

<b>STATE OF NORTH CAROLINA</b>  <b>Department of Health and Human Services</b> <b>Division of Health Benefits</b>	<b>REQUEST FOR INFORMATION NO.</b> 30-2025-045-DHB	
	Issue Date: 8/1/2025	
	Due Date: 9/5/2025	
<b>Refer <u>ALL</u> Inquiries regarding this RFI to:</b>  Tyler Ragor at tyler.ragor@dhs.nc.gov	Commodity Number: 811620 – Cloud based Software as a Service	
	Description: Provider Data Management/Credentialing Verification Office	
	Using Agency: Department of Health and Human Services, Division of Health Benefits	

This Request for Information (“RFI”) is available electronically on the North Carolina electronic Vendor Portal (“NC eVP”) at <https://evp.nc.gov/>.

**The purpose of this RFI is to survey the market for information requested herein and not to award a contract. Submission of a response does not create an offer, and no award will result by submitting a response.**

The State recognizes that considerable effort may be required in preparing a response to this RFI. However, the Respondent shall bear all costs for preparing and submitting a response. Information obtained through this RFI process may be used to develop a future solicitation.

Responses to this RFI will be received until 2:00 p.m. EST, September 5th.

**EXECUTION**

RESPONDENT NAME:	E-MAIL:	
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING:	FAX NUMBER:	
AUTHORIZED SIGNATURE:	DATE:	

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## SECTION I. RESPONDENT QUESTIONS, RESPONSE INSTRUCTIONS, AND CONFIDENTIALITY

### A. Anticipated Schedule

The Department Contract Specialist will make every effort to adhere to the following schedule.

Action	Responsibility	Date	Time (EST)
RFI Issued	Department	8/1/2025	
Responses Due	Respondent(s)	9/5/2025	2:00 pm

Table 1 – Anticipated Schedule

### B. Instructions for Developing Responses

When developing Responses to this RFI, the Respondent should consider the following:

1. Read and carefully review all Sections of this RFI.
2. Prepare responses in a straightforward and detailed manner. Responses are to be submitted to the Department according to the instructions found on the cover page of the RFI and this Section II.
3. Complete the Execution section on Page 1 of this RFI and number the pages in the responses.
4. Clearly identify the specific question, section, and subsection number(s) or other identifier that corresponds with each response. This allows the Department to clearly understand the specific questions or items addressed. To the extent possible within each section of the response, the items should be addressed in the order in which they appear in the RFI.
5. Provide detailed information in a format that may include a narrative, exhibits, charts, tables or other artifacts that support the response.
6. Responses to all questions and items within the RFI are encouraged but there is no obligation to do so.
7. The Department reserves the right to contact any Respondent and request additional information. Include the contact information for the individual(s) best suited to engage with the Department.

### C. Instructions for Submitting Responses

1. Respondent must submit its response to this RFI via the Ariba Sourcing Tool by the specified time and date provided in the Anticipated Schedule.
2. When submitting a response, include all pages of the RFI, a completed and signed EXECUTION Section on page 1, and responses to the requested information contained in Section IV.
3. The following copies are required to be provided to the Department in response to this RFI:
  - a. One (1) electronic copy of the signed, completed response identified as **RFI #30-2025-045-DHB - Respondent's Name**.
  - b. One (1) electronic copy of a redacted response in accordance with Chapter 132 of the North Carolina General Statutes, the Public Records Act, identified **RFI #30-2025-045-DHB - Respondent's Name - Redacted**. For the purposes of this RFI, redaction means to edit a document by obscuring or removing information that is considered confidential and/or proprietary by the Respondent and that meets the definition of Confidential Information set forth in G.S. 132-1.2. Any information removed by the Respondent should be replaced with the word, "Redacted." If Respondent's response does not contain Confidential Information, the

Respondent must submit a signed statement to that effect identified as **RFI #30-2025-045-DHB - Respondent's Name - Statement of Confidential Information.**

4. The electronic copies of the response must not be password protected.
5. The electronic copies of the response must be in PDF format.

For training on how to use the Ariba Sourcing Tool to view solicitations, submit questions, develop responses, upload documents, and submit offers to the State, Respondents should go to the following site: <https://eprocurement.nc.gov/training/vendor-training>.

Questions or issues related to using the Ariba Sourcing Tool itself can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 AM EST to 5:00 PM EST.

#### **D. Notice Regarding Confidentiality**

1. Per NCGS 132-1, et seq., information or documents provided to the Department in response to this RFI are Public Record and subject to inspection, copy and release to the public unless properly marked and exempt from disclosure by statute, including, but not limited to, NCGS § 132-1.2.
2. As provided for in the North Carolina Administrative Code (NCAC), including but not limited to 01 NCAC 05B .0103, 09 NCAC 06B .0103 and 09 NCAC 06B .0302, all information and documentation whether electronic, written or verbal relative to the development of a contractual document for a proposed procurement or contract shall be deemed confidential in nature. In accordance with these and other applicable rules and statutes, such material shall remain confidential until the award of a contract or until the need for procurement no longer exists. **Any proprietary or confidential information, which conforms to exclusions from public records as provided by NCGS § 132, must be clearly marked as such within each page containing the trade secret or confidential information, and identified in boldface as "CONFIDENTIAL."** If only a portion of each page marked "CONFIDENTIAL" contains trade secret information, the trade secret information shall be designated with a contrasting color or by a box around such information. In addition to marking confidential information as required by NCAC 05B.0103, confidential pages or portions of the response shall be reflected in the redacted copy identified as **RFI #30-2025-045-DHB - Respondent's Name– Redacted**. By submitting a redacted copy, the Respondent warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors that the portions marked confidential and redacted meet the requirements of NCGS §132. The Respondent must identify the legal grounds for asserting that the information is confidential, including the citation to state law.

## **SECTION II. RIGHTS AND OBLIGATIONS**

### **A. Rights to Submitted Material**

All responses, inquiries or correspondence relating to or in reference to this RFI, and all documentation submitted by the various Respondents shall become the property of the Department when received. Ideas, approaches, and options presented by Respondents may be used in whole or in part by the State in developing a future solicitation should the Department decide to proceed with a solicitation. Further, combinations of ideas from various Respondents may also become part of a solicitation, based on consideration of various RFI submissions and the needs of the Department, which may differ from any single Respondent's experience in other places.

## B. Obligations of the State

The Department may choose to issue a solicitation for the procurement of a solution. However, this RFI is not a guarantee that a solicitation will be issued for any or all of the services or systems referenced herein, about which ideas and approaches are being sought. As provided in Section I.E of this RFI, information submitted by Respondents for this RFI will remain confidential until after the award of any solicitation or until the State decides not to issue a solicitation.

## **SECTION III. PROVIDER DATA MANAGEMENT / CREDENTIALING VERIFICATION ORGANIZATION (PDM/CVO) SOLUTION**

### A. Background and Program Information

The North Carolina Department of Health and Human Services (NCDHHS) is the single state agency charged with providing health benefits to about three million North Carolina beneficiaries under Medicaid. There are currently over 101,000 enrolled providers in the NC Medicaid program. Medicaid services are managed by the Division of Health Benefits (DHB). Other programs include the Division of Mental Health (DMH), the Division of Public Health (DPH), and the Office of Rural Health (ORH). Each program has slightly different provider qualification rules and payment mechanisms, so we consider this to be a multi-payer environment. Health care is delivered through a Fee-For-Service (FFS) component, NC Medicaid Direct with Community Care of NC/Carolina Access as the Primary Care Case Management Entity (PCCMe). Also, our managed care partners include Standard Plans, Behavioral Health Intellectual/Developmental Disabilities Services Tailored Plans, Prepaid Inpatient Health Plan (PIHP), and an Indian Managed Care Entity (IMCE) plan for the Eastern Band of Cherokee Indians (EBCI - Tribal Option).

NCDHHS is transitioning from a Medicaid fiscal agent model, where most Medicaid Management Information Systems (MMIS) functions are carried out under a single contract, to a Medicaid Enterprise System (MES), where several MMIS functions are performed by component vendors who provide modular services under the Medicaid Information Technology Architecture (MITA) model recommended by the federal Centers for Medicare and Medicaid Services (CMS).

A major component of this modular approach will be a Provider Data Management/Credentialing Verification (PDM/CVO) module. Under PDM/CVO, NCDHHS seeks to establish a centralized platform to receive applications from providers, perform primary source verification of enrollment and credentialing information, maintain provider data, manage provider communications, manage data exchanges with multiple payers and plans, and integrate into the MES. The system to be designed and built may begin with an existing vendor solution, but will be customized, modified, configured, and enhanced to operate for NCDHHS independently from any other implementation.

Issue Procurement (RFP)	Quarter 2, 2026
View demonstrations from potential awardees	Quarter 4, 2026
Vendor Award	Quarter 1, 2027
Design, Develop, and Implementation Phase	Quarter 2, 2027 – Quarter 2, 2029 Approximately 2 year DDI

End to End (E2E) Testing	Quarter 3, 2029 – Quarter 4, 2029 Approximately 5 months E2E Testing
Go Live	Quarter 1, 2030

Under PDM/CVO a vendor will:

- Establish a location near the NCDHHS Raleigh, North Carolina, office,
- Staff an agile design and development effort to provide and build information technology systems,
- Provide hardware and software,
- Build all required interfaces (approximately 25) and integrations (approximately 32 integration partners). The interfaces will be a mix of batch and Application Programming Interface (API) exchanges,
- Meet state security requirements,
- Thoroughly test all aspects of the system and operations, including End-to-End (E2E) testing,
- Train vendor operations, state staff, and providers,
- Establish a credentialing committee in cooperation with the state and managed care partners,
- Handle all hearings and appeals that come from denials and terminations,
- Allow for delegated enrollment and credentialing and monitor these processes,
- Operate all aspects of PDM/CVO for a period of several years,
- Integrate with the Medicaid Integration System (MIS) for data exchanges to communicate provider information to and from approximately 32 integration partners and MES component modules,
- Enroll and credential new providers,
- Re-credential all providers on a five-year cycle,
- Provide standardized reports as well as customizable ad hoc reporting,
- Meet all requirements of the National Committee for Quality Assurance (NCQA),
- Provide portals for the enrollment process, for data maintenance, and for state and vendor operations,
- Achieve federal CMS certification to maximize federal financial participation (FFP) under Medicaid,
- Integrate with the MIS for Single Sign-On access across the MES solutions,
- Convert provider data history and migrate related documents.

**B. Purpose of the RFI**

The purpose of the RFI is to:

1. Solicit feedback from potential vendors with experience developing and deploying solutions that provide visibility into software, systems, operations, and management of a responsive, turnkey solution for provider credentialing and data management in a state Medicaid environment that includes multiple programs, complex and changing business rules, integration with a Medicaid Enterprise System (MES), compliance with federal Medicaid Information Technology Architecture (MITA) standards, a Credentialing Committee, and Delegated Credentialing.
2. Obtain a rough order magnitude estimate of the total cost of ownership to develop, implement, and maintain the solution defined in the RFI.
3. Obtain information which may be used to develop a Request for Proposal (RFP) to solicit a vendor to provide a complete agent solution for NCDHHS PDM/CVO: facilities, systems, interfaces, integrations, reporting, management, staffing, maintenance, operations, quality control, security, compliance, and enhancements to the Department.

4. Solicit feedback on estimated project timeline.

### C. Definitions and Acronyms

1. **API:** Application Programming Interface - Set of rules and protocols that allows different software programs to communicate and exchange data.
2. **CMS:** Centers for Medicare and Medicaid Services - A federal agency within the U.S. Department of Health and Human Services that manages and oversees major healthcare programs such as Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).
3. **DHB:** Division of Health Benefits – A division within the North Carolina Department of Health and Human Services that is committed to advancing innovative solutions that improve health, promote well-being and foster independence for all North Carolinians.
4. **DDI:** Design, Development, and Implementation, the phase of a vendor contract in which the vendor works with the state in an iterative process to create the PDM/CVO solution, does the programming and testing to deliver the solution, trains state and vendor staff, and prepares to go live at the beginning of the Operations phase of the contract
5. **DMH:** Division of Mental Health
6. **DPH:** Division of Public Health
7. **E2E:** End to End Testing - is a software testing method that involves testing an application's workflow from beginning to end. This method aims to replicate real user scenarios to validate the system for integration and data integrity. The Department's expectations would be across systems and functions and would take approximately 5 months to complete.
8. **FFS:** Fee for Service - A payment model where healthcare providers are compensated for each specific service they provide.
9. **FFP:** Federal Financial Participation, the federal funding share of a state's expenditures for the operation of Medicaid information technology systems and Medicaid services
10. **ISDM:** Information Systems Development Methodology, the structured method a vendor will use to govern the DDI of the PDM/CVO. North Carolina expects a truly Agile ISDM that allows quick demonstration of functionality and provides the state an opportunity for meaningful input on the design
11. **MES:** Medicaid Enterprise System - Current approach to Medicaid management systems that promotes the use of COTS and SaaS products along with modularity and a higher degree of interoperability among systems.
12. **MITA:** The Medicaid Information Technology Architecture (MITA) - Initiative sponsored by the Center for Medicare and Medicaid Services (CMS) is intended to foster integrated business and IT transformation across the Medicaid enterprise to improve the administration of the Medicaid program.

13. **MMIS:** Medicaid Management Information Systems - System that states use to process and manage Medicaid claims and information. It's a core component of the Medicaid program, ensuring proper claims processing, eligibility verification, and financial control, all while adhering to federal requirements and supporting various Medicaid business functions.
14. **MIS:** Medicaid Integration Services - Platform that provides MES module vendors with a common infrastructure, which may consist of State developed and third-party solutions and tools, to communicate and integrate using a consistent standards-based approach. The MIS is configured and set up to run in the cloud and provides core shared services to be leveraged by the different module vendors and systems.
15. **DHHS or NCDHHS or "The Department":** The North Carolina Department of Health and Human Services. This department is responsible for managing the delivery of health and human-related services for all North Carolinians, especially its most vulnerable citizens, which includes children, elderly, people with disabilities and low-income families. The Department works closely with health care professionals, community leaders and advocacy groups; local, state, and federal entities; and many other stakeholders. Synonymous with Agency and Department.
16. **NCQA:** National Committee for Quality Assurance – An independent organization in the United States that works to improve health care quality through the administration of evidence-based standards, measures, programs, and accreditation.
17. **ORH:** Office of Rural Health
18. **PCCMe:** Primary Care Case Management Entity
19. **PDM/CVO:** Provider Data Management / Credentialing Verification Organization, the module intended to handle all Medicaid and related payer provider application, credentialing, enrollment, and data management as a component of the North Carolina MES
20. **PIHP:** Prepaid Inpatient Health Plan
21. **RFP:** Request for Proposal, a formal, written solicitation document typically used for seeking competition and obtaining offers for complex services or a combination of goods and services. The document contains requirements and specifications of the goods and services, instructions to bidders and the standard IT Terms and Conditions for goods and related services.
22. **SLA:** Service Level Agreement, an enforceable contract for the vendor to deliver certain throughput, quality, and outcome measures, subject to automatic financial withholds for failure to meet agreed benchmarks.

#### D. Desired Outcomes

The solution should have the capability to provide the following functionality:

The PDM/CVO module will result in a more flexible and scalable system, with the ability to meet all federal, state, and NCQA requirements and standards. Additionally, the PDM/CVO will allow the Agency to meet its program goals of achieving operational efficiency and building an innovative, coordinated system that addresses both medical and non-medical drivers of health.

The solution benefits will include:

- Support for all provider data management functions including data intake, data verification, enrollment, data sharing, and data archiving ;
- Self-service and administrator-based updates;

- Ongoing data validation;
- Provider enrollment and credentialing;
- Temporal location data;
- Temporal credentialing data;
- Event-based push and outreach capabilities for events (such as upcoming re-credentialing);
- Configurable workflow and other functions;
- Delegation of Credentialing on behalf of a healthcare practice or organization;
- Verification of qualifications of a Provider to administer care or services;
- Flexible access to data and metrics for analytic reporting;
- Access to full application and credentialing history for a Provider;

The decoupling of provider enrollment and the provider data management component from the State's legacy platform will require that the vendor manage transitional integrations with legacy systems where internal claims, prior authorization, and financial processes are housed. These business process integrations will migrate incrementally from the legacy platform to several future MES solutions.

The Credentialing Verification Organization (CVO) component will perform credentialing on behalf of the Agency. The CVO is tasked with assessing the qualifications of a provider to deliver services in Medicaid Direct, Other Payers, and North Carolina Managed Care programs and obtaining primary source verification of a provider's qualifications and credentials.

A portal component of the PDM/CVO solution will become the interface that providers will use to enroll in Medicaid and other Agency programs and manage their provider data. This portal must also interface seamlessly with existing provider portals, such as legacy NCTracks, for business continuity (before other MES solutions are operational), and with the MES portal (late phase) to connect providers to appropriate platforms to support fee-for-service (FFS) claims adjudication.

The PDM/CVO procurement approach shall encompass both a software solution and business operations services. The selected vendor shall manage provider enrollment and credentialing operations.

The PDM/CVO approach will:

- Use an Information Systems Development Methodology (ISDM) that is truly agile, allowing NCDHHS to see prototype demonstrations, early-development versions of screens, processes, and reports; request modifications, and participate in decisions to improve efficiency and functionality on an iterative basis with relatively quick turnaround.
- Use an environment that facilitates quick response to changes in policy, such as rules repositories, work-flow management systems, table-driven logic, automated letter (and other communication) generation, and configuration to allow basic changes to be made quickly and at no additional cost to the State.
- Use an environment that facilitates customer relationship management to achieve steady improvement in customer satisfaction.
- Use an environment that facilitates data exchange using standard and modern methods of exchange, controlled in conjunction with a state-operated MIS data exchange module, providing a full range of monitoring and reporting, and enabling quick deployment of changes in data mapping.

- Assure robust testing with state review of test results, including unit testing, smoke testing, regression testing, functional testing, integration testing, load testing, usability testing, security testing, end-to-end testing, and acceptance testing.
- Use a project management methodology with all PMBOK components to assure proper scope, management, schedule, cost, risk, resource, communication, and stakeholder management.
- Approach development with the express goal of reducing redundant data entry, making the process more efficient for end users, improving reception in the provider community, speeding throughput, and improving the user experience.
- Underpromise and overdeliver.

The PDM/CVO solution will:

- Provide enrollment, credentialing, and data management services for multi-payers, including North Carolina Medicaid, Mental Health, Public Health, and the Office of Rural Health.
- Serve as the “Single Source of Truth” for provider data in the MES solution.
- Simplify the enrollment and recredentialing of North Carolina’s providers, by facilitating access to essential services via the Secure Provider Portal, and by streamlining the current process for capturing enrollment and recredentialing application data.
- Provide real-time reporting and ad hoc, on demand report capabilities, which includes in flight application reporting.
- Automate aspects of the work of the Agency’s fraud, waste, and abuse investigations.
- Make available a Provider Directory service, which will allow other MES modules to make data available for currently enrolled providers where needed. Provide member enrollment functionality that allows the enrollee to query and select providers.
- Provide a Secure Provider Portal that allows providers to:
  - Submit simplified enrollment applications.
  - Submit all other types of enrollment applications and change requests.
  - Submit simplified revalidation applications.
  - Send and receive communications.
- Provide operational support that includes a call center and training management.

## **SECTION IV. REQUESTED INFORMATION FROM RESPONDENT**

### **A. Content and Format**

The Department requests concise, detailed responses to the inquiries in Sections IV.B., IV.C., IV.D., and IV.E. below. The response, in its entirety, shall be limited to ten (10) pages.

### **B. Information about Respondent**

1. Responses should provide an overview of the Respondent company’s history, scope of products and services offered, and locations of operation. The response should describe the Respondent’s experience providing solutions similar in size and scope to the project’s desired outcomes.
2. The response should provide the following:

- a. Description of the Respondent's primary customer base or market, including other state Medicaid programs.
- b. Description of relevant additional services offered by the Respondent.
- c. Listing of states or agencies that utilize the Respondent's solution in a manner that is the same as, or similar to, those required by this RFI. The response should include the state/agency name, most recent implementation, contract start and end dates, description of scope of work, the duration of any contracts, and the termination dates.
- d. Lessons learned from working with other states or agencies to implement a solution of similar size, scope, and with requirements the same or similar to those required by the Department.

### **C. Solution Functionality and Performance**

Respondents should provide detailed information regarding their Solution and associated capabilities on how the desired outcomes are achieved, including sufficient information in the following areas:

#### **1. Solution Architecture**

The PDM/CVO solution should operate in a multi-tier data environment, with separate regions for design and development, testing, and production. The architecture must be documented and approved by the state. Vendors must evaluate data for criticality and access requirements. The architecture must be robust, scalable, and redundant, with tested failover and emergency operations capability. Vendors must engage a third-party security assessment prior to hosting sensitive or financial data. All data will be owned by the state during development and operations, and after the contract is completed. To reduce costs at turnover (after the PDM/CVO operations contract is completed), the solution should be owned or co-owned by the state.

#### **2. Data**

Data must be encrypted while at rest and in transit. All data will be owned by the state during development, operations, and after the contract is completed.

#### **3. Analytics and Reporting**

The Vendor will provide standard analytics and reporting, as well as real-time, ad hoc reporting capabilities.

#### **4. Operations**

The vendor will operate as an agent of NCDHHS, providing the location, staffing, equipment, training, supervision, management, and everything necessary for the PDM/CVO operations. Certain expenses that vary depending on actual volume, such as postage, may be paid on a pass-through basis. Pricing may be scaled based on the total number of providers enrolled, but otherwise, the state is seeking a solution where costs are included at a fixed price. Service Level Agreements will require a level of throughput and quality, regardless of the solution's efficiency and staffing level. The vendor is expected to create a successful and efficient product and provide whatever level of staffing may be necessary to maintain the SLAs.

#### **5. Security**

The state must operate in an absolutely secure information technology environment, housing data subject to HIPAA security and privacy rules, state rules governing financial and proprietary information,

and best practices for sensitive, large-scale implementation. Vendors must evaluate data for criticality and access requirements. Vendors must engage a third-party security assessment prior to hosting sensitive or financial data.

**D. Financial / Total Cost of Ownership**

1. Respondents are asked to provide information regarding estimated costs to procure and operate a Solution as described in this RFI. This information will help the Department understand acquisition and ongoing costs, and will be used to support budget development and funding requests.
2. Respondents are asked to provide cost information in the format of the Respondent's choosing, and, to the extent possible, include the following:
  - a. An estimated cost model or likely range of costs to purchase, implement, and operate the described solution, including the cost items in Table 2. Include any basis of estimates and assumptions used to develop the costs; and

Cost Items	Guidance
Implementation Services	Describe the scope of services provided during the Implementation phase
Implementation Fees	Describe other fees required during the implementation phase
Annual Software Licensing Fees	Provide any annual software licensing fees
Annual Software Maintenance Fees	Provide any annual software maintenance fees
Annual Cloud Hosting Fees	Provide any annual cloud hosting fees
Annual Other Fees	Describe any other annual fees
Other Unit Costs - Describe	Describe any unit costs associated with event driven activities or cost per unit of data storage or similar.

Table 2 – Cost Items

- b. If pricing information is limited or unavailable, describe the Respondent's preferred pricing model or structure, including unit costs based on key variables. Include any basis for estimates and assumptions used to develop the costs.
3. Respondents will not be held to pricing estimates provided in response to this RFI, should the Department decide to proceed with a competitive solicitation.

**E. Implementation Timeline**

1. Respondents are asked to provide information regarding estimated Implementation schedules and timelines, including the project phases listed in Table 3. This information will help the Department understand the time required to plan, design, develop, and implement the solution.

Phase	Guidance	Range of Time
Planning	Provide scope of activities during the planning phase	
Design	Provide scope of activities during the design phase	
Development	Provide scope of activities during the development phase	
Testing/Training	Provide scope of activities during the testing and training phase	
Implementation	Provide scope of activities during the implementation phase	

Table 3 – Project Phases