

STATE OF NORTH CAROLINA Department of Health and Human Services Division of Health Benefits	REQUEST FOR INFORMATION NO. 30-2025-052-DHB	
	Issue Date: February 9, 2026	
	Due Date: March 12, 2026	
Refer <u>ALL</u> Inquiries regarding this RFI to: Michael.c.brown@dhhs.nc.gov Medicaid.Procurement@dhhs.nc.gov	Commodity Number: 811620	
	Description: NC Tracks component of North Carolina's Medicaid Management Information System (MMIS), supporting claims processing, provider management, prior authorization, and other core Medicaid operations.	
	Using Agency: Department of Health and Human Services, Division of Health Benefits (NC Medicaid)	

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, DATE.

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	February 9, 2026	
Responses Due	Respondent(s)	March 12, 2026	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.
8. The Respondent shall disclose whether Artificial Intelligence (AI), including generative AI tools, was used in the preparation of any portion of its response to this RFI. If AI tools were utilized, the Respondent affirms that it has reviewed and verified the accuracy, completeness, and appropriateness of all AI-generated content. The Respondent shall remain solely responsible for the content of its submission, including any errors, omissions, or misrepresentations resulting from the use of AI.

C. Instructions for Submitting Responses

1. Respondent must submit their 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 #30-2025-052-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 as **RFI #30-2025-052-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 #30-2025-052-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 #30-2025-052-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. NCTRACKS SOLUTION

A. Background and Program Information

North Carolina's Medicaid program serves a total of 3,122,249 beneficiaries, distributed across several plan types:

- Standard Managed Care Plans: 2,263,530 enrollees
- Tailored Plans: 257,207 enrollees
- Tribal Plans: 5,683 enrollees
- Medicaid Direct: 585,829 enrollees

At the heart of North Carolina's Medicaid infrastructure is the state's Medicaid Management Information System (MMIS). Developed and managed by the North Carolina Department of Health and Human Services (NCDHHS), the MMIS serves as the centralized platform for administering Medicaid and other state-funded health programs. It supports multiple divisions, including:

- NC Medicaid (Division of Health Benefits)
- Mental Health Services
- Developmental Disabilities Services
- Substance Abuse Services
- Public Health
- Office of Rural Health

The MMIS is essential for a wide range of operational functions, including:

- Claims processing – approximately 5 million claims per month
- Provider enrollment and recredentialing – approximately 2,580 enrollment applications per month
- Prior authorization (PA) management – approximately 35,000 per month
- Payment issuance
- Performance monitoring and federal reporting

A key component of the MMIS is its Central Data Repository (CDR), which consolidates provider and recipient data to enhance data accuracy, reduce billing errors, and streamline operations across NCDHHS programs. The MMIS supports over 1,200 system integrations, with approximately 1,000 interfaces where the MMIS is the data source and 260 interfaces where it is the target system. Participation in Medicaid requires providers to register with the MMIS, making it a foundational system for provider engagement and compliance.

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 the NCTracks component of North Carolina's Medicaid Management Information System (MMIS) solution.
2. Obtain a rough order of magnitude estimate of the total cost of ownership to develop, implement, and maintain the solution defined in the RFI.
3. Obtain information that may be used to develop a Request for Proposal (RFP) to solicit a vendor to provide the NCTracks component of North Carolina's Medicaid Management Information System (MMIS) solution to the Department.

C. Definitions and Acronyms

1. **CAP:** Community Alternatives Program – A Medicaid waiver program in North Carolina that provides home- and community-based services to individuals who are at risk of institutionalization, allowing them to remain in their homes or community settings.
2. **CMS:** Centers for Medicare & Medicaid Services – A federal agency that provides health coverage to more than 160 million through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.
3. **Department:** Collectively North Carolina Department of Health and Human Services, Division of Health Benefits
4. **DHB:** Division of Health Benefits. Also known as NC Medicaid, is the state agency responsible for administering the Medicaid program.
5. **EHR:** Electronic health record. A digital version of a patient's medical chart, containing comprehensive health information like diagnoses, medications, allergies, and medical history, accessible to authorized healthcare providers.
6. **EPSDT:** Early and Periodic Screening, Diagnostic, and Treatment. A federally mandated Medicaid benefit for individuals under 21 that ensures access to appropriate preventive, dental, mental health, developmental, and specialty services.
7. **eVP:** Electronic Vendor Portal – The State of North Carolina's system to connect vendors with state government organizations that purchase goods and services.
8. **FedRAMP:** Federal Risk and Authorization Management Program – A U.S. government program that standardizes security assessment for cloud products and services.
9. **FHIR:** Fast Healthcare Interoperability Resources. A standard for exchanging healthcare information electronically. It's developed by Health Level Seven International (HL7) and helps different healthcare systems and applications communicate and share data efficiently. FHIR uses a web-based approach and provides Application Programming Interfaces (APIs) to facilitate data exchange.

10. **HEDIS:** Healthcare Effectiveness Data and Information Set. A tool that measures and compares the performance of health plans on key dimensions of care. It provides standardized measures across various areas, including effectiveness of care, access to care, and patient experience, allowing for reliable comparisons between different health plans.
11. **HIE:** Health Information Exchange. A It's a system that allows healthcare providers to securely share a patient's medical information electronically, facilitating better coordination of care and improved outcomes for Medicaid beneficiaries.
12. **HITRUST CSF:** Health Information Trust Alliance Common Security Framework. A certifiable framework that provides organizations with a comprehensive, flexible, and efficient approach to regulatory compliance and risk management.
13. **IAM:** Identity and Access Management. A framework of policies and technologies to ensure that the right individuals access the right resources at the right times for the right reasons.
14. **ISO 27001:** International Organization for Standardization 27001 – A global standard for information security management systems (ISMS), providing a systematic approach to managing sensitive company information.
15. **MITA:** Medicaid Information Technology Architecture. A CMS framework for supporting improved systems development and interoperability in Medicaid programs.
16. **MMIS:** Medicaid Management Information System: Known as “NCTracks”. It is a comprehensive, multi-payer system designed to manage Medicaid and other state-funded health programs.
17. **MIPS:** Merit-Based Incentive Payment System. A federal program that incentivizes Medicare Part B eligible clinicians to adopt value-based care practices, which includes using certified electronic health record technology and meeting certain quality and improvement activities, promoting Interoperability. NCDHHS oversees the implementation of MIPS and related programs
18. **NCAC:** North Carolina Administrative Code at <http://reports.oah.state.nc.us/ncac.asp>
19. **NC FAST:** North Carolina Families Accessing Services through Technology. An integrated case management system used by the State of North Carolina to determine eligibility and manage benefits for various human services programs, including Medicaid.
20. **NC HealthConnex:** A secure, statewide health information exchange (HIE) in North Carolina that allows health care providers to share patient information. It is a network where doctors, hospitals, and other healthcare providers can access and share a patient's medical record across different systems.
21. **NC HIEA:** North Carolina Health Information Exchange Authority. The North Carolina Department of Information Technology authority that oversees NC HealthConnex.
22. **NCID:** North Carolina Identity Management. The State of North Carolina's centralized identity management system that provides secure access to state systems and services through single sign-on (SSO) and role-based access control (RBAC).
23. **NCGS:** North Carolina General Statutes at <https://www.ncleg.gov/Laws/GeneralStatutesTOC> - the official North Carolina legal code, a collection of the statewide laws in force at the time of publication.
24. **NCQA:** National Committee for Quality Assurance.
25. **PASRR:** Preadmission Screening and Resident Review. A federal requirement to evaluate individuals with serious mental illness or intellectual disability before admission to Medicaid-certified nursing facilities to ensure appropriate placement and services.

26. **RBAC:** Role-Based Access Control. A method of restricting system access based on user roles.
27. **RFI:** Request for Information
28. **RFP:** Request for Proposal
29. **RPO:** Recovery Point Objective. The maximum acceptable amount of data loss measured in time (e.g., 36 hours).
30. **RTO:** Recovery Time Objective. The maximum acceptable time to restore system functionality after a disruption (e.g., 48 hours).
31. **SaaS:** Software as a Service
32. **SOC 2:** System and Organization Controls 2. A framework for managing customer data based on five “trust service principles”: security, availability, processing integrity, confidentiality, and privacy.
33. **SSO:** Single Sign-On. An authentication process that allows a user to access multiple applications with one set of login credentials.
34. **T-MSIS:** Transformed Medicaid Statistical Information System. A CMS initiative to improve the quality and timeliness of Medicaid and CHIP data.

D. Desired Outcomes

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

1. Enhanced Reporting
 - a. Support for federal and state reporting, performance monitoring, and data-driven decision-making.
2. Interoperability and System Integration
 - a. Ensure seamless integration with external systems, including NC FAST, Health Information Exchanges (HIEs), and Managed Care Organizations (MCOs).
 - b. Comply with federal interoperability standards, including those outlined in the Medicaid Information Technology Architecture (MITA) framework.
3. Equity and Access Monitoring
 - a. Incorporate tools to monitor and address health disparities and geographic access gaps.
4. Quality and Performance Measurement
 - a. Integrate performance metrics across modules to support continuous improvement and accountability.
5. System Reliability and User Support
 - a. Improve system uptime, responsiveness, technical stability, and provide notifications of system errors or interruptions.
6. Compliance and Certification Readiness
 - a. Ensure full compliance with HIPAA, CMS certification requirements, and other applicable federal and state regulations.
 - b. Design the system to be adaptable to future mandates and certification updates.
7. Financial Management

- a. Support all aspects of financial management and reporting related to the claims payment process, including check write processing and lockbox integration.
 - b. Provide robust, configurable, self-service reporting, including the ability for providers to inquire on payment status.
 - c. Support for Third Party Liability, including cost avoidance through integrated payer hierarchy logic, Buy-in, estate recovery and claims recovery.
 - d. Support state fair hearings and testify in court on all Fiscal Agent activities relevant to the hearing, generate and send adverse determination letters for prior authorization decisions, and meet with the Department monthly.
8. Claims Management
- a. Support all aspects of Medicaid claims processing (professional, institutional, dental, pharmacy, etc.), including new claims and adjustments based on edit and audit business rules.
 - b. Accept batch system claims as well as manually submitted claims through a provider portal.
 - c. Upload claims-related documentation (medical records, consent forms, etc.) and match them to the corresponding claim.
 - d. Manage and expose all aspects of the claim through a portal, EDI transactions, and APIs.
 - e. Support industry-standard infrastructure functions such as real-time and batch integration, document management, HIPAA X12 compliant transactions, IAM integration, configurable groups and roles, and a cloud-hosted model.
9. Provider Management
- a. Manage all aspects of the provider, such as taxonomy, specialties, locations, etc.
 - b. Allow a provider to self-enroll in NC Medicaid using an intuitive workflow, pre-populated screens wherever possible, and online help.
 - c. Credential a provider using as much automation as possible, including credential verifications, background checks, and data verification.
 - d. Manage vendors, including:
 - Alerting the Provider Operations team to bad actors using internal factors and external data feeds
 - Proactively alerting Providers to actions needed to manage their enrollment
 - e. Provide reporting as needed by the Provider Operations team to manage the provider population.
 - f. Offer a broad set of configurable reports, including the ability for Provider Operations to configure and generate reports through self-service.
 - g. Modify the system through configuration rather than coding, to the extent possible.
 - h. Support industry-standard infrastructure functions such as real-time and batch integration, document management, IAM integration, configurable groups and roles.
 - i. Ability to host a Provider Portal that includes functions to the provider as described above.
10. Member Management

- a. Display member Medicaid enrollment data, including assigned benefit plans, patient monthly liability, category of eligibility, and living arrangement assignment.
- b. Capture and display all aspects of a member's demographics, including household composition, authorized representatives, and both current and historical demographics for all members within a case.
- c. Track enrollment over time, leveraging spans to identify enrollments, disenrollments, and changes in circumstances resulting in enrollment changes.
- d. Interface with the North Carolina eligibility system, which manages all member functions and sends member data to the MMIS system each night to ensure current and accurate data.
- e. Host a Member Portal that provides features such as provider lookup, benefit plan details, and access to personalized health and enrollment information.

11. Fiscal Agent Functions (includes Technical and Business Operations)

- a. Support all aspects of technical operations, including operational support, full software development lifecycle support, including appropriate development and test environments and staff. This includes any infrastructure support needed.
- b. Support all aspects of business services, including business input to technical designs, policy input, processes, and domain-specific knowledge, such as expertise in Medicaid provider processes and state and federal rules and regulations. This also includes expertise in CMS policy and Medicaid rules in general.
- c. Provide clinical expertise to support activities such as utilization management, claims review, and clinical policy development.
- d. Deploy a call center to support all inquiries related to claims submissions, provider enrollment, prior authorization, financial transactions, and recipient enrollment.
- e. Support change Management activities including defect reporting, maintenance updates, and enhancements.
 - Host an Operations Portal, which includes different roles and levels of access for state staff, the fiscal agent, and vendors to view reports, manage claims codes, view current and historical claims data, manage and view prior approvals, and third-party liability.

12. Operations Portal

The solution shall include an Operations Portal designed to support day-to-day administrative and oversight functions. The portal must provide secure, role-based access for State staff, the fiscal agent, and authorized vendors.

- a. Key capabilities include access to claims data, prior authorizations, third-party liability, financial transactions, and provider management tools.
- b. The portal should also support reporting, system monitoring, and configuration management to facilitate operational transparency and efficiency.

13. Prior Authorization

This includes all aspects of utilization management, including prior authorizations (PA) for out-of-state services, surgery, orthodontics, dental, hearing aid, optical, DME, private duty nursing, and EPSDT services. All other PA types such as PCS, CAP, Outpatient Behavioral health, specialized

therapy services, and PASRR Level 2 are handled by different vendors and out of scope for this RFI.

- a. Capability to Receive PA request in various formats, including X12 transaction, portal submissions, fax, or paper.
- b. Apply PA specific edits and capability to modify existing authorizations.
- c. Ability to upload documentation and match it to the PA request.
- d. Meet turnaround timelines for review and decision response.
- e. Notify all responsible parties (member, auth reps, provider) of PA changes, such as rejections, reductions, or modifications, through a letter process with hearing and appeal language.

SECTION IV. REQUESTED INFORMATION FROM RESPONDENT

A. Content and Format

The Department requests concise, detailed responses to the inquiries in Sections IV.B. and IV.C below. The response in its entirety shall be limited to fifteen (15) 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. Response should describe the Respondent(s) experience providing solutions similar in size and scope to the projects desired outcomes.
2. 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 date, 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 that are the same or similar to those required by the Department.

C. Solution Functionality and Performance

Respondents should provide detailed information regarding its Solution and the associated capabilities, and how the desired outcomes are achieved. Please include sufficient information in the following areas:

1. Solution Architecture

The proposed solution should include a modular, scalable, and service-oriented architecture (SOA) designed to support a multi-payer Medicaid Management Information System (MMIS). The solution should align with the CMS's Medicaid Information Technology Architecture (MITA) principles. The architecture should support:

- Web-based, 3/N-tier design for flexibility and scalability
- Service-Oriented Architecture (SOA) to enable interoperability and modularity
- Externalized, configurable business rules engine to allow rapid policy updates without code changes

2. Data

The solution should include comprehensive data management functionality across all Medicaid business functions. Key features include:

- Data retention and archival policies aligned with CMS and NCDHHS requirements, including the ability to move data to less expensive storage based on the access frequency.
- Data is structured to support auditability, traceability, and compliance with federal and state regulations.

In addition to the functional requirements above, the vendor should include support for data conversion and migration from legacy systems, including validation and audit trails.

3. Security

The solution should be designed to meet or exceed all applicable federal and state security requirements, including:

- Adherence to the requirements established by the NCDHHS Privacy and Security Office (PSO) in the NCDHHS Privacy and Security Manuals: [NC DHHS Privacy and Security Manuals](#)
- Adherence to the Statewide Information Security Policies requirements established by the NC Department of Information Technology (DIT) Enterprise Security & Risk Management Office (ESRMO): [Statewide Information Security Policies](#)
- HIPAA, 42 CFR Part 2, and IRS Publication 1075 compliance.
- Support for privacy and security SLAs (e.g., vulnerability remediation timelines, breach reporting within 1 hour for SSA/CMS data).
- At a minimum biennial have a third-party security assessment and annual an industry recognized compliance certification, such as the Federal Risk and Authorization Management Program (FedRAMP) certification, SOC 2 Type 2, HITRUST CSF and ISO 27001, as directed by the NCDHHS Privacy and Security Office.
- Meeting North Carolina General Statutes Chapters 121 and 132 around the retention and disposition of all records located in, maintained by, or in the legal custody of NCDHHS. Along with Federal record retention requirements.
- Any use of AI in the performance of the contact shall be implemented in compliance with the [North Carolina State Government Responsible Use of Artificial Intelligence Framework](#).

In addition, the system should include the following functionality:

- Role-based access control (RBAC) and single sign-on (SSO) using the State's NCID system.
- Encryption of data both at rest and in transit.
- A resilient architecture that supports disaster recovery and business continuity, including a maximum Recovery Time Objective (RTO) of 48 hours and a Recovery Point Objective (RPO) of 36 hours.
- Audit logging and incident response protocols.

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 on-going costs and will be used to support budget development and funding requests. The respondent must be able to meet all aspects of the technical and fiscal agent scope using their solutions. The State is not seeking partial solutions or partnerships among vendors.
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 Respondent's preferred pricing model or structure, including unit costs based on key variables. Include the basis for any estimates and assumptions used to develop the costs.
3. In addition to the detailed cost items above, Respondents are asked to provide a high-level, annualized summary of operational costs using the following structure in Table 3.
 - a. This summary should reflect the total estimated cost to operate the solution on an annual basis, categorized by the Department's current fiscal agent cost model.
 - b. Provide annualized cost estimates for each category based on your proposed solution. If your pricing model differs (e.g., monthly, per transaction, per user), clearly explain your assumptions and provide a conversion to annualized costs where possible. Do not include implementation or transition costs in the summary table; those should be addressed in the detailed cost items table above.
 - c. The PPPM and event-based costs are volume-driven and may scale with provider or beneficiary counts.

Cost Items	Guidance
Base Contract Operations	Includes administrative support, program management, technical infrastructure, and facilities.
Run & Maintain Operations	Includes core NCTracks processing, application module support (e.g., Claims, Finance, Pharmacy), and technical tools.
Fixed Unit Price (Event-Based Activities)	Includes event-driven activities such as PA processing, provider enrollment, and claims adjudication.
Price Per Provider Per Month (PPPM)	Reflects per-provider monthly costs for claims processing, incident management, mail processing, and enrollment.

Table 3 – (Annualized Estimates)

4. 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 4. 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	
Implementation	Provide scope of activities during the implementation phase which includes any conversion processes from the legacy system	

Table 4 – Project Phases