identify and resolve management-level issues and risks,
h. Obtain commitments and CMS approvals needed for timely accomplishment of the project.

2.2 Task Order Management

2.2.1 Management and Reporting

Management activities include, but are not limited to: project planning, resource management, quality assurance, risk management, status and problem reporting, project management of activities involving user impact, such as pilots and migrations, and administrative support.

The Contractor shall create, maintain and provide all appropriate project plans, project time and cost estimates, technical specifications, management documentation and management reporting in a form/format that is acceptable to CMS, and made readily available to appropriate CMS staff. The project work plan shall be revised as needed throughout the period of performance. The Contractor shall provide all architectural, design and performance documentation.

The Contractor's Project Manager, or a designated representative, shall attend (in person) regularly scheduled contract review meetings for the purpose of status updates, progress reports, and problem resolutions. Meetings shall be held at a location of the Government's choosing in the Washington DC Metropolitan area. With the Government's prior approval, attendance at these meetings can be via phone or teleconference.

The Contractor shall provide a Dashboard Status and Budget Tracking Reporting template; the Contractor shall make amendments to the template to reflect additional information regarding project status and/or budget per the request of the COTR.

The Contractor shall provide the COTR and Government Task Lead (GTL) with a written response within two (2) business days to any proposed changes initiated by CMS. Responses from the Contractor shall contain the following:

- Project Timeline Assessment
- Risk Assessment
- Cost estimate representing any additional funding required from the Project Team

The Contractor shall provide monthly status reports to ensure that the expenditure of resources is consistent with and will lead toward successful completion of all tasks within projected cost and schedule limitations. Monthly status reports shall detail progress made during the prior month, progress expected during the next month, resources expended, any significant problems or issues encountered, recommended actions to resolve identified problems, and any variances from the proposed schedule and discussed during a monthly briefing. In coordination with CMS and pending the content approval of the COTR, the monthly status reports may take the form of a "PowerPoint briefing deck" to expedite the identification and resolution of issues.

Earned Value Management (EVM), as described in the ESD Contract, is required for all design, development, implementation, testing, and delivery activities. The Contractor shall report on EVM on a schedule to be determined by the Contractor and CMS that meets the flexibility and response of an agile development process.

The Contractor shall assist CMS in building customer relationships, identifying business needs, and controlling demand through CMS business liaison activities.

2.2.2 Exchange Life Cycle Management

The Contractor shall follow the CMS ELC, including the ordering of phases, stage gates, and other reviews. The Contractor shall supply all appropriate documentation to support the stage gate reviews shall be supplied by the Contractor at least one (1) week prior to the review.

To support an agile development process, the Contractor shall plan for multiple reviews of each type, as appropriate, to support the life-cycle activities for each agile sprint increment of work. No effort on the next increment of work will be performed until stage gate review approval is obtained.

Listed below are the requisite lifecycle reviews and products that will accompany each increment, as appropriate. CMS reserves the right to define and request additional or replacement products for each review. CMS reserves the right to hold fewer reviews for any agile sprint increment of work.

Project Startup Reviews (PSR)

Products: Concept of Operations, Risk Analysis, Project Management Plan, Alternatives Analysis, Scope Definition, Performance Measures, briefings/presentations to OIS, level of effort (LOE) estimate to achieve the Architecture Review

Architecture Reviews (AR)

Products: Business Process Models, Architectural diagrams, briefings/presentations to OIS, LOE estimate to achieve the Project Baseline Review

Project Baseline Reviews (PBR)

Products: Project Management Plan, Project Schedule, Project Process Agreement, Release Plan, Privacy Impact Assessment, briefings/presentations to OIS, LOE estimate to achieve the Preliminary Design Review

Preliminary Design Review (PDR)

Products: Requirements Document, Information Security Risk Assessment, System Security Plan, Test Plan(s) and Traceability Matrix, Logical Data Model, Technical Architecture Diagrams (software architecture, network, infrastructure, security, etc.), briefings/presentations to OIS, LOE estimate to achieve the Detailed Design Review

Detailed Design Review (DDR)

Products: System Requirements Document, System Design Document, Interface Control Document(s), Database Design Document(s), Physical Data Model, Data Management Plan,

Data Conversion Plan, briefings/presentations to OIS, LOE estimate to achieve the Final Detailed Design Review

Final Detailed Design Review (FDDR)

Products: See DDR products, LOE estimate to achieve the Pre-Operational Readiness Review

Pre-Operational Readiness Review (PORR)

Products: Test Plan and Test Case Specifications, Contingency/Recovery Plan, Implementation Plan, User Manuals, Operations & Maintenance Manual, Training Plan and Materials, System Security Plan, Information Security Risk Assessment, Integration Testing results, End-to-End Testing results, Test Summary Report, Defect Reports, Security Testing results, briefings/presentations to OIS, LOE estimate to achieve the Operational Readiness Review

Operational Readiness Review (ORR)

Products: See PORR products, Project Completion Report, SLAs, Privacy Impact Assessment, Plan of Action & Milestones (POA&M), Authority to Operate, LOE estimate to support Operations and Maintenance

For an explanation of each product, see the following CMS ILC framework: https://www.cms.gov/ILCReviews/01_Overview.asp

For examples of product templates, see:

http://www3.cms.gov/SystemLifecycleFramework/Tmpl/list.asp#TopOfPage

2.2.3 Change Management

The Contractor shall be proactive in notifying CMS of any developing situation that may impact operations, system interoperability, scheduled deadlines, the states and federal agencies, or any other contractual issue. In the case of a known impending problem, the Contractor shall be forthcoming with CMS to address the risks and to identify mitigation strategies. The Contractor shall identify, document, track, and correct issues that impart risk on service delivery. In addition, the Contractor shall recognize recurring problems and inefficiencies, address procedural issues, and contain, mitigate, or reduce the impact of problems that occur. The Contractor shall provide assistance to the Government in explanation of reports on problem resolution and root causes of problems.

The Contractor shall hold regular weekly meetings to review pending and past changes, problems and actions taken within the prior week, or actions that will occur within the next four (4) weeks. One (1) day prior to the weekly meeting, the Contractor shall, unless otherwise notified by the COTR, provide the COTR and GTL with status reports.

The Contractor's Project Manager and the Contractor's appropriate technical experts shall identify and present any improvements, enhancements and/or changes being made to the appropriate change management and advisory boards, and shall receive approval from the authorized or appropriate board before implementation.

2.2.4 Quality Control

The Contractor shall provide and maintain a Quality Control Plan that defines the Contractor's approach, processes, and procedures for ensuring the quality and reliability of its products and services.

The Contractor shall develop and deliver a Quality Assurance Surveillance Plan (QASP) within 45 days of contract award. The QASP shall provide a systematic and structured process for the Government to evaluate the services the Contractor will provide, including, but not limited to, processes, methods, metrics, customer satisfaction surveys, service level agreements, and operational level agreements. The results of the applying the QASP will document the Contractor's performance on this effort.

The Contractor shall present interim in-process reviews and shall support technical quality audits by CMS.

The Contractor shall provide all testing and quality control processes necessary to ensure its products and services meet the requirements of the Enterprise System Development (ESD) Indefinite Delivery Indefinite Quantity (IDIQ) and this task order.

2.2.5 Risk Management

The Contractor shall develop and maintain a Risk Management Plan (RMP). The plan should, at a minimum, identify all risks, categories, impact, priority, mitigation response/strategy, and status and include a risk assessment matrix. The Contractor shall provide the draft Risk Management Plan to the COTR thirty (30) days after award for the Government to review. The Contractor shall incorporate any Government comments and provide the final Risk Management Plan to the COTR within five (5) working days. The document is a living document, and therefore, the Contractor shall update the plan, as necessary.

2.2.6 License Management

In conjunction with acquiring the required infrastructure services from the CMS Cloud Service provider, Terremark, the Contractor shall develop, document, and maintain software license management procedures and provide a tool that meet CMS requirements and adhere to CMS-defined policies.

The Contractor shall leverage existing CMS resources and assets where possible, utilizing a previous software agreements, licenses, or enterprise services/tools.

The Contractor shall develop and maintain inventory of all software licenses for FEPS (including licenses associated with DSH and MIDAS). The Contractor shall manage and maintain (e.g., monitor, track status, verify, audit, perform contract compliance, renew, reassign) all software licenses and media through the software license life cycle.

The Contractor shall coordinate software license and maintenance agreement reviews and warranties, allowing at least 180 days for renewal activities before expiration.

The Contractor shall provide CMS with reports and recommendations to use in making software acquisition and discontinuance decisions.

The Contractor shall provide recommendations to purchase additional license capacity, and shall recommend alternatives, or curtail usage where necessary and appropriate to restore or continue to maintain license compliance.

2.2.7 Joint Operating Agreements

The Infrastructure Services Contractor (see Section 2.1.1) is tasked with providing Infrastructure-as-a-Service that includes all components necessary to stand up, execute, and maintain development, test, and production sites.

The Contractor shall develop a Joint Operating Agreement (JOA) with the Infrastructure Contractor. The purpose of the agreement is to facilitate a close working relationship between the two contractors and establish an understanding of the responsibilities of each to the overall DSH project. Success on this project requires a much closer working relationship than is common between separate contracts. The agreement does not replace or change the requirements of the Statements of Work each contractor is operating under. CMS approval is required for the agreement. The COTR must approve budget changes that result from a transition or change in scope before any work is performed.

Additional JOAs may be necessary with additional CMS contactors in the future. The Contractor shall develop any additional JOAs to the same level of rigor.

2.3 Delivery of Federal Exchange

The Federal Exchange will provide all exchange capability in support of states that do not or will not have a state-specific exchange solution in compliance with the Exchange master schedule. Although the features and functions of the Federal Exchange are similar to those found in any state exchange application, the Federal Exchange must be sufficiently robust and flexible to support any number of states, including integration with each respective state's related programs, such as Medicaid, CHIP, and others.

The Contractor shall perform all tasks required to deliver the FX services. As the scope of the services will evolve over the life of this contract, the effort will be performed as a series of work activities starting with eligibility verification services. Six (6) functional areas have been identified as sufficient to encompass all FX requirements: Eligibility & Enrollment, Plan Management, Financial Management, Oversight, Communications, and Customer Service.

The Contractor shall build the FX to perform the following tasks in subsections 2.3.1 through 2.3.8, and as described in the nine (9) work activities described in subsection 2.4.

2.3.1 Eligibility Verification and Enrollment Services

Eligibility verification services include FX services necessary to verify a individual's eligibility for health insurance through the Exchange. These services include, but are not limited to, income verification, citizenship verification, lawful presence verification, incarceration status verification, and eligibility for other public minimum essential coverage or employee sponsored minimum essential coverage. The eligibility verification services present individuals with an application form(s) that capture(s) the individual data necessary for:

- Verification and enrollment and maximizes the user's experience with the FX
- Interface to third party data providers or validators
- Interface to the Data Services Hub
- Adding data to the FX data model
- Performing business service processing
- Performing financial management
- Meeting federal reporting requirements.

Enrollment services include services necessary to allow an eligible individual to view, compare, select and enroll in a health plan or service delivery options available through the Exchange, Medicaid, CHIP and Basic Health Plan.

The referenced E&E Blueprint documents (including the E&E Supplement, E&E Process Models, and E&E Data Capture workbook) provide a detailed set of business requirements defining the necessary FX supporting services. The products from the CMS Requirements Contractor will provide additional business level requirements, business rules, and business process definition.

The Contractor shall use the E&E blueprinting information and the products from the Requirements Contractor to finalize the verification services technical and system requirements to develop and deliver the E&E services. The Contractor shall present the requirements, design, and implementation approach to CMS for approval. The Contractor shall develop, implement, test, and deliver the verification services using the Web Services model for the FX.

E&E Exchange Services

The following table lists the known E&E Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-EE:10 Prepare / Update Individual Eligibility Application	4	2		2	
BP-EE:11 Verify Individual Eligibility Application Information	9	2	5	2	11
BP-EE:12 Determine Individual Eligibility	8		6	2	3
BP-EE:13 Enroll Individual in Qualified Health Plan	7		6	1	7
BP-EE:14 Disenroll Individual from Qualified Health Plan	2		1	1	3
BP-EE:15 Renew Individual Eligibility and Enrollment	26	4	18	4	24
BP-EE:16 Appeal Exchange Eligibility Decision	5	1	2	2	1
BP-EE:20 Prepare / Update Individual Exemption Application	4		2	2	
BP-EE:21 Verify Individual Exemption Application Information	3	1	1	1	
BP-EE:22 Determine Individual Exemption Eligibility	3		2	1	2
BP-EE:25 Renew Individual Exemption Eligibility	8	2	4	2	2
BP-EE:30 Prepare / Update Employer Eligibility Application	4	2		2	
BP-EE:31 Verify Employer Eligibility Application Information	4		3	1	2
BP-EE:32 Determine Employer Eligibility for Participation	2		1	1	1
BP-EE:33 Determine Employer Contribution	3	1	1	1	1
BP-EE:34 Terminate Employer Participation	2		1	1	1
BP-EE:35 Renew Employer Participation	11	3	6	2	5
BP-EE:36 Appeal SHOP Eligibility Decision	3	1	1	1	1
BP-EE:40 Prepare / Update Employee Eligibility Application	4	2		2	
BP-EE:41 Verify Employee Eligibility Application Information	3		2	1	2
BP-EE:42 Determine Employee Eligibility	2		1	1	
BP-EE:43 Enroll Employee in Qualified Health Plan	4		3	1	6
BP-EE:44 Disenroll Employee from Qualified Health Plan	2		1	1	3
BP-EE:45 Renew Employee Eligibility and Enrollment	11	2	7	2	11

Finding the Descriptions of Business Processes and Supporting Services

Each business process, exchange business service, and business supporting service listed above is described in the *Eligibility and Enrollment – Exchange Business Architecture Supplement* listed in the reference documents in subsection 1.4. The Business Process descriptions are found in Table 4, section 3.2 of the supplement. The Exchange Business Service descriptions are found in section 5.1.1 of the supplement. The Supporting Business Services descriptions are found in section 5.1.2 of the supplement.

For example, business process *BP-EE:11 Verify Individual Eligibility Application Information* is described in Table 4 in subsection 3.2 on page 15 as follows:

> Verifies the information provided on the application with data needed to determine eligibility. This process includes verifying the applicant's citizenship, immigration status, incarceration status, and other relevant checks.

Subsection 5.2.2 shows the list of exchange business services for BP-EE:11. Table 17 in section 5.2.2 shows the list of nine exchange business services for the BP-EE:11 business process.

The list of supporting business services for BP-EE:11 is also found in subsection 5.2.2. Table 17 in subsection 5.2.2 shows the list of eleven supporting business services for the BP-EE:11 business process.

The descriptions of all exchange business services are found in Table 14 in section 5.1.1. For example, the description for *CBS-EXCH-EE:01* is:

> Performs line-level edits to validate basic integrity of the application submission. Includes validating that required fields are completed and information provided is accurate (e.g., address validity).
>
> Envisioned as a generalized service that will apply to all application submissions and updates for Individual Eligibility & Enrollment, Individual Responsibility Exemption, and SHOP Exchange Eligibility & Enrollment (employer and employee).

The descriptions of all supporting business services are found in Table 15 in section 5.1.2. For example, the description for *SBS-CMS:08 – Verify Household Income* is:

> In response to a request from an Exchange, CMS obtains information from an individual's tax return regarding household MAGI from the IRS. This utilizes the supporting services from IRS that will calculate the individual's MAGI based on his/her tax return.

This function may be called as an individual FX service and/or may be part of a composite verification service call from the Exchange to the DSH. In addition, it is possible that some of the business logic defined in the business process flow as being Exchange-specific processing may be moved to the DSH to simplify the implementation necessary within each Exchange. These are some of the technical decisions that will be made as part of the system requirements capture during discussions between CMS, the states, and the Contractor.

2.3.2 Plan Management Services

Plan management services include the services necessary to acquire, certify and manage issuers offering Qualified Health Plans (QHPs) through an exchange. In addition, the PM services include Quality Management functions of the Federal Exchange as one of the PM modules. The services include, but are not limited to: certifying/recertifying/decertifying plans offered by issuers as QHPs; establishing agreements with issuers to offer QHPs; monitoring agreements with issuers to ensure compliance and take corrective action when necessary; terminating agreements with issuers, processing changes in plan enrollment availability, and maintaining the operational data associated with issuers and plans.

The Contractor shall use the PM blueprinting information and the products from the requirements contractor to finalize the services technical and system requirements to develop and deliver the PM services. The Contractor shall present the requirements, design, and implementation approach to CMS. The Contractor shall develop, implement, test, and deliver the PM services using the web services model for the DSH.

Plan Management Services

The following table lists the Plan Management Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-PM:01 Establish Issuer and Plan Initial Certification and Agreement	6		6		8
BP-PM:02 Monitor Issuer and Plan Certification Compliance	4		4		7
BP-PM:03 Establish Issuer and Plan Renewal and Recertification	5		5		7
BP-PM:04 Maintain Operational Data	2		2		3
BP-PM:05 Process Change in Plan Enrollment Availability	1		1		3
BP-PM:06 Review Rate Increase Justifications	1		1		3

The descriptions of the Plan Management business processes and supporting business services can be found in the *Plan Management – Exchange Business Architecture Supplement* listed in the reference documents in subsection 1.4.

The Contractor shall design, develop, and implement the following PM modules:

- Notice of Intent (NOI): PM functionality to send issuers an email for them to submit an application with an intention to apply for QHP application. NOI application will integrate with HIOS via web service to authenticate users and pre-populate NOI application with data from HIOS database, so that issuers will not have to re-enter the data.
- Collection of Essential Health Benefits: The process by which States will identify and select the specific health plan(s) to serve as the benchmark for the Essential Health Benefits (EHB) per CMS guidance issued to States. The benchmark plan will serve as a reference plan for all plans in the individual and small group markets, reflecting the scope of services and any limits offered by a "typical employer plan" in that State and ensuring coverage of all 10 EHB categories as required by section 1302 of the Affordable Care Act. The functionality in this module will also be used to collect benefit data from the largest plan(s) by enrollment in the three largest small group insurance products in the State.

- Actuarial Value Calculator: The calculator and underlying business logic that will be used to determine the Actuarial Value (AV) for any specific QHP and other non-grandfathered coverage in the individual and small group markets. Actuarial Value (AV) is a measure of the percentage of expected health care costs a health plan will cover and can be considered a general summary measure of health plan generosity. The AV calculated will be used to determine the "metal tier" of any given QHP—i.e. the ACA requires that a bronze plan is required to have an AV of 60 percent; a silver plan, 70 percent; a gold plan, 80 percent; and a platinum plan, 90 percent. The AV calculator will allow consumers to easily compare plans based on cost-sharing features. More details on the AV Calculator can be found in the "in the "Actuarial Value and Cost-Sharing Reductions (AV/CSR) Bulletin" issued by CMS on February 27, 2012.

2.3.3 Financial Management Services

Financial management services include the services necessary to spread risk among issuers and to accomplish financial interactions with issuers. The risk spreading services include, but are not limited to: payment calculation for reinsurance, risk adjustment and risk corridors, along with required data collection to support these services. The issuer financial transactions include: SHOP and Individual Premium (optional) processing, Advanced Premium Tax Credit (APTC) and Cost Sharing Reduction (CSR), Reinsurance, Risk Adjustment and Risk Corridors payments

The Contractor shall use the FM blueprinting information and the products from the requirements contractor to finalize the services technical and system requirements to develop and deliver the FM services. The Contractor shall present the requirements, design, and implementation approach to CMS. The Contractor shall develop, implement, test, and deliver the FM services using the web services model for the DSH. The Contractor shall design and develop the FM services, wherever possible, to integrate with existing CMS booking system (HIGLAS) to avoid duplicating of functionality.

Financial Management Services

The following table lists the Financial Management Federal Exchange services. After contract award, CMS will provide an updated list of services. High, medium, and low refer to the relative complexity of the supporting business service.

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-FM:01 Plan Assessment for State Exchanges	2		2		2
BP-FM:02 Reinsurance Contributions	2		2		8

Business Process Name	Federal Exchange Business Services				Supporting Business Services
	Total	High	Med	Low	Total
BP-FM:03 Reinsurance Contribution Verification	1			1	3
BP-FM:04 Reinsurance Payment	4		4		2
BP-FM:05 Non-Exchange Enrollee/Rate Data Collection	3			3	7
BP-FM:06 Claims/Encounter Data Collection	1			1	2
BP-FM:07 Risk Adjustment Calculation	6			6	2
BP-FM:08 Risk Adjustment Payment	3		3		3
BP-FM:09 Risk Corridors	3		3		0
BP-FM:10 Determine Issuer APTC and CSRs (No Offset)	3		3		3
BP-FM:11 CSR Reconciliation	2		2		8
BP-FM:12 SHOP Premium Aggregation	3		3		4
BP-FM:13 SHOP Reconciliation	2		2		5
BP-FM:14 State Options to Collect Premiums in the Exchange	5	0	5	0	9

Edge Server (Distributed Data) Design & Implementation

In order to facilitate CMS analysis of claims and enrollment information for purposes of operating risk adjustment and reinsurance programs, an issuer would house data on a remote "edge server" or alternative technology storage option (also known as distributed data) within their own environment. The Contractor shall design and implement the edge server solution, including a prototype for CMS to evaluate, for about 400 individual and small market insurance companies. The following design and implementation functionalities shall be included:

- A copy of complete issuer claims and enrollee information would be stored in a secure system within the issuer's data environment (e.g. an edge server).
- CMS would have access to claims information residing on that server in order to execute a significant number of data processing operations.
- All claims processing and analysis functions will be conducted on the edge server without any copy of the claim to be sent to CMS.
- CMS would obtain and retain plan-level summarized results through a data exchange zone in order to conduct analysis rather than collect any individual-level data.
- Trend and process monitoring reporting are to be periodically distributed to CMS/CCIIO and issuers.

The Contractor shall design and develop the code and associated operational instructions for the edge server for Issuers to implement, that includes the software and processes associated with

processing, loading and evaluating claims and enrollee data files. In addition, the Contractor shall design and develop the codes that will perform the risk adjustment and reinsurance calculations.

The Contractor shall design and implement the edge server environment that will allow for a staging area for data integration, data testing, and quality control process, which will be conducted on the incoming data prior to being migrated into a production analytic environment. Claims and enrollee data will pass through an ETL environment for standardization where quality reporting and data load reporting will be produced from the staging environment to catch data errors or issuer data transformations prior to promotion into database repositories for risk score analytical processing. The Contractor's solution shall provide successful staging of the analytic data sets; in conjunction with ongoing maintenance of appropriate reference data, that will provide reliable support for the calculation of reinsurance, risk adjustment, and risk corridors health insurance issuer payments; as defined in 45 CFR Part 153.

2.3.4 Remaining Functional FX Services

2.3.4.1 Remaining Exchange Functional Areas

The details of the business processes and flows for Oversight, Communication, and Customer service will be provided post award.

Exchange Functional Area - Oversight: Services for Oversight include the services necessary to define, implement, manage, and measure the performance of both Federal oversight of Exchange operations, and Exchange management and operations.

Exchange Functional Area - Communication: Services for Communication include the services necessary to define, implement, manage, and measure the effectiveness of communications, education and outreach strategies, both within an Exchange, and also when these strategies occur in concert with HHS and/or other Exchanges.

Exchange Functional Area - Customer Service: Services for Customer Service include the services necessary to manage Exchange responses to information requests and requests for service from consumers, employers, 3rd parties (navigators, agents, brokers) and issuers. Customer Service includes the creation and management of multi-channel response mechanisms (e.g., phone, web, paper, and face-to-face) and the efficient distribution/management of requests across channels. Finally, Customer Service includes the creation and management of web-based consumer tools.

2.3.4.2 Enterprise Rating and Decision Engine

The Contractor shall develop and create shared technologies for use by CMS to leverage a Health Insurance Exchange Enterprise Rating and Decision Engine (ERDE). An ERDE will facilitate consumers and beneficiaries to compare, select, and enroll in health and insurance plans by dynamically and virtually computing options, alternatives, person-based scenarios that convert knowledge of the situation into user decision support functionality.

ERDE shall facilitate consumers and beneficiaries to compare, select, and enroll in health and insurance plans by:

a) Integrate pricing data and benefit information to accurately reflect benefit availability for all plans that will be displayed on Healthcare.Gov and Health Insurance Exchanges
b) Compute accurate pricing information to include individual plan benefit information, including estimated annual cost, per month cost, premium, deductible, and other costs
c) Account for Premium Tax credit available through IRS and Exchanges; Compute cost sharing info pertaining to beneficiaries unique scenario
d) Accommodate multiple different processes and concurrent users for all available plans and potential infinite variables (ERDE must be fully dynamic and on-the-fly)

2.3.4.2.1 Enterprise Ratings and Decision Engine (ERDE) Functionalities

The following functionalities have been identified for ERDE: (in addition, ERDE will be utilized by Healthcare.Gov Plan Finder)

- Quality rating system
- Eligibility determinations for Exchange participation, premium tax credits, and cost-sharing reductions
- Seamless eligibility and enrollment process with Medicaid and other State health subsidy programs
- Individual responsibility determinations
- Premium tax credit and cost-sharing reduction calculator administration
- Appeals of eligibility determinations
- SHOP Exchange-specific functions

Quality Rating System: Each Exchange will need to assign a plan rating in accordance with the quality rating system that will be issued by HHS. Also, certification of qualified health plans will include consideration of quality data.

Eligibility determinations for Exchange participation, premium tax credits, and cost-sharing reductions: Key operations of the Exchange will be eligibility verification and determination and enrollment of individuals in qualified health plans. The Affordable Care Act includes requirements on these functions that will be spelled out in greater detail in future HHS guidance. Key functions within this functional area include:

- Eligibility determinations for:
  - Premium tax credits
  - Cost-sharing reductions
  - Medicaid, CHIP, and other health subsidy programs
  - Free choice vouchers
- Appeals of eligibility determinations
- Exchange forms and notices in compliance with Federal standards

Seamless eligibility and enrollment process with Medicaid and other State health subsidy programs: There are numerous milestones that Exchanges will need to accomplish between now and 2014 related to creating seamless eligibility and enrollment between the Exchange

and Medicaid and other State health subsidy programs. Each State's situation will be different and milestones will need to be tailored to these specific scenarios. In addition, many of the steps needed to reach this goal will be carried out through the development of information technology systems in close partnership with State Medicaid programs. We will work closely with States and CMS to help States along in this process. States should refer to the Guidance for Exchange and Medicaid IT Systems, Version 1.0 for additional guidance related to the effort to bring together eligibility and enrollment processes across these programs.

Individual responsibility determinations: The Exchange will need to have in place a process to receive and adjudicate requests from individuals for exemptions from the individual responsibility requirements of the Affordable Care Act, and to communicate information on such requests to HHS for transmission to IRS. This is a required function of Exchanges under the Affordable Care Act.

Exchange Website and Premium Tax Credit and Cost-sharing Reduction Calculator: Each Exchange will maintain a website through which enrollees and prospective enrollees may: obtain standardized comparative information on qualified health plans, apply for coverage, and enroll online. Exchange websites will also need to post required transparency information. Exchanges may choose to provide many more services on their websites. In addition, each Exchange website will need to provide access to an electronic calculator that allows individuals to view a preliminary actual cost of their coverage once premium tax credits have been applied to their premiums, as well as the impact of cost-sharing reductions, if they are eligible.

SHOP Exchange-specific functions: The Affordable Care Act requires each State who elects to operate an Exchange to establish a Small Business Health Options Program or SHOP Exchange. The SHOP Exchange will facilitate the purchase of coverage in qualified health plans for the employees of small businesses who choose to purchase coverage through the Exchange. Starting on January 1, 2014, small employers can only qualify for Small Business Health Care Tax Credits if they purchase coverage for their employers inside the Exchange. States may choose to merge the operations of their SHOP Exchange with their individual market Exchange. For purposes of this funding opportunity, we have identified SHOP Exchange-specific functions to aid States in their operational planning efforts related to the SHOP Exchange.

2.3.4.2.2 Enterprise Ratings and Decision Engine (ERDE) Summary & Modules

ERDE shall be capable of displaying health insurance plan comparative data to consumers and other users by carrier and product name (i.e., HMO, PPO, etc.), and including at least the following data elements: plan name, plan type, plan contact information, premium amount, deductible amount, benefits, out-of-pocket costs and cost share amounts already represented and displayed through existing software including consumer cost (co-pay/coinsurance) for major categories of service such as primary care physician, specialty physician, and inpatient hospital, a link to the carrier website, and a link to the provider network. Additionally, ERDE shall be capable of displaying Premium Tax credits and lower cost sharing information for those

beneficiaries qualifying for additional help. In States that require community rating, the premium amount will represent the plan level premium. In States that do not require community rating, the premium amount will be adjusted by consumer demographics such as age, sex, smoking, and individual / family/SHOP.

ERDE will consist of three modules: Business Rules/Decision, Calculation, and Rating. Details of these modules are described below:

- Business Rules/Decision Module: This module is used for defining business rules and supporting business decisions. Health Insurance Exchange and Healthcare.Gov Plan Finder rules will be created stored independently, without the context of product/plan. These rules can cover some product rules but also cover process/workflow types of rules like eligibility determinations.

  Calculation Module: Calculation module will complete complex insurance calculations. For example, the Calculation module will account for Premium Tax credit of an individual, Family, or Small Business/Group and provide accurate information on Premium, Deductible, and Out-of-pocket costs. Calculation module shall be optimized to work with the Business Rules/Decision system.
- Rating Module: Rating module is a rule-driven system that evaluates risk variables to determine the premium an insurer should receive for covering a risk. With a defined set of user inputs, the rating module will use an algorithm supported by rate tables to determine the rating factors to be applied. The rating module shall automate the pricing of a risk, usually in line with the insurer's state filings, to provide consistent, compliant pricing for an insurance plan/product.

2.3.5 Comprehensive Testing

The Contractor shall perform testing and validation of all major and minor releases prior to completing implementation. Testing shall include unit and integration testing of all functional deliverables – both integration testing internal to the DSH and externally with DSH stakeholders (e.g. IRS). The Contractor shall follow the CMS Testing Framework documented in http://www.cms.gov/SystemLifecycleFramework/Downloads/CMSTestingFrameworkOverview.pdf

The Contractor shall configure and deploy test environments to support the following:

- Alpha Test: Integrated release testing by CCIIO, OIS, CMCS for all release items; includes regression testing of previously released items/functions.
- Beta Test: External partner (states, issuers, & federal agencies) integrated testing for all release items; includes regression testing of previously released items/functions.
- Integration: Testing of interface/integrated services during Alpha and Beta testing between systems.

- General Available: Date when release items are available to all states, issuers, and federal agencies (for testing as well as code/service download).
- Production: Operational use of General Available codes/services in a dedicated Production environment.
- Code Promotion: Use of CMS' continuous delivery platform to move codes for Code Repository, build, versioning, and automatic code verification thru various testing environments.

The Contractor shall define, create, manage, update/reload, and administer test data sufficient to ensure successful results for all test activities.

The Contractor shall conduct the following verification and tests:

- Unit tests: verification of individual hardware or software units or groups of related items prior to integration of those items; and
- Integration tests: verification that the assembled individual components functions properly as a system
- Release QA tests: verification that developed system components functions properly as part of a larger FEPS system and CMS enterprise infrastructure as applicable

The Contractor shall conduct system testing at the hosting environment. System testing includes the following activities to ensure that the application meets all requirements and expectations:

- Functional tests: verification that the system meets documented requirements
- Interface tests: verification that the system interacts with external applications according to specifications
- Regression tests: verification that changes do not adversely affect existing functionality
- Parallel tests: comparison of the results of a new application baseline against the results of a production version to ensure that the new version functions as intended
- Performance and load tests: activities to determine how the system performs under a particular workload to demonstrate that the system meets performance criteria. This includes developing load scripts for stress testing.

The Contractor shall collaborate with CMS and designated CMS contractors for functional validation. Functional validation includes the following:

- Activities to ensure that the application meets the customer needs and accomplishes the intended purpose
- User Acceptance Testing (UAT) that will allow end users to validate that the system delivers the requested functionality and will accomplish its business objectives.

The Contractor shall document test cases based on test data provided by CMS. The Contractor shall collaborate with CMS to ensure development of adequate test cases are developed. The Contractor shall establish test cases (in terms of inputs, expected results, and evaluation criteria),

test procedures, and test data for testing the software. The Contractor shall deliver a draft and a final Test Case Specification.

2.3.6 Nationwide Service Integration Testing

The Contractor shall perform unit, system, and integration testing during the development and validation of each DSH service. In addition, beginning on or about January 1, 2013, nation-wide testing will begin for integration of existing state systems, Exchanges, the DSH, and federal agencies will begin. The Contractor shall be responsible for end-to-end integration testing, including issuing test reports, to validate the effectiveness of the nationwide FEPS.

2.3.7 Service Governance

The Contractor shall provide governance services throughout the period of performance of this effort. Governance services include, but are not limited to configuration management, release management, document/deliverable management, risk management, and quality control.

Transaction Capability Governance oversees the management of transaction formatting. The Contractor shall work with CMS to ensure that all transaction formats, mechanisms, and integration points are standardized to maximize data interoperability.

The Contractor shall document the change management and other governance processes and procedures used.

2.3.8 Training

As part of the FX development and implementation, the Contractor shall develop and deliver a Training Plan. The plan shall include conducting training for CMS personnel, other CMS contractors, and any other participants as identified by CMS. The plan shall include all aspects of the system to ensure collective and consistent knowledge of process execution, including access and usage of the proposed solution.

The Training Plan shall include at a minimum, the following information:

- Steps in using the proposed solution
- How training will be provided
- Maximum number of people that can be trained at one time
- Type of training environment required, including equipment required
- Skill set of trainers
- Type of training materials to be provided
- Identification of trainer(s), if available.

The Contractor shall conduct training for CMS, and any other contractor designated by CMS. Moreover, the Contractor shall create any supporting artifacts/documentation required to support the delivery of the training. At a minimum, the following information shall be provided as appropriate: handouts, slides, guides, and manuals.

The Contractor shall develop, update, and maintain the User and Operator Training Materials. The Contractor shall create and maintain User Manuals. User Manuals shall contain the information and references necessary for the user to learn, navigate, and use the solution. The User Manuals shall be updated with changes as a result of system releases that occur during the period of performance of this effort. User Manuals shall include, but are not limited to, the following:

- Table of Contents
- Step-by-step instructions and help references
- Descriptions of user roles, sample user screens and reports, a menu hierarchy, diagrams, and definitions of all fields
- All error messages and corrective action instructions
- Separately bound quick-reference guide (or page). If appropriate to the software, this guide shall provide or reference a quick-reference card or page for using the software. This quick-reference guide shall summarize, as applicable, frequently used function keys, control sequences, formats, commands, or other aspects of software use.
- Answers to Frequently Asked Questions (FAQs)
- Glossary.

The Contractor shall develop a Development Guide for the states (and other stakeholders, as necessary) that contains the technical information necessary to guide the states in their development of interfaces to DSH services. This guide will define the protocols and payloads of the designed transmission mechanism, and recommended approaches for defining, creating, and testing the DSH service interfaces to all stakeholders.

2.4 Work Activities

The work activities described below constitute the actual tasking to be completed under this Task Order to implement the requirements for the FX.

Upon award of the task order, the Contractor shall proceed with the first two work activities, the Program Startup Review and the design of the platform infrastructure. The Contractor shall obtain approval of the PSR, of the platform design and architecture, and approval of the level of effort (LOE) definitions to proceed with the next work segment.

Each subsequent work activity will follow the same approach. That is, there will be a defined activity, such as Eligibility & Enrollment service/function design, development, and implementation that follows the CMS ELC and the stage gate reviews. Continuation of contract activities requires CMS approval of the products of each work activity and the LOE plan for the next work activity at each stage gate review. No subsequent work shall begin until successful completion of each gate review.

2.4.1 Work Activity 1 – Program Startup Review

The first work activity to be performed under this Task Order is the Program Startup Review that represents the kickoff of the Task Order.

Within five (5) business days of the award of the task order, the Contractor shall conduct an orientation meeting and briefing for CMS. The completion of this briefing shall result in (but is not limited to) the following:

- Management Approach – To include project assumptions and constraints and the overall approach to project management.
- Project Work Plan – To include the comprehensive methodology for implementing the FX in a phased approach and detailed project schedule. The project plan shall include work activity descriptions, work activity dependencies, work activity durations, milestones, resources, and deliverables for each near- and long-term phase, and identification of the critical path.
- Staffing Approach – To include the roles, responsibilities, and allocations of each resource assigned to the effort; the approach to transitioning staff between each life cycle phase; and the approach to estimating levels of resources required.
- Communication Approach – To include the methodology for communicating status, issues, and risks to CMS stakeholders.
- Risk Management Approach – To include the process, methods, tools, and resources that will be applied to the project for risk management. Describe how risks will be identified and analyzed, the basis for prioritizing risks, how risk responses will be developed and implemented, and how the success of those responses will be measured.
- Configuration Management Approach – To include the responsibilities and authorities for accomplishing identified configuration management activities performed during the project's life cycle and coordination with other project activities.

This review will constitute the PSR for the Task Order. Approval of the PSR is required prior to beginning work on subsequent work activities.

2.4.2 Work Activity 2 – Platform Architecture

The second work activity to be performed under the task order is the design of the infrastructure platform and software component platform necessary to support the development and testing of the FX at Terremark.

The Contractor shall produce a hardware architecture, including but not limited to managed servers, managed storage, and managed bandwidth, and a software component architecture consisting of the recommended open source tools necessary to provide a web services platform for developing, testing, and hosting the FX.

At contract award, CMS will provide any existing hardened baseline operating system images for instantiating servers at Terremark. The Contractor shall develop and provide to CMS any operating system images, system installation scripts, and configuration guides for products

recommended for the FX. The Contractor shall ensure that these images, scripts, and guides create installed components and environments that meet all CMS and IRS security controls as described in subsections 2.1.3 and 2.1.4. The Contractor shall work with Terremark, at CMS direction, to validate the recommended approach.

The Contractor shall provide diagrams, descriptions, tool product recommendations, an integration plan and schedule, the benefits and risks of the approach, and a LOE estimate of the Contractor hours by labor category for the implementation of the approach. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.3 Work Activity 3 – Plan Management Services

The third work activity to be performed under the task order is the design, development, implementation, and delivery of the Plan Management Federal Exchange Services as described in subsection 2.3.2.

The Contractor shall refine the business process models, requirements documents, and create architectural diagrams sufficient to fully describe the Plan Management business area. The Contractor shall provide diagrams, descriptions, the benefits and risks encountered, assumptions made, and an LOE estimate of the Contractor hours by labor category for the PBR for this activity. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.4 Work Activity 4 – E&E Services

The fourth work activity to be performed under the task order is the design, development, implementation, and delivery of the Eligibility and Enrollment Federal Exchange Services as described in subsection 2.3.1.

The Contractor shall refine the business process models, requirements documents, and create architectural diagrams sufficient to fully describe the E&E business area. The Contractor shall provide diagrams, descriptions, the benefits and risks encountered, assumptions made, and an LOE estimate of the Contractor hours by labor category for the Program Baseline Review for this activity. The Contractor shall schedule and plan an Architecture Review stage gate review to gain approval of the recommended approach.

2.4.5 Work Activity 5 – Financial Management Services

The fifth work activity to be performed under the task order is the design, development, implementation, and delivery of the Financial Management Federal Exchange Services as described in subsection 2.3.3.

2.4.6 Work Activity 6 – Oversight Services

The sixth work activity to be performed under the task order is the design, development, implementation, and delivery of the Oversight Federal Exchange Services. Details on these services will be provided post award.

2.4.7 Work Activity 7 – Customer Service

The seventh work activity to be performed under the task order is the design, development, implementation, and delivery of the Customer Service Federal Exchange Services. Details on these services will be provided post award.

2.4.8 Work Activity 8 – Communications Services

The eighth work activity to be performed under the task order is the design, development, implementation, and delivery of the Communications Federal Exchange Services. Details on these services will be provided post award.

2.4.9 Work Activity 9 – PCIP and Other Remaining Services

The ninth work activity to be performed under the task order is the design, development, data migration, implementation, and delivery of the PCIP Services and other remaining services to be defined by CMS. Details on these services will be provided post award.

2.5 Regional Technical Support

As described in subsection 1.1, states will likely require some level of technical support during the course of the development of Exchanges and the interactions required with the DSH. The Contractor shall propose a plan to provide qualified, senior-level technical architects regionally throughout the United States to minimize travel expenses. These technical architects shall have experience with state Medicaid systems, commercial insurance systems, or related federal health systems. The required technical support shall include, but will not be limited to: establishing state IT profiles, stage gate reviews, particularly architecture reviews; design reviews; implementation support, integration/interface support with the DSH and Medicaid/CHIP systems, test plan reviews and testing support; and other related application life-cycle activities.

2.5.1 Establishing State IT Profiles and building a FX deployment roadmap

- Create assessment to establish State IT Profiles
- Create tailored FX deployment roadmap for each state

2.5.1.1 State IT Profiles

The Contractor shall conduct an assessment of IT systems and create State IT profile for all states. This includes creation of assessment tools, delivery, collection, and follow-up activities necessary to complete all planned assessments. This shall include the following tasks:

- Develop of assessment tools and related materials that will be utilized for presentation to states detailing the initiative, goals, desired outcomes, value proposition, survey, and all other relevant supporting components, etc.

- Provide necessary staffing and materials (print and visual aids) at CMS' State Grantees meeting to educate states about the assessment tool and to addressing their concerns, questions, and helping to promote education and awareness about the initiative. In addition, provide necessary.

2.5.1.1.1 Assessment Tools

The Contractor shall create and maintain assessment tools to include the following:

- Create Survey or Assessment Tool(s) necessary for IT state profiles
- Set up scheduling in advance for ad hoc webinars with states for guidance
- Set up scheduling in advance for information/support sessions with states
- Set up phone capability to provide guidance to states – can ensure phone number routing if necessary
- Set up travel arrangements to support states (if necessary)

2.5.1.1.2 IT Profiles

The Contractor shall create and maintain state IT Profiles (for all states) to include the following:

- Track all assessment responses from states
- Complete regular Status Reports
- Delivery of draft and final State IT Profiles

2.5.1.2 FX deployment Roadmap

Based on state IT profiles, design and develop tailored strategy for deploying FX systems to states. This shall include approaches for evaluating progress of State Exchanges, including an assessment of potential failure to achieve and/or maintain operational readiness, and timelines for transitioning to the Federally-facilitated Exchange.

The roadmap shall detail the integration (in-part or whole) of the state based FFE. This would include, at a minimum;

- Customer Service Representative (CSR) workstations;
- Management workstations;
- Medicaid servers;
- Network components;
- Interface to the Department of Insurance
- Interface to the Data Services Hub; and
- Insurance portal.

2.5.2 FX IT implementation support to States

From now through 2013, CMS will be working with States collaboratively, and will be continually evaluating how to develop federal IT systems and services, and support similar development by others, in a manner that maximizes State flexibility. In that, CMS is currently providing technical assistance to states, via separate contracting resources from CMS/CCIIO for program management and policy establishment to jump start the state's overall exchange activities. Working with these contractors, the Contractor's regional technical support shall provide a 'Jump-Start' implementation support to those states building their State Based Exchanges (SBE) by incorporating system components from FX or those states that are utilizing FX as a contingency option to SBE development. The goal is to give States the full opportunity to incorporate FX developed system functionalities to speed up the development duration and/or assess FX as a contingency option and work on integration with FX systems in parallel to SBE development.

The Contractor shall provide IT implementation support teams (multi-disciplined) that will travel to about 12 states, with purpose of providing a 'jump start' to their development. These activities include supporting with creation of the following artifacts:

a) requirements documents
b) system design documents
c) interface control documents
d) database design documents
e) data management plans
f) physical data models
g) data conversion plans
h) system of record notices

The Contactor shall support the States on key integration activities required for state systems to the FX thus constituting an end-to-end exchange solution. The support shall include the integration of existing state Medicaid & CHIP systems in a structured manner to achieve the desired outcome of the FX and interfaces to the Data Services Hub.

The Contractor shall provide support for the following tasks

1. Provide overall planning and coordination incorporating FX system components and establishing application integration;
2. Provide appropriate training for personnel to carry out the integration;
3. Provide appropriate documentation on each sub-system for integration;
4. Provide audit or review reports;
5. Document sub-system software unit and database;
6. Establish integration test procedures;
7. Testing of system (including sub-system); and
8. Integrate sub-systems into final FX or SBE application system.

2.6 Operations and Maintenance

Once CMS has accepted and deemed FX to be fully operational, the Contractor shall provide operations and maintenance (O&M) support of the FX systems for the period of performance of this effort. O&M includes, but is not limited to, daily operations, systems change management, systems maintenance, second and third-level help desk support, and monitoring and oversight support of the FX systems. During key operational phases that occur during the performance of this effort, such as open enrollment, the Contractor shall provide 24x7 support for each of these services.

3. General Requirements

3.1 Section 508 – Accessibility of Electronic and Information Technology

(a) This task order is subject to Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) as amended by the workforce Investment Act of 1998 (P.L. 105-220). Specifically, subsection 508(a)(1) requires that when the Federal Government procures Electronic and Information Technology (EIT), the EIT must allow Federal employees and individuals of the public with disabilities comparable access to and use of information and data that is provided to Federal employees and individuals of the public without disabilities.

(b) The EIT accessibility standards at 36 CFR Part 1194 were developed by the Architectural and Transportation Barriers Compliance Board ("Access Board") and apply to contracts and task/delivery orders, awarded under indefinite quantity contracts on or after June 25, 2001.

(c) Each Electronic and Information Technology (EIT) product or service furnished under this contract shall comply with the Electronic and Information Technology Accessibility Standards (36 CFR 1194), as specified in the contract, as a minimum. If the Contracting Officer determines any furnished product or service is not in compliance with the contract, the Contracting Officer will promptly inform the Contractor in writing. The Contractor shall, without charge to the Government, repair or replace the non-compliant products or services within the period of time to be specified by the Government in writing. If such repair or replacement is not completed within the time specified, the Government shall have the following recourses:

1. Cancellation of the contract, delivery or task order, purchase or line item without termination liabilities; or

2. In the case of custom EIT being developed by a contractor for the Government, the Government shall have the right to have any necessary changes made or repairs performed by itself or by another firm for the noncompliant EIT, with the contractor liable for reimbursement to the Government for any expenses incurred thereby.

(d) The contractor must ensure that all EIT products that are less than fully compliant with the accessibility standards are provided pursuant to extensive market research and are the most current compliant products or services available to satisfy the contract requirements.

(e) For every EIT product or service accepted under this contact by the Government that does not comply with 36 CFR 1194, the contractor shall, at the discretion of the Government, make every effort to replace or upgrade it with a compliant equivalent product or service, if commercially available and cost neutral, on either a contract specified refresh cycle for the product or service, or on a contract effective option/renewal date; whichever shall occur first.

Section 508 Compliance for Communications

The Contractor shall comply with the standards, policies, and procedures below. In the event of conflicts between the referenced documents and this **SOW, PWS, or TO**, the **SOW, PWS, or TO** shall take precedence.

Rehabilitation Act, Section 508 Accessibility Standards

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. www.access-board.gov/sec508/508standards.htm (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable.

Regardless of format, all Web content or communications materials produced, including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the **SOW, PWS, or TO**, shall be the responsibility of the contractor or consultant.

The following Section 508 provisions apply to the content or communications material identified in this **SOW, PWS, or TO**:

36 CFR Part 1194.21 a - l

36 CFR Part 1194.22 a - p

36 CFR Part 1194.31 a - f

36 CFR Part 1194.41 a – c

The contractor shall provide a completed Section 508 Product Assessment Template and the contractor shall state exactly how proposed EIT deliverable(s) meet or does not meet the applicable standards.

The following Section 508 provisions apply for software development material identified in this **SOW, PWS, or TO**:

For software development, the Contractor/Developer/Vendor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)
(2) 36 CFR 1194 (508 Standards)

36 CFR Part 1194.21 (a – l)

36 CFR Part 1194.31 (a – f)

36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)
(4) FAR 39.2 (Section 508)

(5) CMS/HHS Standards, policies and procedures (Section 508)

a. Information Technology – General Information

(http://www.cms.hhs.gov/InfoTechGenInfo/)

For web-based applications, the Contractor shall comply with the standards, policies, and procedures below:

Rehabilitation Act, Section 508, Accessibility Standards

(1) 29 U.S.C. 794d (Rehabilitation Act as amended)
(2) 36 CFR 1194 (508 Standards)

36 CFR Part 1194.22 (a – p)

36 CFR Part 1194.41 (a – c)

(3) www.access-board.gov/sec508/508standards.htm (508 Standards)
(4) FAR 39.2 (Section 508)
(5) CMS/HHS Standards, policies and procedures (Section 508)

a. Information Technology – General Information

(http://www.cms.hhs.gov/InfoTechGenInfo/)

3.2 CMS Information Security

This requirement applies to all organizations which possess or use Federal information, or which operate, use or have access to Federal information systems (whether automated or manual), on behalf of CMS.

The central tenet of the CMS Information Security (IS) Program is that all CMS information and information systems shall be protected from unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft—whether accidental or intentional. The security safeguards to provide this protection shall be risk-based and business-driven with implementation achieved through a multi-layered security structure. All information access shall be limited based on a least-privilege approach and a need-to-know basis, i.e., authorized user access is only to information necessary in the performance of required tasks. Most of CMS' information relates to the health care provided to the nation's Medicare and Medicaid beneficiaries, and as such, has access restrictions as required under legislative and regulatory mandates.

The CMS IS Program has a two-fold purpose:

(1) To enable CMS' business processes to function in an environment with commensurate security protections, and
(2) To meet the security requirements of federal laws, regulations, and directives.

The principal legislation for the CMS IS Program is Public Law (P.L.) 107-347, Title III, Federal Information Security Management Act of 2002 (FISMA), http://csrc.nist.gov/drivers/documents/FISMA-final.pdf. FISMA places responsibility and accountability for IS at all levels within federal agencies as well as those entities acting on their behalf. FISMA directs Office of Management and Budget (OMB) through the Department of Commerce, National Institute of Standards and Technology (NIST), to establish the standards and guidelines for federal agencies in implementing FISMA and managing cost-effective programs to protect their information and information systems. As a contractor acting on behalf of CMS, this legislation requires that **the Contractor shall**:

- Establish senior management level responsibility for IS,
- Define key IS roles and responsibilities within their organization,
- Comply with a minimum set of controls established for protecting all Federal information, and
- Act in accordance with CMS reporting rules and procedures for IS.

Additionally, the following laws, regulations and directives and any revisions or replacements of same have IS implications and are applicable to all CMS contractors.

- P.L. 93-579, The Privacy Act of 1974, http://www.usdoj.gov/oip/privstat.htm , (as amended);
- P.L. 99-474, Computer Fraud & Abuse Act of 1986, www.usdoj.gov/criminal/cybercrime/ccmanual/01ccma.pdf P.L. 104-13, Paperwork Reduction Act of 1978, as amended in 1995, U.S. Code 44 Chapter 35, www.archives.gov/federal-register/laws/paperwork-reduction;
- P.L. 104-208, Clinger-Cohen Act of 1996 (formerly known as the Information Technology Management Reform Act), http://www.cio.gov/Documents/it_management_reform_act_Feb_1996.html;
- P.L. 104-191, Health Insurance Portability and Accountability Act of 1996 (formerly known as the Kennedy-Kassenbaum Act) http://aspe.hhs.gov/admnsimp/pl104191.htm;
- OMB Circular No. A-123, Management's Responsibility for Internal Control, December 21, 2004, http://www.whitehouse.gov/omb/circulars/a123/a123_rev.html;
- OMB Circular A-130, Management of Federal Information Resources, Transmittal 4, November 30, 2000, http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html;
- NIST standards and guidance, http://csrc.nist.gov/; and,
- Department of Health and Human Services (DHHS) regulations, policies, standards and guidance http://www.hhs.gov/policies/index.html

These laws and regulations provide the structure for CMS to implement and manage a cost-effective IS program to protect its information and information systems. Therefore, the Contractor shall monitor and adhere to all IT policies, standards, procedures, directives, templates, and guidelines that govern the CMS IS Program,

http://www.cms.hhs.gov/informationsecurity and the CMS System Lifecycle Framework, http://www.cms.hhs.gov/SystemLifecycleFramework.

The Contractor shall comply with the CMS IS Program requirements by performing, but not limited to, the following:

- Implement their own IS program that adheres to CMS IS policies, standards, procedures, and guidelines, as well as industry best practices;
- Participate and fully cooperate with CMS IS audits, reviews, evaluations, tests, and assessments of contractor systems, processes, and facilities;
- Provide upon request results from any other audits, reviews, evaluations, tests and/or assessments that involve CMS information or information systems;
- Report and process corrective actions for all findings, regardless of the source, in accordance with CMS procedures;
- Document its compliance with CMS security requirements and maintain such documentation in the systems security profile;
- Prepare and submit in accordance with CMS procedures, an incident report to CMS of any suspected or confirmed incidents that may impact CMS information or information systems; and
- Participate in CMS IT information conferences as directed by CMS.

If the contractor believes that an updated IS-related requirement posted to the CMS website may result in a significant cost impact, the contractor may submit a request for equitable cost adjustment before implementing change.

3.3 Financial Report

The Contractor shall provide financial reports to reflect the work performed by both the prime Contractor and Subcontractors. The Contractor shall provide financial reports to reflect the cost in both hours and dollars of work performed by both the prime Contractor and Subcontractors. Included with the financial reports shall be CMS' Financial Status Report spread sheet (See Appendix D).

The Financial Report shall contain the following sections for both the Contractor and each Subcontractor:

a. Contract Name
b. Contract Number
c. Authorized Contractor Representative
d. Period of Performance
e. Contract or Task Order Value
f. Total Amount Billed
g. Total Payment Received
h. Current Month Hours Expended by Labor Category
i. Cumulative Month Hours Expended by Labor Category

j. Estimated Hours To Completion by Labor Category
k. Current Month Cost Expended by Labor Category
l. Cumulative Cost Expended by Labor Category
m. Balance of Remaining Funds
n. Estimated Cost To Completion by Labor Category
o. Burn rate

3.4 Transition Out to a New Contractor

Transition to a new contractor is subsequent to the award of contract, should a follow-on contractor be awarded the HIX contract. (The transition to a new contractor may be required as a result of a future competitive RFP for this effort.)

The Contractor shall work proactively with CMS and any other organization, as designated by CMS, to ensure a smooth, orderly, cooperative transition of services to a new contractor, if necessary. The Contractor shall submit a phase-in plan that describes the Contractor's methodology, processes, and phase-in transition activities. Work phase-in plans and delivery dates shall be negotiated as soon as possible after notification of the new contractor's transition completion date.

Activities related to transition (should the transition be required) shall be conducted over a period not expected to exceed 180 calendar days (6 months). During this transition period, the incumbent contractor shall work with CMS and the new contractor to set up a training schedule and a schedule of events to smoothly changeover to the new contractor.

Not more than two weeks after notification by CMS that the transition to a new contractor will take place, the incumbent contractor shall submit to the Project Officer a draft written Joint Operating Agreement (JOA). Both the incumbent contractor and the new contractor shall sign the JOA.

The purpose of the JOA is to establish a process for managing the workload while both contracts are in place and to also establish a process to fully transition the workload from the incumbent contract to the new contract. The incumbent Contractor's JOA shall illustrate the manner in which the two entities will maintain support during the transition of the work from the incumbent's contract to the new contract including methods that will be used to communicate and coordinate activities among themselves and to communicate to CMS.

The JOA shall define the responsibilities for the incumbent contractor and the new contractor and shall be submitted to CMS for approval before final signatures are obtained. In addition, as part of the JOA, the incumbent contractor and the new contractor shall form a joint coordinated management team that will ensure that communication, coordination, cooperation, and consultation between the two entities is maintained in support of the transition and ongoing work. Such a team shall have regular meetings and shall monitor the work of any subgroups during transition and ongoing work, and shall submit status reports as determined by CMS.

The new contractor shall participate in the formation of a joint team with the incumbent contractor that will be managed by CMS to ensure that communication, coordination,

cooperation, and consultation between all the entities is maintained in support of the transition and ongoing work. This joint contractor team shall meet regularly (as defined by CMS) and shall monitor and manage the work of any subgroups during transition.

Incumbent Contractor Responsibilities

Not later than four weeks after notification by CMS that the transition to a new contractor will take place, the incumbent contractor shall submit to the Project Officer a Transition Plan. The Plan shall address the specific steps and dates the incumbent contractor will take to change the program to a new contractor. The Plan shall include but not be limited to the following:

- Transition plans and procedures
- Transition milestones and timeframes, including a detailed timeline for work-in-progress, test-site and production cutovers,
- A CMS approved comprehensive listing of the responsibilities of all personnel participating in the transition to include the policies, practices and procedures to be employed by the incumbent contractor to ensure there is no conflict between routine system maintenance and the activities of the transition,
- A CMS approved in-depth schedule and thorough description of the methodology to be employed by the incumbent contractor to ensure no degradation of service during the transition period,
- A CMS approved risk management plan that includes a list of the potential risks during the transition period and the plan to mitigate each, and
- A CMS approved complete and detailed resource-planning/resource-turnover analysis that includes network, Single Testing Contract (STC) and contractor infrastructure requirements.
- Any CMS approved travel necessary to support the transition (if applicable).

3.5 General Assumptions

To the extent that tasks in this scope of work pertain to the number of States that may be certified to operate an exclusively State-based Exchange, or to the operation of a State Partnership Exchange with the Federal government performing a range of business services from significantly all to a few, the Contractor shall use at least the following assumptions for pricing its proposal to assure the use of the same or similar basic assumptions. Some of the assumptions provided below pertain to tasks that may not be included in this scope of work, (e.g., onsite visits and analytic work to develop a payment notice), in which case the Contractor shall not include such tasks in the proposal or related pricing. Leading up to State certification, the Federal government will track State progress and provide technical assistance with the intention of maximizing the number of States that meet the necessary requirements for certification.

CMS will not know for certain how many States will apply for certification and be certified until January 1, 2013. Given this uncertainty, the Contractor shall assume that 50 states, the District

of Columbia, and U.S. territories will participate in a three-phase review process in 2012 that will include at least:

- An early assessment and a draft certification application review;
- A final certification application review approval process; and
- Three onsite visits per State.

For the purpose of costing out a proposal, the Contractor shall also assume that all Exchanges will access a Federal data services hub that will facilitate transactions between States and federal agencies where federal information is required, for example, to support the determination and verification of consumer eligibility for tax credits. For all business functions that an exchange must provide, the Contractor shall assume that States will fall into one of three categories. i.e., States that:

- Build or use vendor or other State services under direct arrangement and will be certified to run a State-based Exchange;
- Opt for an Exchange facilitated by Federal agencies that will operate in States; and
- Operate under a State Partnership Model allowing a State's business services that are ready in time for certification to operate in combination with Federal services. For such States the Contractor shall assume, on average, two business systems or services (e.g., eligibility and enrollment, financial management, plan management) developed by the Federal government (not including access to the Federal data services hub) to be operating.

As of July 7, 2011, eleven states have Exchange laws, and one more has legislation awaiting the Governor's signature. An additional nine states have laws or executive orders to study establishment of a State-based Exchange.

For each of these three categories, the Contractor shall assume that the size of the States in each category range from high to low in terms of the number of people estimated to be eligible for enrollment in Medicaid, CHIP and an exchange. Using local and regional Part C contracts and health plans as a simple approximation of the impact of Issuer and qualified health plans on Exchange functions, the Contractor shall assume 500 Issuer contracts and 3000 qualified health plans across all exchanges.

3.5.1 Other Assumptions

The Affordable Care Act requires the Federal government to provide technical support to States with Exchange grants. To the extent that tasks included in this scope of work could support State grantees in the development of Exchanges under these grants, the Contractor shall assume that data provided by the Federal government or developed in response to this scope of work and their deliverables and other assets associated with this scope of work will be shared in the open collaborative that is under way between States, CMS and other Federal agencies. This open collaborative is described in IT guidance 1.0. See http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf.

This collaboration occurs between State agencies, CMS and other Federal agencies to ensure effective and efficient data and information sharing between state health coverage programs and sources of authoritative data for such elements as income, citizenship, and immigration status, and to support the effective and efficient operation of Exchanges. Under this collaboration, CMS communicates and provides access to certain IT and business service capabilities or components developed and maintained at the Federal level as they become available, recognizing that they may be modified as new information and policy are developed. CMS expects that in this collaborative atmosphere, the solutions will emerge from the efforts of Contractors, business partners and government projects funded at both the State and federal levels. Because of demanding timelines for development, testing, deployment, and operation of IT systems and business services for the Exchanges and Medicaid agencies, CMS uses this collaboration to support and identify promising solutions early in their life cycle. Through this approach CMS is also trying to ensure that State development approaches are sufficiently flexible to integrate new IT and business services components as they become available.

- The Contractor's IT code, data and other information developed under this scope of work shall be open source, and made publicly available as directed and approved by the COTR.
- The development of products and the provision of services provided under this scope of work as directed by the COTR are funded by the Federal government. State Exchanges must be self-funded following 2014. Products and services provided to a State by the Contractor under contract with a State will not be funded by the Federal government.

3.5.2 Contractor Contracting with States

As approved by the COTR for products and services related to the deliverables under this scope of work, CMS Contractor(s) are encouraged by CMS to contract with States/State Exchanges as follows. A CMS Contractor that is a qualified entity within the meaning of ACA 1311(f)(3) with respect to any Exchange related IT system or business function may enter into a contract with a State/State exchange to support such system or function. A CMS Contactor may contract directly with a State/State Exchange even if the Contractor is not a qualified entity only where it does so with respect to non-discretionary functions under ACA 1311 (e.g., building and maintaining an IT system for use by the Exchange). A CMS Contractor may enter into a subcontract directly with a qualified entity that is in a contract with a State/State Exchange even if the Contractor is not a qualified entity.

4. Security

Contractor personnel visiting any Government facility in conjunction with this task order shall be subject to the Standards of Conduct applicable to Government employees. Site-specific regulations regarding access to classified or sensitive materials, computer facility/IT network access, issue of security badges, etc., shall be provided as required by the Government. All products, source code and scripts produced and their associated work papers are to be considered the property of the Government, specifically, the Department of Health and Human Services.

The provisions outlined in this section apply to the prime contractor, all subcontractors and all prime or subcontractor employee(s) that may be employed during the course of this task order.

Requirements

To perform the work specified herein, contractor personnel will require access to sensitive data, regular access to HHS-controlled facilities and/or access to HHS information systems. All Contractor personnel shall meet the minimum requirements of Homeland Security Presidential Directive 12 prior to beginning work. All contractor personnel fulfilling the requirements of this task order, are required to read and sign a Nondisclosure Statement, prior to beginning work.

HHS Information Security Program Contract Oversight Guide

The Contractor shall comply with the HHS Information Security Program Contractor Oversight Guide dated November 7, 2006. The contractor shall ensure that each contractor/subcontractor employee has completed the HHS Computer Security Awareness Training course prior to performing any contract work, and thereafter shall complete the HHS-specified fiscal year refresher course during the period of performance of the contract.

The contractor shall maintain a listing by name and title of each contractor/subcontractor employee working under this task order that has completed the HHS required training. Any additional security training completed by contractor/subcontractor staff shall be included on this listing. [ ]

Physical Security

The contractor is to be responsible for safeguarding all government property provided for contractor use. At the close of each work period, government facilities, equipment, and materials are to be secured.

Federal Exchange Program System (FEPS)
Federal Exchange (FX)
PERFORMANCE EVALUATION AWARD FEE PLAN
August 16, 2012

1. Introduction

The purpose of this Performance Evaluation Award Fee Plan is to encourage and reward the contractor for safe, high quality, cost conscious performance in fulfilling the requirements set forth in this contract; to provide flexibility for changes in management, business and performance emphasis; and to promote effective communications and customer service. The use of award fee permits the government to focus on overall operational and cost performance and to emphasize those aspects of critical milestone achievements essential to reach performance objectives.

2. Determination of Award Fee Earned

The Centers for Medicare & Medicaid Services (CMS) shall, at the conclusion of each specified evaluation period, evaluate the Contractor's performance for a determination of award fee earned. The Contractor agrees that the CMS Fee Determination Official will make the determination as to the amount of the award fee earned.

CMS shall evaluate the Contractor's performance during each award fee period taking into account the factors, schedule, surveys, and scoring plan set forth in this document. The award fee amount available for each period shall be a portion of the total award fee pool available for the entire contract period. The Contractor may receive all, part, or no award in any award fee period. The Contractor shall be advised in writing of the determination, as well as the reasons for the determination.

It is further agreed that the contractor shall submit a self-evaluation of performance for each period under consideration. The basis for determination of the fee shall be the evaluation by the CMS. A self-evaluation which is received within ten (10) workdays after the end of the period may be given such consideration as the Fee Determination Official shall find appropriate.

3. Description of the Contract

The purpose of this contract is for CMS to obtain services to build the technical solution and support the operations of the Federal Exchange (FX) that serves the needs as described within the Affordable Care Act, enables consumers to obtain affordable health care coverage, and allows employers to offer healthcare coverage to their employees.

4. Definitions and Responsibilities

Fee Determination Official – The Fee Determination Official (FDO) is the Group Director of the Consumer Information and Insurance Systems Group (CIISG). The Fee Determination Official shall make the final determination of the award fee. This determination shall be made within 40 workdays after the end of the evaluation period.

Contracting Officer – The Contracting Officer has responsibility for the Business Performance Evaluation Report addressing the area of contract administration.

Contracting Officer's Technical Representative – The Contracting Officer's Technical Representative has responsibility to receive and assess the preliminary award fee recommendation and prepare any additions to the report, which includes any information, obtained from his/her position as COTR.

Health Insurance Exchanges (HIX) Government Task Lead – The Government Task Lead has responsibility to assess the preliminary award fee recommendation in conjunction with the COTR and prepare any additions to the report, which includes any information obtained from his/her position as GTL. The GTL monitors the contractor's performance and also supports the COTR.

Award Fee Cycle – Performance under this contract will be evaluated in accordance with the schedule set forth in Award Fee Periods and Award Fee Pool sections below. Each evaluation will be scheduled so that the final determination of the fee earned will be accomplished within forty (40) workdays after the end of the evaluation period.

The Contractor is advised that specific use of the terms CMS, COTR or GTL in this document could denote one or several other members of the CMS team.

5. Award Fee Cycle

A typical award fee cycle is as follows:

A performance period runs for a length of six (6) months, starting on the first day of a month and ending on the last day of the 6th month, the dates being approximately coincident with the effective date of the contract. The first of the two performance periods begins at contract award.

During each performance period, the Contractor shall submit a monthly Project Status Report as stated in the contract.

By the 40th workday after the end of the performance period, the Fee Determination Official has made a determination and the Contracting Officer will issue an official letter stating the award fee earned. Federal Acquisition Regulation (FAR) Subpart 16.4

prohibits "rolling over" any unearned award fee in the current or subsequent award fee periods.

6. Award Fee Process

At the end of each award fee period, the COTR and GTL teams will review the work performed during that period. The COTR and GTL teams will evaluate the Contractor's performance in accordance with the criteria in Section 8 below. The COTR and GTL teams will make a recommendation regarding the amount of fee to be awarded. This recommendation also involves the Contracting Officer's review of the Contractors' performance on the contract. This recommendation is provided to management and, finally, the Fee Determination Official. The Fee Determination Official has the prerogative to change the recommendation. By the 40th workday after the end of the performance period, the Fee Determination Official has made a determination and the Contracting Officer will issue an official letter stating the award fee earned.

7. Award Fee Calculation

The period of performance will be evaluated using the award fee performance standards for the applicable award fee period. The award fee calculation will be in accordance with the chart listed below and will be used to rate the performance for each subcategory.

The Contractor shall not be paid any award fee when the total award fee score is less than 70 points.

Points Earned	Award-Fee Adjectival Rating	Award-Fee Pool Available To Be Earned	Description
95-100	Excellent	(b)(4)	Contractor has exceeded almost all of the significant award-fee criteria and has met overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.
88-94	Very Good		Contractor has exceeded many of the significant award-fee criteria and has met overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.
76-87	Good		Contractor has exceeded some of the significant award-fee criteria and has met overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.
70-75	Satisfactory		Contractor has met overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.
0-69	Unsatisfactory		Contractor has failed to meet overall cost, schedule, and technical performance requirements of the contract in the aggregate as defined and measured against the criteria in the award-fee plan for the award-fee evaluation period.

8. Performance Evaluation Categories, Subcategories, and Fee Allocation Weighting

The award fee is determined by the evaluation category: *Management of the Contract* and will account for **100%** of the total award fee.

A. Management of the Contract - 100 points

This category measures how well the contractor, in the aggregate, managed, monitored, administered the contract to ensure the highest quality of delivered systems integration testing products and services, resulting in the best value to the Government. The categories described below are measures that have a weighted point allocation based upon factors as listed.

Management Performance Measures	Max Points
Planning	20
Resource Management	20
Quality of Deliverables	20
Flexibility	10
Risk Management	10
Communications	10
Collaboration	10
Total Points	100

Planning – Measures how well the Contractor developed plans and approaches to projects and tasks that are creative, logical, reasonable, and able to achieve stated objectives. Such plans clearly identified tasks to be accomplished, required resources, dependencies, and durations well defined.

Resource Management – Measures how well the Contractor managed the contract to deliver products and services in a timely and cost effective manner. An appropriate level of staff was maintained with required expertise, and vacancies were filled timely with minimal loss of productivity or impact to services delivery. Tasks were controlled and monitored within contract constraints and negotiated deadlines.

Quality of Deliverables – Measures how well the contractor ensured that deliverables were clear, comprehensive, and concise with minimal errors or omissions.

Flexibility – Measures how well the Contractor adjusted to changes in requirements and negotiated contractual issues as they relate to CMS's changing environment.

Risk Management – Measures how well the Contractor anticipated and documented risks associated with cost, schedule, performance, people (government or contractor),

process, and technology. Risks owned by the Contractor were appropriately assessed and mitigation plans developed and monitored.

Communications – Measures how well the Contractor's communications provided CMS and or its designated partners with clear, prompt, accurate, and reliable information with minimal errors, delays, and omissions.

Collaboration – Measures how well the Contractor worked with stakeholders throughout CMS and among its third-party partners (public and private sector) to achieve the best possible outcome in providing products or services to customers.

10. Fee Determination Official's Award Fee Determination

The Fee Determination Official shall review the recommendation received and shall make a final determination of the award fee. The Fee Determination Official may determine a different award fee than that which is recommended; however, any such change shall be documented with reasons by the Fee Determination Official. The award fee letter shall be prepared and signed by the Fee Determination Official and forwarded to the Contracting Officer for dissemination to the contractor.

11. Revisions/Changes to the Performance Evaluation Plan

Any recommended changes to the Performance Evaluation Plan shall be reviewed and approved by the Fee Determination Official and the Contracting Officer. The Contracting Officer shall provide the Contractor with a copy of any changes to the Performance Evaluation Plan. Any revisions to the Performance Evaluation Plan shall be presented to the Contractor prior to the evaluation period in which it will be used. A contract modification shall be required to effect these changes.

The Government may amend the award fee criteria, at the beginning of each new evaluation period, if required. For example, the Government may amend an award fee plan to take into consideration special events that will take place during the life of this contract. The Government may make changes to the award fee point allocation to meet unusual contract circumstances (e.g., an increased emphasis on timeliness or quality).

12. Award Fee Pool

The award fee pool is that portion of the maximum award fee available during the performance period.

13. Award Fee Periods and Award Fee Pool

Award Fee Periods	Applicable CLIN	Available Award Fee Pool
September 2, 2013 – March 1, 2014	1001	$873,084.43
March 2, 2014 – September 1, 2014	1001	$873,084.43
September 2, 2014 – March 1, 2015	2001	$827,432.24
March 2, 2015 – September 1, 2015	2001	$827,432.24
September 2, 2015 – March 1, 2016	3001	$790,182.26
March 2, 2016 – September 1, 2016	3001	$790,182.26
September 2, 2016 – March 1, 2017	4001	$162,738.32
TOTAL		**$5,144,136.78**

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 6

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000002	11/08/2012		

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS,OAGM,ITG,DISSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DISSC	Allisan Hafner Contract Specialist 410-786-5147	AGG/AH

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0012

10B. DATED *(SEE ITEM 13)*
09/30/2011

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER *(Specify type of modification and authority)* FAR 52.243-2 Changes - Cost Reimbursement, Alternate II

E. IMPORTANT: Contractor ☐ is not ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176

DUNS Number: 145969783

The purpose of this modification is to: (1) incorporate the following CLIN chart, (2) revise the contact information for the Contracting Officer, (3) revise the contact information for the Contracting Officer's Representative, (4) incorporate HIPAA Business Associate Provision, and (5) revise Section F- Schedule of Deliverables.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
Richard J. Martin, VP		LYANDRA EMMANUEL	
15B. CONTRACTOR/OFFEROR Richard J. Martin *(Signature of person authorized to sign)*	15C. DATE SIGNED 11-15-12	16B. UNITED STATES OF AMERICA Digitally signed by Lyandra Emmanuel *(Signature of Contracting Officer)*	16C. DATE SIGNED 11-16-12

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

The purpose of this modification is to: (1) incorporate the following CLIN chart, (2) revise the contact information for the Contracting Officer, (3) revise the contact information for the Contracting Officer's Representative, (4) incorporate HIPAA Business Associate Provision, and (5) revise Section F- Schedule of Deliverables.

SECTION B - SUPPLIES OR SERVICES PRICES/COSTS

3. Schedule of Service Price/Costs

CLIN 0001 09/30/11 – 09/01/13	Design, Development and Implementation	
0001AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0001AB	Fixed Fee	
0001AC	Travel, NTE, IAW FTR	
	Total	**$91,515,771.60**

CLIN 0002 09/02/13 – 09/01/14	Option Year 1 – Operations and Maintenance	
0002AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0002AB	Award Fee	
0002AC	Travel, NTE, IAW FTR	
	Total	**$24,173,279.56**

CLIN 0003 09/02/14-09/01/15	Option Year 2 – Operations and Maintenance	
0003AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0003AB	Award Fee	
0003AC	Travel, NTE, IAW FTR	
	Total	**$22,940,670.52**

CLIN 0004 09/02/15 – 09/01/16	Option Year 3 – Operations and Maintenance	
0004AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0004AB	Award Fee	
0004AC	Travel, NTE, IAW FTR	
	Total	**$21,934,920.99**

CLIN 0005 09/02/16 – 03/01/17	Transition Out	
0005AA	Estimated Cost	(b)(4)
0005AB	Award Fee	
0005AC	Travel, NTE, IAW FTR	
	Total	**$2,496,967.38**

TOTAL		**$163.061,610.05**

SECTION G - CONTRACT ADMINISTRATION DATA

7. Government Point of Contact

Contracting Officer:
Lyandra Emmanuel
CMS/Office of Acquisition and Grants Management
Phone: (410) 786-5130
Email: Lyandra.Emmanuel@cms.hhs.gov
Mail Stop: B3-30-03

Contracting Officer Technical Representative (COTR):
Paul Weiss
CMS/Office of Information Systems
Phone: (410) 786-6089
Email: Paul.Weiss@cms.hhs.gov
Mailstop: N2-04-28

8. Contracting Officers Technical Representative

Paul Weiss is designated as the Contracting Officers Technical Representative (COTR) for this task order.

The COTR is responsible for: (1) monitoring the Contractor's technical progress, including the surveillance and assessment of performance and compliance with all substantive project objectives; (2) interpreting the statement of work and any other technical performance requirements; (3) performing technical evaluation as required; (4) performing technical inspections and acceptances required by this task order; (5) assisting in the resolution of technical problems encountered during performance; and (6) providing technical direction in accordance with Section G; and, (7)reviewing of invoices/vouchers.

The COTR does not have authority to act as agent of the Government under this task order. Only the Contracting Officer has authority to: (1) direct or negotiate any changes in the statement of work; (2) modify or extend the period of performance; (3) change the delivery schedule; (4) authorize reimbursement to the Contractor any costs incurred during the performance of this contract; or (5) otherwise change any terms and conditions of this task order.

9. Accounting and Appropriation Data

CLIN Funded	Requisition	Accounting and Appropriation Data	Amount	Funding Authority
CLIN 0001	888-1-7206-05	15996086 75X0119 252Z	(b)(4) [redacted]	Award
CLIN 0001	770.2-0765-02	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-03	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-09	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0749-01	5996720 7520511 252Z		Modification #1
Admin.	N/A	N/A		Modification #2

SECTION H – SPECIAL CONTRACT REQUIREMENTS
1. HIPAA BUSINESS ASSOCIATE PROVISION

a. Definitions:

All terms used herein and not otherwise defined shall have the same meaning as in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA," 42 U.S.C. sec. 1320d) and the corresponding implementing regulations. Provisions governing the Contractor's duties and obligations under the Privacy Act (including CMS' data use agreements) are covered elsewhere in the contract.

"**Business Associate**" shall mean the Contractor.
"**Covered Entity**" shall mean CMS' Medicare Fee for Service program and/or Pre-Existing Condition Insurance Plan.
"**Secretary**" shall mean the Secretary of the Department of Health and Human Services or the Secretary's designee.

b. Obligations and Activities of Business Associate

1. Business Associate agrees to not use or disclose Protected Health Information ("PHI"), as defined in 45 C.F.R. § 160.103, created or received by Business Associate from or on behalf of Covered Entity other than as permitted or required by this Contract or as required by law.
2. Business Associate agrees to use safeguards to prevent use or disclosure of PHI created or received by Business Associate from or on behalf of Covered Entity other than as provided for by this Contract. Furthermore, Business Associate agrees to use appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic protected health information ("EPHI"), as defined in 45 C.F.R. 160.103, it creates, receives, maintains or transmits on behalf of the Covered Entity to prevent use or disclosure of such EPHI.
3. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Contract.
4. Business Associate agrees to report to Covered Entity any use or disclosure involving PHI it receives/maintains from/on behalf of the Covered Entity that is not provided for by this Contract of which it becomes aware. Furthermore, Business Associate agrees to report to Covered Entity any security incident involving EPHI of which it becomes aware. The Business Associate shall report any violation in use or disclosure involving PHI or any security incident to CMS within one (1) hour of discovery in accordance with the "CMS Guide for the Incident Reporting Process" at http://cmsnet.cms.hhs.gov/hpages/oess/dgb/Incident_Reporting_Guide_CMS2010R.pdf (See also Section J, List of Attachments). In addition, the Business Associate will also notify the CMS Contracting Officer and Contracting Officer's Representative (COR) by email within one (1) hour of identifying such violation or incident.
5. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Contract to Business Associate with respect to such information. Furthermore, Business Associate agrees to ensure that its agents and subcontractors implement reasonable and appropriate safeguards for the PHI received from or on behalf of the Business Associate.
6. Business Associate agrees to provide access, at the request of Covered Entity, to PHI received by Business Associate in the course of contract performance, to Covered Entity or, as directed by

Covered Entity, to an Individual in order to meet the requirements under 45 CFR § 164.524.

7. Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 upon request of Covered Entity.
8. Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, available to Covered Entity, or to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the various rules implementing the HIPAA.
9. Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.
10. Business Associate agrees to provide to Covered Entity, or an individual identified by the Covered Entity, information collected under this Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

c. Permitted Uses and Disclosures by Business Associate

Except as otherwise limited in this Contract, Business Associate may use or disclose PHI on behalf of, or to provide services to, Covered Entity for purposes of the performance of this Contract, if such use or disclosure of PHI would not violate the HIPAA Privacy or Security Rules if done by Covered Entity or the minimum necessary policies and procedures of Covered Entity.

d. Obligations of Covered Entity

1. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
2. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
3. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

e. Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Privacy or Security Rules.

f. Term of Provision

1. The term of this Provision shall be effective as of date of contract award, and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
2. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
   i. Provide an opportunity for Business Associate to cure the breach or end the violation consistent with the termination terms of this Contract. Covered Entity may terminate this Contract for default if the Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; or,

   ii. Consistent with the terms of this Contract, terminate this Contract for default if Business Associate has breached a material term of this Contract and cure is not

possible; or,

ii. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

3. Effect of Termination.

i. Except as provided in paragraph f.2 of this section, upon termination of this Contract, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

ii. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon such notice that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Contract to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

g. Miscellaneous

1. A reference in this Contract to a section in the Rules issued under HIPAA means the section as in effect or as amended.
2. The Parties agree to take such action as is necessary to amend this Contract from time to time as is necessary for Covered Entity to comply with the requirements of the Rules issued under HIPAA.
3. The respective rights and obligations of Business Associate under paragraph f.3 of the section entitled "Term of Provision" shall survive the termination of this Contract.
4. Any ambiguity in this Contract shall be resolved to permit Covered Entity to comply with the Rules implemented under HIPAA.

Attachments:
Section F – Deliverables

Section F – Deliverables – Federal Exchange

Deliverable	Task	Due Date
Staffing Plan	2.1	5 calendar days after effective date of this contract
Project Management Plan	2.1	10 calendar days after effective date of this contract
Project Work Plan with Schedule	2.1	10 days from date of award; Updates: with changes
QASP	2.1	45 calendar days after effective date of this contract
Quality Control Plan	2.1	10 calendar days after effective date of this contract
Data Management Plan	2.1	10 calendar days after effective date of this contract
Data Quality Plan	2.1	10 calendar days after effective date of this contract
Risk Management Plan	2.1	10 calendar days after effective date of this contract
Project Status Report	2.1	Monthly, 1 business day prior to Project Summary Progress Meeting
Project Summary Progress Meetings to include project plan task review, milestones, risks, issues.	2.1	Monthly
Project Status Meetings	2.1	Weekly
Change Request Responses	2.1	As Needed
Earned Value Management (EVM) Reports	3.7	1st Due: 30 days after contract award Recurring: 25th of each month
Integrated Baseline Review (IBR)	3.7.1	1st Due: 45 days after contract award
Financial Report	3.9	1st Due: 30 days after contract award Recurring: 15th of each month
Dashboard Status and Budget Tracking	2.1	Weekly
Concept of Operations	2.1	Per Work Activity, as agreed to with CMS
Alternatives Analysis	2.1	Per Work Activity, as agreed to with CMS
Scope Definition	2.1	Per Work Activity, as agreed to with CMS
Performance Measures	2.1	Per Work Activity, as agreed to with CMS
Level of Effort Estimates	2.1	Per Work Activity, as agreed to with CMS
Business Process Models	2.1	Per Work Activity, as agreed to with CMS
Architectural Diagrams	2.1	Per Work Activity, as agreed to with CMS
Project Process Agreement	2.1	Per Work Activity, as agreed to with CMS
Release Plan	2.1	Per Work Activity, as agreed to with CMS
Privacy Impact Assessment	2.1	Per Work Activity, as agreed to with CMS
System Requirements Document(s)	2.1	Per Work Activity, as agreed to with CMS
Information Security Risk Assessment	2.1	Per Work Activity, as agreed to with CMS
Test Plan and Traceability Matirx	2.1	Per Work Activity, as agreed to with CMS
Logical Data Model	2.1	Per Work Activity, as agreed to with CMS
System Design Documents	2.1	Per Work Activity, as agreed to with CMS
Interface Control Documents	2.1	Per Work Activity, as agreed to with CMS

Physical Data Model	2.1	Per Work Activity, as agreed to with CMS
Data Management Plan	2.1	Per Work Activity, as agreed to with CMS
Data Conversion Plan	2.1	Per Work Activity, as agreed to with CMS
Test Case Specifications	2.1	Per Work Activity, as agreed to with CMS
Contingency/Recovery Plan	2.1	Per Work Activity, as agreed to with CMS
Implementation Plan	2.1	Per Work Activity, as agreed to with CMS
Integration Testing results	2.1	Per Work Activity, as agreed to with CMS
End-to-End Testing results	2.1	Per Work Activity, as agreed to with CMS
Test Summary Report	2.1	Per Work Activity, as agreed to with CMS
Defect Reports	2.1	Per Work Activity, as agreed to with CMS
Security Testing results	2.1	Per Work Activity, as agreed to with CMS
Project Completion Report	2.1	Per Work Activity, as agreed to with CMS
Service Level Agreement Reports	2.1	Per Work Activity, as agreed to with CMS
POA&M	2.1	Per Work Activity, as agreed to with CMS
Database Design Document	2.1	Per Work Activity, as agreed to with CMS
Self-Assessment, required by NIST SP 800-53	2.1	After initial installation of DSH infrastructure, platform, and software, and then Annually
Section 508 compliance checklist	2.1	Upon request
Operations & Maintenance Manual	2.1	Per Work Activity, as agreed to with CMS
System Security Plan	2.1	Per Work Activity, as agreed to with CMS
Information Security Plan	2.1	Per Work Activity, as agreed to with CMS
User Manuals	2.1	Per Work Activity, as agreed to with CMS
Database Design Document	2.1	Per Work Activity, as agreed to with CMS
License Management Procedures	2.1	Prior to production migration
License Inventory	2.1	Annually
License and Maintenance Renewal Notification	2.1	Notifications (180 days before license expiration)
Infrastructure Design and Implementation	2.2.1	As agreed to with CMS
CDN service design and implementation	2.2.2	As agreed to with CMS
Web Analytics and Usage Reports	2.2.2	Daily, or as agreed to with CMS
Data Management Design and Implementation	2.2.3	As agreed to with CMS
Certification Documentation	2.2.5	As agreed to with CMS
Security Plan of Action	2.2.5	As agreed to with CMS, within thirty (30) days of request
Corrective Action Plans	2.2.5	As agreed to with CMS
Security Authentication and Authorization Design and Implementation	2.2.6	As agreed to with CMS
Web Services Model Design and Implementation	2.2.7	As agreed to with CMS
Training Plan and materials	2.3.8	Per Work Activity, as agreed to with CMS
Development Guide for the States	2.3.8	As agreed to with CMS

Regional Technical Support Plan	2.5	Within two weeks of award
Operations and Maintenance Plan	2.6	Quarterly

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 4

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
000004	05/10/2013	OIS-393-2013-1192	

6. ISSUED BY CODE ITG - DISSC

CMS,OAGM,ITG,DISSC
7500 SECURITY BLVD., MS: C2-21-15
BALTIMORE MD 21244-1850

7. ADMINISTERED BY (If other than item 6) CODE AGG/AH

Allisan Hafner
Contract Specialist
410-786-5147

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

X 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0012

10B. DATED (SEE ITEM 13)
09/30/2011

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
P-203-13-000764-013

Net Increase: $474,057.76

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) FAR 52.243-2 Changes - Cost Reimbursement, Alternate II

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to add additional funding for the Base Year to support CCIIO requirements.
Delivery Location Code: WHSE
CTRS FOR MEDICARE & MEDICAID SVCS
WAREHOUSE - NORTH BUILDING
7500 SECURITY BLVD.
BALTIMORE MD 212441850

Req Identifier: P CAN Number: 5990026
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
Richard J. Martin, Vice President	LYANDRA EMMANUEL

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITE	16C. DATE SIGNED
Richard J Mart (Signature of person authorized to sign)	5/9/13	Lyandra C	05-10-13

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 000764 Sequence #: 013 Add Item 4004 as follows:				
4004	FFE Mod 4 - OC Akamai Requirements				474,057.76

The purpose of this modification is to add additional funding for the Base Year to support CCIIO requirements.

SECTION B - SUPPLIES OR SERVICES PRICES/COSTS

3. Schedule of Service Price/Costs

0001AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0001AB	Fixed Fee	
0001AC	Travel, NTE, IAW FTR	
	Total	**$119,677,837.03**

0002AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0002AB	Award Fee	
0002AC	Travel, NTE, IAW FTR	
	Total	**$41,920,910.91**

0003AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0003AB	Award Fee	
0003AC	Travel, NTE, IAW FTR	
	Total	**$40,688,301.87**

0004AA	Estimated Cost, NTE, IAW SOW	(b)(4)
0004AB	Award Fee	
0004AC	Travel, NTE, IAW FTR	
	Total	**$39,682,552.34**

0005AA	Estimated Cost	(b)(4)
0005AB	Award Fee	
0005AC	Travel, NTE, IAW FTR	
	Total	**$2,496,967.38**

TOTAL		**$244,466,569.53**

9. Accounting and Appropriation Data

CLIN 0001	888-1-7206-05	15996086 75X0119 252Z	(b)(4)	Award
CLIN 0001	770.2-0765-02	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-03	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0763-09	5996720 7520511 252Z		Modification #1
CLIN 0001	770-2-0749-01	5996720 7520511 252Z		Modification #1
Admin.	N/A	N/A		Modification #2
CLIN 0001	OIS-393-2013-1022	5990026 7575X0125.005 25235		Modification #3
CLIN 0001	OIS-393-2013-1192	5990026 7575x0125.005 25235	$474,057.76	Modification #4

Attachments:
Statement of Work dated April 19, 2013

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000007	10/04/2013		

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS,OAGM,ITG,DISSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DISSC	Allisan Hafner Contract Specialist 410-786-5147	AGG/AH

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*		
CGI Federal Inc. Attn: Elizabeth M. Burton 12601 Fair Lakes Circle Fairfax VA 22033-3408	(X)	9A. AMENDMENT OF SOLICITATION NO.
		9B. DATED *(SEE ITEM 11)*
	X	10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-00015I HHSM-500-T0012
		10B. DATED *(SEE ITEM 13)* 09/30/2011
CODE 7032276000	FACILITY CODE	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

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12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
X	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. FAR 52.243-2 Changes - Cost Reimbursement, Alternate II
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☒ is not. ☐ is required to sign this document and return 0 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
In accordance with FAR 52-243-2 Changes - Cost Reimbursement, Alternative II, this change order modification is issued to direct CGI Federal Inc. as follows:

1. CGI Federal Inc. shall assist CMS in its development and implementation of a solution to replace the functionality of Enterprise Identity Management (EIDM). The purpose of this replacement solution is to improve access to the Federal Facilitated Marketplace (FFM).

Specifically, CGI shall assist CMS in developing, implementing, and maintaining a solution to replace the EIDM using similar software/equivalent software as approved by CMS. In

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*		16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*	
		LYANDRA EMMANUEL	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNI	16C. DATE SIGNED
_____ *(Signature of person authorized to sign)*		_____	10-4-13

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	performing this work, CGI will work at CMS' direction. Once this solution is developed, CMS will be responsible for certifying that the replacement solution meets all applicable security standards, including, but not limited to the Federal Information Security Management Act (FISMA). CMS also will be responsible for conducting all required acceptance tests, determining if the solution is production ready, and making the decision to deploy the replacement solution. CMS anticipates that this replacement solution shall be in place until further directed by CMS. 2. The cost for this effort, with task prioritization, can be covered under the current task order CLIN 00001AA funding. 3. If additional funding is needed for this effort, CGI in accordance with FAR 52.243-2, Changes - Costs Reimbursement, Alternate II, must assert its right to an equitable adjustment for the changes identified in this Change Order within thirty (30) days from the date of receipt of this written Change Order. 4. All other terms and conditions for the subject task order remain unchanged. End of Modification				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 9

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000013	See Block 16C	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS,OAGM,ITG,DMITSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DMITSC	Ryan Kooy Contract Specialist 410-786-6637	AGG/RK

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*		9A. AMENDMENT OF SOLICITATION NO.
CGI Federal Inc. Attn: Elizabeth M. Burton 12601 Fair Lakes Circle Fairfax VA 22033-3408	(x)	9B. DATED *(SEE ITEM 11)*
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. HHSM-500-2007-00015I HHSM-500-T0007
		10B. DATED *(SEE ITEM 13)* 04/30/2010

CODE 7032276000	FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule

Net Increase: $12,000,581.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-2 Changes, Cost Reimbursement, Alt 1
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to incorporate additional work to Option Year 3 and to make administrative changes. As a result the following contract sections have been revised:

1. Section B, Supplies or Services and Cost/Price;
2. Section C, Description/Specifications/Work Statement;
3. Section G, Contract Administration Data;
4. Section H, Special Contract Requirements; and,
5. Section I, Contract Clauses.

Delivery Location Code: N/A
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Christina Marchione, Vice President	Tonya D. Anderson

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)	9/20/13	Tonya D. Anderson *(Signature of Contracting Officer)*	09/20/2013

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Not Applicable Period of Performance: 04/30/2013 to 04/29/2014 Add Item 0053 as follows:				
0053	Fund Option Year 3 Requisition No: OC-393-2013-0248 Accounting Info: Req Identifier: P CAN Number: 5996931 Appropriation: 7530511 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 001927 Sequence #: 013 Funded: (b)(4) Add Item 0054 as follows:				(b)(4)
0054	Fund Option Year 3 Requisition No: OC-393-2013-0278 Accounting Info: P-203-13-003708-008 Req Identifier: P CAN Number: 5996934 Appropriation: 7530511 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 003708 Sequence #: 008 Funded: (b)(4) Add Item 0055 as follows:				(b)(4)
0055	Fund Option Year 3 Requisition No: OC-393-2013-0297 Accounting Info: P-203-13-000764-018 Req Identifier: P CAN Number: 5990026 Appropriation: 7575X0125.005 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project #: 000764 Sequence #: 018 Funded: (b)(4) Add Item 0056 as follows:				(b)(4)
0056	Fund Option Year 3 Requisition No: OC-393-2013-0298 Accounting Info: P-203-13-000764-019 Req Identifier: P CAN Number: 5990042 Appropriation: 7530511 Object Class: 25235 Component ID: 203 Fiscal Year: 13 Project Continued ...				(b)(4)

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	#: 000764 Sequence #: 019 Funded: (b)(4)				
	Add Item 0057 as follows:				
0057	Fund Option Year 3 Requisition No: OCSQ-393-2013-0717 Accounting Info: P-209-13-005218-002 Req Identifier: P CAN Number: 35992599 Appropriation: 75-3/0519 Object Class: 25235 Component ID: 209 Fiscal Year: 13 Project #: 005218 Sequence #: 002 Funded: (b)(4)				(b)(4)
	Add Item 0058 as follows:				
0058	Fund Option Year 3 Requisition No: OCSQ-393-2013-0756 Accounting Info: P-209-13-005390-008 Req Identifier: P CAN Number: 35992593 Appropriation: 75-3/0519 Object Class: 25235 Component ID: 209 Fiscal Year: 13 Project #: 005390 Sequence #: 008 Funded: (b)(4)				(b)(4)
	Add Item 0059 as follows:				
0059	Fund Option Year 3 Requisition No: CMCS-393-2013-0169 Accounting Info: P-220-13-009005-036 Req Identifier: P CAN Number: 5996022 Appropriation: 7530511 Object Class: 25308 Component ID: 220 Fiscal Year: 13 Project #: 009005 Sequence #: 036 Funded: (b)(4)				(b)(4)

As a result of this modification the total estimated Cost-Plus-Fixed-Fee (CPFF) value for this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	$ 12,300,446	$ 122,105,394	$ 134,405,840

SECTION B – SUPPLIES OR SERVICES AND PRICES/COST

a. The following table establishes the estimated CPFF value for this contract:

Contract Period	Period of Performance	Estimated Cost	Fixed Fee	Total Est. Cost Plus Fixed Fee	Total Funded
Base Period*	4/30/2010-4/29/2011	(b)(4)			
Unexercised Optional Tasks	4/30/2010-4/29/2011				
Option Period 1*	4/30/2011-4/29/2012				
Option Period 2	4/30/2012-4/29/2013				
Option Period 3	**4/30/2013-4/29/2014**				
Option Period 3 ARRA**	**9/23/2013-4/29/2014**				
Option Period 4	4/30/2014-4/29/2015				
Total		**$125,624,717**	**$8,781,122**	**$ 134,405,840**	**$118,282,572**

* Includes exercised optional tasks.
** Option Period 3 ARRA will be funded with a separate modification.

b. As a result of this modification to Option Period 3 the total current funding on this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	**$ 12,000,581**	**$ 106,281,991**	**$ 118,282,572**

c. Fixed Fee Payment Schedule

The total fixed fee shall be billed in monthly installments. The total fixed fee for Option Period 3 shall not exceed (b)(4). The total fixed fee for Option Period 3 ARRA shall not exceed (b)(4).

END OF SECTION B

SECTION C – DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

The Statement of Work (SOW) is hereby revised in accordance with the attached revised SOW, dated September 9, 2013.

END OF SECTION C

SECTION G – CONTRACT ADMINISTRATION DATA

a. Accounting and Appropriation Data, is hereby revised as follows:

Mod #	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Total obligated amount for Items 0001 through 0052						(b)(4)
Mod 13	53	OC-393-2013-0248	7530511	5996931	25235	
	54	OC-393-2013-0278	7503511	5996934	25235	
	55	OC-393-2013-0297	7575X0125.005	5990026	25235	
	56	OC-393-2013-0298	7530511	5990042	25235	
	57	OCSQ-393-2013-0717	75-3/0519	35992599	25235	
	58	OCSQ-393-2013-0756	75-3/0519	35992593	25235	
	59	CMCS-393-2013-0169	7530511	5996022	25308	
Total Amount Funded						**$ 118,282,572**

b. Subcontract Consents is revised as follows:

Consent is hereby given to issue the following subcontract(s):

(b)(4) (effective 7/25/2013)

c. Invoicing and Payment Instructions (ARRA)

The following data applies to the incorporation of ARRA funding:

Req. #	*CAN*	*Appropriation #*	*Obj Class Code*	*Total $*
*TBD**	*TBD*	*TBD*	*TBD*	*TBD*

**ARRA work to be funded separately with next modification*

*The Contractor shall submit a separate monthly invoice/voucher solely dedicated to the ARRA work being performed under this **contract/order**. The invoice/voucher shall clearly identify the contract/order number and identify a separate ARRA invoice/voucher numbering system as appropriate. The invoice/voucher shall identify the following additional ARRA information as applicable:*

- *Period of performance for the invoice/voucher;*
- *If contract is cost reimbursement, separately identify labor categories/hours/rates and other associated costs for the voucher, or*
- *ARRA invoices/vouchers must identify the amount being billed and the cumulative amount incurred/paid to date; and,*

- *ARRA CAN/Appropriation Data associated with the work being invoiced.*

END OF SECTION G

SECTION H - SPECIAL CONTRACT REQUIREMENTS is revised as follows:

3. HIPAA BUSINESS ASSOCIATE PROVISION

a. Definitions:

All terms used herein and not otherwise defined shall have the same meaning as in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA," 42 U.S.C. sec. 1320d) and the corresponding implementing regulations. Provisions governing the Contractor's duties and obligations under the Privacy Act (including CMS' data use agreements) are covered elsewhere in the contract.

"**Business Associate**" shall mean the Contractor.

"**Covered Entity**" shall mean CMS' Medicare Fee for Service program and/or Pre-Existing Condition Insurance Plan.

"**Secretary**" shall mean the Secretary of the Department of Health and Human Services or the Secretary's designee.

b. Obligations and Activities of Business Associate

1. Business Associate agrees to not use or disclose Protected Health Information ("PHI"), as defined in 45 C.F.R. § 160.103, created or received by Business Associate from or on behalf of Covered Entity other than as permitted or required by this Contract or as required by law.

2. Business Associate agrees to use safeguards to prevent use or disclosure of PHI created or received by Business Associate from or on behalf of Covered Entity other than as provided for by this Contract. Furthermore, Business Associate agrees to use appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic protected health information ("EPHI"), as defined in 45 C.F.R. 160.103, it creates, receives, maintains or transmits on behalf of the Covered Entity to prevent use or disclosure of such EPHI.

3. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Contract.

4. Business Associate agrees to report to Covered Entity any use or disclosure involving PHI it receives/maintains from/on behalf of the Covered Entity that is not provided for by this Contract of which it becomes aware. Furthermore, Business Associate agrees to report to Covered Entity any security incident involving EPHI of which it becomes aware. The Business Associate shall report any violation in use or disclosure involving PHI or any security incident to CMS within one (1) hour of discovery in accordance with the "CMS Guide for the Incident Reporting Process" at http://cmsnet.cms.hhs.gov/hpages/oess/dgb/Incident_Reporting_Guide_CMS2010R.pdf (See

also Section J, List of Attachments). In addition, the Business Associate will also notify the CMS Contracting Officer and Contracting Officer's Representative (COR) by email within one (1) hour of identifying such violation or incident.

5. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Contract to Business Associate with respect to such information. Furthermore, Business Associate agrees to ensure that its agents and subcontractors implement reasonable and appropriate safeguards for the PHI received from or on behalf of the Business Associate.

6. Business Associate agrees to provide access, at the request of Covered Entity, to PHI received by Business Associate in the course of contract performance, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR § 164.524.

7. Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 upon request of Covered Entity.

8. Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, available to Covered Entity, or to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the various rules implementing the HIPAA.

9. Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

10. Business Associate agrees to provide to Covered Entity, or an individual identified by the Covered Entity, information collected under this Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

c. Permitted Uses and Disclosures by Business Associate

Except as otherwise limited in this Contract, Business Associate may use or disclose PHI on behalf of, or to provide services to, Covered Entity for purposes of the performance of this Contract, if such use or disclosure of PHI would not violate the HIPAA Privacy or Security Rules if done by Covered Entity or the minimum necessary policies and procedures of Covered Entity.

d. Obligations of Covered Entity

1. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

2. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.

3. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

e. Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Privacy or Security Rules.

f. Term of Provision

1. The term of this Provision shall be effective as of date of contract award, and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

2. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

    i. Provide an opportunity for Business Associate to cure the breach or end the violation consistent with the termination terms of this Contract. Covered Entity may terminate this Contract for default if the Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; or,

    ii. Consistent with the terms of this Contract, terminate this Contract for default if Business Associate has breached a material term of this Contract and cure is not possible; or,

    iii. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

3. Effect of Termination.

    i. Except as provided in paragraph f.2 of this section, upon termination of this Contract, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

    ii. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon such notice that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Contract to such PHI and limit further uses and disclosures of

such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

g. Miscellaneous

1. A reference in this Contract to a section in the Rules issued under HIPAA means the section as in effect or as amended.

2. The Parties agree to take such action as is necessary to amend this Contract from time to time as is necessary for Covered Entity to comply with the requirements of the Rules issued under HIPAA.

3. The respective rights and obligations of Business Associate under paragraph f.3 of the section entitled "Term of Provision" shall survive the termination of this Contract.

4. Any ambiguity in this Contract shall be resolved to permit Covered Entity to comply with the Rules implemented under HIPAA.

END OF SECTION H

SECTION I – CONTRACT CLAUSES is revised to incorporate the following clause:

FAR 52.252-2 CLAUSES INCORPORATED BY REFERENCE. (FEB 1998)

The following clauses are incorporated by reference into the contract. All other clauses in the contract remain unchanged and in full force and effect.

Number	Title	Date
52.203-15	Whistleblower Protections Under the American Recovery and Reinvestment Act of 2009	June 2010
52.204-11	American Recover and Reinvestment Act – Reporting Requirements	July 2010
52.215-2	Audit and Records – Negotiation	October 2010
52.225-1	Buy American Act – Supplies	February 2009
52.225-2	Buy American Act Certificate	February 2009

END OF SECTION I

All other terms and conditions in the contract remain unchanged and in full force and effect.

Attachment: Statement of Work "Website Maintenance and Support Services Task Order" dated September 9, 2013.

END OF MODIFICATION

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 3

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
000014	See Block 16C	See Schedule	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
CMS,OAGM,ITG,DMITSC 7500 SECURITY BLVD., MS: C2-21-15 BALTIMORE MD 21244-1850	ITG - DMITSC	Ryan Kooy Contract Specialist 410-786-6637	AGG/RK

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

CGI Federal Inc.
Attn: Elizabeth M. Burton
12601 Fair Lakes Circle
Fairfax VA 22033-3408

CODE 7032276000 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
HHSM-500-2007-00015I
HHSM-500-T0007

10B. DATED *(SEE ITEM 13)*
04/30/2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA *(If required)*
See Schedule
Net Increase: $299,864.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: *(Specify authority)* THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, etc.)* SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-2 Changes, Cost Reimbursement, Alt 1
	D. OTHER *(Specify type of modification and authority)*

E. IMPORTANT: Contractor ☐ is not ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*

Tax ID Number: 27-0087176
DUNS Number: 145969783
The purpose of this modification is to fund Option Year 3 ARRA work on this contract. As a result the following contract sections have been revised:

1. Section B, Supplies or Services and Cost/Price and
3. Section G, Contract Administration Data.
Delivery Location Code: N/A
Not Applicable

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER *(Type or print)*	16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*
Christina Marchione, Vice President	Tonya D. Anderson

15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
Christina Marchione *(Signature of person authorized to sign)*	9/20/13	Tonya D. Anderson *(Signature of Contracting Officer)*	09/20/2013

NAME OF OFFEROR OR CONTRACTOR
CGI Federal Inc.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Period of Performance: 04/30/2013 to 04/29/2014 Add Item 0060 as follows:				
0060	Fund Option Year 3 ARRA Requisition No: OESS-393-2013-0019 Accounting Info: Req Identifier: P CAN Number: 35999625 Appropriation: 75X0510 Object Class: 25235 Component ID: 227 Fiscal Year: 13 Project #: 008309 Sequence #: 001 Funded: (b)(4)				(b)(4)
	Add Item 0061 as follows:				
0061	Fund Option Year 3 ARRA Requisition No: OESS-393-2013-0020 Accounting Info: P-227-13-008359-001 Req Identifier: P CAN Number: 35999627 Appropriation: 75X0510 Object Class: 25235 Component ID: 227 Fiscal Year: 13 Project #: 008359 Sequence #: 001 Funded: (b)(4)				(b)(4)

As a result of this modification the following contract sections have changed:

SECTION B – SUPPLIES OR SERVICES AND PRICES/COST

a. The following table establishes the estimated CPFF value for this contract:

Contract Period	Period of Performance	Estimated Cost	Fixed Fee	Total Est. Cost Plus Fixed Fee	Total Funded
Base Period*	4/30/2010-4/29/2011	(b)(4)			
Unexercised Optional Tasks	4/30/2010-4/29/2011				
Option Period 1*	4/30/2011-4/29/2012				
Option Period 2	4/30/2012-4/29/2013				
Option Period 3	**4/30/2013-4/29/2014**				
Option Period 3 ARRA	**9/20/2013-4/29/2014**				
Option Period 4	4/30/2014-4/29/2015				
Total		**$125,624,717**	**$8,781,121**	**$ 134,405,839**	**$118,582,436**

* Includes exercised optional tasks.

b. As a result of this modification to Option Period 3 the total current funding on this contract is increased as follows:

	By	From	To
Estimated Cost	(b)(4)		
Fixed Fee			
Total Est. CPFF	**$ 299,864**	**$ 118,282,572**	**$ 118,582,436**

END OF SECTION B

SECTION G – CONTRACT ADMINISTRATION DATA

a. Accounting and Appropriation Data, is hereby revised as follows:

Mod #	Item	Requisition	Appropriation	CAN	Obj Class	Amount
Mod 14	60	OESS-393-2013-0019	75X0510	35999625	25235	(b)(4)
ARRA	61	OESS-393-2013-0020	75X0510	35999627	25235	
Total Amount Funded						**$ 118,582,436**

END OF SECTION G

All other terms and conditions of this task order remain in full force and effect.

END OF MODIFICATION