TAB 4B: APPROACH TO CONTRACT PHASES

The Agency receives required benefits from our proven ability to deliver MIDAS deliverables using a mature methodology, experienced team leaders who work successfully within the IME structure, and an approach built on a foundation of understanding the Agency's implementation priorities.

Prepared to Deliver MIDAS Successfully

- Planned, delivered, managed and maintained complex systems and projects for more than 925 clients within the health industry around the world
- Successfully completed MIDAS mobilization requirements specification document
- Detailed workplan ready for review and agreement at contract start

IA MMIS-2 4B-01

4B.1 Contract Phases

4.3.4.3 Approach to Contract Phases (Label as Tab 4B in your submission)
Behind Tab 4B, the bidder shall map their approach to each of the Agency's proposed Project Phases in Sections 2.3 through 2.6 of this RFP and the all requirements included in Attachment L – Operations Requirements Matrix in accordance with the instructions in Section 4.3.4.1 (excluding those with identifiers SCR, CR, TOVR, and TOVP). The bidder shall propose milestones that demonstrate the bidder's understanding of the Agency's implementation priorities, while effectively managing both risk and scope. Bidder responses behind Tab 4B may include relevant business process flows or templates for their project delivery approaches for completing the Scope of Work.

The complexity of implementing and administering the Iowa Medicaid Enterprise (IME) program requires an approach that addresses all contract phases, not only as an information technology (IT) implementation, but also as a cohesive program, working across multiple contract holders that deliver from contract award through the Turnover Phase. We have developed a low-risk approach to delivering the new Iowa MMIS based on our Accenture Public Health Platform (APHP) product.

Within this section, we describe how we deliver and apply our APHP solution for the Agency as part of the MIDAS project. The section is structured to respond to requirements across the project phases defined in the RFP. For efficient phase execution, we follow a demonstrated phase-contained, user-inclusive project delivery methodology, Accenture Delivery Methods (ADM) for Packaged Software. Developed from over 30 years of complex systems integration and refined based on our Medicaid programs to program requirements, ADM allows us to meet delivery requirements while effectively managing program risk. Figure 4B-1 demonstrates how ADM aligns to the Agency's defined phases. Combined with our APHP solution as the new MIDAS MMIS, plus our familiarity with the IME and MIDAS teams, we offer the best combination of systems integration, Medicaid operations and product excellence to meet Agency needs, now and in the future.

We acknowledge and accept RFP Scope of Work Sections 2.3, Contract Phases, 2.4 Start-Up/Takeover Phase, 2.5 Analysis, Configuration, and Deployment, and 2.6, Turnover Phase. Our proposed approach summarized below meets each RFP and contractor requirement.

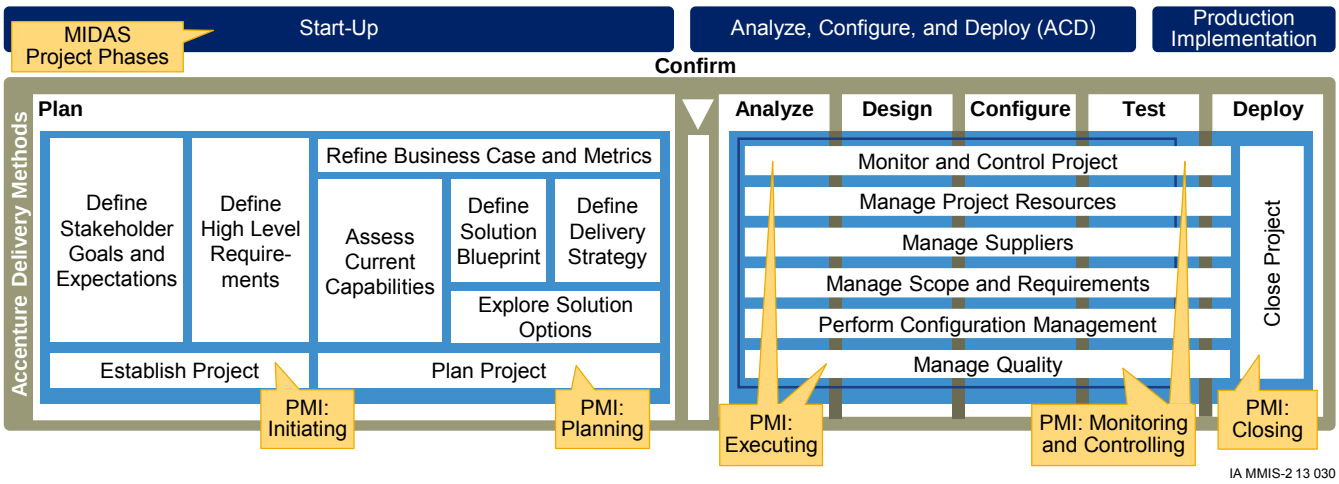

Figure 4B-1. Our field-tested methodology supports the phases and approach the Agency has defined for the MIDAS Project.

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2.3 Contract Phases
Within the parameters of the phases described below, the Contractor shall develop detailed plans to analyze, configure, test, and deploy a certifiable MMIS and to takeover all operations from the current MMIS contractor. There are specific requirements for each phase. Schedules within the phases may overlap, and the Contractor's approach to delivering all of the Scope of Work requirements shall be documented. All work directly related to this Contract must be performed in the continental United States.
The Agency requires effective implementation of quality management practices to be used through all stages of the Contract.
The activities resulting from the system services contract will occur in the phases described below:
a. Start-Up/Takeover Phase – refer to Section 2.4
b. Analysis, Configuration and Deployment Phase – refer to Section 2.5
c. Production Implementation – refer to Section 2.6
d. Operations Phase – refer to Section 2.7
e. Certification Phase – refer to Section 2.8
f. Turnover Phase – refer to Section 2.9

We provide our detailed plan and approach for each contract phase in the following sections:

- 4B.1.a, Start-Up/Takeover Phase
- 4B.1.b, Analysis, Configuration, and Deployment (ACD) Phase
- 4B.1.c, Production Implementation Phase
- 4C, Operations Phase
- 4D, Certification Phase
- 4E, Turnover Phase

The following sections describe how we implement quality management practices during contract phases:

- 4A.2.6.1, Performance Reporting and Quality Assurance
- 4B.41.a.6, Quality Management Plan

MIDAS Project Deliverables List

Activities in each phase result in creation of deliverables identified in Table 4B-1. Our project work plan includes each deliverable specified in the RFP so we can plan and track development activities to completion. Section 4B.1.a.6.13, Contract Deliverable Procedures covers our deliverable development process, the same process we implemented on the prior MIDAS contact.

Table 4B-1. We build the Agency-defined phases and deliverables into our work plan to confirm that project activities are completed and contract requirements are met.

Project Phase	Deliverable Name
Takeover	Risk Management Plan for Takeover
Takeover	Issues Management Plan for Takeover
Takeover	Quality Management Plan for Takeover
Takeover	Staffing Management Plan for Takeover
Takeover	Project Work Plan for Takeover
Takeover	Project Work Plan Baselines
Takeover	Communication Management Plan for Takeover of Legacy System
Startup	Communications Management Plan (including stakeholder analysis)
Startup	Project Work Plans
Startup	Project Work Plan Baselines
Startup	Risk Management Plan for Production Implementation and Certification Phases
Startup	Issues Management Plan
Startup	Quality Management Plan
Startup	Staffing Management Plan
Startup	Applications Implementation Plan for the Implementation Phase
Startup	Interface Plan for the Implementation Phase
Startup	Change Management Plan
Analysis	Requirements Specification Document
Analysis	Detailed System Design Document for each module

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Project Phase	Deliverable Name
Analysis	Requirements Traceability Matrix
Analysis	Conversion Plan
Analysis	Interface Plan
Analysis	Test Management Plan
Analysis	Business Continuity Plan
Analysis	Disaster Recovery Plan
Analysis	Configuration Management Plan
Configuration	Updated CMP
Configuration	Documentation of all rules in rules Engine
Configuration	Updated Use Cases
Configuration	Standard Output Reports
Configuration	Updated Interface Plan
Configuration	MMIS Documentation and User Documentation Manuals
Test	Establish Conversion Testing Environment
Test	Establish UAT Environment
Test	Unit Test Plan
Test	Unit Test Progress Tracking
Test	Final Unit Test Report
Test	Unit Test Certification Letter
Test	System Integration Test Plan
Test	System Integration Test Progress Tracking
Test	System Integration Test Cases and Scripts
Test	Final System Integration Test Report
Test	System Integration Test Certification Letter
Test	User Acceptance Test Plan
Test	User Acceptance Test Progress Tracking
Test	User Acceptance Test Cases and Scripts
Test	User Acceptance Test Results
Test	Final UAT Report
Test	UAT Certification Letter
Test	Operation Readiness Test Plan
Test	Operational Readiness Test Progress Tracking
Test	Operational Readiness Test Report
Test	Data Verification Letter
Production Implementation	Transition to Operations Plan
Production Implementation	Updated Applications Implementation Plan
Production Implementation	Updated Contingency Plan
Production Implementation	Production Implementation Plan
Production Implementation	Establish Production Environment
Production Implementation	Back-out Strategy
Production Implementation	All System Documentation
Production Implementation	Report Distribution Schedule
Production Implementation	Establish Hardware, Software, and Facility Security Procedures / Hardware, Software, and Facility Security Manual

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Project Phase	Deliverable Name
Production Implementation	Production Schedule
Production Implementation	Backup and Recovery Procedures
Production Implementation	Updated Business Continuity Plan
Production Implementation	Implementation Report
Production Implementation	Final Implementation Report
Production Implementation	File Transfer Plan
Production Implementation	Implementation Certification Letter
Production Implementation	Final Implementation Checklist
Post-Implementation	MMIS Documentation Inventory
Post-Implementation	User Documentation
Post-Implementation	Corrective Action Plan
Post-Implementation	Post-Implementation Evaluation Report
Post-Implementation	Archive first-run federally required reports
Data Conversion	Final Conversion Plan
Data Conversion	Data Conversion Checklist
Data Conversion	Data Reconciliation Procedures
Data Conversion	Walkthrough Trial Conversion file
Data Conversion	Conversion Test Results
Data Conversion	Conversion Reports
Data Conversion	UAT Results of Converted Data
Knowledge Transfer	Knowledge Transfer Plan
Knowledge Transfer	Provider Knowledge Transfer Documentation
Knowledge Transfer	Knowledge Transfer Database Certification Letter
Knowledge Transfer	Online Tutorial
Knowledge Transfer	Knowledge Transfer Schedule
Knowledge Transfer	Certificate of Completed Knowledge Transfer
Knowledge Transfer	Evaluation Tool
Knowledge Transfer	Knowledge Transfer Reports
Knowledge Transfer	Document Version Control Plan
Certification	CMS Certification Checklist
Certification	Certification Readiness Documentation
Certification	Certification Readiness Plan
Turnover	Turnover Schedule
Turnover	Turnover Plan
Turnover	Turnover Letter Regarding Source Code in Escrow
Turnover	Turnover Org Chart and Staffing Estimate
Turnover	Turnover Facility and Resource Statement
Turnover	Agency Data, Files, User, and Operations Documentation

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4B.1.a Start-Up/Takeover Phase

2.4 Start-Up/Takeover Phase (Planning and Initiation)
The Start-Up/Takeover Phase includes the Agency's and Contractor's initial project planning and set up activities. This includes activities to promote project planning, bi-directional knowledge transfer, improving the Contractor's understanding of the IME via familiarization activities, communication, and team-building activities to develop a collaborative working relationship between the Agency and Contractor. The Contractor shall work with the Agency to establish key project planning documents and deliverables, including the Work Breakdown Schedule, Risk Management Plan, Communication Management Plan, and Resource Management Plan.
This phase also includes the operations takeover from the current contractor. The Contractor shall plan and prepare to assume all responsibilities of the legacy MMIS contractor. Takeover must be completed no later than December 31, 2014. With the takeover of the current operations, all work currently performed by the current Contractor (Noridian Administrative Systems) must be continued without interruption.
Specific responsibilities and associated performance standards for this phase are included in the following subsections.

As demonstrated with the mobilization of the prior Medicaid Integrated Data Administration Solution (MIDAS) project, we know how to execute the planning and initiation work needed to start up the current MIDAS project. We work closely with the Agency to establish the project plans, processes, deliverables and tools our team uses to plan, execute, monitor, control, and report on project activities. [redacted], our Project Manager for the PMO, previously implemented a deliverable development process built on open communication and clear expectations for each deliverable. Working closely with the Agency and the MIDAS Project Oversight, Management and Integration (POMI), State Management Team (SMT) and Quality Assurance, Quality Control (QA/QC) teams, we submitted 31 MIDAS planning/start-up accepted deliverables on time and with exceptionally high quality. We will follow the same process for the new MIDAS project. Our Systems Implementation Manager worked closely with both the Agency IT group and the Iowa Technology Enterprise (ITE) group to build understanding and consensus on hardware, software, and other technical questions. Our Business Solution Manager, [redacted], coordinated with the SMT and Operations team to develop and communicate the approach planned for Requirements Verification sessions. We will follow this successful approach to mobilizing the new MIDAS project, shown in Figure A-1.

Because we recognize the importance of maintaining smooth Medicaid operations, we plan a low-risk approach for the Start-Up/Takeover Phase that allows the Agency and us to focus on the critical Takeover activities first. At the same time, we initiate a slightly slower ramp-up for the ACD Start-Up activities. In this way, we can involve the right Agency resources and stakeholders while respecting their regular daily work schedules. This approach to ACD Start-Up activities means that Agency staff will not be overwhelmed with multiple requests for meetings and support as we mobilize the project. For our detailed approach to takeover, see Section 4B.1.a.7, Takeover of Legacy Operations Upon Start-Up.

Establishing project management plans early, including the Work Breakdown Schedule, Risk Management Plan, Communication Management Plan, and Staffing Management Plan, helps our teams execute a structured, controlled, and low-risk project. To help achieve these goals, we bring an experienced leadership team with more than 60 years of collective experience with Medicaid systems and operations.

Leading our team is [redacted], our MIDAS Account Manager. A native Iowan, Patrick brings over six years account management experience with the Iowa Medicaid Enterprise, and 14 years of experience with large-scale enterprise-wide medical and claims processing systems. [redacted] heads a strong leadership team with knowledge and experience implementing solutions for the Medicaid industry. [redacted], our Systems Implementation Manager, has over 10 years of experience with Medicaid claims processing systems and has

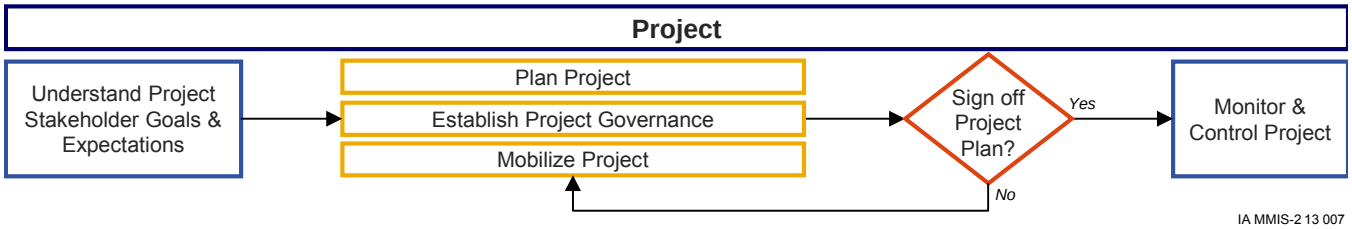

Figure A-1. Building on relationships and experience from the prior MIDAS project, we better align our project approach with Agency processes and expectations.

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managed systems implementation activities for Texas Medicaid. With more than 12 years of project management experience, including five years with Medicaid programs, [redacted], our Project Manager for the PMO, provides knowledge and experience implementing project management processes and governance models that work for large Medicaid projects.

4B.1.a.1 Project Kick-Off

2.4.1 Project Kick-Off
The Contractor shall work with the Agency to conduct a kick-off meeting to introduce the project team and stakeholders, determine the format and protocol for ongoing project status meetings, review the project Deliverable schedule and review process, identify project risks and mitigation process, and communicate the issue identification and risk process.

The original MIDAS project conducted a very successful kick-off meeting. We coordinated closely on the kick-off planning and in the development of the presentation materials. We participated in planning efforts with the MIDAS Project Director, SMT, POMI, Independent Verification and Validation (IVV), and QA/QC teams to prepare a comprehensive and cohesive slide presentation that explained the project plan, schedule, risk and issue process, and communications approach. Our leadership team presented key slides during the kick-off meeting and supported the question and answer session afterward. Understanding what made the original kick-off so successful, we work with Agency leadership to develop and deliver the format, content, and materials needed for this kick-off.

4B.1.a.1.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.a.1.2 Contractor Responsibilities

2.4.1.2 Contractor Responsibilities
For the Project Kick-Off meeting, the Contractor shall:
a. Prepare an agenda for Agency approval for the MIDAS MMIS kick-off meeting.
b. Conduct an MMIS kick-off meeting for the Agency within 10 business days of the Contract start date. 1

The kick-off meeting is a structured, yet open discussion that helps build the foundation for successful collaboration. Consistent with our approach to meeting management, our team works with the Agency to create and distribute a meeting agenda to meeting participants in sufficient time prior to the meeting to allow participants to view the planned meeting topics and prepare for the meeting. We coordinate with MIDAS project leadership to develop an agenda and materials needed for the MIDAS MMIS kick-off meeting. We conduct the kick-off meeting within 10 business days of the Contract start date.

During the kick-off meeting, we discuss stakeholder expectations and vision for the project. We seek to understand what a successful MIDAS project means for Agency stakeholders. This includes understanding both desired project approaches and outcomes. Also, we introduce the key members of our team. This helps the Agency gain a better understanding of our team and the team's recommendations for the MIDAS project.

Following the meeting, our team documents and distributes meeting minutes to all kick-off attendees and stakeholders, as requested by the Agency. Meeting minutes list meeting attendees, summarize the discussion on each meeting topic, and capture key decisions and action items.

4B.1.a.2 Facilities

2.4.2 Facilities
The following topics describe the facility requirements for the Contractor during this phase.
During the Start-up and Takeover, Analysis, Configuration, Deployment, Production Implementation, Operations, Certification, and Turnover Phases the Contractor shall locate all staff at the IME permanent facility unless the Agency grants an exception. Approval for offsite work will be rarely granted by the Agency. The Contractor and all sub-contractors shall perform all work related to this Contract in the continental United States.

As a services-based organization, we are accustomed to working jointly with our clients to achieve a successful project, run business operations, and manage and maintain applications. As demonstrated during the initial MIDAS contract, co-location of our team with the Agency team contributes to true integration, communication, and collaboration between the teams. We are familiar with the facilities location and layout. Upon contract start, we locate our team at the IME permanent facility provided by the Agency and maintain them there for all contract phases. Our team is prepared to resume working side by side with the Agency staff. Our staff and subcontractors for the project are located in the continental United States.

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4B.1.a.2.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.a.2.2 Contractor Responsibilities

2.4.2.2 Contractor Responsibilities
The Contractor shall provide the following equipment at the permanent facility during the Operations, Certification, and Turnover phases:
a. Any software not provided by the Agency.
b. Personal workstation printers and associated cables and software, as approved by the Agency, and subject to network connection restrictions.
c. Office supplies (except for copier paper and envelopes).
d. Any special needs equipment for ergonomic or other purposes.

Accenture acknowledges and understands the Contractor Responsibilities associated with the permanent facility. We describe our approach to addressing each requirement in Table A.2-1.

Table A.2-1: Our team brings the tools and equipment to the permanent Agency facility that allows our team to successfully support the MIDAS project.

Facilities– Contractor Responsibilities	Our Approach
a. Any software not provided by the Agency.	Provide our team with the software needed to execute the contract if that software is not provided by the Agency
b. Personal workstation printers and associated cables and software, as approved by the Agency, and subject to network connection restrictions.	Provide our team with the specific hardware and software required by the MIDAS team. We coordinate with the Agency to comply with network connection restrictions.
c. Office supplies (except for copier paper and envelopes).	Provide the office supplies needed by the team to perform work on the MIDAS project
d. Any special needs equipment for ergonomic or other purposes.	Embrace policies and procedures that promote productive work environments and motivated employees. We regularly survey our people to understand employee satisfaction with our offices, equipment, and services. We use this information to improve quality and satisfaction in these areas. We believe that a motivated and enthusiastic team delivers higher quality results. As such, we make every effort to accommodate the special needs of our staff.

4B.1.a.3 Project Management

2.4.3 Project Management
The Contractor shall actively apply professional project management standards to every aspect of the work performed under this Contract. The Contractor shall adhere to the highest ethical standards, and exert financial and audit controls and separation of duties consistent with Generally Accepted Accounting Principles (GAAP), Generally Accepted Auditing Standards (GAAS), and Generally Accepted Government Auditing Standards (GAGAS).
During the project Start-Up Phase, the Contractor shall establish the appropriate level and type of project management standards and procedures to successfully complete the requirements of each phase of the Contract.

We have developed and refined our Accenture Delivery Methods (ADM), our field-tested approach to delivering system implementation projects, during successful engagements over the past 30 years. It is central to our approach to managing the MIDAS project and supports our US Health and Public Service Operating Unit's repeated rating at Capability Maturity Model Integration (CMMI®) Level 4.

As we demonstrated during the prior MIDAS project, our project management approach facilitates Patrick Dahlen, our MIDAS Account Manager, to engage with Agency leadership to balance business priorities, manage project risks, and use resources in a coordinated and timely manner. We shared our methods and tools with the Agency and with the POMI, QA/QC, SMT, and IV&V teams and worked with the Agency to establish a common understanding of the Agency governance model, mission, objectives, and performance measures. This common understanding provided the basis for a mutual understanding of the critical success factors for the project. We will follow this proven approach in starting up and running the new MIDAS project.

The successes and knowledge learned from our previous project experiences inform our efforts for the MIDAS project. Our Project Management Office (PMO) supports and monitors the framework, processes and results for the MIDAS project based on the approach document in the plans listed in Table A.2-2.

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Table A.2-2. Using existing Agency processes and documents to kick start the work, Accenture develops and delivers the required project plans needed to run a successful MIDAS project.

Accenture MIDAS Project Management Plans		
Risk Management Plan for Takeover	Issues Management Plan for Takeover	Quality Management Plan for Takeover
Staffing Management Plan for Takeover	Project Work Plan for Takeover	Project Work Plan Baselines for Takeover
Communications Management Plan	Project Work Plans	Project Work Plan Baselines
Risk Management Plan for Production Implementation and Certification	Interface Plan for the Implementation Phase	Quality Management Plan
Staffing Management Plan	Applications Implementation Plan	Issues Management Plan
Change Management Plan	Overall Risk Management Plan	Communication Management Plan for Takeover

We are experienced in working with external vendors. For instance, on our California Consortium IV (C-IV) Statewide Automated Welfare Systems (SAWS) project, we have always included the IV&V vendor in design discussions, and the vendor actively contributes to deliverable reviews. During the prior MIDAS project, we collaborated with the Agency's POMI, QA/QC, SMT, and IV&V vendors to share information regarding program status, and the best ways to achieve MIDAS project objectives. We will resume this integrated, inclusive approach for the new MIDAS project.

Our approach to project management focuses on planning and coordinating a project from start-up to close-down. Our approach addresses the Agency's requirements, focusing on delivery, schedule, cost, and quality. Accenture's project management methods align with the Agency's standard approach to managing and controlling activities, tasks, deliverables, work plans, budgets, staffing, issues, and milestones.

Our Commitment to Ethics and Compliance

We place a strong importance on operating ethically in all facets of our business. Our Code of Business Ethics emphasizes critical areas particular to our organization and business model, while highlighting aspects of conduct that are imperative for all employees. Our Code of Business Ethics reinforces our core values and drives our culture of compliance, ethical decision making and accountability. Our code complies with - or exceeds - standards required by the RFP.

Financial and Audit Controls

Our practices are consistent with Generally Accepted Accounting Principles (GAAP), Generally Accepted Auditing Standards (GAAS), and Generally Accepted Government Auditing Standards (GAGAS). We openly participate in any federal and state approval and audits. Because of our substantial public service and Medicaid experience, we have participated in numerous federal and state audits, such as the SAS-70 Type II, and have continuously reviewed and addressed any findings with our clients. We provide readily available access, real-time, to our accounting procedures, policies and records to authorized Agency, state and federal representatives. We also preserve and retain these records and procedures for the duration of the contract period and a minimum of seven years thereafter.

Separation of Duties

Accenture, as reflected in our overall organization chart, has clearly identified teams, roles, and responsibilities. We carefully segregate duties supporting security and financial activities to support the necessary controls of the project, including GAAP and GAAS. Facilities, systems, and data access are restricted to individuals with a documented need to perform their specific job functions. We log and track all access to our facility, systems, and data to support auditing and reporting requirements of the Agency. We staff key roles separately and independently of each other. Examples of the separation of duties include the following groups:

- **Security**. Our Security Officer is fully dedicated to the security function. He or she does not perform any other functions on our other teams. The Security Officer, as the anchor of the systems security unit, verifies our security staff focus on implementing, monitoring, and enforcing the physical, process, and system security measures put in place for the MIDAS project.

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- **System Administration**. Individuals on our team who perform system administration for our project management toolset are separate from the individuals who use the tools. In this way, we control the accuracy of the data entered into the system by users. Once entered, users do not have the necessary system administration access to change the data.

Establishment of Processes and Standards

We annually invest over $15 million to the continuous improvement of ADM and use the methods on over a thousand projects a year. Using a standard set of repeatable and well-defined methods and processes can make a significant difference in reducing cost and risk on the MIDAS project, while helping achieve greater predictability, productivity and quality.

We apply this principle through the Accenture Delivery Suite, our standard methods, tools, architectures and metrics, which includes ADM. A mature methodology with more than 30 years of successful program delivery, ADM forms the core of our approach for both managing this project and delivering its results. ADM is a comprehensive, virtual library of methods that supports multiple types of work. These types include application development, application management, transformational change management, program and project management, solution planning, and service operations. The methods are a simple and easy-to-use delivery approach for all of our teams.

We manage the MIDAS project using ADM to define procedures, deliverables, roles, job aids, and checklists to manage, develop and apply strategy and planning, develop business and technology solutions, and outsource business and technology solutions.

Governance

The Agency requires a project management approach that provides effective control over project phases and promotes on-time delivery of the new MMIS. Cultivated by our centralized, process-driven PMO and starting with our MIDAS project governance model, our project management approach ties together the people, processes, and tools needed to support a high-quality, on-time delivery of your new MMIS.

A key component in the effective management of any project is a well-organized governance model. As demonstrated during the prior MIDAS project, our team works closely with the Agency to integrate into the MIDAS governance model. Our team collaborated with the MIDAS POMI, SMT, QA/QC and IV&V teams to establish and execute governance activities. We will resume this close, effective collaboration upon project start to promote effective decision making and communications.

4B.1.a.3.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.a.3.2 Contractor Responsibilities

2.4.3.2 Contractor Responsibilities
The Contractor shall:
a. Implement a MIDAS MMIS project management office and integrate it within the MIDAS governance structure becoming part of the MIDAS Management team (MMT).
b. Provide the MIDAS State Management Team (SMT) with the project management approach and methodologies.
c. Identify the metrics and data sources that the Contractor will use to measure project progress and effectiveness.
d. Participate in daily project status meetings with the MIDAS MMT.
e. Provide to the MIDAS OMT project status reports.
f. Report ongoing project progress to the MIDAS OMT.
g. Identify, monitor, control and report (with statistics and aging criteria) issues and resolutions, as needed, to keep the project on schedule to the MIDAS OMT.
h. Provide justification to the Agency, POMI, and QA/QC for any CMRs arising from maintenance and system enhancement requests that exceed the scope of the requirements for the implementation.
i. Provide the MIDAS State Management Team (SMT) with changes to key personnel, including resumes of proposed key personnel, in writing within 15 business days of contract signing.
j. Submit timely invoices and supporting documentation to the MIDAS Project Director for payment of services.
k. Participate in any Agency, state and federal reviews, certifications, and compliance audits.

As on the previous MIDAS project, we implement a MIDAS MMIS Project Management Office (PMO) and integrate it within the MIDAS project governance structure. We describe our approach to addressing each project management requirement in Table A.3-1.

Table A.3-1. We provide a project management that the Agency has seen successfully demonstrated on the prior MIDAS project, confirming our ability to deliver.

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Project Management – Contractor Responsibilities	Our Approach
a. Implement a MIDAS MMIS project management office and integrate it within the MIDAS governance structure becoming part of the MIDAS Management team (MMT)	Our PMO instills proven processes and tools that will effectively plan, manage, oversee, and support the successful delivery of the complex MIDAS project. Our PMO team, led by Jelane Johnson, Project Manager for the PMO, works with the Agency during the Start-Up Phase to develop a PMO Overview Document that guides the policies, procedures, and processes for the PMO Team.
b. Provide the MIDAS State Management Team (SMT) with the project management approach and methodologies	We provide a project management approach to the MIDAS project that is based on our proven and CMMI Level 4-assessed Accenture Delivery Methods (ADM). ADM for project management is consistent with the Project Management Institute's Project Management Body of Knowledge and IEEE guidelines. ADM is a mature methodology that Accenture has used in the delivery of more than 6,500 successful Government projects. ADM forms the core of our approach for both managing this project and delivering its results.
c. Identify the metrics and data sources that the Contractor will use to measure project progress and effectiveness	We promote a collaborative and transparent approach to project management. The Agency and approved members of the Agency's IV&V and QA/QC Services vendors will have access to our Project Management Portal. This tool provides access to real-time information on the project's progress. We develop our project work plan in MS Project, which provides automated calculation of cost and schedule metrics. Additionally, we submit weekly, monthly, and quarterly status reports to the Agency and Agency-designated vendor teams that provide point-in-time snapshots of project progress. Jelane Johnson, our Project Manager for the PMO, works with the Agency during the Start-Up Phase to define specific metrics we track for the MIDAS project and the format for recurring status reports.
d. Participate in daily project status meetings with the MIDAS MMT.	Our project leadership team supports and participates in daily status meeting with the MIDAS MMIS. Daily status meetings help keep project stakeholders informed of project status. These meetings provide a forum for discussing issues and risks and making key project decisions.
e. Provide to the MIDAS OMT project status reports.	Our PMO Team develops and distributes project status reports as defined in the Communications Management Plan. This plan defines the format, content, distribution frequency, distribution method, and audience for each report.
f. Report ongoing project progress to the MIDAS OMT.	The Agency, IV&V vendor, and QA/QC Services vendor will have access to our Project Management Portal that provides access to real-time data on project progress. In addition, we deliver additional information to the Agency and the Agency's IV&V and QA/QC Services vendors, as described in the Communications Management Plan, including weekly, monthly, and quarterly status reports.
g. Identify, monitor, control and report (with statistics and aging criteria) issues and resolutions, as needed, to keep the project on schedule to the MIDAS OMT	Our project management methodology includes a proactive approach to issue and risk management. Our Issue Management and Risk Management Plans describe our approach to identifying, tracking, reporting on, and communicating risks and issues. Our PMO team plays a critical role in implementing the MIDAS project Issues and Risk Management Plans. Our PMO monitors and manages issues and risked tracked in Microsoft Team Foundation Server (TFS) on a daily basis, escalating issues and risks requiring immediate attention. Our PMO schedules and facilitates meetings to define plans to mitigate risks or resolve project issues that require participation from multiple stakeholder groups. Our PMO is responsible for verifying Project Team members execute approved mitigation and issue resolution strategies. We also report on issues and risks through regular

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Project Management – Contractor Responsibilities	Our Approach
	status reporting. We confirm the format and content for these reports with the Agency during the Start-Up Phase and documented in the Communications Management Plan.
h. Provide justification to the Agency, POMI, and QA/QC for any CMRs arising from maintenance and system enhancement requests that exceed the scope of the requirements for the implementation	Our Change Management process uses Microsoft Team Foundation Server (TFS) to initiate and track requests for project changes. We require users to complete a TFS form when submitting a change request. Completion of this form is required prior to presentation of the request to the Change Management Board. This form includes space to enter a justification for the change. The TFS form can be tailored for each project. Our PMO Team confirms the specific content/format of the TFS change request form with the Agency when confirming the Change Management Plan.
i. Provide the MIDAS State Management Team (SMT) with changes to key personnel, including resumes of proposed key personnel, in writing within 15 business days of contract signing	We understand that the Agency will select a contractor based in part on your confidence in the abilities of our key personnel. Any changes to key personnel will follow all procedures, as documented in the contract and approved in the staffing plan.
j. Submit timely invoices and supporting documentation to the MIDAS Project Director for payment of services	One of our 11 key PMO functions is contract management. Our PMO Team is responsible for monitoring adherence to our contract with the Agency. The PMO Team verifies that deliverables meet acceptance criteria and are submitted by the scheduled due date. The PMO Team submits all appropriate invoices for payment per the agreed upon contract.
k. Participate in any Agency, state and federal reviews, certifications, and compliance audits	We promote a culture of ethics and compliance. Our team abides by state and federal regulations and participates, as requested, in reviews, certifications, or audits.

4B.1.a.4 PMO Processes, Policies, and Procedures

2.4.4 PMO Processes, Policies, and Procedures
The Contractor shall establish a MIDAS MMIS Project Management Office (PMO) on site in Des Moines, Iowa, within twenty (20) calendar days of the contract execution. The MIDAS MMIS PMO shall be managed by a project manager as defined in section 2.2.7 Key Personnel Requirements. The Contractor's PMO shall work closely with the MIDAS OMT throughout the project and the Deployment Phase.

A successful MIDAS project requires completion of MIDAS project objectives on time, within budget, and without disruption to IME services. It requires integrating with other MIDAS project teams and contractors to coordinate project activities and schedules. It requires understanding and meeting the Agency's expectations. The project needs a management team that can coordinate, monitor, and manage these priorities. We work with the Agency during the Start-Up Phase to implement a PMO within 20 calendar days of contract execution. The successful delivery of the MIDAS project will be supported by our experienced PMO, which will instill proven processes and tools that will effectively plan, manage, and oversee the project.

The MIDAS MMIS PMO, led by Jelane Johnson, jointly develops a PMO Overview Document with the Agency during the Start-Up Phase. This document is based on the accepted version of the PMO Overview Document deliverable that was submitted during the prior MIDAS project. It includes a PMO organization chart and defines the roles and responsibilities for members of the PMO and the groups with which the PMO interacts. The document defines standards for the project and PMO processes and tools as well. It also provides pointers to detailed process content contained in the project management plans. We review and refine this document with the Agency during the Start-Up/Takeover Phase to incorporate any needed changes. The expectations and actions of the PMO are guided by the final approved version of this document.

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PMO Processes

The MIDAS MMIS PMO is responsible for organizing and guiding delivery of the new MMIS and maintaining alignment with overall project objectives. It coordinates and manages concurrent activities and workstreams, schedules, resources, risks, issues, quality, and changes to scope. Understanding stakeholders affected by the project and addressing their communication needs is also a responsibility. The PMO helps project teams move forward in line with project scope and objectives and assists the Agency and project stakeholders understand project progress and needs. The PMO works collaboratively with the Agency's POMI, SMT, QA/QC, and IV&V team members to share information regarding project status and collaborates to work towards achieving MIDAS project objectives. Details of the PMO tasks, approach and benefits are covered in Table A.4-1.

Table A.4-1. Our project management methodology helps to facilitate an on time and within budget delivery of the new MMIS that meets Agency expectations.

PMO Tasks	Approach	Benefits
Oversight and Monitoring	A landmark study of project failures by the Standish Group of Information Technology (IT) has shown that over the past 15 years, only about 30 percent of IT projects have been completed successfully. The group's Chaos Report concluded that the single most critical cause for failure was a failure in metrics management. The Agency and project stakeholders receive day-to-day insight into the progress of the MIDAS project through tools and processes implemented by the PMO. During the Start-Up Phase, we work with the Agency to finalize the set of metrics that the PMO uses to analyze and report on project performance on a daily, weekly, monthly, quarterly, and annual basis. Our approach to oversight and monitoring involves a proactive and forward-looking approach to assessing project performance. This helps us verify that the project is on track and continues to be on track through its duration. It focuses on identifying potential problems early so they can be resolved before they occur or escalated to groups that can help minimize the impact on the project.	▪ Allows for real-time analysis and decision making via a dashboard for centralized management data ▪ Augments the Agency's existing Program Management Office ▪ Provides common processes/tools ▪ Reduces delivery risk
Governance	Governance increases organizational effectiveness by connecting actions and decisions to strategic goals. Clear lines of responsibility and a framework for accountability and collaborative decision-making are defined in our governance solution. The framework aligns operational measures and initiatives with the strategic direction of the Agency. It promotes efficiency through a structured decision-making process, and encourages effective communication, problem-solving, and continuous improvement. During the Start-Up Phase, our MIDAS project leadership team works with the Agency to review and refine our planned governance structure. Our PMO implements and maintains the approved governance structure for the MIDAS project.	▪ Defines a clear structure for decision making and escalation of risks and issues ▪ Facilitates collaboration between all key stakeholders ▪ Reduces delivery risk
Project Communica-tion	Effective communication provides the right message to the right audience at the right time. It promotes a clear understanding of project goals and expectations by both project leadership and team members. It allows project leadership to make informed decisions and understand project progress. It helps project team members know what work to perform, the date the work is due, and the standards the work must meet. In accordance with the approved Communications Management Plan , the PMO participates in developing communications. A continuous effort to assess the effectiveness of communications delivered and identify ways to improve future communications is a key part of our process. [redacted], our proposed Communications Manager, works closely with the Agency SMT resources to develop a detailed Communications Management Plan. This plan contains an inventory of the MIDAS project stakeholders and key messages that need to be provided to each stakeholder group. Once the Communications Management Plan is approved, we develop messaging and communications that are	▪ Promotes cross-team awareness and integration ▪ Encourages knowledge transfer and collaboration ▪ Reduces delivery risk

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PMO Tasks	Approach	Benefits
	shared across the Agency teams and stakeholders based on the Project Work Plan and Communications Management Plan schedule.	
Contract Management	Managing and assisting with the maintenance of our project contracts is a PMO responsibility, including verifying compliance to our contract with the Agency. This includes submitting deliverables meeting defined acceptance criteria by the due date, and managing modifications to our contract, as needed, through the life of the project. Our contract management processes shape the formation and maintenance of our contracts with subcontractors and management of software and licensing agreements.	▪ Facilitates adherence to contract ▪ Establishes clear and efficient process for contract modifications ▪ Reduces delivery risk
Document Management	Our document management processes establish document security, achieve effective version control, and provide easy access to project artifacts. They define how we keep documents up-to-date and accurate. Our document repository stores project documents electronically and allows users access to these documents through a common, accessible, easily searchable online tool, Microsoft SharePoint.	▪ Creates secure storage and easy access to project artifacts ▪ Supports training and knowledge transfer activities ▪ Establishes configuration management procedures for identified documents, including all contractual deliverables ▪ Reduces delivery risk
Resource (Staffing) Management	Resource management establishes the processes for managing the project workforce and physical resources for the project. The PMO is actively involved in managing project team staff, including overseeing training and orientation, managing completion of performance assessments, and supporting team member rolloffs and transitions. The Agency approved Staffing Plan approach and processes guide the creation and maintenance of the project team. Project physical resources are managed according to the Facilities Management Plan.	▪ Integrates highly qualified subcontractors that complement our delivery of services ▪ Aligns individuals with the right skills and experience to project work ▪ Reduces delivery risk
Scope Management	Effectively managing scope helps the project deliver on time and within budget. Unmanaged scope may impede the project team's ability to complete planned work on time. Project progress and work performed is monitored and verified against the approved scope by the PMO. We discuss any variances to approved scope with the Agency. In managing the Change Management process, the PMO receives, reviews, and presents change requests to the Change Management Board and monitors implementation of approved changes.	▪ Facilitates making and communicating decisions on recommended project changes in a timely manner ▪ Helps prevent scope creep, which could cause schedule or budget overruns ▪ Reduces delivery risk
PMO Tasks	**Approach**	**Benefits**
Schedule Management	The project work plan defines the tasks our teams complete to deliver the new MMIS. It identifies the planned start and end date, duration, planned hours of effort, task dependencies, and assigned resources for each task. We review and refine the project work plan with the Agency during the Start-Up Phase. Once approved, we baseline the Project Work Plan and measure project progress against this baseline through the project lifecycle. As project activities are completed, our PMO monitors team members' compliance to time reporting procedures and begins to measure actual work effort and durations against planned values defined in the project work plan. The project work plan is used to measure Schedule Variance, Schedule Performance, Cost Variance, and Cost Performance. The Project Manager for the PMO reviews and assesses variances from the baselined project work plan and assists team leads in identifying appropriate corrective actions. If a change to the baselined project work plan is necessary, the Project Manager for the PMO is responsible for guiding submission of the appropriate change	▪ Promotes early identification of tasks that could delay schedule and negatively affect project budget ▪ Increases flexibility and ease of staff adjustments to promote on-time delivery of project tasks ▪ Reduces delivery risk

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PMO Tasks	Approach	Benefits
	requests. The project work plan baseline is only updated because of change requests approved by the Agency through the change management process.	
Quality Management	Our comprehensive approach to Quality Management helps instill quality into our processes and deliverables and includes checkpoints to verify that project processes are followed and work meets expectations. The Quality Manager is supported by the PMO in implementing the processes and standards defined in the Quality Management Plan. The Quality Management Plan identifies the stakeholders and key participants in the quality process and their respective roles and responsibilities. The plan supports our efforts to deliver a quality solution by outlining the approach and criteria for performing quality reviews at all project levels and defining the approach for verifying and validating quality of the new MMIS throughout the project lifecycle. It describes and includes a schedule of quality management activities. The purpose of these quality activities is to verify that we provide business value, meet agreed expectations, and deliver quality products for the MIDAS project. The PMO supports our Quality Manager in planning, facilitating, documenting, and analyzing these activities. Planned quality management activities for the MIDAS project include: ▪ Quality Training ▪ Peer Reviews ▪ Verification and Validation Activities ▪ Process and Product Quality Assurance Reviews ▪ Independent QA Reviews ▪ Client Satisfaction Surveys ▪ Expectations Management ▪ Stage/Phase Reviews ▪ Performance Management	▪ Includes measures that increase quality in project work and deliverables ▪ Includes independent assessment of project progress and risks through periodic quality reviews by an Accenture Quality Director ▪ Reduces delivery risk
Issue Management	The PMO also plays a critical role in implementing the MIDAS project Issues Management Plan. The Issue Management Plan defines the process for identifying, monitoring, prioritizing, analyzing, resolving and escalating project issues. Issues logged into Microsoft TFS are monitored on a daily basis by the PMO. Those needing immediate attention are escalated. The PMO schedules and facilitates meetings to define plans to resolve project issues that require participation from multiple stakeholder groups. Verifying that project team members address issues, as described in the Issues Management Plan, is also a PMO responsibility.	▪ Establishes tight control, monitoring, escalation, and resolution of issues ▪ Promotes innovative ideas and strategies for resolving issues ▪ Provides transparent access to all issues as they arise to facilitate rapid resolution and accountability ▪ Reduces delivery risk
Risk Management	Our risk management approach identifies risks early, assesses the potential impact of the risk, and defines clear, actionable mitigation strategies to reduce the risk's probability of occurrence and impact to the project. Identification of risks by all project team members is encouraged through our proven risk management processes. This approach includes proactive risk planning. Regular risk reviews are conducted with the Agency to evaluate and approve mitigation strategies.	▪ Provides a consistent and thorough approach for assessing and prioritizing risks ▪ Establishes tight control, monitoring, escalation, and active mitigation of risks ▪ Promotes innovative mitigation strategies ▪ Focuses on critical path activities and phase containment ▪ Reduces delivery risk

Accenture MIDAS Project Tools

The PMO implements tools to complete and manage project work. We use our Accenture Delivery Tools (ADT), described in Table A.4-2, to execute methods and processes defined in Accenture Delivery Methods (ADM). ADT automates processes and deliverables defined through ADM and provides the right tool for the right task across the project lifecycle. The ADT suite is based on several industry-leading platforms, including

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Microsoft Team Foundation Server (TFS), SharePoint, and Project Server. We provide proven project management tools as standard assets to execute the MIDAS project starting Day 1, reducing project execution risk and ramp-up time.

ADT is an integrated preconfigured toolset containing ADM deliverable templates and standard procedures to keep work consistent with project methodologies. Our tools automate and streamline many activities involved in planning, managing and running complex projects collaboratively, reliably and productively, regardless of the number of vendors or teams involved. Accenture Delivery Metrics are automatically captured within ADT. We use these metrics to track and report project progress with meaningful measurements that allow comparison with both the project plan and prior project experiences. This reduces project risk and increases project progress transparency.

We provide support and assistance for our Accenture Delivery Tools, including a 24-hour help desk for our project teams. This group assists our PMO in deploying and using the standard tools that we use throughout the MIDAS project.

Table A.4-2. Our standard tool set promotes integration, traceability and transparency for project activities.

Tool	Description
ADM Estimator	ADM estimators focus on generating realistic, accurate estimates and directly generate both high-level and low-level project work plans that can be imported into Microsoft Project Tools. Accenture uses these proprietary estimator tools to assess change management requests and provide scope of work estimates to the Agency.
Microsoft Project (MSP) and Microsoft Project Server (MSPS)	Microsoft Project is our standard tool for work plan creation and maintenance. MSP allows team leads to assign tasks to Project Team members. Resource assignments combined with task planned end dates provide clear accountability for who needs to do what by when. Project Team members track time spent on tasks using Microsoft Project Server. Team leads and project management use MSPS to monitor the progress of the project. MSPS provides the ability to run reports on the Project Server database. These reports provide metrics to track actual progress against planned progress. Metrics that can be automatically generated from MSPS include: ▪ Planned Value (PV) - Baseline (budgeted or planned work) effort for work scheduled to be completed as of the status date ▪ Earned Value (EV) - Baseline (budgeted or planned work) effort for work actually completed as of the status date ▪ Actual Cost (AC) - Effort (actual work) for work that is complete as of the status date ▪ Actual to Date (ATD): Total actual effort (actual work) for all work to date ▪ Estimate to Complete (ETC): Expected effort to complete each remaining task on the project ▪ Estimate at Complete (EAC): Total estimated effort for all project tasks, i.e., ATD + ETC ▪ Schedule Variance (SV) - the difference between the baseline (budgeted) effort for work completed and the baseline (budgeted) effort for work scheduled to be completed in a reporting period, i.e., EV-PV ▪ Cost Variance (CV) - The difference between budgeted effort and actual effort for the tasks completed to date, i.e., EV-AC ▪ Schedule Performance Index (SPI) - Extent to which the project is ahead/behind schedule for tasks completed to date; ratio of the baseline (budgeted) effort for work complete to the baseline (budgeted) effort for work that was scheduled to be complete, i.e., EV/PV ▪ Cost Performance Index (CPI) - Indicates the extent to which the project is over/under budget for tasks completed to date; ratio of the baseline (budgeted) effort for work complete to the actual effort to complete those same tasks, i.e., EV/AC These metrics help project management and team leads understand at both the project and individual task level whether the work is progressing as planned or whether corrective action is necessary.
Microsoft Team Foundation Server (TFS)	**TFS Overview.** We use TFS to support our MIDAS project management processes, requirements management, testing, and software defect tracking. TFS supports multiple types of work items, including requirements logging and tracing, risk and issue management, action item tracking, test case/script development and execution, and defect logging and tracking. TFS also provides superior support for our development and configuration activities. APHP is a

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Tool	Description
	.NET application built on Microsoft technologies using Microsoft tools, such as Microsoft Visual Studio. TFS provides a native integration with Visual Studio that lowers project risk because it supports the underlying technical architecture of Accenture's APHP tool and development environment. **TFS Alerts.** TFS provides activity-based management, such as workflow processes to define team procedures. The tool supports automated notifications that are triggered at specific points in each process workflow. For example, email notifications can be generated when an issue, risk, or defect is opened, assigned, updated, or closed. In addition, TFS offers configurable Alerts so that notifications and messages can be sent from the tool to specific addresses or roles outside of a typical workflow. **TFS Work Items.** In TFS, each type of activity is represented as a different type of Work Item. For example, to log a risk, a TFS user selects the Risk Work Item and enters the risk details. To log a new requirement, the TFS user selects the Requirement work item. Reporting on Work Items is accomplished by selecting the type of Work Item for the report, selecting from parameters, such as Work Item Status, Date, or Owner, then viewing or exporting the report content. Work Items and the processes they follow are configurable. We will work with the Agency to map the TFS Work Items and workflows to the existing processes defined in the Project Management Plans in the Bidder's Library. Work item types define the business rules for bugs, scenarios, tasks, issues, risks and other types of items tracked in Team Foundation Server. Our team customizes these definitions to support the workflows and processes for the MIDAS project. Work Items can even be linked together to act as a type of checklist to allow users to make sure certain tasks are being completed. For example, a Work Item can be one of the individual action items required to resolve and close out an issue. Using the Project Management Plans that Accenture developed on the prior MIDAS project, we confirm the workflows, roles, and fields needed to support those processes and configure them in the TFS tool. While the types of work items available in TFS can be customized to meet the MIDAS project needs, all work items contain the following common elements: ▪ Set of common system fields such as time/date stamps, creator, and last updated by. ▪ Rules for each field (for example, the values that are supported in a field) ▪ Work item form that controls how the work item fields are displayed. ▪ Simple state-transition model that allows work item type authors to define required fields and values at different points during the work item's lifecycle ▪ Comprehensive history of changes that have been made to the work item ▪ Ability to link to other work items, file attachments, or any other work product in Team Foundation Team Foundation stores work items and work item type definitions in a work item database. Because project work is defined as a work item type in TFS, all project data is stored in a central database. Reporting in TFS is built on top of Microsoft SQL Server Reporting Services and Microsoft SQL Server Analysis Services. As a result, teams are able to use the full power of SQL Server and SQL Server Reporting Services to create sophisticated reports and dashboards that provide near real-time insight into the progress and status of a project. **TFS Requirements Management.** At project start, we load all RFP requirements into the TFS. We confirm these requirements during Analysis tasks, such as our Requirements Verification (RV) sessions and Conference Room Pilots (CRPs), modifying, as necessary, and based on an increased understanding or as the result of approved change controls. The TFS tool provides a centralized repository of project requirements throughout the entire project lifecycle. It supports configuration management by tracking all changes to requirements and provides requirements traceability to design and test documentation. We use this tool to automate the generation of the MIDAS MMIS RTM.
Microsoft Test Manager	Microsoft Test Manager supports test planning, test preparation, and test execution. The tool enables Project Teams to create and maintain test scripts, maintain traceability between test scripts and requirements, support test script execution, and track test script results. We also use Microsoft Test Manager for defect tracking during the testing tasks. Microsoft Test Manager enables real-time creation of status reports that the project team can use to assess the impact

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Tool	Description
	of defects on test scripts and business requirements. Accenture uses Microsoft Test Manager to: ▪ Create and manage test plans ▪ Create, author, and maintain manual and automated test cases ▪ Run automated functional and regression testing ▪ Manage association of automation for test case artifacts ▪ Run exploratory tests ▪ Analyze previous manual, automated, or exploratory test runs ▪ File actionable defects while executing manual or automated test runs ▪ Create and provision individual or shared lab environments with multiple machines ▪ Connect to physical or virtual lab environments for development or testing with Lab Management ▪ Facilitate structured User Acceptance Testing from business users
Microsoft Visual Studio Ultimate	We use Microsoft Visual Studio Ultimate for predicting response time and capacity processing ability of the APHP application. Visual Studio Ultimate enables Accenture to use an unlimited number of virtual users on a local and remote load test run. The virtual users that are used in load tests use multiprocessor architecture. Multiprocessor architecture allows the machine on which the virtual users are installed to use more than one processor. In a load test, the load pattern properties specify how the simulated user load is adjusted during a load test. Visual Studio Ultimate provides three built-in load patterns: constant, step, and goal based so that we can define and run performance testing based on multiple user-load scenarios.
Microsoft SharePoint	Microsoft SharePoint provides a repository for version-controlled repository for work products, artifacts, deliverables and point-in-time documentation such as status reports, meeting minutes, deliverables, and contract documents. This online tool provides easy and secure access to project artifacts. SharePoint integrates with TFS to automate traceability and enable requirements mapping for Analysis, Configuration, and Deployment tasks. Documentation stored in SharePoint includes Use Cases, Report Documentation, Interface Documentation, Conversion Documentation, Design Documentation, Workflow Documentation, and Systems Configuration Documentation.
IT Service Management (ITSM)	ITSM enables tracking of production incidents and problems. ITSM provides workflow capabilities, allowing incidents to be assigned to various groups or individuals, statuses, and severities. ITSM is integrated with the TFS tool and reporting so incidents can be tracked back to software problems requiring resolution.
Service Level Dashboard (SLD)	The Service Level Dashboard (SLD) is a reporting component of the APHP solution. It provides the MMIS visibility into operations and compliance measures with defined service levels and metrics.

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4B.1.a.4.1 Agency Responsibilities (no response required per RFP 4.3.4.1)

4B.1.a.4.2 Contractor Responsibilities

2.4.4.2 Contractor Responsibilities
The Contractor shall:
a. Establish a Project Management Office.
b. Deliver to the Agency a PMO overview document that describes all MIDAS MMIS PMO processes, policies, and procedures. The document must include the PMO methodologies and tools used to report, monitor and control the MMIS project, scheduling and prioritization of project activities, MIDAS MMIS PMO staff roles and responsibilities, project scope and change management including any MMIS product development change processes, procedures to control costs, mitigating risks, managing issues, tracking action items and decisions, methods to track and approve accomplishments and document management.
c. Provide the Agency and all MIDAS contractors with access to all project tools for management of the CMRs, issues, risks, defect management, testing and requirements traceability matrix (RTM). The cost of such access shall be incurred by the Contractor.

We establish a PMO for the MIDAS project early in the Start-Up Phase. It executes and enforces the project methodology, keeping project activities aligned with the Agency's business needs. Execution and management of the MIDAS project requires close collaboration between the Agency and our team. Strong, collaborative Project Management is an essential element to the success of the project. We organized the Project Management Team for success, and we are ready to help the Agency achieve its objectives.

We provide the Agency a PMO overview document that describes all MIDAS MMIS PMO processes, policies, and procedures, and PMO methodologies and tools, as detailed in 4B.1.a.4 PMO Processes, Policies, and Procedures. The document also addresses MIDAS MMIS PMO staff roles and responsibilities.

We provide the Agency and MIDAS contractors with access to our tool, Microsoft Team Foundation Server (TFS) for management of the CMRs, issues, risks, defect management, testing and requirements traceability matrix. For details on TFS capabilities, see 4B.1.a.4 PMO Processes, Policies, and Procedures. Accenture incurs the cost of TFS access.

Industry Standards

2.4.4.2.1 Industry Standards
The Contractor shall maintain all systems with strict adherence to published, industry recognized standards, including but not limited to, the Capability Maturity Model Integration® (CMMI) and Standards from the Institute of Electrical and Electronic Engineers (IEEE) or a comparable model approved by the Agency for all application development and maintenance.
The Contractor shall use a proven project management, software development methodology, and system development life cycle methodology for managing analysis, configuration, and deployment of projects that conform with:
** IEEE/EIA 12207.0-1996, IEEE/EIA Standard-Industry Implementation of International Organization for Standardization (ISO)/International Electro Technical Commission (IEC) 12207:1995, Standard for Information Technology-Software Life Cycle Processes*
** IEEE Standard 1058-1998, IEEE Standard for Software Project Management Plans (SPMP)*
** IEEE Standard 1074-1997, IEEE Standard for Developing Life Cycle Processes*
The Contractor shall adhere to the American National Standards Institute (ANSI) and Project Management Institute, Inc. (PMI) principles for project management, as stated in the Project Management Body of Knowledge® (PMBOK).

The Agency is embarking on a large and complex project that will improve the ability to provide Medicaid services to Iowa citizens that critically need assistance with health care costs. It is important that the Agency select a business partner that brings a solid understanding of how to implement, maintain, and operate enterprise COTS solutions on a large scale. The business partner the Agency selects should bring an exceptional team, unrivaled experience, an integrated methodology, and a tool set that is proven to work on enterprise implementations. Processes and methods need to span from project start-up through post implementation support. These methods and tools must promote a high level of quality and completeness and be benchmarked against industry measures, such as CMMI.

We use ADM as the basis for our project approach. It is important to note that ADM is not strictly Accenture-centric. It uses project management industry-preferred practices from external sources as well. For example, ADM incorporates industry standards from the Software Engineering Institute's (SEI) Capability Maturity Model Integrated (CMMI), Institute of Electrical and Electronics Engineers (IEEE), and IT Infrastructure Library (ITIL) and the Project Management Institute's Body of Knowledge (PMBOK).

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CMMI Process Maturity - Delivering Quality Standards, Practices and Processes

Knowing and practicing well-defined and proven standards and processes from project start can produce higher quality deliverables in less time. CMMI is an integrated approach to internal process improvement for a broad range of organizations. CMMI levels are measured on a range of one through five. Higher assessed ratings indicate higher levels of capability or maturity.

Our team is part of Accenture's North American Health and Public Service group, which is CMMI Level 4 assessed. We received our first CMMI Level 4 assessment in June 2004 and have maintained a CMMI Level 4 since that time through additional independent assessments in 2006 and 2009. This means we are an organization with mature processes—repeatable, defined and well managed—that we have employed on numerous successful projects. Our project management approach provides the framework to help meet the Agency's objective of an on-time, within budget implementation that benefits IME staff, providers and members. Our methodology helps mitigate delivery risk, which translates to a successful project.

According to the Software Engineering Institute (SEI), publication Understanding and Leveraging a Supplier's CMMI® Efforts: A Guidebook for Acquirers, organizations that concentrate on process improvement demonstrate reductions in delivered defects, improved speed of development, and fewer post-delivery failures. Given those results, organizations that implement CMMI-based process improvement provide a lower risk in development over those that do not. The benefits of selecting Accenture and integrating Level 4 CMMI processes on the MIDAS project include:

- Delivering quality client service by developing, maintaining, and deploying leading practices, methodologies, tools, and knowledge capital for process improvement
- Identifying and correcting problems early in the process when problems cost less to fix than those caught later on in the process
- Reducing the number of System Investigation Requests (SIRs) and Change Requests (CRs)
- Improving the quality of deliverables and thereby increasing client satisfaction
- Determining if current standards and guidelines are sufficient
- Reducing time and costs resulting from rework

Institute of Electrical and Electronics Engineers (IEEE) Standard for Information Technology-Software Life Cycle Processes

Our ADM processes for project management, software development methodology and SDLC are built upon and adhere to recognized industry standards, including the Institute of Electrical and Electronics Engineers (IEEE) Standard for Information Technology-Software Life Cycle Processes. ADM complies with the IEEE Software Engineering Standards listed including but not limited to:

- IEEE/EIA 12207.0-1996, IEEE/EIA Standard-Industry Implementation of International Organization for Standardization (ISO)/International Electro Technical Commission (IEC) 12207:1995, Standard for Information Technology-Software Life Cycle Processes
- IEEE Standard 1058-1998, IEEE Standard for Software Project Management Plans (SPMP)
- IEEE Standard 1074-1997, IEEE Standard for Developing Life Cycle Processes

As our IME specific project management, software development methodology, and SDLC processes are developed, reviewed with you, and approved for use, we confirm the latest IEEE industry standards are being met. In addition to our Iowa project team reviewing the IEEE standards, the Accenture team responsible for maintaining and publishing organization-wide ADM standard processes is reviewing and updating the ADM based on industry standards, including IEEE standards. The multi-layer review and updating of our processes and standards directly benefits the IME by bringing industry best practices customized to your specific environment.

IT Infrastructure Library (ITIL)

ITIL is a global standard in the area of IT Service Management. ITIL provides a cohesive set of best practices drawn from the public and private sectors internationally. The best practice processes promoted in ITIL are supported by the ISO standard for service management (ISO 20000). Our extensive experience in leading ITIL programs for our clients benefits the Agency by:

- Aligning IT services with business requirements
- Providing optimal service at a justifiable cost
- Implementing standard processes that better use IT resources
- Achieving greater customer satisfaction through a more consistent approach to service support and delivery

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We are extensively experienced in guiding the adoption and implementation of ITIL best practices for clients across multiple industries. We are a recognized thought leader in ITIL practices. We served as one of the co-authors when ITIL was updated to Version 3 in 2007. ITILv3 aligns with Accenture's assets and offerings by adopting a service lifecycle perspective. Our publication, ITIL Service Strategies, sets up the other core titles by being the hub of the library.

Project Management Methodology Consistent with ANSI and PMI Project Management Principles

Accenture Delivery Methods align with the processes and best practices set forth in the ANSI standards and are consistent with the Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK). PMI is the world's leading not-for-profit membership association for the project management profession. PMI's global standards provide widely accepted guidelines, rules, and characteristics for project management.

Accenture is a member of the PMI Corporate Council. This membership establishes a strong tie between PMI and Accenture and enables us to stay abreast of advances in the field of project management. Our active participation on the Corporate Council enforces ongoing consistency between PMBOK and ADM. Advantages of this consistency include the ability to use the tools from each of the methodologies to accomplish the project in a coordinated fashion and a common language for discussing project activities.

4B.1.a.5 Project Management Portal

2.4.5 Project Management Portal

Within fifteen (15) days of Contract execution, the Contractor shall integrate into the secure MIDAS Portal that serves as the electronic repository for the official MIDAS Project; this portal houses the MIDAS project work plans, all deliverables, and other project artifacts from project start-up through operations. The portal allows authorized users to view the project work plans, all Deliverables, and other project artifacts from project start-up through operations in a real-time environment and generate reports on project status. The portal provides the capability to email alerts advising individuals of task assignments, task status, and notification that the due date for an assigned task has passed. All project Deliverable drafts and working copies shall be stored and shared in the portal to facilitate communication and collaborative work. The portal operates in a secure environment where user access and privileges are dependent on authorizations that will be decided by the Agency.

Complex projects involve many different groups and moving parts. Coordinating, monitoring, and managing these efforts requires adept management techniques and experience. Within 15 days of contract execution our project team integrates with the MIDAS portal to provide open and transparent access to project management information. As demonstrated during the prior MIDAS project, our team fully integrates into the MIDAS Portal, referred to as the MIDAS Project Library. SharePoint is one of Accenture's standard tools, so our team is familiar with the portal concept as well as the mechanics of interacting with the MIDAS portal tool. During the previous MIDAS project, our team updated the MIDAS Project Library daily to provide the following information and files:

- Weekly, Monthly, and Quarterly Status Reports
- All formal deliverables including Project Management Plans, Interface and Data Conversion Plans, Application Implementation and Test Management Plans.
- Calendar updates showing when key meetings were planned, time, date, duration, and location.
- Work products such as meeting agendas and minutes, informal documentation updates, and communications pieces.

We will resume daily use of the MIDAS Portal within 15 days of contract execution to continue our communication and collaborative work with the Agency and MIDAS stakeholders.

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4B.1.a.5.1 Agency Responsibilities (no response required per 4.3.4.1)

4B.1.a.5.2 Contractor Responsibilities

2.4.5.2 Contractor Responsibilities
The Contractor shall:
a. Integrate with the MIDAS project management portal.
b. Populate folders with appropriate documentation.
c. Utilize the MIDAS project management portal throughout all the phases of the Contract or as directed by the Agency.

Our team will resume use of the MIDAS project management portal to populate folders with project documentation, deliverables, task, and schedule information throughout all contract phases.

4B.1.a.5.3 Performance Standards

2.4.5.3 Performance Standards
The MIDAS project management portal shall be kept current within three (3) business days of approved Deliverables.

We acknowledge and accept keeping the MIDAS project management portal current within three business days of approved deliverables.

4B.1.a.6 Project Management Plans

2.4.6 Project Management Plans
The Contractor shall submit, for approval by the Agency, project management plans prepared in accordance with the PMBOK ® principles. The plans must describe the Contractor's management approach, organizational structure, formal and informal internal communications procedures, submission of invoices and procedures for reporting earned value performance management statistics. The Contractor shall use templates of the MIDAS project for meeting agendas, meeting notes, progress reporting, correspondence tracking, issues and risk management.
The Contractor shall not begin MMIS development until the Agency has approved all project management plans.
The Contractor shall keep project management plans current and updated within three (3) business days at all times throughout the life of the Implementation and Certification Phases of the project for Agency review and approval. The project management plans are described in the following sections.
The Contractor shall also provide to the Agency project management plans to describe the Production Implementation as a separate plan.

Our Project Management Plans, developed based on ADM and PMBOK principles, define how we execute and manage the MIDAS project. They describe our management approach, organizational structure, formal and informal communications procedures, meeting agendas and meeting notes, progress reporting, correspondence tracking, issues resolution procedures, risk management and mitigation, submission of invoices and procedures for reporting earned value performance management statistics. Because these plans define how our team functions, it is critical that they be finalized and implemented at contract start. During the previous MIDAS project, we submitted and gained acceptance of 31 project management plans on time and with an exceptionally high level of quality. These prior plans will be used as a starting point for the new MIDAS project. We submit the Project Management Plans to the Agency for approval. No development begins on the project until the Agency has approved all project management plans.

We review and discuss the standards, processes and procedures defined in these plans with the entire Project Team to promote consistent execution of project work according to defined and approved standards and processes. The Project Management Plans describe the monitoring techniques and controls that our team uses to verify that the project is on track. We develop the Project Management Plans listed in Table A.6-1, and provide a Production Implementation Plan to prepare for go-live, as detailed in Section 4B.1.c, Production Implementation Phase.

To help confirm that all plans are delivered on time with the same high-level of quality demonstrated on prior MIDAS contract, we work together with the Agency early in the Start-Up/Takeover Phase to refine and finalize expectations and exact submission dates. We keep our project management plans current within three business days of changes.

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Table A.6-1. Using existing Agency processes and documents to kick start the work, we develop and deliver the project plans needed to run a successful MIDAS project.

MIDAS Project Management Plans		
Risk Management Plan for Takeover	Issues Management Plan for Takeover	Quality Management Plan for Takeover
Staffing Management Plan for Takeover	Project Work Plan for Takeover	Project Work Plan Baselines for Takeover
Communications Management Plan	Project Work Plans	Project Work Plan Baselines
Risk Management Plan for Production Implementation and Certification	Interface Plan for the Implementation Phase	Quality Management Plan
Staffing Management Plan	Applications Implementation Plan	Issues Management Plan
Change Management Plan	Overall Risk Management Plan	Communication Management Plan for Takeover

4B.1.a.6.1 Communications Management Plan

2.4.6.1 Communications Management Plan
The Contractor shall deliver to the Agency a communications management plan including a stakeholder analysis. The Contractor will determine all MIDAS MMIS communications needs, including status reporting and project monitoring and create a process to meet those needs. During all phases of the project, the Contractor shall execute the plan with formal weekly status reports in formats approved by the MIDAS project. The Contractor shall include a chart showing the flow of communication.
The Contractor shall provide to the Agency a separate Communications Management Plan to cover transition of the current operational tasks from the current Core legacy MMIS contractor to the Contractor.

Communication is an essential element for effective implementation and operations of a state-of-the-art MMIS. Effective Project Team communications helps promote an engaged and collaborative team. During all phases of the project, the PMO develops and submits formal weekly status reports in a format approved by the Agency.

Open communications begins at the top, with project leadership communicating and sharing as much information as is appropriate and encouraging integration and communications across all teams. Our communication approach helps describe the status and results of the project and promote the new MMIS solution to the Agency, IME contractors, and Project Team members. Our Communications Manager, [redacted] coordinates all functions involved in communications. He brings more than three years of experience in communications management with state Medicaid Programs.

Our team works with the Agency during the Start-Up Phase to develop a Project Communications Management Plan that identifies and addresses project stakeholder needs. Our collaborative approach to communications continues throughout the project. We seek Agency's guidance in defining and authorizing the information communicated between the Project Teams and all stakeholders during the project. Our approach also includes processes to proactively capture and assess feedback on project communications to allow for continued improvement in our Communications Management Planning and delivery.

Effective communications management planning enables the project to deliver the right message, from the appropriate sender, to the necessary audience, through the appropriate channels and vehicles. To promote effective communications, the Communications Plan incorporates elements listed in Table A.6-2. Our Communications Management Plan guides communications throughout the project and contains the following:

- Our communications approach
- Results of our stakeholder analysis, identifying stakeholder groups and their needs
- Information channels for distributing key project messages
- Chart showing the flow of communications for the project
- Overview on processes and tools to capture feedback on project communications

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Table A.6-2. Accenture's Communication Management Plan provides an approach that keeps Agency stakeholders informed at each step of the project.

Communication Management Plan Elements		
Audience	Communication Objective	Communication Event
Communication Owner	Message	Channel
Sender	Timeline	Feedback

Features and Benefits of the MIDAS project Communications Management Plan

- **Integrated** – Our Communications Management Plan integrates with the training, sponsorship, and change management strategies established for the MIDAS project. It identifies key individuals to serve as sponsors and owners and highlights specific development and support activities that need to occur.
- **Consistent Messages through Multiple Channels** – Our experience leads us to recognize that communication is not suited to a narrow set of vehicles. What works is consistent messaging delivered through many channels. When we plan communications with clients, we work to tailor the delivery channel to what stakeholders tell us works for them. We work with the Agency to define the channels that will get the message to stakeholders effectively. Team meetings, email messages, newsletters, and "open door" management are examples of channels we consider and review with the Agency. Together, we assess these as channels, in addition to channels the Agency knows are tried and true.
- **Build on Existing Communications Plan** – In addition to the steps used to develop the Project Communications Management Plan, we also use the existing Agency communications approach to support the plan. We coordinate our individual experiences and skills to help the Agency implement the refined Communications Management Plan.
- **Two-way Communication with Stakeholders** – Communication needs could likely change throughout the MIDAS project's lifecycle. Our Communications Management Plan includes feedback mechanisms to help tune the communications to better deliver messages. For example, we establish a shared inbox, specifically set up and dedicated to project communications. This box provides a means by which the Communications Team receives and manages questions and feedback from a wide range of stakeholders. We discuss the feedback we receive and make changes, as necessary and approved, to improve our communications approach and messages.
- **Tailored Communication** – The target audience for our communications includes stakeholders directly or indirectly affected by the MIDAS project. These include internal stakeholders, such as Agency staff, Accenture and other vendors engaged by the Agency, and external stakeholders, such as providers and recipients. Specific communication messages needed for targeted audiences vary. For this reason, our team works with the Agency, content and process owners. Together, we develop tailored communication messages for each audience throughout the project lifecycle. Our team works with the Agency to select effective communication vehicles based on the type of content and audience.

4B.1.a.6.2 Project Work Plan for Deployment

2.4.6.2 Project Work Plan for Deployment
The Contractor shall revise the project work plan to reflect any change in dates or activities based on contract negotiations. The detailed project work plan shall identify all tasks, activities, milestones, and deliverables for the project and will be used by the Agency to monitor the contractor's progress. Elements of this deliverable include:
a. A narrative overview of the work plan tasks and schedule including dependencies the Contractor used in the development of the project work plan (PWP).
b. Description of each task, subtask, and activity.
c. A Work Breakdown Structure (WBS) in Microsoft Project or an alternative acceptable to the Agency identifying all tasks, subtasks, milestones and deliverables with key dates, predecessors and successors for each.
d. Proposed location(s) for activities to be performed.
e. Personnel resources applied by name and level of effort in hours.
f. The Agency resource requirements including required skills, level of expertise, and level of effort.
g. Gantt chart indicating high-level milestones and deliverables by phase.
h. Program Evaluation Review Techniques (PERT) or dependency chart.
i. Resource matrix by subtask, summarized by total hours per person, per month.

We base our Project Work Plan on ADM, our global estimating models, and Agency requirements stated in the RFP. We derive this proven approach from our experience implementing thousands of successful

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Government projects each year. This structured delivery framework facilitates highly reliable estimates and schedules, providing you confidence that we will deliver a successful MIDAS project on time.

Project Work Plan Creation

Using RFP scope requirements and the relevant ADM estimator(s), we produce an initial estimate and preliminary staffing plan. We export this estimate and preliminary staffing plan from our ADM estimators to produce an initial Microsoft Project Work Plan. This initial Project Work Plan includes links to descriptions of tasks in ADM. This integration helps produce work plans that follow ADM's standardized, optimized process and format, as shown in Figure A.6-1.

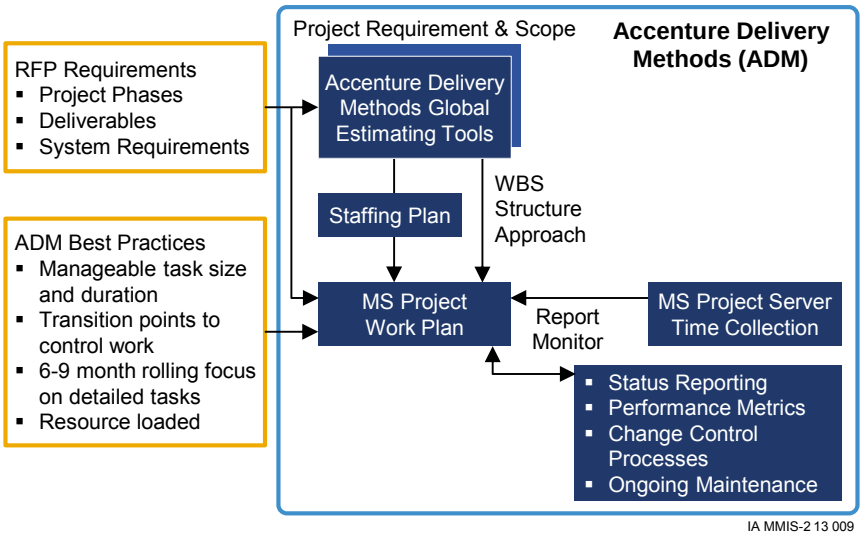

Figure A.6-1. Throughout the project lifecycle, the Work Plan synthesizes multiple inputs and goals and serves as a living document to calibrate progress and identify risks.

Next, our delivery leads and subject matter advisors review and adjust the Project Work Plan to meet the timeline and release requirements of the MIDAS project. We carefully review the RFP to identify specific schedule and deliverable requirements and incorporate them into the work plan.

Project Work Plan Components

We developed the MIDAS PWP in Microsoft Project, which provides the ability to describe tasks through a number of standard attributes. It allows us to create different views of the plan to more effectively manage scope, schedule, or resources. Our Project Work Plan for the MIDAS project addresses RFP requirements, as shown in Table A.6-3. For ease of use, some milestones are listed twice in the Work Plan, once in the phase in which the task or milestone will be completed, and additionally as a milestone task in a reference section at the bottom of the plan which identifies only the key date. Project Management tasks which are recurring and ongoing throughout the duration of the project, such as producing the Weekly Status Report, are also in a separate section to streamline the plan.

The high-level Project Plan included in section 4B.2 Project Plan and Schedule is a summarized overview of the draft PWP which will be reviewed with the Agency during the Startup/Takeover Phases.

Table A.6-3. Our PWP deliverable provides needed detail to facilitate Agency project tracking

RFP-Required PWP Elements	Approach to Address
a. Narrative overview	▪ We provide a supplemental Microsoft Word document with the PWP deliverable, describing work to be performed at the project and individual task level. It summarizes needed skills to perform the work, including Agency resource requirements and level of effort.
b. Description of each task, subtask, and activity	▪ In addition to the Microsoft Word document, the Task field provides unique descriptions of each task, subtask, and activity
c. Work Breakdown Structure (WBS) identifying all tasks with predecessors and successors for each	▪ Our Work Plan, developed in Microsoft Project, includes milestones, deliverables, and key internal and external dependency dates. All tasks have assigned predecessors or successors.
d. Proposed location(s) for activities to be performed	▪ We include proposed location for activities in the supplemental Microsoft Word document submitted with the Project Work Plan file
e. Resources by name, and level of effort in hours	▪ Our Work Plan is fully resource loaded, with resource roles listed where individual names are unavailable.

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RFP-Required PWP Elements	Approach to Address
f. Agency resource requirements	▪ We include Agency resource skills, level of expertise, and level of effort required in the supplemental Microsoft Word document submitted alongside the Project Work Plan file
g-i. Gantt chart, PERT dependency, and resource matrix	▪ Microsoft Project provides these views

Project Work Plan Baselines

2.4.6.2.1 Project Work Plan Baselines

Contractor's project work plan shall include tasks for the Agency to set and approve the baseline. The original estimates will form the project baseline. Once established, the baseline will only be modified with approval from the Agency. The approved baseline will be used for all project metrics reported weekly during the weekly status meeting. During execution of the project, the Contractor shall measure performance according to the WBS and manage changes to the plan requested by the Agency. When major tasks are completed, the Contractor shall seek formal acceptance from the Agency as well as formal acceptance of each deliverable.

The Project Work Plan includes tasks and a schedule for us to work with the Agency to review, adjust and approve the project baseline as part of the Startup phase of the project and at key milestones in each future phase. We will establish the Project Work Plan baseline at the completion of the deliverable review process within the first 45 days. Only after all deliverable review steps are complete, including formal documentation of acceptance, will the Work Plan be considered approved, and the Project Baseline determined.

Tasks exist in the work plan for the formal approval process for all deliverables, starting with the Deliverable Expectation Document (DED) identified in the RFP and including the 10-5-5 review and approval cycle, as shown in Figure A.6-2. In addition to formal approval for all named deliverables, the Project Work Plan also includes scheduled tasks for closure and kickoff of each Project Phase, to provide phase containment.

For ongoing work plan maintenance, we do the following:

- Build tasks into the Project Work Plan as each phase nears completion, to review future phases and adjust, as necessary. High-level tasks expand to further detail within a rolling 6-9 month outlook
- Follow change control and approval process. All significant changes to Project Work Plan tasks, phases, or completion dates require rebaselining and approval from the Agency

Task Name	Duration	Start	Finish
Sample Plan Deliverable	**25 days**	**4/1/14**	**5/5/14**
Plan Deliverable - Develop DED	1 day	4/1/14	4/1/14
Plan Deliverable - DED Walkthrough Complete	0 days	4/2/14	4/2/14
Plan Deliverable - Develop Deliverable	1 day	4/3/14	4/3/14
Plan Deliverable - Conduct Peer Review and Apply Feedback	1 day	4/4/14	4/4/14
Plan Deliverable - Final Deliverable Walkthrough with Agency	1 day	4/7/14	4/7/14
Plan Deliverable - Submit Deliverable for Agency Review	0 days	4/7/14	4/7/14
Plan Deliverable - Perform Agency Review	10 days	4/8/14	4/21/14
Plan Deliverable - Revise Deliverable	5 days	4/22/14	4/28/14
Plan Deliverable - Perform Final Agency Review	5 days	4/29/14	5/5/14
Plan Deliverable - Deliverable Approved	0 days	5/5/14	5/5/14

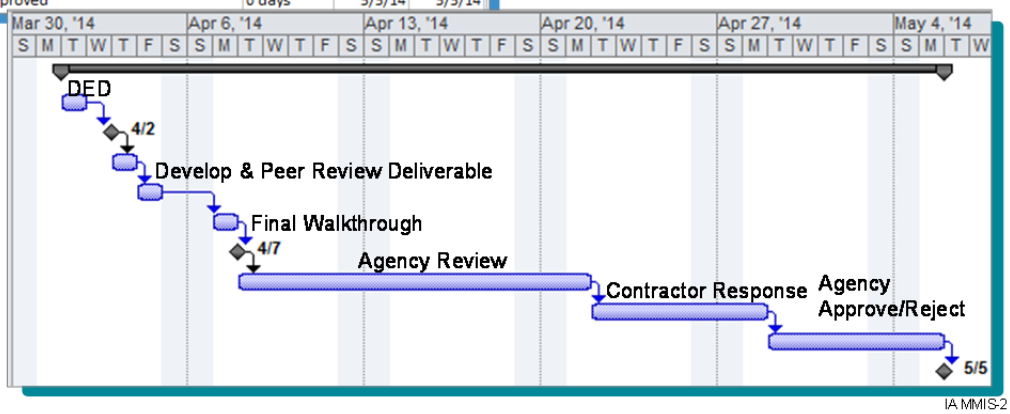

Figure A.6-2. Following the Agency's structured deliverable review and approval process enables timely acceptance of deliverables, minimizing schedule delays.

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We will use the PWP baseline for project metrics produced by the PMO, including regular status reporting (see Section 4A.2.6.3). Once we baseline the Project Work Plan, the PMO will maintain the Work Plan regularly to monitor ongoing work and to calibrate continuing progress. The Project Work Plan and Weekly Status Reports serve as crucial tools in our approach to schedule management. As project activities are completed, we measure actual work effort and durations against planned values. The Project Work Plan is a means to measure schedule variance, schedule performance, cost variance, and cost performance. Our PMO Project Manager reviews and assesses variances from the baselined Project Work Plan and assists team leads in identifying appropriate corrective actions. If a change to the baselined Project Work Plan is necessary, our Project Manager guides submission of the appropriate change management requests. We only update the Project Work Plan baseline as a result of change requests approved by the Agency through the change management process. We plan PWP tasks to review the baseline at close of each phase, to provide transparency and obtain Agency approval before start of a new phase.

The Accenture PMO team brings over 10 years of experience in developing, managing, and executing MMIS project work plans. [redacted], PMO Project Manager, developed both the takeover and implementation work plans for the current Kentucky MMIS system. Jelane's team, including the Work Plan Manager, worked closely with Agency resources and MIDAS contractors to develop, walk through, and finalize the prior MIDAS project work plan. The PMO Work Plan manager will follow the same collaborative approach in reviewing, updating, and finalizing the work plan for the new MIDAS project.

4B.1.a.6.3 Risk Management Plan

2.4.6.3 Risk Management Plan
The Contractor shall use a standard risk management plan that:
a. Addresses the process and timing for risk identification.
b. Describes the process for tracking and monitoring risks.
c. Identifies the Contractor staff that will be involved in the risk management process.
d. Identifies the tools and techniques that will be used in risk identification and analysis.
e. Describes how risks will be quantified and qualified and how the Contractor will perform risk response planning.
For each risk, the Contractor shall evaluate and set the risk priority based on likelihood and impact, assign risk management responsibility, and create a risk management strategy. For each significant accepted risk, Contractor shall develop risk mitigation strategies to limit the impact. The risk management plan shall include aggressive monitoring for risks, identify the frequency of risk reports, and describe the plan for timely notification to the Agency of any changes in risk or trigger of risk events. In the event that a risk occurs, the Contractor shall transfer the associated information for the risk from the risk management plan to the issues management plan.
The Contractor shall provide to the Agency a separate risk management plan to cover takeover of the current operational tasks from the current Core MMIS contractor to the Contractor.

Risks need to be identified early, mitigated and managed so potential negative impacts to the MIDAS project are minimized. Our approach, documented in our Risk Management Plan, is rigorous, comprehensive and lowers risk to the MIDAS project by promoting the early identification and mitigation of risk. We bring a standard risk management process to Iowa that we have used on the Texas Medicaid and Healthcare Partnership, where we are currently the lead technology provider. Our effective management of risks as we accepted responsibility for technology services from the incumbent enabled us to transition all systems and operations on or ahead of schedule with a Day 1 cost savings of more than 20 percent. We can use the risks, issues, and knowledge learned from this and our other healthcare projects to identify potential risks to the MIDAS project on Day 1 and proactively recognize new risks as the project progresses. We can bring and discuss mitigation strategies with the Agency that have worked on past project efforts. We also develop a separate Risk Management Plan for Takeover, as described in Section 4B.1.a.7, Takeover of Legacy Operations Upon Start-Up.

Process and Timing for Risk Identification

We collaborate with the Agency to create an overall Risk Management Plan during the Start-Up/Takeover Phase. The plan outlines the approach we use to identify, assess, monitor, and report risks. It includes the timing of risk brainstorming meetings and regular risk monitoring meetings. Once the Agency approves the Risk Management Plan, we make the plan required reading for all Project Team members. This coordination enables us to follow a consistent process when monitoring and managing project risks. We create the plan at project start and treat risk management as an ongoing activity: we revisit the plan with the Agency throughout the project lifecycle to verify it outlines identified improvement activities and reflects the current project structure.

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Process for Tracking and Monitoring Risks

Based on the risk rating, we collaborate with the Agency to develop a corresponding risk mitigation plan to prevent the risk from occurring, if possible, or to reduce the severity of its impact. The mitigation action is tangible and we assign and monitor it for implementation. To help mitigate large-impact risks, we incorporate into the project plan specific tasks that reduce or avoid the risk.

Staff Involved in Risk Management Process

Our Project Manager for the PMO works with the Account Manager to keep risks visible, accountable, and escalate, when necessary. We conduct regular risk monitoring meetings, assign action items based on needed risk mitigation steps, and track risks and their associated activities to closure.

Tools and Techniques Used in Risk Identification and Analysis

Our risk management approach begins with identifying potential risks. We conduct risk identification activities with the Agency throughout the project lifecycle. Potential risks can originate from all aspects of the project, such as stakeholder participation and readiness, aggressive scheduling, project staffing, software, hardware, scope control, conversion, legislation, and budget availability. Key to achieving project success is collectively looking ahead and identifying potential risks to the project, encouraging all Project Team members and stakeholders to manage risks through this process. We work with the Agency to assign each risk a probability of occurrence and a level of impact. Once we identify a risk, we enter information about it in Microsoft Team Foundation Server (TFS). Using the reporting and alert capabilities of TFS, both our team and Agency staff can view, update, and report on risks.

Quantifying and Qualifying Risks and Risk Response Planning

Per standard risk management practices as defined in ADM and PMBOK, we assign a value to each risk that represents the severity of the impact should the risk occur and also for the probability of the risk occurring. As in the prior MIDAS project, we work with the Agency to assign the values for impact and probability to each risk. Based on the risk rating, we determine whether or risk needs a mitigation plan, contingency plan, or both. We then monitor each risk based on its overall risk rating.

Realizing Risks

Throughout the lifecycle of the project, there may be risks that cannot be mitigated or avoided. If the risk occurs, it becomes an active issue. The realized risk is then transferred to the issue management process along with all of the historical information stored in TFS so that a complete record is maintained as the issue is worked.

4B.1.a.6.4 Issues Management Plan

2.4.6.4 Issues Management Plan

The Contractor shall deliver to the Agency an issues management plan. The Contractor's issues management plan must describe the process, tools, and techniques used in issue identification and analysis, tools for tracking and monitoring issues, rules for prioritizing issues, methods of reporting all issues and description of steps for issue resolution. In addition, the issues management plan must include procedural descriptions and automated reporting processes for action items resulting from issues.

The Contractor shall provide to the Agency a separate issues management plan to cover transition of the current operational tasks from the current Core MMIS contractor to the Contractor.

The Agency needs an issue management approach to help keep the MIDAS project operating smoothly and efficiently. An issue is an active problem or challenge that can affect the project effort, the underlying project policy, or user requirements. Our Issue Management Plan describes the processes, guidelines, tools, roles and responsibilities for managing issues throughout the MIDAS project. It also contains the procedural descriptions for issue identification and analysis and an explanation of automated reporting processes for action items resulting from issues. Through our issue management process, we collaborate with the Agency to identify, assess, rank, assign, and resolve issues continuously to reduce impact on project progress and outcomes.

Issue management procedures will confirm issues are tracked and resolved effectively with accountability. TFS is our centralized issues tracking tool, which our project management oversees, used to collect information about the issue including problem description, area and severity of impact, any action to date, and issue owners.

This information is usedduring weekly management meetings at all levels to track open issues, assess their impact, identify options for corrective action, and make proper assignments for resolution. Team members check and update the issues tracking tool, TFS, daily. The Agency and approved project stakeholders' will have access to TFS to provide transparency for identified issues. TFS benefits the MIDAS project Team because it:

- Enables team members to document items in one common repository
- Captures details about each issue consistently

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- Provides an audit trail of decisions made and actions taken regarding issue resolution
- Enables team leads to assign and follow up on items assigned to team members
- Provides management reports to track, manage, and analyze issues in various ways (such as by team, by person, or by issue type)

Section 4B.1.a.7discusses a separate Issue Management Plan for Takeover to address issues for transition of current operational tasks from the current MMIS contractor.

4B.1.a.6.5 Quality Management Plan

2.4.6.5 Quality Management Plan
The Contractor shall deliver to the Agency and employ a formal quality management plan that includes checklists, measures, and tools to measure the level of quality of each Deliverable. The quality measurement process applies to plans and documents as well as programs and operational functions. The Contractor's quality management plan shall reflect a process for sampling and audits and for continuous quality improvement. An updated quality management plan shall be submitted to the Agency for approval annually. The plan must include a proposed process for the Agency review and approval of Contractor Deliverables.
The Contractor's quality management plan shall address how the Contractor will organize an internal quality assurance unit. During ACD, the Contractor shall be responsible for ensuring the quality of all Deliverables prior to submission to the MIDAS OMT. After deployment, the Contractor's internal quality assurance unit shall be responsible for quality review of all output, including an appropriate sampling by the Contractor of all processed claims from the MMIS, quality assurance of all performance standards and corrective action plans (CAPs). The Contractor shall provide to the Agency a separate quality management plan to cover transition of the current operational tasks from the current Core legacy MMIS contractor to the Contractor.

The Quality Assurance Manager, [redacted], works with the Agency to create a Quality Management Plan during the Project Start-Up Phase that describes our Quality Management Approach. The Quality Management Plan includes the detailed processes, checklists we use to sample and conduct audits and implement continuous quality improvement measures. The plan applies to the project deliverables and operational MMIS. The Quality Management Plan is part of our formal deliverable development and submission process, including the deliverable peer review process and the tools for measuring the quality of each deliverable. During our deliverable peer reviews, team members capture metrics to measure compliance with document expectations, error discovered, and the types of errors found. This information helps evaluate and report on our deliverable development effectiveness. The Quality Management Plan is updated throughout the project lifecycle and submit it annually to the Agency for approval.

The plan identifies the stakeholders and key participants in the quality process and their respective roles and responsibilities. It addresses the internal quality assurance unit organization and defines the minimum staffing per the RFP. The plan also defines how our QA unit confirms the quality of deliverables prior to submission to the IV&V and QA/QC Services vendor and the Agency using pre-defined checklists, measures, and reporting. We also cover post-implementation quality management activities in the plan, including the process for quality reviews of project output, including processed claims sampling from the MMIS, and QA reviews of performance standards and corrective action plans (CAPs). The Quality Management Plan supports our efforts to deliver a quality solution by outlining the approach and criteria for performing quality reviews and describing our product verification and validation activities and techniques.

Quality Management Approach

Excellence in the delivery of services is a cornerstone of our vision. Quality assurance is integral to our delivery processes and in validating compliance throughout the MIDAS project lifecycle. We describe our approach to quality management as follows. The quality of our services begins with our library of Accenture Delivery Methods (ADM). Project Teams use project-relevant methods from our ADM library to execute the agreed-upon project plan, step-by-step. Next, we put into place a Quality Management Plan (QMP) to monitor, measure, and report the quality of project delivery processes and output and institute corrective actions, when necessary. Table A.6-4 summarizes features and benefits of our Quality Management Approach.

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Table A.6-4. Our Quality Management Approach validates project progress against requirements, minimizing project risk and improving quality throughout the MIDAS project lifecycle.

Feature	Benefits
Quality built into day-to-day Accenture Delivery Methods (ADM)	▪ Promotes systems implementation and operations with industry-preferred practices ▪ Provides quality deliverables and solutions that address the Agency's project requirements ▪ Provides increased efficiencies in completion of work
Project QMP outlining day-to-day processes and tools for use by Project Team to verify and monitor quality	▪ Identifies roles and responsibilities of each Project Team member and project stakeholders relevant to quality management ▪ Outlines processes at every level of project effort to verify and validate quality output ▪ Provides a planned schedule that promotes continuous quality monitoring and when necessary, corrective action
Quality Assurance (QA) Client Satisfaction Reviews	▪ Monitor fulfillment of MIDAS project requirements and assess client satisfaction, led by a project-independent Senior Executive.
Peer and Supervisor Reviews	▪ Verify that our deliverables meet the agreed upon requirements and identify potential areas for improvement early
Multiple levels of quality management reviews including peer and supervisor reviews, Process and Solution Quality team reviews, and Independent Quality Assurance client satisfaction review	▪ Maintains or improves process and product quality by putting in controls as upstream as possible ▪ Verifies that project services address baseline project requirements ▪ Minimizes adverse impact to project ▪ Assesses and monitors Agency satisfaction with project progress and output
Metrics against baselined Project Work Plan and budget	▪ Facilitates on-time and on-budget delivery ▪ Provides visibility into project performance and health ▪ Measures satisfaction of project performance requirements ▪ Identifies need for corrective action early

For legacy takeover, we provide the Agency with a separate Quality Management Plan for Takeover as documented in Section 4B.1.a.7, Takeover of Legacy Operations Upon Start-Up.

4B.1.a.6.6 Staffing Management Plan

2.4.6.6 Staffing Management Plan
The Contractor shall deliver to the Agency a staffing management plan, including organizational charts with defined responsibilities and contact information. Resources must be allocated by name or by type (including required skills and level of expertise), during the ACD Phase and for projects during the Operations Phase. Back-ups for key staff must be provided.
The Contractor shall deliver, at the inception and annually, a staffing plan for each operational function. If the Contractor staff for any operational function is found to be deficient by the Agency, the Contractor shall revise the staffing plan within 15 days of notice and employ the additional staff at no additional cost to the Agency.
The Contractor shall provide to the Agency a separate staffing management plan to cover transition of the current operational tasks from the current Core legacy MMIS contractor to the Contractor.

The Staffing Management Plan describes our approach to establishing and maintaining our team to accomplish the goals of the MIDAS project on time and within budget. The Staffing Management Plan for the MIDAS project is based on the overall project scope and timeline and our experience implementing solutions for our more than 55 Federal and State Health and Human Services clients. We review our staffing plan with the Agency during the Start-Up Phase to verify that it meets the requirements. The Agency will receive the staffing plan covering each operations section to the Agency at project inception, updated and re-delivered annually. The review helps confirm the staffing plan supports Agency requirements. If the Agency demonstrate the staffing deficient to meet project requirements, team staff will be added and the Agency will receive a revised staffing plan within 15 days.

The Staffing Management Plan identifies the Project Team roles, including those filled by our key personnel and incumbent staff, and individuals needed to deliver the new MMIS with low delivery and operational risk. The plan identifies the Project Team organization through a project organization chart and describes the qualifications and responsibilities for each Project Team role. In addition, it identifies our staff, by name or type and who will fill each role. The plan identifies all key personnel and provides an alternative for each key role and

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provides contact information for our resources. The plan also describes our approach to assigning team members to specific tasks within the project work plan WBS.

For legacy takeover, we provide the Agency with a separate Staffing Management Plan for Takeover as documented in Section 4B.1.a.7, Takeover of Legacy Operations Upon Start-Up.

4B.1.a.6.7 Application Management Plan

2.4.6.7 Applications Implementation Plan
The Contractor shall deliver to the Agency a comprehensive applications development and maintenance plan, describing the Contractor's approach to implementation of the MMIS including configuration and deployment activities. The Contractor shall describe in the plan its deployment methodologies, requirements gathering and tools for managing requirements, project planning, subcontractor management, software configuration management, process focus, process definition, quality assurance process and monitoring, knowledge transfer, integrated software management approach, software product engineering and peer reviews. The Contractor's plan shall include system integration testing, regression testing, stress testing, and support for user acceptance testing, as well as a description of the approach to create and maintain documentation of application components and associated user guides. The Contractor shall at all times assure that system documentation is readable by non-technical users.

We develop an Application Implementation Plan (AIP) that is our top-level plan used by our managers to guide and direct the MMIS implementation. Large, complex implementation efforts like the MIDAS project require a methodology and delivery approach that is well coordinated and accounts for dependencies across solution components. By using our ADM, we take into consideration the five workstreams that focus on different aspects of the MIDAS project.

- **Project Management**: establishes the governance model, project management infrastructure and tools, and subcontractor management processes required to initiate, execute, monitor and adjust project effort. It also includes deployment methodologies, requirements gathering and tools for managing requirements
- **Methodology:** The AIP also acts as the Methodology Document for the development of the MMIS. It describes the tools, processes, approach and guidelines for development execution.
- **Documentation**: the approach for creating and maintaining documentation of application components and associated user guides
- **Application**: covers the process for configuration and deployment of the systems to support the solution, including the user interface, content, business logic, data, and interfaces
- **Technical Architecture**: develops the production environment, development environment, and testing environment
- **Testing**: The AIP also covers system integration testing, regression testing, stress testing, and support for user acceptance testing.
- **Change Enablement**: develops the knowledge transfer, training, performance support, and communication materials needed to support the use and adoption of the system
- **Service Introduction**: prepares and readies users for the MMIS upgrades and rollout, including conversion, training delivery and post-deployment support.

As part of our project management methodology, we clearly track the dependencies between these work streams and between tasks within each workstream in our Project Work Plan. This allows us to assess the impact of schedule variances and change requests as priorities or new requirements arise during the course of the implementation. Our Project Management Plans guide our approach and implementation of project management activities in the Project Management workstream.

The Applications Implementation Plan guides execution of work within the remaining four workstreams: Application, Technical Architecture, Change Enablement, and Service Introduction. This Plan defines our approach, roles and responsibilities, processes, tools, dependencies, deliverables, and controls for each core activity within these four workstreams. It helps the Agency understand not just what we will deliver, but how we will deliver it. It sets clear expectations for those accountable for managing and guiding our team's work. It establishes a roadmap of progress from concept to deployment of the APHP solution.

4B.1.a.6.8 Interface Plan

2.4.6.8 Interface Plan
The Contractor must deliver, to the Agency a comprehensive plan implementing all required internal and external interfaces. The Contractor's plan must address the methodology used to identify the data requirements for each interface. The execution of the interface plan will begin at the start of the configuration phase.

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Our Interface Manager, [redacted], works with the Agency to develop and finalize an Interface Plan during the Start-Up/Takeover Phase. The Interface Plan guides the design, development, and testing of both internal and external interfaces, including coordination of design confirmation and testing activities with external parties. Our Interface Plan describes our integration architecture and identifies all existing interfaces and known planned interfaces with the MMIS. During Analysis and Design activities, we identify all external interfaces and work with each external entity to determine the most appropriate interface approach. We document this information, identifying the following for each interface:

- Purpose for the interface
- Format for data exchange (i.e., flat file batch, real-time messaging, X12-5010 transactions)
- Frequency
- Description of data received
- Description of data transmitted
- Performance requirements
- Known changes to existing interface
- Contact information for the interface owner

We establish the plan for testing external interfaces early, identifying both when we will be ready to provide sample interface formats and when the external party can provide their interface formats so we can verify that our APHP solution can consume the data. During the Rules/Module Tests, we verify that our solution can consume the data for inbound interfaces or generate the requested data for outbound interfaces. During Integration Testing, we perform a full end-to-end test with our interfacing partner, verifying connectivity and our ability to send or receive interface files or transactions. Following the Integration Test, we formally seek sign-off from each interfacing partner and maintain these sign-offs on our SharePoint repository. We additionally test interfaces during ORT, which verifies connectivity and performance in the production environment.

The plan defines both the activities and deliverables the Interface Team completes. It establishes the standards for each activity and for each interface format. It explains the responsibilities of both the MIDAS project Team and any external parties.

4B.1.a.6.9 Change Management Plan

2.4.6.9 Change Management Plan
The Contractor shall develop a change management plan that describes the roles and responsibilities, policies, processes and procedures necessary for controlling and managing the changes during implementation. This document shall outline how changes are identified, defined, evaluated, approved, and tracked through completion. This plan shall identify responsibilities and integrate with the MIDAS change management procedures which can be found in the On Line Bidders Library. Additionally the Contractor's plan shall include a configuration management plan (CMP) and version control procedures.

Even small changes can impact multiple levels of the project. The Change Management Plan, based on the change management procedures documented in the On Line Bidder Library, defines a structured and rigorous approach to managing changes to MIDAS project scope and artifacts. It defines the roles and responsibilities of each person involved in the change management effort. Our approach involves collaboration between the MIDAS project teams and the Agency and promotes timely decisions.

The Change Management Plan is confirmed with the Agency during the Start-Up/Takeover Phase. The plan establishes the process for identifying, defining, assessing, approving, and tracking changes during the design, development, and implementation of the MMIS. Once the new MMIS is live in production, we use this same process for managing requests for changes to the system. This approach promotes a consistent process for assessing the business value of proposed changes and facilitates consistency between decisions, project and systems documentation, and the system.

Configuration Management Plan (CMP)

While the Change Management Plan helps define how project changes are identified, evaluated and tracked, the Configuration Management Plan provides the Project Team with more detailed information on the process for incorporating approved changes into project documents or software. The goal of configuration management is to establish and maintain the integrity of outputs for the MIDAS project and maintain the integrity of the system by establishing version control procedures.

The CM approach, supported and enforced by the versioning capabilities of the Microsoft TFS and SharePoint, provides effective version control, change tracking, and history. Each time a team member adds or

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updates a requirement, design document, configuration setting, test case, or defect, TFS preserves the previous version of the item being changed and saves the updated item as the most recent version. Users can log into the tool suite and see a history of the changes that have happened to each item. This version history shows the following information for each entry:

- ID of the person who made the change
- Date and time that the change was made
- Any notes entered describing the change

The CM Plan identifies the items, including all documentation and software that we manage through the approved CM processes. In addition, the CM Plan identifies and describes the tools the Project Team uses to execute the process. The CM Plan defines the procedures for promoting updated documents to the project repository and software changes through the various development, test, and production environments. The CM Plan also describes the processes for archiving non-current project documents and software.

4B.1.a.6.10 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.a.6.11 Contractor Responsibilities

2.4.6.1 Contract Responsibilities

The Contractor shall develop and submit the following for review and approval within 15 days of the contract signing.

Deliverable
Change Management Plan.
Communications Management Plan (including stakeholder analysis).
Communication Management Plan for Takeover of Legacy System
Configuration Management Plan
Interface Plan
Issues Management Plan for Takeover.
Issues Management Plan.
Project Work Plan Baselines.
Quality Management Plan for Takeover.
Quality Management Plan.
Risk Management Plan (Overall)
Risk Management Plan for Takeover.
Staffing Management Plan for Takeover.

The Contractor shall develop and submit the following for review and approval within 45 days of the contract signing.

Deliverable
Applications Implementation Plan for the Implementation Phase
Communication Management Plan for Takeover of Legacy System
Business Continuity Plan
Interface Plan for the Implementation Phase.
Project Work Plans.
Risk Management Plan for Production Implementation and Certification Phases.
Test Management Plan

The Contractor shall develop and submit the following for review and approval as specified by the work plan (WP).

Deliverable
Business Continuity Plan.
Test Management Plan.
Conversion Plan.
Detailed System Design (DSD).
Disaster Recovery Plan (DRP).
Knowledge Transfer Plan
Methodology document for the development of the MMIS.
Production Implementation Plan
Requirements Specification Document (RSD).
Requirements Traceability Matrix (RTM).
Transition to Operations Plan

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We will deliver all plans listed in Section 4B.1.a.6.11, Contractor Responsibilities according to the required timeframe. For the complete list of deliverables we will submit, see Section 4B.1, Contract Phases.

4B.1.a.6.12 Performance Standards

2.4.6.12 Performance Standards
The Contractor shall submit the MIDAS MMIS PMO documents in 2.4.6.11 to the Agency for review and approval with minor revisions within the timeframe specified in 2.4.6.11.

We will implement a similar process used in the prior MIDAS project to develop, walk through, and submit the documents per RFP Section 2.4.6.11. See Section 4B.1, Contract Phases for the complete list of RFP-required deliverables we will submit.

4B.1.a.6.13 Contract Deliverable Procedures

2.4.6.13 Contract Deliverable Procedures
The Agency must approve the content and format of all Deliverables prior to the Contractor start on the Deliverable. The Agency reserves the right to reject any Deliverable that is not in the proper format or does not appear to completely address the function of the Deliverable requirement. Deliverables standards are described below. The Contractor shall provide all additional documents and materials necessary to support its information systems development methodology (ISDM) which is the framework that is used to structure, plan, and control the process of developing an information system. This includes the pre-definition of specific Deliverables and artifacts that are created and completed by a project team to develop or maintain an application at the appropriate time.
As the Contractor provides Deliverables, in written and electronic format, for each task to the Agency, the Agency will review the materials or documents within the agreed upon number of days for each Deliverable included in the approved Work Plan. The receipt date is not counted as one of the review days. If the material or document is determined to be in non-compliance, the Agency, through the MIDAS QA/QC team, will send written notification to the Contractor's project manager outlining the reason(s) for the rejection. The Contractor at no expense to the Agency shall bring work determined by the Agency to be in non-compliance with the contract into conformance within five business days of notice and resubmit the Deliverable to the Agency at which time the Agency will have five business days to approve or reject the Deliverable. If the Agency accepts the Deliverable, Deliverable material or documents, an acceptance letter, signed by the Agency will be submitted to the Contractor.
The Agency will review Deliverables in a timely manner. The Contractor must allow 10 business days for review by the MIDAS QA/QC staff for most Deliverables, unless a longer review period is needed and agreed to in the approved Work Plan.
Upon receipt of a signed Deliverable acceptance letter, indicating the Agency agrees that a Deliverable is approved or a milestone has been met and payment will be made, the Contractor may submit an invoice for that Deliverable or milestone according to the payment schedule agreed upon in the contract.

Acceptance of deliverables by the Agency is important to achieve the desired outcomes for the MIDAS project. Our process, shown in Figure A.6-3, for managing contract deliverables aligns with the Agency's requirements. It incorporates early and frequent checkpoints with the Agency. This allows us to create and submit deliverables meeting defined requirements and aligning with your expectations and prevents the need for remediation following deliverable submission. The Project Work Plan incorporates the Agency's 10-day initial review, a five-day remediation period, and a five-day acceptance period for deliverable resubmissions.

Before beginning work on a deliverable, our team creates a Deliverable Expectation Document (DED). The DED includes the deliverable templates, the approach to creating the deliverable, and explains the level of detail to be included. We review this DED with the Agency stakeholders identified in our Deliverable Responsibility Matrix. During our DED review, we review and confirm the following:

- Agency stakeholders and their role
- Deliverable template and outline
- Deliverable creation approach
- Level of detail and specific standards for each deliverable section
- General expectations

As we demonstrated during the prior MIDAS project, our approach to creating deliverables is open and transparent. Our team establishes interim points during deliverable creation to discuss progress and review our draft work product. These interim checkpoints or reviews allow the Agency to understand progress made to date, identify areas not aligning with expectations early, and provide additional information that may have been unavailable or missed during earlier planning and review sessions. This approach provides the Agency with more opportunity to influence final work products and helps avoid surprises during deliverable submission.

We have a proven record for delivering high-quality deliverables on time. Our approach facilitates gaining acceptance for deliverables with the first submission. We understand that deliverables build upon one another. For example, approval of the Requirements Specification Document (RSD) is necessary to finalize the Detailed System Design (DSD) deliverable. If the Agency deems a deliverable to be noncompliant, our team makes every effort to swiftly remedy the specific areas outlined by the Agency as reason for rejection. This helps keep the project moving forward to on time achievement of project milestones.

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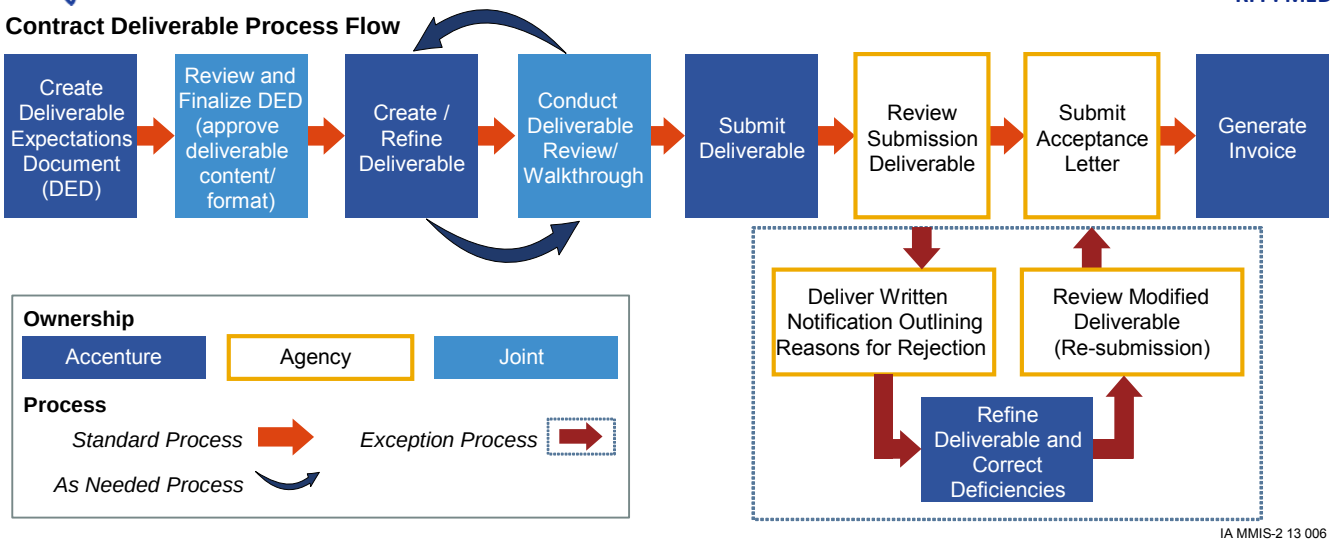

Figure A.6-3. Building on relationships and experience from the prior MIDAS project, we better align our project approach with IME stakeholder expectations to achieve project objectives.

Deliverable Standards

2.4.6.13.1 Deliverable Standards

a. The Contractor shall conduct participatory meetings with the MIDAS teams staff, as documents are drafted and business and systems requirements are being ascertained, including concept discussions, design prototyping, Joint Application Design (JAD) sessions if needed, meetings for requirements gathering and to receive the Agency feedback on design and documents.

A successful MIDAS project requires collaboration between us and the Agency. Open dialogue between our teams, such as thorough requirements gathering, requirements verification, knowledge transfer planning working sessions, allows:

- The Agency to clearly articulate their needs and expectations
- Our team to share industry solutions and systems implementation best practices
- Our joint teams to collaborate in real-time discussions on the right approach for the MIDAS project solution and work products
- The Agency to review programs, screens, and design concepts at any stage of deliverable development at the Agency's request

Prior to beginning work on a deliverable, our team creates a DED. We jointly review and tailor this DED to meet Agency expectations. The DED defines our approach to creating the deliverable, outlines expectations for Agency access to work products, and identifies interim review checkpoints.

b. The Contractor shall have open communication with the Agency during the development of documents and systems. The Contractor shall provide Deliverable expectation documents (DED) prior to Deliverable completion and submission, allow the Agency review of programs, screens, and design concepts at any stage of development at the Agency's request.

Our approach to deliverable creation is open and transparent. Before beginning work on a deliverable, we meet with the Agency to establish expectations for deliverable creation. Our approach encourages multiple interim reviews with the Agency to gather information, collect feedback, and verify our approach is meeting the Agency's expectations. We work with the Agency to provide the Agency with the information and deliverable and work product access requested.

c. The Contractor shall work with the MIDAS OMT to discuss and review Deliverables prior to their formal submission for review and approval by the Agency.

During Project Start-Up Phase, our Project Management for the PMO, [redacted], works with the MIDAS OMT to review and refine the Deliverables Management Process for the MIDAS project. Once approved, the PMO communicates and confirms our teams follow the approved process. The process definition describes the standards and formats for deliverables.

d. The Contractor shall render all designs and itemized Deliverables in writing for formal approval, in a format approved in the DED as part of the project management process.

Key to a successful deliverable process is early and frequent coordination between our team and Agency staff. As part of the project management process, we request formal approval of a deliverable in writing in a format approved in the DED. We work with the MIDAS OMT to schedule and conduct walkthroughs and discussions of deliverables prior to their formal submission to the Agency.

e. The Contractor shall supply professional Deliverables, with proper spelling, punctuation, grammar, tables of contents and indices, where appropriate and other formatting, as deemed appropriate by the Agency. The Deliverable document must meet the business requirements it is intended to fulfill and be of professional quality. Documents must be easily readable and written in language understandable by the Agency staff knowledgeable in the area covered by the Deliverable. The Agency reserves the right to reject any Deliverable that does not meet these standards. The Contractor shall not consider any Deliverable complete until Contractor obtains Agency acceptance.

We produce high-quality, professional deliverables meeting professional, industry, and project standards. We incorporate quality assurance activities into our deliverable creation process to improve the quality of our final work product. This includes peer reviews, supervisor reviews, Process and Product Quality Assurance (PPQA) Reviews, and Independent Quality (QA) Assurance Reviews. These processes help to improve the quality of our work and minimize errors in the deliverables we submit to the Agency. During the prior MIDAS project, we submitted all planning/start-up deliverables on time and with exceptionally high quality.

f. All Deliverables and correspondence produced shall be clearly labeled with, at a minimum, project name, Deliverable title, Deliverable tracking or reference number, version number and date according to the standards laid out by the MIDAS MMT.

We follow MIDAS MMT standards in labeling deliverables and correspondence.

g. The Contractor shall conduct walk-through of Deliverables at stages during the development of documents and systems including the DED process. A final walk-through will be conducted at the delivery of the final Deliverable.

Our deliverable creation process includes three types of reviews with the Agency. The first review occurs before beginning work on the deliverable. During this review, we discuss and finalize the DED for the deliverable, which establishes the standards, approach, expectations, and acceptance criteria for the deliverable. The second type of review occurs multiple times during deliverable creation. These interim reviews help the Agency see the progress we are making on the deliverable, allow us to discuss any issues or areas that were unknown before work began, and enable the Agency to identify early where our approach and output is not aligned with their expectations. This process helps prevent surprises and promote acceptance of the deliverable with the first submission. The third review occurs following deliverable completion. This is a final review with the Agency to verify that our deliverable meets expectations.

4B.1.a.6.14 Cost Management

2.4.6.14 Cost Management
The Contractor shall provide the resources necessary to complete the project in a timely and efficient manner.

We have carefully estimated and planned the MIDAS project to provide the resources necessary to complete the project in a timely and efficient manner. We derive our project work estimates using our ADM estimating tools, which contain estimating factors built on our decades of our systems integration experience. The estimating tool we used for this project has been tailored specifically for the implementation of packaged software, such as our planned APHP solution. We used the RFP requirements to identify the number and complexity of configuration and development items and entered these items in our estimating tool.

Based on the information we provide, the estimating tool provides an initial estimate identifying the tasks and level of effort hours required to complete each task. The staffing component of our estimating tool develops a staffing plan based on the tasks within the project and the estimated effort for each task. The staffing plan identifies the recommended staff roles and the number of hours each role will contribute to the project.

Our estimators use a common platform that provides tight integration with Accenture Delivery Methods and Tools. This helps produce Project Work Plans that follow a standardized, optimized process and format. Our Project Work Plan for the MIDAS project incorporates the tasks, estimated work effort at the task level, and resources identified in our staffing plan. In developing our Project Work Plan, we also address any known constraints such as nonworking days, holidays, and deliverable review periods. During the Start-Up Phase, we work with the Agency to review, refine and obtain approval for our plan. Once approved, we baseline our project work plan and use this baseline to measure project performance so that we complete the project in a timely and efficient manner.

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4B.1.a.6.15 Project Execution and Control

2.4.6.15 Project Execution and Control
The Contractor shall assure the completion of all tasks according to the project schedule and project budget. The Contractor shall report any schedule or budget variances to the Agency, and the Contractor shall deal with any variance in a manner that will assure overall completion of the project within time and budget constraints. The MIDAS OMT will work with the Contractor to approve fast tracking or reallocation of Contractor resources as necessary.

Project staff measure actual work efforts against those planned to determine our schedule and cost performance in terms of effort hours. This information helps identify areas not progressing as planned. Corrective actions address these areas and bring the project back in line with the plan. This may include modifying the number and type of resources on our Project Team. A future-looking approach to managing our Project Work Plan and staffing helps manage the project more effectively. Team members continually verify that our estimates for the remainder of the project work are accurate based on the information known at the point in time of the Project Work Plan review. Team members identify areas where new information merits a change to our estimates. This helps in identifying areas needing more or less resources than planned. These changes in resource needs are managed according to our Change Management Plan and Staffing Management Plan.

Our approach to managing the MIDAS project includes providing accurate status to the Agency during our Weekly Status Meetings. During these meetings, and through our Weekly Status Report, we plan to provide the Agency with an accurate portrayal of project progress. This includes reporting on existing or expected variances from our baselined Project Work Plan and identified staffing needs. Our use of proven estimating tools, comparisons to projects similar in size and scope, reviews and input from Subject Matter Advisors, and performance measurement processes will help the Agency feel confident in our proposed tasks and resource estimates. The combination of resources and tasks we identify in our Project Work Plan can help the Agency achieve the outcomes of the MIDAS project according to schedule and budget.

4B.1.a.6.16 Status and Project Meetings

2.4.6.16 Status and Project Meetings
The Contractor shall participate in regularly scheduled meetings with the MIDAS OMT during Start-up and Takeover, Analysis, Configuration and Deployment, Production Implementation and Certification, and with Agency staff during Operations to discuss progress made during the reporting period as well as ongoing operations. Except as otherwise approved, status meetings will be held on a weekly basis. During Deployment, the MIDAS OMT will participate in meetings during project Start-up and Takeover, Analysis, Configuration, Deployment, Production Implementation and Certification Phases as requested by the Agency. The meeting schedule will be set during meetings with the MIDAS MMT of which the Contractor is a member.
For any meeting established by or for the convenience of the Contractor, the Contractor shall prepare an agenda for each meeting one business day in advance of a meeting for approval by the MIDAS Project Director. The Contractor shall also prepare and publish meeting minutes for the status meetings within one business day following the meeting, in a format approved by the MIDAS team.

We participate in a regular schedule of weekly meetings with the MIDAS OMT during Start-up and Takeover, Analysis, Configuration and Deployment, Production Implementation and Certification. We meet with Agency staff during Operations. During the weekly status meeting, we review and discuss the weekly status report with the Agency and the Agency's invited vendors. Our key contribution is an accurate picture of the current project status. We discuss current issues to develop mutually acceptable issue resolutions and proactively examine future project efforts with the goal of discussing and gaining agreement on plans to mitigate any risks. Prior to each status meeting, we create a weekly status report and upload it to the MIDAS Portal.

For meetings not on the regular schedule, we prepare a meeting agenda one business day in advance of a meeting for approval by the MIDAS Project Director. We prepare and publish meeting minutes for the status meetings within one business day following the meeting, in a format approved by the MIDAS team.

Weekly Status Reports

2.4.6.16.1 Weekly Status Reports
The Contractor shall prepare status reports on a weekly schedule or as approved by the MIDAS Project Director throughout the life of the project. The Contractor shall deliver the status reports electronically at the same time each week prior to the scheduled status meeting and on paper at the time of the meeting. The Contractor shall include the following in the reports:
a. The status of each task in the work breakdown structure (WBS) that is in progress or overdue.
b. Tasks completed during the week.
c. Tasks that were not started on the approved date, including:
1. An explanation for late start.

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2. A new revised start date.
3. Corrective actions taken to assure that the task will be started on the revised date.
4. Actions that will be taken to complete a delayed task on the original completion date.
d. Tasks that are in danger of not being completed by the original completion date, as defined by the Agency, including:
1. A corrective action plan.
2. Explanation of action taken to assure the task is completed on the original scheduled date.
e. Tasks that were not completed on the originally scheduled date including:
1. A projected completion date.
2. An explanation of the reason for late completion.
3. Corrective action taken to assure that the tasks will be completed on the revised date.
f. A report on issues that need to be resolved, progress to resolution and actions being undertaken to remedy or close the issue.
g. A report on the status of risks, with special emphasis on change in risks, risk triggers or the occurrence of risk items. Also included in the report will be progress toward resolution of the risk and actions being undertaken to remedy or alleviate the risk.
h. A schedule variance report showing the earned value of the work completed and the planned value of the work completed and the variance.
i. Status of Deliverables.

The weekly status report provides the Agency with a snapshot in time project status and allows the Agency to stay informed about project progress, our collective accomplishments, and any areas not progressing according to plan. The PMO creates the project status reports, including the weekly status report, according to the agreed upon schedule for the report. Before each week's status meeting, the status report is created and sent electronically to the appropriate distribution list, providing paper copies of the report for those attending the status meeting in person. The Communications Management Plan that we create during the Start-Up/Takeover phase describes the required format and content for all status reports, including the weekly status report. The report contains:

- A snapshot from the WBS in our Project Work Plan for any task in progress or behind schedule
- List of tasks completed since the last report
- Table of tasks not started on the approved date that includes the task, explanation for late start, revised start date, corrective actions to enable task start on revised start date, and actions to complete delayed task on original completion date
- Table of tasks in danger of not being completed by the original completion date that includes the task, corrective action plan, and an explanation of actions to complete task on the original scheduled date.
- Table of tasks not completed on the originally scheduled date that includes the task, the revised completion date, reasons for late completion, corrective actions to complete task on revised date.
- Table of issues requiring resolution that includes the issue, issue owner, date identified, status, progress to resolution, and actions to remedy or close the issue
- Table of new and updated risks that includes risk, risk owner, mitigation strategy, and actions taken to date to mitigate risk
- Table providing earned value metrics, including planned value, earned value, actual cost, schedule variance, cost variance, schedule performance index (SPI), and cost performance index (CPI)
- Table of active deliverables, their target submission date, current status, and comments describing status

To make status clear and accessible, we also post our weekly status reports on the MIDAS Portal. We maintain our status reports in our project repository through the duration of the project. This provides approved users the ability to review the reports at any time during the project.

Monthly Status Reports

2.4.6.16.2 Monthly Status Reports
The Contractor shall submit an electronic monthly status report that is due to the MIDAS OMT by the close of business on the second business day following the end of each month throughout the life of the project. The Contractor shall include the following in the monthly status reports:
a. A complete set of updated and current output from Microsoft Project, including an updated Gantt chart, along with a copy of the corresponding project schedule files in electronic version.
b. A description of the overall completion status of the project, in terms of the approved project schedule.
c. The plans for activities scheduled for the next month.
d. The Deliverable status, with percentage of completion and time ahead or behind schedule for particular tasks.
e. Identification of Contractor employees assigned to specific activities.
f. Problems encountered, proposed resolutions and actual resolutions.

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g. A list of all change requests.
h. Any updates required in the change management strategy.
i. Testing status and test results.
j. Proposed changes to the project schedule if any.
k. Executive summaries for presentation to management and oversight bodies.
l. The format for these reports shall be determined by the MIDAS MMT.

Team members follow a standard approach when preparing status reports for the Agency. Using templates from our ADM repository, they create a draft of each report showing the format and content, which is then reviewed with the Agency to gather input. Based on Agency feedback, the team updates the draft report to reflect the planned format and content. Once the format has been approved, the draft is converted to a template used for each report. Our PMO Team creates a monthly status report that contains the information identified and in the format specified and approved by the Agency. This report contains results from the monthly Risk Management Committee Meeting and, at a minimum, items a-l as listed in RFP Section 2.4.6.16.2. We also deliver an updated copy of the Microsoft Project work plan, including the GANTT chart.

The monthly status report is sent electronically to the appropriate distribution list by close of business on the second business day following the end of each month. We deliver paper copies to the Agency, when requested. Similar to our weekly status report, we post our monthly status report in our project repository and maintain these reports during the entire project.

Quarterly Status Reports

2.4.6.16.3 Quarterly Status Reports
The Contractor shall submit an electronic quarterly status report, which is due to the MIDAS OMT by the close of business, the second business day following the end of each quarter throughout the life of the project. The Contractor shall include the following in the quarterly status reports:
a. A complete set of updated and current output from Microsoft Project including an updated Gantt chart, along with a copy of the corresponding project schedule files in electronic version.
b. A description of the overall completion status of the project in terms of the approved project schedule.
c. A CMS formatted report that meets the requirements as determined by the MIDAS MMT.

The PMO creates a quarterly status report that contains the information identified and in the format specified in the Agency-approved Communications Management Plan. At a minimum, the report contains:

- Project Work Plan in Microsoft Project that includes the Gantt chart and complete project schedule
- Description of the overall completion status of the project, in terms of the approved project schedule
- CMS-formatted report that meets requirements as determined by the MIDAS MMT

Similar to our weekly and monthly status reports, we post our quarterly status report in our project repository and maintain these reports during the entire project.

4B.1.a.7 Takeover of Legacy Operations Upon Start-Up

2.4.7 Takeover of Legacy Operations Upon Start-Up
The takeover of the existing legacy MMIS will be the first step in the overall project to replace the MMIS with a new system that is adaptable and aligned with MITA initiatives and that can leverage technology improvements and best-of-breed efficiencies. The Contractor shall work with the Agency and the legacy contractor to transition the legacy operations. The current Core legacy MMIS contractor will transition the operations of the current MMIS to the Contractor on a schedule approved by the Agency. The system shall be operated uninterrupted from the same location where current operations are handled. Operational responsibilities for the duration of this period until the new MMIS is successfully implemented are included in Attachment L – Operational Requirements Matrix.

The objective of the Takeover of Legacy Operations is to provide the Agency with a smooth, successful transition of Medicaid operations from the legacy vendor to the new Medicaid contractor. Keeping the system and processes functioning and maintaining continuity of staff are critical to the success of the takeover. We will work respectfully and collaboratively with the legacy system vendor to deliver the orderly and uninterrupted takeover and maintain processing and operations according to the schedule approach by the Agency. Our approach is designed to support uninterrupted legacy system operations in the same location where current operations are handled. Our approach for planning and implementing the Takeover activities covers the people, planning, and tools needed for success. We recognized that while ACD start-up activities must begin at the same time as Takeover tasks, that the Takeover activities must take precedence. We plan to work closely with Agency resources in the planning of both efforts. To avoid placing potentially conflicting demands on the time needed from Agency resources, we recommend a slower ramp-up of the start-Up activities and meetings. This will enable our team and the Agency to focus attention and time on Takeover planning and activities.

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Takeover Team

To give Takeover activities the proper attention needed to be successful, the right staff resources must be assigned. In addition to our returning Account Manager, [redacted], and our returning Project Manager for the PMO, [redacted], we provide the following additional Takeover staff resources:

- **Takeover Manager**. The Takeover Manager is 100% focused on the planning, execution, reporting, and successful completion of Takeover activities. [redacted], our Takeover Manager, brings over 11 years of experience in state government focus, service to two Governors as their State CIO, with three years exclusively in MMIS Takeover efforts. His extended involvement in the complex MMIS Takeover operations in California led to successful go-live in September 2011. As an experienced veteran of large-scale healthcare technology projects and a former three-time healthcare CIO, Richard understands what is needed for a successful Takeover.
- **Takeover Specialist**. The Takeover Specialist coordinates the overall Takeover planning and project management activities, including risk and issue management, staffing management, and quality management. The Takeover Lead also generates the weekly status report for the Takeover effort.
- **Takeover HR Specialist**. Transitioning staff smoothly from the incumbent team is critical to maintain current functions of the IME. Our Takeover HR Specialist coordinates the process for bringing incumbent staff onto our team. The Takeover HR Specialist coordinates the orientation activities and assists the transitioning staff with questions and needed support.
- **Takeover Knowledge Transition Specialist**. Working closely with the Takeover HR Specialist, the Takeover Knowledge Transition Specialist identifies and facilitates the delivery of training and knowledge transfer for the incumbent staff.
- **Claims Operations Manager**. [redacted], our Claims Operations Manager, is a native Iowan who has worked in IME Medicaid operations and on the new MMIS development team. She knows the systems, processes, and people at the IME. During Takeover, she works closely with Richard to plan and execute Takeover tasks, so that she is ready to step into her role leading Medicaid Claims Operations.
- **Systems Manager**. Taking over the day-to-day maintenance and support of the current MMIS requires a Systems Manager who understands the existing system and IME processes. Our Systems Manager [redacted] is familiar with legacy system details, including architecture, interfaces, and business rules. During the Takeover period, Shyam focuses on tasks necessary to a successful transition of systems and system support staff.
- **Quality Assurance Manager**. Running the legacy system and Medicaid processes smoothly requires a detailed plan for what will be measured, expected ranges, reporting that will be generated, and methods for addressing process and quality improvement opportunities. Joble George, the Quality Assurance Manager for Operations supports the Takeover by developing and implementing the Quality Management Plan for Takeover, which supports the Legacy Operations when Takeover is complete.

Takeover Approach

In planning our approach to takeover, we focused on reducing risk and maintaining consistent, seamless operations for the Agency. Two key areas for lowering risk are the EDI Takeover solution and the Intake Redesign solution.

EDI Takeover. EDI is a critical component of the current Legacy solution. To maintain current processing, we plan to migrate the current EDI solution to a State Data Center-hosted solution. We will preserve as many technical products and configurations as possible. The migration will occur within the 90-day window to execute takeover. Using this approach, we will enable the existing major submitters to submit in the replicated environment by July 1 when takeover occurs. We will then work with the IME professional services contractor to enable the remaining submitters. The remaining submitters will begin submitting to the replicated solution within 90 days from the July 1 takeover. While the plan is to shut down the incumbent-hosted configuration by October 1, 2014, we will not precipitate the shutdown of the Legacy-hosted solution. This enables the IME professional services contractor to accept claims from either the Legacy incumbent solution or new Accenture-State Data Center hosted solution.

Intake Redesign. To improve the efficiency and accuracy of the current Intake processes, we plan an Intake Redesign as part of the takeover. The takeover redesign will address both technology and processes. The redesigned function will also be reused for the new MMIS when that system goes live. We will implement an automated solution called Kofax for capture, OCR, editing, and translation to processable 837s. This solution will

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provide increased accuracy on the claims side due to auto-adjudication and an automated return-to-provider process. The Intake Redesign process and tool will go live in July 2015.

Project Management Plans for Takeover

We follow the same project management and deliverable development process for Takeover as we do on the MIDAS ACD project. This is the same successful process we employed during the prior MIDAS contract. See Section 4B.1.a.6.13, Contract Deliverable Procedures for our deliverable development approach.

Risk Management Plan for Takeover

Our risk management approach is also a part of our Accenture Delivery Methods. Our approach identifies risks early, assesses the potential impact and defines clear, actionable mitigation strategies to reduce their probability and impact. These proven risk management processes are an integral part of our ability to support the control and execution of the MIDAS project. We have successfully used both Microsoft Excel and Microsoft TFS as tools to document and track risks and risk action plans on other complex projects similar to the MIDAS project. We use reporting capabilities of the selected TFS risk management tool to report status on project risks.

We bring risk metric calculation techniques to measure the effectiveness of our risk process. Our risk assessment and analysis techniques focus project resources on the most critical project risks. Key to success of our risk management process is the ability and willingness of leadership to review and address risks and of team members to accept and understand the process and participate in it effectively to include the timely documentation and review of risks. Our risk management approach provides a simple methodology, a user-friendly toolset, and the training to implement an effective and proactive risk and mitigation process.

Issues Management Plan for Takeover

All projects develop issues during the project life. We manage issues daily to confirm that issues are identified and document so that the appropriate steps are taken to resolve. Using our methodology as a starting point, we jointly tailor an Issue Management Plan. The Plan defines the process for identifying, tracking, prioritizing, analyzing, resolving or escalating project issues to higher-level management of the project. We work with the Agency to agree on a protocol for collaboratively resolving implementation and project-related issues. By executing a proactive and systematic issue management process in close collaboration with the Agency, we develop specific strategies to minimize adverse impact to the project.

Quality Management Plan for Takeover

Quality Management and delivery excellence are essential components of our project management methodology. The complexity of the Iowa MMIS Implementation requires quality management practices that decrease rework and implement a new MMIS solution on time and on budget. Our US North American Health and Public Service CMMI Maturity Level 4 assessment rating provides focus on quantitative management of performance measures that drive on-time delivery of the IME project and promotes process improvement. Our Quality Management Plan for Takeover combines leading industry practices with internal proprietary practices that provide:

- Tools to evaluate quality and monitor performance
- Processes that help to provide an early warning/detection system to identify and address issues
- Standard quality methodologies and performance metrics
- Quality reviews throughout the lifecycle

Staffing Management Plan for Takeover

Our methodology encompasses the process for management of the MIDAS project resources. This process is critical to the MIDAS project and focuses on putting in place the right project team with the appropriate staffing levels with the right skills needed to deliver a successful MMIS solution. Our resource management plan guides the resource management activities of the team during the project lifecycle.

Project Work Plan for Takeover

Our work plan for Takeover includes detailed activities that are logically sequenced with proper precedence relationship, lead times, and lag times. Identifying the predecessors and successors for each task in the plan helps identify potential problems in the planning effort because it clearly shows how a date slip in one task can ripple through the entire plan. It also helps identify successive levels of dependencies that may not be immediately obvious when only looking for one single task to the next.

Establishing task dependencies also helps us identify and handle actual problems as we move through the project lifecycle. Change is inevitable in a project this since. We must have the tools and processes in place to assess and handle those changes effectively. The project work plan is the primary tool for identifying schedule

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and contingency issues as tasks are added or changed. For example, if a new policy must be implemented near a critical milestone in the plan, we add the tasks to account for the change and assess the impact to the successive tasks and milestones. In this way, we can proactively identify ways to mitigate the impact as much as possible.

Project Work Plan Baselines for Takeover

The baselines for the Takeover activities are based on the detailed Project Work Plan for Takeover. Upon Agency acceptance of the Takeover work plan, we use the baselined tasks and dates for tracking and status reporting, so that the both Accenture and the Agency have confidence that the work is on track based on the accepted schedule.

Communication Management Plan for Takeover of Legacy System

We develop a Communications Management Plan for Takeover to map out the audiences, messages, timing, and distribution of Takeover communications. Our Takeover Manager and Takeover Lead manage a continuous assessment of the effectiveness of communications delivered and identify ways to improve future communications. For our communication management approach, see Section 4B.1.a.6.1, Communications Management Plan. We adapt this approach for the Communications Management Plan for Takeover.

4B.1.a.7.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.a.7.2 Contractor Responsibilities

2.4.7.2 Contractor Responsibilities
The Contractor shall:

a. Acquire and plan staffing approach for takeover as documented in the Staffing Plan.
b. Develop necessary procedure and documentation updates.
c. Identify necessary modifications to manual and automated operating procedures, and define relationships and responsibilities of Agency and Contractor.
d. Test and implement EDI solution to support all necessary X12 transactions.
e. Acquire any software and hardware and replacements for licensed products as proposed by Contractor to support operations, according to Contractor's Project Work Plan for takeover activities.
f. Meet performance measures as outlined in Attachment L as they apply to the legacy system.

We base our approach to takeover project planning and execution on the same detailed planning and estimating methods we have used to deliver successfully on thousands of our projects. For the Operations Takeover Project Plan, we acquire and staff for the Takeover Phase according to our Staffing Plan, starting with the Takeover Team, as described in 4B.1.a.7 above. In addition, we focus on rebadging existing Iowa Medicaid core operations staff (see Section 4B.1.a.9 below). We coordinate necessary plan procedure and documentation updates with the Agency. Our plan also identifies modifications to manual and automated operating procedures and defines the Agency and Accenture relationships and responsibilities. As part of our approach for the EDI Takeover, we test and confirm EDI functionality, including support for X12 transactions. Our Takeover approach includes the purchase of new and replacement software and hardware needed to support operations. We meet and report on performance measures for operations, as defined in Attachment L.

Our solution includes the acquisition of necessary hardware and software to support takeover. It includes testing and validation of the solution including necessary X12 transactions. This approach includes continual meeting of the Attachment L performance measures as they apply to the legacy system operations.

4B.1.a.8 Project Plan Specific to Operations Takeover

For each Attachment L requirement narrative response we provide a cross reference of the **requirement number and the page** of the matrix provided in Tab 4G: Worksheets for Submission.

Att. L Req.	Tab 4G pg
OTR-1	Att L - 3

As described above in Section 4B.1.a.7.2, Contractor Responsibilities, the Operations Takeover Project Plan is a critical deliverable for the Agency and Accenture. Our PMO Team works with the Agency to tailor and refine the Project Plan during project planning. The Project Plan includes an organization chart and defines our team roles and responsibilities, project standards and project management processes and tools. We review this document with the Agency and modify the Plan so that we include suggestions and recommendations from all concerned parties. After approval, we train project team members on the Plan, approach, timelines, and deliverables. The document guides expectations and drives the team's project execution.

4B.1.a.9 Opportunities to Existing Iowa Medicaid Core Operations Staff

OTR-2	Att L - 3

To help expedite knowledge transfer and offset transition risks associated with new staff, our operation solution focuses on rebadging existing staff familiar with IME

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policies that support today's IME core business process and teaming with organizations that support the Core operation.

Rebadging existing staff provides the IME with familiarity and security with transition risk avoidance and provides our operation with tenured staff that understands IME policies and the landscape of the IME multi-contractor environment. The result is retaining the intellectual knowledge and experience that the IME has developed over the years. For this reason, we use proven transition techniques to retain incumbent staff. Historically, 98 percent of incumbents choose to join Accenture and 95 percent remain with us after two years.

4B.1.a.10 Working Collaboratively with Existing Core Contractor

OTR-3 Att L - 3

We have demonstrated the ability to assume Medicaid operations from an incumbent and provide cost savings while delivering desired business outcomes. We bring a capabilities-based and outcomes-focused team to collaborate with the existing core contractor, the Agency and IME professional services contractors. We proactively measure and control business processes and systems performance, openly providing status, maintaining quality service, and continuously improving our ability to deliver immediate and sustainable results.

4B.1.a.11 Preventing Delay or Risk of In-Process Projects

OTR-4 Att L - 3

The objective of the takeover of legacy operations is to provide the Agency with a smooth, successful transition of Medicaid operation from the legacy vendor to the new Medicaid contractor. Keeping the system and processes functioning and maintaining continuity of projects in process are critical to the success of the takeover. We will work respectfully and collaboratively with the legacy system vendor to deliver the orderly and uninterrupted takeover and maintain processing and operations.

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4B.1.b Analysis, Configuration and Deployment Phase

2.5 Analysis, Configuration, and Deployment
The Agency requires a comprehensive management approach, system configuration and testing plan that results in either a concurrent deployment of all modules of the MMIS or a phased in approach that shall be approved by the Agency. This deployment must include the conversion of all data from the current MMIS prior to deployment. The Contractor's MMIS shall be flexible enough to support a variety of health care delivery systems, including fee-for-service (FFS) and managed care, and be built as a multi-payer solution. The system shall provide the capability to process claims and data from multiple programs and multiple benefit plans within programs. A "program" is defined as a group of members eligible to receive medical services paid by state and or federal funds by virtue of the members' demographic or other characteristics. A "plan" is defined as a specific subset of medical services in a program with a subset of eligible members. The solution may be hosted by the Contractor, on State infrastructure, or hosted in some other fashion (e.g., cloud-based). The Contractor shall describe the architecture and components of its MMIS solution, as appropriate for the hosting model.
Contractor and Agency responsibilities along with performance standards and related Deliverables are provided for the following ACD project tasks:
** Analysis and Configuration*
** Configuration and Rules Engine*
** Conversion*
** Testing*
** Knowledge Transfer*
The Agency's analysis, configuration, and deployment phase aligns with the enterprise life cycle. The Enterprise Life Cycle Overview flowchart is located in the On Line Bidder's Library.
Additionally, the Agency is working with CMS to transform the certification process. We expect to have periodic consults and gate reviews as outlined in the chart. All of these processes are subject to change as we continue to develop these processes with CMS.

We bring our field-tested delivery methods, skilled workforce, and technical experience to serve the Medicaid business needs of Iowa. We are ready to work closely with the State of Iowa and the Agency to deliver reliable, innovative, and responsive technology solutions for Medicaid members, providers and business stakeholders. Our Des Moines-based delivery team includes a diverse workforce including a number of returning staff who worked on the prior Medicaid Integrated Data Administrative Solution (MIDAS) project. Many key personnel are uniquely experienced in both Medicaid and the Accenture Public Health Platform (APHP). In addition, we leverage shared APHP resources based out of our Delivery Center in Austin, TX, providing specialized skills and knowledge of the APHP product to complement the on-site MIDAS project team.

During Analysis, Configuration, and Deployment (ACD), our MIDAS team works with the Agency to execute analysis, configuration, and deployment activities in accordance with the Agency's Enterprise Life Cycle and as defined in the approved MIDAS project work plan. Working collaboratively with you, we validate and elaborate on the requirements, use cases, and gap analysis to define and deploy the appropriate configuration for the APHP solution. We validate and document updates to business rules and requirements, define and execute system design and configuration, document the new MMIS technical architecture, execute data conversion, and deploy the fully functional MMIS. Throughout ACD, we support the Agency in CMS consultations, gate reviews, and other certification-related activities.

We address the following ACD topics in this section:

- Analysis and Configuration Activities (Section 4B.1.b.1, Analysis and Configuration)
  - Managing, reviewing, elaborating and confirming MIDAS MMIS requirements
  - Gathering, validating, and documenting system rules
  - Developing system requirements and design deliverables including the Requirements Traceability Matrix (RTM), Requirements Specification Document (RSD), and the Detailed System Design (DSD)
  - Conducting Conference Room Pilots
  - Business continuity and disaster recovery planning
  - Configuration management tools and approach
  - Overall implementation deliverables timeline
- Conversion (4B.1.b.2, Conversion Activities)
  - Data conversion approach
- Configuration and Rules Engine (4B.1.b.3 Configuration and Rules Engine)
  - Integration and configuration planning and implementation
  - Rules engine implementation
  - Hardware, software, and communications setup

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- Testing (4B.1.b.4, Testing Tasks)
  - Testing tools, planning, and approach
  - Testing activities
- Knowledge Transfer Activities (4B.1.b.5, Knowledge Transfer Activities)
  - Methods and tools for training and knowledge transfer
  - Pre- and post-implementation knowledge transfer
  - Knowledge transfer effectiveness and continuous improvement evaluation tools

4B.1.b.1 Analysis and Configuration

2.5.1 Analysis and Configuration
The Agency, through an earlier process has clarified and documented over 95% of the MMIS business requirements. These are system agnostic. These clarifications have been incorporated into the technical specifications. The documents are available as the "Requirement Specification Documents (RSDs)" in the On Line Bidders Library. As a result, the Contractor shall focus its efforts during the initial Analysis phase on becoming familiar with these business requirements. The requirements may be validated upon configuration of the system with Iowa's specifications. Upon initialization of the Contractor's integration into the MIDAS project the Contractor shall configure their system and then conduct sessions with the IME to identify any gaps between business specifications and system configuration. The Contractor shall ensure that the MMIS technical system specifications are continually updated in the detailed system design (DSD) documents and the Requirements Specification Documents (RSD) as needed. To the extent possible, the Contractor's work product shall permit the viewing of rapid prototypes of specifications and design concepts, screens, content, and application flow and workflow performance simulation. Prototypes do not necessarily need to become operational or be reused during development.
In relation to major configuration activities, the Contractor shall:
a. Configure the MMIS system with business and operational specifications to ensure that responses to all specifications are acceptable to the Agency.
b. Configure the proposed system to meet the specifications.
c. Verify that all specifications are configured correctly in the proposed MMIS.
d. Identify gaps in any specifications.
e. Verify specifications identified in the gap analysis according to the format specifications of the RSD.
f. Update configuration of the MMIS based on new or revised RSD.
g. Develop an initial requirements traceability matrix based on the additional or modified RSD.
h. Verify that capabilities of the proposed software components.
i. Verify that the capabilities of the proposed systems modifications will meet the specifications.
j. Verify that the capabilities of the proposed operational specifications will meet the specifications.
k. Document the rules in the existing MMIS system for incorporation into the rules engine.
l. Elaborate and document the architectural and system specifications of the MMIS.
m. Support and participate in specifications management.
n. Identify any Contractor interface-related decision support requirements or capabilities that the Data Warehouse/Decision Support team can develop to streamline business processes for the IME.
o. Evaluate business model and process changes and approved changes to the current MMIS made to the legacy MMIS prior to Contractor takeover, and identify corresponding specifications.
p. Specify, for the system and operational specification, the means of measuring that the specification has been satisfied. This measurement will be used to generate the necessary test cases for system and user acceptance testing.

Our team is very familiar with the MIDAS business requirements, having developed the Requirements Specification Documents (RSDs) with the Agency for the prior MIDAS project. This provides a distinct benefit to the Agency because it allows us to expedite requirements verification and quickly turn our focus to configuration and interactive review of the new MMIS. This gives the Agency exposure to the new MMIS early and often and offers the opportunity to grow more confident with each configuration change and joint review that the new MMIS will meet the Agency's needs.

We organize our Analysis and Configuration activities according to the three levels of priority identified in the RFP:

- Priority 1 ACD: Provider and Member Management, Benefit Plans/Premium Billing, EDI
- Priority 2 ACD: Claims/Encounter, Managed Care, Prior Authorization
- Priority 3 ACD: Member Portal, Reporting

Because we are reviewing and validating requirements against system functionality throughout Analysis and Configuration, both Accenture and the Agency can confirm that requirements are being met. In the following sections with discuss our approach to business rules and requirements specifications, requirements traceability detailed design and Conference Room Pilots.

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Business Rules and Requirements Specification

The first step in Analysis and Configuration is to confirm our understanding of the RFP requirements. During the prior MIDAS project, our team developed the Requirements Specification Documents (RSDs) that are published in the Bidder's Library. Because we have a thorough understanding of the RSDs, we can conduct an expedited validation of requirements with the Agency, focusing most heavily on changed or new business requirements identified in the gap analysis submitted with this proposal and documented in the RSDs. Our analysis includes reviewing business rules from the existing MMIS and identifying those that should be incorporated into the new MMIS. It also includes analyzing approved and in-flight changes to the existing MMIS business model and processes. We document updates to requirements or business rules in new or revised RSDs and submitted for Agency review and approval.

Requirements Traceability

We use our Microsoft Team Foundation Server (TFS) toolset to capture requirements and track them through each set of activities from requirements verification through final testing confirmation. We load all system requirements into TFS at the beginning of the project. As we move through the ACD activities, each requirement is linked to the supporting documentation, deliverables, test cases, scripts, and work products that we create to confirm the requirement has been met. We generate a formal RTM showing this traceability at key points throughout the ACD lifecycle. Approved requirements form the baseline RTM. Thus, the first submission of the RTM accompanies the RSDs to show traceability to the functional specifications. A second submission accompanies the DSDs to expand traceability from requirement to functional specification to system design. We continue to build the RTM throughout testing to confirm that each requirement has been successfully tested. In this way, we verify that system capabilities meet functional, technical, and operational requirements.

Detailed Design and Conference Room Pilots

After an expedited business requirements update and validation period, we begin Conference Room Pilots (CRPs) and Detailed System Design (DSD). During CRPs, we walk through the system requirements with the Agency and demonstrate how those requirements are being configured in the new MMIS. For each CRP, we work with the Agency to identify and include appropriate resources to provide input on the specific functional area or group of requirements being reviewed. In advance of each CRP, we prepare draft DSD specifications that identify the settings, values, and workflow configurations required to meet the business and operational requirements identified in the RSDs and RTM. Our Business Configuration Analysts then configure the APHP product according to these design specifications.

During CRP meetings, we demonstrate the configured MMIS to the Agency and stakeholders. What you will see in each CRP is a functional application that reflects the Iowa Medicaid business processes. CRPs demonstrate how the system will look and act so that the Agency knows how their requirements are being met. CRPs also enable the Agency to provide additional details or refinements to business processes as they are demonstrated in the tool. This "rapid prototyping" approach gives Agency stakeholders frequent and timely exposure to system design concepts, behaviors, screens, workflows, and performance.

The benefit to the Agency of CRPs is that instead of merely walking through a text-based list of requirements or mocked-up web pages, users see the new system early and often throughout the implementation effort. As the solution is reviewed during the sessions, we:

- Confirm our understanding of the documented requirements
- Identify and address gaps in specifications
- Modify the initial requirements to provide additional detail
- Refine and document the work flows and new and existing business rules for the system
- Identify recommendations for decision support-related business process improvements
- When possible, make changes to the system configuration in real time based on Agency input so that everyone can see and verify that we have captured requirements clarifications correctly
- Confirm that the solution meets architectural requirements, including the MITA requirements
- Review and confirm the interfaces needed to support the new MMIS
- Confirm the data conversion mapping and rules for the new system
- Confirm that the solution meets system, technical, and security requirements
- Specify the means of measuring achievement of business and operational specifications

This process enables our team to verify that software components, system modifications, operational specifications, rules, and architectural specifications meet Agency requirements.

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4B.1.b.1.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.b.1.2 Contractor Responsibilities

2.5.1.2 Contractor Responsibilities
The Contractor shall configure all system and operational specifications, including those outlined in the RSD (provided in the On Line Bidders Library) and shall develop the detailed specifications required to construct and deploy the MMIS.
In this regard, the Contractor shall:
a. Create a detailed system design (DSD) document for each module in the MMIS.

During Analysis and Configuration, we prepare the DSDs and conduct CRP sessions to review how the new MMIS is being configured to meet Iowa MIDAS requirements. We organize CRP sessions to align to the RFP's functional and technical module requirements and order them according to the Agency's three levels of priority identified in the RFP. We prepare drafts of our DSDs in advance of each CRP meeting. Our Business Analysts then go into the APHP tool and configure initial settings, values, and workflows to match requirements defined in the RSD. The draft DSD documents the configuration. During CRP meetings, we demonstrate the configured MMIS to the Agency and stakeholders and capture feedback and clarifications on requirements, business processes, and expected functionality. When possible, we make changes to the system configuration on the fly based on Agency input so that everyone can see and verify that the configured solution meets system and operational specifications. As each group of CRP sessions is completed, we submit the corresponding DSD to the Agency for formal review and approval.

b. Develop a methodology for the development of the MMIS system for Agency approval.

The Agency receives a detailed Application Implementation Plan (AIP) that we prepare for the MIDAS project. This plan provides the MIDAS project team with an understanding of the processes, tools, work products, and deliverables that are created during the ACD phases. Our team works closely with the Agency to determine existing deliverables that contain content the Agency may want to reuse in the new MIDAS AIP. Identifying and incorporating reusable content, and updating it, as appropriate, for the new MIDAS project accelerates the planning and mobilization effort. The AIP that our team develops will:

- Describe the approach to implementation and deployment activities, including our approach to requirements verification, CRPs, configuration, testing, and deployment
- Explain the implementation methodologies, for managing requirements, system configuration approach, project planning tools and approach, subcontractor management approach, configuration management process, quality assurance process and monitoring, knowledge transfer, software management, software engineering and peer review approach
- Describe the approach to creating and maintaining MIDAS project documentation
- Explain how the TFS tool supports analysis, design, test, and deployment activities

As with all deliverables, our team prepares a Deliverable Expectation Document (DED) containing the RFP requirements related to the AIP, a proposed outline, description of intended content, and planned reviewer list. The next steps include our reviewing and confirming the DED with the Agency MIDAS team and updating it based on feedback to align with Agency expectations. The final part of the process includes developing and conducting formal reviews of the draft AIP and final AIP prior to submission. In this way, Accenture and the Agency can remain in alignment on the format and content of the AIP and all deliverables.

c. Work with the Agency staff to fully understand the scope, purpose, and implications of each specification.
d. Thoroughly review, validate, and update, if necessary, all specifications as required.
e. Review all appropriate Iowa Medicaid programs and policies.

To develop our MMIS solution, we performed a detailed review and analysis of the system and operational requirements provided in the RFP as well as the appropriate Iowa Medicaid programs and policies. This review, combined with our understanding of existing RSDs, serves to develop and refine the RSDs for the new MIDAS project. Conducting RV sessions and CRPs with the Agency to walk through the requirements and specifications confirms our joint understanding of the scope, purpose and implications of each requirement.

Reviewing, validating, and updating requirements and specifications allow us to match the goals of the Agency and your programs and policies. Our collaborative approach is the best means to confirm policies are addressed and to resolve gaps, as necessary.

f. Document all rules, including benefit plan assignments, pricing rules, and the edit and audit rules in the current MMIS for use in populating the rules engine during the development task of the Deployment phase.
g. Extract the rules in the existing MMIS for incorporation into the rules engine.

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h. Determine with Agency approval, which of the existing rules are to be incorporated into the rules engine.
i. Identify and develop additional rules as needed to meet the specifications such as an audit trail for transactions and changes as well as Geographical Information System (GIS) searches.
j. Identify all rules that will be incorporated in the rules engine within a timeframe determined by the Agency.
k. Establish benefit plan assignments, pricing, edit, audit, and benefit plan rules in a format approved by the Agency.
l. Validate the capabilities of the proposed system to meet the specifications within a timeframe determined by the Agency.
m. Verify that the capabilities of the proposed software solutions meet the specifications within a timeframe determined by the Agency.
n. Verify that the capabilities of the proposed system modifications will meet the specifications within a timeframe determined by the Agency.

As part of requirements verification, we analyze current program policy documentation and extract business rules from the legacy system. Once legacy rules are identified, we review the pre-configured business rules that are part of APHP for modification or additions. Methods to extract existing business rules include:

- Analysis of IME program policy documentation and operating procedures that are active in the legacy MMIS, change orders, change requests, open problem statements, contract amendments, and legacy MMIS documentation
- Interviews with the incumbent programming staff to understand and review any embedded edits/audit
- As applicable, review of legacy MMIS system code/configuration

The process includes documenting rules, including benefit plan assignments, pricing rules, and the edit and audit rules in the current MMIS for use in the new MMIS according to the format approved by the Agency. Working with the Agency, we identify discrepancies between the legacy MMIS system rules and policy, the MITA business-processes, Agency-desired improvements, and IME strategic objectives. Having identified these discrepancies, we perform impact analysis, and report the findings back to IME with recommendations. As necessary, we identify and document new rules to address business and operational needs.

Configuring Iowa benefit plan assignments, pricing, edit, audit, and benefit plan rules are another step to constructing the new MMIS. Supported by our Microsoft TFS tool suite, we conduct testing to demonstrate that the new MMIS meets the benefits plan and business rules requirements. Support to business rule management activities continues throughout the contract. Validation and testing of any changes occurs to demonstrate the continued accuracy of rules by comparing the performance of the new MMIS to the legacy MMIS operations. Documentation of rule changes with an explanation of any differences follows a format approved by the IME.

The timeframe for development of a new rules base for the IME is accelerated by the fact that the product already contains many rules required by the federal government for MMIS processing. This means that only Agency-specific rules need to be identified and entered in the rule set. APHP is highly configurable and provides the ability to specify rules through the COTS-specific rules engine. This approach provides the ability to keep current common, industry standard rule sets and enables us to verify that capabilities planned for the new MMIS can be met within the timeframe defined in the approved project work plan.

o. Track the detailed design specifications and trace throughout the system development life cycle (SDLC). These detailed specifications shall be traceable back to the specifications specified in Attachment K – MMIS Technical Specifications Matrix and Attachment L – MMIS Operational Requirements Matrix.
At a minimum, the Contractor shall:
1. Include the specification exactly as it exists in Attachment K – MMIS Technical Specifications Matrix and Attachment L – MMIS Operational Requirements Matrix.
2. Identify how and where the specifications are met in Attachment K – MMIS Technical Specifications Matrix and Attachment L – MMIS Operational Requirements Matrix.
3. Provide a crosswalk or map of each specification.
4. Identify and verify all internal and external interfaces.
5. Provide linkages across the business model functions.
6. Document the means of measuring that the specification has been satisfied.
p. Create a Requirements Traceability Matrix (RTM), beginning with the system specifications list in Attachment K - MMIS Technical Specifications Matrix and Attachment L - MMIS Operational Requirements Matrix., to track all specifications specified in the RSD. The Contractor shall track all specifications through each stage of the development life cycle from specification through production deployment and certification.
q. Utilize a specifications management tool, which permits reporting of a specific specification, selected specifications based on type or attributes and a complete detailed listing of all specifications. The Contractor shall use this matrix and the repository throughout the project to assure all specifications are implemented, tested, and approved by the Agency. The Contractor shall cause reports from the RTM to be submitted to the

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Agency on a schedule to be determined by the Agency. The specifications management repository shall be accessible by the MIDAS teams.

Throughout the enterprise life cycle, we use our TFS toolset to capture requirements and track them through each set of activities from requirements verification through final testing confirmation. TFS integrates with our Microsoft SharePoint repository that houses the system documentation, including functional and technical specifications, detailed designs, architectural specifications, and test plans. In this way, we measure and confirm that each requirement listed in the RTM is supported by functionality in the new MMIS. The TFS tool enables us to query and extract each requirement and its supporting documentation for reporting and tracing. Content can be viewed, updated, and version controlled. Visualization features in TFS show a dynamic linkage between requirements. Traceability features in TFS enable the creation of links between each requirement and other related requirements and documentation. Using TFS, we confirm that we have accounted for each requirement in the design, configuration, and testing the new MMIS.

TFS is also useful for determining the impact of changing a requirement, design document, or other linked documentation. As requirements evolve and become more detailed, we capture, track and document them in TFS. Automated email capability built into the tool to notify the Agency of changes, for hands-off and simple communication of requirements status. TFS is configured with automated links to other tools in the Microsoft suite to link requirements to workflow and business process documentation, configuration documentation, test scripts, and test results.

The traceability information stored in TFS provides the following information:

- Requirement text exactly as it exists in Attachment K, MMIS Technical Specifications Matrix and Attachment L, MMIS Operational Requirements Matrix
- How and where the requirements are met in Attachment K, MMIS Technical Specifications Matrix and Attachment L, MMIS Operational Requirements Matrix
- Crosswalk or map of each requirement
- Identification and verification of all internal and external interfaces
- Linkages across the business model functions
- Means of measuring that the requirement has been satisfied

r. Maintain the Detailed System Design (DSD) in the structure and format that is prior approved by the Agency. The Contractor shall document each activity to implement each specification including, but not limited to, specifications validation, system configuration, and rules engine population, implementation of COTS products and design, development of missing functionality and interface development and data conversion.

s. Conduct a walk-through of the design documents with the Agency and demonstrations during the development of the DSD to enhance the Agency's understanding and to facilitate the approval process. The Contractor shall develop the DSD during ACD and maintain the DSD with semi-annual updates throughout operations.

At a minimum, the Contractor shall maintain the DSD document in a robust system documentation tool, and shall include:

1. Documentation of all rules.
2. A systems standards manual, listing all standards, practices and conventions, such as, language, special software, identification of all development, test, knowledge transfer and production libraries and qualitative aspects of data modeling and design.
3. An identification of system files and processing architecture.
4. Detailed documentation of all rules in the rules engine.
5. A general narrative of the entire system and the flow of data through the system.
6. A detailed description and diagram of the system architecture identifying how modules are integrated to meet specifications.
7. General and detailed module narratives describing each function, process and feature.
8. A security design description for each business area that defines access control, including specifying roles, role locations and a matrix of roles by inputs and outputs.
9. A flow diagram of each module, identifying all major inputs, processes, and outputs.
10. Lists of all inputs and outputs by module.
11. A listing and brief description of each file or data table.
12. A listing and brief description of reports to be produced by each module.
13. Detailed screen and report layouts by module.
14. Detailed screen and report narrative descriptions by module.
15. Layouts for online, context-sensitive help screens for all IME functions, including web-based modules.
16. Hardware and/or software detail.
17. A high-level data model.
18. A detailed data model.

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19. Entity relationship diagrams.
20. Use Cases.
21. High and medium level batch flow charts.
22. Detailed program logic descriptions and edit logic, including, at a minimum, the sources of all input data, each process, all editing criteria, all decision points and associated criteria, interactions with other programs and all outputs.
23. Final layouts for all inputs to include, at a minimum: input names and numbers, data element names, numbers and sources for each input field, and examples of each input.
24. Final layouts for all outputs to include, at a minimum: output names and numbers, data element names, numbers and sources for each output field, and examples of each output.
25. Final layouts for all files to include, at a minimum: file names and numbers, data element names, numbers, number of occurrences, length and type, record names, numbers and length, and file maintenance data, such as number of records and file space.
26. A domain object model of the MMIS for all Contractor developed modules of the IME solution.
27. Site maps for all web-based interface modules.
28. Application programming interfaces (APIs) used within the application to communicate between modules or with external systems.
29. A detailed comprehensive data element dictionary (CDED), including, at a minimum: data element names, numbers, and business area definitions, valid values with business area definitions, sources for all identified data elements and lists from the CDED in multiple sort formats.
30. A glossary to define terminology specific to the MMIS domain. The glossary shall explain terms and system usage that may be unfamiliar to the reader of project documents. In addition, it will be the repository for agreed upon definitions of terms open to various interpretations. This glossary should build upon the glossary of terms set forth in Attachment G.
31. An update of the RTM to demonstrate how each specification is addressed by the DSD.

We work with the Agency to achieve joint agreement and approval of our DSDs. As described previously, we first prepare a Deliverable Expectation Document (DED) containing the RFP requirements related to the DSD, a proposed outline, description of intended content, and proposed reviewer list. We review and confirm the DED with the Agency MIDAS team and update it based on feedback to align with Agency expectations. We develop and conduct formal reviews of the draft and final DSDs prior to submission. The objective is to create the design artifacts that completely describe how the requirements are met in the new MMIS. Our DSDs will contain the 31 items listed in RFP 2.5.1.2.s above and drive discussions during CRPs. We deliver the extracted DSDs to the Agency for formal review and approval.

Configurations, interfaces, workflows, custom reports, conversions, and any other Iowa-specific customizations receive a complete and detailed design. As a leading system integration company that implements complex enterprise systems for our clients around the globe, we know that a truly successful design process involves listening to our clients, advising them on a configuration that will accomplish their business functions in the most efficient way possible, and lowering their total cost of ownership. We bring these same values to the State of Iowa as we conduct our interactive CRPs and document design specifications.

Consistent with our methodology, we use the automated capabilities of TFS to generate the DSD deliverable. The tools enable us to query and extract each requirement and its supporting design documentation into the complete DSD deliverable document that we submit to IME. This includes the RTM content as well so that any updates to requirements are included in the DSD when it is submitted. Requirements and system design artifacts remain in TFS where they can be viewed, updated, and published throughout ACD and semi-annually during operations.

t. Develop a conversion plan to successfully meet the Agency business and technical specifications for deployment and submit for the Agency review and approval. The plan must be updated as necessary. The Contractor shall provide a walk-through of the conversion plan before submitting to the Agency for approval. The minimum specifications for the conversion plan are:
1. A description of the data conversion strategy and detailed conversion schedule.
2. A detailed plan for conversion of all files and images.
3. Methods for user validation of converted data and final conversion of files.
4. A list and definition of the universe of files to be converted.
5. Personnel assigned to the conversion of each file.
6. A discussion of the management of the conversion effort, including strategies for dealing with delays, contingencies, data reconciliation procedures, backup plan, backup personnel, process verification and other issues impacting data conversion.
7. A detailed contingency plan to identify and mitigate risks that may be encountered during conversion.
8. Procedures for tracking and correcting conversion problems when encountered and for documenting any revised procedures in the conversion plan.

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9. Specifications for manually converting data and capturing missing or unreliable data elements that cannot be converted.
10. Specifications for converting imaged documents.
11. Layouts of the reports produced as a result of conversion.
A definition of the metrics that will be generated by the conversion process to measure the completeness of conversion. These metrics shall include record counts for each major grouping of data elements from both the legacy source systems (i.e., number of members, cases, claims, and claims paid).
12. A detailed description of all files to be converted and whether it will be a manual or an automated conversion or a combination of both.
13. Data element mappings, including values of the old systems data elements to the new systems data elements, and new data elements to old data elements, to ensure all data elements are addressed.
14. Identification of default values, where necessary.
15. Inputs for conversion.
16. Steps for conversion.
17. Expected results.
18. Detailed mapping of the conversion elements (Source Fields to Target Fields) for each module and data files.
19. Templates, procedures, and schedules for all conversion reporting.
20. Copies of all conversion programs and program listings used during conversion tests.
21. Conversion walk-through with test results displayed in all screens of the new MMIS.

Conversion Plan

Data conversion is an especially challenging part of a system implementation. An accurate and complete data conversion of existing MMIS data and manual data entry of critical information currently stored on paper-based documents is essential for successful implementation of the MMIS. A successful data conversion must address many challenges and complexities, such as missing data, duplicate records, incorrect data formats, and large data volumes. Our team brings the right experience, processes, and tools to develop a Conversion Plan that guides our collective teams to a seamless data conversion for the MIDAS project.

Our Data Conversion Manager, Pratap Gone, leads development of the Conversion Plan. Pratap brings a solid background in the IME environment to the Data Conversion effort. He is a current member of the Iowa MMIS Support Team and has 10 years of MMIS experience, over 7 years leading legacy data conversion projects and over 3 years leading MMIS and healthcare data conversion projects. His Data Conversion Team includes Accenture Data Conversion Specialists and individuals from S2Tech. Our Data Conversion Specialists are part of an Accenture practice that specializes in enterprise information management, data quality and integrity practices, data cleansing capabilities, and conversion best practices. S2Tech is the current MMIS system maintenance subcontractor that provides the majority of the staff currently performing system maintenance activities for the legacy MMIS. Our Data Conversion Team brings the experience, leading data practices, and existing knowledge of legacy MMIS data structures to help analyze data conversion requirements more quickly and develop comprehensive conversion plans.

Our experienced team recognizes the importance of a sound conversion strategy and approach. Our Conversion Plan details our conversion approach for the MIDAS project that delivers high-quality data, reduces risks associated with enterprise implementation, and provides a smooth transition of data from the current system into the new MMIS.

We describe our data conversion approach in Section 4B.1.b.2, Conversion Activities. This section explains how our Data Conversion Team executes the following activities with the Agency to complete the data conversion for the MIDAS project:

- Data conversion planning
- Data conversion requirements identification and analysis
- Design and development of data conversion programs
- Data conversion testing and verification
- Production data conversion and execution
- Post-deployment data validation and verification activities

Data conversion planning begins during Analysis activities. During Analysis, we collaborate with the Agency to review and refine our strategy and approach for the MIDAS project data conversion. Data conversion is the process of extracting, staging, mapping, transforming, and loading data from legacy MMIS systems into the new MMIS. Our Conversion Plan describes our approach for completing these activities, addressing conversion for all historical and active data including all imaged documents in the current systems. It contains the specifications for data cleansing, including the processes for resolution of data cleansing issues by either Accenture or the

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Agency depending on the type and severity of problems identified. We anticipate that data will be in a sufficient state to allow us to systematically process the data. The Conversion Plan also contains automated conversion procedures, and the steps for manually converting data and capturing missing or unreliable data elements.

In addition to describing our data conversion strategy, our Conversion Plan provides the Agency with the overall management approach for the conversion effort and outlines the conversion scope. It includes an inventory of data and images to be converted, the planned conversion schedule, and roles and responsibilities for conversion tasks. The plan specifically identifies by name the individuals assigned to specific conversion areas and files.

The Conversion Plan also includes a review of established plans for communication, risk, and contingency for the overall conversion effort. As shown in Table 1.B-1, it includes backup plans, backup personnel, and strategies for dealing with delays. Our plan includes a list of known risks to the conversion effort and contingency plans to address those risks.

The plan provides an explanation of data conversion verification and validation activities. We tie the Conversion Plan into our overall testing approach. This includes documenting inputs to the conversion process and the expected outputs so we can track and measure conversion results. It includes procedures for tracking and correcting conversion problems using TFS. Our plan also describes how users validate the converted data during User Acceptance Testing (UAT) and details the reports, including report layouts, our team produces to validate and evaluate conversion results. It describes our approach for verifying and obtaining sign-off for converted data in the production environment.

Table1.B-1. Our comprehensive approach to conversion guides the team through conversion activities, resulting in reduced risk and data accuracy.

Conversion Plan Contents	Meet or Exceed
1. A description of the data conversion strategy and detailed conversion schedule.	Yes
2. A detailed plan for conversion of all files and images.	Yes
3. Methods for user validation of converted data and final conversion of files.	Yes
4. A list and definition of the universe of files to be converted.	Yes
5. Personnel assigned to the conversion of each file.	Yes
6. A discussion of the management of the conversion effort, including strategies for dealing with delays, contingencies, data reconciliation procedures, backup plan, backup personnel, process verification and other issues impacting data conversion.	Yes
7. A detailed contingency plan to identify and mitigate risks that may be encountered during conversion.	Yes
8. Procedures for tracking and correcting conversion problems when encountered and for documenting any revised procedures in the conversion plan.	Yes
9. Specifications for manually converting data and capturing missing or unreliable data elements that cannot be converted.	Yes
10. Specifications for converting imaged documents.	Yes
11. Layouts of the reports produced as a result of conversion.	Yes
A definition of the metrics that will be generated by the conversion process to measure the completeness of conversion. These metrics shall include record counts for each major grouping of data elements from both the legacy source systems (i.e., number of members, cases, claims, and claims paid).	Yes
12. A detailed description of all files to be converted and whether it will be a manual or an automated conversion or a combination of both.	Yes
13. Data element mappings, including values of the old systems data elements to the new systems data elements, and new data elements to old data elements, to ensure all data elements are addressed.	Yes
14. Identification of default values, where necessary.	Yes
15. Inputs for conversion.	Yes
16. Steps for conversion.	Yes
17. Expected results.	Yes

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Conversion Plan Contents	Meet or Exceed
18. Detailed mapping of the conversion elements (Source Fields to Target Fields) for each module and data files.	Yes
19. Templates, procedures, and schedules for all conversion reporting.	Yes
20. Copies of all conversion programs and program listings used during conversion tests.	Yes
21. Conversion walk-through with test results displayed in all screens of the new MMIS.	Yes

We work collaboratively with the Agency during Analysis activities to review and refine our data conversion strategy and plan. As with each of our deliverables, before beginning work on the Conversion Plan, we create a Deliverable Expectations Document (DED) that includes the template, development approach, and description of the level of detail to be included for the Conversion Plan deliverable. We review this DED with the Agency to confirm our outline and template for the Conversion Plan deliverable addresses the areas called out in the RFP and aligns with Agency expectations. As we draft the Conversion Plan, we conduct walkthrough meetings of our draft documents. This allows the Agency to see the plan and ask questions as the document evolves. In this way, the Agency and Accenture maintain a common set of expectations for the document so there are no surprises in the final submission.

u. Develop an Interface Plan to successfully meet the Agency specifications for external interfaces. The Contractor shall update the plan as necessary throughout the life of the contract and be included as part of the operational procedures. The Contractor shall provide a walk-through of the Interface Plan before submitting to the Agency for approval. The minimum specifications for the Interface Plan are:
1. Identification of each external interface in the On Line Bidders Library.
2. Interface development strategy and detailed interface schedule.
3. Methods for user validation of interface functionality.
4. Personnel resources assigned to the development of each interface.
5. A discussion of the management of the interface effort, including strategies for dealing with delays, contingencies, backup plan, and other issues impacting interface conversion.
6. A detailed contingency plan to identify and mitigate risks that may be encountered during interface implementation.

Interface Plan

The APHP solution for the MMIS is based on a service-oriented architecture (SOA) framework. It is built on the principle that it must easily interface with commercial applications, legacy systems and other web services and SOA-based systems. The healthcare ecosystem is very complex. It requires information about all parties that have a stake in an individual's healthcare as well as those stakeholders that oversee the program and its limited resources. Being able to interface and exchange data with these parties are a critical success factor for any program. APHP, designed on MITA principles, will interface across this ecosystem in a variety of ways to allow the Agency and Accenture to easily configure APHP for the exchange of data with all these stakeholders.

The Interface Plan specifies the data interface requirements in sufficient detail to provide guidance for future design decisions. We document the overall integration landscape, including support for all data interfaces, data synchronization, and external integration with trading partners and service providers.

We specify the procedures we follow with each interface partner to identify the interface, document the format and data elements to exchange, the edits to apply and the preferred mechanism for exchange. Our plan creates the master interface listing, schedule and interface diagram that provides Agency visibility of all external interfaces. The Interface Plan documents the following information:

- Identification of each external interface for the IME
- Interface development strategy and detailed interface schedule
- Methods for user validation of interface functionality
- Personnel resources assigned to the development of each interface
- Discussion of the management of the interface effort, including strategies for dealing with delays, contingencies, backup plan and other issues impacting interface conversion
- Detailed contingency plan to identify and mitigate risks that may be encountered during interface implementation
- Internal components that make up the new MMIS
- External components and systems to integrate. For each external component, we define the type of interface (synchronous, asynchronous, batch), direction, and timing of information flow

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- Transformation and formatting requirements pertaining to the translation and transformation of data between applications, such as the support for company and/or industry standard message formats and message layouts
- Trading partner requirements pertaining to the setup of trading partnerships and exchange of business data
- Additional affected legacy systems that may be affected by the new system
- Requirements in terms of a desired benefit, such as the business processes to be automated and the reduction in time to process a transaction, interface, or set of interfaces
- Impact assessment for each interface listing the risks associated with each interface and strategies to mitigate the impact of interface issues including contingency and backup plans

Our Interface Manager, [redacted], is a native Iowan and is already familiar with MIDAS interfaces given his role as Interface Manager on the prior MIDAS project. As we prepare the Interface Plan, Nick leads walkthrough meetings with IME and other interface stakeholders to first agree on the DED and later confirms the accuracy and completeness of the Interface Plan. In this way, we confirm that the plan is complete and that all interfaces are covered prior to submitting the plan for approval. We also confirm the adequacy of interface descriptions, timing, content, and any other details required to implement and test the system interfaces. We are committed to working with each interface partner to determine the best method for exchanging information. We conduct thorough testing of the data sharing protocols and direct data connections to all system interfaces by preparing test links in our test environment to confirm proper functioning of all data exchanges with external entities. The Interface Plan continues to be updated, as necessary, throughout the enterprise life cycle and becomes part of the operational procedure documentation upon system go-live.

v. Develop and submit for Agency approval a test management plan. Test activities are structured to align the testing phases outlined in Section 2.1, Version 1.1 of the CMS Testing Framework (May 18, 2011) and the traditional Software Development Lifecycle (SDLC). The Contractor shall explain their approach to each of the test phases as outlined in subsequent sections covering Unit Test, System Integration Test, User Acceptance Test, and Operational Readiness test. The contents of Test Management Plan shall include at a minimum:
1. A description of the test environments, methods, workflow and knowledge transfer required.
2. An organization plan showing Contractor personnel responsible for each testing phase.
3. A discussion of management of the testing process for each phase, including strategies for dealing with delays in the testing effort, backup plan, and backup personnel.
4. A contingency plan for risk mitigation during the test effort.
5. Procedures and the Agency-approved tracking tool for tracking the test effort and correcting deficiencies and defects discovered during test.
6. Process for updating the RTM and DSD based on test results.
7. General description of the types of testing and the steps in each test phase.
8. Software tools used during testing.
9. Template of test progress and defect reports.
10. Procedures for notifying the Agency of problems discovered in testing, testing progress and adherence to the test schedule.
11. A plan for organizing all test results for Agency review.
12. A plan for system performance, measuring and tuning resulting from finding during test activities.

Test Management Plan

We develop a Test Management Plan covering each test phase and containing the 12 test management components listed in RFP 2.5.1.2.v above. We base the approach documented in the plan on the testing methodology within ADM. The plan incorporates the industry-recognized V-Model and covers requirements traceability, phase containment, and environment separation. The V-Model requires verification and validation at key points so that issues can be detected and addressed as early as possible in the testing lifecycle. The plan's test activities align to test phases defined in Section 2.1, Version 1.1, of the CMS Testing Framework (May 18, 2011) and the development and implementation life cycle outlined in the approved MIDAS AIP.

We submit a Test Management Plan covering each test phase below. We include a general description of the types of testing and steps for each testing phase:

- Unit
- Rules
- Module
- Integration
- Regression
- Stress/Performance
- User Acceptance
- Pilot/Emergency Fix
- Operational Readiness

Our Test Management Plan describes the overall test approach, including the processes and tools we use to perform testing, and test activities, such as test script development, test script execution, and defect logging and tracking. The plan covers:

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- Test environments, methods, workflow and test team training
- Test objectives, assumptions, risks, and issues
- Organization plan containing a detailed list of personnel, their roles, and responsibilities during testing
- Management approach for testing, including strategies for dealing with risks and potential delays in the testing effort, backup plans and backup personnel
- Examples of the format and content for the testing progress report and test results
- High-level testing schedule, by phase
- Entry and exit criteria, by phase
- Processes we follow to update the RTM, DSD, and other design documents using Microsoft TFS
- Procedures for notifying the Agency of problems discovered in testing, testing progress and adherence to the test schedule

The Test Management Plan also covers the dedicated Testing Team. Our Testing Manager, [redacted], brings nine years of experience conducting system and User Acceptance Tests (UAT) for a state MMIS. Our test team consists of functional and technical personnel who are independent from the Development Team. The test team focuses on test plans creation, test scripts and test execution. For Performance Testing, the Development Team supports the Testing Team to execute jobs, compare outputs and log performance metrics.

In accordance with our ADM, we follow our three-pass approach for each testing phase. The approach dictates that we execute each test script three times in each test phase. Our objectives for each test pass:

- Pass 1: Execute the bank of test scripts to find as many defects as possible
- Pass 2: Re-execute the entire bank of test scripts, emphasizing testing of defects fixed in Pass 1
- Pass 3: Re-execute entire bank of test scripts and focus testing on defects fixed in Pass 2. We should find no further defects in Pass 3. If we identify defects, management determines the appropriate course of action

Our comprehensive test plan confirms that all facets of the system work together as a cohesive whole. Successful completion of testing signifies that the application is working as designed and satisfies the functional and technical requirements.

Testing Tools

We use the suite of Microsoft tools, including Test Manager, to support testing activities. This approach creates repeatable test scripts for use during testing and enables reuse during regression testing. Using established test tools, we tie requirements to test scripts to provide certainty of requirement coverage. This reduces overall technical risk and promotes improved Agency user buy-in.

The RTM allows us to trace RFP requirements to RSDs, DSDs, test scenarios and defects. This traceability confirms that each RFP requirement has an associated test. The TFS-generated RTM provides traceability to test scripts written in Microsoft Test Manager. The integrated toolset provides traceability and reporting capabilities. See Section 4B.1.a.4 for details on our traceability and testing tools.

Testing Metrics

A key element of our quality approach is tracking and reporting test-related metrics. We provide the Agency transparent, real-time test metrics presented via dashboards to depict the global testing status throughout the various test cycles. These metrics verify that testing is progressing on schedule and defects are prioritized by the urgency of the required fix. The urgency of the defect is primarily determined by the severity of the functional impact of the defect.

w. Develop a Business Continuity Plan (BCP) that identifies the core business processes involved in the IME. The Contractor shall develop during ACD and maintain throughout operations, a BCP that details how essential functions of the Core MMIS Contract will be handled during any emergency, or situation that may disrupt normal operations, leaving office facilities damaged or inaccessible. The Contractor shall test this plan at least bi-annually.

1. The BCP must be updated and formally reviewed on a yearly basis and approved by the IME.
2. The BCP must identify potential system failures for each core business process.
3. The BCP must contain a risk analysis for each core business process.
4. The BCP must contain an impact analysis for each core business process.
5. The BCP must contain a definition of minimum acceptable levels of outputs for each core business process.
6. The BCP must contain documentation of contingency plans.
7. The BCP must contain definition of triggers for activating contingency plans.
8. The BCP must contain discussion of establishment of a business resumption team.

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9. The BCP must contain a hierarchy of management, including a recall list, which must be updated quarterly and approved by the IME.
10. The BCP must address maintenance of updated disaster recovery plans and procedures.
11. The BCP must contain procedures for accessing necessary Electronic Protected Health Information (ePHI) in the event of an emergency and for continued protection of ePHI during emergency operations.
12. The BCP must address planning for replacement of personnel to include:
i. Replacement in the event of loss of personnel before or after signing this Contract.
ii. Replacement in the event of inability by personnel to meet performance standards.
iii. Allocation of additional resources in the event of the Contractor's inability to meet performance standards.
iv. Replacement and addition of personnel with specific qualifications.
v. Time frames necessary for replacement.
vi. Contractor's capability of providing replacements and additions with comparable experience.
vii. Methods for ensuring timely productivity from replacements and additions.
viii. Detail how established tasks will continue to be performed by staff when disaster strikes.

Business Continuity Plan

We develop a comprehensive Business Continuity Plan (BCP) that incorporates Agency requirements as specified in the RFP. We perform Disaster Recovery (DR) and Business Continuity (BC) testing on the new MMIS. We provide the hardware and software for installation at the state DR/BC site. We execute the DR/BC tests in the state facility to demonstrate that the Disaster Recovery Plan (DRP) and BCP have been correctly implemented and are operational.

The BCP details how essential functions of the new MMIS are handled during an emergency that may disrupt normal operations. The BCP, formally reviewed on a yearly basis and approved by the IME, covers each of the 11 business continuity requirements listed in RFP 2.5.1.2.w above.

We recognize that, to be effective, BC and DR planning are intertwined activities. Therefore, we develop our DRP as a companion deliverable to the BCP, using a similar process to develop both, as described below:

Stage 1: Identify & Assess

During Stage 1, we complete the following assessments:

- **Business Impact Analysis**: The starting point for our BCP is the Business Impact Analysis that we conduct during project start-up. This analysis identifies and addresses the levels of severity and areas of the technical infrastructure that are needed to support key performance indicators (KPIs) and Agency-required service levels during a system outage. It also includes a risk analysis for each core business process.
- **Recovery Capability Assessment**: For the DRP, we assess primary and backup systems capabilities and determine gaps. The team identifies and defines where changes and enhancements are needed within technical infrastructure and develop a resilient solution aligned in accordance to IME service agreements.
- **Technical Assessment/Impact**: We conduct a structured technical infrastructure assessment to provide analysis of potential loss resulting from threats. We provide a Technical Infrastructure Impact Analysis to determine the tangible and intangible impacts to key assets (people, process and technology) and their dependencies within MMIS.

Stage 2: Strategy, Solution & Plan

In Stage 2, we focus on developing the strategy, solution and plans for BC and DR:

- **Strategy Development & Planning**: We develop an overall business and disaster recovery strategy that focuses on key components of the Agency's MMIS to confirm that critical business functions can be recovered quickly in an organized, prioritized manner. We identify and document contingency plans, activation triggers, and roles and responsibilities for BC and DR staff, including a management hierarchy and call tree, which is updated at least quarterly and submitted for approval by the Agency. Additionally, we identify the strategy for accessing necessary electronic Protected Health Information during the emergency operations period.
- **Recovery Planning**: Based on the overall BC and DR strategy, we develop and document detailed, implementable business, operational and technology recovery plans according to Agency requirements. Each plan includes information, such as detailed tasks and procedures, task owners, key stakeholders, and timelines so that it is clear how specified tasks may continue to be performed when disaster strikes.
- **Program Governance**: We identify the roles, responsibilities, policies, standards, tools, and reporting metrics to measure effectiveness of the business continuity program.

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Stage 3: Train, Test, Deploy & Verify:

During Stage 3, we prepare and conduct training, conduct test exercises, deploy the plan and verify results:

- **Training**: Our team trains the appropriate Agency, IME, and Accenture staff on the disaster recovery processes and key activities. We customize training by team member or system area to focus on a specific subset of the overall plan, with the goal of providing the right level of information necessary to keep the system operational
- **Exercise testing**: We implement an exercise testing program that includes the MMIS environment, recovery site and at least one local business office. To validate that the disaster recovery plan meets the established criteria, we use multiple strategies to tailor the plan to the Iowa environment. These strategies include structured walkthroughs, simulations, and integrated, fully functional exercises. We execute the disaster recovery plan yearly to confirm that it is up to date, accurate, and complete

Stage 4: Maintenance

Finally, in Stage 4, we put the plan into action to provide Maintenance and Operations (M&O) support once the system is live:

- **Operationalize**: We maintain complete supporting documentation for Agency review and acceptance of the plan
- **Governance**: We provide M&O support for the live system. This includes release coordination and management across IME stakeholders, ongoing integration testing, and technical governance

Personnel Business Continuity Planning

We understand that people are a key component of business continuity planning. To provide a comprehensive approach, our BCP also covers the following personnel-related topics:

- Personnel loss and replacement before or after signing the MMIS contract
- Personnel replacement due to inability to meet performance standards
- Resource allocation in the event of the inability to meet performance standards
- Replacement and addition of personnel with specific qualifications
- Timeframes necessary for replacement
- Providing replacements and additions with comparable experience
- Methods for ensuring timely productivity from replacements and additions

Business Continuity Plan Submission and Review

We conduct walkthrough meetings of the document content with the Agency prior to formal submission. In this way, we maintain a common understanding of IME expectations of the content as we develop it. We submit the BCP to the Agency for formal review at the beginning of the build phase of our methodology. Once the plan has been accepted, we conduct regular training on it with IME and Accenture staff.

We update the plan regularly to stay in sync with changes in personnel, system, and policies and procedures. We resubmit the plan to IME each year for formal review and re-approval.

x. Develop a Disaster Recovery Plan during ACD and maintain throughout operations that addresses recovery of business functions, business units, business processes, human resources, and the technology infrastructure. The IME must be protected against hardware and software failures, human error, natural disasters, and other emergencies that could interrupt services. The Contractor shall have onsite backup utilities and communications to support local operations until the recovery site is available. The Contractor shall test said plan annually and report all findings to the IME. The Contractor's DRP shall be integrated with the IME's current DRP.

1. In the event of a natural or man-made disaster, all data and files shall be protected in an offsite location. The Contractor shall provide a defined secondary data center site for disaster recovery purposes, which may be the vendor's disaster recovery location, the State of Iowa's secondary data center, or another alternative for the purposes of business continuity if the primary business site becomes unsafe or inoperable. The business site shall be fully operational within 72 hours from the time of the declaration or the primary business site becomes unsafe or inoperable. The Contractor shall provide the IME a hard and soft copy of the plan, including all revisions.

2. The disaster recovery and backup planning responsibilities of the Contractor are as follows:

i. Establish and maintain, on a daily and weekly basis, an adequate and secure backup for all computer software and operating programs, databases and systems, operations and user documentation (in magnetic and non-magnetic form). The backups must be maintained at a secure offsite location in an organized and controlled manner.

ii. Provide for offsite storage of backup operating instructions, procedures, reference files, system documentation, programs, procedures, and operational files. The Contractor shall initiate offsite storage during the Production Implementation task of the ACD phase. Procedures must be specified for updating offsite

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materials. The Contractor's DRP must be in place before operations are assumed. All proposed offsite procedures, locations, and protocols must be approved in advance by the IME.
iii. Protect all data and files in an approved, secure offsite location. The Contractor shall provide an alternate business site if the primary business site becomes unsafe or inoperable due to an event of a natural or man-made disaster. The Contractor's business site shall be fully operational within three business days of the primary business site becoming unsafe or inoperable. The Contractor must work and coordinate with the State of Iowa Information Technology Enterprise (ITE).
iv. Maintain appropriate checkpoint and restart capabilities and other features necessary to ensure reliability and recovery, including telecommunications for voice and data circuits and disaster recovery.
y. Prepare, maintain and test a DRP and provide the IME with up-to-date copies, at least once a year, during the term of the Contract. The Contractor's DRP shall be submitted to the IME for approval prior to the systems implementation and whenever changes are required.
z. Ensure that each aspect of the DRP is detailed as to both Contractor and the IME responsibilities and that it satisfies all specifications for federal certification. Normal IME day-to-day activities and services must be resumed within three business days of the inoperable condition at the primary site(s).
1. The DRP must address checkpoint and restart capabilities.
2. The DRP must address retention and storage of backup files and software.
3. The DRP must address hardware backup for the main processor(s).
4. The DRP must address network backup for voice and data telecommunications circuits.
5. The DRP must address Contractor voice and data telecommunications equipment.
6. The DRP must address the Uninterruptible Power Source (UPS), at both the primary and alternate sites, with the capacity to support the system and its components, at a minimum:
i. 30 minutes of run time.
ii. An alternate power source that automatically switches over from the UPS and furnishes at least 24 hours run time.
7. The DRP must address the continued processing of transactions (claims, eligibility, provider file, and other transaction types), assuming the loss of the Contractor's primary processing site. This shall include interim support for the IME online component of the new MMIS and how quickly recovery can be accomplished.
8. The DRP must address backup procedures and support to accommodate the loss of online communication between the secondary processing site and the IME. (see 2.5.1.2.w.1)
9. The DRP must contain detailed file backup plan and procedures, including the offsite storage of crucial transaction and master files. The plan and procedures shall include a detailed frequency schedule for backing up critical files and (if appropriate to the backup media) their rotation to an offsite storage facility. The Contractor's offsite storage facility shall provide security of the data stored there, including protections against unauthorized access or disclosure of the information, fire, sabotage, and environmental considerations.
10. The DRP must address the maintenance of current system documentation and source program libraries at an offsite location.
aa. Provide and identify all backup processing capability at a remote site(s) from the primary site(s) to assure that all IME units continue to function as "normal," in the event of a disaster or major hardware problem at the primary site(s).

Disaster Recovery Plan

We perform disaster recovery planning and execute disaster recovery activities in accordance with RFP requirements. We provide the hardware and software for installation at the state DR/BC site. We execute the DR/BC tests in the state facility to demonstrate that the DRP and BCP have been correctly implemented and are operational.

As described previously in our discussion of the BCP, our DRP is a companion deliverable to the BCP. Therefore, we follow the same methodology to develop the DRP as outlined in the previous section. The Disaster Recovery Plan identifies and addresses potential scenarios that may interrupt MMIS services, including hardware and software failures, human error, and natural disasters. The plan includes provisions for on-site backup utilities and communications to support local operations if the recovery site is not immediately available. We also document target times for recovery based on the level of outage and allowable interruption time. Our DRP will be integrated with the IME's current DRP.

Based on the overall DR/BC strategy, we develop and document detailed, implementable business, operational and technology recovery plans according to the IME requirements. Each plan includes information, such as detailed tasks and procedures, task owners, key stakeholders, and timelines.

Our DR solution is to deploy the necessary equipment within the Agency's disaster recovery site. We have included in our hardware specifications a multi-purpose environment that serves as the UAT environment, business scenario test environment and the disaster recovery environment. This environment resides in the Agency's disaster recovery location and connected to the State's Data Center. This equipment includes the replication of all the mission critical components to recover production transaction processing and access. We

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work with the IME staff to construct the DR/BC plan according to State guidelines. The plan includes the identity of the critical production connections that require an alternate routing facility to the backup site. The alternate routing feature allows network control software to predefine a route used when moving the communications destination to the backup site. There may also be a redestination of the production URL for Web portal users.

bb. Develop a Configuration Management Plan (CMP) describing the software and hardware configuration that will support operations and that can accommodate future changes in programs, changes in standards and transactions and increased transaction volumes for the new MMIS. The Contractor shall:
1. Provide a software and hardware solution that is upgradeable and expandable.
2. Perform regular maintenance to ensure optimum performance.
3. Perform resource capacity utilization and capacity planning.
4. Implement needed expansions, at the Contractor's own expense, when agreed upon thresholds are reached.
cc. Ensure all hardware, software, and communications modules installed for use by the Agency staff are compatible with the Agency's currently supported versions of the Microsoft Operating System, Microsoft Office Suite and Internet Explorer and current technologies for data interchange.
dd. The Contractor's CMP shall describe the planned system environments for testing, conducting knowledge transfer and production and the procedures and software tools for controlling the migration of software versions or releases between the environments. The CMP shall address in detail the Contractor's organization, configuration identification, change management, internal audit procedures, and other configuration aspects of the project.
ee. Implement and maintain the configuration management plan that ensures support to all aspects of the life cycle of the project.

Configuration Management Plan

We have carefully reviewed the MMIS requirements to provide IME with a solution that meets current and future processing and expansion needs. As we developed the solution for the IME, we identified the following requirements and guiding principles to direct our approach:

- Provide the Agency with a software and hardware solution that is upgradeable and expandable
- Perform regular maintenance to verify optimum performance
- Perform resource capacity utilization and capacity planning
- Install hardware, software or communications modules for use by the Agency staff that are compatible with the Agency currently supported versions of the Microsoft Operating System, Microsoft Office Suite and Internet Explorer and current technologies for data interchange
- Implement needed expansions at our expense, before ninety percent of maximum capacity is reached
- Develop a solution based on SOA principles
- Use commercial off-the-shelf (COTS) products extensively, minimizing custom development
- Meet MMIS requirements with a solution that is CMS-certifiable out of the box
- Provide a solution platform for today's requirements for interoperability and a framework for tomorrow's changing needs, whatever they might be
- Provide a MITA-aligned solution that states can leverage to increase maturity

APHP is a technical architecture that provides an integrated services structure for COTS business software packages. The platform is highly configurable and flexible. COTS products can be added, upgraded, replaced or retired via configuration, rather than by long, expensive system development projects. APHP has a common security service structure to provide robust protection and control of data based on the Agency's policies and regulations. It has a web user interface that provides access to providers, members and workers in a consistent and integrated way. Users get the same look and feel and can get everything needed to complete an inquiry or transaction in a single session. APHP provides a structure to easily accommodate Medicaid program changes, as well as new capabilities, such as member eligibility and enrollment and health information exchange.

We develop a Configuration Management Plan (CMP) that covers all aspects of the MMIS system lifecycle. The CMP addresses our Configuration Management Team, configuration identification, change management, internal audit procedures and other configuration aspects of the project. The CMP also includes:

- Description of each of the environments planned for use during the MMIS implementation and operations including planned system environments for testing, conducting knowledge transfer and production and the procedures and software tools for controlling the migration of software versions and releases between the environments
- Hardware and software architecture and upgrade plans
- Operational system testing to monitor ongoing performance
- Maintenance planning

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Additionally, our data conversion team includes S2Tech, the current MMIS system maintenance subcontractor who provides the majority of the staff currently performing system maintenance activities for the legacy MMIS. Members of the S2Tech Team, with detailed knowledge of the current MMIS data structure, are uniquely qualified to help plan and support data conversion activities. Their existing knowledge and familiarity with the current complex MMIS data formats help our team analyze data conversion requirements more quickly and develop comprehensive data conversion plans with lower conversion risk.

We work collaboratively with the Agency in developing a data conversion strategy that provides a smooth transition of data from the current system into the new MMIS. To complete the data conversion, our Data Conversion Team executes the following activities with the Agency prior to production data deployment:

- Data conversion planning
- Data conversion requirements identification and analysis
- Design and development of data conversion programs
- Data conversion testing and verification

Section 4B.1.b.2.1 below details each of the above activities as to how we address data integrity, data quality, data verification, and data loading requirements defined in RFP 2.5.2, items a-e as part of Data Conversion.

4B.1.b.2.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.b.2.2 Contractor Responsibilities

2.5.2.2 Contractor Responsibilities

The Contractor shall successfully convert all data elements in the legacy MMIS. Additionally, the Contractor shall provide resources to complete the loading and application functionality to allow for the initial loading of all information currently captured on paper that will be automated in the new MMIS. The Contractor shall review the current MMIS documentation to determine which data elements are actually required for the conversion process. The only exceptions to this are those data elements that are identified as obsolete, redundant, calculated fields (as determined by the Agency) and those strictly used for the internal processing of the legacy systems. The Contractor shall establish the specifications for data conversion and obtain Agency approval of those specifications. The Contractor shall write programs, use tools, or utilize existing extract routines to extract data from the current MMIS. The Contractor shall develop or provide any knowledge transfer, documentation, maintenance or enhancement software identified in the conversion plan as being required to support the conversion from the existing systems to the new MMIS. The Contractor shall synchronize the converted data to ensure all records are tracked and validated.

The Contractor shall submit the following in relation to these activities:

a. Final Conversion Plans – The Contractor shall create a final conversion plan for the MMIS.

b. Data Conversion Checklists -The Contractor shall prepare data conversion checklists, provide a walk-through for the Agency staff, and then submit the checklist for the Agency review and approval.

c. Data Reconciliation Procedures - The Contractor must prepare data reconciliation procedures and scripts. The Contractor shall conduct a walk-through for the Agency staff before submission of these procedures and scripts for the Agency review and approval. Data conversion from existing complex data formats to relational database schema will require the application of conversion rules to transform the data. The Contractor shall detail all procedures and develop scripts to reconcile the converted data back to its original content during the execution of parallel runs and regression testing between the new MMIS and existing systems. These procedures and scripts will be an integral part of the Contractor's approach to the regression testing specifications and the parallel runs between the existing systems and the new MMIS.

d. Convert and Reconcile Data for Implementation - Before converting the data, the Contractor shall perform trial conversions and conduct a walk-through of completed file and table conversions for all modules for the Agency staff and submit the results for approval. The Contractor shall convert and reconcile data and produce all necessary reports defined in the conversion test plan. The Contractor shall review the results of each conversion run to ensure the correctness and completeness of the conversion before allowing user access to the system. The Contractor shall verify the data selected for pilot implementation before any other use of the system. The Contractor shall perform a final conversion of all data and provide reports defined in the conversion test plan for the Agency review and approval. Upon approval by the Agency, the Contractor shall incorporate converted data for UAT.

e. Conversion Testing – The Contractor shall follow the process and steps outlined in the conversion plan for conversion testing, as well as tests and processes described in the following sections. The Contractor shall develop and use test scripts based on the design and specific functions included in the conversion process. These scripts will be step-by-step instructions addressing every activity in the conversion process for each data file converted.

f. Conversion Test Results – The Contractor shall provide the Agency an interim report on each file and table conversion test within one business day of each scheduled file and table conversion test. The Contractor's interim report shall include the following for each file and table conversion:

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- Compliance with IME standards and guidelines
- Change management approach
- Configuration management roles and responsibilities across the Accenture and IME teams
- Configuration management tools and processes

4B.1.b.1.3 Deliverables

2.5.1.3 Deliverables
The Contractor's Deliverable obligations include:
a. The architectural and system specifications.
b. The results of the JAD sessions.
c. Methodology document for the development of the MMIS.
d. Requirements Specification Document (RSD).
e. Requirements Traceability Matrix (RTM).
f. Detailed System Design (DSD).
g. Conversion Plan.
h. Interface Plan.
i. Test Management Plan.
j. Business Continuity Plan.
k. Disaster Recovery Plan (DRP).
l. Configuration Management Plan.
These Deliverables shall be provided to the Agency based on the dates included in the approved Work Plan WBS.

We will work with the Agency to follow the same successful deliverable process from the first MIDAS contract to develop and submit the deliverables listed in RFP Section 2.5.1.3 above. We will identify deliverable dates, resources, and dependencies in the approved Project Work Plan.

4B.1.b.1.4 Performance Standards

2.5.1.4 Performance Standards
The Contractor shall:
a. Satisfactorily complete RV sessions within the timeframe approved by the Agency.
b. Provide the accurate analysis and design Deliverables for review and approval within a timeframe determined by the Agency.
c. Avoid multiple Deliverable iterations.

Analysis and design activities define and guide development of Iowa's new MMIS solution. We acknowledge and accept Analysis and Design performance standards for completion of RV sessions, the Agency's review and approval of accurate deliverable and avoidance of multiple deliverable iterations.

4B.1.b.2 Conversion Activities

2.5.2 Conversion Activities
The Contractor shall convert all historical and active data, including all imaged documents in the current MMIS. The Contractor shall provide a sound conversion strategy and approach that addresses data conversion using conversion programs and manual data entry. The data conversion task involves planning, identifying and analyzing conversion specifications, preparing a conversion plan, with specifications for developing and testing conversion programs and converting the data. Objectives of this task are described below:
a. Data integrity, which is the characteristics of the data, including business rules, rules for how pieces of data relate, dates, definitions, and lineage must be correct for data to be complete.
b. Data quality, which is the characteristic of data that bears on their ability to satisfy stated specifications.
c. Data verification process wherein the data is checked for accuracy and inconsistencies after data migration is completed.
d. Data loads for testing purposes.
e. Data load completion.
The Contractor shall address the data conversion specifications described for this task. The Contractor shall begin the data conversion task early in the life cycle of the project and the Contractor shall convert all existing data and obtain Agency approval prior to the beginning of User Acceptance Testing (UAT).

Data conversion is an especially critical part of a system implementation. Data within the MMIS currently exists within complex data formats. Additionally, some information that is automated in the new MMIS is currently captured via paper forms. An accurate and complete data conversion of existing MMIS data and manual data entry of critical information currently stored on paper-based documents is essential for the successful implementation of the new MMIS System. We convert all historical and active data, including all imaged documents in the current MMIS to the new MMIS.

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1. All test results.
2. Any problems encountered, the impact on the rest of the conversion schedule, and before and after versions of each converted table, including default values.
3. A summary of the status of the test, including: Number of problems identified by type of problem, number of problems corrected and any significant outstanding issues, the effect of any findings on the implementation schedule, and any other relevant findings.
g. Conversion Reports - At a minimum, the Contractor shall produce the following reports to ensure adequate checks and balances in the conversion process:
1. Detailed mapping of the conversion elements (Source Fields to Target Fields) for each module and data files.
2. Weekly status reports on the conversion progress and any issues identified.
3. Conversion progress by environment, by module.
4. Statistics on conversion (e.g., % complete, % error, volume, exceptions):
i. By module.
ii. Time estimated versus actual time taken.
iii. Data verification reports.
iv. Manual spot check results.
v. Automated check results.
vi. Data reconciliation reports.
vii. Capacity plans (if applicable).
h. UAT of Converted Data - The Contractor shall conduct UAT to confirm that data conversion has been done correctly, including verification that the "new" data matches the "old" data. The UAT test for data conversion must actively use all of the conversion functions, process all types of input and interfaces, and produce all conversion reports. The Agency may require that the Contractor include certain types of data in the conversion test.

Data Conversion Planning

Data conversion is the process of extracting, staging, mapping, transforming, and loading data from legacy MMIS systems into the new MMIS. We develop a Conversion Plan that describes our strategy and approach for completing data conversion activities for the MIDAS project. We work collaboratively with the Agency to finalize our approach and provide a smooth transition of data from the current system into the new MMIS. We use a combination of Extract-Transform-Load (ETL) data mapping tools out of Microsoft SQL Server Integration Services, data modeling software, and custom conversion process knowledge to plan and implement our data conversion approach for the new MMIS. Our strategies address conversion for all historical and active data, including all imaged documents in the current systems.

Our Conversion Plan describes the scope of the data conversion effort and our approach to data conversion activities. It also includes a review of established plans for communication, risk, contingency, and verification procedures for the overall conversion effort. The Conversion Plan includes the following information:

- Approach to analyze current MMIS data
- Approach to bi-directionally map between legacy and target system data structures
- Any automated tools or software programs to be used in the conversion and testing of results
- Approach to reconcile converted and current MMIS data, including recommendations on how to handle any cases in the current MMIS that should be considered conversion exceptions
- Approach to data derivation for new data that is not in current MMIS but required to support target system data requirements
- Expected conversion issues and risks
- Proposed integrity rules, testing, and QA measures
- Approach to knowledge transfer in support of conversion
- Proposed timelines, schedules, and resources for conversion activities

Data Conversion Requirements Identification and Analysis

We perform source-to-target mapping for all data to be loaded into the new MMIS. This activity maps data from the legacy systems to the new MMIS. Data mapping illustrates how the new system's input data is created and validated from existing sources. Data mapping specifications list the target data for the new system's start of operations and identify a corresponding source for every data element required. A target data element may require information from a variety of sources. The sources may be an existing file, a calculation derived from several pieces of information, or manual data entry. Data mapping spreadsheets provide a convenient way to list data conversion requirements.

Our data analysis effort includes a review of all historical and active data. For those legacy data elements that do not map directly to the new MMIS, we work with the Agency to classify each data element and its

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disposition. This includes those data elements that are obsolete, redundant, calculated fields, or strictly used for the internal processing of the current systems. In addition, we identify information currently captured on paper that is stored electronically in the new MMIS. An initial load of this information is required to establish the data in the new MMIS.

During the data mapping process, we work with the Agency to review data retention requirements, data dependencies, and data quality issues. Our effort also includes identifying data integrity constraints and co-existence and interface requirements. We identify data integrity constraints to restrict the data values to those allowed to be accepted into a data file. This preserves the correctness and consistency of stored data. We also identify any co-existence data elements. These requirements define how to address data elements stored in multiple sources and includes which source takes precedence, when to sync up, which data are updated, when, and by whom. We also develop conversion requirements to be included in interface designs for data requiring an ongoing load via an interface following initial start-up. These activities help determine the scope of data to bring forward into the new MMIS.

We recognize that data conversion activities are dependent on verifying data quality and integrity and cleansing the various sources of input data. Data cleansing refers to the process of identifying data defects in the MMIS legacy systems, defining a resolution approach, managing the process of resolving defects, and incorporating resolved records into the data conversion process. Data defects result from incorrect processes or data entry errors in the legacy systems.

Design and Development of Data Conversion Programs

Results of the data mapping process serve as the key input into the design of detailed data extract programs. The Data Conversion Team designs extract programs to select data from the identified legacy systems and map that data to source system. The team groups extract programs by functional areas. The team designs the conversion load programs to read the extract data, cross walk data, format the data, and load it into the target database tables. If we make updates to the detailed data extract designs, we also make corresponding updates to the load programs. The team designs the extract and load programs to produce control reports and exception listings. We use the control reports to report the number of records read, written, inserted, and updated. The extract and load program exception listings write records to error listings if error conditions exist. Error conditions include missing required fields, duplicate records, and data on the extract file that does not meet the conditions of the conversion logic or the load programs.

Creation of file layouts for the extract and load programs is a culmination of multiple efforts for the Data Conversion Team. The team produces file layouts once the data mapping and data extract and load program designs are complete. After completing data mapping, the Data Conversion Team can identify the type of information technically and functionally required by the system. The Data Conversion Team can also identify the information captured by the legacy systems. The file layouts clearly identify the information that the Data Conversion Team expects from legacy systems. This strict layout allows the extract and load program developers to begin work on developing their respective programs. Based on the created designs, the Data Conversion Team develops, tests, and deploys the data conversion programs required to put legacy system data in the correct format for the new MMIS system.

Data Conversion Testing and Verification

Testing is an important part of data conversion. It allows us to see what areas are not converting correctly, and it gives us the opportunity to correct it. Highlights of the data conversion testing include:

- Data integrity testing and quality assurance
- Validation of the data conversion and load processes
- Definition and use of the data integrity rules
- Incorporation of business or technology changes without significant rework
- Verification of configuration records against the infrastructure and correction of any exceptions

Data Conversion Script Validation

We perform a series of tests on developed data conversion scripts to confirm the accuracy of the conversion scripts. Unit testing tests the work unit (e.g., lines of code within the individual conversion scripts) that has more than one possible outcome, including error processing. Integration Testing tests data interdependencies between the individual data conversion translation scripts and verifies that the flat file produced by the conversion scripts can be successfully executed through the new MMIS.

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Trial Conversions

Trial data conversion is the final and primary method we use for testing the conversion process. Planning for trial conversions includes refinement of the Conversion Plan to include detailed conversion tasks identifying the sequence of the steps involved in automated and manual conversion processes. We perform trial conversions to practice the tasks that we execute during the go-live conversion. It provides the opportunity to execute data conversion programs and provides an opportunity for review of the data by the Agency. We also perform trial conversions to verify that the new MMIS can perform tasks in a reasonable timeframe. Trial conversions allow staff participating in the conversions to become more familiar with new data, the tasks, methods and responsibilities. Trial conversions help build user and management confidence in the final conversion process. Early trial conversions allow us to resolve major conversion issues before a final trial conversion. The final trial conversion must be a smooth simulation of the actual conversion process. We work with the Agency to execute three trial data conversions. In addition to providing increased verification and accuracy for conversion timings, each of the three planned trial conversions has a specific purpose and objective. The following highlights the purpose of each trial conversion:

Trial Conversion 1 - Technical Trial Conversion

- Performed by Data Conversion Team Members
- Focuses on the technical execution of conversion programs
- Verifies estimates of system resources required and time requirements for the conversion process
- Provides an iterative process with updates and fixes
- Uses converted data with system test cycles

Trial Conversion 2 - Performance Trial Conversion

- Performed by Application Team Members
- Focuses on all technical executions associated with the conversion process
- Fine tunes conversion for performance taking into account the go-live timeframe
- Tests full target population
- Uses converted data with system test cycles

Trial Conversion 3 (Iterative) - Dress Rehearsal

- Performed with involvement of Data Conversion and Application Team Members, representative end users, Technical Architecture Team, and Project Management
- Serves as a practice or dry run of go-live
- Meets final conversion time requirements
- Provides execution environment similar to that of production
- Executes all conversion procedures
- Verifies that conversion processes are ready for actual conversion
- Verifies that schedule fits within the designated window
- Tests full target population
- Uses converted data with UAT

Final Conversion

Conversion to production is the final stage in the conversion process. This stage produces a complete, validated, and converted new MMIS with data that is ready for system rollout. We detail the major steps involved in the production conversion in the Conversion Plan. These include:

- Validating converted configuration tables
- Executing automated conversion programs
- Validating data tables converted automatically
- Executing manual conversion processes (e.g., enter manual data)
- Validating data tables converted manually
- Generating conversion reports and evaluating results

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The detailed Conversion Plan specifies the sequence of the steps involved in automated and manual conversion processes. Typically, four days, including a weekend, is required for performing the conversion to production activities. We work with the Agency to determine the most reasonable timeframe for the conversion. After reaching the agreed-upon cutoff point, the legacy systems are frozen, allowing for the conversion from the legacy MMIS to the new MMIS. The new MMIS is available for data entry after the conversion is executed successfully. We validate and reconcile converted data with automated and manual activities. These activities include:

- **Control Report/Count** – Provides a comparison count of the number of rows in the two systems, thus checking that all rows were converted.
- **Data Analysis/Comparison** – Uses reconciliation reports to compare converted data to legacy data to confirm data is converted correctly.
- **Random Checks** – Checks randomly chosen individual records from the legacy system(s) to compare them with their counterparts in the new MMIS.

Data Conversion Documentation

We prepare the documentation listed in Table B.2-1 to support and confirm data conversion activities.

Table B.2-1. Our Data Conversion Team creates comprehensive planning and verification deliverables to guide a seamless conversion of data to the new MMIS.

Data Conversion Document	Description
Final Conversion Plans	During Analysis and Design activities, we work with the Agency to create a Conversion Plan that describes our approach for the data conversion. As part of our preparation to begin trial conversions, we refine this plan to include a detailed sequence of tasks required to conduct and verify the data conversion. We continue to refine this detailed plan with each trial conversion. The Final Conversion Plan includes the verified list of activities that incorporates lessons learned from each trial conversion.
Data Conversion Checklists	Data Conversion Checklists identify the tasks necessary to successfully complete the data conversion. These checklists also include prescribed checkpoints to evaluate the effectiveness of previous conversion steps and communicate status to designated stakeholders. The checklists include all exit criteria for the data conversion. As we plan the conversion processes, we work collaboratively with Agency to verify that all final implementation activities are accounted for in the checklists, the proper checkpoints are included, and communication strategies are in place. We collaborate with the Agency and the existing MMIS contractor to develop this checklist and conduct a formal walkthrough of the checklist prior to submission.
Data Reconciliation Procedures	Data Reconciliation Procedures and Scripts show what was extracted from the legacy system match what was loaded into the new MMIS system. We use these scripts during conversion testing to verify that our conversion processes and programs are delivering the right results. Reconciliation procedures are used during production to identify any potential problems requiring action prior to completion of deployment activities. We conduct a walkthrough of these procedures and scripts before submitting them to the Agency for approval.
Data Reconciliation Results	Our Data Conversion approach includes three trial conversions. During these trials, we perform all conversion tasks planned for production, including reconciliation procedures and scripts. We create reports and detail results as we would with the production conversion. Our trial conversions are a collaborative effort between our team and the Agency. Following each trial, we conduct a walkthrough of the reports and results, including reconciliation results, with the Agency. The third trial conversion helps populate the UAT environment. We seek Agency approval for converted data prior to incorporation for UAT.
Conversion Testing	We conduct conversion testing as detailed in the Conversion Plan. This includes testing individual conversion scripts, programs, and processes and trial conversions, which provide an integrated test of all conversion activities. Data conversion programs are verified during conversion testing using detailed test scripts.

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Data Conversion Document	Description
Conversion Test Results	Our conversion and data cleansing strategy includes execution of multiple trial conversions. We conduct these trial conversions to prepare data for our system testing. Trial conversions help us prepare for full deployment into production at go-live. Each trial conversion produces reports that allow us to gauge the progress and success of the trial. Results from each trial conversion are available to the Agency for review within one business day of each scheduled conversion test. Each trial conversion execution results in a report that includes the following for each file/table conversion: ▪ All test results ▪ Any problems encountered and the impact on the rest of the conversion schedule ▪ Before and after versions of each converted file/table, including default values ▪ A summary of the status of the conversion, including: ▪ Number of problems identified by type of problem ▪ Number of problems corrected and any significant outstanding issues ▪ The effect of any findings on the implementation schedule ▪ Any other relevant findings
Conversion Reports	After each trial conversion, we produce conversion execution reports to communicate to the Agency that there are adequate checks and balances in our defined process. We work with Agency to define the specific metrics required for each trial conversion. Our conversion reporting documents the metrics used to measure the completeness of the conversion process, including record counts for each major grouping of data elements from both the legacy source systems and the new system (i.e., number of persons, cases, resources). We also provide the Agency with copies of all conversion programs and program listings used during the test. To provide information on execution of the conversion process, we provide the following types of reports: ▪ Detailed mapping of the conversion elements (source fields to target fields) for each entity ▪ Weekly status reports on the conversion progress that identifies any issues ▪ Conversion progress by environment and by data area ▪ Statistics on conversion (% complete, % error, volume, exceptions) to include: – By data areas – By application source – Time estimated versus actual time taken – Data verification reports – Manual spot check results – Automated check results ▪ Data reconciliation reports ▪ Data cleansing reports by data areas, by application data source ▪ Capacity Plans (if applicable) After completion of all data conversion activities, we prepare a Conversion Final Report. This report summarizes all data conversion activities and recommendations for ongoing data verification and/or reconciliation needs.
UAT of Converted Data	The third trial conversion is a dress rehearsal for the production conversion. This means we perform conversion tasks as we would during the production conversion event. This includes performing data reconciliation and verification activities. We also use the third trial conversion to populate the UAT environment. This allows the Agency to verify data conversion results and provides realistic data scenarios for UAT

4B.1.b.2.3 Deliverables

2.5.2.3 Deliverables
The Contractor's Deliverable obligations include:
a. Final Conversion Plans.
b. Data Conversion Checklists.
c. Data Reconciliation Procedures.
d. Conversion Test Results.
e. Conversion Reports.
f. UAT of Converted Results.

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Following the same successful deliverable process from the first MIDAS contract to develop, we submit the deliverables listed above in RFP 2.5.2.3, items a-f. This process includes first developing a DED for review with the Agency to establish expectations for the format and content of the above listed deliverables. Each deliverable is then crafted and draft versions are reviewed with the Agency during one or more preliminary walkthroughs. Based on Agency feedback, we update the draft deliverables to address any discrepancies and incorporate recommended revisions. We then review each updated deliverable with the Agency prior to final submission and Agency approval.

4B.1.b.2.4 Performance Standards

2.5.2.4 Performance Standards
The Contractor shall provide evidence to the Agency that one-hundred percent of all appropriate data has been successfully converted, in accordance with the timeline established in the Agency-approved Work Plan.

We understand and comply with defined Performance Standards for data conversion, including achieving conversion success criteria as specified by the Conversion Plan and within Agency-approved timelines and as defined by the MIDAS Project Work Plan.

4B.1.b.3 Configuration and Rules Engine

2.5.3 Configuration and Rules Engine
The Contractor shall configure all software and shall populate the rules engine.

The APHP framework and all core components come preconfigured to work together as a single solution. Our APHP installation process accomplishes this base configuration automatically, and validates successful completion through both automated and manual testing. The APHP Configuration Library contains configurations out of the box for all federally mandated and optional benefit plans, as well as many common state-specific benefit plans and programs. This accelerates the process of contingency business rules. In addition, our library contains automated workflows, document templates and more. Using these work aids not only makes software and rules configuration a faster process, but enables us to start from a known, tested baseline, improving quality and predictability.

Starting with our base configuration, we augment the business and policy rules by configuring the remaining items identified and documented in the business rules and requirements specifications. During the configuration process, we generate activity and status reports throughout the life cycle of the implementation effort at all levels, from integration until production. These reports are viewable at any stage. This built-in, ready-to-deploy system reduces the amount of time required to configure each component.

Key business users and project management validate the planned APHP configuration. Next, we configure APHP, as defined in product requirements, documenting data structures, data flows, business logic, user interface design, interfaces and algorithms and integrate it into the Iowa environment.

4B.1.b.3.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.b.3.2 Contractor Responsibilities

2.5.3.2 Contractor Responsibilities
The Contractor shall develop, test, and document all MMIS applications. Key elements associated with this task include:
a. Demonstrate that all hardware, software, and communication linkages are functional and will support the Agency's specifications.

We install the hardware, software, and communication equipment necessary to host APHP, including data storage devices and network connectivity components. This includes installation of the base APHP modules. This first installation includes establishment of our development environment which allows the team to begin to demonstrate the functionality of the product to the Agency and other stakeholders.

b. Ensure that the developed solution meets design criteria and satisfies the intended purpose.

As we begin to configure the system during the ACD Phase, we conduct demonstrations of the new MMIS system as part of conducting CRPs for each business function. Based on feedback received during the CRPs, we adjust design specifications and make incremental updates to the configuration. CRPs allow us to verify that the Agency criteria set forth in the requirements and the design specifications documented in the DSDs are accurate and that the resulting new MMIS will satisfy its intended purpose.

c. Install and enhance or modify modules of the proposed systems, according to the specifications developed and approved by the Agency in the systems design task.

The APHP solution that we offer for the MMIS is an existing product, ready for configuration to meet the Agency's needs. Once installed to the development environment, we can begin configuration. As stated

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previously, we start the configuration before we conduct the first CRP with the Agency and, as we proceed with CRPs, we continue to update the configuration based on input from the Agency on the system and operational requirements. Simply put, if an APHP module out-of-the-box meets the Agency's business needs, we leave it as-is. If a module needs modification to meet the Agency's business needs, we configure it accordingly.

d. Provide module walk-through and demonstrations to the Agency.

Walkthroughs of the solution occur throughout CRP, configuration, and testing. During CRP, we configure the solution to match RSD requirements and walk through the configured application again with the Agency. This "rapid prototyping" approach provides the Agency the opportunity to see the new MMIS as it evolves during configuration. We continue to gather Agency feedback throughout these sessions to confirm the developed solution. Upon system configuration, test phases demonstrate that the hardware, software, and communication linkages are functional and the solution meets the Agency's requirements.

e. Present all standard output reports.

During the CRP and DSD review process, we provide a complete listing of the standard output reports from our APHP solution. We walk through standard output reports to confirm the format and content with the Agency. We later generate these reports during the Integration Test and UAT phases of the project for verification and Agency review and approval.

f. Demonstrate functionality of all interfaces.

To demonstrate functionality of all interfaces for the new MMIS, we plan and execute integration testing as part of our overall test plan. We run the MMIS with other systems and trading partners to confirm system-to-system communication, data transfers, and interfaces are functioning as expected. The Interface Plan details our interface approach, which we deliver within 45 days of contract award.

g. Populate the rules engine.

Based on approved RSDs and DSDs, we populate the business rules for the new MMIS. As described previously in Section 4B.1.b.3, Configuration and Rules Engine, we first identify the rules needed in the new MMIS. We start with rules already existing in the legacy MMIS to identify the rules that must be populated in the new MMIS. Then we work with the Agency during requirements verification and CRP sessions to review and refine the existing rules and identify new or changed rules that must be configured. The rules population and configuration are then tested and validated throughout our testing phases.

h. Update the CMP.

We coordinate closely with Agency and IME stakeholder resources as we proceed through the ACD activities for the project. We update and maintain the Configuration Management Plan (CMP) based on changes to the system as we go through each phase of the system development life cycle so that it accurately reflects the MMIS solution environment and processes.

4B.1.b.3.3 Deliverables

2.5.3.3 Deliverables
The Contractor shall provide the following Deliverables:
a. Updated CMP.
b. Documentation of all rules in the rules engine.
c. Updated use cases.
d. Standard output reports.
e. Updated interface plan.
f. MMIS documentation and user documentation manuals.

Following the approved deliverable process defined for the project, we develop and submit the deliverables listed in RFP 2.5.3.3 above. This process includes first developing a DED for review with the Agency to establish expectations for the format and content of the above listed deliverables. Each deliverable is then crafted and draft versions are reviewed with the Agency during one or more preliminary walkthroughs. Based on Agency feedback, we update draft deliverables to address any discrepancies and incorporate recommended revisions. Updates to the deliverable require Agency review prior to final submission and Agency approval.

4B.1.b.3.4 Performance Standards

2.5.3.4 Performance Standards
The Contractor shall:
a. Assure all hardware, software, and communication linkages are functional and meet Agency specifications.
b. Populate the rules engine in accordance with Agency specifications.

We acknowledge and accept the above defined performance standards for configuration and rules engine.

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4B.1.b.4 Testing Tasks

2.5.4 Testing Tasks
Planning for the testing task must occur as early in the project as possible to ensure acceptable test results and a successful implementation. Testing activities shall align with the guidelines published the CMS Testing Framework, version 1.1, published May 18, 2011 and generally accepted testing practices typically employed during the Software Development Lifecycle (SDLC). Such standards include:

- *Unit Test (CMS Development Testing)*
- *System Integration Test (CMS Validation Testing)*
- *User Acceptance Test (CMS Implementation Testing)*
- *Operational Readiness Testing (CMS Operational Testing)*

The Contractor shall obtain Agency approval of detailed test plans prior to the start of each testing phase. Test scenarios, test scripts and test cases within each phase of testing must align with the RTM to verify all specifications are accounted for during the test efforts. The Contractor's test results shall confirm all specifications have been thoroughly tested.
Thorough testing of the new MMIS will ensure a successful implementation, and provide an enterprise that will appropriately process and pay all claims transactions, process and report eligibility determinations and updates, enroll providers, process prior authorization requests, update all types of files, produce required reports and support all analytical specifications. The Contractor shall work closely with the Agency, the IV&V and QA Services contractors during all testing phases. The Contractor must permit complete systems access to the Agency and the IV&V and QA Services vendor and offer timely assistance when requested.

An on-time, low-risk, and reliable MIDAS project implementation requires comprehensive testing using a proven methodology executed by a skilled and experienced team. Our testing methodology provides a structured approach to validating end-to-end-business processes and applications. Testing allows our skilled team to work with the Agency along with IV&V and QA Services vendors to validate system specifications throughout the project lifecycle and verify the development process is on track to provide a solution that meets the Agency's and CMS certification requirements.

Planning for testing begins early, starting with the comprehensive TMP, which outlines the overall approach for all testing activities and aligns with the CMS Test Framework, Version 1.1 (May 18, 2011), the methodology described in the AIP, and the scope of requirements defined by the RTM. We further refine our plan for testing by delivering detailed test plans prior to the start of each testing phase, which complement the overall TMP. We tailor our testing approach to support the Agency's testing and evaluation requirements detailed in the RFP. We provide a proven testing methodology based on our industry recognized V-Model. This provides clear objectives and scope between environments and is structured to identify defects in the requirements, design and configuration stages as early as possible, avoiding more costly corrections in later phases. Our team brings our combined industry best practices with our specific knowledge of Medicaid and healthcare systems to the Agency, resulting in a thorough testing approach to support system engineering, transition/cutover, and sustainment activities, further supported by repeatable processes and asset reuse. Table B.4-1 highlights major features of our test approach and the benefits to the Agency.

Table B.4-1. Our comprehensive test approach delivers a new MMIS that meets the complete set of IME requirements

Features	Benefits to the Agency
Field-tested methodology	▪ Lowers implementation risk through early defect discovery and resolution ▪ Validates system quality from the technical, functional, and business perspective
Use of converted data where possible for testing	▪ Increases user confidence/acceptance ▪ Lowers go-live risk ▪ Promotes early identification of data problems
Integration with requirements	▪ Provides validation that solution meets Agency requirements ▪ Provides clear requirements traceability to verify each requirement is tested
Automated test tools	▪ Lowers cost and accelerates test preparation and execution ▪ Allows reuse of materials for regression testing
SOA-specific risks & mitigation approach	▪ Delivers well tested modular, interoperable, high performance system with reusable components and seamless integration with external entities

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4B.1.b.4.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.b.4.2 Contractor Responsibilities

2.5.4.2 Contractor Responsibilities
The Contractor's responsibilities include the following:
a. Establish Environment.
b. Create Test Plans.
c. Create Test Cases and Scripts.
d. Document Test Results.

Table B.4-2 describes our approach to addressing each requirement in RFP 2.5.4.2 above.

2.5.4.2.1 Establish Testing Environment

Implement Testing Environments - The unit and system testing may be done in the Contractor's development environment. Establishment of these environments is to be identified as milestones in the applicable work plan, to be approved by the Agency. Testing and UAT environments are to be available throughout the term of the contract.
In addition, the Contractor shall establish the following environments:
a. Conversion Testing Environment: The Contractor shall provide a mirror image of the future production, including reports and financial records, in an environment that will be used to load converted data resulting from the data migration process that allows business users to test the future business logic against converted data.
b. UAT Environment: The Contractor shall provide a UAT environment to be a mirror image of the production environment, including reports and financial records that allow users to perform system testing to ensure the system meets the specifications for the user community. Users must be able to mimic production work to ensure the system performs as expected. The Contractor shall provide a method to refresh the UAT environment with a full set of data from the production system at the Agency's request.

Our strategy consists of using physically isolated environments (with components on separate, isolated servers) and virtual environments, where the environment is logically separate from other environments but sharing hardware infrastructure. We track environment setup and installation tasks of each environment as tasks within our project work plan.

We create the following test environments to support the MIDAS project:

- **Development**: In this environment, Business Configuration Analysts and Developers configure the system against requirements and perform unit tests. After unit testing, we use this environment for the Rules Test and Module Test phases. Our dedicated test team performs the Rules and Module tests in this environment.
- **Conversion**: Data conversion testing occurs in this environment, which is configured according to Production specification and contains a Production-sized database. Once Rules and Module testing is complete, the MMIS migrates to this environment and Integration Test is conducted to confirm the system interfaces, batch processes and end-to-end business scenarios produce results that meet requirements. We also conduct performance and security testing activities in this environment. We configure security profiles according to Agency-approved requirements and mimic Production Security profiles. Performance testing is conducted using Microsoft Visual Studio Ultimate.

Table B.4-2. Our team fulfills contractor requirements for all testing activities, including implementation tasks.

Testing Tasks – Contractor Responsibilities	Our Approach
a. Established Environment	Our project plan includes technical tasks required to support implementation and production deployment of the new MMIS. This includes setup and installation of the development, integration testing, conversion testing, and user acceptance testing environments.
b. Test Plans	Test plans describe the approach and processes for completing IME Project testing activities. We create a separate test plan for each test stage. Test stages include Unit, Rules/Module, Integration, User Acceptance, and Operational Readiness Testing.
c. Test Cases and Scripts	Test cases allow our Testing Team to verify that our configured solution meets defined requirements and design specifications. Scripts provide the step-by-step instructions for verifying each identified test case. Test cases and scripts are stored in our Microsoft Test Manager tool.
d. Test Results	Test results allow the Agency to see which requirements have been successfully verified in our test environments.

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- **User Acceptance Test**: We set up this environment to mimic the production environment. Our team, with participation by Agency and QA vendor personnel, validates business requirements and end-user needs have been met by the solution. Users can mimic Production work to confirm the system performs as expected. We also provide a method to refresh the UAT environment data set, as needed, to support the Agency during testing.
- **Business Scenario Test**: Like UAT, we configure this environment to mimic the Production environment in size, scale and capability. The environment supports full volume transaction processing of claims, interface data exchanges and batch cycles. Users can mimic Production work in the environment and follow the same business operations procedures used in Production. We conduct Operational Readiness Test, Beta Test and Parallel Test in this environment.
- **Production**: The Production environment is a separate physical instance with its own independent hardware, application, security, and data components. Production is where the MMIS runs once the system goes live. It is sized to support the expected system load and performance throughput for Iowa Medicaid processing per RFP requirements. Before deployment, we conduct the Load and Stress testing portion of ORT to confirm this environment meets performance and capability targets based on requirements.

2.5.4.2.2 Unit Test (CMS Development Test) and Certification Letter
The Contractor responsibilities for this test phase include unit testing of all programming performed to support the specifications set forth within the approved DSD. Unit testing shall be performed within currently accepted industry standard guidelines. Automated tools, facilities within supporting programming languages and/or manual procedures may be utilized. The Contractor shall include details of its unit testing methodology within the Test Management Plan. The Contractor shall certify, at the end of unit testing, that all software changes have been successfully unit tested and all results have been delivered to the Agency.

Years of relevant experience in delivering large, component-based systems provide us insight into special planning considerations that component technology and SOA testing require. The test team gives special consideration to unit testing the baseline application and internal services used in our COTS-based solution. Our SOA-based solution may appear from a user's perspective to consist of components and services that are “black boxes.” The black box information keeps other components or services from having to know the details of how the COTS component implemented a service or data access method. We focus our unit testing for these components and their integration on the proper communication between services so that the services are passing and returning the correct information. While we verify the expected business result, using a COTS product that has gone through its own internal testing and quality assurance means lower risk and a reduced effort in testing logic. The COTS product allows the tester to focus on verifying that rules are configured correctly and produce the desired business result.

Unit testing includes using established practices from our APHP product team, other Medicaid and health payer projects, and other COTS-based solutions. Unit testing has a twofold purpose. First, it verifies that the developer has developed or configured the component in accordance with detailed design. Second, it validates that the component meets requirements traceable to it by comparing output data and expected results. Developers and Business Configuration Analysts write, execute, and analyze results of unit tests. They have detailed knowledge of the technical structure and the logic within APHP. They focus on exercising different decision statements or paths through the system. They also test methods with different inputs, such as at and below minimums, at and below maximums, and at intermediate values.

One of many benefits to the Agency of our solution is that because APHP is an existing product with fully product-tested capabilities for out-of-the-box standard reports, standard interfaces, and baseline COTS components, we reduce risk and shorten the implementation timeframe. Instead, we can focus project testing efforts on those areas where we have made configuration changes or modifications specific to Iowa. Our team unit tests APHP configuration changes, custom interfaces and reports, and extensions made to meet Agency-specific requirements. We create a Unit Test Plan and update it, as necessary. This plan includes detailed component test conditions and expected results as well as a unit test cycle control sheet. Our testing lead works with the system development manager to develop unit test templates specific to each type of component. These templates include instructions and checklist items to unit test components to demonstrate satisfaction of the agreed-upon design requirements. For example, test conditions for a custom reporting module may include layout and formatting checklists to verify content is presented in an organized, easily readable and understandable format consistent with Agency requirements.

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Once the Agency approves the test plan and unit test scripts, our developers unit test their components in the Development environment with input data and compare results with expected data outputs. The technical lead reviews the completed template with the developer. Once developers have completed unit testing on a component, they integrate results with the approved unit test plan, accompanying datasets, and automated test scripts with other articles of the software development documentation for delivery to the Agency for validation and approval.

Unit testing concludes when we have completed agreed-upon exit criteria for Unit Test and met agreed-upon entry criteria for System Integration Test. Also the assigned technical team lead must approve and sign each unit test packet for baseline application component and conversion software program in accordance with the review process presented earlier. Below is the subset of exit criteria for Unit Test:

- Unit Test packages have been peer and technically reviewed
- Component and rules configuration have been tested
- Custom reports have been verified
- Custom interfaces have been exercised and verified
- Unit Test packages have been checked into SharePoint and traced to agreed-upon requirements

Testing Manager, [redacted], audits the unit test packages in the MMIS repository to validate that we have completed the appropriate work according to quality standards and met the agreed-upon Unit Test exit criteria. Our test tools provide an automated procedure that assists the manager in auditing unit test results and other composite deliverables. Once the manager validates that the team has met agreed-upon exit criteria and that the team has checked the unit test packages into MMIS repository, he communicates the results verifying that we have completed unit test and that the baseline application and conversion processes are ready for the next stages of testing and submits the Unit Test Certification Letter.

2.5.4.2.2.1 Test Plan

The Contractor shall establish and deliver a test plan and schedule describing the Unit Test activities to be approved by the Agency. The Contractor's test plan shall contain a description of the Contractor's approach to unit testing. The plan shall include the proposed path for a successful completion of the Operational Unit Test.

In addition to the TMP, we deliver a test plan for each individual stage of testing, including Unit Test activities. These plans define the scope, approach, environment requirements, COTS products to be used, data requirements and personnel responsibilities for the respective phase of testing. The plan also describes the path for successful completion of the operational unit test. Our team leverages use cases used during the requirements gathering phase in addition to use cases provided by the Agency and converted data as the foundation for developing the test scenarios and scripts to be executed in each phase. We tailor our test plans, scenarios and scripts from pre-existing templates maintained within our ADM methodology, allowing us to deliver consistent and high quality test plans quickly. Our test plans address each discrete set of testing tasks to confirm Agency needs are met and a quality product is delivered following testing activities.

Microsoft Test Manager Test records test results for each phase, which are available for review. Using this tool allows us to quickly report on testing status and update the RTM based on testing progress. We provide access to Microsoft Test Manager is provided to the Agency and its stakeholders for independent validation of test results. Results for automated testing performed through Microsoft Test Manager using converted test data are also be available for review and reporting the tool. Our test plan details how these test results are collected from the tool and shared with Agency stakeholders for review in the form, format and organization approved by the Agency.

Our TFS tool documents and tracks defects discovered during testing by testing phase to resolution. TFS allows us to manage defect workflow and quickly provide status reports based on defect activity. We can also trace defects to the associated test cases and requirements to quickly show the impact of the defect on the RTM. Leveraging the capabilities of this tool allows the Agency to quickly and easily review and approve defect resolutions. We do not advance the solution to a subsequent phase of testing until all exit criteria defined in the test plan has been satisfied. This includes the resolution or acceptance by the Agency of all identified defects. We update the RTM upon completion of each phase of testing.

2.5.4.2.2.2 Test Progress Tracking

The Contractor shall track and report weekly on the progress of the Unit Test effort as it relates to the Unit Test plan and schedule in a format to be approved by the Agency. This report shall consist of, at a minimum, the status of units completed, units planned, and units in process.

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Tracking and reporting on the progress of unit testing occurs weekly. The test team uses Microsoft Test Manager to manage test cases and test results. The tool assigns a unique identifier for each test scenario and case. The tool is also easily customizable to allow for creation and tracking of additional identifiers specific to the Agency needs. For example, an identifier tracking the business process or module being exercised by the test case is included. The tool has built-in capabilities for reporting status and results for testing based on the built-in attributes or the custom-defined attributes or both. This allows our testing team to quickly track status and provide pass/fail reports based on test case identifiers, associated modules, associated business processes or based on other criteria that is defined and approved by the Agency in the Test Management Plan.

Microsoft Test Manager also offers powerful integration with Microsoft TFS to maintain traceability between test cases and requirements. This allows our team and the Agency to reliably track the status of testing and impact to requirements through the RTM in addition to reports produced from the Microsoft Test Manager.

2.5.4.2.2.3 Final Unit Test Report

At the end of the Unit Test phase, the Contractor shall deliver a final report, in a format to be approved by the Agency, consisting of a summary report of units completed and demonstrating that the outcome of unit test is appropriate to continue into the System Integration test phase.

At the end of each test phase, including Unit Test, we summarize test results in a final test report to include:

- Summary of the testing process, including but, not limited to, the number of test scenarios and cases tested, pass and or fail ratio
- Number of defects identified and corrected by module
- Number of defects identified and not corrected by module
- Description of outstanding issues at the end of test, our resolution plan, and impact on the next test phase

Our TMP defines the status and metric reports we use for testing. Our ADM provides templates for these reports that our team customizes to the Agency's needs. The Agency approves the form and format of these reports and then validates each report's content as part of the exit criteria for each test stage. For each outstanding defect, we include a mitigation plan. We leverage features inherent in Microsoft Test Manager to facilitate creation of these reports for test status. Likewise, we use Microsoft Test Manager to facilitate the tracking and reporting of defects.

2.5.4.2.3 System Integration Test (CMS Validation Testing)

The Contractor shall establish and deliver a system integration test (SIT) plan describing the philosophy, approach, and activities that take place during the System Integration Test. The System Integration Test shall verify that the individual units of developed software, when integrated together, form a cohesive, functional system. The System Integration Test phase also includes the testing of the integration of the MMIS with external systems with which the MMIS is expected to communicate when operating.

The System Integration Test Plan addresses the approach, schedule, environment and data requirements and required resources. We include details regarding tools, test environments, entry and exit criteria, and integration test metrics. This test verifies that integrated suite of software modules form a cohesive, functional system. Integration testing in this phase makes use, wherever possible, of production data prepared through the data conversion process. For example, for interfaces that require exchange and use of files, we use converted files to validate system-to-system communication and data exchange functions, as intended.

With support of the Agency, trading partners are identified in the System Integration Test Plan that we exchange test data with to verify results satisfy requirements. For inbound interface testing, we typically use converted files from the Production environment. For example, accepting client eligibility information may not require participation by the eligibility vendor as Production eligibility files are available for use. However, outbound interfaces, such as data exchanges with Print vendors for outbound letters, do require participation by the vendors to verify not only that our outbound interface produces the expected output, but that the vendor or vendors who receive that output can successfully accept and process it. Trading Partner testing scenarios, participants and schedules are detailed in the Integration Test Plan and our team coordinates with participating vendors to facilitate exchange of test information and verify results meet Agency requirements.

Testing of Internal interfaces verifies data exchanges are successful and data stores are updated correctly. For example, to process claims transactions received interactively, the claim information is passed from the user interface to the rules engine to pass edits and audits. Results of the claims processing must pass back to the user interface and provided to the user. Data provided to data warehouses is another example of an internal interface that is tested to verify data pass correctly within the MMIS.

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Following our test methodology defined in ADM facilitates preparing the System Integration Test Plan. Our use case-driven approach to testing means that we create our test conditions and expected results based on our use cases. First, we write specific test conditions that define the test. After test conditions are finalized, we prepare our integration test scripts. These scripts consist of the detailed steps that the testers take to test the series of modules that together deliver the desired business results. To show complete coverage of requirements, we trace the scripts and test conditions to the associated requirements in Microsoft TFS. Any requirements deliverables that require amendments based on test results are updated and provided to the Agency for validation and approval. Exit criteria for Integration testing include completion and approval of these amended deliverables and an updated RTM.

2.5.4.2.3.1 Test Plans
The Contractor shall establish and deliver a test plan and schedule describing the System Integration Test activities to be approved by the Agency. The test plan shall contain a description of the Contractor's approach to ensure adequate testing of the system modules (internal system integration test), rules, and MMIS integration with external systems. The plans shall include the proposed path for a successful completion of System Integration Test. The test plans must include:
a. A description of the test environments, methods, workflow and knowledge transfer required.
b. A description of infrastructure testing.
c. A description of the content of test scenarios and test scripts and an organization plan showing Contractor personnel responsible for testing.
d. A discussion of management and conduct of the testing process, including, but not limited to:
1. Description of entry criteria and prerequisites to being the System Integration Test effort.
2. A description of the process used for the identification and preparation of data required for the System Integration Test effort, including a description of the use of converted data during test.
3. Description of training activities necessary for test personnel.
4. A description of the process employed for security testing, including FISMA and PISP compliance for handling of PII and PHI.
5. A description of the process employed for demonstrating Section 508 compliance if it is present during this phase of the test effort.
6. A description of the process employed for load and stress testing if present during this phase of the test effort.
7. A description of the process employed for beta testing if present during this phase of the test effort.
8. A description of the process employed for Disaster Recovery / Business Continuity Testing if present during this phase of the test effort.
9. Strategies for dealing with delays in the testing effort.
10. A backup plan and backup personnel.
11. Exit criteria which, when met and approved by the state, provide evidence of the completion of the System Integration Test effort, and readiness to begin the next test phase.
12. Procedures and Agency-approved tracking tool for management, reporting, and correcting deficiencies and defects discovered during testing.
13. Procedures and Agency-approved tracking tool for tracking the status of the test effort based upon test scenarios and individual test cases.
14. A plan for updating the RTM based on test results if required.
15. A plan for updating the DSDs based on test results if required.
16. A high-level view of expected inputs and data required for the tests.
17. An overview of the steps in the testing process.
18. A description of software tools used during testing.
19. A template progress report to be approved by the Agency that will be issued at intervals approved by the Agency as well as the content within the progress report.
20. Procedures for notifying the Agency of problems discovered in testing that may impact testing progress and adherence to the test schedule.
21. A plan for organizing test results for Agency review.
22. A plan for system performance measuring and tuning, based on the results of load and stress testing if performed during this phase of testing.
23. A description of how the development of the test scenarios ensures that all modules, rules and functions of the new MMIS are evaluated and accepted, and ready for the transition to User Acceptance Test.

In addition to the TMP, we deliver a test plan for each individual test stage, including System Integration Test. These plans define the scope, approach, environment requirements, COTS products to be used, data requirements and personnel responsibilities for the respective phase of testing. The System Integration Test Plan addresses all 23 topics required in RFP 2.5.4.2.3.1, items a-d, above. It defines, in detail, the objectives of this phase of testing, entry and exit criteria, the steps required to perform testing, progress reporting and metrics processes, as well as specific information on test scenario creation and execution. We describe testing

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for system functionality, including integration of individual modules, rules execution, and interface testing with external systems.

We follow the same successful deliverable development process that we followed on the first MIDAS contract to create and submit the Test Plans. This process is documented in Section 4.B.1.a.6.13, Contract Deliverable Procedures. This includes development and walkthrough of the DED, draft, and formal submission with the Agency to confirm compliance with requirements and expectations.

2.5.4.2.3.2 Test Cases and Scripts

The Contractor shall deliver test case and scripts for System Integration Test to be approved by the State. The Contractor's test cases and scripts shall fulfill all contract specifications and provide very thorough testing for all system functionality, including internal integration of the modules, rules execution, and integration of the MMIS with the external systems to which it must interact.

The Contractor shall track test cases for all use cases, and shall produce test scripts to demonstrate that all specifications of the system have been met. The status of each test will be traced through the RTM until all specifications have been successfully tested. The Contractor's test scripts shall provide step-by-step instructions for executing the tests, and contain facilities for the tester to indicate when an unexpected outcome (defect) has been discovered during the test effort. All test scenarios and cases shall be tracked using the Agency-approved tracking tool.

Our test team brings a field-tested methodology from our ADM to plan, execute, and report on testing activities. This includes templates for defining effective and comprehensive test cases and establishing complete requirements traceability. We use these templates to deliver a comprehensive test plan for each individual test phase to the Agency for approval prior to executing any testing for that phase. The test plan includes all test cases along with input data conditions and detailed steps to be taken during test execution. We submit all test cases and scripts for System Integration Test to the Agency for approval.

An individual step is represented by a sequence number (e.g., Step 1, Step 2), which is the individual action to be taken by the tester and the corresponding expected result. Following the defined steps using the defined input data conditions achieve the expected result of the test case. When the actual result does not meet this expectation, a defect is logged. The RTM is updated with each test plan to show requirements coverage of the test cases and is continuously updated throughout test execution to reflect status of the effort. All requirements are covered in each test phase to prove that each business process of the new MMIS is thoroughly tested. Leveraging Microsoft TFS capabilities, we can quickly and reliably track the pass/fail status of each test case through the RTM by leveraging the TFS requirement management capabilities and the test management tool, Microsoft Test Manager. Our rigorous testing methodology confirms the new MMIS is ready for delivery on time and of the highest quality.

2.5.4.2.3.3 Test Progress Tracking

The Contractor shall track on the progress of the System Integration Test effort through a weekly progress report. This report shall address all test scenarios and test cases and report the status of the test effort relative to the test schedule. System Integration Test tracking shall be accomplished through the Agency-approved tracking tool.

Reports of the status of all test scenarios shall appear on this weekly progress report until the test results are accepted and approved by the Agency. The format and content of the weekly test progress tracking report shall be approved by the Agency. At a minimum, the System Integration Test progress reports must include:

a. Capture or assign a unique ID for each test scenario and case.

b. Cross reference the test case and script to the specification being tested as it appears in the RTM, if applicable.

c. Organize test scenarios, cases, and results by business process, module, or rule.

d. Report metrics for test script, to include, but not be limited to the outcome of the test (i.e., passed, failed, retested, and each defect generated by the execution of the test script.

The Contractor shall obtain Agency approval of all tests results before testing is considered complete. The Contractor shall make the changes necessary to the system to meet all contract specifications and resolve defects discovered during the System Integration Test effort.

We use Microsoft Test Manager to manage all test cases and test results. The tool assigns a unique identifier for each test scenario and case. The tool is also easily customizable to allow for the creation and tracking of additional identifiers specific to Agency needs. For example, an identifier tracking the business process or module being exercised by the test case is included. The tool has built-in capabilities for reporting status and test results based on the built-in attributes or the custom-defined attributes or both. We work with the Agency to determine the desired format and content of status reporting. Using the tool, we can quickly track status and provide weekly status reports on the status of test scenarios, pass/fail reports based on test case identifiers, associated modules, associated business processes or based on other criteria that is defined and approved by the Agency in the Test Management Plan.

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Microsoft Test Manager also offers powerful integration with TFS to maintain traceability between test cases and requirements. This allows our test team and the Agency to reliably track the test status and impact to requirements through the RTM in addition to the reports produced from the Microsoft Test Manager tool. Information captured in Microsoft Test Manager includes:

- Unique ID for each test scenario and case
- Cross references between the test case and script to the requirement or specification being tested as it appears in the RTM
- Test scenarios, script, cases, and results organized by business process, module, or rule
- Reporting metrics for test script, including the outcome of the test showing indicators for passed, failed, retested, and each defect generated by the execution of the test script

We work closely with the Agency throughout each test phase to obtain Agency approval of all tests results before testing is considered complete. We make the changes necessary to the system to meet all contract specifications and resolve defects discovered during System Integration Test.

2.5.4.2.3.4 Test Defect Tracking

The Contractor shall track and report weekly on the defects identified and the progress made toward resolution of the defects during the System Integration Test effort. This report shall include all identified defects, and report the status of the efforts taken to resolve the defects relative to the schedule for defect resolution. System Integration Test defect tracking shall be accomplished through an Agency-approved tracking tool.

Reports of the status of all defects shall appear on this weekly defect report until the System Integration Test is complete has been accepted and approved by the Agency. The format and content of the weekly defect tracking report shall be approved by the Agency. At a minimum, the System Integration Test defect reports must include:

a. Capture or assign a unique defect ID for each identified defect.
b. The unique identifier for the test scenario, case, or script, which generated the defect.
c. The date the defect was first identified.
d. A brief description of the defect.
e. The severity of the defect.
f. The current status of the defect.
g. The date of the anticipated retest to verify resolution of the defect.
h. A description of anticipated regression testing required as a result of this defect being resolved.
i. Report metrics for each defect to include the current status of the defect, the outcome of the test (i.e., passed, failed, retested, and each defect generated by the execution of the test script).

Microsoft TFS tool makes available the latest test and defect information to the Agency at any time. TFS provides reporting capabilities that our test team leverages to produce status and metric reports in the form and format approved by the Agency in the Test Management Plan. These reports include status of each defect and defects identified per module or business area. In addition, we generate weekly defect reports during System Integration Test using the information stored in our tracking tool. We also define the actual status of defect resolution relative to the planned defect resolution timeline. The defect tracking tool and report information includes items a-i of RFP 2.5.4.2.3.4 above. We continue to report on defect status until System Integration Test is completed and approved by the Agency.

2.5.4.2.3.5 Final System Integration Test Report

At the end of the System Integration Test phase, the Contractor shall deliver a Final System Integration Test Report, which summarizes the results of the System Integration Test effort. The Contractor shall structure this report as an executive level summary of the testing process, including but not limited to:

a. Summary of the overall test effort completed during the SIT phase.
b. Number of test scenarios, cases, and scripts executed.
c. The pass / fail ratio.
d. Number of defects identified and corrected.
e. Number of defects identified and not corrected, with an explanation of the justification for not correcting the defect.
f. Description of issues outstanding at the end of acceptance testing, the plan for resolution and the impact on the Implementation tasks.

The Final System Integration Test Report shall be subject to Agency approval.

Using data stored in Microsoft TFS and Microsoft Test Manager tools, we generate a Final System Integration Test Report at the end of the System Integration Test phase for Agency approval. As always, the Agency has access to the latest test results via the Microsoft tools. We also prepare weekly status reports on test progress throughout the MIDAS test phases, including System Integration Test. At the end of each test phase, we summarize test results in a final testing report. The Final System Integration Test Report documents items a-f of RFP 2.5.4.2.3.5 above.

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The Test Management Plan defines the test status and metric reports we use. ADM provides templates for these reports that our test team customizes to Agency needs. The Agency approves the form and format of these reports and then validates each report's content as part of the exit criteria for each test stage. These reports contain a summary of test progress, including pass/fail metrics, defect metrics that include the number of defects identified and resolved by module or business process. We provide mitigation plans for outstanding defects. We leverage features inherent to Microsoft Test Manager to facilitate creation of these reports for test status and Microsoft TFS to facilitate defect tracking and reporting.

2.5.4.2.3.6 System Integration Test Certification Letter

The Contractor shall provide a letter certifying that all Deliverables associated with System Integration Test have been delivered and accepted by the Agency, and that all exit criteria for the System Integration Test phase have been met.

At System Integration Test phase end, we submit a Certification Letter to the Agency listing phase deliverables, showing status of each deliverable, and confirming all exit criteria for the phase have been met.

2.5.4.2.4 User Acceptance Test (CMS Implementation Testing)

Through the User Acceptance testing the Contractor shall verify that business processes and associated specifications are properly and completely implemented by the MMIS applications. The UAT phase also includes the testing of the integration of MMIS with all external systems, which are required during the conduct of IME business.

We conduct the User Acceptance Testing (UAT) in the UAT environment, which mimics production with a production-sized database containing converted production data. UAT verifies that the business processes and associated specifications are properly and completely implemented in the new MMIS. The UAT Plan outlines these and all other environment requirements to adequately represent how the new MMIS performs in Production. We acknowledge that the environment cannot be modified without Agency approval to confirm test results reflect Production behavior.

UAT exercises the business processes and rules, modules and COTS products that are the Agency MMIS. The RTM is updated to show complete requirement coverage by UAT test cases along with status of the test execution. Successful completion of UAT confirms the new MMIS is ready for deployment and meets all CMS certification criteria.

To completely exercise the new MMIS, UAT brings together the scope of all previous test phases. We test the rules engine to verify edits and audits are applied to claims correctly. We test business processes and interfaces to demonstrate provider and member information is correctly processed, data is exchanged as expected over the various interfaces and data is stored properly in the data warehouse, among other functions of the complete MMIS. Our test team tests inbound interfaces using converted files while outbound interface files are produced from the new MMIS using both converted data and newly processed transactions through the system. User security is thoroughly tested to confirm profile configurations grant access to intended content and functionality while appropriately limiting access to restricted content based on role. Security profiles are configured in UAT according to Production specifications to verify levels of access granted to users when the new MMIS is implemented. Along with security testing, we verify single sign-on capabilities in UAT.

Part of the entry criteria into UAT is the resolution or acceptance of defects discovered in earlier test phases. Although we do not expect new defects to be found during UAT, in the event that a defect is discovered, we escalate to stakeholders and produce an action plan to address the defect. The Agency approves any actions deemed necessary to address defects identified in UAT.

As with other test phases, we provide regular status reports to the Agency, IV&V, and QA Services vendors in the form and format approved by the Agency. These status reports include metrics for test execution, such as pass/fail rates, updates to existing issues and risks and details on any new issues or risks that have been discovered or raised. We provide a final status report containing test results as part of the UAT exit criteria.

2.5.4.2.4.1 Test Plans

The Contractor shall describe the philosophy, approach, and activities, that take place during the User Acceptance Test (UAT) phase. The Contractor shall establish and deliver a test plan and schedule describing the UAT activities to be approved by the Agency. The test plan shall contain a description of the Contractor's approach to ensure adequate testing of the business process, rules, and integration with external systems. The plans must include the proposed path for a successful completion of UAT. The Contractor's test plan shall include, at a minimum:

a. A description of the test environments, methods, workflow and knowledge transfer required.
b. A description of infrastructure testing.
c. A description of the content of test scenarios and test scripts.

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d. An organization plan showing personnel specifications for the test effort. This includes the manner in which external users (providers, members etc.) participate in the testing of external-facing business functions.
e. A discussion of management and conduct of the testing process, including, but not limited to:
1. Entry criteria and prerequisites to beginning the UAT effort.
2 Identification and preparation of data required for the UAT effort, including a description of the use of converted data, and any processes or procedures the Contractor may employ for the de-identification of data to insure FISMA and PISP compliance for handling of Personally Identifiable Information (PII) or Personal Health Information (PHI).
3. Knowledge transfer mandated for test personnel, to include a schedule of when this training is to take place relative to the UAT process.
4. A description of the process employed for security testing, including FISMA and PISP compliance for handling of PII and PHI.
5. A description of the process employed for demonstrating Section 508 compliance if it is present during this phase of the test effort.
6. A description of the process employed for load and stress testing if present during this phase of the test effort.
7. A description of the process employed for Beta Testing if present during this phase of the test effort.
8. A description of the process employed for Disaster Recovery / Business Continuity Testing if present during this phase of the test effort.
9. Strategies for dealing with delays in the testing effort.
10. A backup plan and backup personnel.
11. Exit criteria which when met and approved by the Agency provide evidence of the completion of the UAT effort, and readiness for the system to enter Operational Readiness.
f. Procedures and Agency-approved tracking tool for reporting and managing defects discovered during testing, including defects that may be discovered during ad-hoc testing.
g. Procedures and Agency approved tracking tool for tracking the status of the test effort based upon test scenarios and individual test cases.
h. A plan for updating the RTM based on test results if required.
i. A plan for updating the DSDs based on test results if required.
j. A high-level view of expected inputs and data required for the tests.
k. An overview of the steps in the testing process.
l. A description of how ad-hoc testing (unplanned testing) is accommodated.
m. A description of how administrative tests (management and manipulation of configurable system elements) are conducted.
n. A description of software tools used during testing.
o. A template progress report to be approved by the Agency, which will be issued at intervals approved by the Agency, as well as the content within the progress report.
p. Procedures for notifying the Agency of problems discovered in testing that may affect testing progress and adherence to the test schedule.
q. A plan for organizing test results for Agency review.
r. A plan for system performance measuring and tuning, based on the results of load and stress testing.
s. A description of how the development of the test cases and scripts ensures that all modules, rules, and functions of the new MMIS for UAT are evaluated and accepted.

In addition to the Test Management Plan (TMP), we deliver a specific test plan for UAT. The UAT Plan defines the scope, philosophy, approach, environment requirements, COTS products to be used, data requirements and personnel responsibilities for the respective phase of testing. We expand on the formal Test Management Plan deliverable to cover the topics and content listed in RFP 2.5.4.2.4.1 above.

We follow the same successful deliverable development process that we followed on the first MIDAS contract to create and submit the UAT Test Plan. This includes development and walkthrough of the DED, draft, and formal submission with the Agency to confirm compliance with requirements and expectations.

2.5.4.2.4.2 Test Cases and Scripts
The Contractor shall deliver test case and scripts in advance of UAT to be approved by the Agency. The Contractor's test cases and scripts shall fulfill all Contract specifications and provide very thorough testing for all system business functions, including rules execution and integration of application with all external systems to which the complete system must interact.
The Contractor shall track all test cases for all use cases, and shall produce test scripts to demonstrate that all specifications of the system have been met. The status of each test will be traced through the RTM until all specifications shall have been successfully tested. The Contractor's test scripts shall provide step-by-step instructions for executing the tests, and shall contain facilities for the tester to indicate when an unexpected outcome (defect) has been discovered at any time during the test effort.
The test cases and scripts shall address all business processes of the new MMIS. The Contractor shall track all test scenarios and cases using the Agency-approved tracking tool.

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As with other test phases, for UAT our test team brings a proven methodology to plan, execute, and report on testing activities. This includes templates for defining effective and comprehensive test cases and establishing complete requirements traceability. We use these templates to deliver a comprehensive test plan for UAT to the Agency for approval prior to executing any UAT. The UAT Plan includes all test cases along with input data conditions and the detailed steps to be taken during test execution. Our test cases and scripts for this phase provide thorough testing of the new MMIS, including business rules and integration with external systems. We submit test cases and scripts for UAT to the Agency for approval.

An individual step in the UAT Plan is represented by a sequence number (e.g., Step 1, Step 2), which is the individual action to be taken by the tester and the corresponding expected result. Following the defined steps using the defined input data conditions achieve the expected result of the test case. When the actual result does not meet this expectation, a defect is logged. The RTM is updated with each test plan to show requirements coverage of the test cases and is continuously updated throughout test execution to reflect status of the effort. All requirements are covered in each test phase to prove that each business process of the new MMIS is thoroughly tested. Leveraging Microsoft TFS capabilities, we can quickly and reliably track the pass/fail status of each test case through the RTM by leveraging the TFS requirement management capabilities and the test management tool, Microsoft Test Manager. Our UAT Plan allows the Agency to confirm that the new MMIS is ready to support the Iowa Medicaid program.

2.5.4.2.4.3 Test Progress Tracking

The Contractor shall track the progress of the UAT effort through a weekly status report. This report shall address all test scenarios and test cases and report the status of the test effort relative to the test schedule. The Contractor shall accomplish UAT tracking through the Agency-approved tracking tool. The format and content of the weekly test progress tracking report shall be approved by the Agency. At a minimum, the UAT progress reports must include:

a. Capture or assign a unique ID for each test scenario and case.

b. Cross reference the test case and script to the specification being tested as it appears in the RTM, if applicable.

c. Organize test scenarios, cases, and results by business process, module, or rule.

d. Report metrics for test script, to include, but not be limited to the outcome of the test (i.e., passed, failed, retested, and each defect generated by the execution of the test script.

The Contractor shall obtain Agency approval of all testing results before testing is considered complete. The Contractor shall make the changes necessary to the system to meet all contract specifications and resolve defects discovered during the UAT effort.

We use Microsoft Test Manager to manage all UAT test cases and test results. The tool assigns a unique identifier for each test scenario and case. The easily customizable tool allows for the creation and tracking of additional identifiers specific to the needs of the Agency. For example, an identifier tracking the business process or module being exercised by the test case is included. The tool has built-in capabilities for reporting status and results for testing based on the built-in attributes or the custom-defined attributes or both. This allows us to quickly track status and provide pass/fail reports based on test case identifiers, associated modules, associated business processes or based on other criteria that are defined and approved by the Agency in the Test Management Plan.

Microsoft Test Manager also offers powerful integration with Microsoft TFS to maintain traceability between test cases and requirements. This allows us and the Agency to reliably track the test status and impact to requirements through the RTM in addition to the reports produced from the TFS tool. Information captured in Microsoft Test Manager includes items a-d of RFP 2.5.4.2.4.3 above.

Using TFS, we generate reports showing test cases and scripts to be executed during each test run. TFS allows us to generate a plan-versus-actual weekly status report that shows our expected test progress against the actual test execution. This provides the Agency with both a trend view and actual counts of test case completion to monitor test progress.

By working closely with the Agency throughout each test phase, we obtain Agency approval of all tests results before testing is considered complete. The test team makes changes necessary to the system to meet all contract specifications and resolve defects discovered during UAT.

2.5.4.2.4.4 Test Defect Tracking

The Contractor shall track and report weekly on the defects identified and the progress made toward resolution of the defects during the UAT effort. This report shall include all identified defects, and report the status of the efforts taken to resolve the defects relative to the schedule for defect resolution. UAT Defect tracking shall be accomplished through an Agency-approved tracking tool.

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Reports of the status of all defects shall appear on this weekly defect report until the UAT phase completion has been accepted and approved by the Agency. The format and content of the weekly defect tracking report shall be approved by the Agency. At a minimum, the UAT defect reports must include:
a. A unique defect ID for each identified defect.
b. The unique identifier for the test scenario, case, or script, which generated the defect.
c. The date the defect was first identified.
d. A brief description of the defect.
e. The severity of the defect.
f. The current status of the defect.
g. The date of the anticipated retest to verify resolution of the defect.
h. A description of anticipated regression testing required as a result of this defect being resolved.
i. Report metrics for each defect to include the current status of the defect and the outcome of the test (i.e., passed, failed, retested, and each defect generated by the execution of the test script).

The test team tracks and resolves defects during UAT according to the process outlined in the UAT Plan. They log defects identified during UAT and manage them to resolution in the Microsoft TFS tool. TFS offers powerful integration with Microsoft Test Manager, allowing us to maintain traceability between defects and the impacted requirements in addition to the impacted test cases. Each defect is assigned a unique identifier and a severity. TFS provides reporting capabilities that we leverage to produce status and metric reports in the form and format approved by the Agency in the Test Management Plan. These reports include the status of each defect and defects identified per module or business area. We also report on the status of defect resolution relative to the planned defect resolution timeline. Defect reporting continues throughout UAT until the phase is complete and approved by the Agency.

The Microsoft TFS tool makes available the latest test and defect information to the Agency at any time. In addition, we generate weekly defect reports during UAT using the information stored in our tracking tool. Defect tracking tool and report information includes items a-i of RFP 2.5.4.2.4.4 above.

2.5.4.2.4.5 Final UAT Report
At the end of the UAT phase, the Contractor shall deliver a Final UAT Report that summarizes the results of the UAT effort. The Contractor shall structure this report as an executive level l summary of the testing process, including but not limited to:
a. Summary of the overall test effort completed during the UAT phase.
b. Number of test scenarios, cases, and scripts executed.
c. The pass / fail ratio.
d. Number of defects identified and corrected.
e. Number of defects identified and not corrected, with an explanation of the justification for not correcting the defect.
f. Description of issues outstanding at the end of acceptance testing, the plan for resolution and the impact on the Implementation tasks.
The Final UAT Report shall be subject to Agency approval.

Using data stored in Microsoft TFS, we generate a Final UAT Report at the end of the UAT Phase for Agency approval. As always, the Agency has access to the latest test results via the TFS tool. We also prepare weekly status reports on test progress throughout the MIDAS test phases, including UAT. At the end of each phase of testing, our team summarizes the results of the testing in a final testing report. The Final UAT Report information includes a-f of RFP 2.5.4.2.4.5 above.

The Test Management Plan defines the test status and metric reports we use. ADM provides templates for these reports that we customize to the Agency needs. The Agency approves the form and format of these reports and then validates the content of each report as part of the exit criteria for each test stage. These reports summarizes test progress, including pass/fail metrics, along with defect metrics that include the number of defects identified and resolved by module or business process. We include a mitigation plan for each outstanding defect. We leverage the features inherent to Microsoft Test Manager to facilitate creation of these reports for test status. Likewise, we use Microsoft TFS to facilitate tracking and reporting of defects.

2.5.4.2.4.6 UAT Certification Letter
The Contractor shall provide a letter certifying that all Deliverables associated with UAT have been delivered and accepted by the Agency, and that all exit criteria for the UAT phase have been met.

At the end of the UAT Phase, we submit a Certification Letter to the Agency listing all deliverables for the phase, showing status of each deliverable and confirming that exit criteria for the phase have been met.

2.5.4.2.5 Operational Readiness Test (CMS Operational Testing)
The Operational Readiness Test (ORT) is performed to ensure that the application and infrastructure have been installed and configured for successful operation within the production environment.

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As defined in the V-model, ORT demonstrates that the Agency's goals and expectations have been met and verifies that the application and its infrastructure have been installed and configured to support successful operation within the production MMIS environment. ORT includes parallel testing and load and stress testing using Production-size volumes to verify the product performs to the levels required by the Agency. We conduct parallel testing of claims processing to show that APHP meets the Agency's needs. ORT also involves beta testing for externally facing user interfaces to demonstrate that the product meets the needs of external users as well. Successful completion of ORT demonstrates the new MMIS is ready to go live.

We work with the Agency to define criteria and performance metrics for operational readiness that must be met to consider a business function ready for deployment. We develop an ORT plan to fully describe our approach to ORT and include specific test scenarios. The business organization that operates these functions tests the new MMIS using their defined business processes to replicate Production activity in the Business Scenario Test environment. While testing demonstrates that requirements are still being met by the MMIS, requirements have been thoroughly tested in earlier phases and verified by the Agency in UAT. The ORT's focus is to confirm the system is ready to assume operation of Production activities.

As with UAT, we deliver regular status reports to the Agency, IV&V and QA Services Vendor containing progress of testing activity in ORT against the targets defined in the ORT Test Plan. Issues and risks discovered in ORT continue to be escalated to the Agency as well as documented in the status reports. Upon completion of ORT, we deliver an Operational Readiness Report, a letter certifying ORT is complete and all success criteria are met, and a final RTM updated based on ORT results.

ORT includes other testing activities in addition to the operational activity by the business organization. The following sections describe the Parallel Testing, Beta Testing, Load and Stress Testing, and Disaster Recovery and Business Continuity Testing. The ORT Test Plan describes these activities in detail to be approved by the Agency before ORT activity begins.

2.5.4.2.5.1 Test Plan

The Contractor shall establish and deliver a test plan and schedule describing the Operational Readiness Test (ORT) activities to be approved by the Agency. The test plan shall contain a description of the Contractor's approach to infrastructure, parallel and contingency testing. The plan shall include the proposed path for a successful completion of the Operational Readiness Test.

The test team provides a comprehensive ORT Plan to complement the TMP. The ORT Plan defines the scope, approach, environment requirements, COTS products to be used, data requirements and personnel responsibilities for ORT. We also cover the following items in the ORT Test Plan:

- Description of our approach to infrastructure, parallel and contingency testing
- Success criteria for ORT, developed and agreed upon with the Agency
- Key activities along the planned path for successful ORT completion

The ORT Test Plan describes the test scenarios and cases needed to demonstrate the new MMIS meets or exceeds these targets. The ORT Plan outlines the specific test scenarios required to confirm the system is ready to assume operation of Production activities.

As with UAT, we deliver regular status reports to the Agency containing the progress of testing activity in ORT against targets defined in the ORT Test Plan. Issues and risks discovered in ORT continue to be escalated to the Agency as well as documented in the status reports. Upon completion of ORT, we deliver an Operational Readiness Report, a letter certifying ORT is complete and all success criteria are met, and a final RTM updated based on ORT results.

ORT includes other testing activities in addition to the operational activity by the business organization. The following sections describe the Parallel Testing, Beta Testing, Load and Stress Testing and Disaster Recovery and Business Continuity Testing. The ORT Test Plan approved by the Agency details these test activities before ORT activity begins.

2.5.4.2.5.2 Test Progress Tracking

The Contractor shall track and report weekly on the progress of the ORT effort as it relates to the ORT plan and schedule in a format to be approved by the Agency.

Throughout ORT, we use Microsoft TFS, Microsoft Test Manager, and Microsoft Visual Studio Ultimate for testing and reporting. System requirements stored in TFS link to the test cases and scripts in Test Manager and Visual Studio Ultimate. Using TFS, we generate reports showing the ORT test cases and scripts to be executed during each test run. TFS allows us to generate a plan-versus-actual weekly status report that shows our

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expected test progress against the actual test execution. This provides the Agency with both a trend view and actual counts of test case completion to monitor ORT progress.

2.5.4.2.5.3 Infrastructure Test

The Contractor shall perform the following activities at a minimum to ensure all components of the system have been successfully implemented into the production environment. The Contractor shall keep the Agency apprised of, on a timely basis, any issues that may cause any risks to the work plan schedule. These activities include, but are not limited to, the following:

a. Hardware is installed, configured, and operational.
b. Operating system software with appropriate versions has been installed, configured and operational.
c. Application support software with appropriate versions has been installed, configured and operational.
d. Database software with appropriate versions has been installed, configured and operational.
e. Application software has been installed, configured and operational.
f. Network connectivity has been established for all components.
g. Security has been configured for all components and initial users.
h. System health monitoring has been implemented and verified.
i. Converted data has been loaded and verified.
j. Interface connections (internal and external) have been established and verified.
k. Batch jobs and schedules have been installed, configured and operational with implemented procedures.
l. Backup and Restore components been installed, configured, and operational with implemented procedures.

By performing Infrastructure Test activities, items a-l of RFP 2.5.4.2.5.3 above, the test team confirms that all hardware, software, and supporting component for the new MMIS have been installed and are operational in the production environment. They use a detailed checklist to track that these activities have been completed.

2.5.4.2.5.4 Parallel Test

Parallel testing shall be performed by the Contractor to ensure that the installed application is ready to process all inputs, price claim records correctly, meet all reporting specifications, incorporate workflow management, and has a demonstrated operational and backup capacity. The Contractor shall also assess the operational readiness of the Contractor and Agency staff performing activities, such as customer service, correspondence management, drug rebate, financial operations, quality assurance, workflow, and electronic document management.

The Contractor shall ensure that the parallel test includes a pilot test of actual claims processing in a full operational environment, starting with the submission of electronic data interchange (EDI) transactions into the translator through the payment process, including, but not limited to, document imaging and workflow management. ORT must be done with full data volumes. The success of the operational readiness tests, as determined by the metrics developed by the Agency, and the IV&V and QA Services vendor, will determine the implementation date for the new MMIS. The Contractor shall include a capacity analysis report with the results of each ORT testing area.

The MMIS parallel test shall be designed to ensure that the systems are ready to process claims input and adjudicate claims correctly. The Contractor shall execute parallel testing in the production mode using a representative dataset of claims to ensure inclusion of claim variations that are likely to occur. The Contractor's parallel test shall adjudicate three months of claims in the new MMIS that were previously adjudicated and paid by the current MMIS. These tests must make use of converted files. The three months dataset of claims to be parallel tested must be selected from the nine-month period prior to the MMIS production installation date. This claims adjudication and payment parallel processing must include claims paid successfully, claims denied and claims suspended from the legacy system. The denied claims in this parallel test must contain equivalent error codes to the codes received previously from the current MMIS processing. The parallel run reconciliation process must include an electronic match of dollar amounts paid for each of the claims paid and or denied in both files. Where there is no dollar amount for a payment status due to the claim being denied or placed in a suspended status, the claim status and reason and remark code(s) must be electronically matched and reported.

Parallel Test entails verifying the new MMIS is ready to process inputs, price claim records, produce reports, and provide document image and workflow management as intended. During Parallel Test, the test team also demonstrates operational and backup capacity and assesses readiness to perform related operational activities.

During Parallel Test, we process no less than three months of claims in the new MMIS that were previously adjudicated in the current MMIS. By working with the Agency to define unique and complex scenarios and leverage our experience with parallel testing, we confirm claims are processed correctly with the same expected results regardless of which system processes the claim files. For example, our Texas Medicaid Health Partnership (TMHP) team uses converted production claim files to verify system changes in a test environment. The TMHP team submits converted files through the rules engine in the test environment and compares results to Production results. They electronically verify that dollar amounts paid on claims match those amounts paid in Production. The TMHP test team also verifies that claims denied in Production are denied for the same reasons

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(e.g., same edits, audits, EOBs) and these values are set for those claims. Any differences discovered are explained by requirement changes that are not present in the current MMIS. We apply this same process to the new MMIS to show that claims are adjudicated correctly.

Our test team executes full financial batch cycles in the Business Scenario Test environment using converted data. Testing full batch cycles demonstrates the batch processes complete within target timeframes to avoid negatively impacting system availability for the Agency, vendors, providers and clients. Using a representative dataset of claims to include claim variations likely to occur, we execute parallel testing in production mode.

2.5.4.2.5.5 Contingency Test

The Contractor shall perform testing to demonstrate that the Disaster Recovery Plan and the Business Continuity Plan have been correctly implemented and operational.

The test team performs disaster recovery (DR) and business continuity (BC) testing on the new MMIS. We provide the hardware and software for installation at the State DR/BC site. Our team executes the DR/BC tests in the state facility to demonstrate that the Disaster Recovery Plan (DRP) and Business Continuity Plan (BCP) have been correctly implemented and are operational.

Our approach to DR and BCP includes planned, tested, and documented procedures to restore mission-critical business functions in event of an unplanned outage. We create the DRP and BCP that detail the retention and storage of backup files, hardware and networks. These plans also include a staff chart and backup procedures and support to accommodate loss of online communications and procedures to restore mission-critical services to users. We develop these plans early in the requirements gathering process to provide ample opportunity to develop options that minimize cost and increase flexibility by leveraging existing IME capabilities.

During ORT, this plan is put into action in the Business Scenario Test environment, which mimics Production, to verify performance measures and recovery time. Based on Disaster Recovery requirements collected and documented in the DRP and BCP, we develop recovery plan test scenarios that mimic the procedures documented in the plans. We present test results to the Agency and used them to refine the Disaster Recovery Plan and improve processes that did not meet or exceed target results.

The Disaster Recovery Test scenarios are included in the Agency-approved ORT Test Plan. Test progress and metrics for this testing are included in the ORT status reports along with other ORT testing activities. The Agency reviews Disaster Recovery Test results and approves amendments to the DRP and BCP aimed at improving recovery processes and performance.

2.5.4.2.5.6 Operational Readiness Test Report

The Contractor shall submit a report that details the results of the operational readiness tests and assessments, and certifies that the new MMIS, its modules, functions, processes, operational procedures, staffing, telecommunications and all other associated support is in place and ready for operation. The metrics will be developed jointly by the Agency, IV&V, and QA Services contractors. These metrics are for Contractor staff performance during the operational readiness test, must also be included in this report.

At the conclusion of ORT, we provide an Operational Readiness Test Report summarizing the results of ORT and our readiness for deployment. The report contains the results, compared to target metrics, of beta testing, load and stress testing, parallel testing and the operational readiness testing conducted by the business organization. The report also includes metrics developed by the Agency and IV&V and QA Services vendor to measure the performance of the business operations staff during the ORT. We deliver this report in a format and containing the content specified and approved by the Agency.

Along with this report, we provide a certification letter confirming that ORT was successfully completed, and documenting that all identified issues have been corrected. In this letter we also provide certification that the new MMIS, its modules, functions, processes, operation procedures, staffing, telecommunications and all other related support are in place and have met or exceeded the operational readiness criteria defined in the ORT Test Plan. The report also includes metrics developed by the Agency and IV&V and QA Services vendor to measure the performance of the business operations staff during the ORT.

2.5.4.2.5.7 Data Verification Letter

The Contractor shall provide a letter certifying that all Deliverables associated with ORT have been delivered and accepted by the Agency.

At the end of the ORT Phase, we submit a Data Verification Letter to the Agency listing all deliverables for the phase and showing the status of each deliverable and confirming that all deliverables for the phase have been accepted.

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4B.1.b.5 Knowledge Transfer Activities

2.5.5 Knowledge Transfer Activities

Knowledge Transfer activities include developing a Training Plan, a Training Design and Development Schedule, a Training Delivery Plan, and a Training Measurement Approach. The Training Plan details the types of training planned for delivery, the target audience, the method of delivery, the training schedule and locations, and IME's involvement for the development and review process. The Training Plan outlines the activities shown in Table B.5-1.

As part of the training activities, we evaluate the effectiveness of our training approach and will recommend and support improvements during the first year of operations. The following sections detail our training approach to meeting the requirements specified in the RFP.

4B.1.b.5.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.b.5.2 Contractor Responsibilities

2.5.5.2 Contractor Responsibilities

The Contractor shall develop knowledge transfer plans and knowledge transfer documentation for identified Agency and IME contractor users and trainers supporting the new MMIS functionality, business processes, and other knowledge transfer needs. The Contractor shall provide knowledge transfer to the Agency and professional services contractor staff, including but not limited to: Core MMIS users, trainers, administrators, managers and test teams. The Contractor shall develop a knowledge transfer curriculum based and segmented toward specific security levels and role-based groups. The Contractor shall develop all knowledge transfer documentation and knowledge transfer curriculum for user and provider knowledge transfer sessions. The Contractor shall also train and prepare the IME staff to present and conduct provider knowledge transfer sessions. The Contractor shall develop a knowledge transfer plan to ensure just-in-time knowledge transfer activities.

The Contractor shall initiate knowledge transfer during the development part of the Production Implementation phase. Prior to UAT, the Contractor shall train Agency staff and the IME units involved in testing on the use of the complete enterprise. The Contractor shall also create knowledge transfer plans for IME units and implement knowledge transfer with other IME staff prior to ORT. The Contractor shall support a call center for functional and technical assistance during all phases of ACD to ensure the IME unit's ability to utilize the new system to address these calls as part of the knowledge transfer effort.

The base product training material aligns with MITA (Medicaid Information Technology Architecture) and includes a role-based curriculum matrix with a recommended list of courses based on a staff resource's role in the organization. In addition to Provider and Member-facing training, the base curriculum contains material addressing system functionality that supports MITA business functions, including Eligibility and Enrollment, Member Management, Care Management, Provider Management, Financial Management, Performance Management, Plan Management, Operations Management, and Business Relationship Management.

Table B.5-1. The training plan schedules activities with specific purposes to increase success of the learning effort

Activity	Purpose
Training Planning/ Curriculum Design	Provides each end user group with the series of specific courses they need to develop the skills relevant to their roles while keeping in mind the limited time personnel are available for training
Training Design and Development	Uses the ADDIE (Analyze, Design, Develop, Implement and Evaluate) training development model. We develop training that includes process, system procedures and role-based content along with relevant policies. As described in our Training Plan and in accordance with the MIDAS Project Work Plan, we develop materials over a period of nine months using 3.5 full-time training resources
Training Delivery	Includes managing, coordinating, and scheduling educational events, instructor-led training (ILT) and virtual instructor-led (VILT) sessions; managing participation based on role mapping; venue/classroom selection; participant registration and confirmation; materials and equipment ordering; and management of all planning processes. As described in our Training Plan and in accordance with the MIDAS Project Work Plan, we conduct knowledge transfer over a period of five months using four full-time training resources
Training Effectiveness Measurement	Measures training effectiveness that is critical to evaluating learning success and user acceptance and will be captured through course evaluations, and participant self-assessments

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We create, maintain, and update an approved Training Plan that includes: (1) An overview of the training methodology for a security and role-based enterprise environment; (2) procedures to confirm that a working production environment exists for conducting training; (3) training courses and associated course objectives, course duration, delivery method, competency level, and skill set assessment tools, including the format and content of all training material to be developed; (4) evaluation process to gather and provide feedback on training sessions to the IME; (5) number of users to receive training and the number of role-based training sessions necessary to train all identified staff per designated security levels; (6) milestones for training; (7) a description of the online real-time training on electronic communications, claims and other documentation; (8) procedures for implementing and maintaining a training database, (9) templates for Monthly Training Status Report and Annual Training Report; and (10) a schedule of training activities. The plan will provide training for IME trainers, MIDAS users, and technical support staff.

Given the number of affected users and multiple training efforts for MIDAS, scheduling and tracking training will be critical to the success of knowledge transfer and readiness. We schedule the appropriate dates, times, locations, and participants to provide staff with the most current and accurate training information. To this end, we work with Agency to understand the current capability and determine the most appropriate solutions. We will tailor our training delivery schedules to each audience. For example, we know that many job roles work different hours than others, so we work with the Agency to create different scheduling options for each audience. We provide knowledge transfer to the Agency and professional services contractor staff including: MIS users, trainers, administrators, managers, and test team members.

The training schedule will accommodate a "just-in-time" approach that schedules end-user training prior to go-live, with makeup and refresher course options, as well as scheduled ongoing training during operations. We train the IME Trainers Group before conducting user and provider training. The IME Training Group will participate in enterprise-wide training and prepare to assume responsibility for ongoing training beginning the second full year of operations.

All designated IME systems staff will receive technical training emphasizing the skills needed to support MIDAS in production. We will work with IME to identify specific individuals to be included in the types of training based on the training strategy, as well as to confirm the timing of required training. For example, we initiate knowledge transfer during the development part of ACD so that Agency staff and IME units involved testing can be familiar with the enterprise MMIS prior to UAT and ORT.

The Training Plan details the types of training, the target audience, the method of delivery, the training schedule and locations, and IME's involvement for the development and review process. We base training and training support materials on approved user, operations and procedure manuals developed during the business process reengineering activities. Training materials address the individual knowledge and skill needs for MIDAS users and community-based partners. Our plan also provides for a training roadmap for the operation, development, and maintenance of training material and documentation.

Support materials include handouts, instructions or training outlines, classes, presentations, initial login administration, instructor and participant guides, job aids, quick reference cards, online help and tutorials, CBT, and ILT courses. We also provide telephone support for assistance with functional and technical knowledge transfer questions.

2.5.5.2.1 Staff and Management User Knowledge Transfer

The Contractor shall provide knowledge transfer to IME personnel who have varying computer skills and who perform different functions within their respective units. The Contractor shall provide classroom instruction for each enterprise job function with job aids. The Contractor shall provide various levels of knowledge transfer, such as users, super users, and train-the-trainer. The Agency staff knowledge transfer must be role-based, structured to support all system security levels for the new MMIS business model, business processes and sub-business processes, as identified in this RFP, such as, but not limited to:

a. System Features and System Interoperability.
b Process and Operations.
c. Reporting.
d. Document Management and Workflow.
e. Security.
f. Authentication and Registration.
g. System Tutorials and System Navigation.
h. Rules-Based Engine.
i. Provider Enrollment and Management.
j. Claims Processing.

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k. Prior Authorization.
l. TPL Module.
m. Member Module.
n. Web Portal.

The Knowledge Transfer team provides knowledge transfer to Agency and IME personnel who have varying computer skills and perform different functions within their respective units. Our training approach includes train-the-trainer and instructor-led knowledge transfer sessions for Agency and IME staff that promote Day 1 readiness and provide tools for ongoing just-in-time knowledge transfer. The train-the-trainer program involves training identified trainers or super users and equipping them with the knowledge and skills to in turn transfer knowledge to their respective units. This form of knowledge transfer not only provides knowledge of the MIDAS and planned session materials, but also includes mentoring identified trainers on facilitation and coaching skills.

Instructor-led training is a traditional training delivery approach where an individual teaches a group of participants in a classroom setting. Each participant attending instructor-led training at our temporary primary project site has access to the MIDAS knowledge transfer environment, hard copies of role-based knowledge transfer materials, and access to our evaluation tool. Materials include participant guidebooks and job aids. Instructor-led training allows our trainers to deliver a large amount of information in a single session and enables participants the opportunity to ask questions and receive answers in real-time.

Train-the-trainer and instructor-led training consists of three learning methods:

- Role-based and process driven
- Hands-on interactive
- Incremental and ongoing learning

Role-Based and Process Driven

An important aspect of our knowledge transfer approach for Agency and IME staff is that it be practical and directly relevant to an individual's role in supporting the MIDAS and MIDAS Operations. The knowledge transfer approach incorporates new system security roles and makes efficient use of staff time by demonstrating and practicing new job functions using the revised business processes for MIDAS.

Agency and IME staff end-users receive knowledge transfer that relates to their specific job function, in support of the topics described above in RFP 2.5.5.2.1 items a-n. For example, the knowledge transfer for Member Services does not include scenarios for enrolling providers. The use of role-based training minimizes any misunderstanding of what to expect of the new system and addresses the complete process, not just the system steps.

Hands-On and Interactive

Maximized participant involvement is the goal of our knowledge transfer approach. During each train-the-trainer session, we provide each trainer with a computer to walk through planned demonstrations and practice exercises. This provides an opportunity for our trainers to coach and provide feedback on knowledge transfer delivery and helps Agency and IME trainers build confidence in their abilities to present session content.

During each end user session, we provide opportunities for participants to interact with the system and complete practice exercises. These hands-on activities serve to minimize passive listening and reading. They allow participants to practice knowledge transfer activities and scenarios in the knowledge transfer environment that mirrors the production system and provides participants an opportunity to practice in a no-risk environment using non-production data. The practice activities serve to reinforce the information presented during the session. This hands-on and interactive knowledge transfer approach has a dramatic impact on the participant's ability to effectively use the system after implementation.

Incremental and Ongoing Learning

Knowledge transfer activities are not just single events and do not end in the classroom. End-user training consists of multiple training modules that mirror specific job skills. The MIDAS classroom training modules are progressive and build on the skills and materials presented in prior modules. The modules accommodate users with varying degrees of technical skills and MIDAS knowledge.

Knowledge Transfer Modules

Working with the Agency, we assess knowledge transfer needs during Analysis and Design. Based on identified needs, we identify specific knowledge transfer modules and document these modules in our Knowledge Transfer Plan. As previously mentioned, modules are role-based and center around core MIDAS functions, including those listed in Table B.5-2.

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Table B.5-2. Our training plan schedules activities with specific purposes to increase success of the learning effort.

Knowledge Transfer Modules		
System Features and System Interoperability	Process and Operations	Reporting
Document Management and Workflow	Security	Authentication and Registration
System Tutorials and System Navigation	Rules-Based Engine	Provider Enrollment and Management
Claims Processing	Prior Authorization	Third-Party Liability
Member Services	Web Portal	

Knowledge Transfer Plan

2.5.5.2.2 Knowledge Transfer Plan
The Contractor shall create and maintain an approved Knowledge Transfer Plan. The Contractor shall include the following, at a minimum:
a. Provide an overview of the knowledge transfer methodology for a security and role-based enterprise environment and knowledge transfer objectives for Agency and IME users.
b. Ensure all staff has security access to the knowledge transfer environment prior to the session.
c. Identify the knowledge transfer courses and associated course objectives, competency level, and skill set assessment tools, including the format and content of all knowledge transfer material to be developed by the Contractor.
d. Identify procedures to ensure a working production environment exists for conducting knowledge transfer.
e. Identify the knowledge transfer presentation style, as approved by the Agency.
f. Identify the number of role-based knowledge transfer sessions necessary to train all identified Agency and IME staff per designated security levels.
g. Identify the number of users to receive the knowledge transfer.
h. Identify the length of each knowledge transfer course.
i. Describe the online real-time knowledge transfer on electronic communications and claims and other documentation.
j. Define procedures for implementing and maintaining a knowledge transfer database.
k. Provide for evaluation of knowledge transfer sessions and feedback to the Agency.
l. Provide milestones for knowledge transfer.

Knowledge transfer begins at project start. During Analysis activities, we work with the Agency to analyze learning needs and confirm the plans for addressing those needs. We document our approach in the Knowledge Transfer Plan. This plan addresses the use of the new MMIS by end-users. It also describes how we support the needs of Agency personnel requiring specialized knowledge transfer to prepare them for roles related to the management, administration, and security of the system.

By collaborating with the Agency and IME Professional Services contractors, we create our Knowledge Transfer Plan by developing our approach to building the knowledge and skills required for a smooth transition to the new MIDAS. Our team creates, maintains, and updates an approved Knowledge Transfer Plan, which includes items a-l listed in RFP 2.5.5.2.2 above.

The Knowledge Transfer Plan documents results of our knowledge transfer needs analysis and explains our approach to meeting identified knowledge transfer needs. It describes our methodology, identifies knowledge transfer modules and curricula, and lays out the plan for developing and deploying knowledge transfer to the Agency and IME staff. This includes developing all knowledge transfer materials, establishing the knowledge transfer environment, coordinating and delivering knowledge transfer sessions, and assessing and evaluating these sessions.

Provider Knowledge Transfer Documentation and Materials

2.5.5.2.3 Provider Knowledge Transfer Documentation and Materials
The Contractor shall develop the provider knowledge transfer documentation, such as Frequently Asked Questions and instructions, by provider type. The Contractor shall also develop web seminar and video-based provider knowledge transfer materials to be distributed through the Provider Services unit.
The knowledge transfer must be structured to address the new MMIS functionality, to include claim submission, claim processing and edits, prior authorization, provider enrollment and use of the web portal. There must be specialization of knowledge transfer tailored to meet the needs of providers that do not currently use the new MMIS.

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The knowledge transfer strategy for the MIDAS project supports initial training for IME providers and includes development of tools and materials that serve as ongoing references and guides.

The Knowledge Transfer team delivers initial knowledge transfer for providers using a train-the-trainer approach. Our experienced professional trainers, in coordination with our project SMEs and the Agency, create courses and knowledge transfer materials that allow the IME Provider Services unit to deliver training to IME providers. The trainers develop a curriculum that equips providers with the knowledge and tools necessary to perform their responsibilities on Day 1 and includes reference materials for point-in-time specific needs, as described below.

Materials for IME Provider Services Trainers

- **Instructor Guidebooks:** Instructor Guidebooks contain all participant materials for provider end user knowledge transfer sessions. This includes an overview of the provider knowledge transfer curricula and a description of course objectives. The participant materials provide step-by-step procedures for performing core system functions, such as claim submission, claim processing and edits, prior authorization, provider enrollment, and the provider portal. The guidebook also includes all materials needed to setup, facilitate, and debrief interactive session activities. In addition, the Instructor Guidebook provides tools to help IME Provider Services Trainers prepare for and facilitate effective knowledge transfer sessions. This includes speaker notes, training tips, and delivery points.
- **Participant Guidebooks**: These guidebooks give providers the information they need to participate in end user knowledge transfer sessions. This includes knowledge transfer curricula and objectives, step-by-step procedures for core system functions that are tailored to providers, and materials for interactive knowledge transfer activities. The team provides the guidebooks to the IME Provider Services unit so that they can be made available to providers through the provider portal.
- **Web Seminar/Video-Based Materials**: The team provides system demonstrations and training presentations to the IME Provider Services unit that can be made available to providers through the online provider portal.
- **Frequently Asked Questions (FAQs):** Our FAQ job aid includes questions and answers specifically tailored for providers. Initial FAQs are based on our knowledge implementing health care solutions for the Medicaid and healthcare industry. The team maintains and updates these FAQs based on feedback received from the Agency, the IME Provider Services unit, and providers.
- **Online Help:** Online help provides targeted support information to help users perform system functions. We create specific online help content for providers. Online help is context sensitive, providing the users information relevant to the page they are currently viewing.
- **Online Tutorial**: The online tutorial demonstrates system functionality to users, including IME providers.
- **Training Environment**: The training environment allows IME providers to enter non-production data to simulate production system functions.

Our knowledge transfer materials provide information on both general system information and provider-specific functions. Table B.5-3 summarizes the mix of general and specific knowledge transfer materials. General systems knowledge transfer materials help providers understand how to request access to the system and interact with the user interface to perform system functions. These materials help experienced MMIS users understand the differences between the legacy and new MIDAS and provide tutorials for new system users.

Table B.5-3. Our knowledge transfer strategy supports a mix of general systems and provider-specific knowledge transfer materials to help both experienced and new MIDAS users use the new system.

General Systems Knowledge Transfer	Provider-Specific Knowledge Transfer
System Features and Interoperability	Provider-Specific Knowledge Transfer
Authentication and Registration	Claim Submission
System Tutorials and System Navigation	▪ Claim Processing and Edits ▪ Prior Authorization ▪ Provider Enrollment and Management ▪ Provider Portal

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Develop, Provide and Maintain Knowledge Transfer Documentation

2.5.5.2.4 Develop, Provide and Maintain Knowledge Transfer Documentation
The Contractor shall develop and update all knowledge transfer e-documentation, manuals, materials, knowledge transfer guides, speaker notes, and course curricula including knowledge transfer objectives and outcomes. The Contractor shall develop a document version control plan and allow for the version control and maintenance for knowledge transfer documentation to include all user and provider knowledge transfer e-documentation.
The Contractor also shall incorporate online help, online policy and procedure manuals, and hard copy user manuals for the delivery of conducting knowledge transfer. All knowledge transfer materials shall be reviewed and approved by the Agency before the start of the knowledge transfer. The Contractor shall provide sufficient copies of all knowledge transfer materials for all Agency staff and IME units. The Contractor shall provide all electronic source documents and graphics used in the development and presentation of all aspects of knowledge transfer. Upon completion of implementing a knowledge transfer database, the Contractor shall submit a letter certifying the knowledge transfer database is built and software is operational.

The Knowledge Transfer team provides the Agency with knowledge transfer materials needed to conduct knowledge transfer for affected groups. Our knowledge transfer materials and courseware go beyond basic manuals to include instructional guidebooks, a training database, evaluation tools, and training methodology. By design, the courseware is practical and easily maintained. Material provided includes electronic copies of the courseware and knowledge transfer documentation to the Agency for reproduction, as needed, to support instructor-led sessions and self-paced knowledge transfer activities. Table B.5-4 summarizes the Knowledge Transfer documentation we produce for the MIDAS project.

Upon Agency approval of our Knowledge Transfer Plan, we execute the plan using our proven methodology to design, build, test, and deploy knowledge transfer materials. Below are activities we perform to develop the knowledge transfer materials.

Table B.5-4. We use a variety of training materials to support the MIDAS knowledge transfer.

Knowledge Transfer Documentation	Description
User Manuals	▪ Identifies end-user functions for the MIDAS system modules. ▪ Provides step-by-step instructions to allow end-users to perform each function. ▪ Includes screenshots, navigation flows, defined business rules, and process notes where appropriate.
Knowledge Transfer Guides	▪ Provides Participant Guides, which include the course curricula, course objectives, step-by-step procedures, and course activities, serve as a reference for students to use during and after Instructor-Led Training. ▪ Instructor Guides, which include speaker notes, tips, and delivery points in addition to Participant Guide materials, assist instructors during knowledge transfer delivery.
Job Aids	▪ Provides step-by-step instructions to complete processes in the system.
Online Help	▪ Provides context-specific online help for the portal (worker, member and provider) tailored for Iowa's state-specific functions. ▪ Allows users to link to online tutorials.
Online Tutorial	▪ Demonstrates system functionality to users.
Training Database	▪ Supports training environment, which enables users to simulate actual system functions using non-production data. ▪ Stores knowledge transfer materials.
Frequently Asked Questions	▪ Assists MIDAS users in performing system functions by proactively providing answers to potential user questions. ▪ Developed during development activities based on our experiences implementing Medicaid and health care systems. ▪ Refined during UAT and updated based on questions addressed when providing functional and technical support to the call center.
Web Seminar/ Video Recordings	▪ Captures information in a video or web-based format that can be used by providers to complete knowledge transfer remotely.

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Design

During Design, the Knowledge Transfer team works with Agency subject matter experts, leadership, and the project Functional Teams to determine the overall look and feel for the instructional content and online help. The team creates designs for each course identified in the MIDAS Knowledge Transfer Plan, identifying specific exercises that illuminate and reinforce the course objectives most effectively.

From experience on similar projects, we recommend the following practices for Knowledge Transfer Design activities:

- The Knowledge Transfer and Functional Teams work closely together to validate that the content required by System end-users to do their daily jobs is included in the course outlines.
- The team uses existing course templates and reference material from previous successful projects to minimize design efforts.
- The team builds on standards already developed by Accenture for knowledge transfer documentation.

Configure

During Configuration activities, the Knowledge Transfer team develops the knowledge transfer materials, online help, online tutorials, and job aids, in a manner that is clear and understandable to the respective audiences. The team works with the Agency to develop materials that reflect realistic scenarios based on Agency standard business processes and procedures, tailored to MIDAS. Working in collaboration with other MIDAS teams, the team creates the knowledge transfer environment and data based on approved designs. This phase requires coordination with multiple teams. For example, we work with the Technical Team to create the training environments, establish the procedures for refreshing the database after knowledge transfer sessions, and establish technical support plans for online tutorials.

Test

After completing development of knowledge transfer materials, team members thoroughly test the content. The Knowledge Transfer team conducts a practice run of each knowledge transfer session to confirm knowledge transfer data supports the scenarios. The team also prepares the logistics and completes the administrative functions for training the trainers, including preparing training facilities. During UAT training, the team identifies additional refinements.

Deploy

The Knowledge Transfer team deploys knowledge transfer materials. The team conducts train-the-trainer sessions to prepare IME staff trainers who deliver training to providers. Train-the-trainer materials include those prepared for end users. Verified online help and tutorials are available for use during knowledge transfer sessions and/or by the first day of system and/or feature implementation. The processes and procedures we use keep training materials and tutorials current and accurately reflect current system functionality. We provide and maintain the MIDAS Knowledge Transfer Materials (e.g., hardcopy and softcopy) for each training session, consistent with the MIDAS Knowledge Transfer Plan. Upon completion of implementing a knowledge transfer database, we will submit a letter certifying the knowledge transfer database is built and software is operational.

Initial Versions of Knowledge Transfer Documentation

The Knowledge Transfer team provides and maintains the MIDAS knowledge transfer materials and support resources. Initial knowledge transfer materials to be used for system implementation are available to support knowledge transfer activities. End-users receive hardcopy documentation, if applicable, by the first day of any Instructor-led, classroom training.

Master Copies of Documentation

The Agency receives master copies of all knowledge transfer materials that we produce or are provided by our subcontractors or product vendors. The Agency retains an unlimited right to copy all knowledge transfers materials. It is important to note that since hardcopy materials are difficult to update and become quickly outdated, we take full advantage of electronic materials and user guides and teach users to access the most current material available as their reference at the point of need.

2.5.5.2.5 Online Tutorial

The Contactor shall provide an online tutorial capability for each module in the MMIS. This tutorial shall provide basic "dummy" data, and allow the user to enter or modify information to simulate actual use of the system. The Contractor shall use this tutorial for knowledge transfer and shall make it a part of the final new MMIS, so that new users accessing the IME will have an online tutorial to assist in learning the system's functionality. Users

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Contractor shall use this tutorial for knowledge transfer and shall make it a part of the final new MMIS, so that new users accessing the IME will have an online tutorial to assist in learning the system's functionality. Users must be allowed to click their way through the entire process, including, but not limited to:
a. Mass adjustment processing.
b. Financial transaction processing.
c. Prior authorization.
d. Benefit packages.
e. Edits and audits.
f. Rules engine.
g. Reporting.
h. Account and Federal report coding.
i. Web portal application.
j. Drug rebate processing.
k. Electronic document and workflow management.

As part of our MIDAS solution, users have access to self-paced tutorials and interactive learning online. This allows users to complete knowledge transfer activities independently, without the interaction or guidance of a live instructor. The solution provides these self-paced online capabilities through three methods: online help, online tutorials, training environment.

Online Help

The APHP solution provides topic-specific online help out of the box with key usability features, such as a table of contents and search function.

Online Tutorial

The team adapts existing online tutorials to match configuration changes implemented to tailor the APHP solution to MIDAS-specific requirements. Tasks include creating online tutorials for each module in the new MMIS. During design activities, we work with the Agency to confirm specific modules for the online tutorial, including:

- Mass adjustment processing
- Financial transaction processing
- Prior authorization
- Benefit packages
- Edits and audits
- Rules engine
- Reporting
- Account and federal report coding
- Web portal
- Drug rebate processing

Each online tutorial describes the business processes and provides step-by-step walkthroughs for each defined module.

Training Environment

Congruent to the online recordings, our MIDAS solution provides a dedicated online training environment that contains nonproduction data for prospective users. This environment mimics the production MIDAS system and allows users to enter data to complete tasks as they would on the job.

Online Help, Online Tutorial, and our Training Environment are tools we use during knowledge transfer to reinforce material presented. Users can also access these tools after knowledge transfer is complete and on the job to refresh their understanding of system functions and capabilities.

2.5.5.2.6 Knowledge Transfer Schedule
The Contractor shall create and maintain ongoing knowledge transfer schedules. Sessions are to begin during the development part of the Implementation phase and be completed prior to UAT for Agency staff and IME units and prior to ORT for other IME staff. The Contractor shall provide knowledge transfer throughout the operations and maintenance stage for new staff and staff who change positions. Knowledge transfer must be provided at the IME facility or at a facility approved by the Agency. The knowledge transfer shall be conducted Monday through Friday, excluding the Agency holidays, between the hours of 8:00 a.m. and 4:00 p.m. Central Time. The Contractor shall furnish the trainees with all necessary knowledge transfer materials.

Planning for knowledge transfer activities begin at project start. The first step is to identify overall knowledge transfer needs based on planned business process changes. Later, we refine these needs during Design activities and define the knowledge transfer curriculum for each affected group. During system

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configuration and development, the team prepares to implement knowledge transfer activities. This includes creating the knowledge transfer schedule.

Knowledge transfer sessions are role based and process driven. This means that knowledge recipients attend only those sessions that are relevant to their specific roles and responsibilities. Knowledge transfer curriculums identify the sessions each target group should complete to gain the skills needed to perform their job. The knowledge transfer schedule identifies when and where we conduct these sessions as described below.

- **Project milestones:** The Knowledge Transfer team develops our schedule to coordinate with our system implementation timeline. The team sets up the knowledge transfer environment and supports a version of our MIDAS solution in this environment before we begin knowledge transfer sessions. Train-the-trainer sessions complete with enough time to allow IME staff to present and conduct provider knowledge transfer before system deployment. Knowledge transfer sessions for Agency staff complete before UAT and for all other IME staff before ORT.
- **Target number of participants**: Experience has taught us that learning occurs best when individuals can receive the new information through multiple channels. Our knowledge transfer approach includes a variety of hand-on activities in addition to presentations. These hands-on activities minimize passive listening, encourage participation, and allow participants to try scenarios that they will perform after implementation. To effectively support interactive activities and participant questions, we establish a maximum number of participants in each session based on the session topic and activities planned.
- **Course complexity**: The schedule accommodates specific course content and complexity. Courses that require more hands-on activities or complex topics are longer in duration or divided into two sessions.
- **Incremental learning**: Knowledge transfer activities are not just single events. The Knowledge Transfer Plan consists of multiple knowledge transfer modules that mirror specific job skills. The MIDAS knowledge transfer session-based modules are progressive by building on the skills and materials presented in previous modules. The schedule accounts for sequencing knowledge transfer sessions to most effectively deliver information to participants.
- **Number of sessions**: The team determines the number of sessions required for each knowledge transfer module by comparing the total participants identified to receive the knowledge and recommended maximum number of participants for the module's knowledge transfer session.
- **Availability of session participants**: Identifying timeframes when target groups or individuals are unavailable allows us to offer sessions for each knowledge transfer module multiple times to accommodate participant schedules. The team schedules enough sessions to allow individuals within the same operational area to attend sessions on different dates or at different times. By coordinating with the Agency, we minimize impacts to operations and identify backfills for session participants, as necessary.
- **Advance notice**: Knowing that Agency and IME staff time is valuable, the team starts the registration process for instructor-led knowledge transfer sessions for the initial MIDAS deployment several weeks before sessions begin. This allows participants to proactively manage their personal calendars.

Ongoing Training Needs

The team conducts appropriate orientation and knowledge transfer for new staff or existing staff who assume new responsibilities. Staff orientation activities occur according to the Staffing Management Plan and knowledge transfer activities occur according to the Knowledge Transfer Plan. Specific knowledge transfer activities take into account the individual's previous experience and training for existing staff, and new responsibilities for both new and existing staff. Scheduling ongoing knowledge transfer activities in the Operations Phase happens on an as-needed basis. The team maintains the Knowledge Transfer schedule to reflect any new or changed knowledge transfer activities.

Specific Knowledge Transfer Schedule Requirements

In developing our Knowledge Transfer schedule, the team collaborates with the Agency to align with defined Agency requirements. Table B.5-5 indicates our acknowledgement of these requirements.

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Table B.5-5. Our knowledge transfer schedule provides an up-to-date view of knowledge transfer sessions planned and completed.

Knowledge Transfer Schedule Requirements	Agree?
Maintain ongoing knowledge transfer schedule.	✓
Begin sessions during development activities.	✓
Complete knowledge transfer sessions to prepare Agency staff and IME units for the initial IME APHP deployment before UAT.	✓
Complete knowledge transfer sessions to prepare Agency staff for IME APHP deployment before ORT.	✓
Provide ongoing knowledge transfer sessions during operations for new staff or staff that change positions.	✓
Perform knowledge transfer sessions for the initial IME APHP deployment at project temporary facility.	✓
Schedule knowledge transfer with the Agency and IME units.	✓
Schedule knowledge transfer sessions between the hours of 9:00 a.m. and 4:00 p.m. CST.	✓
Schedule knowledge transfer sessions for business days, excluding state holidays.	✓
Provide knowledge transfer materials for session attendees.	✓

2.5.5.2.7 Certificate of Completed Knowledge Transfer
Knowledge transfer must be implemented in accordance with the Contractor's approved knowledge transfer plans. Upon completion of the knowledge transfer, the Contractor shall submit a letter certifying that all initial knowledge transfer has been completed for Agency staff and IME units.

The team completes knowledge transfer activities according to the Knowledge Transfer Plan and Training Schedule. After completing knowledge transfer activities that satisfy all defined objectives and acceptance criteria for the initial MIDAS deployment, we provide the Agency with a certificate certifying that all staff and provider training, as needed, has been completed.

2.5.5.2.8 Prepare Evaluation Tool
The Contractor shall specify the performance and the outcomes of each type of knowledge transfer in the Knowledge Transfer Plan. In conjunction with this, the Contractor shall develop evaluation survey tools to determine whether the knowledge transfer sessions produced the expected results. The evaluation must consist of various tests administered to trainees at each knowledge transfer session. The Contractor shall use this evaluation survey tool to identify weaknesses in the knowledge transfer program and specific revisions that need to be made. This survey tool must also be used for implementation of knowledge transfer to assess the effectiveness of the knowledge transfer sessions. The trainers for all knowledge transfer sessions must implement the evaluation survey tool.

The knowledge transfer approach includes a variety of methods and tools to help these groups be successful on Day 1. The online evaluation tool allows us to verify that these methods and tools are achieving expected outcomes. Gathering feedback from knowledge transfer recipients includes: the appropriateness of session content, duration, and delivery method; effectiveness of instructor (for instructor-led sessions); and knowledge and skills gained. Using our online survey tool, we capture this feedback through the following methods:

- Pre-Course and End-of-Course Assessments
- Evaluation Surveys
- Three-View Form Questionnaires
- Proficiency Tests

Pre-Course and End-of-Course Assessments. Use of pre-course and end-of-course assessments helps determine the amount of knowledge retained at course completion and measures knowledge gained from the course. End-of-course assessments offer the course participant and instructor immediate feedback on the participant's ability to answer questions related to course material. Questions measure participant knowledge levels against targets and expectations defined in the Knowledge Transfer Plan. Comparing end-of-course assessments to pre-course assessments enables us to measure how courses increase participant knowledge.

Evaluation Surveys. Knowledge recipients also complete an evaluation survey at the end of each knowledge transfer session. The online survey tool captures feedback on course content, course materials, and course delivery. Knowledge recipients who attend an instructor-led knowledge transfer session also provide feedback on the effectiveness of the session's instructor. Each evaluation survey question asks recipients to determine if

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they strongly agree, agree, somewhat agree, disagree, or strongly disagree with each evaluation criteria. Examples of the evaluation criteria include:

- Session/course objectives were clear and concise
- Participant materials contributed to my learning
- The pace of the instruction was appropriate
- Walkthroughs and activities reinforced the skills taught
- Instructor gave clear and comprehensive answers to participant questions
- Instructor was prepared for the course
- Instructor knew the subject matter
- Instructor promoted a good learning atmosphere

The evaluation surveys also enable participants to provide free-form text indicating the areas of the course that were most effective, those least effective, and any additional feedback.

Three-View Form Questionnaires. We also monitor knowledge transfer activities that occur outside of the traditional instructor-led sessions. This includes job shadowing and mentoring. For these types of knowledge transfer activities, we verify that we are executing according to plan, knowledge transfer is progressing according to expectations, and knowledge recipient satisfaction is achieved at acceptable levels. One way we do this is by obtaining feedback using a three-view form. This is a specific knowledge transfer satisfaction form that captures information about knowledge transfer activities from the perspective of three types of participants:

- Project Team Subject Matter Expert (SME)
- Knowledge Recipient
- Mentor

SMEs, knowledge recipients, and mentors provide information about knowledge transfer activities through a brief questionnaire. Respondents answer questions about knowledge transfer activities use the following scale:

- 1 – Strongly Agree
- 2 – Agree
- 3 – Partially Agree
- 4 – Disagree
- 5 – Strongly Disagree

The questionnaire evaluates if the defined knowledge transfer process addresses needs of the defined role, identifies if the knowledge transfer activities have prepared the knowledge recipient for his/her role, indicates if the knowledge recipient feels satisfied with the SME, and determines if training received is part of the Knowledge Transfer Plan. For a knowledge transfer event to be considered successful and complete, all three evaluation forms should have similar ratings for each question. In addition, the knowledge transfer event should meet objectives identified in the Knowledge Transfer Plan. If a consistent view of knowledge transfer success and identified objectives are not achieved, remedial training or additional reference materials may be needed.

Proficiency Tests. As we develop our Knowledge Transfer Plan, we identify the knowledge transfer needs for each target role-based group. Our plan identifies the knowledge required by each group and associated courses and activities that provide this knowledge. Target groups may need to take more than one course to gain the knowledge they need to perform their jobs after implementation of the new system. Once individuals complete all courses and activities identified for their target group (i.e., their curriculum), they take a proficiency test to verify that their knowledge and skills meet the objectives defined in the Knowledge Transfer Plan.

Evaluating Results for Continuous Improvement. As defined in the Knowledge Transfer Plan, we design course assessments, evaluation surveys, proficiency tests, and questionnaires to measure actual results achieved from knowledge transfer activities against the desired performance and outcomes. The online evaluation tool allows us to assess knowledge transfer materials, including handouts, visual aids, and job aids. In addition, we use evaluation tool results to verify the quality of our knowledge transfer applications and setup of the training environment. Evaluation results also provide feedback on instructor effectiveness. This includes evaluating the instructor's preparedness and their ability to clearly convey the course content, successfully facilitate the training session, engage participants, and maintain the allotted timeframe.

To identify opportunities to improve knowledge transfer effectiveness, the team considers information received from multiple feedback mechanisms. Using this feedback enables us to identify and implement knowledge transfer improvements. To identify areas assessed consistently below target levels, the team

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compiles results from various feedback mechanisms, such as commonly missed proficiency test questions, poorly rated job aids, and dissatisfied target groups. We track items requiring corrective action electronically through resolution. Recommendations address correction action needed, including plans to update courses, job aids, or replace instructors if needed. After discussing recommendations with the Agency and receiving Agency approval, designated instructors compile and incorporate changes to the knowledge transfer content and materials. Before presenting updated knowledge transfer materials and courseware in knowledge transfer sessions, we submit them for Agency review, feedback, comments, and written approval.

In addition to capturing direct feedback on planned knowledge transfer activities using our evaluation tool, the team polls knowledge recipients after they have performed their job responsibilities for a few weeks using the new system or in their new position. This helps us understand how well the knowledge transfer activities are preparing recipients and identify areas missed in our courses and materials. Sample poll questions include:

- Were you forced to learn any responsibilities "on-the-job" that were either not covered or covered incompletely during knowledge transfer activities?
- If you were unsure of how to perform your role, were you able to find the information you needed, and did this information help you to complete your task successfully?
- We incorporate any changes identified through staff polls.

Knowledge Transfer Reports

2.5.5.2.9 Knowledge Transfer Reports
The Contractor shall develop knowledge transfer reports that include information, such as, but not limited to target group, the number of knowledge transfer sessions, type of knowledge transfer, knowledge transfer locations, number of trainees, results of the evaluation survey testing and recommendations for follow-up knowledge transfer.

The goal of our knowledge transfer activities is to prepare Agency staff, IME contractors, and providers to be 100% ready to perform their jobs on Day 1 and provide a smooth transition to new MIDAS operations. We submit a weekly Knowledge Transfer Report to monitor progress in meeting this goal and the objectives defined in our Knowledge Transfer Plan. The Knowledge Transfer Report includes metrics and information on:

- **Completion of knowledge transfer activities**: Compares actual knowledge transfer activities completed to those planned
- **Participant proficiency**: Summarizes results of end-of-course assessments, knowledge transfer proficiency tests, and in session practice scenarios
- **Training delivery quality**: Summarizes feedback captured from knowledge transfer session participants in the evaluation surveys
- **Opportunities for improvement**: Identifies knowledge transfer areas scoring low on assessments, proficiency tests, and/or evaluation surveys; includes analysis of metric-based, written, and verbal feedback

Developed with the Agency when creating the Knowledge Transfer Plan, the Knowledge Transfer Report defines specific metrics, information, and format, as shown in Table B.5-6.

In addition, the report provides brief narratives and materials that support the report metrics, including:

- Up-to-date knowledge transfer schedule that details the date, time, location, targeted number of participants, and number of participants registered to date for remaining knowledge transfer sessions and both expected and actual participants for sessions already completed
- Knowledge Transfer Attendance Sheets identifying the number and name of Agency and IME contractor staff who attended the knowledge transfer sessions
- Train-the-Trainer Attendance Sheets identifying the IME staff trained
- Summary of provider training delivered by trained IME staff instructors
- Summary of text-based participant evaluation responses regarding the effectiveness of the training, including the appropriateness of the course topic, the thoroughness of the content and materials, and the trainer's preparedness
- Summary of trainer's evaluation of the session's success
- Plans for improvements on related future training

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Table B.5-6. Agency receives regular feedback on from our Knowledge Transfer Report.

Sample Knowledge Transfer Report Metrics			
Completion	**Proficiency**	**Quality**	**Areas for Improvement**
▪ Number of sessions planned, total and by location ▪ Number of sessions completed, total and by location ▪ Number of expected knowledge transfer recipients registered for sessions, total and by target group ▪ Number of participants who attended completed sessions, total and by target group ▪ Percentage of expected trainers trained	▪ Average beginning session score, by module ▪ Average ending session score, by module ▪ Average % increase from beginning to end of session assessment, by module ▪ Number of participants scoring 100% in end of session assessment ▪ % of participants scoring below 90% in end of session assessment ▪ Number of participants scoring below 80% in proficiency test	▪ % of participants strongly agreeing/ agreeing that training objectives were clear and concise ▪ % of participants strongly agreeing/ agreeing that the knowledge transfer participant feels prepared to use the IME APHP system ▪ % of participants strongly agreeing/ agreeing that the pace of instruction was appropriate and allowed for questions and discussions	▪ Target group with lowest attendance ▪ Session topic with lowest assessment score ▪ Session topic with lowest average end of session assessment score gain ▪ 5 most missed assessment questions ▪ 5 most missed proficiency test questions ▪ Evaluation survey areas with more than 5% of participants disagreeing/ strongly disagreeing ▪ Improvements in progress or completed since last report ▪ New recommendations for improvement

After completion of the first knowledge transfer session, the team creates and submits the Knowledge Transfer Report on a weekly basis until all sessions for the initial deployment are complete. During the Operations Phase, we create and submit this report within 10 business days of completion of the knowledge transfer session.

2.5.5.2.10 Deliverables

The Contractor shall submit the following documents for review and approval within a timeframe determined by the Agency:

a. Knowledge transfer plan and knowledge transfer schedule including train-the-trainer plan and schedule.
b. Electronic knowledge transfer documentation.
c. Knowledge transfer database and application software.
d. Letter certifying the knowledge transfer database is built and software is operational.
e. Document version control plan.
f. Knowledge transfer schedule and conduct knowledge transfer.
g. Letter certifying completion of knowledge transfer.
h. Evaluation survey tools.

Following the same successful deliverable process used on the first MIDAS contract and described in Section 4B.1.a.6.13, we develop and submit the deliverables listed in RFP 2.5.5.2.10 above within the Agency-determined timeframe.

2.5.5.2.11 Performance Standards

The Contractor shall provide the Agency a list of all attendees that successfully completed the knowledge transfer courses. One-hundred percent of all required staff must successfully complete the knowledge transfer courses

Knowledge transfer activities enable effective use and support of the new MIDAS. For specified performance standards, we acknowledge and agree the Agency will receive a list of all attendees that successfully completed the knowledge transfer courses, and 100 percent of required staff will successfully complete the knowledge transfer courses.

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4B.1.c Production Implementation Phase

2.6 Production Implementation
The Contractor shall convert all data necessary to operate the new MMIS and meet all specifications. The Production Implementation tasks will end upon successful assumption of all Contractor responsibilities, resolution of implementation, and deployment issues.
The Contractor shall produce a Production Implementation Plan at least six months prior to the planned implementation date of the new system. The Contractor shall update the Applications Implementation Plan, as necessary, to reflect all project activities that directly impact implementation. The most critical update to the plan during this task is the development of a Contingency Plan for identifying, mitigating, and resolving those risks that have been identified as impacting implementation. The Contingency Plan shall address the strategies for business and system continuity planning, as a result of implementation issues. The Contractor shall include in the Contingency Plan one or more alternate solutions for each risk that are acceptable to the Agency and shall include back-out criteria and plan. The Contractor shall execute the contingency plan as issues arise during implementation, upon approval of the Agency. Upon approval of the Agency, the Contractor shall implement the MMIS solution in accordance with the Contractor's approved Applications Implementation Plan.

Focus on Day 1 Readiness

Maintaining a smooth functioning system is critical to IME stakeholders, providers, and members as the IME transitions from the legacy MMIS to the new MMIS. To deliver on that requirement, we plan our implementation and transition activities early and to a level of detail that orchestrates activities across the people, processes and technologies that have to be in place at go-live. Preparing the IME for the new MMIS requires careful planning and coordination of a number of simultaneous activities to:

- Prepare the Agency to receive the system
- Develop and deliver communications to MMIS stakeholders
- Allow the Agency to test the system and verify it functions according to defined requirements
- Migrate data from the legacy systems to the new MMIS
- Deploy the MMIS to the production environment
- Prepare Agency and IME contractors for performing activities related to claims processing using the system
- Prepare Help Desk and Application Maintenance staff for supporting and maintaining the system
- Support end-users, Help Desk staff, and Application Maintenance staff after deployment
- Prepare and support the provider community during the transition to the new system

Leading the production implementation effort is our Systems Implementation Manager, [redacted], a seasoned implementation manager with more than 10 years of Medicaid program experience with the nation's third largest Medicaid Program, Texas Medicaid and Healthcare Partnership (TMHP). Among his numerous leadership roles within the State Medicaid arena was when he served as member of the TMHP Transition team and led the successful transition and initiation of Texas Medicaid contract from the incumbent. Our production implementation strategy includes collaborative implementation planning and preparation with the Agency. Our approach minimizes disruption to services and provides a smooth and low-risk transition to the new system.

Tested and Confirmed Production Implementation Approach

Our work with the Texas Medicaid and Healthcare Partnership is an example of the work we do for Health and Public Service clients. We are currently the lead technology provider for the operations of the Texas Medicaid program. As lead technology provider, we have responsibility for all aspects of technology and support for overall program management, including transition from the incumbent service provider. We planned and successfully executed the transition from the incumbent, transitioning all systems and operations on or ahead of schedule. Our production implementation approach minimized disruptions to operations throughout the transition. In the first financial cycle following transition, we processed claims three times faster and paid more claims ($1.6 million more) than the incumbent paid in any previous cycle.

Collaboration with the Agency and IME Stakeholders

A successful implementation requires collaboration with the Agency and its stakeholders at all stages of the transition. To help facilitate this collaboration, we create a Transition Steering Committee, which is composed of members representing key stakeholder groups. These groups include the Agency, IME Vendors, Trading Partners, our team, and other IME stakeholders.

During production implementation planning, the Implementation Steering Committee jointly identifies the scope and expectations of the transition. The committee provides input to the development of the Production Implementation Plan deliverable. The committee participates in deliverable reviews, including for the Contingency Plan, and helps verify that the plan meets defined requirements and expectations.

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The Implementation Steering Committee plays an important role throughout transition, both during the execution and validation of transition activities. The Implementation Steering Committee reviews and provides guidance on transition deliverables, including contingency and back-out plans. Prior to transition go-live, the Implementation Steering Committee holds meetings to focus on each key areas of the transition and participates in regular reviews of transition plans. This regular reporting on transition plans and progress helps to mitigate transition risks and allow the committee to resolve issues as they arise.

One month prior to the go-live date, we establish a Transition Green Room. This provides a single point of contact for all stakeholders concerning transition activities and status. The Green Room is the communication hub for managing and coordinating transition preparation and go-live activities. We create Implementation Checklists, which we post and update in the Transition Green Room, as well as our SharePoint site, to help provide a consistent understanding and set of expectations for production implementation.

Data Readiness

An accurate and complete data conversion of existing MMIS data is essential for successful implementation of the new MMIS. To help us plan and execute activities related to data conversion and transition activities, we have teamed with S2Tech. Currently an MMIS system maintenance subcontractor, S2Tech provides the majority of the staff currently performing system maintenance activities for the legacy MMIS. We are pleased to have S2Tech as part of our team. They are uniquely qualified to help plan and support data conversion activities.

System Readiness

As part of deployment planning, we review the requirements for rolling out the system to MMIS users and deploying the technical infrastructure to support the system rollout. We identify potential issues that may prevent the scheduled deployment. We develop a plan to roll out the MMIS to users and an action plan to address each potential issue.

User Readiness

To prepare MMIS users and stakeholders for production implementation of the new MMIS, we plan and execute a communications and knowledge transfer approach that provides:

- Continuous knowledge transfer throughout the project
- Knowledge-rich materials archived for future transition purposes
- Reduced dependence / burden on Agency subject matter specialists throughout the transfer
- Web-based suite of tools, which intuitively guide teams through a successful knowledge transfer resulting in cohesive, efficient, and cost-effective transition.

Prior to implementation, we verify that all required Agency and IME professional services contractor staff have completed Knowledge Transfer activities and achieved desired system proficiency levels. A completed User Readiness Assessment evaluates user knowledge, perception, attitudes and conversions about the MMIS rollout. Based on information collected during the assessment, we develop an action plan to excite and motivate users to use the new MMIS and incorporate the action plan into the communication and training plans.

End User Support Readiness

Prior to deployment, we verify that required support is in place to guide the Agency and system users through a smooth transition to the new MMIS. End user support readiness includes verifying that appropriate user and technical support is in place both during and following MMIS deployment. Assessing support readiness includes:

- Reviewing the deployment plan
- Determining the resources available to support key deployment activities
- Determining the level of support required based on an assessment of deployment site readiness
- Refining the strategy for providing support
- Developing a maintenance and support plan

Our Transition Green Room, described above, also serves to quickly respond to post-implementation user support requests.

Continency Planning

A critical part of preparedness is contingency planning that we develop and update to identify, mitigate, and resolve risks to successful and timely implementation. The Contingency Plan outlines our strategy for implementation-related business and system continuity planning, with references to the detailed Disaster Recovery Plan (DRP) and Business Continuity Plan (BCP), as appropriate. The plan also includes mitigation

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approaches for each risk, one or more alternate solutions (contingencies) for risks that are realized, and activation triggers. The contingency plans include back-out criteria and back-out plans. As issues arise during implementation, and upon approval of the Agency, we exercise contingencies according to the approved Contingency Plan and in accordance with the Applications Implementation Plan.

Deployment Authorization

The implementation plan details the deployment activities and schedule we coordinate and execute. The Transition Steering Committee, which includes key stakeholders from the Agency, verifies readiness for deployment and provides authorization to begin execution of the implementation plan once go-live criteria have been met. Working with the Agency, we define specific go-live criteria for the IME Project in the Production Implementation Plan deliverable. At a minimum, criteria include:

- Acceptance of the Production Implementation Plan deliverable
- Agency approval of the detailed implementation plan and task list schedule
- Completion and approval of all knowledge transfer activities
- Verification of the final trial data conversion results and approval of the Final Transfer Plan deliverable
- Confirmation of site preparation and readiness
- Confirmation of user and system support preparation and readiness
- Confirmation of help desk readiness
- Verification of system readiness, including completion and acceptance of User Acceptance and Operational Readiness Testing
- Completion of production environment setup, including acceptance of performance testing and fine-tuning of production environment, sizing of production databases, and lock down of jobs in production libraries

Prior to seeking Agency authorization to begin deployment, we submit an implementation certification letter to the Steering Committee. This letter provides clear evidence that the system is ready for production and we have met established go-live criteria.

Conclusion of Production Implementation Tasks

Production Implementation tasks end upon successful assumption of MMIS contractor responsibilities and resolution of any startup issues. The goal is to transition the in-scope work while maintaining uninterrupted end user service focus that meets or exceeds targeted service levels. Our established, integrated, and repeatable service transition capability delivered thousands of transitions successfully over the past 15 years, including Medicaid systems for Maryland and Texas. Our transition methodology provides the framework to deliver an efficient transition program while mitigating potential risks to Agency operations.

After transition, we administer operations under a single management operations and governance approach. Once the operation is live, we monitor daily system operations and provide reporting to the Agency. To identify variances and address them before they critically impact operations, we measure key operational criteria on an ongoing basis. Using an operational excellence approach enables us to maintain a measurable, reliable, and repeatable operation and drive continuous improvements. For business processes, we maintain Standard Operating Procedures, which are available online to the Agency. Working with subject matter owners, we plan and implement maintenance and enhancement requests according to Agency timelines.

4B.1.c.1 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.c.2 Contractor Responsibilities

2.6.2 Contractor Responsibilities
The Contractor shall have the following responsibilities for the Production Implementation task including, at a minimum:
a. Development of a Production Implementation Plan.
b. Establish a production environment.
c. Develop and obtain the Agency approval of the back-out strategy.
d. Produce and update all system, testing, user, provider, operations, and security documentation.
e. Produce report distribution schedule.
f. Establish hardware, software, and facility security procedures.
g. Develop and obtain the Agency approval of the production schedule.
h. Develop and implement backup and recovery procedures.
i. Develop and maintain a Business Continuity Plan (BCP).
j. Ensure complete and accurate final data conversion.
k. Complete knowledge transfer for all Agency staff and IME units.

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l. Ensure that communications between the Agency and IME users and the Contractor that the systems have been established and meet communication performance specifications.
m. Establish and begin all ancillary operations (e.g., IVRS and mailroom).
n. Repeat portions of the ORT, as requested by the Agency.
o. Obtain written approval from the Agency to start operations.
p. Begin operations.

Table C.2-1 provides our approach to performing Production Implementation tasks, as specified in RFP 2.6.2 above.

Table C.2-1. We provide a comprehensive approach to fulfill our requirements for project activities, including production implementation tasks.

Implementation Tasks – Contractor Responsibilities	Our Approach
a. Development of a Production Implementation Plan	The Production Implementation Plan identifies the scope and expectations for the transition: ▪ Describes the processes and approach for planning, executing, and monitoring for the implementation. ▪ Defines milestones and metrics to monitor and assess transition progress. ▪ Identifies the criteria for implementation go-live and commencement of operations following completion of implementation activities. ▪ Identifies potential risks and failure points and develops mitigation strategies to lessen the negative impact to the project and IME operations should any of the risks be realized. ▪ Provides contingency plans with defined activation triggers for risks that are realized.
b. Establish a production environment	Upon completion of the MMIS Operational Readiness Testing (ORT), we establish the production environment. ORT verifies the production environment's readiness to handle the new system. ORT comprises three components: ▪ **Operations testing** verifies that the correct functionality, architecture, and procedures are defined and implemented to allow production support teams to run, maintain, and support the system in production per common practice or defined service level agreements (SLAs). ▪ **Deployment testing** verifies that all system components collate and correctly deploy to the production environment in the time required. ▪ **Deployment verification testing** confirms that the system is correctly installed and configured in the production environment. To establish the production environment, we populate production tables with the appropriate configuration, conversion and other reference data required to support production activities. We execute standard benchmarks prior to the implementation of each MMIS environment to confirm that it is properly sized.
c. Develop and obtain the Agency approval of the back-out strategy	Our production implementation approach focuses on achieving operational readiness on Day This approach helps us produce stable applications that meet product release requirements. Following system deployment, we provide the Agency with the agreed-upon evidence of how the new MMIS application is performing, demonstrating its adherence to Service Level Metrics, and its reliability. As part of our contingency planning, we develop an emergency back-out strategy to be executed in the unlikely event that service disruptions or system performance issues prevent the new MMIS from successfully performing. We review and obtain approval on the emergency back-out strategy with the Agency as part of implementation activities.
d. Produce and update all system, testing, user, provider, operations and security documentation	A key ingredient for a successful implementation is providing the user community with the information and tools they need to do their work. Our job includes helping make users successful in using the new MMIS. This includes providing users with the resources and documentation they need. Using a user-centric approach to documentation using the information we have gained from working with users during our many health and human services systems implementations. In advance of each test phase, we provide documentation to facilitate training of test team members and execution of testing. We also develop and deliver system documentation, including security, operation and maintenance manuals. Additionally, we provide searchable online help for COTS products and tools implemented. Our approach is to provide the right information in the right format in the right place at the right time. We work with the Agency during the Start-Up/Takeover Phase to verify the documentation required to satisfy Agency needs.

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Implementation Tasks – Contractor Responsibilities	Our Approach
e. Produce and distribute report distribution schedule	MMIS reports provide the Agency management staff timely information to help the staff complete the difficult task of planning, directing, and controlling the Iowa Medicaid program. We identify and validate the MMIS reports required to support the Agency Management collaboratively with Agency stakeholders and IME SMEs during Requirements Verification (RV) and Conference Room Pilot (CRP) sessions. Based on requirements defined during these sessions, we review and finalize the report distribution schedule with the Agency. The Agency receives a final and verified report distribution schedule during implementation preparation activities.
f. Establish hardware, software and facility security procedures	Working with the Agency, we establish the appropriate level of security procedures to apply to hardware, software and facility security. In-depth security testing is a major component of our testing plans. Developing security procedures begins during the Implementation phase by defining security requirements. For each security requirement, we develop a test case and verify hardware, software, and facility adherence to these requirements through thorough testing.
g. Develop and obtain the Agency approval of the production schedule	As part of implementation preparation and Operational Readiness Testing, we define and verify the schedule for production activities. This becomes part of the operations documentation.
h. Develop and implement backup and recovery procedures	Collaborating with the Agency, we develop comprehensive, cost-effective business continuity and disaster recovery strategies to reduce the impact of unexpected service outages. These strategies include contingency plans, clear definition of what events must occur to trigger a contingency response and the redeployment of personnel and activation of resources needed to restore levels of program functionality. Tasks include performing backup, disaster recovery (DR), and contingency activities at sites specified in our plan, subject to Agency approval. We include space to house IME key staff as identified by Agency in the event of a disaster.
i. Develop and maintain a Business Continuity Plan (BCP)	As described in Section 4B.1.b.1.2, Contractor Responsibilities, Business Continuity Plan, we develop a BCP that addresses how each of the core business processes is handled during an emergency or situation that disrupts normal operations.
j. Ensure complete and accurate final data conversion	Providing complete, accurate and timely conversion data is essential to supporting implementation activities. See Section 4B.1.b.2, Conversion Activities for our detailed data conversion approach.
k. Complete knowledge transfer for all Agency staff and IME units	Training Agency staff and IME units prior to implementation of the new MMIS is key to implementation success. Per the approved Knowledge Transfer Plan developed collaboratively with the Agency, we complete knowledge transfer activities. This plan includes process and tools to evaluate the effectiveness of knowledge transfer activities and assess user readiness for system implementation. Our knowledge transfer approach includes assessment checkpoints and opportunities to improve knowledge transfer process and materials to address any assessed deficiencies.
l. Ensure that communications between the Agency and IME users and the Contractor that the systems have been established and meet communication performance specifications.	Communications between stakeholders' systems begins with project planning and continues through to deployment. Various testing cycles, from unit and system integration test to ORT, validate that the systems communicate properly and meet performance standards. ORT includes load and stress testing to confirm that all interface partners and IME users can meet performance levels under expected system loading. All interface partners are required to test with the MMIS at production volumes as part of the readiness testing to prove the necessary telecommunications and associated support is in place and ready for operations.

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Implementation Tasks – Contractor Responsibilities	Our Approach
m. Establish and begin all ancillary operations (e.g., IVRS and mailroom)	As part of our planning processes, we discuss and confirm processes and affected ancillary processes during conference room pilots. During these pilots, we identify ancillary operations affected by the new MMIS implementation and confirm target processes for each ancillary operation. These ancillary operations include, for example, existing Interactive Voice Response System (IVRS and the mailroom. As part of the implementation process, we staff and train mailroom personnel to support the new MMIS. We train mailroom workers to receive incoming mail, log claims, screen claims documents and attachments, sort and batch complete documents by type, return documents failing screening to providers, and pick up and deliver mail and reports to external entities, as required. Additionally, we work with the incumbent contractor to confirm no backlogs exist, and secure postmaster approval to pick up mail from the post office on Day 1. Another task is to develop and implement a plan to transition operations of the IVRS. Similar to our approach for mailroom, we confirm operations procedures for IVRS during transition planning. We train our staff responsible for IVRS activities according to our Knowledge Transfer Plan.
n. Repeat portions of the ORT, as requested by the Agency	Delivering a successful transition means demonstrating to the greatest extent possible that facilities, systems and operations are able to process the projected volumes in the required timeframe at the targeted service level objective. By running end-to-end operations in "dress rehearsal" mode, termed operational readiness testing (ORT), we accomplish this. The live cutover is not attempted until ORT demonstrates that the people, systems, and processes are ready to provide services in a manner that meets performance thresholds. Our approach to ORT is collaborative and transparent by providing the Agency access to ORT results and discussing any issues identified during testing. Working with the Agency, we resolve any issues identified during ORT and re-execute ORT activities, as necessary, to satisfy ORT exit criteria.
o. Obtain written approval from the Agency to start operations	Our implementation plan includes a series of checkpoints and go/no-go decision points. This allows stakeholders to evaluate implementation status and make a deliberate decision to proceed with transition activities. This approach gives stakeholders time to discuss any issues and request resolution of issues prior to moving forward with the transition. One of the most critical checkpoints occurs following completion of production deployment, when we seek approval from the Agency to begin operations. Prior to seeking approval, we submit a Final Implementation Report detailing results of production deployment activities.
p. Begin operations	Once the Agency provides written approval to us, we are prepared to assume operations of the new MMIS.

4B.1.c.2.1 Correction and Adjustment Activities

2.6.2.1 Correction and Adjustment Activities

The Contractor shall monitor the implemented MMIS for quality control and verification that all activities are functioning properly. The Contractor shall expeditiously repair or remedy any function that does not meet standards set during system definition and the quality planning process. The Contractor shall inform the Agency within one hour of its awareness of any significant implementation problem that would indicate a possible need to execute the back-out plan. The Contractor shall provide the Agency with a daily or weekly report, as determined by the Agency of any problems identified, the proposed repair or remedy, impact of the repair or remedy, and the implementation date.

Our implementation approach includes comprehensive planning and testing activities. However, we understand that even with the best preparation and planning, issues may occur. For system deficiencies discovered after implementation, we respond swiftly and thoroughly by facilitating timely and candid discussion and resolution of issues with the Agency. To help prepare for potential issues, our implementation planning includes contingency and back-out planning. This detailed planning identifies implementation risks and includes a primary and secondary contingency plan for each identified risk. The Contingency Plan also details the process for addressing any issues should they arise during implementation. This includes the process for reporting the issue, escalation procedures and approval procedures. For issue and defect tracking, we use Microsoft Team Foundation Server (TFS) to document, track, and report on any defects and problems identified. According to Agency-approved procedures, we execute contingency plans for any issues that arise during implementation.

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Once the system is live, we perform daily monitoring of systems, reporting, and development of maintenance and enhancement requests per the timeline defined by the Agency. Measuring key operational criteria on an ongoing basis enables us to identify any variances that occur. Within one hour of awareness of any significant implementation problem, we notify the Agency that there may be a possible need to execute the back-out plan.

4B.1.c.2.2 Execution of Contingency Plans

2.6.2.2 Execution of Contingency Plans
If any part of the MMIS does not perform according to specifications, the Contractor shall execute the appropriate section of its emergency back-out strategy according to the contingency plan and BCP.

Working collaboratively with the Agency, we develop comprehensive, cost-effective business continuity and back-out strategies to reduce the impact of unexpected service outages. These strategies include contingency plans, clear definition of what events must occur to trigger a contingency response and the redeployment of personnel and activation of resources needed to restore levels of program functionality. If any part of the MMIS does not perform according to specification, we are prepared to execute, at Agency direction, the appropriate section of the emergency back out plan.

4B.1.c.2.3 Final Implementation Report

2.6.2.3 Final Implementation Report
The Contractor shall produce an implementation report detailing the results of all implementation activities.

The project work plan provides a comprehensive set of activities required to plan, execute, monitor and complete the transition of the MMIS. This task list includes development of a Production Implementation Plan and an implementation report. This plan identifies specific and measurable exit criteria for system go-live and entry criteria for commencement of operations. It also provides the template, including format and required content, for the Final Implementation Report. This report details the results of implementation activities. We will create this report following successful go-live.

4B.1.c.2.4 Implementation Certification

2.6.2.4 Implementation Certification
The Contractor shall provide an implementation certification letter that certifies that the system is ready for production. The certification letter shall confirm, at a minimum:
a. All knowledge transfer activities required have been completed and approved as successful by the Agency.
b. All staff has completed non-technical knowledge transfer.
c. All data has been converted, cleaned, tested, and accepted.
d. All site preparation specifications have been met.
e. A help desk is established.
f. All user and system supports are in place.
g. All production jobs have been through the version control process and locked down in production libraries.
h. All production databases have been appropriately sized and are ready for production processing to begin.
i. All job scheduling set up and monitoring activities are in place.

Using a collaborative and transparent approach, we provide the Agency with frequent status updates and discuss any issues identified during implementation preparation. This provides the Agency with a clear understanding of data, user, system, technical, support, site, and operational readiness.

In addition, we provide the Agency with an implementation certification letter that confirms that all production go-live entry criteria have been met as defined in the Production Implementation Plan deliverable. At a minimum, entry criteria will include:

- Acceptance of the Production Implementation Plan deliverable
- Agency approval of the detailed implementation plan and task list schedule
- Completion and approval of successful knowledge transfer activities
- Verification of the final trial data conversion results and approval of the Final Transfer Plan deliverable
- Confirmation of site preparation and readiness
- Confirmation of user and system support preparation and readiness
- Confirmation of help desk readiness
- Verification of system readiness, including acceptance of the User Acceptance Tests (UAT) and ORT results
- Completion of production environment setup, including acceptance of performance testing and fine-tuning of production environment, sizing of production databases, and lock down jobs in production libraries

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Prior to seeking Agency authorization to begin deployment, we submit an implementation certification letter to the Steering Committee. This letter provides clear evidence of system and operational readiness. It certifies that the system is ready for production and all established go-live criteria have been met.

4B.1.c.2.5 Final Data Conversion and Transfer

2.6.2.5 Final Data Conversion and Transfer
The Contractor shall ensure that the MMIS is ready to be implemented and that the Agency approvals have been obtained to begin operations of the new MMIS solution. To be ready for implementation, the systems must satisfy all the functional and technological specifications specified in the Scope of Work and documented during the specifications analysis and systems design activities, including system response time, user interfaces, and automated interfaces. The Agency staff must be given sufficient time to review all system, testing, user, provider, operations and security documentation for completeness prior to implementation. A complete file transfer plan must be developed and executed. The Contractor's plan shall include:
a. The name of each file, table, or database.
b. Destination of transferred data.
c. Transfer start and completion times.
d. Location and phone numbers of person(s) responsible to execute the transfer.
e. A complete back-out plan, if the file transfer does not go as planned.

The Implementation Plan includes a series of checkpoints and go/no-go decision points, including decision points based on results of the data conversion activities. Along with the Implementation Plan, we develop and execute a complete File Transfer Plan, which details the information required by RFP 2.6.2.5, items a-e, above. As with all deliverables, we develop the File Transfer Plan according to the approved deliverable process. First, we publish and review deliverable format and content expectations in the DED form. Once the DED is approved, we draft the File Transfer Plan and conduct one or more walkthroughs with the Agency to verify its completeness. Any Agency feedback is incorporated into a final File Transfer Plan, which we walk through prior to submission and formal approval.

Following the steps outlined in the Implementation Plan and File Transfer Plan allows stakeholders to discuss current project status and make deliberate decisions to proceed with implementation activities. This approach also gives stakeholders time to discuss any issues and request resolution of issues prior to moving forward with implementation activities. One of the most critical checkpoints occurs prior to proceeding with production deployment. To review deployment readiness, the Implementation Steering Committee conducts a deployment authorization meeting. During this meeting, committee members assess readiness for deployment and review all go-live criteria.

4B.1.c.3 Deliverables

2.6.3 Deliverables
The Contractor shall submit the following documents to the Agency for review and approval within a timeframe determined by the Agency with minor revisions:
a. Implementation report.
b. Updated contingency plan.
c. Production schedule.
d. Backup and recovery procedures.
e. Hardware, software, and facility security manual.
f. Final implementation checklist.
g. File transfer plan.
h. Final implementation report.
i. Implementation certification letter.

Following the DED process described earlier, we create, review, and finalize the nine deliverables listed in Table C.3-1. After submitting them to the Agency for review, we await approval within the Agency-specified timeframe and documented in the approved MIDAS Project Work Plan.

Table C.3-1. A comprehensive set of deliverables provides confidence, accountability and transparency for the Agency's new MMIS implementation.

Deliverables	Description
Implementation Report	The Implementation Report identifies the scope and detailed task list for the implementation of the MMIS system.
Updated Contingency Plan	The Contingency Plan identifies potential implementation risks and outlines a primary and secondary contingency plan for each risk. It documents steps required to back out the new MMIS in the unlikely event that service disruptions or system performance issues prevent the new MMIS from successfully performing.

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Deliverables	Description
Production Schedule	This plan describes the schedule of production batch jobs.
Backup and Recovery Procedures	Backup and Recovery Procedures document the steps to execute in the unlikely event that service disruptions or system performance issues prevent the MMIS from successfully performing.
Hardware, Software, and Facility Security Manual	The Hardware, Software, and Facility Security Manual all contain information on security policies and procedures related to MMIS hardware, software, and facilities.
Final Implementation Checklist	The Final Implementation Checklist is a detailed list of all tasks that must be completed prior to implementation of the MMIS system. We develop and receive approval from the Agency for this checklist early in implementation planning. We update the list as appropriate as new tasks are identified. We use the checklist to verify that the team has completed all activities required to implement the MMIS system and achieve a smooth transition.
File Transfer Plan	The File Transfer Plan identifies the following information for each file to be migrated during the production data conversion: ▪ Name of each file, table, or database ▪ Destination of transferred data ▪ Transfer start and completion times ▪ Location and phone number of person(s) responsible to execute the transfer ▪ Complete back-out plan, if the file transfer does not go as planned
Final Implementation Report	The Final Implementation Report builds upon the report created during implementation planning. It details the results of implementation activities. This report includes: ▪ Actual start and end times for implementation tasks ▪ List of issues encountered and documented resolutions ▪ List of lessons learned
Implementation Certification Letter	This letter to the Agency certifies that all go-live criteria have been satisfied and the MMIS system is ready for production.

4B.1.c.4 Performance Standards

2.6.4 Performance Standards
The Contractor shall provide the following deliverables in the agreed upon timelines:
a. Implementation report.
b. Updated contingency plan.
c. Production schedule.
d. Backup and recovery procedures.
e. Hardware, software, and facility security manual.
f. Final implementation checklist.
g. File transfer plan.
h. Final implementation report.
i. Implementation certification letter.

The Production Implementation Plan specifies the required implementation documents we submit to the Agency for review and approval within the agreed-upon timeline. Our team and the Agency collaboratively develop this plan through a series of Production Implementation Planning sessions. We incorporate feedback from the Governance Model Implementation Steering Committee as we develop these documents. This enables us to account for the impacts to each IME stakeholder group affected. Section 4B.1.c.3 above indicates our agreement to meet performance standards specified in RFP 2.6.4 above for documents created while planning and executing implementation tasks, along with a description of the planned content. Working with the Agency during the document development process, we finalize the outline and expectations for each document.

4B.1.c.5 Post Implementation Activities

2.6.5 Post Implementation Activities
The Contractor shall be required to assign Contractor resources to conduct a post-implementation evaluation.

By extending the Transition Green Room we established for pre-go-live support, we focus on post-implementation activities and evaluation. The Green Room provides a central hub for questions, concerns, and collaboration during the initial operations of the new MMIS. The Systems Implementation Manager, along with the Agency and IME contractor leads, evaluates the implementation activities and document any issues, ongoing risks, workarounds or other post-implementation items that require attention. Once the Final Implementation Report has been reviewed and accepted by the Agency, we decommission the Green Room. The Final

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Implementation Report contains a list of all encountered issues, documented resolution and a list of lessons learned from the go-live effort. During the evaluation and Final Implementation Report review, our team and the Agency examines the following:

- System performance under live production loads
- Effectiveness of implementation activities
- User feedback at ease of use and support of the business process
- Adequacy of system support tools, procedures, and documentation
- Effectiveness of system maintenance and operations services
- Production of standard and ad-hoc reports

4B.1.c.6 Systems Documentation

2.6.6 Systems Documentation
The Contractor shall provide to the Agency complete, accurate, and timely documentation of all system modules. Once development is complete, the Contractor shall prepare updates to the system documentation to incorporate all system enhancements and modifications that have resulted from the completion of open items and defects noted during UAT.
The Contractor shall maintain all MMIS system documentation online with access for the Agency authorized personnel. The Contractor shall provide the Agency a complete electronic copy of the MMIS systems documentation with versions of date changes. Each previous copy must be available and viewable online and on demand.
The Contractor shall provide all existing vendor documentation for each COTS System Component (as appropriate) to the Agency. The list of documentation to be included (if available) shall include:
a. Product Roadmap
b. Product Business Rules and Controls
c. Product Graphical User Interface (GUI), Features and Functions
d. Product Hardware (Optimal Performance) Specifications
e. Product Software Components/ Third-party Components
f. Product Training Curricula/Services
g Product Technical Services
h. Product Support Services
i. Product Definition of Terms/Glossary
j. Product Desktop/Browser Specifications
k. Product Operating System Specifications
l. Product Crosswalk to Documentation Base
The Contractor shall provide the Agency all supporting documentation supplied by each equipment or commercial software vendor.
The Contractor shall provide any additional documentation, such as system administration manuals, related to the external system and its interface to the MMIS.
The Contractor shall ensure that the MMIS Documentation is complete and available in the specified forms, both hardcopy and electronic. The Contractor shall assure that the Agency has an unlimited right to copy, both for softcopy and hardcopy, all MMIS related documentation for internal use by the Agency, including Contractor intellectual property. The Contractor shall work with Agency to establish MMIS documentation update procedures that allow authorized Agency representatives to update and add documentation to the MMIS processing environments as needed.
The Contractor shall establish that the documentation is current, that it accurately and completely reflects the existing MMIS, and that it meets all contractual documentation specifications. The Contractor shall submit the completed post implementation assessment report for the Agency's written approval. The Contractor shall provide the Agency one approved copy of each report in an Agency-approved secure electronic media and if requested two hard copies of each approved document with the MMIS Documentation Inventory List.

Our team provides the Agency with complete, accurate and timely documentation of all system modules. Once development is complete, we prepare updates to the system documentation to incorporate system enhancements and modifications that have resulted from completion of open items and defects noted during UAT. Systems documentation complies with RFP 2.6.6, items a-l, above. Because APHP is an existing product comprised of COTS components, much of this documentation is already available. As we adapt the solution to Iowa's specifications, we update system documentation for functionality that we create or modify, through either configuration or custom development. Maintaining MMIS documentation occurs online in our Microsoft Team Foundation Server (TFS) and SharePoint tools. The Agency and authorized personnel will have access to the online repository as well. At regular intervals throughout the project, we extract and consolidate a copy of the system documentation for complete, formal submission to the Agency as both electronic and hardcopy. The

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submission process includes uploading and maintaining a copy of each formal deliverable in our project SharePoint deliverable repository so that each previous version is available and viewable online and on demand.

Our Configuration Management Plan describes our process for keeping documents consistent with the system. Approved changes to the system follow our standard development approach, including addition or modification of requirements, creation of system designs, and updates to test documentation. These documentation updates occur before implementation of any change to the production environment.

Additionally, our approach to system modification includes the use of defined exit criteria at the end of each development phase. This prevents issues or errors from progressing to later stages of the life cycle. One of the defined exit criteria is that all system and user documentation is up to date. Project documentation, including systems documentation, is stored in a central, online SharePoint document repository. This provides authorized users easy and secure access to project documentation.

A major benefit of SharePoint is that the tool provides inherent version control. Documents to be edited are checked out, allowing only one person to edit a document at a time. When documents are checked in, SharePoint allows the individual making updates to add comments explaining the updates made. These comments are then visible to other site users. In addition, our documentation standards requires the maintenance of version history table within each document that tracks the date, document section and page, description, and author for all document changes.

4B.1.c.6.1 MMIS Documentation Inventory

2.6.6.1 MMIS Documentation Inventory
The MMIS Documentation Inventory List includes a complete post-implementation assessment report that must address the following at a minimum:
a. Architectural Design.
b. System Functional Design.
c. Detailed Program Design.
d. Detail Program Specifications.
e. Data Descriptions.
f. Data Element Dictionaries.
g. Database Descriptions.
h. Job and Process Scheduling.
i. Computer Operations Procedures.
j. User and System Documentation.
k. Master List of all MMIS manuals.
l. An assessment of all system software.
m. Documentation to facilitate prospective successor contractors understanding of overall standards, network bandwidth needs, hardware capacity, software needs, and network topology to transfer, operate, and maintain the current MMIS.
n. Master index of all records maintained by the Contractor pursuant to its records retention responsibilities that shall, for each record, include the name, span of dates covered, and volume and medium.
o. Pursuant to the cost reimbursement provisions of the contract, lists of all cost-reimbursed:
1. Purchased or leased equipment and software.
2. Print shop supplies, forms, and specifications used within the MMIS.
3. Reports for the end-of-contract payments.
p. List of post office boxes, telephone numbers, facsimile numbers, and any other Agency-approved method of accessing the Contractor to receive information, including but not limited to, MMIS forms, data, and inquires; and a description of the purpose of each method listed above.

Post-implementation of the new MMIS requires maintaining a current, accurate, and complete MMIS Documentation Inventory. APHP comes out of the box with base product documentation, including COTS component documentation. To complement the RFP-required baseline documentation, and in accordance with RFP 2.6.6.1 items a-p, we provide additional documentation to complete the MMIS Documentation Inventory. APHP documentation includes architectural and design documentation, and systems documentation for components we develop or configure during ACD activities. Additional documentation includes APHP configurations, product extensions, workflows, custom reports, and custom interfaces. The SharePoint project repository stores the MMIS Documentation Inventory documents.

The systems implementation methodology we follow, Accenture Delivery Methods (ADM), provides stage containment. This means that our team verifies at the end of each stage that project documentation is up to date and aligns with current requirements and system functions. In addition, our structured change management and configuration management processes help keep project documentation up to date, reflecting project decisions, and actual product configurations and setup. Using these processes, we maintain

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documentation throughout the entire project. As part of our post-implementation verification process, we complete an assessment report that documentation:

- Is current
- Accurately and completely reflects the existing MMIS
- Meets all contractual documentation requirements

Upon the Agency's written approval, we submit our completed assessment report. If we find any document does not meet assessment standards, we correct the document to bring it in line with standards. The Agency receives one corrected copy via Agency-approved secure electronic media. If requested, we also provide two hard copies of each corrected document with the MMIS Documentation Inventory List

4B.1.c.6.2 Systems Documentation

2.6.6.2 Systems Documentation
The Contractor shall provide any copies requested by CMS. The systems documentation must:
a. Be available and updated on electronic media storage and must be maintainable after turnover.
b. Have all narrative created and maintained in Microsoft Word (compatible with Agency version) and be provided to the Agency on request on CD-ROM or other designated media.
c. Have all narrative also maintained in .html or .htm format for online use.
d. Be organized in a format that facilitates updating and that identifies any revisions.
e. Include system, program, and application narratives that are understandable by non-technical personnel.
f. Contain an overview of the system including:
1. A narrative of the entire system.
2. A description and flowcharts showing the flow of major processes in the system.
3. Multiple sets of hierarchical, multi-level charts that give a high, medium and detail view of the systems for both online and batch processes.
4. A description of the operating environment.
5. Consistent nomenclature that corresponds to nomenclature used in module documentation. All modules must be referenced and documentation must be consistent from the overview to the specific modules and between modules.
g. At module level contain documentation for each module that includes:
1. Module name and numeric identification.
2. Module narrative.
3. Module flow, identifying each program, input, output and file.
4. Process flows within each module, identifying programs, inputs and outputs, control, process flow, operating procedures and error and recovery procedures.
5. Name and description of input documents, example of documents and description of fields or data elements on the document.
6. Listing of the edits and audits applied to each input item and the corresponding error messages.
7. Narrative and process specifications for each program or module.
8. Screen layouts, report layouts, and other output definitions, including examples and content definitions.
9. A list and description of all control reports.
10. File descriptions and record layouts with reference to data element numbers for all files, including intermediate and work files.
11. A list of all files by identifying name, showing input and output with cross-reference to program identifications.
12. Facsimiles or reproductions of all reports generated by the modules.
13. Instructions for requesting reports shall be presented with samples of input documents and or screens.
14. Narrative descriptions of each of the reports and an explanation of their use.
15. Definition of all fields in reports, including a detailed explanation of all report item calculations.
16. Desk level procedures.
h. Documentation of all rules in the rules engine. The rules engine solution must meet the same Federal standards established by CMS related to Medicaid eligibility rules engine to ensure federal enhanced matched rates. This includes both a technical definition of the rule and a business definition of the rule. Program documentation, to include, at a minimum:
1. Program narratives, including process specifications for each, the purpose of each and the relationships between the programs and modules.
2. A list of input and output files and reports, including retention.
3. File layouts.
4. File names and dispositions.
5. Specifics of all updates and manipulations.
6. Program source listing.

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7. Detailed program logic descriptions and edit logic or decision tables including, at a minimum, the sources of all input data, each process, all editing criteria, all decision points and associated criteria, interactions and destination links with other programs and all outputs.
8. Physical file definitions.
9. File descriptions and record layouts with reference to file names and numbers for all files including intermediate and work files. Data element names, numbers, number of occurrences, length, type, record names, numbers, lengths, file maintenance data, such as number of records, file space and any other data necessary to manage the data or utilize the documentation.
10. Lists of all files inputs and outputs with cross-references to the programs in which they are used.
j. Service Oriented Architecture (SOA) documentation including:
1. Unified Modeling Language (UML) 2.0 with the following structural diagrams:
i. Class diagram.
ii. Object diagram.
iii. Module diagram.
iv. Deployment diagram.
2. Behavioral diagrams:
i. Use Case diagram.
ii. Sequence diagram.
iii. Collaboration diagram.
iv. Agency chart diagram.
v. Activity diagram.
3. Three types of model management diagrams:
i. Package diagram.
ii. Model diagram.
iii. Module diagram.
k. Other documentation, to include: Extensible Markup Language (XML) Metadata Interchange (XMI), XML Schema Definitions (XSDs), Business Process Modeling Notation (BPMN) where appropriate, Abstract and Concrete Web Services Description Language (WSDL), and Business Process Execution Language (BPEL) Code.

The Agency receives our systems documentation appropriate to the SOA- and commercial off-the-shelf (COTS)-based architecture and design of our APHP solution, in accordance with requirements listed in items a-k of RFP 2.6.6.2 above. Systems documentation includes documents that we create or modify through either configuration or custom development. Our team possesses a wide variety of subject matter skills to create accurate yet easy-to-understand technical and operational documents. One of our strengths in documentation development is our structured methodology, ADM, which removes the guesswork from creating technical or process documents. ADM uses standards and templates that foster consistency to enable updates and version control, with flexibility to trace documentation back to the requirements level.

To meet the Agency's standards and practices, we customize documentation processes and templates from ADM. For the MIDAS project, we use Microsoft SharePoint to store project documentation. Extensive project experience using Microsoft SharePoint and other tools provides effective version control.

This approach gives the Agency easy access to the latest documentation on each facet of MMIS technology and operations. Conducting checkpoints after each test phase and within our overall operations and maintenance lifecycle confirm that documentation stays current. This provides the Agency with consistent, up-to-date reference information over the life of the solution, allowing documentation to stay current and accurate after initial development and validation.

The SharePoint document repository stores information in electronic formats such as Microsoft Word, PDF (for COTS vendor-supplied documentation) and HTML, allowing use of an online search tool. In addition, our design replicates the integrity, security and disaster recovery requirements that we apply to our overall solution components. The team provides any copies of system documentation requested by CMS and the Agency.

4B.1.c.7 User Documentation

2.6.7 User Documentation
The Contractor shall prepare user documentation and user manuals including: web-published materials for external use such as provider manuals, program materials, procedure updates, and EDI billing instructions. The structure and format must be prior approved by the Agency. The Contractor shall prepare draft user documentation during the development task for use during the testing task, with updates made during the testing and implementation tasks, as appropriate. The Contractor shall produce and distribute all user documentation updates in a timely manner. The following are minimum specifications for MMIS user documentation. The documents shall include:

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a. Rules-based driven documentation, using metadata where ever possible, allowing for automatic updates to the documentation when system or specification changes occur. The documentation must also include online, context-sensitive help screens for all MMIS functions, including web-based modules.
b. Content and document management capability to link, track, and update all documentation affected by a system or specification change.
c. Online availability via the MMIS application and provide an online search capability with context-sensitive help. The Agency requires one paper copy using 8-1/2" x 11" pages in three-ring binder form, pages numbered within each section and a revision date on each page. Revisions must be clearly identified in bold print.
d. Maintainability in Microsoft Office 2010 Suite or higher (consistent with the current Agency standard) and Visio and must be provided on request to the Agency on external media storage and be accessible via the web to users during the Operations Phase.
e. Organization so that users not trained in data processing can learn from reading the documentation on how to access the online windows and screens, read module reports, and perform all other user functions.
f. A procedural step-by-step format and should be aligned with the business transformation documents.
g. Instructions for sequential functions that follow the flow of actual activity that is, balancing instructions and inter-relationship of reports.
h. A table of contents and an index.
i. Descriptions of error messages for all fields incurring edits and the necessary steps to correct such errors must be provided.
j. Consistent definitions of codes used in various sections of the user manual.
k. Identification of acronyms used in user instructions that must be consistent with windows, screens, reports and the DED.
l. A standardized error handling module for all system errors that translates technical messages into commonly understood terminology.
m. Abbreviations that are consistent throughout the documentation.
n. Field names for the same fields on different records that are consistent throughout the documentation.
o. "Tables" of all valid values for all data fields in each user manual (e.g., provider types, claim types) including codes and an English description, presented on windows, screens, and reports.
p. Illustrations of windows and screens used in that module, with all data elements on the screens identified by number.
q. A section describing all reports generated within the module, which must include the following:
1. A narrative description of each report.
2. The purpose of the report.
3. Definition of all fields in the report, including detailed explanations of calculations used to create all data and explanations of all subtotals and totals.
4. Definitions of all user-defined, report-specific code descriptions, a copy of one page of each report, and number of pages of each report.
r. Instructions for requesting reports or other outputs with examples of input documents and or screens.
s. All functions and supporting material for file maintenance (e.g., coding values for fields) presented together and the files presented as independent sections of the manual.
t. Instructions for file maintenance that include both descriptions of code values and data element numbers for reference to the DED.
u. Instructions for making online updates that clearly depict which data and files are being changed.
v. A desktop guide that includes appropriate instructions from this section and must provide users with all the information they need for role-based access to the screens and functions that are necessary to perform their jobs.
w. Draft user documentation, as well as final versions, that will be used as the basis for UAT and for knowledge transfer before the start of operations, unless otherwise specified by the Agency.

MMIS user documentation requires promoting self-sufficiency for end users. Starting Day 1 and throughout the project, we prepare the Agency and system users to work effectively and efficiently in the new system. This includes working with the Agency to develop user support documents to help the Agency understand and use the new system.

Performance support is part of our standard methodology. Working with the Agency, we identify user and performance support needs based on business processes, which is confirmed during the Analysis and Design phases. Our Knowledge Transfer Plan deliverable documents the strategy and approach for addressing the identified needs. Using the defined knowledge transfer strategy, we draft the performance support materials during the Development phase. From previous successful implementations, we tailor and refine templates and samples to help accelerate the development of the Agency's user documentation. Together with the Agency, we review each document and tool created to verify acceptance. The objective is to provide user documentation that is clear, thorough, readily accessible, and tailored to meet Agency needs, as described in Table C.7-1.

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Table C.7-1. Our user documentation and manuals help prepare the Agency and system users to effectively use the system on Day 1.

User Documentation Requirement	Our Approach
a. Must be rules-based driven, using metadata where ever possible, allowing for automatic updates to the documentation when system or requirement changes occur. The documentation must also include online, context-sensitive help screens for all MMIS functions, including web-based modules.	The APHP solution provides context-sensitive online help out-of-the-box. As part of the MIDAS project, online help screens allow users to link directly to online tutorials for additional information and support.
b. Must include the use of content and document management capability to link, track and update all documentation affected by a system or requirement change.	Using Microsoft TFS, we develop requirements, design, and test documentation. Every requirement is linked to one or more design documents. Every design document links to one or more test cases. The traceability provided by the TFS tool enables our team to assess changes to project documentation due to changes in requirements.
c. Must be available online via the MMIS application and provide an online search capability with context-sensitive help; the Agency requires one paper copy using 8-1/2" x 11" pages in three-ring binder form, pages numbered within each section and a revision date on each page. Revisions must be clearly identified in bold print.	APHP online help is context-sensitive. We can provide binders containing hard copies of this help to the Agency upon the Agency's request.
d. Must be created and maintained in Microsoft Office 2007 Suite or higher (consistent with the current Agency standard) and Visio and must be provided on request to the Agency on external media storage and be accessible via the web to users during the Operations Phase.	In compliance with Agency Microsoft Office standards, we create user documentation using. Documentation is provided on external media storage upon request. All documentation is accessible via the web on our Microsoft SharePoint repository.
e. Must be written and organized so that users not trained in data processing can learn from reading the documentation on how to access the online windows and screens and read module reports and perform all other user functions.	User documentation, written in plain English, enables those unfamiliar with the technical aspects of the system, including data processing, to read and understand how to use the system.
f. Must be written in a procedural step-by-step format and should be aligned with the business transformation documents.	Knowledge transfer materials include participant guidebooks and job aids that contain step-by-step procedures for MMIS user functions.
g. Instructions for sequential functions must follow the flow of actual activity that is, balancing instructions and inter-relationship of reports.	Procedural documentation will identify any process constraints or process pre-requisites.
h. User manuals must contain a table of contents and an index.	Project documentation includes a table of contents. User and system manuals additional include an index.
i. Descriptions of error messages for all fields incurring edits must be presented and the necessary steps to correct such errors must be provided.	Error messages focus on providing the user with the information they need to complete a successful interaction with the system.
j. Definitions of codes used in various sections of a user manual must be consistent.	Consistency within and across user documentation helps promote ease of use and understanding.
k. Acronyms used in user instructions must be identified and must be consistent with windows, screens, reports and the DED.	The standard practice is to provide an acronym list defining all acronyms in user documentation at the beginning of each document. Additionally, the acronym is spelled out the first time the acronym is used.

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User Documentation Requirement	Our Approach
l. All system errors must be handled by a standardized error handling module that translates technical messages into commonly understood terminology.	Error messages presented to the user are clear and expressed in nontechnical terms.
m. Abbreviations must be consistent throughout the documentation.	Consistency within and across user documentation helps promote ease of use and understanding.
n. Field names for the same fields on different records must be consistent throughout the documentation.	Consistency within and across user documentation helps promote ease of use and understanding.
o. Each user manual must contain "tables" of all valid values for all data fields (e.g., provider types, claim types) including codes and an English description, presented on windows, screens and reports.	Valid values are standard pieces of information provided in user manuals.
p. Each user manual must contain illustrations of windows and screens used in that module, with all data elements on the screens identified by number.	User manuals include screenshots to help walk users through system functions.
q. Each user manual must contain a section describing all reports generated within the module which includes the following: 1. A narrative description of each report. 2. The purpose of the report. 3. Definition of all fields in the report, including detailed explanations of calculations used to create all data and explanations of all subtotals and totals. 4. Definitions of all user-defined, report-specific code descriptions; a copy of one page of each report and number of pages of each report.	User manuals describe key system functions, including reports.
r. Instructions for requesting reports or other outputs must be presented with examples of input documents and or screens.	Report request instructions provide users with the information they need to successfully complete the request.
s. All functions and supporting material for file maintenance (e.g., coding values for fields) must be presented together and the files presented as independent sections of the manual.	File maintenance instructions are comprehensive and organized according to Agency standards.
t. Instructions for file maintenance must include both descriptions of code values and data element numbers for reference to the DED.	File maintenance instructions describe any code values or data elements.
u. Instructions for making online updates must clearly depict which data and files are being changed.	Instructions identify data and files.
v. A desktop guide must include appropriate instructions from this section and that provides users with all the information they need for role-based access to the screens and functions that are necessary to perform their jobs.	Job aids, such as desktop guides, are created as part of our role-based knowledge transfer approach.
w. Draft user documentation, as well as final versions, is used as the basis for UAT and for knowledge transfer before the start of operations, unless otherwise specified by the Agency.	Including user manuals and documentation in UAT enables our team to verify documentation meets user needs prior to system deployment.

4B.1.c.8 Agency Responsibilities (response not required per RFP 4.3.4.1)

4B.1.c.9 Contractor Responsibilities

2.6.9 Contractor Responsibilities
For the post implementation evaluation task, the Contractor shall:
a. Provide unobstructed access to the evaluation team to review operational and system areas.
b. Prepare a corrective action plan (CAP) for problems or deficiencies identified by the evaluation team for review and obtain approval by the Agency.
c. Develop the post implementation evaluation report for review by the Agency.
d. Execute the CAP.

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e. Archive all first-run federally required reports for inclusion in the CMS certification documentation.

Using the standard Project Management Portal and tools enables us to track post implementation status and system performance. See Section 4B.1.a.4, PMO Processes, Policies, and Procedures for the complete list and description of tools and descriptions. These tools and reports are available to the Agency and their designees, including the IV&V and QA Services teams from startup through operations. They provide complete visibility to the evaluation team to review operational and system areas.

After implementation, we develop the Post-Implementation Evaluation Report and conduct a walkthrough with the Agency to address any concerns. We recognize that although we conduct thorough testing, we need to be prepared to address problems or deficiencies that may occur following production deployment. By working with the Agency prior to deployment, we develop approved contingency plans for any known deployment risks. Part of our approach includes discussing, seeking approval, and implementing corrective actions.

The evaluation team develops a Corrective Action Plan (CAP) for any problems or deficiencies identified. These deficiencies could be in regards to the system, framework, components, products, technical infrastructure, or support. If the evaluation team identifies deficiencies, our team develops a CAP for Agency approval that describes the issue and identifies our plan for addressing this issue. Six components of our CAP are:

- Problem description, including root cause analysis
- Areas/users affected by the problem, including business processes, system functions, interfaces, and user groups
- Potential risks to deployment or operations
- Resolution and implementation approach
- Implementation schedule and resources required/assigned
- Agency coordination and approvals required

If a CAP is required, we review the CAP with the Agency to gain approval according to the defined process. By conducting a thorough investigation of deficiencies, we address the issues, support users affected by the issue, and prevent issue reoccurrence. Tracking closure of the CAP occurs using Microsoft TFS.

For each federal report that we use for certification, that report is stored in our electronic repository, OnBase as with all production reports. This provides for a single location to review all certification documentation and deliverables (or links to deliverables).

4B.1.c.10 Deliverables

2.6.10 Deliverables
Deliverables to be produced by the Contractor for the post Implementation task shall include the following:
a. All required CAPs.
b. CMS certification documentation including archived versions of all first-run federally required reports.
c. System documentation.
d. User documentation

In following the deliverable development process documented in Section 4B.1.a.6.13, Contract Deliverable Procedures, we develop and submit deliverables listed in RFP 2.6.10 above.

4B.1.c.11 Performance Standards

2.6.11 Performance Standards
The Contractor shall:
a. Implement and maintain MMIS systems documentation. The Contractor shall provide one copy of systems documentation within 60 calendar days before the Operations Phase.
b. Provide any updates to the systems documentation to the Agency during the Operations Phase on a quarterly basis.
c. Implement and maintain MMIS user documentation. The Contractor shall provide one copy of the user documentation within 60 calendar days before the Operations Phase.
d. Provide any updates to the user documentation to the Agency during the Operations Phase on a quarterly basis.
e. Post the electronic version of the approved systems documentation and user documentation for the MMIS to the web site within three business days of the Agency's approval.

For required post-implementation documents, we implement, maintain, update and electronically post them according to performance standards listed in items a-e in RFP 2.6.11 above.

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4B.2 PROJECT PLAN AND SCHEDULE

4.3.4.3 Continued

The bidder shall also provide a high level Project Plan and Schedule for meeting the deliverables and milestones associated with each Contract Stage, as well as an architectural overview of the components included in their selected hosting arrangement.

The Project Work Plan is a Critical Component of our Project Risk Management Strategy

- Detailed tasks and dependencies facilitate reliable budget estimates and schedules
- Granular level of detail is key to identifying gaps in resources and catching potential project issues before they impact critical path
- Rigorous quality management oversight enables successful project delivery
- Our PMO works with the Agency to review, refine and manage the PWP throughout the MIDAS project
- Use of industry-recognized tools to facilitate development, management, and reporting

IA MMIS-2 4B2-01

Our experience successfully working with Iowa on the prior MIDAS project as well as continued investment and effort in our Accenture Public Health Platform (APHP) solution contribute to a strong and realistic work plan for the Agency. As demonstrated in our Medicaid and Health and Human Services project references (see Section 5.1, Experience), we use the project plan to actively manage to schedule and cost requirements and mitigate schedule risk. Our team's structured schedule management approach, using the Accenture Delivery Methods (ADM) and Accenture Delivery Tools, promotes predictability, productivity, and quality in our work plan estimates and delivery. We apply ADM best practices developed and refined on our Medicaid programs to the MMIS work plan, as summarized in Table 4B.2-1.

Our comprehensive project plan and schedule identifies the tasks and dependencies needed to implement the new MMIS. As we developed our overall solution for the IA MMIS, we identified the major activities and decomposed them into smaller, more manageable components so that all project activities are accounted for in the plan. Based on RFP scope and schedule requirements, and using our ADM Estimators and coordinated Staffing Management Plan (Section 4B.1.a), we prepared a draft schedule and work plan in Microsoft Project format. A high-level overview of our project plan and schedule, organized by contract phase, highlights key activities within the contract phases, including associated key deliverables and milestones, and critical dependencies, as shown in Figure 4B.2-1. We provide a detailed project plan ready for review with the IME following the contract start date.

Table 4B.2-1. Applying ADM best practices allows us to more effectively manage schedule risk.

ADM Best Practice Features	Benefits to the Agency
Phase containment with transition points or "stage gates"	▪ Enables better control and Agency oversight
Appropriate level of detail	▪ Provides insight while not overwhelming key metrics
Time and checkpoints allocated to maintaining the work plan	▪ Identifies potential risks ▪ Allows adjustments based on evolving lessons learned ▪ Allows plan rebaselining as future phase detail expands
Limiting of each task effort to an appropriate size and duration, with a six-to-nine month rolling focus on detailed tasks in the short term, and key activities and milestones identified for long-term planning	▪ Enables more manageable task size and duration ▪ Allows Agency to focus on details of short-to-medium range tasks while having insight and input on longer term tasks
Tasks linked with predecessors and successors	▪ Provides visibility to impacts both short and long term.
Resource loading with named resources where available, and resource group role names in alignment with the Staffing Management Plan	▪ Facilitates more accurate scheduling

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Figure 4B.2-1. The full scope and high-level Iowa MMIS project plan provides a summary of an efficient and effective schedule for delivering key deliverables.

ID	WBS	Task Name	Duration	Start	Finish
1	**1**	**MIDAS MMIS**	**2639 days**	**Tue 4/1/14**	**Sun 6/30/24**
2	**1.1**	**Startup Phase**	**46 days**	**Tue 4/1/14**	**Tue 6/3/14**
3	1.1.1	Contract Start Date	0 days	Tue 4/1/14	Tue 4/1/14
4	**1.1.2**	**Project Kickoff**	**0 days**	**Fri 4/11/14**	**Fri 4/11/14**
6	1.1.3	Project Portal Integration Complete	0 days	Wed 4/16/14	Wed 4/16/14
7	1.1.4	Project Management Office Established	0 days	Mon 4/21/14	Mon 4/21/14
8	**1.1.5**	**Weekly/Monthly/Quarterly Status Report Definition**	**5 days**	**Tue 4/1/14**	**Mon 4/7/14**
12	**1.1.6**	**Deliverables**	**43 days**	**Tue 4/1/14**	**Thu 5/29/14**
13	**1.1.6.1**	**Communications Management Plan (including stakeholder analysis)**	**32 days**	**Tue 4/1/14**	**Wed 5/14/14**
24	**1.1.6.2**	**Project Work Plan Baselines**	**30 days**	**Tue 4/1/14**	**Mon 5/12/14**
36	**1.1.6.3**	**Project Work Plan**	**43 days**	**Tue 4/1/14**	**Thu 5/29/14**
48	**1.1.6.4**	**Risk Management Plan for Production Implementation and Certification Phases**	**31 days**	**Tue 4/1/14**	**Tue 5/13/14**
59	**1.1.6.5**	**Issues Management Plan**	**31 days**	**Tue 4/1/14**	**Tue 5/13/14**
70	**1.1.6.6**	**Quality Management Plan**	**31 days**	**Tue 4/1/14**	**Tue 5/13/14**
81	**1.1.6.7**	**Staffing Management Plan**	**33 days**	**Tue 4/1/14**	**Thu 5/15/14**
92	**1.1.6.8**	**Applications Implementation Plan for the Implementation Phase**	**39 days**	**Tue 4/1/14**	**Fri 5/23/14**
103	**1.1.6.9**	**Interface Plan for the Implementation Phase**	**30 days**	**Tue 4/1/14**	**Mon 5/12/14**
114	**1.1.6.10**	**Change Management Plan**	**31 days**	**Tue 4/1/14**	**Tue 5/13/14**
125	**1.1.7**	**Startup Phase Transition**	**10 days**	**Wed 5/21/14**	**Tue 6/3/14**
128	1.1.8	Startup Phase Complete	0 days	Tue 6/3/14	Tue 6/3/14
129	**1.2**	**Takeover Phase**	**633 days**	**Tue 4/1/14**	**Fri 9/30/16**
130	1.2.1	Contract Start Date	0 days	Tue 4/1/14	Tue 4/1/14
131	**1.2.2**	**Project Management**	**103 days**	**Tue 4/1/14**	**Fri 8/22/14**
135	**1.2.3**	**Takeover Plan Phase**	**26 days**	**Tue 4/1/14**	**Tue 5/6/14**
136	**1.2.3.1**	**Deliverables**	**26 days**	**Tue 4/1/14**	**Tue 5/6/14**
137	**1.2.3.1.1**	**Project Work Plan for Takeover**	**26 days**	**Tue 4/1/14**	**Tue 5/6/14**
148	**1.2.3.1.2**	**Project Work Plan Baselines for Takeover**	**26 days**	**Tue 4/1/14**	**Tue 5/6/14**
159	**1.2.3.1.3**	**Communication Management Plan for Takeover of Legacy System**	**26 days**	**Tue 4/1/14**	**Tue 5/6/14**
170	**1.2.3.1.4**	**Risk Management Plan for Takeover**	**26 days**	**Tue 4/1/14**	**Tue 5/6/14**
181	**1.2.3.1.5**	**Issues Management Plan for Takeover**	**26 days**	**Tue 4/1/14**	**Tue 5/6/14**
192	**1.2.3.1.6**	**Quality Management Plan for Takeover**	**26 days**	**Tue 4/1/14**	**Tue 5/6/14**
203	**1.2.3.1.7**	**Staffing Management Plan for Takeover**	**26 days**	**Tue 4/1/14**	**Tue 5/6/14**
214	**1.2.4**	**MMIS Tech Support Takeover and Transition**	**69 days**	**Tue 4/1/14**	**Mon 7/7/14**
215	1.2.4.1	Contract Start Date	0 days	Tue 4/1/14	Tue 4/1/14
216	**1.2.4.2**	**Initiate Phase**	**1 day**	**Tue 4/1/14**	**Tue 4/1/14**
219	**1.2.4.3**	**Planning Phase**	**20 days**	**Tue 4/1/14**	**Mon 4/28/14**
232	**1.2.4.4**	**Takeover Phase**	**44 days**	**Tue 4/15/14**	**Fri 6/13/14**
258	**1.2.4.5**	**Transition to Go-Live**	**66 days**	**Tue 4/1/14**	**Tue 7/1/14**
260	**1.2.4.6**	**Weekly Status Repot**	**66 days**	**Fri 4/4/14**	**Mon 7/7/14**
276	1.2.4.7	Initial Takeover Complete	0 days	Tue 7/1/14	Tue 7/1/14
277	**1.2.5**	**Enable People/Rebadge**	**75 days**	**Tue 4/1/14**	**Tue 7/15/14**
278	**1.2.5.1**	**Enable People**	**67 days**	**Tue 4/1/14**	**Wed 7/2/14**
335	**1.2.5.2**	**New Hire Process Training**	**65 days**	**Tue 4/1/14**	**Tue 7/1/14**
387	**1.2.5.3**	**Verify Technology and Access Requirements (Legacy System)**	**39 days**	**Tue 4/1/14**	**Fri 5/23/14**
416	**1.2.5.4**	**Cultural Change Management**	**75 days**	**Tue 4/1/14**	**Tue 7/15/14**
436	1.2.5.5	People Transfer Complete	0 days	Tue 7/1/14	Tue 7/1/14
437	**1.2.6**	**Quality Program**	**40 days**	**Tue 4/1/14**	**Mon 5/26/14**
444	**1.2.7**	**EDI Operations and Support Transition**	**128 days**	**Tue 4/1/14**	**Tue 9/30/14**
445	1.2.7.1	Confirm Requirements for Trading Partners and TI Portal	1 wk	Tue 4/1/14	Mon 4/7/14
446	**1.2.7.2**	**Dev & Unit Testing in EDI Vendor Dev Environment**	**30 days**	**Tue 4/1/14**	**Mon 5/12/14**
454	**1.2.7.3**	**Production Set-up**	**30 days**	**Tue 4/1/14**	**Mon 5/12/14**
460	**1.2.7.4**	**DR Buildout**	**30 days**	**Mon 5/19/14**	**Fri 6/27/14**

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ID	WBS	Task Name	Duration	Start	Finish
466	**1.2.7.5**	**Testing**	**80 days**	**Tue 4/1/14**	**Tue 7/22/14**
474	1.2.7.6	Training and Handover	3 wks	Mon 6/9/14	Fri 6/27/14
475	1.2.7.7	EDI Initial Cutover Go Live	0 mons	Mon 6/30/14	Mon 6/30/14
476	**1.2.7.8**	**Trading Partner Enrollment/Testing**	**128 days**	**Tue 4/1/14**	**Tue 9/30/14**
483	**1.2.8**	**Run Operations in Legacy System**	**567 days**	**Wed 7/2/14**	**Fri 9/30/16**
484	1.2.8.1	Systems Maintenance and Operations	567 days	Wed 7/2/14	Fri 9/30/16
485	1.2.8.2	Claims and Mailroom Operations	567 days	Wed 7/2/14	Fri 9/30/16
486	**1.2.9**	**Intake Redesign**	**193 days**	**Mon 10/6/14**	**Wed 7/15/15**
487	1.2.9.1	Begin Intake Redesign	0 days	Mon 10/6/14	Mon 10/6/14
488	1.2.9.2	Project Management	193 days	Mon 10/6/14	Wed 7/15/15
489	**1.2.9.3**	**Plan and Analysis**	**5 days**	Mon 10/6/14	**Fri 10/10/14**
495	**1.2.9.4**	**Capture Technical Architecture Design**	**10 days**	Mon 10/13/14	**Fri 10/24/14**
499	**1.2.9.5**	**Capture Platform Build**	**19 days**	Mon 10/27/14	**Fri 11/21/14**
504	**1.2.9.6**	**Test**	**3 days**	Mon 11/24/14	**Fri 11/28/14**
507	**1.2.9.7**	**Capture Application Plan and Analyze**	**20 days**	Mon 10/6/14	**Fri 10/31/14**
514	**1.2.9.8**	**Capture Application Design**	**27 days**	Mon 11/3/14	**Fri 12/12/14**
519	**1.2.9.9**	**Application Build**	**82 days**	Thu 12/18/14	**Fri 4/17/15**
524	**1.2.9.10**	**Application Test**	**39 days**	Mon 4/20/15	**Fri 6/12/15**
529	**1.2.9.11**	**Deploy and Handover**	**19 days**	Mon 6/15/15	**Fri 7/10/15**
534	1.2.9.12	Intake Redesign Go Live	0 days	Wed 7/1/15	Wed 7/1/15
535	**1.3**	**Analysis, Configuration, Deploy Phase**	**697 days**	**Tue 4/1/14**	**Thu 1/5/17**
536	**1.3.1**	**Project Management**	**697 days**	**Tue 4/1/14**	**Thu 1/5/17**
662	**1.3.2**	**Technical Infrastructure**	**694 days**	**Tue 4/1/14**	**Sat 12/31/16**
663	**1.3.2.1**	**SharePoint**	**100 days**	**Tue 4/1/14**	**Tue 8/19/14**
665	**1.3.2.2**	**Environment Setup**	**597 days**	**Tue 4/22/14**	**Wed 8/31/16**
666	**1.3.2.2.1**	**Sys Test/Conference Room Pilot Environment (Cloud)**	**236 days**	**Tue 4/22/14**	**Wed 4/1/15**
675	**1.3.2.2.2**	**Conversion Environment (Cloud)**	**597 days**	**Tue 4/22/14**	**Wed 8/31/16**
685	**1.3.2.2.3**	**Build Environment (Cloud)**	**114 days**	**Tue 4/22/14**	**Wed 10/1/14**
694	**1.3.2.2.4**	**Dev/Unit Test Environment (Cloud)**	**137 days**	**Tue 4/22/14**	**Mon 11/3/14**
703	**1.3.2.2.5**	**E2E / Business Scenario Test Environment**	**113 days**	**Mon 6/22/15**	**Wed 12/2/15**
717	**1.3.2.2.6**	**UAT / Security Environment**	**114 days**	**Mon 6/22/15**	**Wed 12/2/15**
731	**1.3.2.2.7**	**Training Environment (Cloud)**	**446 days**	**Tue 4/22/14**	**Mon 2/1/16**
740	**1.3.2.2.8**	**Parallel Test / Production Environment**	**88 days**	**Mon 12/28/15**	**Mon 5/2/16**
755	**1.3.2.2.9**	**OR (Staging) Environment**	**88 days**	**Mon 12/28/15**	**Mon 5/2/16**
769	**1.3.2.3**	**APHP Release Schedule**	**642 days**	**Thu 5/1/14**	**Tue 11/15/16**
770	1.3.2.3.1	APHP Release 4.0	0 days	Thu 5/1/14	Thu 5/1/14
771	1.3.2.3.2	APHP Release 5.0	0 days	Tue 9/1/15	Tue 9/1/15
772	1.3.2.3.3	APHP Release 6.0	0 days	Tue 11/1/16	Tue 11/1/16
773	1.3.2.3.4	Software Installation Effort	642 days	Thu 5/1/14	Tue 11/15/16
778	**1.3.2.4**	**Development Environment Support**	**694 days**	**Tue 4/1/14**	**Sat 12/31/16**
782	**1.3.3**	**Business Rules and Requirements Update**	**88 days**	**Mon 6/2/14**	**Fri 10/3/14**
783	1.3.3.1	Begin Business Rules and Requirements Update Phase	0 days	Mon 6/2/14	Mon 6/2/14
784	**1.3.3.2**	**Business Rules and Requirements Update Phase Kick**	**0 days**	**Fri 6/6/14**	**Fri 6/6/14**
786	**1.3.3.3**	**Startup Phase Closure Meeting**	**0 days**	**Fri 6/13/14**	**Fri 6/13/14**
788	**1.3.3.4**	**Business Rules and Requirements Update**	**58 days**	**Mon 6/2/14**	**Thu 8/21/14**
789	**1.3.3.4.1**	**Priority 1 ACD: Provider and Member Management, Benefit Plans/Premium Billing, EDI**	**17 days**	**Mon 6/2/14**	**Tue 6/24/14**
790	1.3.3.4.1.1	Review Existing RSD	10 days	Mon 6/2/14	Fri 6/13/14
791	1.3.3.4.1.2	Update RSD and Review with Agency	15 days	Wed 6/4/14	Tue 6/24/14
792	1.3.3.4.1.3	Priority 1 RSD Updates Complete	0 days	Tue 6/24/14	Tue 6/24/14
793	**1.3.3.4.2**	**Priority 2 ACD: Claims/Encounter, Managed Care, Prior Auth**	**17 days**	**Wed 6/25/14**	**Fri 7/18/14**
794	1.3.3.4.2.1	Review Existing RSD	10 days	Wed 6/25/14	Wed 7/9/14
795	1.3.3.4.2.2	Update RSD and Review with Agency	15 days	Fri 6/27/14	Fri 7/18/14
796	P	Priority 2 RSD Updates Complete	0 days	Fri 7/18/14	Fri 7/18/14
797	**1.3.3.4.3**	**Priority 3 ACD: Member Portal, Reporting**	**24 days**	**Mon 7/21/14**	**Thu 8/21/14**
798	1.3.3.4.3.1	Review Existing RSD	10 days	Mon 7/21/14	Fri 8/1/14

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ID	WBS	Task Name	Duration	Start	Finish
799	1.3.3.4.3.2	Update RSD and Review with Agency	12 days	Wed 8/6/14	Thu 8/21/14
800	1.3.3.4.3.3	Priority 3 RSD Updates Complete	0 days	Thu 8/21/14	Thu 8/21/14
801	**1.3.3.5**	**Deliverables**	**85 days**	**Mon 6/2/14**	**Tue 9/30/14**
802	**1.3.3.5.1**	**Updated Requirements Specification Documents**	**85 days**	**Mon 6/2/14**	**Tue 9/30/14**
813	1.3.3.6	Business Rules and Requirements Update Phase Comp	0 days	Fri 10/3/14	Fri 10/3/14
814	**1.3.4**	**Conference Room Pilots**	**164 days**	**Tue 7/1/14**	**Fri 2/27/15**
815	1.3.4.1	Begin CRP Phase	0 days	Tue 9/2/14	Tue 9/2/14
816	**1.3.4.2**	**CRP Phase Kickoff Meeting**	**0 days**	**Mon 9/8/14**	**Mon 9/8/14**
818	**1.3.4.3**	**Analysis Phase Closure Meeting**	**0 days**	**Mon 9/15/14**	**Mon 9/15/14**
820	**1.3.4.4**	**Conference Room Pilots/Design**	**133 days**	**Tue 7/1/14**	**Wed 1/14/15**
821	1.3.4.4.1	Configure for CRP	5 mons	Tue 7/1/14	Thu 11/20/14
822	1.3.4.4.2	Priority 1 ACD: Provider and Member Management, Benefit Plans/Premium Billing, EDI	50 days	Tue 9/2/14	Mon 11/10/14
829	1.3.4.4.3	Priority 2 ACD: Claims/Encounter, Managed Care, Prior Auth	35 days	Wed 10/1/14	Wed 11/19/14
835	1.3.4.4.4	Priority 3 ACD: Member Portal, Reporting	50 days	Tue 10/28/14	Wed 1/14/15
841	**1.3.4.5**	**Deliverables**	**121 days**	**Tue 9/2/14**	**Fri 2/27/15**
842	**1.3.4.5.1**	**Detailed System Design Document for each module**	**116 days**	**Tue 9/2/14**	**Fri 2/20/15**
843	1.3.4.5.1.1	Priority 1 Detailed Design Document (DSD)	76 days	Tue 9/2/14	Fri 12/19/14
855	1.3.4.5.1.2	Priority 2 Detailed Design Document (DSD)	77 days?	Wed 10/1/14	Tue 1/27/15
865	1.3.4.5.1.3	Priority 3 Detailed Design Document (DSD)	72 days?	Mon 11/3/14	Fri 2/20/15
875	**1.3.4.5.2**	**Requirements Traceability Matrix**	**121 days**	**Tue 9/2/14**	**Fri 2/27/15**
906	**1.3.4.5.3**	**Updated Interface Plan**	**29 days**	**Tue 9/30/14**	**Fri 11/7/14**
915	**1.3.4.5.4**	**Test Management Plan**	**89 days**	**Tue 9/2/14**	**Tue 1/13/15**
926	**1.3.4.5.5**	**Business Continuity Plan**	**37 days**	**Tue 10/28/14**	**Mon 12/22/14**
937	**1.3.4.5.6**	**Disaster Recovery Plan**	**37 days**	**Tue 10/28/14**	**Mon 12/22/14**
948	**1.3.4.5.7**	**Configuration Management Plan**	**37 days**	**Tue 12/30/14**	**Mon 2/23/15**
959	**1.3.4.6**	**CRP Phase Transition Meeting**	**0 days**	**Fri 2/20/15**	**Fri 2/20/15**
962	1.3.4.7	CRP Phase Complete	0 days	Fri 2/27/15	Fri 2/27/15
963	**1.3.5**	**Build/Configuration and Unit Test**	**195 days**	**Mon 11/3/14**	**Fri 8/14/15**
964	1.3.5.1	Begin Build/Configuration Phase	0 days	Mon 1/5/15	Mon 1/5/15
965	**1.3.5.2**	**Configuration Phase Kickoff Meeting**	**0 days**	**Mon 1/5/15**	**Mon 1/5/15**
967	**1.3.5.3**	**Unit Test Planning**	**66 days**	**Mon 11/3/14**	**Thu 2/12/15**
972	**1.3.5.4**	**Development and Unit Test**	**120 days**	**Mon 1/5/15**	**Tue 6/23/15**
988	**1.3.5.5**	**Deliverables (Submit Date)**	**195 days**	**Mon 11/3/14**	**Fri 8/14/15**
989	**1.3.5.5.1**	**Updated CMP**	**37 days**	**Tue 2/3/15**	**Wed 3/25/15**
1000	**1.3.5.5.2**	**Documentation of all rules in rules Engine**	**37 days**	**Tue 4/28/15**	**Thu 6/18/15**
1011	**1.3.5.5.3**	**Updated Use Cases**	**37 days**	**Wed 5/27/15**	**Fri 7/17/15**
1022	**1.3.5.5.4**	**Standard Output Reports**	**37 days**	**Wed 5/27/15**	**Fri 7/17/15**
1033	**1.3.5.5.5**	**Updated Interface Plan**	**37 days**	**Wed 5/27/15**	**Fri 7/17/15**
1044	**1.3.5.5.6**	**MMIS Documentation and User Documentation Manuals**	**37 days**	**Wed 6/24/15**	**Fri 8/14/15**
1055	**1.3.5.5.7**	**Unit Test Test Plan**	**47 days**	**Mon 11/3/14**	**Thu 1/15/15**
1066	**1.3.5.5.8**	**Unit Test Progress Tracking**	**37 days**	**Mon 12/15/14**	**Tue 2/10/15**
1077	**1.3.5.5.9**	**Final Unit Test Report**	**76 days**	**Tue 4/14/15**	**Thu 7/30/15**
1088	**1.3.5.5.10**	**Unit Test Certification Letter**	**23 days**	**Thu 7/2/15**	**Tue 8/4/15**
1097	**1.3.5.6**	**Configuration Phase Transition Meeting**	**5 days**	**Wed 7/22/15**	**Tue 7/28/15**
1100	1.3.5.7	Unit Test Complete	0 days	Thu 7/30/15	Thu 7/30/15
1101	1.3.5.8	Build/Configuration Phase Complete	0 days	Tue 8/4/15	Tue 8/4/15
1102	**1.3.6**	**Test**	**424 days**	**Mon 2/2/15**	**Fri 9/30/16**
1103	**1.3.6.1**	**Test Planning**	**396 days**	**Mon 2/2/15**	**Mon 8/22/16**
1104	1.3.6.1.1	Begin Test Planning	0 mons	Mon 2/2/15	Mon 2/2/15
1105	**1.3.6.1.2**	**Sytem Integration Test Planning**	**35 days**	**Fri 2/13/15**	**Thu 4/2/15**
1109	**1.3.6.1.3**	**User Acceptance Test Planning**	**42 days**	**Fri 4/3/15**	**Tue 6/2/15**
1113	**1.3.6.1.4**	**Operational Readiness Test Planning**	**23 days**	**Wed 6/3/15**	**Mon 7/6/15**
1117	**1.3.6.1.5**	**Deliverables**	**352 days**	**Fri 4/3/15**	**Mon 8/22/16**

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ID	WBS	Task Name	Duration	Start	Finish
1118	**1.3.6.1.5.1**	**System Integration Test Test Plan**	**37 days**	**Fri 4/3/15**	**Tue 5/26/15**
1129	**1.3.6.1.5.2**	**System Integration Test Progress Tracking**	**37 days**	**Tue 4/28/15**	**Thu 6/18/15**
1140	**1.3.6.1.5.3**	**System Integration Test Cases and Scripts**	**37 days**	**Fri 6/19/15**	**Tue 8/11/15**
1151	**1.3.6.1.5.4**	**User Acceptance Test Test Progress Tracking**	**37 days**	**Wed 4/6/16**	**Thu 5/26/16**
1162	**1.3.6.1.5.5**	**User Acceptance Test Test Cases and scripts**	**37 days**	**Fri 4/29/16**	**Tue 6/21/16**
1173	**1.3.6.1.5.6**	**Operation Readiness Test Test Plan**	**37 days**	**Thu 6/30/16**	**Mon 8/22/16**
1184	**1.3.6.1.5.7**	**Operational Readiness Test Progress Tracking**	**37 days**	**Thu 6/30/16**	**Mon 8/22/16**
1195	1.3.6.2	Test Planning Complete	0 days	Mon 8/22/16	Mon 8/22/16
1196	**1.3.6.3**	**System Integration Test**	**233 days**	**Mon 6/1/15**	**Fri 4/29/16**
1197	1.3.6.3.1	Begin System Integration Test	0 days	Mon 6/1/15	Mon 6/1/15
1198	**1.3.6.3.2**	**System Integration Test Phase Kickoff Meeting**	**1 day**	**Mon 6/1/15**	**Mon 6/1/15**
1200	1.3.6.3.3	Develop Test Defect Tracking Report Format and Content	0 days	Mon 6/1/15	Mon 6/1/15
1201	**1.3.6.3.4**	**System Testing**	**130 days**	**Mon 6/1/15**	**Thu 12/3/15**
1202	**1.3.6.3.4.1**	**Priority 1 ACD: Provider and Member Management, Benefit Plans/Premium Billing, EDI**	**125 days**	**Mon 6/1/15**	**Wed 11/25/15**
1211	**1.3.6.3.4.2**	**Priority 2 ACD: Claims/Encounter, Managed Care, Prior Auth**	**110 days**	**Mon 6/29/15**	**Thu 12/3/15**
1220	**1.3.6.3.4.3**	**Priority 3 ACD: Member Portal, Reporting**	**90 days**	**Tue 7/28/15**	**Thu 12/3/15**
1229	**1.3.6.3.5**	**Integration Testing**	**75 days**	**Fri 12/4/15**	**Tue 3/22/16**
1237	**1.3.6.3.6**	**Deliverables**	**43 days**	**Wed 3/2/16**	**Fri 4/29/16**
1238	**1.3.6.3.6.1**	**System Integration Test Results**	**40 days**	**Wed 3/2/16**	**Tue 4/26/16**
1249	**1.3.6.3.6.2**	**Final System Integration Test Certification Letter**	**23 days**	**Wed 3/30/16**	**Fri 4/29/16**
1258	1.3.6.3.7	System Integration Test Complete	0 days	Fri 4/29/16	Fri 4/29/16
1259	**1.3.6.4**	**UAT**	**62 days**	**Wed 5/4/16**	**Mon 8/1/16**
1260	1.3.6.4.1	Begin UAT	0 days	Wed 5/4/16	Wed 5/4/16
1261	**1.3.6.4.2**	**UAT Phase Kickoff Meeting**	**0 days**	**Wed 5/4/16**	**Wed 5/4/16**
1263	**1.3.6.4.3**	**UAT Execution**	**34 days**	**Wed 5/4/16**	**Tue 6/21/16**
1264	**1.3.6.4.3.1**	**UAT Cycle 1**	**18 days**	**Wed 5/4/16**	**Fri 5/27/16**
1266	**1.3.6.4.3.2**	**UAT Cycle 2**	**13 days**	**Tue 5/31/16**	**Thu 6/16/16**
1268	**1.3.6.4.3.3**	**UAT Cycle 3**	**3 days**	**Fri 6/17/16**	**Tue 6/21/16**
1270	**1.3.6.4.4**	**Deliverables**	**38 days**	**Wed 6/8/16**	**Mon 8/1/16**
1271	**1.3.6.4.4.1**	**User Acceptance Test Test Results**	**37 days**	**Wed 6/8/16**	**Fri 7/29/16**
1282	**1.3.6.4.4.2**	**Final UAT Report**	**32 days**	**Wed 6/15/16**	**Fri 7/29/16**
1293	**1.3.6.4.4.3**	**UAT Certification Letter**	**23 days**	**Wed 6/29/16**	**Mon 8/1/16**
1302	1.3.6.4.5	UAT Complete	0 days	Mon 8/1/16	Mon 8/1/16
1303	**1.3.6.5**	**Operational Readiness**	**44 days**	**Mon 8/1/16**	**Fri 9/30/16**
1304	1.3.6.5.1	Start Operational Readiness Testing	0 days	Mon 8/1/16	Mon 8/1/16
1305	1.3.6.5.2	Infrastructure Test	22 days	Mon 8/1/16	Tue 8/30/16
1306	1.3.6.5.3	Parallel Test	22 days	Mon 8/1/16	Tue 8/30/16
1307	1.3.6.5.4	Contingency Test	22 days	Mon 8/1/16	Tue 8/30/16
1308	**1.3.6.5.5**	**Trading Partner Test**	**22 days**	**Mon 8/1/16**	**Tue 8/30/16**
1310	**1.3.6.5.6**	**Deliverables**	**28 days**	**Tue 8/23/16**	**Fri 9/30/16**
1311	**1.3.6.5.6.1**	**Operational Readiness Test Report**	**28 days**	**Tue 8/23/16**	**Fri 9/30/16**
1322	**1.3.6.5.6.2**	**Data Verification Letter**	**23 days**	**Tue 8/30/16**	**Fri 9/30/16**
1331	1.3.6.5.7	Operational Readiness Testing Complete	0 days	Tue 8/30/16	Tue 8/30/16
1332	1.3.6.6	Test Phase Complete	0 days	Tue 8/30/16	Tue 8/30/16
1333	**1.3.7**	**Data Conversion**	**694 days**	**Tue 4/1/14**	**Sun 1/1/17**
1334	1.3.7.1	Project Management	33 emons	Tue 4/1/14	Fri 12/16/16

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ID	WBS	Task Name	Duration	Start	Finish
1335	**1.3.7.2**	**Startup**	**64 days**	**Tue 4/1/14**	**Mon 6/30/14**
1340	**1.3.7.3**	**Data Cleansing**	**293 days**	**Tue 4/1/14**	**Fri 5/29/15**
1344	**1.3.7.4**	**Core Design**	**250 days**	**Tue 4/1/14**	**Mon 3/30/15**
1350	**1.3.7.5**	**Core Development**	**206 days**	**Mon 6/2/14**	**Mon 3/30/15**
1353	**1.3.7.6**	**Core Testing**	**206 days**	**Mon 6/2/14**	**Mon 3/30/15**
1357	**1.3.7.7**	**Custom Design**	**191 days**	**Wed 4/1/15**	**Thu 12/31/15**
1363	**1.3.7.8**	**Custom Development**	**319 days**	**Wed 4/1/15**	**Fri 7/1/16**
1366	**1.3.7.9**	**Custom Testing**	**383 days**	**Wed 4/1/15**	**Mon 10/3/16**
1370	1.3.7.10	Performance Tuning	634 days	Tue 4/1/14	Mon 10/3/16
1371	1.3.7.11	System Test Data Preparation/Conversion	0 days	Fri 5/1/15	Fri 5/1/15
1372	1.3.7.12	Integration Test Data Preparation/Conversion	0 days	Sun 11/1/15	Sun 11/1/15
1373	1.3.7.13	Trial Data Conversion	0 days	Fri 4/1/16	Fri 4/1/16
1374	1.3.7.14	Final Data Conversion	0 days	Mon 8/1/16	Mon 8/1/16
1375	**1.3.7.15**	**Go Live Preparation**	**106 days**	**Mon 6/1/15**	**Thu 10/29/15**
1377	1.3.7.16	Post-Implementation Support	3 emons	Mon 10/3/16	Sun 1/1/17
1378	**1.3.7.17**	**Deliverables**	**613 days**	**Tue 4/1/14**	**Thu 9/1/16**
1379	**1.3.7.17.1**	**Conversion Plan**	**64 days**	**Tue 9/2/14**	**Wed 12/3/14**
1390	**1.3.7.17.2**	**Data Conversion Checklist**	**592 days**	**Tue 4/1/14**	**Wed 8/3/16**
1429	**1.3.7.17.3**	**Data Reconciliation Procedures**	**25 days**	**Mon 2/2/15**	**Fri 3/6/15**
1440	**1.3.7.17.4**	**Walkthrough Trial Conversion file**	**147 days**	**Mon 10/5/15**	**Tue 5/3/16**
1461	**1.3.7.17.5**	**Conversion Test Results**	**275 days**	**Fri 4/3/15**	**Tue 5/3/16**
1491	**1.3.7.17.6**	**Conversion Reports**	**612 days**	**Tue 4/1/14**	**Wed 8/31/16**
1530	**1.3.7.17.7**	**UAT Results of Converted Data**	**26 days**	**Fri 6/17/16**	**Mon 7/25/16**
1541	**1.3.7.17.8**	**Final Conversion Plan**	**25 days**	**Thu 7/28/16**	**Thu 9/1/16**
1552	**1.3.8**	**Knowledge Transfer**	**340.5 days**	**Mon 6/1/15**	**Mon 10/3/16**
1553	1.3.8.1	Start Knowledge Transfer Activities	0 days	Mon 8/3/15	Mon 8/3/15
1554	**1.3.8.2**	**Knowledge Transfer Preparation**	**192.5 days**	**Mon 8/3/15**	**Thu 5/5/16**
1555	**1.3.8.2.1**	**Knowledge Transfer Content Development Assess**	**51 days**	**Mon 8/3/15**	**Tue 10/13/15**
1570	**1.3.8.2.2**	**Knowledge Transfer Content Development**	**125 days**	**Wed 10/14/15**	**Tue 4/12/16**
1573	**1.3.8.2.3**	**KT Database - Record RTS Sessions**	**14.17 days**	**Wed 4/13/16**	**Tue 5/3/16**
1576	**1.3.8.2.4**	**Knowledge Transfer Kick Off**	**3.5 days**	**Mon 5/2/16**	**Thu 5/5/16**
1577	1.3.8.2.4.1	Identify KT Kick-off Attendees & Prepare Meetin	2.5 days	Mon 5/2/16	Wed 5/4/16
1578	1.3.8.2.4.2	Conduct Kick-off Meeting & Distribute Materials	1 day	Wed 5/4/16	Thu 5/5/16
1579	**1.3.8.3**	**Conduct Knowledge Transfer**	**96 days**	**Thu 5/5/16**	**Wed 9/21/16**
1580	1.3.8.3.1	Schedule KT Sessions	2 days	Thu 5/5/16	Mon 5/9/16
1581	**1.3.8.3.2**	**Conduct Knowledge Transfer Sessions**	**94 days**	**Mon 5/9/16**	**Wed 9/21/16**
1586	1.3.8.3.3	Complete Knowledge Transfer to all Agency Staff and Units	0 days	Wed 9/21/16	Wed 9/21/16
1587	**1.3.8.4**	**Deliverables**	**340.5 days**	**Mon 6/1/15**	**Mon 10/3/16**
1588	**1.3.8.4.1**	**Knowledge Transfer Plan**	**68 days**	**Mon 6/1/15**	**Thu 9/3/15**
1599	**1.3.8.4.2**	**Provider Knowledge Transfer Documentation**	**25 days**	**Wed 4/13/16**	**Tue 5/17/16**
1610	**1.3.8.4.3**	**Knowledge Transfer Database Certification Letter**	**25 days**	**Thu 5/5/16**	**Fri 6/10/16**
1621	**1.3.8.4.4**	**Online Tutorial**	**25 days**	**Wed 4/13/16**	**Tue 5/17/16**
1632	**1.3.8.4.5**	**Knowledge Transfer Schedule**	**25 days**	**Mon 8/3/15**	**Fri 9/4/15**
1643	**1.3.8.4.6**	**Certificate of Completed Knowledge Transfer**	**8 days**	**Wed 9/21/16**	**Mon 10/3/16**
1649	**1.3.8.4.7**	**Evaluation Tool**	**25 days**	**Wed 4/13/16**	**Tue 5/17/16**
1660	**1.3.8.4.8**	**Knowledge Transfer Reports**	**25 days**	**Mon 5/9/16**	**Tue 6/14/16**
1671	**1.3.8.4.9**	**Document Version Control Plan**	**25 days**	**Wed 4/13/16**	**Tue 5/17/16**
1682	**1.4**	**Production Implementation**	**194 days**	**Mon 2/8/16**	**Tue 11/8/16**
1683	**1.4.1**	**Execute Implementation Checklist**	**188 days**	**Mon 2/8/16**	**Mon 10/31/16**
1686	1.4.2	GO LIVE	0 days	Mon 10/3/16	Mon 10/3/16
1687	**1.4.3**	**Deliverables**	**148 days**	**Tue 4/12/16**	**Tue 11/8/16**
1688	**1.4.3.1**	**Transition to Operations Plan [6 months prior to implementation date]**	**37 days**	**Tue 4/12/16**	**Thu 6/2/16**
1699	**1.4.3.2**	**Updated Applications Implementation Plan**	**32 days**	**Thu 6/23/16**	**Mon 8/8/16**
1708	**1.4.3.3**	**Updated Contingency Plan**	**32 days**	**Thu 6/23/16**	**Mon 8/8/16**
1717	**1.4.3.4**	**Production Implementation Plan**	**37 days**	**Thu 7/7/16**	**Fri 8/26/16**

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ID	WBS	Task Name	Duration	Start	Finish
1728	1.4.3.5	Establish Production Environment	0 days	Mon 5/2/16	Mon 5/2/16
1729	**1.4.3.6**	**Back-out Strategy**	**37 days**	**Thu 8/4/16**	**Mon 9/26/16**
1740	**1.4.3.7**	**All System Documentation**	**37 days**	**Thu 9/1/16**	**Mon 10/24/16**
1751	**1.4.3.8**	**Report Distribution Schedule**	**37 days**	**Thu 9/1/16**	**Mon 10/24/16**
1762	**1.4.3.9**	**Establish Hardware, Software, and Facility Security Procedures**	**37 days**	**Thu 9/1/16**	**Mon 10/24/16**
1773	**1.4.3.10**	**Production Schedule**	**37 days**	**Thu 8/4/16**	**Mon 9/26/16**
1784	**1.4.3.11**	**Backup and Recovery Procedures**	**37 days**	**Thu 9/1/16**	**Mon 10/24/16**
1795	**1.4.3.12**	**Updated Business Continuity Plan**	**32 days**	**Fri 8/19/16**	**Tue 10/4/16**
1804	**1.4.3.13**	**Final Implementation Report**	**32 days**	**Mon 9/26/16**	**Tue 11/8/16**
1815	**1.4.3.14**	**File Transfer Plan**	**37 days**	**Thu 9/1/16**	**Mon 10/24/16**
1826	**1.4.3.15**	**Implementation Certification Letter**	**23 days**	**Fri 9/16/16**	**Tue 10/18/16**
1835	**1.4.3.16**	**Final Implementation Checklist**	**37 days**	**Thu 9/1/16**	**Mon 10/24/16**
1846	**1.5**	**Operations Phase**	**2639 days**	**Tue 4/1/14**	**Sun 6/30/24**
1847	1.5.1	Begin Post-Implementation Operations	0 days	Mon 10/3/16	Mon 10/3/16
1848	1.5.2	Post-Implementation Support	4 emons	Mon 10/3/16	Tue 1/31/17
1849	**1.5.3**	**Post-Implementation Deliverables**	**145 days**	**Thu 7/7/16**	**Fri 2/3/17**
1905	**1.5.4**	**Infrastructure Support**	**2023 days**	**Tue 4/1/14**	**Fri 2/18/22**
1914	**1.5.5**	**Operational Responsibilities**	**2006 days**	**Mon 10/3/16**	**Sun 6/30/24**
1915	1.5.5.1	Staffing	2006 days	Mon 10/3/16	Sun 6/30/24
1916	1.5.5.2	Internal Quality Assurance	2006 days	Mon 10/3/16	Sun 6/30/24
1917	1.5.5.3	Change Management	2006 days	Mon 10/3/16	Sun 6/30/24
1918	1.5.5.4	Mail and Courier Service	2006 days	Mon 10/3/16	Sun 6/30/24
1919	1.5.5.5	Member Management	2006 days	Mon 10/3/16	Sun 6/30/24
1920	1.5.5.6	Provider Management	2006 days	Mon 10/3/16	Sun 6/30/24
1921	1.5.5.7	Medically Needy Program	2006 days	Mon 10/3/16	Sun 6/30/24
1922	1.5.5.8	Claims Entry and Receipt	2006 days	Mon 10/3/16	Sun 6/30/24
1923	1.5.5.9	Claims Adjudication	2006 days	Mon 10/3/16	Sun 6/30/24
1924	1.5.5.10	Encounter Management	2006 days	Mon 10/3/16	Sun 6/30/24
1925	1.5.5.11	Reference Management	2006 days	Mon 10/3/16	Sun 6/30/24
1926	1.5.5.12	Prior Authorization	2006 days	Mon 10/3/16	Sun 6/30/24
1927	1.5.5.13	Third-Party Liability	2006 days	Mon 10/3/16	Sun 6/30/24
1928	1.5.5.14	Program Management and Federal Reporting	2006 days	Mon 10/3/16	Sun 6/30/24
1929	1.5.5.15	Financial Reporting and Management	2006 days	Mon 10/3/16	Sun 6/30/24
1930	1.5.5.16	Program Integrity	2006 days	Mon 10/3/16	Sun 6/30/24
1931	1.5.5.17	Managed Care	2006 days	Mon 10/3/16	Sun 6/30/24
1932	1.5.5.18	Eligibility Verification System (ELVS)	2006 days	Mon 10/3/16	Sun 6/30/24
1933	1.5.5.19	Web Services	2006 days	Mon 10/3/16	Sun 6/30/24
1934	1.5.5.20	Workflow Management	2006 days	Mon 10/3/16	Sun 6/30/24
1935	1.5.5.21	Business Rules Management	2006 days	Mon 10/3/16	Sun 6/30/24
1936	1.5.5.22	Technical Operations	2006 days	Mon 10/3/16	Sun 6/30/24
1937	**1.5.5.23**	**Enhancements**	**2001 days**	**Mon 10/3/16**	**Sun 6/23/24**
1946	**1.6**	**Certification Phase**	**738 days**	**Wed 5/21/14**	**Tue 4/25/17**
1947	**1.6.1**	**Planning and Start-up Certification Stage Review**	**8 days**	**Wed 5/21/14**	**Fri 5/30/14**
1955	**1.6.2**	**Requirements Analysis Certification Stage Review**	**3 days**	**Wed 10/1/14**	**Fri 10/3/14**
1959	**1.6.3**	**Design and Configuration Certification Stage Review**	**3 days**	**Fri 7/31/15**	**Tue 8/4/15**
1963	**1.6.4**	**Testing and Deployment Certification Stage Review**	**3 days**	**Tue 10/25/16**	**Thu 10/27/16**
1967	1.6.5	Performance Verification Period	6 emons	Mon 10/3/16	Sat 4/1/17
1968	**1.6.6**	**Final Certification Review**	**21 days**	**Fri 3/3/17**	**Fri 3/31/17**
1976	1.6.7	Certification Complete	0 days	Fri 3/31/17	Fri 3/31/17
1977	**1.6.8**	**Deliverables**	**196 days**	**Fri 7/15/16**	**Tue 4/25/17**
1978	**1.6.8.1**	**Certification Readiness Plan (60 days prior to Operations)**	**37 days**	**Fri 7/15/16**	**Tue 9/6/16**
1989	**1.6.8.2**	**CMS Certification Checklist**	**37 days**	**Thu 8/4/16**	**Mon 9/26/16**
2000	**1.6.8.3**	**Certification Readiness Documentation**	**37 days**	**Mon 3/6/17**	**Tue 4/25/17**
2011	**1.7**	**Turnover Phase**	**380 days**	**Mon 1/16/23**	**Sun 6/30/24**
2012	1.7.1	Turnover Phase to Begin	0 days	Mon 7/3/23	Mon 7/3/23
2013	**1.7.2**	**Deliverables**	**157 days**	**Mon 1/16/23**	**Tue 8/22/23**

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ID	WBS	Task Name	Duration	Start	Finish
2014	**1.7.2.1**	**Turnover Schedule**	**37 days**	**Mon 7/3/23**	**Tue 8/22/23**
2025	**1.7.2.2**	**Turnover Plan**	**37 days**	**Mon 1/16/23**	**Tue 3/7/23**
2036	**1.7.2.3**	**Turnover Letter Regarding Source Code in Escrow**	**23 days**	**Mon 7/3/23**	**Wed 8/2/23**
2045	**1.7.2.4**	**Turnover Org Chart and Staffing Estimate**	**37 days**	**Mon 7/3/23**	**Tue 8/22/23**
2056	**1.7.2.5**	**Turnover Facility and Resource Statement**	**37 days**	**Mon 7/3/23**	**Tue 8/22/23**
2067	**1.7.2.6**	**Agency Data, Files, User, and Operations Documentation**	**37 days**	**Mon 7/3/23**	**Tue 8/22/23**
2078	1.7.3	Turnover Phase Complete	0 days	Sun 6/30/24	Sun 6/30/24
2079	**1.8**	**REFERENCE: Payment Milestones**	**594 days**	**Tue 6/3/14**	**Tue 10/11/16**
2080	1.8.1	Project Initiation	0 days	Tue 6/3/14	Tue 6/3/14
2081	1.8.2	Product Installation and Testing for Conference Room Pilots	0 days	Thu 7/31/14	Thu 7/31/14
2082	1.8.3	Business Rules and Requirements Update	0 days	Tue 9/2/14	Tue 9/2/14
2083	1.8.4	Data Conversion Plan	0 days	Mon 11/3/14	Mon 11/3/14
2084	1.8.5	Priority 1 - Design	0 days	Wed 11/19/14	Wed 11/19/14
2085	1.8.6	Test Management Plan	0 days	Thu 12/11/14	Thu 12/11/14
2086	1.8.7	Priority 2 - Design	0 days	Wed 12/24/14	Wed 12/24/14
2087	1.8.8	Unit Test Plan	0 days	Fri 12/12/14	Fri 12/12/14
2088	1.8.9	Priority 3 - Design	0 days	Fri 1/23/15	Fri 1/23/15
2089	1.8.10	System Test Data Preparation/Conversion	0 days	Tue 5/5/15	Tue 5/5/15
2090	1.8.11	Development and Unit Test	0 days	Wed 7/1/15	Wed 7/1/15
2091	1.8.12	Knowledge Transfer Plan	0 days	Fri 8/7/15	Fri 8/7/15
2092	1.8.13	Integration Test Data Preparation/Conversion	0 days	Wed 11/4/15	Wed 11/4/15
2093	1.8.14	Trial Data Conversion	0 days	Fri 4/1/16	Fri 4/1/16
2094	1.8.15	System Integration Testing	0 days	Fri 4/1/16	Fri 4/1/16
2095	1.8.16	Acceptance Testing	0 days	Fri 7/1/16	Fri 7/1/16
2096	1.8.17	Final Data Conversion	0 days	Mon 8/1/16	Mon 8/1/16
2097	1.8.18	Operational Readiness Testing	0 days	Thu 9/1/16	Thu 9/1/16
2098	1.8.19	Knowledge Transfer Completion	0 days	Mon 9/26/16	Mon 9/26/16
2099	1.8.20	MMIS Implementation	0 days	Tue 10/11/16	Tue 10/11/16

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In our technical approach, further described in Section 4B.3.1, System Requirements, we plan a comprehensive MMIS solution. Figure 4B.2-2 provides an architectural overview of our solution hosted in the Agency's facilities.

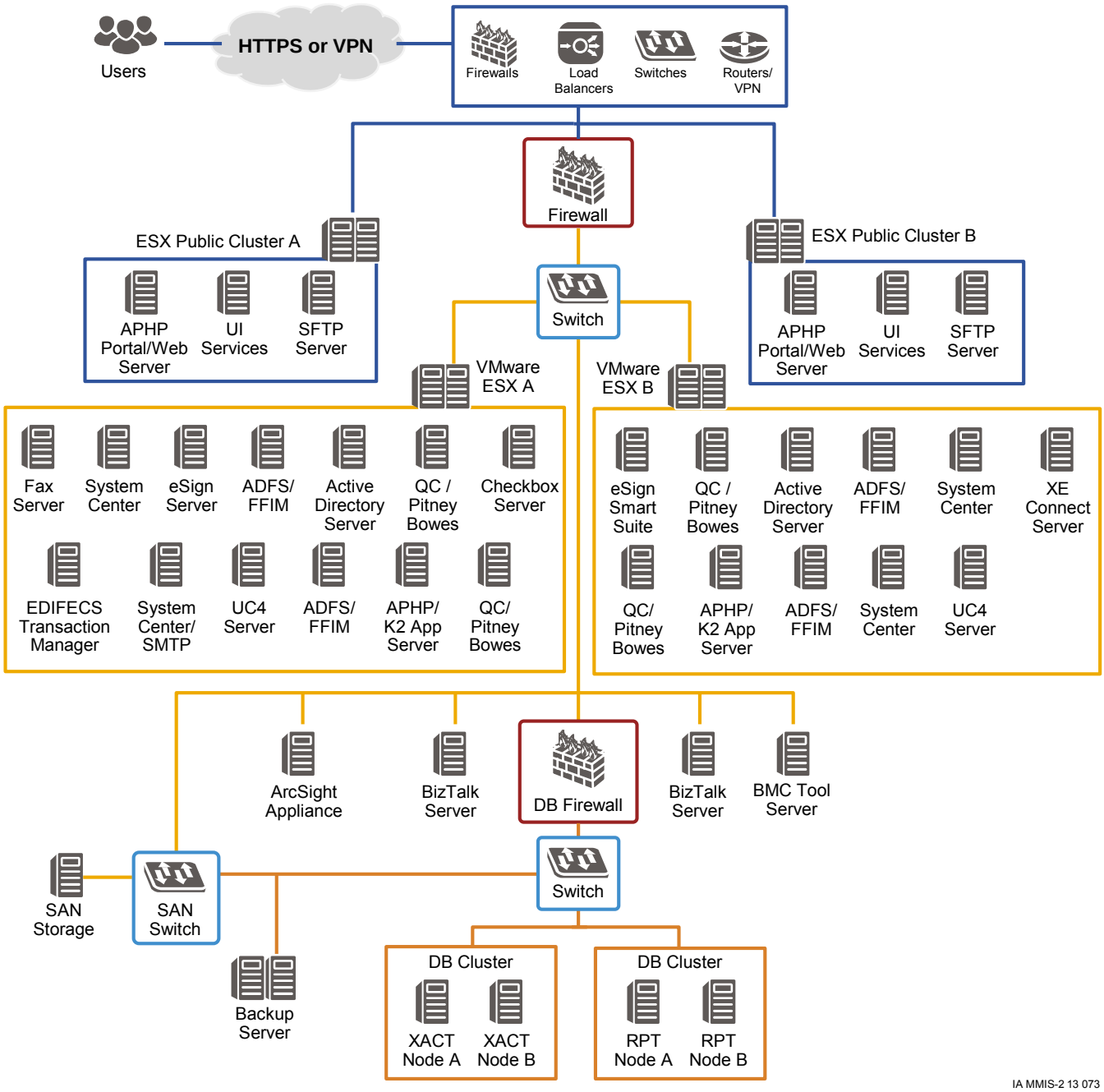

Figure 4B2-2. An architectural overview of the components hosted within the Agency's facility.

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4B.3 TECHNICAL SPECIFICATIONS NARRATIVE RESPONSE

The Agency needs a flexible, configurable, and adaptable solution for its MIDAS MMIS. APHP, designed to integrate with networked systems like the IME's IHIN and ELIAS, collaborate with real time information, enhance the user experience, and evolve and adapt with today's dynamic health care environment.

Superior Flexibility, Adaptability, and IME-ready Interoperability

- Real time access to verified data – facilitates expedient delivery of needed services to members
- Fewer manual touches
- Consistent application of work logic for business processes increases repeatability and reuse
- Ability to configure process steps using Business Analysts

IA MMIS-2 4B3-01

Want to see more?
APHP Product
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

With the onset of the CMS Seven Conditions and Standards (7C&S) and MITA, Medicaid programs must continue to support dynamic requirements like the Affordable Care Act (ACA), evolving medical policies and delivery methods, and numerous and changing user communities with increasing implications. The Agency has made great investment in the IME to prepare for this change, embracing a forward-thinking model to deliver cost-effective health care.

The Agency requires an advanced system architecture and framework interoperable with existing state enterprise-wide applications and vendor services. To support the Agency's commitment and investment in the IME, we offer the industry's only MITA solution available today built from the ground-up with true standards-based service oriented architecture (SOA), the Accenture Public Health Platform. APHP, key strengths highlighted in Table 4B.3-1, provides the Agency with the lowest risk solution for integrating the MIDAS MMIS with the IME.

Table 4B.3-1. Designed specifically to excel within an enterprise model, APHP offers strategic advantages to the Agency as it achieves the goals of the IME.

APHP Features	Benefits to the IME
Interoperability enhancing collaboration	▪ Configurable portal interfaces enhance the user experience ▪ Standard web services improve data exchange and process automation ▪ Flexible business rules enable dynamic collaboration and information sharing
Configurability delivered by inherent modularity SOA platform	▪ Rapid adaptation to changing policy helps address evolving needs to reducing costs ▪ Configurable changes eliminates need for expensive and timely coding ▪ Configure, test, and model changes at the service level supports safe, rapid policy implementation
Adaptability translates processes into configurable services	▪ SOA services conforms to the business, supporting advanced MITA maturity levels ▪ Improved process automation creates efficiency for operational services ▪ Service reuse, adaptability, and standardization offer long-term sustainability for reduced total cost of ownership and extended system value
Transparency through web-accessible real-time reports, dashboards, and queries	▪ Improved accessibility to real time information facilitates cost-effective administration ▪ Graphic displays and simplified interface improves user experience ▪ Access to the right information allows users to focus on improving business results
Speed to Value from out-of-the-box capability	▪ COTS deployment through ACD model reduces risk and speeds implementation ▪ Out-of-the-box capability improves conference room pilots and functionality deployment ▪ Early user involvement improves configuration effectiveness and deployment results

Supporting the IME's multi-system, multi-vendor environment, APHP promotes interoperability through open standards interfaces to connect, integrate, and interact with systems like the Eligibility Integrated Application Solution (ELIAS), the Iowa Health Information Network (IHIN), and future programs and systems. APHP, like ELIAS and IHIN, utilizes common interface standards like Health Information Technology (HIT), Health Level Seven (HL7), ASC X12, Extensible Markup Language (XML), Simple Object Access Protocol (SOAP), secure

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file transfer protocol (SFTP), and others for data and message exchanges, enhancing and simplifying interoperability. APHP supports interfaces to comply with the Affordable Care Act Section 1104 Administrative Simplification and Section 1561 HIT Enrollment Standards and Protocols. APHP is interoperable with and/or extendable to new programs that go outside the boundaries of traditional Medicaid programs, providing coordinated, integrated information sharing and simplified user access within an enterprise environment. APHP also complies with the applicable Code of Federal Regulations 42 CFR and 45 CFR as defined in the state plan.

Medicaid has been evolving away from the single program fee-for-service model towards a multi-benefit plan and population centric model for many years, becoming more and more like commercial health plans. The impact of the ACA is accelerating this change, and increasing the demands placed on Medicaid agencies and their supporting systems. Iowa has been leading the way to the future with new and innovative approaches to break down the operational barriers and advance and extend its capabilities and its commitment to Iowans. Clearly, the traditional monolithic system design is not consistent with the vision of the IME. The Agency needs a technology innovator, like Accenture, offering a solution with an entirely new level of flexibility. We too recognized the need for a new approach and designed APHP, illustrated in Figure FB.3-1, as a SOA framework to align with MITA and comply with CMS. APHP not only directly meets MIDAS requirements, but also aligns so succinctly to the IME vision that it appears to be designed specifically for Iowa; and in a way it was. We started with MITA and the Medicaid Enterprise Certification Toolkit (MECT) requirements, combined with analysis of all 50 state programs (and the territories). But we also included the specific insights gained from our prior analysis and collaboration with the Agency during the first Iowa MMIS replacement program in our design. This is why APHP is such a perfect fit for MIDAS and the IME.

APHP is an industry-leading health benefits administration solution that overcomes the fee for service obstacles associated with legacy systems that hinder a Managed Care environment. Most systems administer rules at the code level, causing system users to replicate rules changes across each individual instance of that

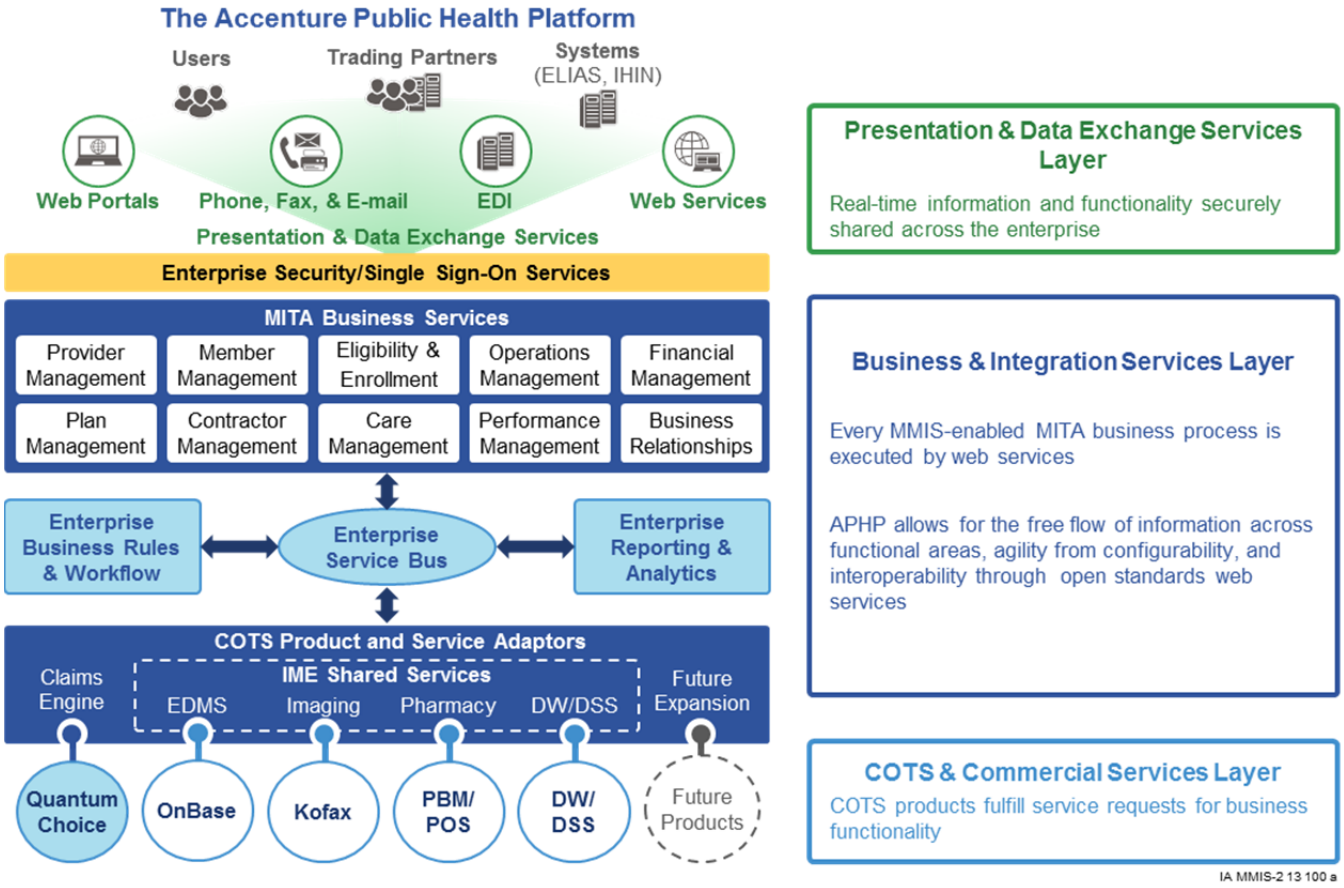

Figure 4B.3-1. We provide a comprehensive and strategic solution directly aligning with the IME and MIDAS goals, lowering the total cost of ownership, and integrating with IME's systems and vendors.

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rule in each code change. APHP, as an out-of-the box configuration, applies rules at the benefit plan level to simplify the process of incorporating policy changes. Users can create new benefits plans from copies of current plans, much like the common 'copy and paste' mechanism. Authorized users can identify and select a similar plan to copy, create a new plan, and configure the rules specific to that plan.

CMS provides a prescription for the future of modern MMIS solutions through MITA and the Seven Conditions and Standards (7C&S). MITA describes a common framework upon which to build shared services by decoupling legacy systems and processes and liberating isolated data. A modern and agile approach to achieving MITA maturity and the CMS 7C&S starts with a true SOA platform, as illustrated in Figure 4B.3-2.

APHP complies completely with the CMS 7C&S through a SOA framework designed specifically to meet MITA and evolve with Medicaid. Through APHP, the Agency has an adaptable solution to meet each condition and standard. In achieving the 7C&S, APHP provides benefits beyond enhanced funding participation. It also facilitates collaboration through real time information sharing; better decision-making through program transparency; and adaptability through configurability providing program cost savings, reduced risk, and an enhanced user experience.

Not just any solution will deliver the Agency's vision. The right solution needs to embrace the agencies component delivery model with a framework approach; using a commercially available claims engine as a simple replacement for a monolithic legacy MMIS cannot offer the necessary flexibility and freedom to continue to adapt to changing needs. And as we have found through the development and testing of APHP – and as other states have experienced in earlier attempts at implementing a COTS claims engine as an MMIS – not just any COTS claims engine will do.

There are four key factors that must exist for a commercial claims engine to meet the demands of Medicaid: 1) The rules engine must be capable of adjudicating the far more complex Medicaid policy – at scale; 2) The system must be capable of supporting multiple benefit plans with different funding sources; 3) The system must be able to support MITA business processes; and 4) The system must meet MECT requirements. Our choice of a commercial claims engine was far more than a theoretical exercise; it is the result of more than three years of analysis and testing to validate its viability to operate at scale in a Medicaid environment. Our solution is more than just a COTS claims engine replacement. APHP is a SOA framework integrating COTS components that include a commercial claims engine to deliver an MMIS tailor-made for Iowa Medicaid.

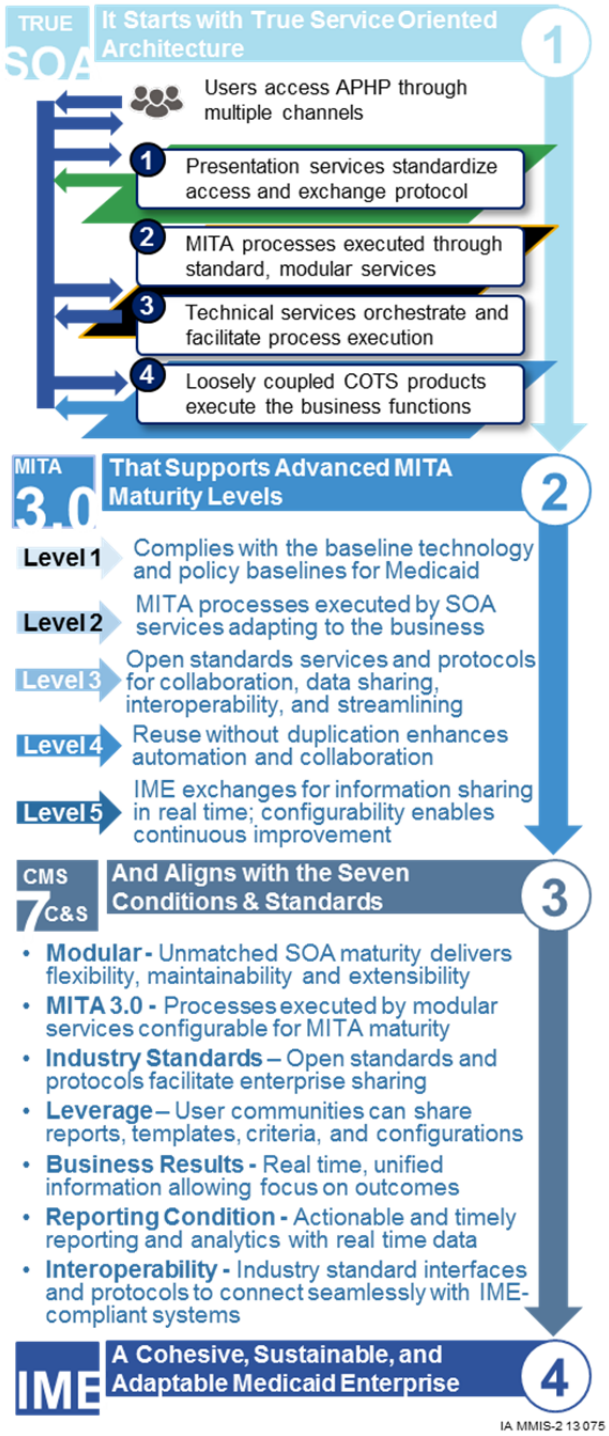

Figure 4B.3-2. APHP aligns with the 7C&S through a SOA framework designed from the ground up to meet evolving MITA requirements.

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Implementing complex systems like an MMIS is inherently risky. Selecting an IME-aligned solution is the first step to realizing a successful MIDAS project. The agencies requirement to implement following an Analyze, Configure, and Deploy model implies the use of a packaged solution; another strong mitigator of risk. APHP is a complete packaged solution, and ready to meet all of your requirements through configuration as described throughout this document. On its third release, APHP also comes with pre-packaged end-user training on base MITA business processes, configuration guides and job aids, automated workflows, and a library of configurations that cover all of the mandatory and optional benefit plans under Medicaid. APHP offers out-of-the-box capabilities allowing the Agency to take advantage of phased conference room pilots, early end-user collaboration, staggered functionality deployment, parallel certification effort, and reduced implementation time.

APHP provides the Agency with a comprehensive, strategic solution to realizing the MIDAS MMIS. APHP provides out-of-the-box capability and configurability to meet the current goals and requirements of the MIDAS program. APHP adapts with the IME, providing a simple approach for future expansion. A true SOA platform designed specifically to meet MITA and align with the 7C&S, APHP is the most solidified solution available today to successfully accommodate growth within a Medicaid enterprise.

4B.3.1 System Requirements

4.3.4.3 Approach to Contract Phases
The bidder may provide video, screenshots, and/or process documentation to support any statements regarding features and functionality supporting the technical specifications provided in Attachment K – Technical Specifications Matrix. Do not provide conference videos or marketing videos unless they show clear demonstration of the proposed solution. See section 4.3.
2.10 System Requirements
System requirements are identified in the Technical Specifications Matrix – Attachment K. Specifications are included in the following technical areas.

a. System Functional Requirements for MMIS business areas	*g. Software Licenses and Maintenance*
b. Rules Engine	*h. Data Quality Control*
c. General Architecture	*i. Technical Environment*
d. HIPAA and MITA Technical Requirements	*j. Web Portal Infrastructure*
e. Service Oriented Architecture	*k. Workflow and Electronic Document Management*
f. Security and Privacy	*l. Letter Generation*
	m. Other General Technical Specifications

The Contractor shall meet all technical specifications indicated in the Technical Specifications Matrix – Attachment K.

In this section, we summarize how APHP meets the requirements of section 2.10, outlined below:

- 4B.3.1.a. System Functional Requirements for MMIS Business Areas
- 4B.3.1.b. Rules Engine
- 4B.3.1.c. General Architecture
- 4B.3.1.d. HIPAA and MITA Technical Requirements
- 4B.3.1.e. Service Oriented Architecture
- 4B.3.1.f. Security and Privacy
- 4B.3.1.g. Software Licenses and Maintenance
- 4B.3.1.h. Data Quality Control
- 4B.3.1.i. Technical Environment
- 4B.3.1.j. Web Portal Infrastructure
- 4B.3.1.k. Workflow and Electronic Document Management
- 4B.3.1.l. Letter Generation
- 4B.3.1.m. Other General Technical Specifications

Each section includes individualized responses to Attachment K requirements. To supplement these responses to Attachment K – Technical Specifications provided in Tab 4G: Worksheets for Submission, we have included training materials and product configuration guides as part of our standard APHP offering. These materials provide clear demonstration of APHP product maturity, capability, and further illustration of the screen shot samples throughout this response. Within the **Technical Specifications Supporting Information** folder of the confidential **electronic submittal**, we have provided **sample product functionality screenshots, a sample interactive HTML training; sample base product participant guides; and sample user and configuration guides** each part of a large, extensive library of base product materials, training, user and configuration guides, templates, configurations, etc. As mentioned, this supporting information contains a sample interactive training module within the **Sample APHP Provide Function Training** folder – double click the "**LAUNCH TRAINING**" file to open the application.

Throughout each sub-section of 4B.3, we address each requirement and identify the requirement number for traceability to Attachment K, which we include in Tab 4G: Worksheets for Submission. We also identify the COTS products that we will use to meet the requirement and identify the implementation process we use to

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install and configure these products. We implement each COTS product integrated in APHP through the same analyze, configure, and deploy methodology we use to implement APHP itself. We describe this implementation approach in proposal sections 4B.1.b Analysis, Configuration and Deployment Phase and 4B.1.c Production Implementation. To help define this process as it relates to each requirement, we have further classified each requirement as using one of the following implementation methods:

- **Product Configuration** –This includes configuration of screens within the APHP Portals; benefit contracts and plans, financial accounts, member and provider registries, carriers information and other business rules and reference data within Quantum Choice; workflows within K2 blackpearl; reports using MS SSRS; APHP product training within Articulate Storyline; or screens or business rules within other third party products, such as Checkbox, McKesson Claims Xten and SharePoint. We confirm configurations for each product through conference room pilot sessions, where we demonstrate product functionality and document configurations in a configuration design.
- **Interface/ Integration** – APHP provides a flexible framework for integrating with other systems to receive and send data. Our EDI solution, based on Edifecs, enables exchange of standard transactions with the state's trading partners. Our Enterprise Service Bus, MS BizTalk manages our internal and external services. MS SSIS provides a platform for file-based exchange for non-standard transactions. In addition, APHP integrates our claims engine and portals with other products to facilitate end-to-end MMIS business processes. An example of this includes integration with Standard Register's Dyncomm product to create print ready images from an APHP data file or integration with the state's ISIS system to receive approved services for Iowa waiver programs. For each of these integrations, our Business Analysts work with the State during the Analyze phase to create interface specifications that define the data to be exchanged. Our developers use this information during the Configuration phase to develop or modify existing jobs within the MS SSIS package or services within our ESB. Prior to deployment, we test these integrations through end-to-end data exchange with the state system or trading partner.
- **Environment Setup** – This includes setup of the MIDAS project environments and configuration of hardware and tools, such as security and application monitoring tools. An example would be stand-up of the Microsoft SharePoint servers or installation and configuration of ArcSight. Our technical architecture team works with the state during ACD to install and configure MIDAS project environments to support ACD activities.

Description of Specific COTS Products

APHP: APHP, described through this proposal, integrates industry-leading COTS products for a comprehensive approach to meeting MIDAS requirements identified in Attachment K. These products include:

Presentation and Data Exchange:

APHP Portal: The APHP Portal provides accessibility to the MMIS, via the internet, to providers, members, State personnel and other authorized users, on a 24x7x365 basis (with the exception of State-approved maintenance/change outages). The portal is designed for easy use from the start, incorporating feedback from user groups. The portal pages provide additional user-configurability to satisfy individual preferences. APHP provides the Agency a portal solution that incorporates user-friendly navigation features and robust online support/help functions; and which requires minimal formal training for users to manipulate and/or perform one's job with ease.

Edifecs: Edifecs XEngine is an enterprise-strength, high-throughput message processing engine that provides deep and accurate validation of transactions at the edge-of-the-enterprise. APHP uses Edifecs XEngine to validate HIPAA transactions. It provides compliance checking against HIPAA implementation guideline rules, as well as partner-specific requirements. For incoming data, XEngine checks HIPAA compliance prior to processing, so that only HIPAA compliant data is passed to the system. For outgoing data, XEngine performs checks after the translation software so any errors can be caught before sending the data to trading partners, providing us the opportunity to fix errors prior to data leaving the MMIS.

SmartSAFE: eSignSystems' award-winning SmartSAFE ™ enables organizations to create, sign, store, access and manage the life cycle of legally binding electronic records (i.e. contracts, documents, and forms). Once created, these legally binding documents are verified for authenticity and are securely deposited in the document repository. All signed documents are verified throughout the process to ensure that the signing credential (i.e. digital certificate or username/password) is verified and that the documents remain free from tampering. Additionally, the SmartSAFE continuously updates the status of the document's execution.

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Checkbox: Checkbox Survey is a web-based, easily configurable survey tool with a robust survey editor that allows one to set survey security, add questions, conditions, and action items, drag and drop survey items into place, and preview surveys in real time. Checkbox supports multiple question formats like direct input, check boxes, radio buttons, multi-question tables, image sliders, CAPTCHA, and automatic email alerts. Question sets can be saved in libraries for future reuse. Checkbox also supports branching and conditions so that individuals responding to surveys see only questions most relevant to them.

Security Services:

Forefront: APHP's secondary layer of identity and access management is provided by Microsoft's Forefront Identity Manager (FIM) and System Center 2012 Endpoint Protection (SCEP). Common identity is an important tool in ensuring users have appropriate access to MMIS information. ForeFront provides an efficient method of establishing and maintaining a common identity across complex heterogeneous systems and helps reduce help-desk costs for password resets and smart card deployment, improves user productivity in accessing information, and reduces risk to health care management services due to noncompliance with internal and external regulations. FIM helps us resolve these issues by providing self-service identity management for APHP users, automated life cycle identity management across heterogeneous platforms for system administrators, and a rich policy framework for enforcing MMIS security policies and detailed audit capabilities through role-based control.

ADFS: APHP security uses the Microsoft Active Directory Federation Services (ADFS) product for authentication services and any needed federation activities. ADFS provides a central location for information security authentication policies, and role-based access control to be evaluated for appropriate user access. Active Directory will be the central user data store which will be used to evaluate the defined access policies.

ArcSight: Arcsight ESM is the premiere security event manager that analyzes and correlates every event in order to help the APHP SOC team with security event monitoring, from compliance and risk management to security intelligence and operations. ArcSight sifts through millions of log records, and correlates them to find the critical events that matter in real time via dashboards, notifications, and reports, so the Agency can accurately prioritize security risks and compliance violations.

EMC2: EMC^2's RSA Data Loss Prevention (RSA DLP) software is a comprehensive, content-aware solution that discovers when confidential data is transferred across the networks. This product helps users understand how confidential data is being used whether the user is on or off the State network, and gain enterprise visibility. Users can define universal policies across the enterprise, remediate and report on incidents, and detect content accurately within one unified platform.

Symantec: Secure Site SSL Certificates (formerly VeriSign) protects the transfer of sensitive data on websites, intranets, and extranets. It enhances system security by providing a secure sockets-layer (SSL), an industry standard protocol for encrypting information over the Internet. This website security solution features essential SSL and malware scanning. This product provides full business authentication that verifies APHP's business identity and domain ownership. It provides up to 256-bit encryption to secure online transactions and provides website malware scanning to keep data and users safe.

Business and Technical Services:

K2: K2 blackpearl is a workflow execution engine used to automate business processes. It establishes process flows that direct transactions to behave in pre-determined ways. It also assigns and tracks work load to queues throughout the entire process. The design tools provided with K2 blackpearl are intended for a broad range of users and technical-skill sets. Because the process definition is not tied to the designer, users can collaborate regardless of their technical skill or preference.

BizTalk: Microsoft BizTalk provides a server solution for connectivity and integration among COTS products. BizTalk is a mature product on its seventh release. BizTalk includes tools to connect both proprietary and standards-based systems and integrates with the .NET Framework. It is a central part of Accenture's SOA strategy. The BizTalk Server Engine has a messaging component that provides the ability to communicate with a range of other software. By relying on adaptors for different kinds of communication, the engine can support a variety of protocols and data formats, including Web services and many others.

SSRS, SSAS, & SSIS: Microsoft SQL Server DataCenter offers SQL Server Reporting and Analysis Services (SSRS/SSAS) and SQL Server Integration Services (SSIS). SSAS provide a full range of ready-to-use tools and services to help create, deploy, and manage standard reports. SSIS is a platform for building enterprise-level data integration and data transformations solutions. Through these products ad hoc interactive, tabular, graphical, or free-form reports can be created from relational, multidimensional, or XML-based data sources.

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Reports can include rich data visualization, including charts, maps, and sparklines. The Agency can publish reports, schedule report processing, or access reports on-demand. Selections can be made from a variety of viewing formats, and reports exported to other applications such as Microsoft Excel.

Camouflage: The Camouflage Data Masking Module™ removes sensitive information by applying sophisticated data transformation techniques to non-production environments. The end result is realistic data that enables your application developers, testers and outsourcing vendors to meet their objectives without ever exposing the personally identifiable information contained in the original production database. The Subsetting Module™ is designed to create smaller, more targeted databases while retaining your original database's referential integrity, for use in testing, application development and training environments. In the creation of database subsets our superior subsetting engine connects to multiple databases and database types, allowing your organization to create subsets of data from several business lines.

TFS: We use Microsoft Team Foundation Server (TFS) to support our MIDAS project management processes, requirements management, testing, and software defect tracking. TFS supports multiple types of work items, including requirements logging and tracing, risk and issue management, action item tracking, test case/script development and execution, and defect logging and tracking.

Commercial and Enterprise Services and COTS Tools:

QC: Our claims processing and rules engine Quantum Choice (QC) combines user-configurable rules-based processing engines, a .NET platform and a distributed architecture to deliver a powerful MMIS claims processing and financial management solution. The claims processing engine accepts, processes, and adjudicates all standard claim types used by the IME. Because of QC's robust interoperability, it supports multiple benefit plans, agencies and comprehensive claims processing within a single application. QC stands up to the demanding environment in which Medicaid operates. A highly configurable application, it provides table-based rules for efficient claims adjudication and payment, member premium billing, provider and member service, prior authorization processing and care management functions. QC provides responsiveness to change at all levels. For example, when State or Federal legislation cause downstream change to the MMIS, cascading changes to the claims processing engine are straightforward and can be implemented timely.

ClaimsXten: ClaimsXten™ is the advanced claims auditing module of the McKesson Total Payment™ platform and is the next generation solution from McKesson that leverages the intellectual capital that was developed over decades with the Claim Check solution. ClaimsXten™ provides a framework that uses a service-oriented architecture to facilitate integration and uses a single claims system interface for the functional modules that can be "snapped on" independently or together to meet claims processing requirements. With ClaimsXten™, edits can be applied to claims at any point in the workflow. This means we can automate and manage unique requirements for varied claims/medical payment policies.

Pitney Bowes: We use Pitney-Bowes geocoding products to facilitate the standardization of street addresses, address validation, zip code validation, derivation of geo codes from addresses, derivation of legislative districts from addresses and tax ID number validation for providers.

APC: 3M's APC+DRG Grouper Plus facilitates the handling of the complex outpatient prospective payment system (OPPS) regulations by grouping diagnosis and procedure codes, applying prescribed edits, calculating reimbursement, and interfacing with the APHP billing functionality. The software provides DMS with the tools required to understand—and manage—the impact of APCs. APC is consistent with Medicare's Ambulatory Payment Classifications (APCs) and features the edits necessary to generate correct payment amounts.

UC4: UC4's ONE Automation is the industry's most intelligent and process-centric IT Process Automation (ITPA) platform for organizations adopting automation across data centers and the web. ONE Automation delivers service level assurance while unifying workload automation, release automation, run book automation, data transfer automation, virtualization automation and application automation. It uses a single automation engine, a single repository, and a single operational 'pane of glass' to monitor and manage all end-to-end workflows across the datacenter. Its unified automation capabilities enhance service level assurance, reduce outages, eliminate mistakes, and increase aggregate data center performance to increase productivity.

SharePoint: The Microsoft SharePoint document repository provides storage for end user documentation and system information in electronic formats, such as Microsoft Word, PDF, and HTML. Microsoft SharePoint stores Core MMIS project content, such as end user manuals and training materials. This repository also stores project templates and tracks document properties. It maintains files, file formats, file structures and historical program documentation. SharePoint provides robust online keyword search capability.

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OnBase: APHP will integrate with the IME's existing electronic document management system (EDMS) and call center. Our approach leverages the capabilities of OnBase for a cohesive approach to meeting requirements.

Kofax: To improve the efficiency and accuracy of the current Intake processes, we plan an intake redesign as part of the takeover. We will implement an automated solution called Kofax for capture, OCR, editing, and translation to processable 837s. This solution will provide increased accuracy on the claims side due to auto-adjudication and an automated return-to-provider process.

RightFax: We will be using the Agency's existing license to RightFax, integrating its functionality with APHP.

Storyline: Create polished interactive courses with Articulate Storyline, the only e-learning authoring tool that grows with you. Storyline is intuitive and easy to use that you can get started right away—there's no training required. Users can build slides from scratch or start from a template with interactivity common to e-learning courses already built in. Easily customize a template to make it completely customized.

WorkSoft: WorkSoft is an automated testing tool service that supports both functional and regression testing by enabling test scripts to be executed with minimal manual intervention, increasing the effectiveness of the overall testing team.

RoboHelp: Adobe® RoboHelp® is an easy-to-use authoring and multichannel, multiscreen HTML5 publishing solution using output formats such as multiscreen HTML5, WebHelp, CHM, PDF, eBook, and native mobile apps.

SR: Standard Register is a transaction based commercial document service to convert correspondence data into sets of print-ready images.

In addition, our solution includes the follow software products and services:

Vendor	Software Products and services
3M	3M APC + DRG Grouper Plus
3M	3M Grouper Plus EAPG/APC/RDF Covered Lives
Accenture	APHP packaged with QC
Adobe	RoboHelp 10
Articulate	Storyline
Camouflage	Data Masker; Subsetter
Carahsoft	Kofax
Edifecs	XEngine Suite (Transaction Management, Server, SpecBuilder); Edifecs Ramp Management
EMC	RSA Sensors
EnFocus	Pit Stop
eSign Systems	SmartSAFE
First Databank	Medicaid Module - HCPCS Select
IPSwitch	WS_FTP 10 Pack User License; WS_FTP Server with SSH
K2	blackpearl
McKesson	ClaimsXten; KP1 – licensing; KP2 – licensing; Hosting - licensing
Microsoft	BizTalk Server Enterprise; SharePoint for Internet sites Standard; SQL Server DataCenter 2012; Team Foundation Server (TFS); Core Infrastructure Server Suite Datacenter
OptumInsight	Ingenix Code Sets
Pitney-Bowes	Pitney-Bowes Geocoding and Location Intelligence Modules
RSA	Security Tokens
Symantec	Critical System Protection v.5.2 Server Edition; Deepsight Early Warning Services Advanced Pack 8.0; Secure Site SSL Certificate
Telerik	Telerik DevCraft Complete
TIBCO	Foresight
UC4	Deployment Node; ONE Automation Engine; Workload Manager
VMWare	vSphere 5 Enterprise Plus; vSphere Enterprise Plus Acceleration Kit
WebSupergoo	ABC PDF
Worksoft	BA Tools

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4B.3.1.a. System Functional Requirements for MMIS Business Areas

2.10 System Requirements:
a. System Functional Requirements for MMIS business areas

In this section, we summarize how APHP meets the requirements of the 20 subgroupings within the System Functional Requirements for MMIS Business Areas in section 2.10 and Attachment K.

4B.3.1.a.1 Member Management

We understand that the Agency wants a "member-centric" approach to the Iowa MMIS that is highly interoperable with eligibility and other IME systems, supports current member data requirements, and provides flexibility through product configuration to accommodate new and changing IME program needs.

Improving Healthcare Outcomes for Medicaid Program Members

- Real time access to verified data – facilitates expedient delivery of needed services to members
- Complete view of real time member data to improve decision making
- Enhanced self-service capabilities to improve user satisfaction and participation

IA MMIS-2 4B3-01a

Want to see more?
MEMBER MANAGEMENT
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

APHP offers the Agency a MITA-aligned, interoperable Member Management component with the ability to integrate seamlessly with current and future eligibility and healthcare information systems. Like MITA, we view this function as a fully integrated business process that goes beyond a mere system interface. By delivering true interoperation, irrespective of system platform or technology, the APHP solution enables the State to direct your full attention on Medicaid members and their health care outcomes instead of MMIS system mechanics. The Agency receives an MMIS that validates and manages eligibility and enrollment information to verify Members get the appropriate services for improved health outcomes, and the IME's member-centric business processes are optimized.

Receiving Member Data

APHP's Member Management component securely receives and validates demographic and eligibility information for Medicaid members, maintains current and historical data, and then makes this information available to both internal and external areas of operations to support claims processing, reporting, surveillance and utilization reviews, and eligibility verifications.

Our SOA framework provides several methods to easily exchange information with external systems to obtain, validate and manage member information. While we support traditional interface methods, APHP's adherence to standard protocols provides an optimal method of sharing and even interoperating with the systems that together provide the complete picture of Medicaid members.

Most important of these is your Eligibility Integrated Application Solution (ELIAS), the system of record for Medicaid eligibility and member information. While we will continue to keep and manage a local copy of eligibility to support high volume transaction processing, we can also support direct real-time access to this information when timeliness of the information is critical; like at the point of service. All of this integration is done over standard EDI transactions, avoiding the "brittleness" of custom interfaces.

Beyond the use of a standards based interface with ELIAS through our SOA framework, the IME will benefit from many options to share services, technology, and even business processes that span systems. And equally important, members will have the ability to seamlessly access information they need, regardless of the back end system.

Availability to Downstream Processes

Through easy-to-navigate APHP Portals, member data is easily accessible and available for viewing use by MMIS processes, and management use to analyze member programs and health outcomes. APHP is designed to connect stakeholders with information for better coordinated care and quality service delivery.

Because stakeholders are working with the latest, synchronized information, members are more likely to receive prompt access to necessary Medicaid services. Additionally, providing Members with greater self-service options and increased access to their information via the Member Portal empowers Members to play a more involved role in managing their own health outcomes. The APHP Portal provides Members an online connection to care/case management, personal treatment plans, health-related information and more insight into the provider community that will meet their needs.

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Through the APHP portal, providers and Agency users can inquire about member eligibility. Inquiries return Agency-specified information such as:

- Eligibility status
- Dates of coverage
- Benefit plan information
- Participation in a managed care program, if applicable
- Service restrictions such as lock-in data
- Third-party payers, including Medicare specifics such as coinsurance and deductible amounts

Equipped with this real time, up-to-date information, providers can move forward with rendering appropriate services to Medicaid members and subsequently submitting accurate claims for services. Providers can better serve members based on having access to more information about the member – family insights, demographics, other insurance and health plans available, previous utilization, and consumption habits. Other key Medicaid processes that benefit from APHP's real time management and availability of member data include areas such as services authorization, claims processing, payment and reporting, and EPSDT reporting.

Reporting and Analyzing Member Data

Our robust reporting and analytics functionality gives authorized users a 360-degree view of members, providers, and services to facilitate reviews to evaluate the quality of provider services, anticipate member needs, evaluate success of preventive services, and/or improve coordinated care management. APHP's flexible inquiry and reporting process, available to authorized internal and external users and systems via point and click functionality, returns up-to-date member information and supports:

- ad hoc inquiry
- standard online dashboards and reporting
- drill down into supporting details

This provides valuable insight to the IME. An in-depth administrative review of member participation activity, habits and how they consume (or don't consume) services are better tracked, evaluated, and subsequently managed. Additionally, policies can be defined and implemented to improve programs as a result of our ability to capture, analyze and report on members in a more substantive way – rather than a simple count of how many times members called the help desk or asked for a referral.

Attachment K – Technical Specifications: Member Management

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the requirement number(s), the implementation process, and the COTS product. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
BE1.01; BE1.01.02 (a-aj)	Product Configuration	APHP

APHP has the ability to capture and store data from multiple sources, such as ELIAS, the Social Security Administration, the State Data Exchange, and state-specific and other external eligibility interfaces.

APHP stores member data received via interface or updated through the portal. Our solution supports the collection and maintenance of all required member data to facilitate claims payment, eligibility verification, member data analysis and reporting. This includes basic demographic data, current and historical eligibility segments, benefit plan enrollment, service limitations and accumulators, patient responsibility information, Medicare and other insurance coverage information and notes received electronically or entered by the Agency. In addition, the APHP claims engine can be configured to store additional information about the member to allow the system to evolve with the Agency to meet future program needs.

BE1.02; BE1.02.01	Product Configuration	APHP; QC

Member data update processes within APHP produce an accurate, current, and historical source of member demographic and eligibility information for the IME. APHP receives Medicaid eligibility updates from the State's eligibility system, ELIAS, through daily transaction and periodic reconciliation files. ELIAS sends data to the MMIS through the X12N 834 transaction format. APHP accepts this transaction format through base product functionality of our EDI solution. During the Analysis, Configuration and Deployment (ACD) phases, we

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work with the Agency to define the business rules for assigning members to benefit plans based on information contained within the 834 transaction. For example, APHP could use county information to select the appropriate managed care plan for the member. APHP also accepts member, eligibility and enrollment data for federal and state programs from other source systems as defined by the State and according to State program policies, including CMS, HMOs and the State's TPL contractor.

APHP edits incoming data for accuracy and reasonableness per defined business rules. Errors are reported on transaction error reports. APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This includes records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors. APHP has integrated alerts that are configurable to inform appropriate State and contractor staff on the status of interface data processing, including notification of processing completion or errors causing processing interruptions. APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system.

BE1.02.02 (a-g); BE1.02.03	Product Configuration	APHP; QC

APHP will generate notices and correspondence to members based on State-defined business rules. These member communications are triggered through both automated and manual processes. Our automated workflow solution, K2 blackpearl, enables the MIDAS MMIS to create email, electronic or written correspondence to members based on process outcomes, such as prior authorization or claim denial.

Generated correspondence is stored within the State's EDMS with the appropriate metadata to facilitate easy retrieval and reporting. Using Report Builder, APHP will create an electronic weekly listing of members receiving "Notices of Decision (NOD)" for non-payable medical, rehabilitation therapy, occupational therapy, physical therapy, speech therapy and ambulance services. APHP supports creating the NOD listing with the data elements requested by the Agency, including member, provider, claim and denial information. The Agency and authorized users will access this listing online and choose to print or download it through the APHP Portal.

BE1.03	Production Configuration	APHP; QC; SSRS

Member management functions within APHP include the ability to capture, store, and disseminate member information for use in MMIS processes that include claims processing and reporting. This includes member data transactions and transaction update errors. Current and historical member information is easily accessible. Authorized users can view this information through their role-based portal (member, provider, and worker).

APHP transmits member data from the member Registry within the APHP claims engine to the APHP Operational Data Store (ODS) and Dimensional Data Store (DDS) for use in near real-time dashboards and standard and ad hoc reporting. Member data is easily accessible from these reporting databases and is included in available out-of-the-box member data reports, such as the Member Eligibility Report, Potential Duplicate Members and Member Invalid Address reports. APHP maintains member data according to data retention policies, archiving member data based upon state guidelines. Agency and other authorized users can ask for archived data through our Service Management Process.

BE1.04	Production Configuration	APHP; QC; K2

APHP's automated workflow tool enables the IME to trigger alerts, correspondence or work items based on business process events, such as receipt of member information from external sources. When APHP receives and processes member information from external sources, automated workflow enables the IME to generate automatically notification of file receipt and processing.

BE1.05	Product Configuration; Interface/Integration	APHP; QC; K2

APHP supports the receipt of member information from external sources such as the Social Security Administration, State Data Exchange, CMS and other external eligibility interfaces through the receipt of X12N transactions as well as custom file interfaces for State-specified periods of time. APHP provides feedback information to the originating source that includes reconciliation of records added and/or updated in APHP against the incoming source file. Details from the reconciliation process allow for proper totaling and support error correction and synchronization. Member records received in these files are synchronized and reconciled against current member data upon completion. Workflow tasks are invoked to

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generate automated business processes such as report generation for full visibility into record totals and errors. APHP produces a file of changed data to be sent to the originating source.

BE1.06	Product Configuration	APHP; QC

Data suitable for archiving is identified per State-defined parameters. This data is transferred to an archive database using APHP data transfer utilities. Archive information is available to authorized users and may be transferred back to the current databases upon request. Our databases are designed to handle large volumes of data and are optimized for fast querying. Member information files received are archived in their original format based upon guidelines defined by the State. Archived files may be accessed by approved users for control, balance and audit purposes as necessary. Upon receipt of member data from external trading partners, we compare this data to the member information currently on file. Updates are made to the APHP member records based upon State provided parameters and these updates are also captured for archiving.

BE1.07; BE1.07.01; BE1.07.02; BE1.07.03; BE1.07.04 (a-e); BE1.07.05 (a-d)	Product Configuration; Interface/ Integration	APHP; QC; K2

The APHP solution provides the capability to meet the business requirements for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program via use of several components.

First, the solution comes pre-packaged with Federal standard benefit plans for Medicaid processing including the EPSDT program. Through the benefit plan functionality the system will track, by member, the services, related diagnosis, and screening the member receives under the EPSDT benefit plan. This includes allowing the services that are not coverable in the State's Medicaid plan but are required by the Federal Medicaid programs. This is done because the member record is linked to the benefit plan, which then promotes the capability to identify, track and report screenings, referrals, and treatments for EPSDT members.

Second, the APHP benefit plan configuration and accumulator framework (component in the benefit plan) processes support configuration and enforcement of EPSDT periodicity schedules.

Third, the workflow processes provide the ability to set up triggers for routing information. Correspondence processes support configuration of triggers to generate notifications and reminder cards for members requiring follow-up or timeliness visits.

Fourth, the claims adjudication rules will assign the EPSDT benefit plan to claims for members associated with the plan making the claims identifiable as such. Business rules configured for claims processing will allow a suspension of claims for services rendered that are not part of the State's Medicaid plan but could be considered medically necessary.

Lastly, the centralized reporting data store will provide access for reporting of EPSDT specific referrals and services based on claims obtained from the claims processing database. APHP provides the ability to track all services rendered to EPSDT clients as well as produce and maintain audit trail information for notices. Users have the ability to enter case notes for eligible members. This includes identifying EPSDT screening services for inclusion in CMS416.

BE1.08	Product Configuration	APHP

APHP provides the ability to mask confidential information through role-based user interface definitions. Typical member confidentiality scenarios might include:

- Good Cause – do not reveal data to outside entities
- Member health condition confidentiality issues – do not reveal data to outside entities

Member records meeting these criteria may be flagged by authorized users through the Worker Portal, therefore suppressing the generation of specific documents.

BE1.09; BE1.09.01; BE1.09.02; BE1.09.03	Product Configuration	APHP; QC; K2

APHP provides the ability to identify members associated with clinical, utilization or special needs such as disease management, lock-in, outcomes and high-dollar case management. Participation in these programs is date-specific and based on member information received via the interface with the ELIAS eligibility and ISIS systems. APHP collects and maintains member data elements for long-term care, such as LOC, admit and discharge dates, home-leave days, and hospital-leave days. These are recorded on the master member record and used in claims processing to validate accurate payment or denial. HCBS data is collected in ISIS and sent to APHP via interface. Authorization records

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are created so the appropriate provider is reimbursed for approved services and approved rates. When a benefit plan, such as an HCBS waiver is configured in our system, workers can define specific rules for permitting payments against services identified in the plan.

BE1.10	Product Configuration	APHP; QC

Members can request copies of personal records through the APHP Portal or other contact methods such as mail and fax. Requests are tracked through APHP and our scanning solution, Kofax. These tools provide the ability to track audit trail information about the request, including member's time/date, source, type and status of the request.

BE1.11; BE1.11.01; BE1.11.02	Product Configuration	APHP; QC; K2

APHP contains automated transactional processes that perform balancing routines to confirm that records received are processed and have final disposition within the system. This includes records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors.

Summary and error reports are generated after completion of file processing and are accessible to authorized users. For updates, APHP builds the audit trail to reflect the date/time the updates were made, through what originating source and user the updates were received and which updates were applied. APHP also reports errors that occurred during the update process. An audit trail is maintained and reports which users have requested information about a member through the eligibility verification (EV's). Through the role based security we identify all users authorized that have read/write access to the member information.

BE1.12; BE1.12.01	Product Configuration	APHP; QC

The APHP Portal allows secure web access to search, view and update member data by authorized users. Our easy-to-use search functionality includes the ability to search by attributes including, but not limited to, case number, member SID, SSN, name, or partial name.

BE1.13	Product Configuration	APHP; QC; K2

When a new member record is added, checks are done using State-defined criteria to determine if the member record already exists. Edits are defined based on the State's policy to identify and prevent 'exact' matches, and to identify 'suspect' duplicates. Criteria used to determine exact and suspected duplicates is configurable, and typically includes checks against SSN, first and last name, Health Insurance Claim (HIC) number, and date of birth. Our workflow solution can route and track suspect duplicate records.

BE1.SS.01	Product Configuration	APHP; QC

Our solution contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files. APHP will generate eligibility files of new and changed member records in either X12N format or custom layout to be transferred to the contractor responsible for generating eligibility cards. This file is produced on a regular schedule defined by the IME and also on demand as the business need arises.

BE1.SS.02	Product Configuration	APHP; QC

The workflow functionality includes capabilities to generate alerts that are event driven and can provide response to time sensitive activities. The rules-based workflow function will provide automated alert generation based on the solution configuration, including requirements for generation of alerts when a claims are received indicating a member has given birth or terminated a pregnancy. Letters, mailings, notifications, and alerts are automatically generated by our workflow solution based on the rules configured in the system.

BE1.SS.03	Product Configuration	APHP; QC

APHP maintains distinct effective and terminate dates for each eligibility record and benefit plan assignment so that accurate information is accessible by user inquiry, claims processing or reporting.

BE1.SS.04	Product Configuration	APHP; QC

Authorized users with proper security level designation have the ability access and update member records using the APHP Worker Portal. Predefined business rules are applied to both interface files and on line updates in order to maintain the integrity of the data.

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BE1.SS.05 Product Configuration APHP; QC

Designed by our User Experience team and leveraging best practices from our delivery method for APHP Portal design, the APHP portal employs leading practices for usability and navigation drawn from our experience at Accenture's Healthcare Center of Excellence (HCoE). Our HCoE has developed five portals for major healthcare clients, winning design awards for our WellPoint portal implementation.

The APHP Portal is designed to allow users to easily access and navigate between all modules of the MMIS. APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Users have the ability to view and navigate to areas that are designated within their security profile.

BE1.SS.07 (a-i) Product Configuration APHP; QC

The identification and enrollment of Medicaid members into the Medicare programs (Part A, B, C, and D) is required to enable proper cost avoidance for the Medicaid program. We identify potential dual eligible members and interface with CMS using the Medicare Modernization Act (MMA) interface process.

The resulting response information from CMS is used to capture the member's Medicare coverage information, including Part A, B, C and D start dates, end dates, Medicare identification number, advantage plan information and buy in information. All data received on the MMA file is captured on the member's eligibility record and is available for viewing, updating, and reporting by authorized APHP users.

BE1.SS.08 Product Configuration APHP; QC

APHP will generate monthly extracts of dual eligible member data from the APHP DDS and send this information to various entities including, Part A, Part B and Part C carriers, COBC and CMS. The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or State-designated outside entities. The ESB provides XML and fixed file format interfaces, inbound and outbound.

BE1.SS.09 Product Configuration APHP; QC

Member information files received are archived in their original format based upon guidelines defined by the Agency. Archived files may be accessed by approved users for control, balance and audit purposes as necessary. Data suitable for archiving will be identified as per the Agency provided parameters.

This data will be transferred to an archive database using APHP data transfer utilities. Archive information is available to authorized APHP users and may be transferred back to the current APHP databases upon request. All current and archived member data is easily accessible through the Dimensional Data Store and will be included in state defined reporting.

BE1.SS.10 Product Configuration APHP; QC

APHP provides the ability to void and retain member information based upon business rules defined by the IME. Indicators are set on the member eligibility record, either through designation on an interface file or on-line entry by authorized users that have the ability to suppress the use of identified members in provider inquiry, claims processing and reporting. All eligibility information for voided members remains visible through the portal to authorized users.

BE1.SS.11 Product Configuration APHP; QC

Member data reconciliation with ELIAS is one of the quality processes supported by our proposed solution for the Iowa MMIS that verifies consistent alignment of MMIS member data with the state's eligibility system. This process is run monthly or per the schedule defined by the Agency. In the member reconciliation process, APHP accepts a file from the eligibility system containing data records for each Medicaid member and processes this file in batch, comparing data within the MMIS Member Registry against the ELIAS member records. If the automated process identifies any discrepancies, APHP addresses each discrepancy per the defined business rules. This could include automatically updating the member record to match ELIAS or using automated workflow to generate work items for review and disposition.

The member update processes within APHP provide an accurate, current, and historical source of member demographic and eligibility information. Medicaid eligibility updates are passed from the State's eligibility system in the form of daily transaction files and periodic reconciliation files. Member, eligibility and enrollment data for other programs can also be received from other source systems (e.g., breast and cervical cancer program, special medical services), as defined by the State and according to State program policies.

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Regular APHP reconciliation processes confirm eligibility is current and accurate, checking for duplicate records, and supporting the process to merge member records based on state-defined criteria. Files are synchronized and reconciled against current member data; upon completion, workflow tasks will be invoked to generate automated business processes such as report generation for full visibility into record totals and errors.

BE1.SS.12 Product Configuration APHP; QC

APHP includes a highly configurable EDI tool which interfaces with source systems using the X12N format. APHP will generate Medicare eligibility files and send information to the Medicare claims processor. The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

BE1.SS.13 Product Configuration APHP; QC

APHP's Member Management module provides the flexibility for the entry of multiple address records with corresponding begin/end dates for Medicaid members. Each address is identified with an address type to designate the definition of each address such as mailing, residential, etc., and provide for the use of specific address types when generating letters and other correspondence to the member.

APHP allow users to select specific address types when manually generating letters and other correspondence, and is configurable to define business rules that select specific addresses when automatically generating correspondence based on system triggers, such as Third-Party Liability (TPL), Explanation of Medical Benefits (EOMBs), EPSDT letters and prior authorization determinations, based upon State guidelines.

BE1.SS.14 Product Configuration APHP; QC

The APHP portal allows authorized users to search for member data with various data elements, including but not limited to: Medicaid identification number, social security number, characters within the first and last name and date of birth. The portal is designed to allow access to member data from a single point of entry with minimal keystrokes.

BE1.SS.15 Product Configuration APHP; QC

The APHP portal logically organizes member data for quick access and ease of use. Information related to eligibility segments and benefit plan assignments are visible in one location. The eligibility view provides information on each of the member's eligibility segments and formatted in the most efficient way for the user type (provider, member, or worker).

BE1.SS.16 Product Configuration APHP; QC

APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files. The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound. This allows APHP to accept and send data using various media options such as online, Internet Direct Data Entry (DDE), Electronic Data Interchange (EDI) and reports to other state agencies and other external sources, in the format required by the IME.

BE1.SS.17 Product Configuration APHP; QC

The APHP Worker Portal is a self-service web-based portal available 24x7 and designed to allow users to easily access real time information and navigate between all modules of the MMIS through a single point of entry. APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Users have the ability to view and navigate to areas that are designated within their security profile.

BE1.SS.18 Product Configuration APHP; QC

Through the APHP portal, authorized users have the ability to view member eligibility data including lock-in information. This information includes both provider identifier and name of the provider(s) to which the member is locked-in. Authorized users inquiring to confirm eligibility status of members will be provided with the lock-in status contained in the APHP database.

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BE2.01	Product Configuration	APHP; QC

APHP receives, updates, processes, and stores TPL information, from multiple source systems, including government health organizations and other State agencies. Online updates to selected fields by authorized users are also supported. APHP allows for the retention of multiple insurance records and includes the ability to maintain at a minimum the following data elements:

- Carrier
- Policy number
- Group number
- Pharmacy Benefit Manager (PBM) ID and Member identification number
- Sponsor, subscriber or policy holder name and identification number(s)
- Type(s) of coverage
- Dates of coverage
- Date the coverage was added to the database
- Date the coverage was updated
- Court order including date ranges and responsible payer
- Part D enrollment indicator

The third party liability inquiry process allows access to member's other insurance information via the APHP Portal for both internal and external entities, voice response telephone inquiries, and eligibility verification transactions. Full compliance is established through a combination of system automation and manual processes / procedures.

BE2.01.01; BE2.01.02; BE2.01.03; BE2.01.04; BE2.01.05 (a-l)	Product Configuration	APHP; QC

APHP provides the State with the unique ability to define multiple benefit plans for a member, to control inclusion or exclusion into the benefit plan for each member, and to define the subsequent hierarchy of benefit coverage during claims adjudication, based on Federal and State-specific eligibility criteria. Member demographic and eligibility data is used to enroll the member into specific benefit plans, based on configurable business rules. The assignment process has the ability to use the following information to assign one or more benefit plans to an individual:

- Eligibility 'category of eligibility'
- Living arrangement
- Citizenship
- County
- Level of care
- Other insurance coverage
- Other program inclusion / exclusion

Members are assigned a unique personal identifier, which ties to current and previous benefit plan assignments. Enrollment in each benefit plan is date-stamped based upon state defined rules, including but not limited to date of enrollment or a default date. Individual benefit plan effective date is maintained separately from the member's eligibility date span information.

BE2.02; BE2.02.01; BE2.02.02; BE2.02.03; BE2.02.04	Product Configuration	APHP; QC

APHP applies criteria-driven rules that are established by Federal and/or State guidelines to assign Medicaid benefits/benefit packages appropriately to members. Once the member data has been updated with eligibility data from the eligibility source systems, APHP uses that data to determine the benefit plans that the member is assigned to.

The assignment process may use a variety of data elements to enroll a member, including the 'category of eligibility' derived from the source system, as well as other data such as living arrangement, citizenship, level of care, other insurance coverage, and other program inclusion / exclusion rules to determine which benefit plan to assign to an individual. Information about the benefit plan assignment for a member is maintained separately from eligibility data, is date span-specific and provides a historical record of benefit plan assignments for a given member, including dual-eligibility spans. Benefit plan enrollment is used by the MMIS claims adjudication process to determine how to adjudicate submitted claims.

Our solution is pre-packaged with the federally required benefit plans. The claims rule engine will create new benefit plans based upon State specific requirements. Deployment of a new plan includes testing and promoting the changes to production using are defined V model process. APHP uses a healthcare-specific rules engine designed to be accessed and updated by trained configuration analysts via the configuration console without coding or the used of programmers.

BE2.02.05; BE2.02.06	Product Configuration	APHP; QC

Managed care options are created through the use of our benefit plan functionality. Members eligible for these options including HMO, Health Home, Integrated Health Home, and ACO are linked to the specific plan with an effective and term date. The benefit plan is designed by business rules on who is eligible

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and when they are eligible. The benefit plans are designed with a set of treatment types that define services allowed within the plan such as QHP, dental, or behavioral health.

BE2.03	Product Configuration	APHP; QC

The APHP benefit administration module is designed to accommodate a wide variety of benefit package configurations, and provides for the definition of services included in the benefit plan as well as those services that are restricted or limited. Benefit limitations are defined in the benefit plan package and/or at the benefit framework or contract levels within APHP. APHP captures and stores benefit plan and contract assignment for each member and assigns effective start and end dates to each to establish the history of the plan assignment. Appropriate limitations are configured based on Federal and/or State specific criteria. The APHP Claims Adjudication processes apply benefit limitations as each claim line is processed.

BE2.04	Product Configuration	APHP; QC

APHP stores coverage information and benefit limitations based on State-defined rules. Each member receives a benefit plan assignment along with effective start and end dates to each to establish the history of the plan assignment. The APHP claims processing engine ties member claims information to the specific benefit plan assigned. Members' benefit limitation information along with remaining services allowed is easily viewable to providers, members as well as State and contractor staff through the APHP Portal.

BE2.05	Product Configuration	APHP; QC

Member cost-sharing (including premiums and co-pays) is defined in the benefit plan package and/or at the benefit framework or contract levels within APHP. Driven by criteria established at the Federal levels and/or from State policy rules, APHP calculates and applies member cost-sharing methods such as premiums and co-pays for benefits defined in the member's associated benefit plan.

BE2.05.01	Product Configuration	APHP; QC

APHP captures and stores benefit plan and contract assignment information for each member, and assigns effective start and end dates to each to establish the history of the plan assignment. APHP also allows for grouping of family members by Subscriber. This enables tracking of limitation configurations, such as cost sharing, across family members to verify federal limits are not exceeded. The APHP claims adjudication processes apply benefit limitations as each claim line is processed.

BE2.06	Product Configuration	APHP; QC

APHP allows for the ability to define different co-insurance, co-pay and/or deductible type amounts per benefit plan for each member through the accumulator framework. Thus, as a member may be assigned to different benefit plans, the member may have different financial responsibilities based on the actual services received. Driven by criteria established at the Federal levels and/or from State policy rules, APHP calculates and applies member cost-sharing methods such as premiums and co-pays for benefits defined in the member's associated benefit plan. APHP supports the ability to "seed" a member's personal liability utilization as well, thus allowing for calculation of total member resources applied and total member resources available (this would mainly apply to LTC patient liabilities, etc.).

BE2.07	Product Configuration	APHP; QC

Generated notices, letters, and other correspondence sent to the member are stored in the OnBase EDMS along with the appropriate meta data. This data includes the time/date sent, type of correspondence sent, user/source, and reason for notice. This process enables the Agency to track correspondence sent to its members.

BE2.SS.01; BE2.SS.02	Product Configuration	APHP; QC; K2

APHP captures and maintains member information from multiple source files, including demographic information, addresses, head of household and family relationship, categories of eligibility, and benefit plan assignment. The worker portal allows secure web access to view and update member data by authorized users.

APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Authorized users with proper security level designation have the ability to access and update member records in real time using the APHP Worker Portal. Predefined business rules are applied to both interface files and on line updates in order to maintain the integrity of member data. Mass re-assignment of members' benefit plan assignment, eligibility categorization or other

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"mass" member record update is supported through the system. Authorized individuals will have the capability to invoke business process rules to re-assign member benefits on an as needed basis.

BE2.SS.03	Product Configuration; Interface/Integration	APHP; QC; SSIS

APHP accepts the X12N 270 eligibility verification transaction and generates the appropriate 271 response using our EDI solution. APHP enables external systems, such as the Agency's POS, to perform eligibility verification in real-time through EDI or the portal using this X12N transaction.

BE2.SS.04	Product Configuration	APHP; QC

The APHP Member Management component contains processes that obtain and maintain member demographics and eligibility information for individuals receiving benefits under any of the MMIS maintained healthcare programs. Member records received in these files are synchronized and reconciled against current member data. Upon completion, workflow tasks will be invoked to generate automated business processes such as report generation for full visibility into record totals and errors.

The business process of eligibility determination establishes the type of eligibility, reviews required fields, corrects required fields where appropriate, verifies application information with external entities, assigns a Medicaid ID, establishes eligibility categories and hierarchy, and associates services in which the member may be eligible. Add/update records with errors or those requiring user review and intervention will be routed via the workflow to the appropriate work queues in the Worker portal to allow the authorized user to review and accommodate the member record updates per State guidelines. Upon completion of these steps, updated eligibility information within APHP will be distributed to agencies and trading partners via the Master Member File at the State's direction.

BE2.SS.09; BE2.SS.08	Product Configuration	APHP; QC; Edifecs

APHP allows for querying member data to determine if the member should be locked-in. Lock-in referrals can also come from providers who report abuse. Identified members are reported to allow for further consideration and action by the State or IME Member Services Contractor. APHP provides the ability to lock-in a member to a certain physician, hospital, pharmacy or all. Authorized users have the ability to add or update lock-in information through the worker portal. Lock-in information is then used in the APHP claims adjudication process and is available for state defined reporting including the number of members in lock-in status, reason and unauthorized providers billing for services during lock-in segments.

BE3.01; BE3.02; BE3.03; BE3.04	Product Configuration; Interface/Integration	APHP; QC; Edifecs

In response to eligibility inquiries made through APHP we return required information, such as eligibility status; dates of coverage; benefit plan information; participation in a managed care program; service restrictions such as lock-in or lock-out; and identification of third-party payers who should be billed prior to Medicaid. APHP tracks and monitors inbound and outbound eligibility transactions and responses to verification queries. Access tracking information is viewable by authorized users through the Worker Portal. Eligibility information contained within the APHP database can be requested and received by a span of dates or specific date through the portal, IVR, call center, and X12N 270/271.

Member identification is confirmed for each access point per State-defined rules prior to delivery of eligibility status. For added security, voice calls handled by the call center are recorded. APHP performs record/audit trail management of responses to eligibility inquiries. The eligibility information includes status, dates of coverage, benefit plan information, participation in a managed care program, and service restrictions such as lock-in or lock-out and notification of third-party payers who should be billed prior to Medicaid. We provide for the configuration of workflows for response to eligibility inquiries that triggers automatic notice of participation in a managed care program according to SMM 11281.1B.

BE3.05	Product Configuration; Interface/Integration	APHP; QC; Edifecs

The member eligibility inquiry process allows access to member information via the APHP Portal, voice response telephone inquiries, call center and the X12N EDI interface. APHP maintains comprehensive logs of responses. Details recorded for web and X12N access include login, role, originating IP address, returned data, including field level logging, and log entry time stamp.

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BE4.01	Product Configuration; Interface/Integration	APHP; QC; Edifecs

For IVR and call center access, the caller identification along with the recorded voice call file that is stored against the member profile. APHP performs record/audit trail management of eligibility inquiries and responses. APHP contains a highly configurable EDI tool and provides the capability to transmit and receive all current-version X12N and NCPDP eligibility verification transactions. As part of the IME maintenance agreement future product capability is provided at no additional cost.

BE4.02	Product Configuration; Interface/Integration	APHP; QC; Edifecs

APHP contains a highly configurable EDI tool and provides the capability to transmit and receive all current-version X12N eligibility verification transactions. APHP provides the ability to generate and submit X12N 270 transactions to other payer eligibility files. APHP processes the 271 response files returned from other systems. We exchange information with CMS to identify and track members with Medicare coverage, including the MMA, EDB, and buy-in.

BE4.SS.01; BE4.SS.02	Product Configuration	APHP; QC; SSRS

The APHP solution enables the Agency to generate letters to members based on a schedule. During the ACD phases, we work with the IME to configure the APHP batch component to enable APHP to produce the Health Insurance Portability and Accountability Act (HIPAA) certificates of creditable coverage and privacy notices on a scheduled determined by the State. These letters can also be generated on an ad-hoc basis should the business need arise through the APHP Worker Portal Communications Center. This portal function allows authorized users to create new outbound correspondence based on pre-defined letter templates.

BE4.SS.03	Product Configuration	APHP; QC

APHP allows for protected health information (PHI) to only be accessible to designated users with the proper security credentials. Role-based security allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Based upon the credentials provided, APHP provides the ability to mask confidential information. APHP meets both NIST and HIPAA security requirements. We have the ability to track the disclosure of protected health information (PHI) through extensive surveillance and recording of user actions and security events using ArcSight Enterprise Security Manager, ArcSight logger, Microsoft Active Directory and Microsoft Active Directory Federated Services.

BE5.01	Product Configuration	APHP; QC

Identification of individuals that may participate in buy-in is configurable in APHP. Members are enrolled in one or more of the following eligibility groups:

- Cash assistance SSI
- Medical assistance only
- Qualified Medicare Member (QMB)
- Low Income Medicare Member (SLMB)

The State may also pay the Medicare Part-A premium for individuals receiving QMB coverage. Additionally, Medicare Part-D premiums may be paid for those individuals dually eligible for Medicaid and Medicare Part B, and those individuals qualified for Low Income Subsidy (LIS). APHP's robust reporting functionality provides member Buy-In reporting as a standard report option, we additionally provide easy-to-use and powerful ad hoc reporting capability.

BE5.02; BE5.03; BE5.04	Product Configuration; Interface/Integration	APHP; QC

APHP supports the interface between APHP and the CMS Federal Medicare database that transmits State-identified buy-in member information. The buy-in process consists of two separate file exchanges with CMS. The files are used to communicate accretion and deletion requests to CMS and the corresponding CMS response. The first file is referred to as the input file and contains a list of buy-in actions the state is requesting. This includes requests for new accretions, deletions and changes to buy-in data. The file is generated and sent to CMS monthly, on a schedule to be confirmed, but usually on or about the 21st of each month. The file uses special codes called transaction codes to communicate the specific action. The business logic to generate the list of transactions based on buy-in eligibility criteria, as well as the specific action code, is configurable within the APHP application.

The second file is referred to as the receiving file and contains a buy-in response to each action the state is requesting. In addition, the receiving file may also contain changes and other informational messages initiated by CMS. APHP contains automated transactional processes that perform balancing routines to confirm records

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received are processed and have final disposition within the system. This includes records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors.

BE5.05 (a-d) Product Configuration APHP; QC; SSRS

The APHP reporting tool provides the analytical and reporting capability to generate management and administrative reports. The transaction reports for buy-in premium management will include transactions processed; errors identified; error correction status; and Medicare premiums to be paid by member.

BE5.06 Product Configuration APHP; QC

The State Part A and Part B Medicare premium liability is calculated by CMS once a month. CMS prepares a separate Part A and Part B Medicare premium liability Summary Accounting Statement (SAS) for each State. Each State is expected to reconcile the premiums owed against their Medicare buy-in member population; however, payment is due in full when CMS submits the SAS to the State.

Discrepancies are reviewed by CMS once supporting information is submitted by the State and subsequent correction is reflected in the next month's SAS. Since CMS bills the States prospectively, the SAS represents premiums for Medicare coverage for the following month. APHP processing for buy-in premium information includes a reconciliation process that identifies those members eligible for Medicare buy-in, but for whom no payment of the premium has been made for the month being billed by CMS.

BE5.SS.01 Product Configuration APHP; K2

APHP has integrated alerts that are configurable to inform appropriate State and contractor staff upon the identification of various business scenarios. These alerts will be configured to notify designated individuals of buy in transactions that may affect status, cost share or buy-in members. Alerts are easily defined within the automated workflow and process rules engine component of APHP. Rules invoke alerts that can be set to be delivered via phone call, text or email and are easily updated by authorized users through the APHP portal.

BE5.SS.02 Product Configuration APHP; QC

APHP supports premium-billing administration natively through our commercial claims engine component. Members identified to participate in the Medicare buy-in program, or any other premium based program administered by the IME, will receive premium bills on a monthly basis (or within the timeframe required by the State) that identify how much premium is required to be collected. The IME may support the payment of the premium as needed or pass the responsibility onto the member.

Upon collection of the premium, the member record will note that the premium due has been satisfied and designated services will be available for the member. The IME has the ability to suspend member services until outstanding premium bills have been processed. Through the worker portal, IME contractors have access to associated member premium amounts and updated status of premium billing/payments.

BE5.SS.03 Product Configuration APHP; QC

Changes to the member's eligibility record, such as death or shift in eligibility category will be reflected in the response file to CMS such that proper deletions can be accounted for accurately. The business logic to generate the list of transactions is based on buy-in eligibility criteria, as well as the specific action code, and is configurable within the APHP application. The ESB creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound. Custom file formats are easily configured by business users through the online windows.

BE5.SS.04 Product Configuration APHP; QC; SSRS; K2

APHP has integrated alerts that are configurable to inform appropriate State and contractor staff upon the identification of various business scenarios, including the receipt of information from CMS regarding buy-in. These alerts will be configured to notify designated individuals of instances when another state has bought into Medicare for a member. Alerts are easily defined within the automated workflow and process rules engine component of APHP. Rules invoke the alerts that can be set to be delivered in form of a call, text or email and are easily updated by authorized users through the APHP portal. APHP will generate a weekly report of all members where other states have bought into Medicare. This will allow the data to be reviewed and the duplicate Medicare payment to be resolved between the State of Iowa and the other State.

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BE5.07; BE5.07.01 Product Configuration APHP; QC

Identification of individuals that may participate in buy-in is configurable in APHP. Most States will pay the Medicare Part B premium and will buy-in individuals who are entitled to Medicare Part B and enrolled in one or more of the following eligibility groups:

- Cash assistance SSI
- Medical assistance only
- Qualified Medicare member (QMB)
- Low Income Medicare member (SLMB)

The state may also pay the Medicare Part A premium for individuals receiving QMB coverage. Additionally, Medicare Part D premiums may be paid for those individuals dually eligible for Medicaid and Medicare Part B, and those individuals qualified for Low Income Subsidy (LIS). Once third party payer information, including Medicare Part A, B or D, is established on the APHP databases, it is used during claims adjudication to determine the final disposition of a submitted claim. The ESB creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound. The APHP uses a secure SFTP connection with comprehensive audit trails to support control and auditing of interface files received from / to CMS.

BE.SS.01 Product Configuration APHP; QC

APHP keeps a running total, generated from each applicable claim line, of the member's total spenddown amount to date for each current benefit plan in which the member is assigned. Total spenddown may be split between more than one benefit plan if necessary and totals reset at the monthly, quarterly or yearly levels as necessary. Previous or historical views of spenddown assignment are maintained with the member's previous spenddown benefit plan assignment, located on the member's eligibility span history. APHP creates a comprehensive audit trail to record the information about the authorized user who entered, modified or viewed member data, including the date and time of the action. APHP audit information is available via the portal for those APHP users with authorized security rights.

BE.SS.02 Product Configuration APHP; QC

APHP accepts verified medical expense claim forms from providers and workers on the member's (and family of the member's) behalf. Once verified, these expenses are tracked and calculated against member's spenddown requirement. Using system editing, any validated expenses received outside of the time guidelines for submitting medical expenses, or for those expenses otherwise not eligible to be applied to the spenddown requirement are rejected to help verify that claims are not paid or denied erroneously.

BE.SS.03 Product Configuration APHP; QC

The APHP Provider Portal allows providers to view member coverage information, including spenddown. Should providers have additional questions regarding member spenddown requirements, they will submit inquiries through the provider self-service functionality capabilities within the portal. All provider inquiries will be routed to the IME provider services contractor via the automated workflow and process rules engine for real time receipt and resolution.

BE.SS.04 Product Configuration APHP; QC

Real time status of the current spenddown amounts on a member by member basis is available to members, providers and Agency and contractor staff via the APHP portals. Information, such as claims applied to spenddown amounts, will be made available to authorized members and will include associated medically needy data including certification periods used to meet spenddown amounts.

BE.SS.05 Product Configuration APHP; QC; K2

The APHP automated workflow tool enables efficient communication by automatically generating member, provider or Agency notifications, including portal messages sent broadly or via secure inbox, letters and other printed documents, based on various triggers and conditions. APHP is able to generate customized notification documents to providers and members as claims are applied to spenddown accumulations and once spenddown requirements are met. Notifications of claims will be sent through outbound mail, email or through notification for an outbound call through our integrated workflow tool. The frequency and need of this documentation, as well as the document recipients, are determined based on the specifications set by the IME.

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BE.SS.06 Product Configuration APHP; QC

Using the appropriate IME policies to determine the benefit plan structure for spenddown claims processing, all claims that are processed in conjunction with a member's spenddown benefit plan will calculate toward the total balance of claims for the member. A running total of all claims processed against the benefit plan and denied due to "spenddown not met" will be kept current and available for review. Upon reaching the member's spenddown total amount, claims will be paid using appropriate Medicaid funds.

BE.SS.07 Product Configuration APHP; QC

APHP maintains strict duplicate claim processing edits that prevent any unnecessary accruals of member responsibilities, such as spenddown limits. Duplicate processing logic is triggered prior to member responsibility edit logic in the claims step engine. Thus, once a duplicate claim has been identified, an immediate denial status disposition is assigned and the claims editing logic stops.

BE.SS.08 Product Configuration APHP; QC

Through the APHP Worker Portal, authorized users access claims processing management to override adjudicated claims as necessary prior to being placed in the claims payment processing status. Therefore, if the need arises to manually deduct claims amounts that had originally applied to the spenddown total for a member, the claim adjudication process can be manually overridden to reflect the change. After the claims payment cycle has run, any claims that must be manually deducted from a member's spenddown total must be voided to accurately reflect claims history. The void claims process functionality will also be available via the APHP Worker portal.

BE.SS.9 Product Configuration APHP; QC

APHP is delivered with a pre-packaged set of edits to support and accurately apply any member responsibility, especially spenddown amounts, across benefit plans for all claims submitted. Each line item is treated as an individual claim, worthy of applying edits to correctly access and apply member responsibility specific to spenddown, per the business rules defined in the respective benefit plan configuration, in whole or in part as the claim requires. APHP result codes will be tailored during the configuration phase of the ACD to align with standard edit text.

BE.SS.10 Product Configuration APHP; QC

Once the claim that meets spenddown requirements for the certification period is adjudicated, the fund code is updated in the member's data and the State eligibility system is notified of the change in status. Once the updates are received and reconciled, the change of fund code triggers the appropriate notifications that the member is now Medicaid eligible. All areas that call on eligibility verification, such as ELVS, OCRA and the APHP self-service portals, retrieve the most current member data from the APHP databases. These processes are automated in APHP via the rules engines and integrated workflow tool.

BE.SS.11 Product Configuration APHP; QC

Claims received for covered services within a member's current certification period are systematically applied to the member's spenddown accumulator on a first in, first used basis (i.e., applied chronologically by date of submission). Claims received outside of these criteria, such as for non-covered services or expenses outside of the current certification period, fail editing and are routed to the appropriate staff for resolution. When manual intervention is required to help verify that claims are applied to the accumulator in the proper order, staff is trained to follow the guidelines of the correct order of deduction.

BE.SS.12 Product Configuration APHP; QC

APHP member management supports the roll up of an individual member to include the entire immediate family eligibility and enrollment information. Leveraging the commercial practice of "subscriber" and associated family members, APHP will be able to identify "head of household" as the subscriber and will link family member records accordingly. Just as coinsurance amounts can be spread across several family members tied to a subscriber, so can the spenddown be shared across multiple household family members per policy.

BE.SS.13 Product Configuration APHP; QC

Real time status of the current spenddown amounts on a member-by-member basis is available via the APHP portal. Information, such as accumulated claims applied to spenddown amounts, will be made available to authorized users and will include associated medically needy data including certification periods used to meet spenddown amounts. The date in which spenddown totals have been met will also be captured on the member record and accessible via the APHP Portal. The APHP Worker Portal allows secure web access to view and update member

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data by authorized users. Users have the ability to search for member data by case number, member state identification number (SID), social security number and member name/partial name. The APHP Portal allows both providers and members to access spenddown data at any time. Providers have the ability to submit inquiries concerning the spenddown requirements of a member and members have the ability to view claims submitted, and which were used to meet spenddown requirements.

BE.SS.14	Product Configuration	APHP

APHP member management maintains historical data on a member's certification periods within the eligibility span and associated benefit plan assignments page of the member data. This historical data is accessible by authorized users as needed for research for the proper adjudication of claims. Authorized members, providers and IME contract workers will have access to this APHP portal page.

BE.SS.15	Product Configuration	APHP; QC

APHP will apply unpaid portion of Medicare Crossovers (coinsurance and deductible) to the Medically Needy spenddown amount for those members with Medicare coverage. These amounts will be tracked against the member or family specific medically needy coinsurance that is managed as an accumulator within spenddown benefit plan setup.

BE.SS.16 (a-d)	Product Configuration; Interface/Integration	APHP; Edifecs

APHP will generate and transmit reports related to file transfers that contain the required information to include confirmation of the date each file is received and loaded; the number of files and or records that were successfully transmitted and posted; the number and detailed information of the records that were rejected; and the rejection reason code for each record rejected.

APHP contains multiple secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files. APHP provides integrated alerts that are configurable to inform appropriate State and contractor staff on the status of interface data processing, including notification of processing completion or processing interruptions due to errors.

APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This includes records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors. Authorized State and contractor staff will configure business rules through an easy-to-use interface that comprehensively supports all aspects of member management MMIS functions. These rules include sending automated alerts and generating reports based upon IME guidelines.

BE.SS.17	Product Configuration	APHP; QC

After the claims payment cycle has run, any claims that must be manually deducted from a member's spenddown total must be voided, or reversed, to accurately reflect claims history. The reversal/void claims process functionality will also be available via the APHP Worker portal and will automatically adjust the spenddown calculations for the reversed claims and the running total of the member accordingly.

BE.SS.18	Product Configuration	APHP; QC

With the integration onto the APHP framework, the IME POS will have direct, real time access to member eligibility records, including spenddown status, to support accurate member responsibility calculations for pharmacy transactions at the point of sale.

BE.SS.19 (Inputs (a-e) / Outputs (a-i))	Product Configuration	APHP; QC; K2; SSRS

APHP is highly configurable and able to meet IME's requirements for both inputs and outputs. Inbound files that APHP will accept and process in either X12N format, custom file layout or through the online portal include, but are not limited to:

- Data from the eligibility systems
- Provider data
- EPSDT data
- Federal and state enrollment rules
- Data entered and uploaded by service contractors

APHP is prepared to produce and make available to authorized users letters, notifications, interface files reports and data extracts as defined by the IME including, but not limited to:

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- Notices of Decision and appeal rights to members on denied ambulance claims and denied rehabilitation therapy service claims as directed by the Agency.
- Notices of Decision to members for denied and modified prior authorizations.
- State Supplementary Assistance checks to the address on file for each Residential Care Facility (RCF) member.
- Weekly file listing the state ID numbers, names, dates of service, amount paid and date paid of all Medicaid clients for whom a Medicare crossover claim has been paid, but for whom Medicare eligibility is not indicated on the eligibility record
- Data entry and edit exception reports to the Agency for reconciliation with eligibility data.
- A monthly report showing any possible duplicates that exist on the MMIS member eligibility file
- Histories for inquiries with dates of service for which data has been archived
- All IME specified reports
- Data extracts for Medicaid Statistical Information System (MSIS), Payment Error Rate Measurement (PERM) and Office of Inspector General (OIG) audits or any federal or state audits

BE.SS.20 Product Configuration APHP; QC

As reflected above the APHP Solution allows the creation of benefit plans in order to support carve out services that are eligible for multiple limited benefit groups. Through the benefit plan functionality the system will track, by member, the services, related diagnosis under the rules of the defined benefit plan. The solution is able to do this by linking the member record to the benefit plan. As claims are received the benefit plan is assigned based upon the member, provider, and services rendered. Claims are processed at the detail level using a Benefit Plan hierarchy, which allows processing of multiple benefit plans on the same claim.

BE.SS.21 Product Configuration APHP; QC

Benefit Plans are associated and linked to the Federal and Program reporting codes. Business rules are configured to apply members to the appropriate benefit plan using the basis of eligibility and other demographic information.

BE.SS.22 Product Configuration APHP; QC

The 270/271 eligibility verification transactions are exposed through our EDI solution, which allows this to be a service called by other services, such as the Provider Portal, Member Portal, IVR, and external submitters.

BE.SS.23 Product Configuration APHP; QC

APHP's highly configurable EDI tool provides the capability to transmit and receive all current-version X12N eligibility verification transactions, including when digitized health plan cards initiate the X12N 270 transaction. APHP provides capability to accept the X12N 270 transaction and generate the 271 response file back to the submitter.

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4B.3.1.a.2 Provider Management

Maintaining a robust provider community that supports the health care needs of citizens is an important facet of the Iowa Medicaid program. Processes designed to effectively enable accurate and up-to-date information improve provider interactions and member experience and facilitates patient access to needed care.

Maintaining an Effective Provider Community in Iowa

- Simplified processes, automated workflows and real-time access to information improves capabilities to efficiently manage provider participation
- New providers can access all information needed from the portal to successfully enroll and participate in the Iowa Medicaid program
- Improves reimbursement processing through visibility across all business rules, audits and edits and accounting treatments

IA MMIS-2 4B3-03

Want to see more?
PROVIDER MANAGEMENT
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

The Agency receives a provider management solution that will focus on reducing the administrative burden that limits providers' ability to participate in the Medicaid program. APHP will enhance the provider experience with user-focused technology that simplifies interaction with the Medicaid program, advances information sharing, and increases self-service through business process automation.

Beginning with submitting an enrollment application, APHP's MITA-aligned approach encompasses flexible and easy to execute provider enrollment and maintenance processes. For example, the provider has to only enroll one time for an NPI, not multiple times for each program, address, or employment situation. This feature reduces the administrative burden incurred by providers during enrollment and expedites provider availability to the member community.

The APHP Provider Portal allows individual, group, and facility providers the ability to complete their enrollment applications online. Providers can easily attach related documentation, such as the Provider Agreement and Proof of Licensure, using our point-and-click 'Document Upload' utility. Providers can electronically sign their enrollment application using APHP's COTS eSignSystem's SmartSAFE product, and receive automated alerts and notifications regarding their enrollment status through their preferred communication method (email, SMS, paper).

While the move to a complete electronic application and reduction of paper processes are an IME objective, we also want to ease the burden on providers that still use paper processes within their office. Through our solution, providers who submit applications on paper can still view their application status and information online if they so desire.

Once approved and enrolled, the provider is able to maintain, view, and re-enroll or re-certify online. The enrolled provider will also have access to a number of features available in the secure Provider Portal that make participation in the Medicaid program easier and more efficient. For example, APHP's secure Provider Portal offers enrolled providers the ability to:

- Perform online member eligibility verifications
- Experience unprecedented insight into member information, such as service limits and utilization counts of services that have been consumed to date (accumulators)
- View member insurance information, which helps alleviate provider billing efforts & limit claim denial rates
- Submit claims more efficiently by leveraging claim management features, such as templates, attachment uploads, claim status inquiry, and access to online Remittance Advice
- Increase communication avenues with the IME so that providers have more than just a phone number to call to try and get answers to questions

While APHP enhances the provider experience, it also provides to you robust and automated tools and workflows to credential, manage, and maintain provider information. We propose a comprehensive solution to Provider Management that supports the IME in:

- Enrolling and verifying provider credentials
- Maintaining accurate provider demographics and information
- Reviewing provider service activity and outcomes
- Communicating with the provider community
- Performing billing and reimbursement

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Table A.2-1 illustrates how APHP provides a strong solution to support Provider Management for the Agency.

Table A.2-1. APHP Provider Management services are easy to use, leveraging automation and user-friendly tools to optimize operations

Key Solution Features	Benefits to the IME
Readily available, real time data and reporting	▪ Up-to-date provider credentials and re-validation data is readily available to authorized users and business processes; improves operational visibility
Ease of use in enrolling providers	▪ New providers can access information needed to successfully enroll into the Iowa Medicaid program; active providers can enjoy web-based access to enrollment status ▪ Multiple enrollment application options ▪ User-friendly menu-driven application process ▪ Automated status alerts and notifications
Automated workflows	▪ Provider Services use automated workflows and enterprise reporting services to support the complex business processes associated with Medicaid Provider Mgmt. ▪ Automated application review and processing, including alerts and notifications ▪ Reduces manual touches to increase efficiency, quality, accuracy, and lower TCO ▪ Improves turnaround times, promotes consistency

As illustrated in Figure A.2-1, APHP's MITA-aligned automated business process facilitates the provider enrollment and approval process. As the provider enrollment application and associated documents are submitted into APHP, the system or a worker can trigger automated actions, such as validation of addresses; request for additional information to complete the application review; perform background checks; and initiate and transmit status notifications to providers.

Managing Providers through Metrics

The IME will benefit from simplified processes, automated workflows and real-time access to information, delivering reliable and dependable services and enhanced user experiences.

Reporting and analytics functionality provides to decision-makers a variety of metrics and dashboards that enable the Agency to evaluate and manage their Medicaid providers.

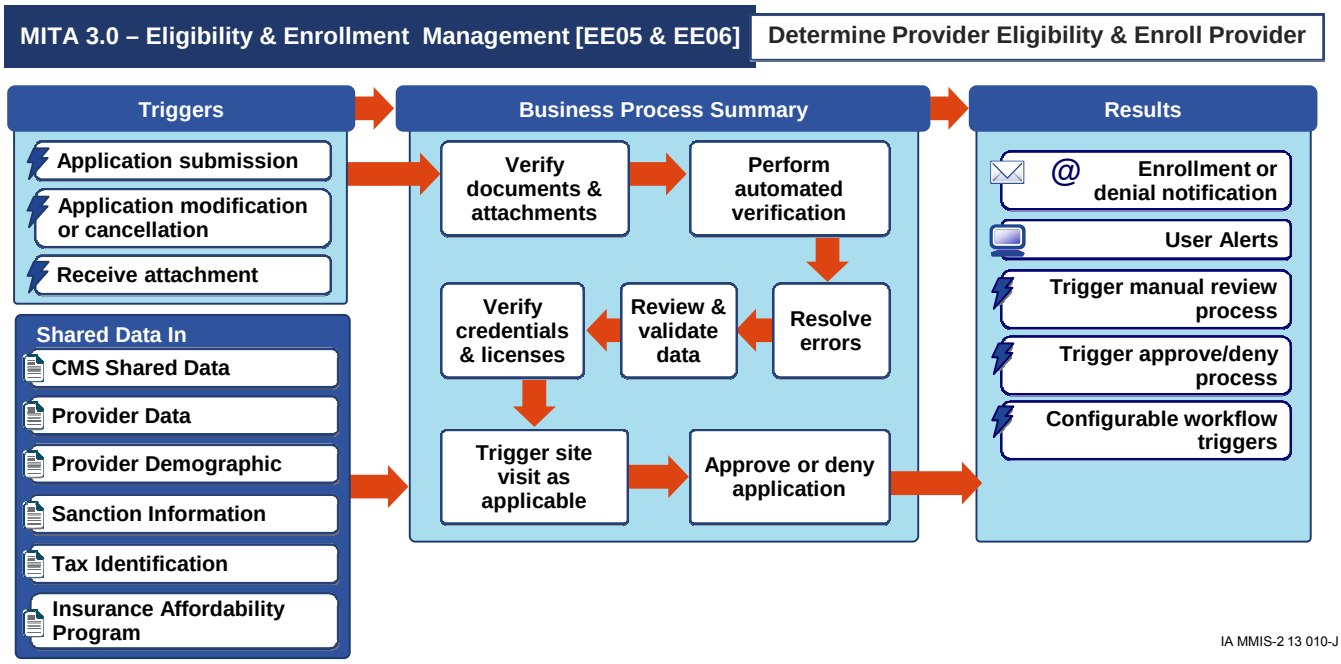

Figure A.2-1. Through MITA-mature automated processes, APHP simplifies provider enrollment submittal and improves the IME's ability to verify credentials quickly and consistently.

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Providing this level of insight into provider participation and billing practices helps identify opportunities for provider outreach, as well as possible fraudulent activity.

Managing Providers through Effective Online Outreach

In APHP we have implemented provider communication approaches that promote improved quality of services to providers. Our Provider Portal offers easy to learn, self-service functionality that helps providers perform and track their Medicaid business operations. Through the secure provider home page, providers can exchange messages with the IME receive alerts and announcements regarding policy changes, etc. We help the State improve Medicaid program participation through targeted and real time reporting metrics and dashboards. APHP offers multiple access channels for all providers to send information to and receive information from the IME, regardless of type.

Our provider communications solution is based on knowledge of Iowa's provider communities and how they are affected by ongoing changes to IME policies. Using APHP's portal capabilities, we can help the State reach out to providers via online communications and training services, as desired. Through the APHP portal, we can post to providers automated status notifications stemming from business process actions, i.e., claims status/denials; enrollment approvals/ disapprovals; authorization approvals/disapprovals; update information requests; etc. We can also post and/or provide quick links to provider-pertinent information, such as Medicaid policy changes and IME general communications.

We are also able to provide access to provider-related web courses, webinars, tutorials, and other user-friendly online help tools to assist providers with becoming capable IME suppliers and producers/consumers of information. During ACD, our MIDAS Team works closely with the Agency to determine the content that is most beneficial to the Iowa Medicaid provider community. We also analyze overall provider adoption and utilization of the technology available to them and assist them with moving forward with online participation.

Managing Providers through Reliable and Consistent Billing/Reimbursement

APHP provides a flexible solution to automate complex financial management and reporting with improved visibility into operations. We do this by powering our APHP accounting functionality through a robust COTS product, Quantum Choice, that incorporates a flexible accounting and finance component and allows authorized users to generate and post transactions created by internal processes such as claims and premium billing.

We do this by configuring our robust APHP account management solution to deliver automated processes with built-in quality checkpoints, web-based access to real-time financial information, strong reporting and analytics functionality. We support a variety of transaction types associated with claims and capitation payment, premium billing, and various fees that can be manually or automatically generated.

APHP's accounting management component is based on Generally Accepted Accounting Principles (GAAP) accounting standards and is compliant out-of-the-box to Federal accounting rules and regulations for the management and payment of health care service delivery transactions. Business rules are configured, not coded, to accommodate Iowa-specific requirements making it more efficient to introduce new functionality to services. Audit trails are created and maintained for each APHP transaction and can be reviewed by authorized users. Through APHP's robust Reporting and Analytic component, the Agency has access to standard and ad hoc reports to effectively manage Medicaid claims billing and reimbursements.

Attachment K – Technical Specifications: Provider Management

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the requirement number(s), the implementation process, and the COTS product. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
PR1.01; PR1.01.01; PR1.01.02; PR1.01.03	Product Configuration	APHP; QC

APHP includes role-based security that allows designated users secure access to provider application information. Role-specific profiles are configured based on State defined business processes. This allows our solution to allow only authorized users the ability view/add/update only the information that is allowed by their role. Our solution maintains a comprehensive audit trail recording access-related data, including login details, pages visited and data edited.

PR1.01.04	Product Configuration	APHP; QC

Through their secure APHP Portal account, providers will view their submitted applications by application number,

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provider name, NPI/API, date submitted and application status. Agency and authorized IME workers also have the ability to search for applications through the Worker Portal by application number or an NPI/API.

PR1.01.05	Product Configuration	APHP; QC

APHP provides a single, compiled source of data for provider information management. This process includes controls and edits to maintain reliable sources for provider information. We make information available to authorized users in real-time through the APHP Portal. Our solution includes a comprehensive audit trail to record information corresponding to provider data update actions. For example, APHP captures the authorized user and the date and time associated with provider data creation and updates. This audit trail information captured at the specific data field level is critical to resolving data inquiries and discrepancies. Our solution also supports the creation of summary and error reports upon completion of file processing, which are accessible to authorized users.

PR1.02	Product Configuration	APHP; QC; K2

APHP supports the MITA 3.0 Determine Provider Eligibility and Enroll Provider processes through an online application and review process and automated workflow solution. Upon receipt of the provider application, our automated workflow tool uses the APHP pre-packaged Provider Enrollment workflow, configured to support Iowa's operations organization and review policies, to route provider applications through the multiple automated and manual steps to determine provider eligibility and enroll providers in the Iowa Medicaid program. We collaborate with the Agency and Provider Services Contractor during the ACD phases to configure the APHP workflow to verify that each application completes all necessary steps for the application type. The workflow requires the IME Professional Services Contractor worker to validate required attachments, signatures, and/or site visits. Our APHP Worker Portal presents these required steps to the worker as a series of "checklists", which will be configured and adjusted based upon provider type or benefit program. APHP also tracks and reports the status of the enrollment application.

PR1.02.01; PR1.02.02	Product Configuration; Interface/Integration	APHP; QC; K2; SmartSAFE

The online enrollment application includes out-of-the-box business rules that validate the inclusion of key data within the application. The online application will require the provider to complete required fields within the application in the specified format prior to allowing application submission. By integrating with the eSignSystem's SmartSAFE product, providers can electronically sign their enrollment application. Errors discovered upon submission are routed through automated workflow to the correct person or work unit for follow-up and resolution.

PR1.02.03	Product Configuration	APHP; QC; K2

The APHP Provider Portal allows individual, group, and facility providers the ability to complete the enrollment application online, and to attach related documentation, such as the Provider Agreement and Proof of Licensure. They can additionally receive alerts and notifications on their enrollment status through their preferred communication method (email, SMS, paper). Once approved the provider will then be able to maintain, view and re-enroll or re-certify online. Providers will have the ability to manage their enrollment application, including the submission of attachments, completed forms, required documentation and supplemental information. Providers are also able to delete, modify or resubmit information, or cancel the process altogether. Information input through the portal will be captured within APHP via a web services interface. The APHP Portal allows authorized users the ability to view an audit trail of provider applications, including the application status, last update information and the associated attachments.

PR1.02.04; PR1.02.05	Product Configuration; Interface/Integration	APHP; QC; K2

As defined by State and Federal policy and business rules, providers identified as excluded as a result of the credentialing and background check process are flagged for denial. If an established provider is identified as an excluded provider, then the provider's account is marked, removed from service, and reported to the State. This information is collected and stored on the provider's record to prevent re-enrollment as determined by State-defined business rules.

The provider record termination reasons are configurable and can reflect "Terminated by Medicaid Authority". Authorized workers, upon request from the State, will update the provider account with the date provided to reflect that the provider is no longer allowed for participation in the program. This flag will be used in future claims processing to prevent incorrect payments.

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PR1.02.06	Product Configuration	APHP; QC; K2

During application review, the IME worker has the ability to pend or escalate the application due to missing information. Once missing information has been identified, the worker flags the missing data and notifies the provider through their preferred communication method. An application may stay in a pended status for a time period defined through IME guidelines. Status and updates for the application are tracked, reported, and displayed through the audit trail.

PR1.02.07	Product Configuration	APHP; QC; K2

The online enrollment application will generate a unique tracking number for each application once the provider supplies a unique NPI (not currently enrolled) or requests an API and selects the enrollment type. This enables the provider to create a draft application at any time and return at their convenience. Paper applications are received, scanned, given a unique tracking number and routed through the workflow. Providers will then log onto their secure account and check the status of the application associated to their NPI, even if the provider submitted a paper-based application through mail or fax.

PR1.02.08	Product Configuration	APHP; QC; K2

Our solution for the IA MMIS enables the Agency to tie both inbound and outbound correspondence to a transaction, member, provider or work item. Images associated with both inbound and outbound correspondence are stored within the OnBase EDMS with the appropriate meta data describing the image. Using this meta data, APHP will tie provider correspondence to the provider and the specific enrollment application.

PR1.02.09	Product Configuration	APHP; QC; K2

APHP will retain incomplete or rejected provider applications online for a period of one year, or for a period defined by the IME. During this time, providers or IME workers can access these incomplete or rejected applications through their secure portal. APHP tracks application status and reports this status through the audit trail.

PR1.02.10	Product Configuration; Interface/Integration	APHP; QC; K2

Providers that are identified as sanctioned, licensure actions or suspected fraud and abuse as a result of the credentialing and background check process are flagged for denial. If through the monitoring of an established provider is this type of information is identified the providers account is marked, removed from service, and reported to the State. This information is collected and stored on the provider's record to prevent the provider from being re-enrolled as determined by State-defined business rules.

PR1.03; PR1.03.01; PR1.03.02	Product Configuration	APHP; QC; K2

The APHP Portals allow providers to view and update provider applications. It provides IME workers with a secure online location for validating provider applications and updating the provider file.

APHP uses automated workflow to generate notices to providers about their provider application. The Provider Enrollment workflow will initiate these provider notices based on a variety of factors. This includes application status change, such as an application approval, or updates to the provider record, such as license expiration. IME workers may also send notices to providers manually using the APHP Worker Portal Communication Center. Notices to providers are sent based on the preferred communication method selected by the provider as part of the enrollment process or as directed by the IME. Provider notices are stored as images within the OnBase EDMS and are easily retrievable for future use through the APHP Portal.

PR1.04; PR1.04.01; PR1.05	Product Configuration	APHP; QC; K2

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy. APHP business rules are configurable, quickly and easily, in response to evolving legislative policy and program changes requiring additional provider identifiers or validation requirements for identifier types.

APHP also has the out-of-the-box ability to assign and track provider identifiers, including Atypical Provider Identifiers (API), legacy Medicaid provider identifiers, provider identifiers assigned via other systems (i.e., Medicare/CMS) and other identifiers such as Drug Enforcement Agency (DEA) numbers. Each identifier is captured with an effective date span, type and source. APHP assigns unique provider numbers to each provider

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record. When a provider record is added to the APHP databases as part of the provider enrollment process, checks are done to determine if the provider record already exists. Edits can be defined, based on the State's policy, to identify and prevent 'exact' matches and add with notification 'suspect' duplicates.

Criteria used to determine exact and suspected duplicates is configurable and typically includes checks against provider identifiers, including NPI, API, SSN, EIN, provider's first and last name or provider business name and / or date of birth. When a provider is identified as either an exact or suspect duplicate (i.e., multiple internal numbers are assigned to a single provider), the record is flagged and a State user is notified for follow-up through the capabilities of our business workflow tool.

PR1.06; PR1.06.01; PR1.06.02	Product Configuration	APHP; QC; K2

The APHP Portal is the central access point for providers into the Medicaid program. It supports communication and data submission between the provider community and the State. The portal allows providers to communicate with the State, and other providers, through the use of banner messages, focused notifications, secure email, "Contact Us" and system/transaction-based correspondence.

The portal also includes other communication vehicles and information such as downloadable enrollment forms, claims and special billing forms, upcoming training announcements, field representative names and phone numbers, a hot link to the State's website, provider inbox to receive correspondence and other material that would be useful to providers as approved by the State. Correspondence to and from providers is tracked and monitored and can be viewed by the Agency and IME Provider Services Contractor.

If provider or State guidelines require hard copy notification, our solution can be configured to mail notifications to the practice location(s), correspondence address, or base record address. Through the use of configurable business rules, APHP will automatically stipulate a pool of providers designated for targeted and automated provider outreach activities.

PR1.07	Product Configuration	APHP; K2

Providers have the right to appeal enrollment and claims payment decisions that adversely affect their right to provide medical services or receive adequate compensation for services rendered. Appeals and/or complaints may be received via phone call, letter/fax, or other form of contact with Provider Services, the State Provider Enrollment agency, the State agency administering a MMIS healthcare program or the Governor's office. APHP supports the appeals process through automated workflow, document management and portal technology. Using our workflow tools, APHP provides the ability to automatically generate letters to providers informing them of program decisions, such as application or claim payment denial, or appeal progress, such as an appeal decision. Our solution enables configuration of templates based upon the Agency guidelines. This includes the ability to incorporate information on the provider's right to an appeal.

Providers may request an appeal through phone, mail or fax or via the online Provider Portal. If sent via mail or fax, our mailroom scans and forwards the documentation. If sent online using the APHP Provider Portal Document Upload function, the file is stored within the OnBase EDMS. All documents are routed to Provider Services for resolution using the existing OnBase workflows developed by the State. Our solution for the Iowa MMIS supports compliance with Federal guidelines contained in 42 CFR 431, and captures and records information received from providers. Association of additional records such as claims, member, payment and historical transactions is completed through a systematic process as they are identified. Through integration with OnBase, our solution supports workflow routing and business processes that provide information for review to the appropriate staff at the appropriate time.

Our integrated workflow solution provides the ability to route and track the appeals business process. Decisions may be escalated by the provider and an administrative hearing may be requested. When the request for an administrative hearing is received and recorded, it initiates a fair hearing process whereby the provider is granted a hearing, and processes / documents associated with the fair hearing are captured and tracked. At the end of the process, the final hearing decision is captured, required modifications to enrollment are made, and / or claims are adjusted.

PR1.08; PR1.08.01; PR1.08.02	Product Configuration	APHP; K2

The Provider Management module in APHP maintains date-specific enrollment and demographic information for individuals and groups who are approved to provide services to the State's Medicaid members and participants in other related programs supported by the State. APHP offers the capability to view the status of enrollment applications through operational dashboards as well as backend

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reporting. For example, summary and detailed metrics can show enrollments per status (i.e. approved, pending, denied), by provider type, date of submission or approval (month/day/year) and the user who approved.

PR1.09	Product Configuration	APHP; K2

The process of enrolling providers is managed by automated, configurable business process checklists that define required procedures, documents and verification steps. During the verification steps, it may be determined that additional documentation is needed. APHP offers the functionality for authorized users to manually send a request for additional information to the provider to complete the enrollment application process. If the provider does not respond and the application has not changed status, the system can automatically generate second and third notices to the provider to request the outstanding information. Steps within the enrollment application process may be configured to generate an information request, correspondence, or notification based on the status of the application for enrollment. Additionally, at any point during the process, authorized users may use the correspondence features of APHP to generate and track letters, information requests or other correspondence.

PR1.10	Product Configuration	APHP

APHP tracks correspondence with the provider. Upon generation of a notice, letter, or other correspondence to the provider, APHP creates an audit trail that details the action. Audit records are maintained that include time/date, type of correspondence sent, if the notice was system generated or manually sent (and by whom) and the reason for the notice. A copy of the correspondence is maintained within the Electronic Document Management (EDM) solution that can be subsequently viewed by authorized APHP users.

PR1.11	Product Configuration	APHP; QC; SSRS; Pitney Bowes

Our APHP centralized reporting data store contains accurate information about IME provider and member populations. Our APHP solution is integrated with Pitney Bowes geocoding and location intelligence software, which allows APHP to geocode the physical address where providers perform Medicaid services. This allows APHP to group providers into geographic regions. Our Microsoft SSRS ad hoc reporting tools enable the Agency to create graphical reports to help analyze the adequacy of the Iowa Medicaid provider network based on geographic region, provider type and other criteria as defined by the State.

PR1.12	Product Configuration	APHP; QC

APHP Provider Management solution maintains key provider demographic data, such as provider first and last name, business or corporate name and 'doing business as' names. APHP enforces the data entry in specified form fields using consistent naming conventions as defined by the State policy. Maintaining a consistent data structure within the APHP database allows flexible searches for provider data based on provider name. APHP also returns similar names to allow selection of the most appropriate record.

PR1.SS.01	Product Configuration; Interface/Integration	APHP; Pitney Bowes

APHP functionality includes address standardization in the various provider functions included in the portal. APHP makes an interactive call to the Pitney Bowes address validation and standardization service to validate provider addresses entered into the enrollment application or updated through the Provider Records function. Using this real time web-service, APHP validates, standardizes and displays the corrected address back to the provider for acknowledgement and acceptance. Providers may choose to keep the address as originally entered if the standardized value does not accurately reflect their address.

PR1.SS.02	Interface/Integration	APHP; QC; K2

We handle and track enrollment from initiation to completion through automated workflow (whether paper or electronic); enrollment status is visible to providers through their account on the Provider Portal.

The APHP workflow and process rules engine component will be configured for provider enrollment information to be fully integrated with the MMIS and the Point-of-Sale (POS) systems. This allows users ease of access to see non-approved applications and their status as well as the approved/finalized enrollments without having to switch between systems for duplicate entry. This is achieved through the consistent and integrated single sign on (SSO) access and integration with Microsoft Active Directory Federated Services.

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PR2.01	Product Configuration	APHP; QC; K2

APHP controls the enrollment process through workflow steps, which are configurable based on the State's business processes. APHP will interface with external vendors and State and Federal agencies to accomplish validation of the provider's application information, including National Provider Identifier (NPI) and taxonomy, license and certification and other specified information.

When applications are submitted and/or updates are made, business rules can be configured to trigger further automated processing actions as desired by the State. Providers that are identified with sanctions, licensure actions or suspected fraud and abuse as a result of the credentialing process are reported to the State. APHP uses these automated processes to support both initial enrollments and annual verification of enrollment credentials and certification.

PR2.02	Product Configuration	APHP; QC; K2

APHP uses automated workflow processes to support both initial enrollments and annual / periodic verification of enrollment credentials and certification. Based on State-specific business rules, the APHP provider management functionality will track and support State-established provider review schedules to verify providers continue to meet program eligibility requirements.

PR2.02.01	Product Configuration	APHP; QC

APHP has the capability to place providers on prepayment or post payment review. Information contained in the provider record identifies the status of the provider as no review, prepayment review, post payment review or both prepayment and post payment review and includes an indicator to identify the reason the provider was placed on review. As directed by the Agency, APHP also has the ability to suspend, terminate or withhold payments from providers under investigation.

PR2.03	Product Configuration	APHP; QC

As part of the APHP rules engine, specific edits and audits are in place to validate that provider eligibility is reviewed during claims adjudication and again, prior to any systematic claims payment decisions have been made. Specific edits and audits will be configured within the APHP claims engine to validate that provider eligibility is reviewed during claims adjudication, prior authorization approval and other business processes as defined by the State.

PR2.04; PR2.04.01; PR2.04.02	Product Configuration	APHP; QC

APHP will capture CLIA certification information upon enrollment to be validated with the national data site. Workflow and business rules will be configured to require a valid CLIA certification depending on the provider type. This information, such as certification effective dates and level of certification, are maintained for use during claim adjudication. Additional business rules configuration will allow the system to continue to monitor the CLIA associated to each practice location for the provider account. Notification to update the CLIA will be sent to the provider to prevent unnecessary suspension of their account.

PR2.05; PR2.05.01	Interface/Integration	APHP

The APHP workflow function allows for the capability to match data comparing applicant and provider information to licenses and sanction information. Providers identified as having sanctions, licensure actions or suspected fraud and abuse as a result of the ongoing credentialing and background check can be marked for denial within the work item of the application. If information is identified through the monitoring of an established provider, the provider account is marked, removed from service and reported to the State. The identified providers are reported to the State. This information is collected and stored on the provider's record to prevent the provider from being re-enrolled, as determined by State-defined business rules.

PR2.06; PR2.06.01; PR2.06.02; PR2.06.03	Product Configuration	APHP; QC; K2

Our APHP configurable workflow tool includes multiple automated and manual steps to assist APHP workers in reviewing provider information on a timely schedule for re-validation. A system action, such as identifying an expiration date against a defined threshold of 30 days, will automatically generate a notice to providers informing them of their upcoming license/certification expiration date within State-defined requirements. Authorized users, through the worker portal, will have the ability to update license information, including modifying the end date. Updates to a provider records are tracked through the audit trail.

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PR2.07 (a-f); PR2.07.01	Product Configuration	APHP; QC

The APHP solution supports various industry standard provider reimbursement rates. APHP maintains begin and end dates for all assigned reimbursement rates to verify historical rates are maintained along with the applicable date(s) that the rates were changed. Payment methodologies use configurable criteria within the fee schedules. These fee schedules are automated within the APHP claims engine and viewable through the APHP Portal. Payment methodologies will include, but are not limited to: per diem, percentage-of-charge rate, FFS, APC, DRG, level of care, preferred provider agreements, and other cost containment initiatives.

PR2.SS.01	Product Configuration	APHP; QC

The APHP claims engine limits provider participation with certain benefit plans based upon provider type, specialty, geography or other criteria as directed by the IME. Our configuration allows the State to tailor benefit plans (groups of members), frameworks (who can participate) and treatment types (procedure codes) so that each plan allows for approval of services by procedure codes or ranges of procedure codes, age of members that can be seen, or other limiting factors for certain providers included in the specific benefit plans.

PR2.SS.02	Product Configuration	APHP; QC

Our solution captures provider contact information in multiple areas of the provider portal. During enrollment the application captures the contact name, phone number, email address, and preferred contact type (email or phone). Providers may also update this information at any time through the Provider Portal Provider Records function. This information is maintained, including when the contact was effective.

PR2.SS.03	Product Configuration	APHP

Providers have access to the rates applied for services through the online fee schedules available in the Provider Portal. Through the Worker Portal, authorized workers will also have the ability to view fee schedules applied for professional and institutional services, along with payment contracts, which allow for unique pricing for a specific provider.

PR2.SS.04	Product Configuration	APHP; QC

The provider enrollment application includes requesting the facility bed size for applicable facilities and hospitals. This information is maintained at the practice location level. This value may be updated by the provider if additional beds are added during the “life” of the provider’s participation with Medicaid.

PR2.SS.05	Product Configuration	APHP; QC

In order to be considered an active provider within the claims engine, a provider will be required to have an active/valid license. If a license becomes invalid, the affected practice locations associated to the expired license will be marked with the same end date. The license data associated to the provider record includes the state where issued, number, and effective / end dates.

PR2.SS.06	Product Configuration	APHP; QC

If IME standards dictate that some providers do not need a license because of provider type or services rendered, APHP will configure an indicator, separate from others, to identify atypical providers or provider types that are not required to have a license.

PR2.SS.07	Product Configuration	APHP; QC

As providers are enrolled, if an individual provider wishes to be linked to a group billing provider, APHP maintains that link and keeps that relationship available. Users can search for providers by both the provider’s group or the individual provider. The APHP provider enrollment application comes pre-packaged with individual, group, and rendering (providers that participate in a group) applications that are configured to capture necessary information for each enrollment type. In order for a group to be considered active, the record must be associated to at least one active rendering provider.

PR2.SS.08	Product Configuration	APHP; QC; K2

The enrollment process includes steps to support verification of valid provider credentials and licenses, good standing in the community and lack of unacceptable criminal charges on his/her record. APHP workflow will support criminal background checks for all providers. Based on responses from the credentialing authorities, workflow capabilities will dynamically and automatically trigger further automated processing.

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PR2.SS.09	Product Configuration; Interface/Integration	APHP; Pitney Bowes

APHP geocodes provider addresses as part of the enrollment process and each time a provider address changes. APHP geocodes each provider physical address at which they perform services. This enables the online provider lookup functionality to map the provider to a specific location. It also allows the member that is searching for the provider to obtain the most accurate directions to the provider's location. The geocodes are updated when a provider updates their address.

PR2.SS.10	Product Configuration	APHP; QC; K2

The APHP enrollment application is fully configurable to fit the needs and standards of the IME. Our solution comes pre-packaged with business rules based upon the enrollment type (individual, group, facility, and rendering). As part of ACD phases, we work with the Agency and Provider Services Contractor to configure these enrollment applications and workflow business rules based upon State specific requirements, including provider type, program, or location.

PR3.01; PR3.01.01 (a-n)	Product Configuration	APHP; QC; K2

The Provider Management module in APHP accepts, validates, processes and maintains date-specific enrollment and demographic information for individuals, groups and facilities that are approved to provide services to the State's Medicaid members and participants in other related programs supported by the State. Updates to provider records, whether initiated through the portal or through data exchanges and interfaces, are available upon approval.

Enrollment information - Account information is captured and maintained, including application and enrollment dates and status and enrollment status code. Information obtained as a result of verifying the provider's license or credentials is captured, including any provider under review and sanction data and a provider suspense flag.

Provider Information - Basic demographic information is captured and maintained (name, title, SSN, date of birth, email, and web addresses, telephone and fax numbers). APHP maintains provider information that will be used to classify providers for reporting and claims processing, and establish the connection within APHP between benefit contracts and payment contracts. This information includes taxonomy or provider type, NPI, provider specialties with effective dates, payment information including specific contracted rates and information on contracts or agreements specific to the provider.

Practice information - Provider records within APHP enable entry of multiple address records, including zip codes and county data, with corresponding begin/end dates. Each address is identified with an address type, such as mailing, physical, and 1099, and the enrollment status of that location. Practice information includes services offered, identification if the provider is accepting new or special needs patients, office hours and location, contact information, whether the provider offers specialized capabilities for the hearing-impaired, and languages spoken.

Qualifications - APHP maintains data, such as licenses and certifications, and the association links to defined provider entities such as networks and network sets, groups, MCOs, chains, ownerships and partnerships. APHP also collects and maintains information about who is listed as the provider's billing agent, name and address of owners enrolled for each entity, SSN for providers and owners, and the date of birth of providers and owners.

Payment Information – APHP maintains information necessary to promote payment for providers, such as Payee TIN, Federal EIN, SSN and Tax-exempt status. This allows us to capture full demographic information for the associated entity (network, MCO, chain, ownership etc.), including the name (of billing agent, owner, chain, partner, etc.), address, tax information such as the EIN, SSN, or TIN, the date of birth and other information needed for that entity. This is how APHP also supports affiliations with multiple groups, clinics, hospitals, district medical officers (DMOs), chief medical officers (CMOs), or other organizations.

PR3.02 (a-h); PR3.02.01	Product Configuration	APHP; SSRS

As determined by role-based security profiles, authorized APHP users have online access to provider data. This means that a user can look up an enrolled, active provider and retrieve various pieces of information including, but not limited to alphabetical or numeric identification; group affiliation; specialty; category of service; education; and address. This information may be printed or emailed to the requestor along with user friendly map and directions. Through our online provider search screens or through the ad-hoc or standard reporting, a user has the ability to complete detailed searches of APHP provider information in order to extract provider listings. The reporting and data extractions include, but are not limited to:

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- An alphabetical provider listing
- A numeric provider listing
- A provider rate table listing
- An annual recertification notice
- A provider group affiliation listing
- A provider specialty listing
- A provider listing by category of service (COS)
- Identification of performing providers across claim types

PR3.03 Product Configuration APHP; QC; K2

The provider update processes within APHP provide an accurate, current and historical source of provider demographic and program participation information. Incoming data is edited per defined business rules for accuracy and reasonableness; errors are reported on transaction error reports. Errors are routed through the APHP workflow to the correct person or work unit for follow-up and resolution. APHP has integrated alerts that are configurable to inform appropriate State and contractor staff on the status of data processing, including notification of the completion of processing or processing interruptions due to errors.

PR3.04 Product Configuration APHP; QC

Provider records within APHP allow for the entry of multiple address records with corresponding begin/end dates. Each address is identified with an address type, such as mailing, physical address, 1099 address, etc., and provides for the use of specific address types when generating letters and other correspondence to the provider. APHP provides the capability for four addresses to be applied to standard transactions (such as a claim) as defined within the standard EDI/HIPAA formats.

PR3.05; PR3.05.01 Product Configuration APHP; QC

APHP creates a comprehensive audit trail to record the information corresponding to provider data update actions. For example, APHP captures information about the authorized user who entered or modified/changed provider data, including the date and time of the action. The application of audit trails to provider records down to specific data fields is critical to resolving data discrepancies. Summary and error reports are generated after completion of file processing and are accessible to authorized users. Audit trails are maintained for a period specified by the State.

PR3.07 Product Configuration APHP; QC

Provider 1099 data for current and prior years, along with the State requirement of four previous years, will be maintained and updated within APHP as part of the functionality within the provider financial management component. Our solution will produce or support the production of the 1099 files by interfacing with the Social Security Administration (SSA) and Internal Revenue Service (IRS). Our solution matches the Tax Identification Number (TIN) against the names registered with the IRS to avoid fines, and the 1099 process is initiated before the books are closed for the previous calendar year. APHP is updated with current applicable laws and regulations to facilitate 1099 and interface file production, meeting current regulation.

PR3.08 Product Configuration APHP; QC

APHP enables the creation of relationships between providers and other entities. Individual providers can be associated with one or multiple groups, organizations, or MCOs as specified by State policy. The APHP Provider Management component supports the capability to manage and link providers at the individual, group, network MCO and other organizational levels. APHP can cross-reference providers to multiple office locations, groups, MCOs, pay to identifiers and addresses, business associates, and group/practice affiliations.

PR3.09; PR3.09.01 Product Configuration APHP; QC

APHP provides the ability to perform criteria-based, mass updates to provider information, such as provider-specific rates, through the APHP Portal. Driven by IME specified criteria, configurable business rules define the types of updates to be applied to data elements within the provider database.

PR3.10 Product Configuration APHP; QC

APHP identifies providers that are fee-for-service (FFS), MCO network only and other State health care program participants. This includes pharmacy-specific indicators for different specialties, such as chains and compounding pharmacies. In addition, stored Medicaid provider and claims data identifies providers with specialties and service indicators, indicating potential for enrollment as primary care, disease management and waiver providers. APHP also contains a relationship structure between providers and other entities such as benefit plans, members, financial accounts and payment contracts. The APHP platform provides tremendous flexibility in defining what services are covered, how those services are delivered, and how payments are made. APHP retains provider data in accordance with State policy.

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PR3.11 Product Configuration APHP; QC

The APHP provider database facilitates electronic payments to Medicaid payees by maintaining indicators and the bank account and routing information necessary for payment by Electronic Funds Transfer (EFT). APHP also identifies providers (in the provider database) who submit electronic claims transactions to the APHP MMIS. The EFT information stored and maintained includes bank name, account number and routing information, bank account type and an effective and end date. APHP also maintains tax-related information including, Social Security Number (SSN), Tax Identification Number (TIN), IRS withholding indicators and Backup Withholding (B-Notice) information.

PR3.SS.01 Interface/Integration APHP; QC

APHP provides the capability to interface with multiple systems or sources of data, including the death registry. The name validation process against the death registry occurs based on the requirements and availability of data and as configured in the workflow tool. When a provider is identified as included in the death registry, APHP workflow will trigger an automated alert to the appropriate APHP staff member and create a work item to allow the designated worker to perform further verification that the match is accurate and take the appropriate actions to inactivate the provider.

PR3.SS.02 Product Configuration APHP; QC

APHP maintains all provider data regardless of active/inactive status. The active/inactive status is only an indicator on the provider record and can be removed to allow previously enrolled providers that have been inactivated to be reactivated. A provider must contact the IME Provider Services contractor for a definition of IME guidelines for reactivation into the program. The APHP Provider Management module will maintain a shortened provider reactivation workflow as defined by IME guidelines to support this situation.

PR3.SS.03 Product Configuration APHP; QC

Our team maintains a minimum of five years of provider demographic information in an online searchable audit trail of reference information and update transactions, including errors and suspended changes. This helps users with researching historical information in many ways. Examples include researching how pricing was calculated and how limitations and restrictions were applied.

PR3.SS.04 Product Configuration APHP; QC

APHP effectively tracks and makes accurate payments, including withholds or withholding percentage amounts, to providers who are under investigation. Through the worker portal, authorized users can update the provider record to mark, at the practice location level, accounts that are suspended, terminated or withholding payments from the provider. During ACD, we will validate the coordination between the IME and the APHP solution workflows and configure notifications between the State and the system.

The APHP payment process facilitates this requirement through the hold of payments for validation and full or partial release of funds. As claims are received, our solution compares the claim information against the provider's payment status and automatically suspends/withholds payments based on those rules.

PR3.SS.05 Product Configuration APHP; QC; K2

Only health care practitioners and health care facilities that meet the State's conditions of participation and eligibility requirements may be enrolled in the State's Medicaid program. As such, APHP supports the disenrollment of providers that do not continue to meet these criteria. Providers may be disenrolled from Medicaid program participation for reasons including, but not limited to the following:

- Voluntary termination
- They remain inactive for more than the state specified timeframe
- Notification from a sanctioning or licensing authority of disqualification
- State request

Based on the State's business process rules, APHP provides automated workflow to complete the termination of the provider account. Information related to the termination, including the termination date and reason, are captured. This information is reviewed should the provider submit a new application for enrollment and may be used per the State's business policy to prevent the provider's re-enrollment.

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PR3.SS.06	Product Configuration	APHP; QC

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy, and will also support the IME's objectives to meet the guidelines established within the Meaningful Use directives issued by CMS. The provider's EHR status information and the CMS certification number of the EHR system is captured during provider enrollment.

PR4.01; PR4.02; PR4.03	Product Configuration; Interface/Integration	APHP; QC; K2; Edifecs

The provider's NPI information is captured during provider enrollment (when appropriate) and is validated through NPPES. APHP supports multiple taxonomies and specialties in a single provider profile. Enrollment guidelines for the provider types are configured based on the State's business rules. APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and accepts NPI in standard transactions mandated by HIPAA.

PR4.04	Product Configuration	APHP; QC

APHP enables us to assign unique provider numbers to each provider record. When a provider record is added to the APHP databases as part of the provider enrollment process, checks are done to determine if the provider record already exists. When an Atypical Provider Identifier (API) is assigned, the number will begin with an "A", which will distinguish it from numbers assigned by the NPPES.

Edits may be defined based on the State's policy, to identify and prevent exact matches, and add with notification 'suspect' duplicates. Criteria used to determine exact and suspected duplicate are configurable and typically includes checks against provider identifiers, including NPI, API, SSN, EIN, provider's first and last name or provider's business name, and/or date of birth. When a provider is identified as either an exact or suspect duplicate, a user is notified through the capabilities of our business workflow tool for follow-up. The exact steps taken to resolve suspected provider duplicate records are configurable through the features of our integrated workflow product.

PR4.05	Product Configuration	APHP; QC

APHP has the native ability to assign and track multiple provider identifiers, including Atypical Provider Identifiers (API), historically assigned provider identifiers, provider identifiers assigned via other systems, multiple NPIs used to identify subparts, and other identifiers such as Drug Enforcement Agency (DEA) numbers. Each identifier is captured with an effective date span, type and source. The provider IDs are arranged within multiple components of the solution. This allows for IDs for the same provider to be linked and de-linked for the provider "base" record. APHP uses the information submitted on the claim to obtain the correct provider record. This is true regardless of the method of claim entry, including Medicare crossover claims received via the COB crossover files.

PR4.SS.01	Product Configuration	APHP; QC

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy. APHP can be configured to accept a secondary NPI for processing purposes as specified by the IME. The provider's NPI information is captured during provider enrollment, validated through NPPES and used when processing transactions are submitted to APHP. This includes identifying the different providers on a claim, validating that the provider is eligible to perform services for the IME, approving authorizations and disbursing claim payments.

PR4.SS.02	Product Configuration	APHP; QC; SSRS

APHP contains a centralized reporting data store, tools and reporting functions. Through this data store, APHP can produce a random sample of providers for audit purposes based on IME-defined selection criteria.

PR4.SS.03	Product Configuration	APHP; QC; K2

Atypical provider numbers are assigned to providers according to State policies. Our system enables us to assign unique provider numbers to each provider record. When a provider record is added to the APHP databases as part of the provider enrollment process, checks are done to determine if the provider record already exists. Edits may be defined based on the State's policy, to identify and prevent exact matches, and add with notification 'suspect' duplicates. Criteria used to determine exact and suspected duplicates are configurable. Our automated workflow tool creates a work item for follow-up when a provider is identified as either an exact or suspect duplicate.

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PR4.SS.04 Product Configuration APHP; QC

APHP will support the IME Provider Services contractor and the Agency to support the processes and actions necessary when handling B Notices from the IRS. Providers subject to B Notice actions are identified upon either receipt of an electronic IRS file via the APHP EDI component or through the APHP portal document upload function. Automated workflows will be available to support the processing of IME-designated actions, correction and/or updates. The back-up withholding process begins when the Internal Revenue Service (IRS) sends a mismatch file to the IME listing the Medicaid providers whose name and tax identification number (TIN) do not match what is on file with the IRS. This file is created using 1099 information that APHP sends to the IRS each year.

From this list, first and second B-Notices are mailed to the providers requesting updated information. A first B-Notice requires the provider to return a completed W-9 to APHP. A second B-Notice, when a provider shows up on the IRS file more than once in a three-year period, requires the provider to obtain their name and TIN verification from the Social Security Administration or "letter 147c" verification from the IRS. The provider has 30 business days from the date of the B-Notice to provide verification.

If APHP does not receive the required information within the appropriate time frame, a back-up withholding of 30 percent, which may fluctuate depending on IRS regulations, must be deducted from any future payments until the verification is received. When APHP receives verification, the back-up withholding is discontinued within 30 working days of providers' notification.

PR.SS.01 Product Configuration APHP; SSRS

Through the portal, authorized users may search by NPI, Tax ID, or Financial Account payment information to view summary payment information. The APHP Portal displays a summary of each provider payment, along with the payment date and status. Users may select to drill down on a specific payment to view additional information about the payment selected. The APHP reporting component provides multiple capabilities and program status features to bring program transparency and automation to program reporting, provider reporting, 1099 earnings reporting, and State and Federal report inputs.

Using APHP reporting tools and SQL Server Reporting Services, we will be able to create a dashboard for provider payment summary. This graphical user interface will allow users to review an annual summary with drill-down capability to view the corresponding detailed claims and other financial transactions.

PR.SS.02 Product Configuration APHP; QC

The APHP provider management module is a configurable and flexible product which can be set up to define values for specific data types without requiring a developer to code values in backend tables.

Using provider management screens, users have the flexibility to add/update/change or simply delete provider type categories. Using a utility for data management, we will be able convert history records to reflect new provider type categories, all while maintaining date defined parameters for historical research and processing needs.

PR.SS.03 Product Configuration APHP; QC

The APHP provider data management function provides the capability to store multiple provider addresses for each provider. Effective dates are stored with each address record to indicate the period for which each address is valid. Address records are also defined by an address type field that is configurable to capture different address types, such as mailing, physical, pay-to, corporate, correspondence or any other address type needed. Each address record has a placeholder for corresponding email address in case the provider chooses to receive communication electronically.

PR.SS.04; PR.SS.05 Product Configuration APHP; QC

Because APHP is a robust COTS solution based on the dynamics of a commercial managed care benefit administration and claims processing system, rules changes or program additions become functional configuration changes instead of customizations at the code level. Authorized users will configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing, provider management, member management and financial management.

APHP recognizes the Vendor ID as a "pay to" entity to which either a single provider or group of providers can be associated for payment. APHP provides flexibility to capture and maintain multiple Vendor ID assignments to providers to support providers who participate in various managed care contractor arrangements, such as MediPASS, but who also provide services to the FFS community. Using provider

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management web pages, authorized users can capture and maintain the associated Vendor ID(s) for HMO and MediPASS providers. The provider management web pages in APHP also provide the capability to add new provider types to support the evolving needs of the IME. Specific attributes like rates, types and service limitations are key elements of benefit plan and fee schedule configuration.

PR.SS.06 Product Configuration APHP; QC; K2

The APHP solution makes it easy for providers during the re-enrollment process to validate their information captured through the enrollment process or ongoing data maintenance activities. APHP enables the State to identify the data elements from the original enrollment application or current provider file that could be pre-populated for provider validation and which elements and additional information would need to be completed and furnished during the re-enrollment process. APHP's configurable portal and K2 blackpearl automated workflow solution allows the MIDAS Project Team to easily tailor the provider enrollment application and business process rules to align with the IME's provider re-enrollment business process.

PR.SS.07 Product Configuration APHP; SSRS

Updates to provider data are captured as part of standard audit trail process. This includes capturing the new record, the old record, the user ID of the individual, system or process completing the change and the date and timestamp when the change was made. This can be used to support any external audits and research provider questions.

PR.SS.08 Product Configuration APHP

APHP accommodates the production of correspondence in multiple formats. These include informational notices or newsletters sent as printed copies or transmitted electronically, and the ability to generate mailing labels. Using master provider data, APHP submits data for mailing elements to the fulfillment product software Dyncomm, which merges the mailing labels with specific letters. These letters are delivered to providers based on their preferred method of communication (i.e., mail or email).

PR.SS.09 Product Configuration APHP; QC

Using the worker portal, an authorized user will apply a lien against a provider financial account associated to the provider's base record. A work item is created and directed to an authorized user to create the lien. The lien includes the amount owed, source of lien, status, and effective date. During payment processing, the system checks to determine if there are any liens against the provider before issuing payments. If the provider payments are withheld against a lien, they are tracked in the financial account, which includes the total lien balance at any time. Authorized users will be able to view the claims applied to the lien and the updated balance.

PR.SS.10 Product Configuration APHP; SSRS

The APHP reporting solution employs a suite of tools that allows business users easy access to data without having to know about the technical structure of the data, such as table and column names. Instead, users access the data via a graphical interface with a simple drag and drop functionality to help them build queries to obtain the data they desire in the format they want. Additionally, data is available in an aggregated fashion to support instantaneous retrieval of summary information. Users have the ability to drill down to get to a more detailed level of data if needed and save the query results in multiple formats. Using the APHP reporting capability, users can easily produce alphabetic and numeric provider lists with totals and subtotals. The lists can be generated based on specific parameters such as provider type, provider specialty, county, zip code and enrollment status.

PR.SS.11 Product Configuration APHP; SSRS

The IME Provider Cost Audits and Rate Setting contractor is generally responsible for all activities related to fiscal analyses and recommendations for rate setting for the Iowa Medicaid Program. This encompasses the tasks to determine reimbursement rates for the Agency-specified provider types and for auditing the accuracy of provider cost records. APHP access is available to this contractor via the portal. Additionally, APHP provides outbound interface capability that can be used to build extracts required by the Rate Setting contractor. These extract files will include all data elements required for rate setting, including member information, provider information and claims data.

The information will be delivered via web services or through secure FTP for easy access for the Rate Setting contractor. In addition to the file interface, authorized users from the Rate Setting contractor can be provided access to APHP Portal screens so they can research and access the data required for rate setting tasks.

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PR.SS.12; PR.SS.13; PR.SS.14; PR.SS.15	Product Configuration, Interface/Integration	APHP; QC

The APHP solution provides secure data exchange with inbound or outbound interfaces, which can be used to import data in or export data out of APHP tables. There will be some standard interfaces available that would be applicable for any standard Medicaid implementation, e.g. receiving of NPI data file from NPPES (National Plan & Provider Enumeration System) and loading the data into APHP tables. For state specific interfaces, external data elements can be mapped to data elements in APHP tables to create an interface. The APHP user interface allows authorized users to build validation rules to verify data integrity before the data is loaded into APHP tables. Once the interface is configured, it can be scheduled to run at a pre-defined frequency. The files will be exchanged with trading partners using secure transmission methods.

Using this approach, APHP will be able provide the capability to:

- Update licensure data based on electronic files received from occupational licensing entities
- Synchronize data with statewide provider directory Health Information Exchange (HIE) and licensing boards
- Accept and upload enrollment information from external source including NPI
- Accept and upload rate information from external sources including Excel spreadsheets.

PR.SS.16; PR.SS.17	Product Configuration, Interface/Integration	APHP; QC; K2

Through workflow, APHP has the capability to identify providers whose licenses, certification, provider agreements and permits are set to expire within (90) days. Using automated workflow in K2 blackpearl, a work flow will be configured to identify any providers whose license/certificate/permit is about to expire. The expiration period can be configured in the workflow to 90 days. This value can be changed easily if the Agency decides to do so. The automated workflow will identify all providers whose information is about to expire and send out notification triggers to the fulfillment system. The fulfillment system will generate the necessary notification to providers. The solution supports the capability to perform checks of information obtained from national databases and bulletin boards for exclusions, sanctions or license revocation in other states or by CMS.

PR.SS.18	Product Configuration	APHP

The payment configuration screens allow users to set which address should be used to send payments. A rule can be easily configured to disallow payments to be sent to a foreign address. This is how APHP can identify providers that have foreign mailing address and allow for payment refusal to these addresses.

PR.SS.19	Product Configuration	APHP; QC

APHP Provider Management allows multiple statuses associated with a provider ID. Each status will have a timeframe associated with it. This enables the system to allow multiple provider status codes to be valid for the same or overlapping timeframes. For example, a provider could be on review but still submit claims. In this case, the provider record would have two statuses – "active" and "on review" for the same timeframe.

PR.SS.20 (Inputs (a-e)/ Outputs (a-h))	Product Configuration; Interface/Integration	APHP; QC; SSRS; Edifecs

The APHP Portal provides a user-friendly portal for providers or internal users to process enrollment applications and data updates. The information captured through the Portal will be routed to appropriate users using automated workflow tools.

The APHP EDI component supports secure data exchange and provides capabilities to create inbound or outbound interfaces, which can be used to import data in or export data out of APHP tables. There will be some standard interfaces available that would be applicable for any standard Medicaid implementation. For state specific interfaces, external data elements can be mapped to data elements in APHP tables to create an interface. The APHP user interface allows authorized users to build validation rules to verify data integrity before the data is loaded into APHP tables. The interface can be scheduled to run at a pre-defined frequency. The files will be exchanged with trading partners using secure transmission methods.

The APHP reporting solution employs a suite of tools that allows business users easy access to data without having to know anything about the technical structure, table names and table column names. Instead, authorized users access the data via a graphical interface with a simple drag and drop functionality to build queries and obtain the data desired in the format best suited for the individual. APHP will be able to process and maintain the following inputs and outputs for Iowa Medicaid:

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Inputs:

- Provider enrollment data (APHP Portal)
- Provider demographic changes (APHP Portal)
- Provider rate changes (APHP Portal or APHP Interfaces)
- State and Federal licensing and certification documentation (APHP Portal or APHP Interfaces)
- Provider Sanction listings (APHP Interfaces)

Outputs:

- Daily, monthly and on request reports and address labels (APHP Reporting)
- Daily provider files (APHP Interfaces)
- Reports related to data maintenance function (APHP Reporting)
- Remittance advices in electronic format and X12N 835 (APHP Claims Engine)
- Annual 1099s, on federally approved forms (APHP Claims Engine)
- Group mailing and provider labels based on selection parameters (APHP fulfillment)
- Report on provider changes in practice arrangements (APHP Reporting)
- Data required for rate setting as required by the IME (APHP Interfaces)

PR.SS.21	Product Configuration	APHP; QC

A new benefit plan will be created within the APHP claims engine to manage the ACO organization. Our product is designed with standard functionality normally found in a commercial payer, including the ability to create provider networks. Providers enrolled with an ACO organization will be included within their network and marked as a primary care provider. This allows members to select only a PCP associated to the ACO benefit plan.

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4B.3.1.a.3 Claims Receipt

We understand that Iowa requires a full-service claims receipt process that supports all providers regardless of technological capabilities.

APHP accommodates claim submission through multiple access channels, including fax, phone, paper, the APHP Portal, and HIPAA-compliant Electronic Data Interchange (EDI) transmissions. When submitting claims via the portal, providers/submitters receive real-time acknowledgement of receipt, which reduces claim resubmission counts by providing messaging that a submission was successful. Even providers that submit paper claims can track submissions electronically via their secure portal.

Our solution accommodates the attachment of documents to each claim record. Electronic documents are submitted and attached to a claim via APHP portal functionality. Hard copy claims and attachments are received at our mailroom facility; processed through standard mailroom processes; scanned, imaged and indexed for attachment to the specific claim record.

IME Benefits from MITA-Aligned Claims Receipt Business Processes Accommodating Provider Needs

- Facilitates multiple submission channels
- Complete end-to-end traceability from claims receipt to final disposition regardless of claim media
- Provides a real time dashboard that consolidates data from claims and encounters accessible to monitor/ manage workflow queue volumes
- Point-and-click accessibility to claims document attachments

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Want to see more?
CLAIMS MANAGEMENT
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

Claims receive a transaction control number (TCN) that uniquely identifies the claim throughout its lifecycle. Any attachments linked to a claim remain associated with that claim via automated TCN alignment. This provides accountability for each document received, and verifies the capability to connect all supporting documentation with a claim for the life of the record regardless of the submission path. APHP document imaging and workflow solutions lead to improved communication among internal and external IME users by providing access to a centralized repository of scanned and imaged documents.

Regardless of the submission method, each transaction is subjected to the same basic MITA business processes and rigorous controls before processing and adjudication, as illustrated in Figure A.3-1. Claim receipt reporting, such as the number of paper claims received, is also available in APHP to help operational leadership manage downstream business processes.

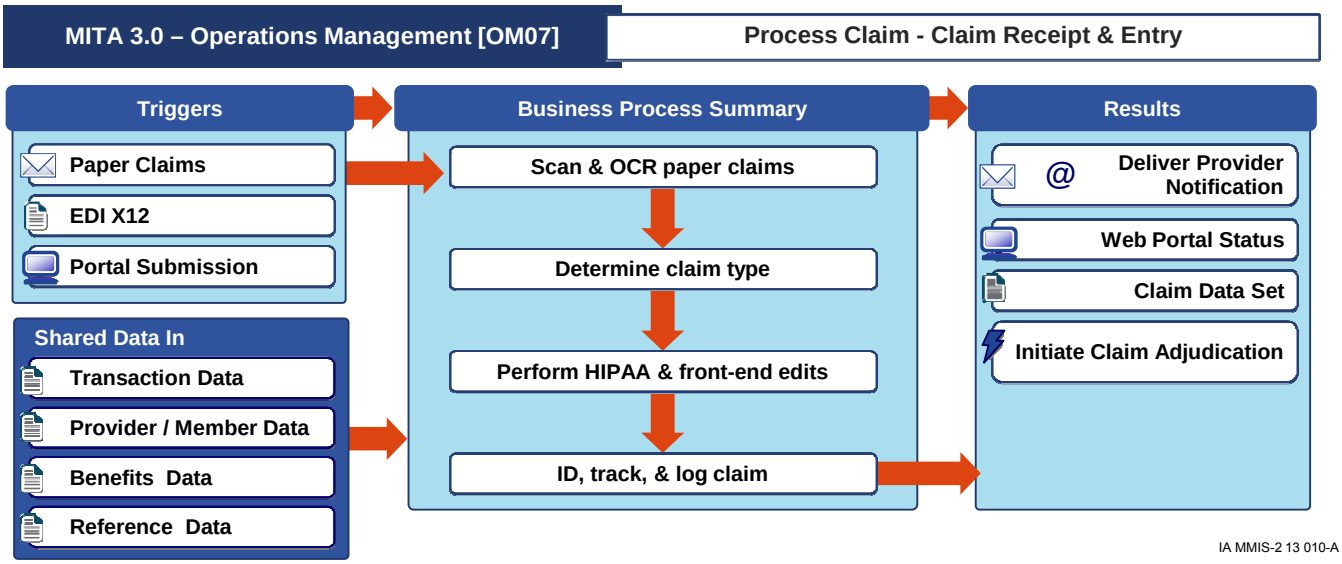

Figure A.3-1. APHP Identifies, tracks, and logs claims, automatically transferring scanned and submitted claim data into a claim data set reducing worker effort.

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Attachment K – Technical Specifications: Claims Receipt

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the requirement number(s), the implementation process, and the COTS product. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
CR1.01	Product Configuration	APHP

APHP accurately captures each input into the system from multiple channels at the earliest possible time. The solution uses workflows, imaging, and optical character recognition (OCR) processes that support the capture and input of data into the MMIS within established timeframes as established by the IME. The claim record on the APHP worker portal contains the link to the original claim image, which is accessible with one click Single sign-on enables the worker to be automatically be signed in to OnBase to view the image.

- Paper - scanned, imaged using Kofax software for OCR and then stored in OnBase EDMS,
- Direct data entry (DDE) - using the APHP Provider Portal
- EDI - through HIPAA compliant EDI solution

The automated systems provide extensive audit controls and reporting capabilities that track every step of both EDI and hardcopy claims functions and confirms all claims and documents that are received through any means are properly tracked and processed.

CR1.02	Product Configuration; Interface/Integration	APHP; SSIS

Through inbound/outbound interfaces our solution imports or extracts data from MMIS. The data exchanges allow communication with authorized trading partners and designated entities. The interfaces are scheduled to run at defined frequency by IME & designated entities, so there is no manual intervention needed. The files are exchanged using secure methods to protect data privacy & maintain data integrity.

CR1.02.01	Product Configuration	APHP; QC

Once the claims are received in the claims engine, each claim is assigned a unique identifier. The numbering convention for this unique identifier is configurable and based on Agency-specified rules. Claim attachments also receive a record control number (unique identifier) and are associated with the claim to allow retrieval of related documents. A digital or electronic copy of the transaction is also created for future reference. Electronic claims submitted in a batch through the EDI solution are also assigned a unique batch number.

CR1.03	Product Configuration	APHP; QC

APHP accepts and uses the current institutional paper billing form (UB04) developed by the National Uniform Billing Committee (NUBC), for non-electronic claims. APHP allows for the capturing of the data fields as defined by the NUBC and the EDI X12N 837I. We will work with the Agency to review these data fields to identify any State specific processing such as, but not limited to, the use of value codes, present on admission indicators, or mapping of the type of bill.

CR1.04	Product Configuration	APHP; QC

APHP accepts and uses the current non-institutional paper claim form developed by the National Uniform Claim Committee (NUCC), for non-electronic claims. APHP allows for the capturing of the data fields as defined by the NUCC and the EDI X12N 837P. We will work with the Agency to review these data fields to identify any State specific processing such as, but not limited to, the use of modifiers, EPSDT indicator, and the rendering and service provider fields. APHP allows for the capturing of the data fields as defined by the Vision Claim form 26V. Due to the special nature of these claim forms we will work with the Agency to establish how the provider documents the clinical information specific to vision claims. These claims will be transformed and processed appropriately into APHP through the translation of our EDI solution.

CR1.05	Product Configuration	APHP; QC

APHP accepts and uses the current dental paper billing form developed by the American Dental Association (ADA) for non-electronic claims. APHP allows for the capturing of the data fields as defined by the ADA and the EDI X12N 837D. As part of the ACD process we will work with the Agency to review these data fields to identify any State specific

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processing such as, but not limited to, the use of modifiers, tooth identifiers (dental claims). These claims will be transformed and processed into APHP through the translation of our EDI solution.

CR1.06	Product Configuration; Interface/Integration	APHP; Edifecs

APHP provides extensive audit controls and reporting capabilities that track every step of both the EDI and hardcopy claims (and document) functions and verify claims and documents that are received through any means are properly tracked and processed. The solution controls, tracks, and reconciles captured claims to validate that claims are received and processed. This process will include audit controls such as validation and reconciliation procedures and are automated where appropriate. Similarly, our EDI system has automated built in workload management reporting to confirm that batches are controlled, claims are accounted for, and transactions are processing properly to be proactive in finding any issues. Claims in batches with an out-of-balance condition cannot be released for adjudication until the condition is resolved. Balance/out-of-balance reports are used to confirm that batches are entering the system correctly and expeditiously.

CR1.07	Product Configuration; Interface/Integration	APHP; Edifecs

Our solution supports multiple channels of receiving claims into the system. The claims can come in on paper, on the APHP Portal or through HIPAA compliant EDI gateway. Irrespective of the claim media type, we are able to control, track and reconcile captured claims to validate that all claims received are processed. The claims and the associated attachments are properly tracked, accounted for, and balanced with claims during adjudication. Claims in batches with an out-of-balance condition cannot be released for adjudication until the condition is resolved. Balance/out-of-balance reports are used to confirm that batches are entering the system correctly and expeditiously. Each paper claim's image is stored in our Electronic Document Management System (EDMS) repository. The electronic claim in the Claims Engine contains a cross-reference to the image identifier so that it is easy to control and balance hardcopy and electronic media.

CR1.08 (a-d)	Product Configuration; Interface/Integration	APHP; Kofax

APHP has robust validation capabilities that verify claims are properly formatted and ready for processing. APHP provides and maintains a data entry system with OCR functionality that supports the data capture of hard copy new day claims, adjustments, and voids. Validity editing includes, but is not limited to provider number and NPI; member ID number; valid procedure code; and valid diagnosis code.

The OCR functionality within our solution transforms paper claim documents using business rules for data capture into electronic files which are exportable to the MMIS for processing. Front-end collection points will accept and validate required data elements including:

- UB04 data elements
- CMS 1500 data elements
- Dental form data elements
- Place of service
- Rendering provider information at the line level
- Prescribing provider information
- Medicare and third-party payment/resource information at the line or header level
- Prior authorization information at the line level
- NPI and provider taxonomy information at the claim line level
- Information at the claim line level

For hardcopy claims and claim adjustments/voids that could not be automatically captured using OCR while scanning. We also use the Kofax system as data entry system. During this data entry, field validity edits and pre-edits are performed to confirm key data elements are accurate before the claim is adjudicated. The field validity edits and pre-edits are configurable and are performed against master data in production. If the validity edits fail, for NPI, the paper claim is returned to providers with appropriate communication as directed.

CR1.09	Product Configuration; Interface/Integration	APHP; Kofax

Our solution produces an electronic image of hardcopy claims, claims-related documents, and other State proprietary forms and performs quality control procedures to verify that the electronic image is legible and meets the objectives of quality standards through the use of Kofax. Once scanned the images are stored in the OnBase repository for future reference. Non claim images are inspected and manually indexed. These images are rescanned as necessary or if the original is illegible returned to the sender. If a transaction fails to be scanned the image is suspended for a manual review. Illegible originals are returned to the sender with the appropriate communication by the State. We will work with the Agency to establish protocols and image quality standards. This will include procedures to handle legibility and other information quality issues.

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CR1.10	Product Configuration; Interface/Integration	APHP; Kofax

Our solution supports multiple channels of receiving claims and claim attachments into the system. Electronic attachments that are medical or diagnostic images are screened and stored in the electronic document management solution. The images are date-stamped, assigned a tracking number (DCN), and associated with the appropriate claim or authorization record.

For paper claims and related documents, our mailroom procedures batch hardcopy forms and attachments then scan and capture the batch for further processing. A unique control number is assigned to each paper claim and any supporting attachment, indicating the date of receipt which is imprinted on the hardcopy. Each batch of paper claims received is assigned a unique batch number. Any illegible documents or documents that we are not able to be processed will be sent back to the originator. A turnaround document is created and logged for all return to provider documents and used to balance mailroom transactions.

CR1.11	Product Configuration; Interface/Integration	APHP; Kofax; Edifecs

Our electronic document management service will log and track each batch and claim within the batch within a batch control system. Any illegible documents or documents that are not able to be processed will be sent back to the originator. A turnaround document is created and logged for all return to provider documents and used to balance mailroom transactions.

CR1.12	Product Configuration; Interface/Integration	APHP; Edifecs

APHP provides the ability to identify claim entry statistics to assess performance compliance. APHP uses claim entry standards and system audit capabilities to track compliance and assess performance. Authorized users also have access to operational dashboards, such as the Claim Suspense Dashboard, and associated reports through the Worker Portal. APHP dashboards and online reports provide drill down capability for easy access to supporting details.

CR1.13	Product Configuration; Interface/Integration	APHP; Edifecs

The APHP EDI component includes the ability to assign submitter identifications, a unique submitter number, and capture and maintain the information, including single or multiple providers, associated with the billing service. This EDI solution comes with prepackaged processes for the creation, association, and maintenance of the submitter ID. Authorized users will have access within our EDI solution to easily activate/deactivate submitters, and assign by the submitter id which EDI forms or transaction types they are allowed to transmit.

CR1.14; CR1.14.01; CR1.14.02; CR1.14.03	Product Configuration; Interface/Integration	APHP; Edifecs

APHP uses the X12N standards for attachment indicators, including the X12N 275 for both claims and prior authorization transactions. This functionality is used across claim media types (paper, portal, electronic). The electronic document management solution offers electronic hyper-linking of claims and related correspondence images for authorized users. APHP provides an attachment indicator field on electronic media claims to be used by the submitter to identify claims for which attachments are being submitted separately. The APHP Portal supports submission and linkage of claim and prior authorization attachments. The electronic claim is tied to corresponding images through document control number assigned to paper documents when they were scanned.

CR1.16	Product Configuration; Interface/Integration	APHP; Edifecs

The APHP Portal supports testing of provider claims submission systems by allowing providers to submit electronic claims test files that are processed through the adjudication cycle without impact to production system data. By implementing testing procedures, the APHP EDI solution verifies that clean and valid data is submitted into the collection environment. Our service desk is available to field questions from billing agents, clearinghouses, and software vendors. We also identify and troubleshoot technical problems including issues with file submission, report receipts, password resets, and log-in issues.

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CR1.17; CR1.17.01; CR1.17.02	Product Configuration; Interface/Integration	APHP; Edifecs

APHP uses automated balancing and trigger processes to identify any incomplete claim batch that fails to balance against control counts. Examples of this include, number of claims in a batch do not match with number of claims specified in the batch header. APHP has the capability through its EDI interface to track inbound claims batches and properly balance to control counts and provide feedback to submitters. Information about the success or failure of EDI transmissions is logged in these control reports. Appropriate responses are sent back (TA1, 997, 999, 277CA) which include the number of claims received and accepted.

CR1.18	Product Configuration	APHP; QC

APHP has the ability to recoup fixed dollar amounts and/or a percentage of payments at the provider level as needed, such as cases covering multiple claims and/or services. Depending on the specific recoupment or payout situation, rules are configured to apply the recoupment or payment(s) all at once or on a recurring basis. APHP has the capability to initiate and process payments, as required. The APHP Portal is the central point of access for entering, managing, and viewing financial transactions information, either claims or non-claim specific.

CR1.SS.01	Product Configuration; Interface/Integration	APHP; SSIS

APHP provides outbound, and accepts inbound, interfaces which makes it easy for the IME to import or extract data out of MMIS. We accept inbound interface to accept pharmacy claims processed on an external Point of Sale (POS) system. Pharmacy claim information is stored in the APHP data store for reporting purposes. Pharmacy claims are received and stored in APHP to allow for viewing and financial processing. POS adjudicates the claim to determine the final outcome. Upon receipt of the POS claims APHP will complete the financial processing and distribution of the POS claim data on the Remittance Advice (RA).

CR1.SS.02	Product Configuration	APHP

The APHP Portal allows an authorized user to enter Professional, Institutional and Dental claims for a specific provider or a list of providers. Using our flexible security administration screens, we set up authorized IME users to be able to enter claims online for specific providers as directed by the IME.

CR1.SS.03	Product Configuration	APHP

APHP contains a common auditing service which records date, time and user for any online updates. This auditing service is invoked by appropriate online screens for any data changes that require a comprehensive audit trail. Data integrity is very critical in a MMIS and we are committed to providing a complete audit trail for any online updates.

CR1.SS.04	Product Configuration	APHP; QC

Our solution checks for correct provider number on the claim before it is accepted into the system. This is irrespective of the method of submission - Paper, Portal or EDI. By configuring this edit, we accept the claims only when the provider number is validated in the front end. The edit checks against a single master provider file so data integrity is not compromised.

CR1.SS.05	Product Configuration; Interface/Integration	APHP; Edifecs

APHP supports multiple channels of capturing data inputs into the system. The APHP provider and worker portal accepts electronic claims (interactive or batch) for Professional, Institutional, and Dental services. Through the EDI solution accepts X12N 837P (professional), 837I (institutional) and 837D (dental) interactive and batch claims. Through the Kofax solution the system will accept paper claims in CMS1500, UB04 and ADA format. Using OCR & data entry, these are converted into electronic claims.

CR1.SS.06	Product Configuration	APHP; QC

The system provides out-of-the-box capability to edit for potential duplicate services across all claim types. The duplicate rules are set up based on the combination of a number of data elements including procedure code, diagnosis code, date of service, member id, provider number, place of service etc. We work with the Agency to configure the appropriate rules to check for duplicate services.

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CR1.SS.07	Product Configuration	APHP

The APHP Claims Engine assigns a unique identifier to each claim received irrespective of media type. All claim lines are captured as individual claim details but are linked to the claim header. Each claim line is adjudicated separately but the claim is reported as a single claim document to users and providers.

CR1.SS.08	Product Configuration	APHP; QC

When the claims are submitted either through the APHP Portal or via EDI, they are processed in real-time, going through all the necessary edit and audit rules set up for Iowa Medicaid. With the real-time approach, each claim hits all validity edits as soon the claim is processed, so providers know quickly if their claims are accepted or rejected. If the claim passes all edits and audits, it is priced and included in the next payment cycle.

CR1.SS.09	Product Configuration	APHP

We work with the IME to define a form which reduces data elements required for claim submission for waivered services and other entities not covered by HIPAA. Waivered claim forms will be accepted via the same inputs as any other claim form. Using automated workflow, this information is submitted to the APHP claims engine for adjudication and processing.

CR1.SS.10 (a-p)	Product Configuration; Interface/Integration	APHP; Kofax

The APHP Portal provides data entry screens that accept and store data elements in the claims engine. Portal screens are user-friendly and guide users to enter appropriate fields based on claim type. For example, for dental claims, tooth related fields will display on the screen. Tooth related fields are hidden for professional and institutional claims screen. Data elements, such as eligibility aid category, will be derived upon processing of the claim and stored for reporting and viewing. At a minimum, APHP manages the above data elements and can be easily configured to accommodate other data elements required to meet the Agency's evolving business needs.

CR1.SS.11; CR1.SS.12	Product Configuration; Interface/Integration	APHP; Edifecs

Through the EDI solution APHP tracks EDI transmissions and produces a daily summary report. The pre-packaged functionality includes sending the appropriate acknowledgement transactions to the EDI submitters that includes:

- TA1 (technical acknowledgement sent back to submitter when there is an error at the enveloping level of X12N transaction)
- 997 and 999 (file level acknowledgement to submitter that the file is received)
- 277CA (response to claim details including HIPAA rejections and claim status)
- 824 (application advice - HIPAA rejection for non-claim transactions)

CR2.01 (a-e)	Product Configuration; Interface/Integration	APHP; Edifecs; Kofax; OnBase

The electronic document management (EDM) solution is able to scan and image documents submitted with, or in reference to, claim submission activity. These documents may be freeform or in HIPAA attachment format. The images are stored in the OnBase and are retrieved by authorized users. For any electronic attachments submitted through APHP Portal or Quantum Choice, these documents are stored in OnBase similar to paper attachments. We will configure rules where required within the APHP rules engine to specify the type of attachment required for processing of claims and other transactions per IME policies. Examples of such documents include, but not limited to:

- Operative reports
- Occupational, physical and speech therapy reports
- Durable Medical Equipment (DME) serial number, cost and warranty data
- Manufacturer's tracking data for implants
- Waivers and demonstration specific requirements.

CR2.02	Product Configuration; Interface/Integration	APHP; Edifecs; Kofax; OnBase; K2

Using Kofax and the APHP data exchange services, we are able to receive claim attachments associated with electronic or paper claims. These are auto-archived or forwarded to the appropriate operational area for processing based on the workflow. Authorized users configure workflows to route documents and work items to the appropriate area where workers access items through the Worker Portal.

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CR2.03; CR2.03.01	Product Configuration; Interface/Integration	APHP; Edifecs; Kofax; QC

APHP accepts Medicare and Medicare Advantage plan cross-over claims and Medicare Explanation of Benefits (EOB) claims attachments in paper and electronic formats. APHP accepts EDI 837 crossover claim files from submitters such as the Coordination of Benefits Contractor (COBC). The pre-packaged rules will also support the configuration of criteria to suspend or deny claims in cases where attachments are required and not received. Authorized APHP users are able to use the APHP portal to access images that are stored in the system document imaging repository. The APHP Portal has a specific claim form designed for submitting just Medicare crossover claims. This form looks just like a professional or institutional claim form except that it includes information normally found only on the Medicare EOB such as blood deductible or the Medicare claim number.

CR2.04 (a-f)	Product Configuration; Interface/Integration	APHP; Edifecs; Kofax; OnBase

APHP uses the X12N standards for attachment indicators, including the X12N 275 for both claims and prior authorization transactions. This functionality is used across the claim media types (paper, portal, electronic) as reflected in the response to requirement CR1. The providers may submit various types of authorizations such as surgical and or anesthesia reports, medical records, LTC prior authorizations, or other authorization attachments such as drug prescription or other items required by State or Federal rules electronically, through mail or fax, or online. In situations where an item cannot be submitted electronically such as hard copies of an x-ray or images or orthodontic study models the provider may mail these items along with a cover letter that includes a bar code which is printed from our web site to associate with the prior authorization request. This cover letter may be created for an authorization even if the provider did not request the authorization online originally. Each attachment is assigned unique identifiers and the images are stored in OnBase for retrieval by authorized users.

CR2.05 (a-f); CR2.05.01	Product Configuration; Interface/Integration	APHP; Edifecs; Kofax; OnBase

APHP accepts various types of information as it is related to claims from the provider community. These various transaction may be accepted either online, paper (mail or fax), or electronically depending on the specific transaction type. We have prepackaged process flows designed to accept these claim related transactions. The items below reflect our base solution that may be configured to meet the State-specific needs:

- Sterilization, abortion, and hysterectomy consent forms – providers may submit the forms in the same manner as a Prior Authorization. (Portal, EDI, or Paper).
- Manual or automated medical expenditure transactions that have been processed outside of the APHP (e.g., spend-down) – providers or potential members can send receipts or their medical bills on paper or through the Portal. These documents will be translated into the appropriate EDI X12N claim form for decrementing of the Spend Down amount.
- Non-claim-specific financial transactions such as fraud and abuse settlements, insurance recoveries, and cash receipts – these transaction will take various workflow processes but will include acceptance of funds to be applied to claims, outstanding accounts receivables using the cash receipt process.
- Electronic cost reports- the APHP central reporting data store will store information to support the generation of cost reports defined in coordination with the IME.
- Disproportionate share reports - The APHP central reporting data store will store Disproportionate share report information.

Other inputs required for services under the State's approved plan - we will work in coordination with the IME to identify and define additional reports and/or file interfaces needed to effectively support the Medicaid program during the ACD phase.

CR3.01 (a-f); CR3.01.01	Product Configuration; Interface/Integration	APHP; Edifecs

APHP provides standard HIPAA-compliant X12 EDI gateway for 5010 formats for providers and submitters who prefer to submit healthcare transactions electronically. There are several advantages of using a standard healthcare transaction set, i.e., consistency among healthcare payers, immediate responses for claim adjudication, and faster payments for providers. APHP provides system support for the sending and receiving of electronic claims transactions containing valid codes required by 45 CFR Parts 160 and 162 as follows:

- Pharmacy drug claims (NCPDP)

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- Dental health care claims (X12N 837D)
- Professional health care claims, voids and adjustments (X12N 837P)
- Institutional health care claims, voids and adjustments (X12N 837I)
- Coordination of benefits data, where applicable
- Future claims attachments required under HIPAA

Claims submissions undergo HIPAA validation of electronic transactions based on WEDI SNIP levels of editing and reporting.

CR3.02	Product Configuration; Interface/Integration	APHP; Edifecs

The APHP Portal is a secure, HIPAA-compliant web interface that provides data entry "forms" and fields required for providers to submit electronic claims. The EDI component accepts claims attachments and performs HIPAA validation on received transactions. Companion user guides will be available online, and can be printed at the provider's facility, to assist the providers in submitting their claims using HIPAA X12N 837 format.

CR3.03	Product Configuration; Interface/Integration	APHP; Edifecs

The APHP EDI component is a full-featured electronic gateway that combines validation, mapping, and transaction level processing. The APHP EDI component applies HIPAA validation and business rules to inbound 837 transactions for interactive and batch claims submission. APHP uses transaction level processing for X12N 837 claims in order to only reject the claims that are bad, but to verify that the maximum number of claims are accepted. HIPAA-mandated transactions are accepted, edited, and processed according to industry standards.

CR3.04	Product Configuration; Interface/Integration	APHP; Edifecs

All source documents are imaged and stored in the OnBase repository. Based on HIPAA security provisions and IME rules, authorized users track and locate archived source documents. The system is configurable to automatically purge source documents if it has passed the retention period as directed by IME policy.

CR3.SS.01 (a-g)	Product Configuration; Interface/Integration	APHP; QC; Edifecs

Upon receipt of a claim validity edits (front-end edits) are performed to confirm the data is valid before processing further. These business rules are pre-packaged and are applied within the EDI solution or the claims engine. The edits include but are not limited to (a) checking provider enrollment (b) member enrollment (c) revenue codes (d) prior authorization number (e) procedure codes or (f) diagnosis codes. For claims which fail any of these edits, the system is configured to send rejection notification to providers. The system maintains a log of all rejected claims for audit purposes.

CR3.SS.02	Product Configuration; Interface/Integration	APHP; Edifecs

When a new provider is enrolled, they are given an option to become an electronic claim submitter. In order to qualify for electronic submitter, the provider is required to sign an agreement. The provider is given the option to establish a new submitter ID or set up a relationship with an existing submitter ID. Once the agreement is executed, a relationship is established between the electronic submitter ID and the provider. Using the EDI solution, we are able to validate this relationship for all electronic claims. This provides us the capability to verify that all electronic claims submitters are enrolled within the system with valid submitter IDs. We also validate that every provider who submits claims has an agreement in place.

CR3.SS.03	Product Configuration	APHP; QC; Edifecs

All changes to business rules (edits) are tracked and documented within the standard project documentation. Using a defined change management process in the Microsoft Team Foundation Server (TFS) Toolset, we track all documentation related to system edit changes including validation results, specific edit changes and approval documentation from appropriate stakeholders.

CR3.SS.04	Product Configuration; Interface/Integration	APHP; QC; Edifecs

Using the APHP Portal, any authorized user is able to view the claim in electronic format and print it if needed. Also, any images associated with paper claims are stored in OnBase. Any authorized user is able to view and print this image.

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CR.SS.01 (a-h)	Product Configuration; Interface/Integration	APHP; Edifecs

The EDI solution provides an enterprise application integration (EAI) translator and EDI integrated mapping software to process X12N and non-X12N transactions. The tool offers a user-friendly interface to define flexible mapping functionality to support necessary formats and transactions including 837P, 837I, 837D and NCPDP formats. Using secure FTP, any authorized interface trading partner, transports batches of data to and from APHP. This will be secure and encrypted to be compliant with HIPAA privacy rules. If a particular batch encounters an error during transmission, our EDI solution automatically resubmits the individual transactions with errors based upon a configurable number of attempts. EDI reconciliation functionality tracks all transactions including any errors and provides the information to senders using TA1, 997, 999 and 277CA acknowledgment responses. This includes rejected transactions which were improperly formatted per HIPAA rules. Our EDI solution provides quick configuration of new transactions leveraging the existing HIPAA code sets.

CR.SS.02 (a-c)	Product Configuration; Interface/Integration	APHP; Edifecs

The EDI solution provides pre-packaged reports and accounting of EDI transactions. The accounting includes the number, type and submitting entity for all X12N transactions and includes metrics on the total number of transactions submitted, received and/or rejected due to format, content or structural errors. These reports also provide historical information on volumes, time of day, frequency, submitters and types of transaction volumes. This data allows authorized users to view current trends and project future trends based on historical data.

CR.SS.03	Product Configuration; Interface/Integration	APHP; Kofax

APHP is designed to accept standard paper billing forms (CMS1500, UB04 and ADA) for non-electronic claims. For any non-standard paper billing form for non-electronic claims, we will work with the Agency to define a form which reduces data elements required for claim submission. Using automated workflow, this information is submitted to the APHP Claims Engine for adjudication and processing.

CR.SS.04	Product Configuration	APHP; QC

Upon receipt of each transaction a unique document control number is assigned and any supporting attachment, indicating the date of receipt. This includes claims, consent forms, documentation showing medical necessity, claims adjustments and prior authorization requests. The numbering convention for this unique identifier is based on pre-configured rules in the system which can be adjusted based on the needs of the State. For paper claims, the document control number is linked to transaction control number for easy reference. The unique transaction control number is tracked throughout the processing cycle. This allows us to track the transaction from the front end as soon as we receive it until it is finalized.

CR.SS.05	Product Configuration; Interface/Integration	APHP; Edifecs

The EDI solution provides a HIPAA-compliant X12 EDI solution for 5010 formats for providers and submitters who prefer to submit healthcare transactions electronically. New releases of the COTS products are available to the State as part of the maintenance licensing agreement. APHP meets current State and federal applicable laws, regulations and policies.

CR.SS.06	Product Configuration	APHP

APHP is built upon MECT and MITA 3.0 functionality and is designed to support administration simplification and all rules authorized by the Affordable Care Act. The product roadmap will address required functionality as part of the phased road map. This functionality will be available as part of the product in 2015 Q3 (Public Release 5).

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4B.3.1.a.4 Claims Adjudication

We understand that the IME requires a solution that is flexible enough to automatically adjudicate claims against complex and ever changing policy while effectively identifying and managing cost containment opportunities.

The APHP framework combines the power of automated workflow with our robust claims engine to bring MITA business process for claims adjudication to its full potential as illustrated in Figure A.4-1. Our integrated claims engine maintains claim editing and payment rules, configured in accordance with state policy, and then retains a view of the rules associated to each claim to provide transparency into its lifecycle.

MITA Claims Adjudication Processes use Automated Workflows to Reduce Manual Effort

- Fully integrated claims processing engine is COTS component that leverages pre-packaged adjudication rules compliant to federally mandated requirements
- Remaining rules are configured, not coded, shortening implementation time; allowing the Agency to introduce change more quickly

IA MMIS-2 4B3-06

Want to see more?
CLAIMS MANAGEMENT
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

As each claim steps through the adjudication cycle, our services-based architecture allows for service calls to access, confirm, and retrieve additional information needed to support claims adjudication decisions. APHP also captures, and is able to report, each decision made in order to provide a better view into how programs are operating. Finally, APHP enables claims to fully process against all rules on the first pass, which provides end users insight into workable items earlier in the adjudication process.

Our configurable workflow capabilities give authorized users the ability to assign claims to queues for expedient routing, reviewing, tracking, and updating. The IME benefits from highly configurable workflows to quickly meet changing business demands. APHP provides to the Agency accurate and timely adjudication of the ever-expanding definition of claims. This is achieved through pre-packaged adjudication rules for federally mandated and optional benefits. State-specific business rules are assigned through configurations, not coded projects, thus shortening implementation time and allowing the Agency to introduce change more quickly and more cost-effectively.

Managing Claims Pricing and Payment

Our APHP product provides pre-packaged adjudication rules to process and pay claims. During ACD, out-of-the-box rules will be reviewed with the Agency along with any State-specific rules providing a complete package of defined edits and audits. Once configured, APHP facilitates the processing of claims against defined services, policy, and payment parameters, as illustrated in Figure A.4-2 configured through easy-to-use screens. Authorized staff will configure business rules across all aspects of benefit administration, claims processing and payment, provider and member management, services utilization review, and other MMIS functionality.

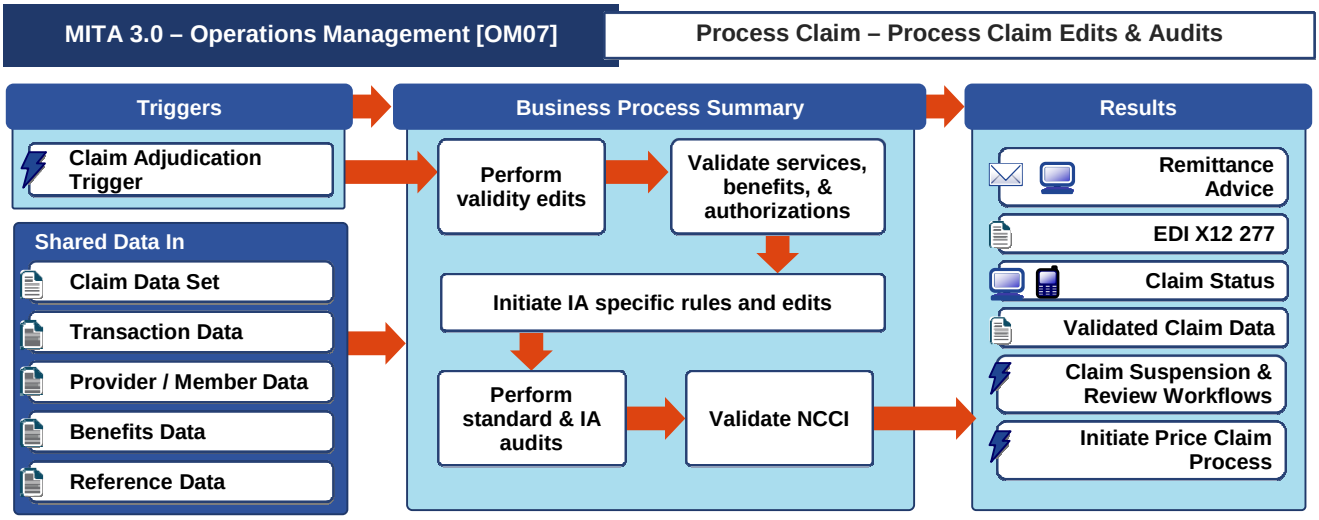

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Figure A.4-1. APHP's MITA-aligned business processes to adjudicate claims are rules-driven to maximize automation and flexibility.

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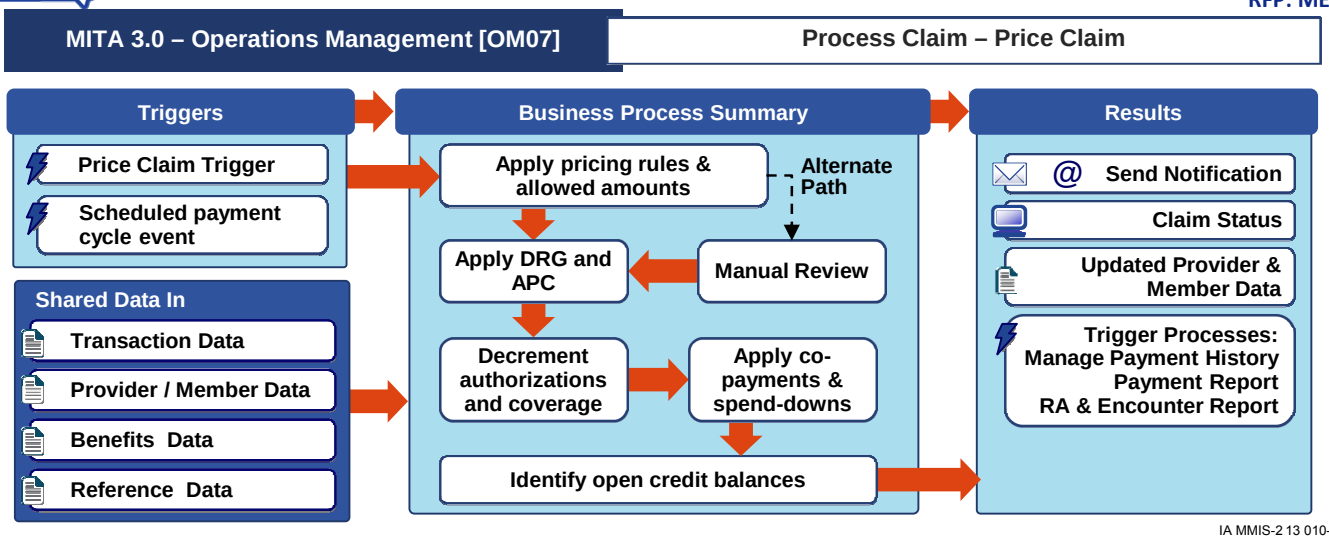

Figure A.4-2. APHP uses configurable workflows, triggers and timers to automate claims pricing, payment and notifications.

APHP provides users the ability to view applicable business rules in a single screen that makes it easy to see how the system interprets policy. Users see all rules for a given service, benefit plan or payment method on a single console, eliminating the need to go to multiple subsystems to assemble or report rule logic. For example, a claims worker is able to see all edits, audits, workflows, or other rules associated with a pended claim.

Claims Queries and Reporting

Providers, members and MIDAS resources will have secured access to varying levels of claim information through the APHP portal, based on Agency-approved profiles. The APHP Provider, Member and Worker Portals provide immediate access to in-process and finalized claim information. Users have access to varying levels of claim adjudication and payment result details based on the defined user profile.

APHP's reporting capability includes online dashboards that provide real-time information on different claims types, including status at any location, claims backlog, key entry backlog, pending file status, and key performance metrics. Using the current and historical data, APHP monitors claims processing trends using standard, easy-to-understand analytical tools and reports.

Attachment K – Technical Specifications: Claims Adjudication

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
CA1.01	Product Configuration	APHP; QC; SSRS

APHP utilizes workflows, on-line dashboards, and reporting to track and monitor claims in each status including in-process, paid, suspended, denied, adjusted and rejected. APHP provides:

- **Operational Dashboards** - Access transaction processing queues within the EDI and throughout the MMIS claims adjudication and payment processes. Transaction data is then transformed and made available through the APHP worker portal for summary and drill down transaction specific details.
- **Audit Trails** - The workflows used to manage the claim adjudication process will route and track the progress of transactions through final adjudication based upon rules agreed upon with the Agency.
- **Tracking Numbers** – We assign a unique transaction/internal control number (T/ICN) upon claim entry to the MMIS, which remains with the claim from receipt through final disposition.
- **Automated Reports** – APHP generates summary and detail claim reporting available with each claim payment and disbursement cycle.

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APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This include records successfully written to the database, routed through the error resolution workflow and resolved, or reported back to the originating source for unresolved errors.

CA1.01.01	Product Configuration	APHP; QC

The claims engine will be configured to adjudicate and reconcile claims against prior authorized or prepaid services that are part of the Consumer Choice Option (CCO) plan. Configurable business rules along with adjustment and out of sequence processes will generate adjustment claims upon the receipt of update payable amounts within the authorization.

CA1.02; CA1.02.01; CA1.02.02	Product Configuration	APHP; QC; K2

We will configure automated workflows to route claims with errors to the appropriate work locations. The workflow criteria will be customized based on IME specific requirements, and will be updated with new configurations as business needs change and evolve. Suspension of claims are configured through business rules within the claims engine and are applied from various elements on the claim including member, provider, procedure code, date range, benefit plan, or limits. Depending on the reason for the suspension, such as prepayment review, the claim will be routed to the appropriate analysts, supervisors, and specialty care groups for review. As part of ACD we will work with the Agency to define error specific resolution procedures that will be available online to anyone requiring access address claim.

CA1.03	Product Configuration	APHP; QC

APHP provides the capability for the IME to predefine error and exception codes that, when encountered on a claim, require transactions to suspend. APHP provides for claims analysts monitoring and working claims within suspense queues to validate the error against approved rules for correctness. In addition the quality controls include random validation claims are suspending appropriately against the predefined rules.

CA1.04	Product Configuration	APHP; QC

APHP is able to identify and flag, through configuration, claims with suspect or confirmed third party resources for subsequent follow-up. Also, during claims adjudication, the claim is reviewed for TPL information that exists on the claim that might identify another entity responsible for payment. In these situations, the claim is be updated with a claims exception result code that identifies the claim as having potential TPL. A claim with these exception results codes is routed through the APHP workflow tool for investigative follow-up.

CA1.05; CA1.05.01	Product Configuration	APHP; QC

APHP's automated systems provide extensive audit controls and reporting capabilities that track each step of both the electronic and hardcopy claims functions, and confirm claims and documents received through are properly tracked and processed. The claims audit trails are created referencing general updates as well as tracking of online and batch mass adjustments that are user and/or system initiated. The system includes logging functionality for record updates, including claims, will include time, date, identifier, and reference of the data that was modified. Authorized users will have access to claim audit trails through the APHP Portal.

CA1.06	Product Configuration	APHP; QC

APHP's real-time claims processing uses automated claims editing, pricing and plan identification techniques to improve overall operational efficiency and processing accuracy. Disallowed/denied claims processed within the APHP claims engine reflect the rule or rules failed by display of the appropriate assigned result codes with specific systematic and rule error messages. Claims and specific claim details are marked as paid or denied and will be processed appropriately.

CA1.07	Product Configuration	APHP; QC; SSRS

APHP identifies and flags claims as "clean" or error free upon successfully passing rules required for a clean claim. This indicator as well as claim receipt and status dates support effective reporting of claim age. APHP uses COTS reporting products to generate program reports and our service reporting dashboard to provide additional transparency with a metrics dashboard to monitor all manner of claims processing activity. This will include the documenting and reporting on the time lapse of claims payment, flagging or otherwise noting clean claims (error free) that are delayed over 30 days.

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CA1.08	Product Configuration; Interface/Integration	APHP; QC; Edifecs

The approach for addressing claim status inquiries emphasizes easy access to multiple channels and consistency in timely response. Responses to inquires will be available through a variety of appropriate technologies (HIPAA mandated 276/277 Claim Status Inquiry/Response transactions, portal, and IVR real-time for single transactions). We will work with Medicaid stakeholders to verify information provided is accurate and leads to appropriate resolution.

CA1.09	Product Configuration	APHP; QC; SSRS

Claims history data is maintained within APHP. We will work with the Agency to define appropriate MMIS data retention timelines to provide online claims history, including paid and denied claims, to facilitate duplicate checking, utilization review, adjustment processing and inquiries. APHP provides flexibility in configuration and generation of claim file extracts in various forms for program management and review.

CA1.10	Product Configuration	APHP; QC

APHP, in accordance with the Agency's policies and criteria, will establish the appropriate protocols and rules for approving, denying, pending, and rejecting claims. The APHP claims rules are configurable to assign claim status (e.g., approved, denied, pended, rejected, partially paid or adjusted). APHP provides users the ability to view applicable business rules in a single screen making it easy to see how the system interpreted policy. For example, a claims worker would be able to see edits, audits, workflow, or other rules associated with a pended claim.

CA1.11; CA1.11.01; CA1.11.02	Product Configuration	APHP; QC; SSRS

In consultation with the IME, we will develop and apply the appropriate State-specific override codes and develop protocols for manual pricing. APHP will be configured such that only IME specified override codes are used by claim adjudicators authorized to override a claim's edit or perform manual pricing when indicated. Every override and manually priced claim is tracked and recorded to the user so that a complete audit trail is maintained and available for review through the APHP worker portal. Our SQL Server Reporting Services provide the ability to generate reports on the specific reasons for edit overrides.

CA1.11.03	Product Configuration	APHP; QC

The claims engine is configured with accumulators (service limits) to track and limit payments for each enrolled member based on enrollment record limits and configuration of the benefit plan(s) in which the member is enrolled. Accumulators are applied to individual benefit plans or a combination of multiple plans. Limitations are enforced real-time during claims adjudication to allow or disallow payment based on these limitations. The APHP provider portal provides online access to accumulator information for each enrolled member to support communication of current usage as well as overall limits.

CA1.12	Product Configuration	APHP; QC

APHP utilizes a rules-based claims processing engine that identifies and hierarchically assigns from the severest to least status and disposition of claims (suspend or deny) that fail edits (based on the edit disposition record). Once entering the APHP adjudication system, claims flow through a hierarchy of edits and audits based on criteria established in the rules engine, the benefit plan administration component, and the reference tables. We will review pre-configured claims processing and disposition rules, and work with the Agency to adjust these rules and configure new rules to meet State specific requirements.

CA1.13; CA1.13.01; CA1.13.02	Product Configuration	APHP; QC

APHP identifies edits posted to a claim and builds an audit trail of claims activity in a processing period. We will work with the Agency to fully define claims tracking and reporting requirements for posted edit/audits in the ACD phase. The specific rules (edit or audits) are applied to a specific claim or claim line will be associated with the record and viewable through APHP Portal, EDI X12N, Remittance Advice, and reporting. Through additional rules within the claims engine, APHP allows the processing of claims business rules in a logical manner. Claims, and claim lines, complete the full adjudication process, which allows for posting of all edits or audits prior to suspending or denying the claim. We configure the solution to limit the number of errors a claim sets before the claim is denied and allow the IME to define a specified number of edits to be returned on the RA.

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CA1.14 Product Configuration APHP; QC

Claim adjudicators approve, deny, or according to assigned authority they override an edit. Each and every approval, override and forced denial is tracked and recorded to the user, generating a complete audit trail of the transaction. APHP creates a comprehensive audit trail to record the information about the authorized user who entered or modified the claim status; including the date and time of the action, and error override codes. The APHP portal provides easy and immediate access to claim audit trails and related information.

CA1.SS.01 Product Configuration APHP; QC

APHP payment and disbursement process is managed through a scheduling utility that supports the configuration of various claims payment processing schedules to meet the IME's needs. This means the functionality is available to generate daily, weekly, or other specified schedules. Schedules will be defined for processing the claims payment file based on IME direction.

CA1.SS.02 Product Configuration APHP; QC

APHP processes and pays all claims at the claim line level. Our payment and disbursement process applies state-defined rules to each financial transaction to derive accounting attributes, including but not limited to account code and date stamp for a claim payout also at the claim line level. The Dimensional Data Store captures and stores these accounting attributes for each claim from the claims engine and applies the appropriate federal report code. The Dimensional Data Store will make accounting and claim transactions available for reporting (via pre-defined reports, ad hoc queries, and data extracts) where they are used to categorize and/or summarize costs.

CA1.SS.03 Product Configuration APHP; QC

The benefit plans are configured to address the waiver programs for Medicaid. Each benefit plan includes a provider network component which associates, with an effective date, providers that have an agreement with the benefit plan. Additional business rules are configured for each waiver program to prevent claims processing or payments for services when a provider does not have a provider agreement.

CA1.SS.04 Product Configuration APHP; QC

Upon the receipt of a corrected claim after that claim was previously rejected the claims engine will process the claim based through all edits, upon the agreed upon rules, for new, adjusted, and re-submitted claims. The corrected or re-processed claim status is set based on the disposition configuration of result codes that are applied indicating Pay, Deny, or Suspend status.

CA1.SS.05 Product Configuration APHP; QC

The EDI component accepts Retail pharmacy drug claims from the POS in the NCPDP or HIPAA compliant 5010 X12 837 claim formats. These claims are then transformed and loaded into the claims engine database for online retrieval through the APHP supported methods. The SQL Server Reporting Services support access to POS claims for back-end reporting needs.

CA2.01; CA2.01.01 Product Configuration APHP; QC

APHP provides multi-stage validations that must occur for claims entry. The APHP portal and electronic claims entry interfaces disallow the submission of non-numerical values in fields defined as numeric. Paper claims submitted will go through data field validation as part of the claim keying process. Claims adjudication is based upon the HIPAA standard code set, rules for these codes sets are maintained with an effective / term date based upon the date the service was rendered.

CA2.02; CA2.02.01 Product Configuration APHP; QC

The APHP portal and electronic claims entry interfaces disallow the submission of non-alphabetic values in fields defined as alphabetic. Paper claims submitted will go through data field validation as part of the claim keying process. Claims adjudication is based upon the HIPAA standard code set, rules for these codes sets are maintained with an effective / term date based upon the date the service was rendered. This includes the HIPAA compliant modifiers; we will work with the Agency during ACD to validate of the hierarchy used in the processing of a claim with a modifier.

CA2.03 Product Configuration APHP; QC

The APHP provides multi-stage validations that must occur for claims entry including verification of valid and reasonable dates. The APHP portal and paper claims entry interfaces verifies keying of date values in fields defined as a date. Date

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claim fields are further validated as manually entered and electronic claims are processed within APHP as standard X12N 837 transactions which natively enforces field level and HIPAA validations.

CA2.04	Product Configuration	APHP; QC

APHP performs balancing to confirm validity of calculated values such as validates that the final allowed amounts derived from manipulation of other data items. Examples include validation that the final allowed amount derived from manipulation of other claim data elements, fee schedule amounts and cutback percentages are in alignment.

CA2.05	Product Configuration	APHP; QC

APHP validates coded data items against valid values. APHP supports automated data load capabilities to load HIPAA standard code sets covered by the State plan into the claims engine and APHP Portal for immediate claims processing use. Each code is supported with effective date parameters allowing for codes to be activated /deactivated per State requirements.

CA2.06	Product Configuration	APHP; QC

APHP verifies that any data that contains self-checking digits passes the specified check-digit test. APHP has rules that will be applied to verify appropriate data entry type. Field level errors will be flagged for review and re-keying. APHP applies field level edit flags and alerts users in process on APHP Portal entry.

CA2.07	Product Configuration	APHP; QC

The APHP will be configured to correctly identify definitive upper and/or lower numeric value ranges. Field level errors will be flagged for review and re-keying. We will work with the Agency to define appropriate ranges based on State rules during the ACD phase of this project.

CA2.08	Product Configuration	APHP; QC

APHP retains submitted as well as computed claim related data within the centralized reporting data store to support State and Federally-mandated reporting. APHP contains a centralized reporting data store, tools and reporting functions providing an immediate and holistic view of operations, services, and performance as well as enabling advanced analytics. The APHP reporting solution supports predefined reporting to meet Federal needs where applicable. We will work with the Agency to define and develop reporting requirements as needed.

CA2.08.01	Product Configuration	APHP; QC; SSIS

APHP retains all submitted and computed claim related data within the claims engine as well as in the centralized reporting data store to support state data requirements. We will work with the Agency to define and develop IME data warehouse data transmittal requirements for data elements on paper and electronic claims.

CA2.09	Product Configuration	APHP; QC

APHP utilizes rules that may be configured per benefit plan to verify that claims reimbursement is within the allowable timeframe based on the date of service in accordance with IME rules. APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Authorized staff configure payment deadline rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, and claims processing and payment functions.

CA2.10; CA2.11; CA2.12; CA2.13	Product Configuration	APHP; QC

The APHP claims engine comes pre-package with federal and industry standard rules necessary to process claims. Through the claims engine business rules are configured within the benefit plan setup in accordance with IME policy to provide system editing to flag claims for inconsistencies. Along with the claims engine functionality the system includes integration of a third party tools such as a real-time call out to a claims billing rules component (McKesson ClaimsXten) for validation against further government and industry standard rules.

Common validation includes verifying if procedure codes are consistent with diagnosis, member's age, gender, place of service, and category of service. We will work with the Agency to identify where current State approved procedure and diagnosis code relationships may be further enhanced by the adoption of additional rules based on government and industry standard rules, regulations, and policies for improved claims validation.

CA2.14	Product Configuration	APHP; QC

APHP validates that services provided are appropriate for the category of service (COS) by validating the provider's type, specialty, subspecialty as well as other configured criteria. Using a rules engine, APHP applies State-defined rules

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to each claim transaction to derive reporting attributes, including but not limited to, COS. APHP will capture and store claim attributes and make them available for reporting (pre-defined reports, ad hoc queries, and data extracts) where they can be used to categorize and/or summarize costs and services provided.

CA2.15	Product Configuration	APHP; QC; K2

The enterprise service bus (ESB) integrates workflows with the claims processing engine and other MMIS related functions to automatically identify and route claims requiring manual pricing to the appropriate work unit. APHP workflow capabilities provide authorized users the ability to assign claims to queues for routing, reviewing, tracking, and updating. Workers will retrieve claims through the "work items" dashboard and will manually complete the pricing of the services in accordance with the State parameters.

CA2.16 (a-c)	Product Configuration	APHP; QC; K2

APHP will verify that the billed amount is within reasonable and acceptable limits. If it differs from the allowable fee schedule amount by more than a certain percentage (either above or below), then the claim/encounter is flagged and routed through workflow for manual review based on IME criteria. The APHP workflow capabilities integrate with the claims processing and other MMIS related functions to automatically identify and route claims requiring manual review to the appropriate work unit for verification of the billed amount and the procedure code.

CA2.17; CA2.18; CA2.19	Product Configuration	APHP; QC

APHP has the ability to perform real-time and historical monitoring of claims with duplicate services. Duplicate checking criteria is based on a defined set of criteria including, but not limited to, member, provider, claim type, date of service(s) and procedure code. Identified claims are either automatically denied or routed for manual review based on configured rules. APHP uses flexible, table-driven rules and services that are configured through easy to use screens to apply duplicate claim rules. These rules include comparing claims to validate if they are:

- Processed against historical claims and duplicate claims or claim details within the same processing cycle.
- Date of service of an institutional claim does not overlap with date of service of institutional claim from a different institution for the same member.
- Date of service for a practitioner claim does not overlap with the date of service for another claim for the same practitioner for same member unless it is considered to be appropriate service to render.

Configuration of APHP rules includes capabilities of configuring result codes applied to claims as a result of duplicate claim rules to suspend the claim for review. Suspended claims are immediately routed to the appropriate work queue for review and resolution.

CA2.20; CA2.20.01	Product Configuration	APHP; QC

APHP is pre-packaged to support the reimbursement methodologies required of the MMIS as defined within the state plan and 42 CFR 447. These include but are not limited to Cost Sharing, Medicare Payment Withholds due to prior overpayment, Capitation payments, Federal withholdings and provider specific reductions. Just as in applying specific criteria for allowable services, the claims engine uses flexible, table-driven rules and services that are configured through easy to use screens to apply claim payment rules. Our fee schedule driven approach to claims payment allows for a single service to receive different rates based upon the program or benefit plan. Authorized staff configure reimbursement rules that comprehensively support all aspects of benefit administration, claims processing and payment functions.

CA2.21	Product Configuration	APHP; QC

APHP performs real time and historical monitoring of claims with multiple services, defined as same provider, same member with multiple visits on same date of service. Multiple visit claims are identified by APHP business rules as they are processed against historical claims as well as those in the current processing cycle. APHP has the capabilities to manage workflows to support business processes where claims must be reviewed for suspect related services. APHP's workflow capabilities integrate with the claims processing to automatically identify and route claims requiring manual review to the appropriate work unit. The claims and related electronic attachments are then accessible to claims staff through the APHP Portal.

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CA2.22	Product Configuration	APHP; QC

APHP has the capability to configure procedure code to provider type, specialty, sub-specialty and taxonomy restriction rules within the benefit plan setup in accordance to IME policy and will provide system edits to flag for inconsistencies. Our team will work with the Agency to identify where current State-approved procedure to provider type relationships may be further enhanced by the adoption of additional rules based on government and industry standard rules, regulations, and policies for improved claims validation.

CA2.23	Product Configuration	APHP; QC; K2

APHP has the capability to configure Prior Authorization (PA) rules within the benefit plan setup in accordance to IME policy and will provide system edits to flag claims for missing PA or when State-defined thresholds are met. We will work with the Agency to identify and configure automated APHP rules and workflows to reduce the number of manual PA reviews necessary. For claims that do require a manual review our workflow solution provides the ability to route and track progress through a workflow.

CA2.24	Product Configuration	APHP; QC; K2

APHP has the ability to identify claims that fail service limitations. We will configure accumulators within the claims engine that support setting limitations for the services available through the State's benefit plans. Limitations may be applied to frequency, e.g. daily, monthly or once in a lifetime, as well as periodicity and dollar amounts. APHP workflow capabilities integrate with the claim processing to automatically identify and route claims requiring manual review to the appropriate work unit.

CA2.25	Product Configuration	APHP; QC

APHP can support the many reimbursement methodologies required for MMIS processing as defined within the State plan including the per capita reimbursement of claims based on encounter for fee-for-service claims. Fee schedules are managed to include the ability to provide FFS pricing or FFS equivalent pricing to claims and encounters.

CA2.26	Product Configuration	APHP; QC; K2

APHP provides a user-friendly fee schedule interface to support and update specific rates, as well as manual pricing, to confirm claims are reimbursed under the appropriate method. The APHP fee schedules use configurable criteria to drive to specific reimbursement methodologies including the application of State specific rates and manual pricing. APHP workflow capabilities integrate with the claims pricing module to automatically identify and route claims requiring manual pricing to the appropriate work location.

CA2.27	Product Configuration	APHP; QC

APHP includes rules to specify the type of attachment required for processing of claims per IME policies. APHP online rules configuration will support the setup of criteria when documentation must be attached and submitted with the claim. In these cases the rules engine takes specific action regarding the attachment type that is required, such as suspending claims and routing them through the automated workflow for manual review. The APHP rules will also support the configuration of criteria to suspend or deny claims in cases where attachments are required and not received. The APHP document management solution will contain an image of the attachment, whether submitted electronically or on paper, and provide reference link between the claim and related attachment(s). Authorized APHP users are able to use the APHP Portal to access images stored in the system document repository. APHP maintains an audit trail of submitted documents.

CA2.28	Product Configuration	APHP; QC

The APHP pricing component reimburses claims under the applicable fee schedule based on claim date of service as well as criteria to include claim, provider, member, or benefit plan specific indicators. We will work with the Agency to define APHP benefit plans for State pricing and reimbursement methodologies to address current and historical pricing data to be loaded into the appropriate fee schedules. This is done through the use of date-bound segments for reference data effective dates. Date boundaries allow the use of only the reference data applicable for a given date of service during transaction processing. The reference and pricing data maintain effective start and end date parameters for all values. This enables retention of active and historical reference and pricing data.

CA2.29; CA2.29.01; CA2.29.02	Product Configuration	APHP; QC

The claims rules engine provides online configurability of benefit plan rules to deduct TPL and Medicare paid amounts as defined in the State Plan when pricing claim/encounters. APHP reduces the claim paid amounts based on the reported TPL or Medicare paid amounts to verify the reimbursed

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fee schedule amount is adjusted accordingly. These reductions are retained and tracked at the claim detail level, and are available for review through the APHP portal and centralized reporting data stores.

CA2.30; CA2.30.01	Product Configuration	APHP; QC

APHP provides online configurability of benefit plan rules to deduct member copayment amounts per IME direction when pricing claims/encounters. APHP reduces the claim paid amounts based on the member copayment amounts to verify the reimbursed fee schedule amount is adjusted accordingly. Calculation of the claim payment amount will include reducing the paid amount if a copayment was also made on behalf of the behalf of the member. The payment rule will be applied as directed by IME, and when the IME is not the primary payer. When these conditions are met a reduction of the payment amount will be made to confirm payment is at the required fee schedule amount. These reductions are retained and tracked at the claim detail level, and are available for review through the APHP Portal and centralized reporting data stores.

CA2.31	Product Configuration	APHP; QC

APHP applies various pricing methodologies including the use of Medicare/Medicaid crossover pricing structures and rules based on IME program criteria and policy. APHP compares the reported Medicare coinsurance or deductible amounts on crossover claims to the State allowed amount on the fee schedule within APHP. The final reimbursement amount is the lower of the State approved Medicaid or Medicare allowed amount.

CA2.32	Product Configuration	APHP; QC

APHP fee schedules support specific rates, including the use of one or multiple procedure code modifiers to drive reimbursement under the appropriate method. The APHP fee schedules utilize modifiers as configurable criteria to drive to specific reimbursement methodologies in addition to the use of member, provider, benefit plan, and claim data.

CA2.33	Product Configuration; Interface/integration	APHP; QC; ClaimsXten

As part of the edit/adjudication process, claims are processed against the McKesson ClaimsXten product for National Correct Coding Initiative (NCCI) to validate that the services requested on the claim are in line with generally accepted coding standards as published by the CMS. APHP integrates real-time interaction with ClaimsXten within the claims adjudication process. This additional feature provides logic that edits for items such as:

- Consistency
- Payment limitations
- Procedure unbundling
- Mutually exclusive, incidental, and investigational procedures

APHP uses flexible, table-driven rules and services that are configured through easy to use screens that include result codes applied on claims include those related to the ClaimsXten recommendations. Result codes then drive the final outcome of the claim such as suspend, deny, or possibly apply a cutback on the allowed or payable quantity. APHP provides users the ability to view applicable business rules in a single screen making it easy to see how the system interpreted policy.

CA2.34	Product Configuration	APHP; QC

APHP prices claims according to the policies of the program for which the member is enrolled at the time of service and edits for concurrent program enrollment. APHP assigns the appropriate benefit plan based on the member's enrollment as of the date of service and hierarchy configured to select the most appropriate plan when the member is enrolled in multiple plans.

CA2.35; CA2.35.01; CA2.35.02; CA2.35.03; CA2.35.04; CA2.35.05; CA2.35.06	Product Configuration	APHP; Edifecs; TFS

Our testing practices provide extensive validation and approval of results prior to implementation to verify accuracy of derived data elements. APHP supports testing of claims processing capabilities and allows access by authorized users, including providers when necessary. We maintain multiple fully functioning test environments mirroring the current production environment that house robust production and test data elements. APHP enables the Agency to run “what if” scenarios. This functionality allows the processing of “real” test claims data against a rule or a set of rules. The results are then viewed and analyzed to gain a better understanding of the impact if the rule was implemented into the production environment.

Providing multiple environments for use by authorized IME, contractor, and external providers/claim submitter users facilitates simultaneous test functions such as: validation of system code modifications and upgrades, verification of reference only and configuration data updates without impact of pre-release code

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modifications, and provider/claim submitter trading partner testing without impact of pre-release code modifications.

The key to effective testing requires the test environments support full end-to-end functionality including entry of all paper and electronic media, active real-time and batch transaction processing, and a minimum of one weekly Payment and Disbursement cycle. Additional Payment and Disbursement cycles will be scheduled as testing schedules dictate the need. Supporting these processes maintains stringent naming standard conventions that clearly delineate production versus test input/output files, reports, tapes, images and all other media.

- Through the EDI solution testers create and send test files in an agreed upon process that is designed to work toward achieving approval for the processing of claims. The process includes troubleshooting identified errors and analyzing the results.
- Through the APHP Portal testers submit claims (interactive or batch) into a test environment that processes the claims through the adjudication cycle without impact to production environment data.
- Through APHP's re-adjudication filter, users test mass adjustments due to rate changes, changes to benefit plans, for cost settlements, to group all claims for a particular provider, or other reasons that are easily added per Agency direction.
- The mass adjustment process causes re-adjudication of claims with the selected criteria and will perform the same processing that is done for single adjustments by negating claims or claim lines.
- When the request is entered all of the affected claims are displayed for review, as well as the dollar amounts affected, providing the user the ability to assess the impact of the mass adjustment prior to executing it. Once satisfied, the user releases all or part of the adjustments based on the review.
- These functions can be used by IME users as a modeling tool through the test or impact analysis environments using selected pended, paid or denied production claims to determine the impact of potential business rules, policies, and rate changes.
- Using defined change management process in the Microsoft Team Foundation Server (TFS) Tool Suite, we will track all documentation related to system tests including validation results and required approval documentation from appropriate stakeholders providing a complete and accessible audit trail for the term of the contract.

CA2.SS.01	Product Configuration	APHP; QC

APHP leverages the accounting functionality from the claims engine. As transactions are created in the system (whether they're positive or negative), they are linked with the payee/provider and a pair of GL accounts. Additional information may be tracked in specific formats such as the Federal reporting codes for each transaction, ensuring that the appropriate Federal and State accounting and reporting codes are captured and cross-walked accordingly. Our flexible solution adjusts to changing reporting needs.

CA2.SS.02	Product Configuration	APHP; QC

The APHP claims engine fee schedule component is configurable to allow rate setting for all state and reimbursement methodologies. This allows the system to address maximum pricing data to be set against revenue and procedure codes and configure along with various other pricing methodologies to be applied. The pricing component reimburses claims under the applicable fee schedule based on claim date of service as well as criteria to include claim, provider, and member or benefit plan specific indicators.

CA2.SS.03	Product Configuration; Interface/integration	APHP; QC; ClaimsXten

Through the claims engine our solution will apply industry standard bundling and unbundling rules. With the integration of McKesson ClaimsXten, APHP provides the flexibility to further configure the bundling and unbundling rules to align with IME guidelines.

CA2.SS.04	Product Configuration; Interface/integration	APHP; QC; ClaimsXten

The claims engine supports integration of third party tools such as a real-time call out to a claims billing rules component (McKesson ClaimsXten) for validation against further government and industry generally accepted standards of medical practice. We will work with the Agency to identify where current claim billing rules may be further enhanced by the adoption of additional government and industry standard rules, regulations, and policies for improved claims validation.

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CA2.SS.05	Product Configuration	APHP; QC

Through the claim engine accumulator component the system provides the flexibility to configure accumulators and edit criteria that monitor the number of days a Medicare eligible member resides within a Skilled Nursing Facility. This enables the system to appropriately identify where Medicare will reimburse Skilled Nursing Facility days 1 through 20 at 100 percent and IME coverage of coinsurance amounts beginning on Day 21. The flexibility in rule criteria application enables further delineation of skilled and custodial providers to administer appropriate claim pricing.

CA2.SS.06	Product Configuration	APHP; QC

APHP properly adjudicates against treatment plans defined in ISIS and translated into prior authorizations. Claims processing checks for the existence of the data, such as waiver type, waiver service code, level of care, and match on provider to properly adjudicate the claim.

CA2.SS.07	Product Configuration	APHP; QC

APHP leverages the financial management component from the claims engine to support financial transaction management. Through the worker portal authorized users create an accounts payable (AP) transaction for processing payments to members, providers or other entities that are not necessarily claims related. The AP captures the type of transaction being entered, such as EHR or DSH payment, and pays directly to the payee the amount entered.

CA2.SS.08	Product Configuration	APHP; QC

Through the claims engine benefit plan functionality the IME has the ability to manage multiple benefit plans in order to categorize funds appropriately. Member demographic and eligibility data is used to enroll the member into specific benefit plans, based on configurable business rules. Upon receipt of a claim, business rules associated to each benefit plan will allow each claim detail to be processed under the appropriate plan. An example of this is when a member is eligible for Medicaid Fee for Service (FFS) and the Early Periodic Screening Diagnostic and Treatment (EPSDT) program. When a claim is submitted that includes a mixture of FFS and EPSDT claim lines the claims engine will assign the appropriate plan for each detail. This results in the plan applying the appropriate account code for downstream use in reporting and financial transactions. APHP comes pre-packaged with the federally required plans. As part of ACD we will work with the Agency to validate and identify additional benefit plan hierarchy to confirm accurate payment.

CA2.SS.09	Product Configuration	APHP; QC

APHP supports the constructs required to effectively manage members and benefits associated with the QI-1, SLMB and QMB Medicare Beneficiary groups. These constructs include the participation level of billing providers, the coverage of rendered services, and the enrollment status of affected members. As the system of record, APHP supports the provider enrollment activities of the Professional Services contractor. A key factor in payment determination is the participation status of the provider. Specifically, APHP supports the enrollment of a provider as fully participating in the Medicaid program or Medicare crossover participating only. Providers that elect to limit Medicaid participation to crossover services are reimbursed accordingly. Fully participating providers may be reimbursed for crossover and non-Medicare services payable under Title XIX.

In addition to provider participation, the adjudication process takes into account whether the service is a dual-covered Medicare-Medicaid benefit or Medicaid state plan only service. APHP supports the receipt of crossover files from Medicare carriers and intermediaries, in-state and out-of-state. The coverage status of the service in conjunction with the member enrollment status affects potential reimbursement. Dual-eligible participation may be as simple as the program paying the member's Medicare Part B premium only, to as complex as payment of the Medicare premium, Medicare patient responsibility, and comprehensive state plan benefits. The benefit plan construct within APHP supports the configuration of each component affecting payment and provides a mechanism for proper management of benefits payable for dual-eligible members.

CA2.SS.10	Product Configuration	APHP; QC; SSRS

The robust reporting capabilities of APHP enable users to generate standard reports that detail services denied. These reports are analyzed to look for areas in which to improve adjudication efficiency. Based on this analysis, changes to edit parameters are recommended to the IME for review, and upon approval are implemented within the claims engine. For example, APHP produces a Reason Code Analysis Report, which provides sub-reports that display the top 25 reason codes generated from the day prior, a pay and report reason code

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analysis, a force pay/force deny exception summary, and an encounter exception detail summary. These reports help users analyze, among other things, the top reasons claims were denied. Additionally, our ad hoc query capability empowers users to perform more targeted research on claim denial statistics. Users can export and save all reports if needed for additional analysis.

CA2.SS.11 Product Configuration APHP; QC

The APHP rules-driven claims engine includes business rules necessary for claims processing, such as system edits that are managed with an effective and terminate date. Rules are viewed through the portal, configuration consoles, and the online report manager that reflect the history and status of the rule.

CA2.SS.12 Product Configuration APHP; QC

Through the EDI solution and the claims engine the system allows users to add, update, or replace codes with an effective and through dates. These capabilities enable the rules engine to utilize individual or groups of old and new codes within the same edit criteria. Each rule update is tracked with a comprehensive audit trail that notates the data/criteria updated, date of the update and the user ID initiating the change.

CA2.SS.13 Product Configuration APHP; QC

APHP applies out-of-the-box business rules based on federal and industry standards that reconcile the deductible and/or coinsurance allowed or adjusted amounts from the allowed amount of the applied fee schedule. Business rules are processed at each detail or line of the claim. The claims engine reduces the claim paid amounts based on the reported TPL or Medicare amounts to verify the reimbursed fee schedule amount is adjusted accordingly. These reductions are retained and tracked at the claim detail level, and are available for review through the APHP portal and centralized reporting data stores.

CA2.SS.14 Product Configuration APHP; QC

The APHP portal provides user flexibility through online access to rules engine configuration criteria and current and historic reference data. Users have the ability to apply various search criteria to identify specific rules and configurations that apply to a data element (or combination of data elements) and its use.

CA2.SS.15 Product Configuration APHP; QC

Through the fee schedules component in the claims engine APHP supports the configuration of the various payment methodologies and schedules. This may include the specification of additional criteria, or rules, to drive very specific terms for flat amounts or percentages of reduction or increase. The application order, or hierarchy, of reductions and/or increases will be configured per IME requirements to apply allowed amount changes in the appropriate order to achieving accurate payment amounts.

CA2.SS.16 Product Configuration APHP; QC

APHP utilizes business rules in the claims processing engine that perform real-time reference of the provider's enrollment certifications including the Clinical Laboratory Improvement Amendment (CLIA) certifications. The billed laboratory services are validated against the configured criteria and the provider's CLIA certification as of the date of service.

CA2.SS.17 Product Configuration APHP; QC

Medicare crossover claims are accepted by APHP through paper form, the APHP Portal and Electronic Data Interchange (EDI) interfaces. Once received the claims will be processed and adjudicated with in the claim engine. The claims will be processed against the assigned benefit plan and business rules configured to process Medicare Part A, B, C, and D claims. This includes validating the reported Medicare coinsurance or deductible amounts on crossover claims to the state allowed amount on the fee schedule within APHP. For services that are reported as not a benefit of Medicare that may be defined as a covered state benefit to limit the opportunity for IME payment of Medicare covered services. The final reimbursement amount is the lower of the state approved Medicaid or Medicare allowed amount.

CA2.SS.18 Product Configuration APHP

APHP provides multiple full service venues for authorized provider and user access to claim status and payment inquires covering all phases and status of the claim life cycle including: claim header and line payment status, associated voids, adjustments and associated payments. Payment status is available through the APHP portal, EDI X12N 276/277 transactions, and interactive voice response (IVR).

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CA2.SS.19	Product Configuration	APHP; QC

While outlier payment calculations and formulas may vary from state to state, the claims engine fee schedules support simple configuration of various payment methodologies and schedules. This includes specification of Iowa specific outlier payment criteria to adjust the overall reimbursement amount in cases where the calculated payable amount is substantially over or under the expected payment amount.

CA2.SS.20 (a-f)	Product Configuration	APHP; QC

Cutback amounts are applicable at the claim line detail when manually applied through the APHP portal or systematically during the automated adjudication process in the claims engine. Cutbacks may be applied due to exceeding accumulator limitation rules based on IME criteria, Medically Unlikely Edit (MUE) recommendations, or deemed outside of government and industry generally accepted standards of medical practice. Upon application of a cutback the claims edits engine applies a cutback specific result code as well as stores billing and payment information to include date billed, submitted units, units paid/allowed, original payment amount, and actual payment amount. All cutback related values are made available for inclusion on the provider's paper or electronic X12 835 remittance advice, and online inquiry.

CA3.01	Product Configuration	APHP; QC

APHP continually maintains provider enrollment and credential records to verify provider's validity to perform services reimbursed under the Medicaid programs. APHP claims adjudication rules validate the claim against the provider enrollment records at the time of service confirming the provider was active at approved to render service as of the date of the claim. Claims for in-eligible providers are denied with the appropriate error response indicating as such.

CA3.02; CA3.02.01; CA3.02.02	Product Configuration	APHP; QC

APHP provides the capability to configure procedure code to provider type, specialty, sub-specialty and taxonomy restriction rules within the benefit plan setup in accordance to IME policy and will provide system edits to flag for inconsistencies. This includes verification that: (a) the provider is eligible to render the specific service covered by the claim, (b) if the provider is marked as requiring a prepayment review, (c) if the referring provider on the claim is not marked as excluded for the period covered on the claim.

If the performing/rendering or billing provider is not active/eligible for the date of service or if the referring provider is excluded the rule will set and will either deny or suspend depending on IME guidelines. If a provider is identified as requiring a prepayment review per IME defined criteria the claim is then routed to the appropriate review work queue through APHP's native workflow capabilities.

CA3.03	Product Configuration	APHP; QC

APHP claims adjudication rules identify benefit plans associated with the member and assigns an active benefit plan for use in adjudication based on the date of service and benefit plan priority. The APHP provider enrollment solution links providers to benefit plans containing the covered services via inclusion within a provider network. Provider networks are then associated to one or many benefit plans allowing providers to administer services under only those plans. APHP claims adjudication rules assign a benefit plan to the claim as the system identifies an active benefit plan for the member covering the billed service as of the date of service. The final validation is that the provider is enrolled in a network associated to the assigned benefit plan.

CA4.01	Product Configuration	APHP; QC

The APHP member eligibility interfaces assign each member to the appropriate benefit plan matching State specific programs. Claims processing will verify member eligibility against the assigned benefit plan matching State specific programs. Each benefit plan configured within APHP facilitates the covered services and rules for coverage under each plan. APHP receives continual updates to benefit plan covered services and related member eligibility to support reimbursement of only those services the member is eligible for at the time of service.

CA4.02	Product Configuration	APHP; QC; K2

APHP rules identify and flag claims for a single member, with a diagnosis and procedure that indicate an emergency that occurs within one day of a similar claim from the same provider. Through the business rules for this adjudication guideline the claim can either be routed for a manual review, or auto denied. The rule maybe modified or changed to accommodate various claims processing scenarios in order to meet the user-defined criteria.

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CA4.03	Product Configuration	APHP; QC

APHP identifies, by member, the screening and related diagnosis and treatment services the member receives under the configured Early and Periodic Screening Diagnosis, and Treatment, (EPSDT) benefit plan. The APHP claims adjudication rules will assign the EPSDT benefit plan to claims for members associated with the plan making the claims identifiable as such. The claims engine comes pre-packaged with Federal standard benefit plans for Medicaid processing including the EPSDT program. Through the benefit plan functionality the system will track, by member, the services, related diagnosis, and screening the member receives under the EPSDT benefit plan. This includes allowing the services that are not coverable in the State's Medicaid plan but are required by the Federal Medicaid programs. This is done because the member record is linked to the benefit plan which then promotes the capability to identify, track and report.

CA4.04	Product Configuration	APHP; QC; SSRS

APHP supports processes to route and report on claims that are processed that indicate the member's date of death. These claims will be available for follow-up by the IME member eligibility or Third Party Liability (TPL) contractors through the use of automated triggers and workflow. We will configure the appropriate protocols for receiving member date of death information and routing it to TPL for follow-up. A trigger to route the claim into a specialized workflow when a result code (business rule) is applied during adjudication that indicates the member's date of death was reported.

CA4.05	Product Configuration	APHP; QC; SSRS

APHP provides and maintains the capability to monitor services for suspected abusers using a "pay and report," lock-in, or equivalent system function. Suspect members will be identified within APHP by application of a user assigned result code on the member record, which is then systematically applied to processed claims during the adjudication process to flag claims for manual review or reporting. APHP provides the capability to monitor specific program services for fraud, waste and abuse activities and produce pay and report, and lock-in edits.

CA4.06	Product Configuration	APHP; QC

APHP provides and maintains the capability to pend or deny claims for members assigned to the member lock-in program based on State guidelines. Lock-in members will be identified within APHP by application of a user assigned result code on the member record. The result code is then systematically applied to processed claims during the adjudication process resulting in a pended or denied claim based on IME guidelines.

CA4.07	Product Configuration	APHP; QC

APHP provides and maintains the capability to edit claims for members in long term care (LTC) facilities to verify that services included in the LTC payment rate are not billed separately by individual practitioners or other providers. APHP's real-time duplicate and related claim processes review claims across claim types to identify situations where a member is receiving services from an individual practitioner while in a LTC facility. Claim outcomes may be configured on the assigned result codes to support automated denial or pend of claims for review. APHP routes claims to the appropriate work queue for review per IME guidelines.

CA4.08	Product Configuration	APHP; QC

APHP provides and maintains the capability to process member cost sharing (e.g., co-payments, LTC patient liability) on any service specified by the State using a fixed amount or percent of charges. Our solution is able to complete this by supporting various payment methodologies through APHP configuration, and is based on program policy and guidelines. The adjudication and pricing processes adjust the allowed amount of the claim by the fixed amount or percentage of charges. The pricing adjustments are retained and tracked at the claim detail level, and are available for review through the APHP portal and centralized reporting data stores.

CA4.09	Product Configuration	APHP; QC

APHP edits claims for newborn eligibility based upon State-defined newborn enrollment policies and procedures. Depending on the preference of the Agency, APHP can auto generate a member record, or hold claims and report the information to continue the eligibility determination. The APHP provider portal supports submittal of newborn information which is then routed for processing through APHP's automated workflows. The eligibility maintenance processes includes automated triggers and extract processing to support reporting of newborn records to State entities via an electronic file or reporting interface.

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CA4.10 Product Configuration APHP; QC

Our team will work with the Agency to configure APHP edits for member participation in special programs (e.g., waivers) based on program services and restrictions. APHP supports special programs through the configuration of program specific benefit plans. The benefit plan and frameworks contains the data driven rules for program specific restrictions such as member age, gender, diagnosis code, to name a few.

CA4.11; CA4.SS.01 Product Configuration APHP; QC

We will work with the Agency to configure member eligibility categories and groupings into APHP specific benefits plans supported by plan specific rules and limitation accumulators. Through benefit plan configurations, users limit benefits payable by member eligibility category or other groupings. The benefit plan and frameworks contain the data driven rules for program specific restrictions such as member age, gender, diagnosis code, to name a few.

The real-time claims adjudication and adjustment processes adjust member accumulator usage values as claims are voided or replaced. Current member service limit accumulator values are accessible to authorized users through the APHP portal.

CA4.SS.02 Product Configuration APHP; QC

Business rules within the claims engine apply automated processes to assign the appropriate benefit plan to each claim detail based on the member's enrollment as of the date of service, and hierarchy configured to select the most appropriate plan (determined by the IME) when the member is enrolled in multiple plans. The claim is then passed on to the pricing module where configured fee schedules are selected to price claims based on the assigned benefit plan, member, provider and claim data according to the configured criteria.

CA4.SS.03 Product Configuration APHP; QC

The APHP benefit plans and fee schedules support configuration to drive specific reimbursement methodologies to handle the bed hold payment process for members in facilities. Payment rules will be configured within the fee schedules according to IME rules. We will work with the Agency to apply the existing bed hold rules, as defined per the Iowa Policy. Rules are configured to track when a member is absent for a hospitalization to determine the number of days the bed can be held, or when the absence is based on a visitation, vacation or other non-hospital stay. Claims processing determines, based on submitted values, which rules to apply. The APHP team also understands that only special population facilities are paid for bed hold and can configure the rules to verify only defined facilities receive bed hold payments.

CA4.SS.04 Product Configuration APHP; QC

As reflected in CA2.17 APHP has the ability to perform real-time and historical monitoring of claims with duplicate services. These rules apply to all benefit plans (waiver programs) and claim types (institutional services). Duplicate checking criteria is based on a defined set of criteria including, but not limited to, member, provider, claim type, date of service(s) and procedure code. Identified claims are either automatically denied or routed for manual review based on configured rules. This includes comparing claims to validate if they are:

- Processed against historical claims and duplicate claims or claim details within the same processing cycle.
- Date of service of an institutional claim does not overlap with date of service of institutional claim from a different institution for the same member.
- Date of service for a practitioner claim does not overlap with the date of service for another claim for the same practitioner for same member unless it is considered to be appropriate service to render.

Configuration of APHP rules includes capabilities of configuring result codes applied to claims as a result of duplicate claim rules to suspend the claim for review. Suspended claims are immediately routed to the appropriate work queue for review and resolution.

CA4.SS.05 Product Configuration APHP; QC

Business rules applied within the benefit plan provide the ability to define service specific limitations within the accumulator framework. This includes placing restrictions for age, gender, as well as other claim, provider and member attributes. Once configured, these rules are associated to the benefit plan and framework for real-time limitation enforcement. The claim rules engine supports integration of third party tools such as a real-time call out to a claims billing rules component (McKesson ClaimsXten) for validation against further government and industry standard rules. We will work with the Agency to identify where current state approved limitations may be further enhanced by the adoption of these additional rules.

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CA4.SS.06 Product Configuration APHP; QC

Through a combination of the APHP worker portal and the claims engine authorized users have the ability to create, review, and approve a payment on demand and outside of the normal payment cycles. First, in the worker portal a manual entry of an accounts payable record will be created and associated with either impacted claims or a non-claim transaction, and include account and/or funding source. The record is marked as a pay on demand transaction which will trigger an alert from a supervisor through an escalation queue. Secondary approval is necessary as part of the GAAP financial standards. Upon approval the payment and disbursement process is triggered within the claims engine and processed based upon IME guidelines and the Financial Accounts payment preference. All financial transaction records, be it claims payment generated or manually generated, are kept for historical purposes and available for inclusion in reporting.

CA4.SS.07 Product Configuration APHP; SSRS

MMIS inquiry and reporting capabilities will be provided to authorized IME users through role-based security. Roles are set up for different categories of IME and contractor staff within the systems. APHP authorizes functionalities based on these roles. This helps to confirm that authorized users are only allowed access to the required information to do their jobs. Based on the assigned role(s), IME and contractor staff will have unified access from the main APHP portal page to all authorized APHP MMIS and reporting functions.

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4B.3.1.a.5 Prior Authorization

We understand that the Agency requires a technologically advanced MMIS functionality that includes improved efficiency in managing authorization requests.

Streamlined Prior Authorization Processing Reduces Burden on the IME

- APHP leverages standardized and repeatable workflow segments for reuse across PA business processes
- PA solution promotes user access for real-time status improved communications, flexible workload management, and quicker approval turnarounds
- Integrated reporting component maximizes insight into IME service utilization

IA MMIS-2 4B3-07

Want to see more?
PRIOR AUTHORIZATIONS
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

From reducing the need for Prior Authorization (PA) requests by enabling service limitation edits through benefit plan configuration, to supporting online PA submission and tracking via the provider portal, APHP streamlines the PA process to make it easier for providers, the Agency, and other authorized users to submit and inquire about requests. APHP allows for PA's to be submitted in a variety of ways, including paper, online, or keyed directly into the system. This verifies timely entry into APHP to optimize processing. Through the APHP Provider Portal, providers use easy-to-navigate PA submission screens to submit requests. Our functionality is designed to encourage providers that have opted to use paper submission in the past to now use the portal instead. Our easy-to-learn features include:

- 24x7x365 access to self-service tools and system functionality through the secure Provider Portal
- On-line help features to improve user self-service
- Single-click access to system codes presented in every-day language, enhancing providers' learning curve
- Easy to learn, intuitive web pages, configurable to meet a variety of provider preferences and roles to simplify navigation
- Single-click access to relevant links and functionality, presented to simplify user tasks and tailored to user roles with a breadcrumb trail navigation aid
- Job Access With Speech (JAWS) compatibility for compliance with the Section 508 Amendment to the Rehabilitation Act of 1973

APHP's secure provider portal also provides a level of transparency to providers that proactively keeps them informed of which benefits require a PA, enables them to manage communications related to a PA, track a PA's status by its unique authorization number, and upload supporting documentation when needed.

Once submitted, the APHP workflow automates PA routing to appropriate approvers, enhancing the ability to track a PA's status and helping to eliminate misdirected or lost requests. APHP provides user-friendly features that reduce the number of steps it takes to complete a specific transaction. For example, APHP applies a PA to a claim in the event the provider forgets to include that information when submitting the claim. Figure A.5-1 depicts the MITA-aligned and streamlined APHP approach to PA management.

Automation and Efficiency

APHP delivers reliable, accurate and timely operations by subjecting incoming PA requests to range of configurable business rules and automated workflows. These rules confirm that only valid data is entered on the PA record; identify duplicate requests and automatically route to authorized staff for review; route to appropriate authorizers, helping to eliminate misdirected / lost requests; generate timely notifications and letters to providers, members and case workers, as needed; and accurately specify and apply policy coverage to services, all processes working together to render reduced processing turn-around.

Once the PA is received, APHP allows for the authorization to be edited, adjudicated and stored for use in future claims processing. APHP maintains the status of PA services by interfacing with the claims processing function to verify approval and to accurately increment/decrement the services used. The IME receives a PA solution that provides work tools to improve the worker experience, while promoting quicker PA approval turnarounds:

- Necessary real-time information at fingertips
- Single-click access to criteria and codes
- Auto-generated correspondence
- Automated checking for overlapping or duplicate PAs
- No paper/files to maintain

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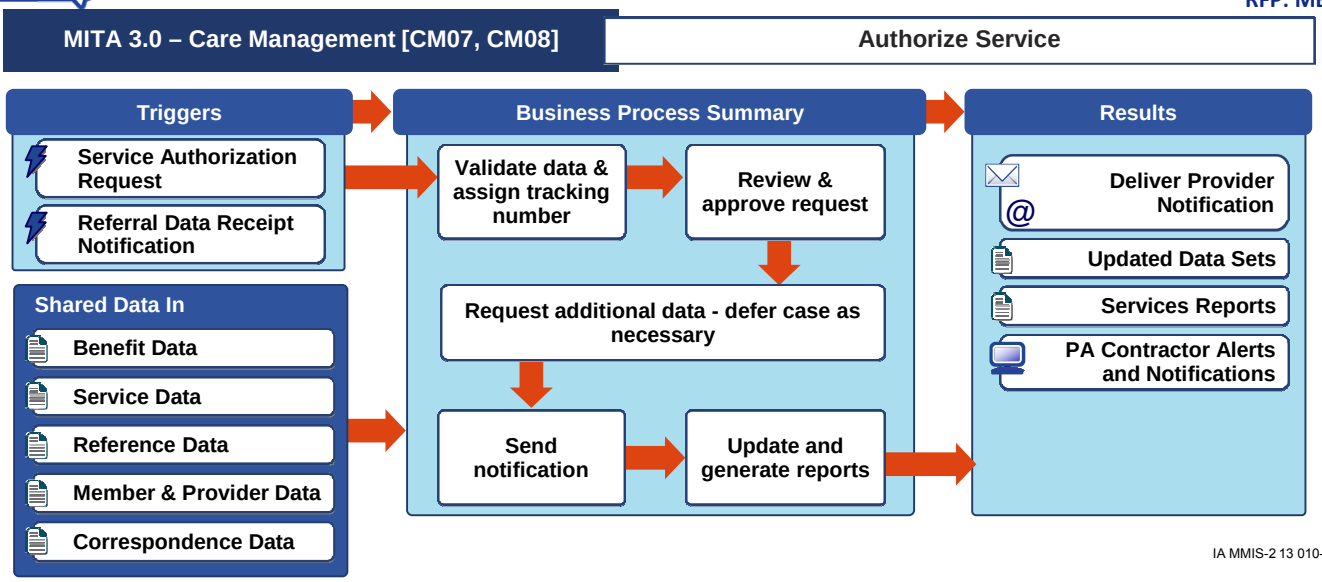

Figure A.5-1. APHP streamlines and standardizes PA submission and processing; increasing PA request traceability and visibility, while reducing approval timelines.

Reviewers have access to real-time information at their fingertips assisting them in making the appropriate determination, such as whether or not the requested service should be approved, denied, or pended. Easy-to-navigate Worker portal pages are designed to help the Agency, IME staff, and other authorized users to perform the necessary steps required to complete the PA request. Through the portal, authorized users have easy access to criteria such as:

- Medical necessity
- Procedure and/or diagnosis codes
- Date ranges, units
- Times and quantities
- National Provider Identifier (NPI) taxonomy
- Eligibility for a provider to perform and/or member to receive the requested service

PAs are searchable by provider or member ID number, PA number or status, date ranges and services requested. Special authorized searches can be conducted via the APHP portal or through integrated IVR. Drill-down capabilities provide the ability for users to retrieve PA information when working in other processes. For example when looking at a claim, single-click functionality enables an authorized user to go right to the associated PA and get detailed information without having to launch a separate screen.

Reporting enables program analysis and understanding of how PAs are being used, which provides better insight into service delivery, limitations, treatment plans and policy around service limitation and medical necessity.

Attachment K – Technical Specifications: Prior Authorization

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
CA5.01	Product Configuration	APHP; QC

APHP facilitates the timely processing of prior authorization (PA) requests in a number of ways. It streamlines processing for multiple types of service authorization requests by providing the flexibility to accept entry from a variety of media, by providing a full range of configurable edits, and by providing business process routing and workflow capabilities. APHP accepts PA request data via the following mechanisms:

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- Electronically through the X12N 278
- On paper, via email or fax
- Via the telephone IVRS
- Direct entry by authorized users through the APHP Portal

Our easy-to-navigate, online APHP portal windows help providers, State staff and contractor personnel review approval requests. Authorized users can easily examine criteria such as medical necessity, procedure and/or diagnosis codes, date ranges, units, times and quantities, National Provider Identifier (NPI) taxonomy and member eligibility to perform and receive the requested service. PA requests are subjected to a full range of business rules to confirm that only valid data is entered on the PA record, and that duplicate requests are identified for denial back to the requestor. The workflow automates PA routing to appropriate authorizers. APHP's workflows are easily configured with business rules to allow for automated approval or denial of authorizations. If necessary, PAs are routed to the appropriate work area for manual review. Lastly, dashboard analytics allow for real-time metrics on PA volume by work area allowing users to know exactly where the inventory is and its age, allowing teams to manage the work on hand, easily, efficiently and timely.

CA5.01.01	Product Configuration	APHP; QC

Approved PA requests are applied during the claims adjudication process based upon the approved services, units, dates of service, and other information on the record. Each request is assigned a unique authorization number to identify it and provide the capability to track the request to completion. PA records and documentation are retained, via databases and EDMS, as applicable, in accordance with State-specified requirements. Historical PA records and documents are accessible via the APHP Portal.

The PA may be applied systematically or manually as pre-determined by configuration. Manual application of the PA during claims adjudication requires the inclusion of the PA number on the claim submission. Systematic application of the PA is based on an automatic match between data elements on the PA and claim submission. Lastly, dashboard analytics allow for real-time metrics on PA volume by work area allowing users to know exactly where the inventory is and its age, allowing teams to manage the work on hand, easily, efficiently and timely.

CA5.01.02	Product Configuration	APHP; QC

APHP allows for a group or an individual provider to be entered as the service provider on the prior authorization record. Editing during the claims adjudication process validates submitted claims data against approved PA data to verify reimbursement of appropriate, services, units, amounts, and providers.

CA5.02	Product Configuration	APHP; QC

APHP can be configured to provide an authorization or identification field for use when an override indicator (force code) is used. We will verify (as associated by the State guideline) if the appropriate member, treatment plan, or benefit plan allows for services when normally denied. APHP includes a field on the PA record to capture comments that are pertinent to the specific PA request and to record notes or observations related to that request. Our audit trail capability also captures the user associated with all updates made through the Worker Portal, including the use of force codes.

CA5.03 (a-c); CA5.03.01	Product Configuration; Interface/Integration	APHP; QC; Edifecs

APHP supports receiving, processing and sending electronic health care service review, request for review, and response transactions required by the identified requirements of 45 CFR Part 162, for dental, professional and institutional referral certification and authorization (X12N 278). The APHP Portal allows providers, State staff and contractor personnel to submit PA requests via the web. APHP will support automated workflow management and distribution of PA requests to appropriate medical professional specialists for review and determination. APHP manages work assignments using multiple levels of criteria including characteristics of the claim or PA record, characteristics of the client, type of claim submission, and edit/audit type.

CA5.04	Product Configuration	APHP; QC; K2

APHP enables PA staff to send letters to different entities requesting additional information. The APHP correspondence component allows for both automatic and manual generation of letters to designated stakeholders. APHP is able to forward correspondence in various methods such as email, posting to the portal, facsimile, and standard mail. Our solution provides the functionality to include attachments with communications sent by mail, email, portal inbox or fax. Authorization letters created and sent, whether

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automatic or manually generated, are stored in the APHP document repository. Authorized APHP users are able to use the APHP portal to access images and correspondence stored in the system document repository.

CA5.04.01 Product Configuration APHP

The APHP portal functionality supports the ME and authorized contractors in the online creation of new prior authorization and the modification of existing prior authorization records, including records received via file interface from contracting entities. The comprehensive audit trail that records information about the authorized user who entered, modified, or authorized prior authorization data, including the date and time of the action.

CA5.05 (a-i) Product Configuration APHP; QC

APHP provides PA data access and inquiry capabilities through the APHP Portal. APHP provides the ability to search PA requests using a single or a combination of multiple characteristics such as provider ID, provider name, provider NPI/API, member name, member ID, date of submission range, dates of service requested range, service requested, authorization ID, and status of the request. Additional search criteria native to APHP include diagnosis code, practice office ID, and admit/discharge date.

CA5.06 Product Configuration APHP; QC

Configurable business rules are applied to each type of request, per the State's business rules, to allow or prevent the retroactive addition or modification of a PA request for a retroactive period. Establishment of PA requests for a retroactive period may generate workflows that include steps to review claims previously adjudicated for the retroactive time period. APHP has integrated alerts that are configurable to inform appropriate State and contractor staff when retroactive PA requests are entered.

CA5.07 Product Configuration APHP; QC

Claims adjudication processing uses the benefit plan information to determine if a PA is required for a service. APHP assigns a unique identifier to each prior authorization (PA) request. Editing during the claims adjudication process validates the submitted PA number, services, units, amounts, and providers against approved data on the PA record. Authorized users may search and retrieve PA data using the uniquely assigned PA identification number. Providers may also use this unique identifier on claim submissions.

CA5.08; CA5.08.01 Product Configuration APHP; QC

Prior authorization edits that are applied, both during the entry of the service request, and the application of the authorization during claims adjudication, can be configured to mirror applicable claims processing edits. The APHP reference data capabilities support the configuration and maintenance of edits, audits, prior authorization requirements, and other service restrictions that may be applied consistently across the system. Out of the box business rules include validation of the member's eligibility within the benefit plan before approving the services on the authorization. Rules are activated for an entire plan or at specific services to allow for additional functionality.

CA5.09 (a-g) Product Configuration APHP; QC

PA is to maintain a timely, accurate, automated, and date-sensitive data repository of PA data, including current and historical status, and unit and cost limits. APHP supports processing for multiple types of service authorization requests and captures decisions and approved information for each authorization. Captured information includes:

- Identification of the member (or members in the case of a newborn under the mother's eligibility ID)
- Status of the request
- Services authorized
- Service date range requested
- Service date range approved
- Cost amount requested
- Cost amount approved
- Number of units requested (and if applicable, consumption frequency)
- Number of units approved (and if applicable, consumption frequency)
- Provider approved (unless approved as non-provider specific).

The authorization process follows a workflow defined by State policies, configured using the APHP workflow component. The solution includes role-based portals for viewing, approving, and maintaining prior authorization and other MMIS data using a .NET architecture. Claims processing interacts with the PA module during adjudication to confirm the existence of a PA and authorized available service criteria. The PA is updated based

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on claims processing activity (e.g., reconciling applicable units and dollars used and available based on claims payment or recoupment activity).

CA5.10 Product Configuration APHP; QC

PA requests are subject to a full range of configurable business rules and data validation to confirm that only valid data is entered on the prior authorization record. Requests that are received with invalid data, or determined to be a duplicate based upon the data elements and applicable business rules are denied. APHP will support functionality to identify and properly adjudicate duplicate submissions of individual requests. APHP will support and properly adjudicated duplicate PA file submissions from authorized external entities based on pre-determined business process and interface rules.

CA5.11 Product Configuration APHP; QC

As reflected in CA5.9 APHP captures both the requested amount and authorized amount within the authorization record. Once the PA is received, APHP allows for the amounts and record data to be edited, adjudicated and stored for use in future claims processing. Claims processing interfaces with the PA function to confirm the existence of a PA and authorized available service criteria. It updates any PAs with claims processing activity (e.g., reconciling applicable units and dollars used and available based on claims payment or recoupment activity).

CA5.12 Product Configuration APHP; QC

APHP has the capability to change the services authorized and to extend or limit the effective dates of the authorization. Audit information, including current and previous data values, and the time and date of modification, provide the user with information about the history of changes that have been applied to the record. APHP's integrated alerts are configurable to inform appropriate State and contractor staff when PA requests are extended or modified.

CA5.13; CA5.13.01 Product Configuration APHP; QC

The APHP functionality allows for establishing authorized criteria, including member, provider, service, procedure, effective period, maximum units, and dollars, based on the business processes and rules established by State policy. APHP PA services work in collaboration with claims processing functions to validate submitted services against approved authorizations. During the adjudication process, the record is decremented and reflects the outstanding amounts and/or units available, the adjustment and/or void of prior authorized services to the record. The APHP Worker Portal provides users the ability to view the authorization and other applicable edits, audits, workflow, or rules associated with claim adjudication on a single screen. The comprehensive view supports the user in identifying system interpretation and application of benefit plan rules supporting policy.

CA5.15 Product Configuration APHP; QC; K2

APHP enables PA staff to send letters to different entities for different purposes. The APHP correspondence component allows for both automatic and manual generation of letters to providers, case managers and members. Member denial notices include information about the member's right to a fair hearing. Correspondence can include various formats such as email, portal postings, facsimile, and standard mail. Authorization letters created and sent, whether automatic or manually generated, are stored in the document repository. Authorized APHP users are able to use the APHP portal to access images and correspondence stored in the document repository.

CA.SS.5.01 Product Configuration APHP; QC

APHP provides flexibility in the application of prior authorization requirements across programs, benefit plans, and claim types through configuration. APHP supports the concurrent use of diagnosis, procedures, and other benefit plan components for program specific PA submission, review, approval, and claim adjudication rules. Workflows direct PA transactions and the claims process based on business rules associated with specific programs, benefit plans, and claim types. The workflow tool is designed to quickly and easily create a business process from existing .NET services using its smart object and drag and drop features. Beyond existing services, our workflow tool also integrates manual activities, reports, and MS Office tools, MS Mail, Excel, and others.

CA.SS.5.02 Product Configuration APHP; QC

Certain situations, such as a Change of Ownership, require multiple prior authorization records to be updated with a new provider ID. APHP supports the update of prior authorization records through both manual, on-line modification of PA data elements and systematic mass updates. The mass update process includes impact analysis within a test environment, implementation in the production environment, and quality review. APHP

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maintains data integrity within the PA module through the support of date sensitive updates and the ability to add new segments reflecting the effective date corresponding to the update.

CA.SS.5.03	Product Configuration	APHP; QC

Editing during the claims adjudication process validates submitted claims data against approved PA data to verify reimbursement of appropriate, services, units, amounts, and providers. APHP uses flexible table-driven rules and services that are configured through easy to use screens to enforce limitations on units, visits, costs, and utilization frequency. Global and user defined result codes drive the final outcome of the claim by suspending, denying, or applying a cutback on the allowed or payable services. APHP generates a notification to the provider regarding cutback through the use of result code messages on the RA.

CA.SS.5.04	Product Configuration	APHP; QC

APHP functionality provides flexibility in configuring PA business rules with robust enforcement capability through the collaborative use of Benefit Frameworks and Accumulator Frameworks. The Benefit Framework provides a means of defining service types that are subject to the prior authorization requirement. The Accumulator Framework allows the user to define limits for the service types. APHP supports date bound segments for each code grouping applicable to the service type contained in the Benefit Framework and the Accumulator Framework. The component structure allows the user to accumulate multiple, defined procedures against a single limit.

CA.SS.5.05	Product Configuration	APHP; QC

The integrity of the PA file is maintained as a result of the interaction between the claims processing and PA functions. Claims processing activity decrements and increments the PA total, and the available/used counts are balanced against the original approved totals. APHP creates a comprehensive audit trail to record the information about the authorized user who entered, modified, or authorized prior authorization data, including the date and time of the action. Access to information is granted based on security levels defined for each authorized APHP user.

CA.SS.5.06; CA.SS.5.07	Product Configuration; Interface/Integration	APHP; QC; SSRS; Edifecs; Kofax

APHP supports processing for multiple types of service authorization requests by providing the flexibility to accept entry from a variety of media, by providing a full range of configurable edits, and by providing business process routing and workflow capabilities. APHP accepts PA request data via the following mechanisms:

- Electronically through the X12N 278
- Electronically using proprietary formats with State approved PA vendors
- On paper, via email or fax
- Via the telephone Automated Voice Response System (AVRS)
- Direct entry by authorized users through the APHP portal

Auditing and tracking capabilities inherent to APHP support validation and balancing of interface partner and submitter transactions. Authorized users may receive reports automatically through subscriptions, access the reports from a central repository, consume reports in the context of business processes through reports embedded into business or web applications, or via hard copy.

CA.SS.5.08; CA.SS.5.09; CA.SS.5.10	Product Configuration; Interface/Integration	APHP; QC; Edifecs

APHP supports automated workflow management and distribution of PA requests to appropriate medical professional specialists for review and determination. As reflected in the requirements above the solution supports receiving, processing and sending electronic health care service review, request for review, and response transactions required by the identified requirements of 45 CFR Part 162, for professional and institutional referral certification and authorization (ASC X12N 278). APHP supports the manual entry and review and approval of prior authorization requests and automatic approval based on business rules and triggers within the PA workflow. Authorizations approved for groups are shared among the rendering providers within the group (e.g. PDN approved for Home Health Group).

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CA.SS.5.11	Product Configuration	APHP; QC

Approved prior authorizations are applied during the claims adjudication process. The PA may be applied systematically or manually as pre-determined by configuration. Manual application of the PA during claims adjudication requires the inclusion of the unique PA number on the claim submission. Systematic application of the PA is based on an automatic match between data submitted on the claim and the approved authorization.

CA.SS.5.12; CA.SS.5.13; CA.SS.5.14	Product Configuration; Interface/Integration	APHP; QC; SSRS; Edifecs; Kofax

APHP functionality incorporates statistical reporting specific to prior authorization disposition, service utilization, and PA request data source. Reporting services provide the tools and features necessary to author a variety of richly formatted reports from a wide range of data sources. Users may receive reports automatically through subscriptions, access the reports from a central repository, consume reports in the context of business processes through reports embedded into business or web applications, or via hard copy. APHP can also provide statistical reports on the data sources of these PA requests. Data sources include:

- Electronically through the X12N 278
- Electronically using proprietary formats with State approved PA vendors
- On paper, via email or fax
- Via the telephone Automated Voice Response System (AVRS)
- Direct entry by authorized users through the APHP portal

CA.SS.5.15 (Inputs (a-b)/Outputs (a)	Product Configuration; Interface/Integration	APHP; QC; SSRS; Edifecs

The Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. Secure delivery channels include the APHP Portal, the EDI solution, web based services and flat files. Prior Authorization reports are available through our robust Microsoft SQL Server Reporting package. APHP supports receiving, processing and sending electronic health care service review, request for review, and response transactions required by the identified requirements of 45 CFR Part 162, for professional and institutional referral certification and authorization (ASC X12N 278). APHP accepts PA request data via the following mechanisms:

- Electronically through the X12N 278
- Electronically using proprietary formats with State approved PA vendors
- On paper, via email or fax
- Via the telephone Automated Voice Response System (AVRS)
- Direct entry by authorized users through the APHP portal

A specific example where APHP will receive files from an external prior authorization system involves the interaction with McKesson ClearCoverage for handling radiology prior authorizations. There are several options for APHP to integrate with the McKesson ClearCoverage product and we will work with the IME during the ACD phase to determine the most appropriate solution. APHP has the ability to send standard member and provider extracts to ClearCoverage for their use in identifying authorized providers and eligible members. APHP can accept finalized or pended prior authorization information from ClearCoverage using a standard X12N 278 transaction or a custom interface. APHP workflow alerts the appropriate IME staff to the presence of pended PA transactions. These pended PA's are worked in ClearCoverage and routed to APHP upon final disposition. All finalized prior authorizations (approved or denied) are stored in APHP for use during claims adjudication.

CA.SS.5.16	Product Configuration; Interface/Integration	APHP; QC; Edifecs

APHP supports receiving, processing and sending electronic health care service review, request for review, and response transactions required by the identified requirements of 45 CFR Part 162, for professional and institutional referral certification and authorization (ASC X12N 278).

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4B.3.1.a.6 Claims Adjudication State Specific

We understand that the Agency requires a solution that is compliant to all State-specific requirements in addition to federally mandated conditions.

We further understand that the Agency requires a flexible, modular, real-time MMIS system that is easily maintained to support Medicaid's dynamic environment and rapid policy changes.

Claims Adjudication Processes use Configurable Rules to Satisfy State-Specific Requirements

- Claims processing engine is COTS component that leverages pre-packaged adjudication rules compliant to federally mandated requirements
- State-specific rules leverage baseline configurations thus reducing effort to implement

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As discussed previously, the proposed solution allows changes to workflow and business rules to be completed through product configurations that require only minimal technical skills to use and understand. In fact, configurations are performed by business analysts via APHP's graphic user interface (GUI) for business rules management. Configuration consoles provide a comprehensive approach to business rule and workflow creation/editing, additionally simplifying the configuration process and encouraging the business user to get engaged with the system.

Attachment K – Technical Specifications: Claims Adjudication State Specific

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
CA.SS.01	Product Configuration	APHP; SSRS

The Reporting solution is based on Microsoft SQL Server Reporting Services integration with APHP. The package provides a complete server-based platform that is designed to support a wide variety of reporting needs that includes ad-hoc reporting. The ad hoc reporting solution utilizes drag-and-drop functionality to enable users to intuitively create and submit queries to answer business questions. Users also receive scheduled reports automatically through subscriptions, access the reports from a central repository, consume reports in the context of business processes through reports embedded into business or web applications, or via hard copy.

CA.SS.02	Product Configuration	APHP; SSRS

APHP provides authorized users electronic access to information in pre-defined report format and user definable custom report format. The Microsoft's SSRS based reporting platform provides users the ability to download any report and supporting data in a number of standard desktop applications for data manipulation. The APHP Reporting solution permits authorized users to download aggregate data in the format with which they are most familiar, including Microsoft Word and Excel. Microsoft SQL Server Reporting Services (SSRS) supports rendering to most common file formats including HTML, PDF, CSV, XML, and Image (TIFF) and also offers complete new rendering in Microsoft Office Word, Excel and Access.

CA.SS.03	Product Configuration	APHP

APHP follows HTML standards which includes the required standard web functionality for Online, context-sensitive help, Hovering, Hypertext links, Dropdown lists and menus, point and click, "Forward" and "Back" navigation, Cut and paste, shortcut Keys, drag and drop, Bookmarking with appropriate title and title tags and Customized views of web pages. APHP integrates help functionality throughout the portal. Help functionality is available in the window, tab or frame with current focus. APHP provides overall site help, help associated with each module, and field specific hover help that is contextual to the section and field the user is viewing. APHP help documentation is designed to be independent of the application code which allows for user update and deployment of changes without major system release.

CA.SS.04	Product Configuration	APHP; QC

APHP allows for the entry of mass adjustment requests based on a variety of criteria including but not limited to user defined dates, price adjustments, changes to benefit plans, cost report data, and other member, provider, or reference related data. APHP supports the mass adjustment process through the use of a re-adjudication filter and data uploads via the EDI secure portal. The mass adjustment process allows for the re-adjudication of claims with the

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selected criteria and will perform the same processing that is currently done on single adjustments by negating claims or claim lines. The secure worker portal displays the affected claims and the dollar amounts affected allowing the user to assess the impact of the mass adjustment prior to execution. Automated mass adjustments can be requested due to rate changes, changes to benefit plans, for cost settlements or to group all claims for a particular provider, or other data.

CA.SS.05 Product Configuration APHP; QC

APHP accepts and processes both manually entered replacements and voids (direct data entry or paper submission pushed through OCR); or replacement and void transactions submitted by providers through the APHP portal. A relationship between an original claim and any subsequent voids or replacements is maintained. Authorized users will have access to the claim information when conducting claim searches, for ease of research, through their role-based supported portal. This is completed by linking the accounting transaction to the corresponding claims for payments.

CA.SS.06 Product Configuration APHP; QC

APHP uses the core claims processing product, QC, to process voided claims, adjustments to previously paid claim amounts and incoming accounts receivable due to returned warrants, etc. Funding source accounts will be updated to reflect the reversal or change in payment for service in which the respective fund covers. Financial processing updates will be reflected at the transaction level. APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step by step business process within the workflow engine that drives to an action, such as automatically changing the AR status to accurately reflect the offset. Lastly, the APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

CA.SS.07 (a-e) Product Configuration APHP; QC

APHP allows authorized users to execute mass adjustments through the release of verified transactions into the cycle for processing. This includes allowing by role read/review, create, and update claims. Authorized users will be able to select and review claims, release all claims for processing, release selected claims for processing, cancel voids, and replace void data during the creation of the request.

CA.SS.08 (a-l) Product Configuration APHP; QC

APHP allows users to select claims for mass adjustment based upon multiple criteria including but not limited to Internal Control Number (ICN), Codes, Provider number or name, Provider type, Provider specialty, Date(s), Member, Category of service, Condition codes, Prior Authorization and Claim Type. Automated mass adjustments can be requested due to rate changes, changes to benefit plans, provider updates, member eligibility changes, and retroactive updates to the member other insurance data. APHP supports configuration within the workflow process to automatically trigger a mass adjustment or mass void based on State business rules.

CA.SS.06 Product Configuration APHP; QC

Through APHP and product test environments the Agency will have the ability to run a mass adjustment on a sample of claims and view the outcome of the results of the adjustment in order to have a provide an accurate forecast for budgeting and reporting purposes. Within the production environment the worker has the ability to mass adjust a sample of claims to view the outcome of what would happen if a larger group of similar claims is adjusted. This includes adjustment by percentage or a specified amount. Both functionalities improve the quality control of the adjusted claims.

CA.SS.10; CA.SS.12 Product Configuration APHP; QC

Through the worker portal APHP supports individual, online and mass processing of adjustment and void claim transactions. Also, through Report Manager authorized users have the ability to run various queries to identify claims. These claims then can be saved and uploaded into the Mass Claims Adjustment portal. The mass adjustment process will allow for the re-adjudication of claims with the selected criteria and will perform the same processing that is currently done on single adjustments claim header or claim lines. APHP functionality also supports the deletion of transactions identified by the mass adjustment process and cancellation of a mass adjustment request. The void process allows authorized users to reverse a previously paid claim. A replacement claim (daughter claim) is not generated in these instances.

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CA.SS.13	Product Configuration	APHP; QC

Through the online cash receipt functionality in the worker portal authorized users apply payments to claims at the header or the claim detail level. By associating the payment to the claim the solution will systematically apply the payment to the claim using predefined business rules. Through the claims engine processes the history only adjustments may modify fund category totals but have no effect on the provider's 1099.

CA.SS.14; CA.SS.15; CA.SS.16; CA.SS.14	Product Configuration	APHP; QC

The APHP financial component produces non-claim, recovery transactions and lump-sum payments. These payments establish a financial transaction (AR) which allows for the identification of the payment receipt source and the creation of an audit record for support in processing the recovery amount to tie back to the original fund code allocations. Data supporting credit balances, including non-claim specific payment toward uncollectable balances, will be referenced during the payment cycle to determine proper offset against claims or gross provider payments. APHP cross references the information to support reporting and query requirements so that users have the ability to access and view, directly from the APHP Portal, detailed payment information including check number, EFT number, warrant number, payment date, and payment amount.

The worker portal has the ability to allow a user to update an AR as directed by the Agency. This is accomplished selecting the "uncollectable" indicator on the account when necessary. APHP has included this option to support the Agency when a provider has declared bankruptcy, or due to special circumstances is necessary to write off the debt owed. The Financial Management module reconciles provider payments against outstanding credit balances or open AR's to offset the next future payment accordingly. Accounts receivable processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs. Outstanding AR payments reconciliation includes consideration of interest based upon Agency rules. Section 4B.3.1.a.12 Financial Management contains detailed discussion regarding APHP's financial management capabilities.

CA.SS.17	Product Configuration	APHP; QC

Through the worker portal authorized users have the ability to search for financial and claims information. The worker has the ability to search on a financial account that is associated to a base record (providers account), by their NPI/API, or Tax ID. Advanced search functionality allows a filter to display the results by a date. A summary of payment information is displayed that displays with the most recent payment information, further drill down provides a list of claims or non-claim AP's that are associated with the payment.

APHP enterprise reporting will provide all necessary functions to actively manage the program budget. This includes web access to all budget drivers including entries, updates and audit trails of all actions taken. All summary and detail reports necessary for budget monitoring will be available to authorized users via the APHP worker portal and will maintain up-to-date financial data such that the clearest, most timely pictures possible of the current budget spend can be managed effectively by the Agency.

CA.SS.18	Product Configuration	APHP; QC

APHP provides and maintains the capability to pend or deny claims for members assigned to the lock-in program based on State guidelines. Lock-in members will be identified within APHP by application of a user assigned result code on the member record. The result code is then systematically applied to processed claims during the adjudication process resulting in a pended or denied claim based on the configuration of the result code. APHP uses configurable Prior Authorization (PA) and Referral rules within the benefit plan setup in accordance to State policy for fee-for-service services for PCCM members. APHP configurations can be set to systematically deny payment of fee-for-service services where proper PCCM Referral or PA is not on file.

CA.SS.19	Product Configuration	APHP; QC

APHP supports multiple industry standard reimbursement methodologies for claims processing and financial management. Reimbursement for electronic and paper institutional claims may be based on header or detail line data. Processing rules, including reimbursement methodologies for psychiatric institutions, may be applied at the claim header or claim detail level.

CA.SS.20	Product Configuration	APHP; QC

APHP supports the management and configuration of capitation rates online for immediate adjustments to assigned member payments. Member capitation rate data for non-emergency transportation and other capitated

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services may also be processed into APHP via automated interfaces and capitation rate changes. Capitation rate methodologies are adjusted on a schedule determined by the Medicaid program. APHP capitation processing accommodates comprehensive calculation methodologies to allow the appropriate payment for members with full month coverage, partial month coverage, or coverage for retroactively enrolled members. APHP adjusts capitation payment based on reconciliation of errors or corrections (e.g., retroactive adjustments to a particular capitation payment based on more accurate data that the MMIS obtains retroactively on member enrollments, disenrollment, and terminations). The APHP EDI solution supports the generation and receipt of X12N EDI 820 Remittance Advice.

CA.SS.21	Product Configuration	APHP; QC

APHP accepts eligibility and claim-like data. Examples of outside data may include:

- Intake eligibility information
- Managed care capitation payment data from the enrollment process
- Managed care encounter data
- Non-emergency medical transportation of other health claims processed by non-MMIS State systems

Our open architecture and systems interoperability allow secure data exchange between APHP and State approved entities. This approach consolidates disparate data and provides a comprehensive view into Medicaid and other healthcare programs. Data collected from other entities in included in the consolidated reporting function.

CA.SS.22	Product Configuration; Interface/Integration	APHP; OnBase

Documents received in the mailroom are indexed with values that allow them to be distributed to the IME units for key wording. These keywords allow authorized users to search and retrieve the documents by the keyword values. Keyword values are configurable to allow definition by the IME. OnBase allows for searching on member ID, provider ID, DCN or date of service, depending on the type of document being retrieved. APHP requires certain variables when entering a transaction into the system. These values allow for the retrieval and searching on claims, prior authorizations, member records, and other records that reside within the system. Depending what the authorized user is attempting to retrieve, APHP allows for searching on member ID, provider ID, date of service and control number or TCN.

CA.SS.23	Product Configuration	APHP; QC; SSRS

APHP uses automated balancing and trigger processes to identify in daily control reports, incomplete or inactivated claim batches. Through the EDI solution the interface to track inbound claims batches and properly balance to control counts and provide feedback to submitters. Drill-down functionality contained in APHP portal dashboards and reports provide users an in-depth into batch activity for research of balancing issues.

CA.SS.24	Product Configuration	APHP; QC

Approved prior authorizations are applied during the claims adjudication process. The PA may be applied systematically or manually as pre-determined by configuration. Manual application of the PA during claims adjudication requires the inclusion of the unique PA number on the claim submission. Systematic application of the PA is based on an automatic match between data submitted on the claim and the approved authorization. The ability to re-configure components online without adversely affecting unrelated programs supports authorized users in updating benefit plans and other program specific code groups as part of file maintenance.

CA.SS.25	Product Configuration	APHP; QC

The IME Medical Services unit serves as the QIO and determines the LOC, which is used in claim processing. Long term care claims are not paid by APHP without the appropriate LOC on the member record. APHP edit functionality supports the systematic review of submitted claims data and adjudicates transactions based on the existence of appropriate approvals and program business rules.

CA.SS.26	Product Configuration	APHP; QC

APHP supports a multitude of industry standard provider reimbursement standards which are maintained with begin and end dates to confirm historical rates are maintained. APHP supports comprehensive reference data management such as procedure codes (CPT, NDC, HCPCS, UCR, and RUG), diagnosis codes (ICD-9 and ICD-10) and payment method code sets including DRG, RBRVS. APHP supports online code updates, and changes are available for immediate use in claims, reporting, and other APHP functions.

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APHP has the capability to administer unlimited, complex payment methodologies that will support defined program guidelines and allow for multiple provider specific reimbursement rates with begin and end dates. Examples of reimbursement methodologies within APHP's user interface include but are not limited to: per diems, level-of-care per diems, case mix, percentage-of-charge rates, rates based on level of care, preferred provider agreements, managed care agreements, volume purchase contracts, or other cost containment initiatives with begin & end effective dates. Payment methodologies use configurable criteria within fee schedules and are automated within APHP's user interface. Rate setting automation is achieved through interfaces such as, but not limited to pricing and rate tables; rates set for managed care plans; files supplied by the State; and pricing and rate tables for various provider types by date range.

CA.SS.27	Product Configuration	APHP; QC

APHP uses the claims processing rules engine, benefit plan information, and reference files in claims processing to drive all editing and systematically applies standard result codes during the editing process. The Payment Method field of the fee schedule supports the selection of the reimbursement method allowing pricing to be accomplished through the combined use of fee schedule, modifier tables, conversion factors, and similar reimbursement methods and the payment contract. APHP's pricing flexibility allows differentiated procedure code payment scenarios to match client defined billing standards. APHP will present the user with result codes during editing when billed charges exceed established thresholds or when the payable amount is reduced to billed charges.

CA.SS.28	Product Configuration	APHP; QC

The providers and the member can view the status of the members benefit limitation through the eligibility check (X12N 271). Through the worker portal authorized users have the ability to view the members benefit limitation, number of allotted units for limitation type, and units left. From this high level information the worker can drill down to the claims associated to the service limits. This functionality is through the use of the accumulator framework within the claims engine.

CA.SS.29	Product Configuration	APHP; QC

APHP uses a commercial claims processing and benefit administration product which, out-of-the-box, supports the hold of payments for an individual or group of provider, as well as for a single or group of claims. This is accomplished through the worker portal that allows an authorized use to place upcoming payments on hold at various levels. Holds may also be set on a provider record, program level as determined by the IME to support business needs.

CA.SS. 30	Product Configuration	APHP; QC; SSRS

APHP components and infrastructure provide the appropriate level of auditing and logging. APHP uses ArcSight to collect the logs and performs analysis and reporting to allow detailed reporting and alerting on internal, external, and compliance security events. The APHP components will log system activity in accordance with State Medicaid audit policies and procedures. This information is then exposed through ArcSight to alert and provide a consolidated view into APHP overall system activity. The ArcSight capability provides a means for more consistent event reporting across the entire APHP system and will be used heavily to provide security, incident reporting and mitigation mechanisms.

APHP will provide reports that that summarize the system activity based on defined security parameters. ArcSight will send out alerts when certain security thresholds are reached. When a security event is encountered, appropriate action is executed by APHP. For example, when the maximum number of login attempts is reached, the account will be locked to prevent further access until the issue is resolved. When a security event is triggered in APHP based on certain security parameters, the audit data surrounding it will be preserved and analyzed by the appropriate APHP staff.

CA.SS.31	Product Configuration	APHP; QC

APHP processes X12N HIPAA compliant electronic transactions, as mandated by CMS and performs real time claim validation against active provider, member and reference data loaded within the APHP and is 5010 compliant. Reference data segments in APHP are date-specific to provide proper criteria for each claim based on the date of service. This includes the acceptance and processing of ICD9 or ICD10 codes based upon the date of service (DOS). The APHP EDI process performs editing for valid values on entered claims using current information on provider

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enrollment, member eligibility, and reference data. These rules are applied to paper, electronic and portal claims as all claim sources are transformed into standard 837 claim transactions.

CA.SS.32	Product Configuration	APHP; QC

APHP supports the configuration of benefit plans with defined frequency and dollar threshold limitations based on State guidelines and rules. Plan configuration will allow for the generation of result codes upon reaching threshold limits, once identified the workflow will suspend for review.

CA.SS.33	Product Configuration	APHP; QC

APHP PA services work in collaboration with claims processing functions to validate submitted services against approved PAs. During the adjudication process, the PA is decremented and reflects the outstanding amounts and/or units available. The adjustment or void of prior authorized services and amounts restores units to the PA.

CA.SS.34	Product Configuration	APHP; QC; K2

Through the worker portal authorized users have the ability to view and disposition a claims result codes (edits), the workflow routes claims based upon the claim information to specific queues (locations) for manual review. The pre-packaged business rules include sorting claims by claim type, and program. Authorized users also have the ability to manually move transactions between queues. Once claim is processed an explanation of services for each detail is applied to the Remittance Advice.

CA.SS.35	Product Configuration, Interface/Integration	APHP; QC; ClaimsXten

As part of the edit/adjudication process, claims are processed against the McKesson ClaimsXten software for National Correct Coding Initiative (NCCI) to validate that the services requested on the claim are in line with generally accepted coding standards as published by the Centers for Medicare & Medicaid Services (CMS). The APHP rules engine integrates real-time interaction with ClaimsXten within the claims adjudication process. This additional feature provides logic that edits for items such as consistency, payment limitations, procedure unbundling, mutually exclusive procedures, incidental procedures, and investigational procedures.

APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Result codes that will be applied on claims include those related to ClaimsXten recommendations. The APHP results codes then drive the final outcome of the claim such as suspend, deny, or possibly apply a cutback on the allowed or payable quantity. APHP provides users the ability to view all applicable business rules in a single screen making it easy to see how the system interpreted policy. A claims worker will see all results of the included ClaimsXten rules in addition to those applied by the APHP configured rules.

CA.SS.36	Product Configuration	APHP; QC

APHP supports the processing of claims, against the member's assigned benefit plans, to verify services that are defined as part of the managed care program are not paid. Members may be assigned to more than one benefit plan. FFS and managed care services (capitated programs) do not exist in the same benefit plan and are split to support accurate claims processing. Any services that are defined by a managed care plan will deny and not pay using FFS calculations. APHP's configurable, rules-based solution enables the IME to automatically implement State and program rules to correctly identify and reimburse carve-out services. Using APHP's rules-based solution, we configure the system to identify services covered under capitation payments and automatically deny duplicate fee-for-service payments as a non-covered service to be billed to the managed care plan.

CA.SS.37	Product Configuration	APHP; QC

APHP provides authorized access to manage system and user-assigned result codes that are indicative of edits that are applied to claims. Result code (edits) maintenance includes updates and additions to result code numbers, descriptions, effective dates, usage and claim status outcome/disposition. A cross-reference of result code to HIPAA compliant EOBs and messages is maintained online within APHP. This functionality allows authorized users to create new result codes and link them to the appropriate HIPAA EOB for inclusion on providers' remittance advice. The full result code, HIPAA-compliant EOB relationship list, and detailed descriptions are searchable through the APHP portal. Result codes with corresponding adjustment reasons and remarks are assigned to claim transactions during the claims editing and adjudication process. APHP generates provider remittance advices that display standard reason, remark and reject (error) codes that are easy for providers to interpret.

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CA.SS.38	Product Configuration	APHP; QC

APHP allows users to define program-specific turnaround times for timely filing, editing of claims, including encounters. This includes timely filing exception processing based on retroactive eligibility, filing delays resulting from other insurance processing, or other documented and approved exceptions. Based upon IME guidelines/ preference the workflow supports routing claims for a manual review to validate if there are exceptions with the filing deadline before denying the claim. The claims engine also reviews data associated with the claim such as the members eligibility add data or a response from a third party and systematically override the filing deadline result code. The APHP creates a comprehensive audit trail to record the information about the authorized user who entered or modified the claim status; including the date and time of the action, and error override codes.

CA.SS.39	Product Configuration	APHP; QC

Authorized State and contractor staff configure business rules through an interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other MMIS functions. APHP has integrated alerts that are configurable to inform appropriate State and contractor staff when an action is required based on established criteria, such as the entry or approval of an authorization that overlaps another. The claims engine can be configured to accommodate sequencing as an option in business rule configuration to allow the appropriate PA to be used based on State policy to coordinate the process and selection of a PA when dates of service overlap.

CA.SS.40	Product Configuration	APHP; QC

Through APHP the claims engine and workflow(s) allow for program management and utilization review by processing claims against a prior authorization (PA) file to confirm that payment of the claim is accurate. The PA functions allow for establishing authorized criteria, including member, provider, service, procedure, effective period, maximum units, and dollars, based on the business processes and rules established by State policy. APHP PA services work in collaboration with claims processing functions to validate submitted services against approved PAs. During the adjudication process, the PA is decremented and reflects the outstanding amounts and/or units available. The adjustment and/or void of prior authorized services and amounts restore units to the PA. APHP provides users the ability to view PA and other applicable edits, audits, workflow, or rules associated with claim adjudication on a single screen. The comprehensive view supports the user in identifying system interpretation and application of benefit plan rules supporting policy.

CA.SS.41	Product Configuration	APHP; QC

A PA may be applied systematically or manually as pre-determined by configuration. Manual application of the PA during claims adjudication requires the inclusion of the PA number on the claim submission. Systematic application of the PA is based on an automatic match between data elements on the PA and claim submission. Editing during the claims adjudication process validates submitted claims data against approved PA data to verify reimbursement of appropriate, services, units, amounts, and providers.

CA.SS.42	Product Configuration	APHP; QC; SSRS

APHP supports comprehensive reference data management such as procedure codes (CPT, NDC, HCPCS, UCR, and RUG), diagnosis codes (ICD9 and ICD10) and payment method code sets including DRG, RBRVS. APHP supports online code updates; changes are available for immediate use in claims, reporting, and other functions. The APHP reporting solution provides a file with paid claim data which includes HCPCS J codes.

CA.SS.43 (a-g); CA.SS.44 (a-k)	Product Configuration	APHP; QC; SSRS

The MS SQL Server Reporting Service (SSRS) tools provide the flexibility and structure to generate State and Federal Reports and other financial and business area reporting. The Report Manager functionality maintains a thorough catalog list of standard program management reports, and APHP's underlying reporting architecture supports the delivery of multiple reports including, but not limited to the following:

- LTC program reporting
- Leave day analysis
- Client participation amount discrepancies
- LTC facility rosters
- Non-bed hold discharge tracking
- Client participation amount dates
- Inventory trend reports
- Payment cycle reporting
- Electronic claims transmissions
- Error code analysis
- Suspense file summary & detail reporting
- Edit/audit analysis

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- Hospital claims and bed hold analysis comparison
- Claim inventory and processing activity
- Adjustment and re-submission claims
- Processing cycle time
- Special handle and manually process claims
- Claims withheld from payment processing

APHP's automated, online solution provides the flexibility needed to address new reporting requirements quickly and effectively along with automated report balancing and verification procedures. The reporting solution produces required claims operations reports with real time information on claims at any status or location such as claims backlog, key entry backlog, pending file status, and key performance metrics. APHP reporting provides the option of customizing reports as necessary based on additional requirements.

CA.SS.45	Product Configuration	APHP; QC; SSRS

The financial data housed in our DDS enables the capability to produce reports to distinguish and identify claim and non-claim specific adjustments by type of transaction and provider type at a frequency designated by the IME, such as monthly.

CA.SS.46	Product Configuration	APHP; QC; SSRS

APHP provides online configurability of benefit plan rules to deduct TPL and Medicare paid amounts as defined in the State Plan when pricing claim/encounters. Through the reporting functionality and claims engine the solution maintains comprehensive date specific instances of all Medicare data, including separate instances for Part A, Part B, Part C, and Part D, for use in all MMIS processing where third party information is required. A weekly report will be generated from paid crossover transactions for which a member's record does not indicate Medicare eligibility including the State ID number, member name, Transaction control number, amount paid, date of service, and paid date.

CA.SS.47	Product Configuration	APHP; QC

APHP uses the financial component within the claims engine to support calculation of dollars associated with AR/AP transactional processing. Assessment Fees are identified as just another type of AR, which must follow GAAP standards in handling. APHP will provide an avenue for processing, auditing and reporting to support the management of Assessment Fees. Because the Assessment Fee reuses the same AR functionality, the solution can be configured to recoup the monies as part of a future payment or to processes as a "Cash Receipt". If the State wishes that the AR's are processed as a cash receipt upon the completion of the first step, the next step in the workflow configuration would be "create invoice" such that, the provider's assessment debt would immediately be offset by the action to invoice the provider for the receivable. Authorized users will have the ability to manually close out a receivable in order to hold the provider harmless for assessment fees.

CA.SS.48 (Inputs (a-h)/ Outputs (a-h))	Product Configuration; Interface/Integration	APHP; QC; SSRS; SSIS; Edifecs; Kofax

APHP accepts and uses the current paper billing form (UB04, CMS-1500, and ADA Dental). We will work with the Agency to review these data fields to identify any State specific processing. Through the portal and EDI solution the system provides standard HIPAA-compliant X12 EDI gateway for 5010 formats for providers and submitters who prefer to submit healthcare transactions electronically. Our solution provides system support for the sending and receiving of electronic claims transactions containing valid codes required by 45 CFR Parts 160 and 162 as follows:

- Dental health care claims (X12N 837D)
- Professional health care claims (X12N 837P)
- Institutional health care claims (X12N 837I)
- Coordination of benefits data, where applicable
- Future claims attachments required under HIPAA

We work with the Agency to define a form which design State specific claims forms (Pharmacy Universal or Long Term Care Turnaround Document (TAD). We will work with State to also reduce data elements required for claim submission for waivered services and other entities not covered by HIPAA. Waivered claim forms will be accepted via the same inputs as any other claim form. Using automated workflow, this information is submitted to the APHP Claims Engine for adjudication and processing.

In addition APHP accepts Medicare and Medicare Advantage plan cross-over claims and Medicare Explanation of Benefits (EOB) claims attachments in paper and electronic formats. The pre-packaged rules will also support the configuration of criteria to suspend or deny claims in cases where attachments are required and not received. Also, as reflected in the earlier requirements, APHP comes with a comprehensive report suite, dashboard, and ad hoc functionality. We will work with the Agency in order to produce the necessary claims reports reflected in

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above requirements, and when necessary configure the reports to meet the State's needs. This includes REOMB's, 1099's, Weekly Remittance Advice, and payment summaries, i.e., capitation payment. The IME will have full access to the required accounting standard balance and control series reports through the report suite.

CA.SS.49; CA.SS.50; CA.SS.51	Product Configuration; Interface/Integration	APHP; QC; ClaimsXten

As part of the edit/adjudication process, claims and adjustments are processed against the McKesson ClaimsXten software for National Correct Coding Initiative (NCCI) to confirm that the services requested on the claim are in line with generally accepted coding standards as published by the Centers for Medicare & Medicaid Services (CMS). The APHP rules engine integrates real-time interaction with ClaimsXten within the claims adjudication process. This additional feature provides logic that edits for items such as consistency, payment limitations, procedure unbundling, mutually exclusive procedures, incidental procedures, and investigational procedures.
APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Result codes that will be applied on claims include those related to ClaimsXten recommendations. The APHP results codes then drive the final outcome of the claim such as suspend, deny, or possibly apply a cutback on the allowed or payable quantity. APHP provides users the ability to view all applicable business rules in a single screen making it easy to see how the system interpreted policy. A claims worker will see all results of the included ClaimsXten rules in addition to those applied by the APHP configured rules.

CA.SS.52	Product Configuration; Interface/Integration	APHP; QC; ClaimsXten

The APHP supports the IME in adhering to current code sets recognized by CMS and positions the program for national standards compliance in the future.

CA.SS.53	Product Configuration	APHP; QC

APHP's real-time claims processing uses automated claims editing, pricing and plan identification techniques to improve overall operational efficiency and processing accuracy. Disallowed/denied, or cutback claims processed within the APHP claims engine reflect the rule or rules failed by display of the appropriate assigned result codes(edits) with specific systematic and rule error messages. Claims and specific claim details that are marked as denied will be flagged and processed appropriately.

CA.SS.54; CA.SS.55; CA.SS.56; CA.SS.57	Product Configuration; Interface/Integration	APHP; QC; SSIS

The solution allows for a members benefit plan to include rules for premium payments. This will allow the system to process the member's premium or co-payments (e.g. cost sharing) using the rules configured for each of the state specific plans. Through the claims engine the system is designed to allow tracking of a cost sharing requirements at the household unit. This means that we have the ability has the ability to group a mother or father as the subscriber and link children as a beneficiary which is the same process used by commercial health payers. The business rules include the ability for the system to monitor the amount of payments applied at the household level and stop the collection of additional payments once it exceeds a maximum amount as well as notify outside administration systems that are impacted. This amount is based upon the rules established at the State and Federal level and can be set for an annualized period.

CA.SS.58; CA.SS.59	Product Configuration	APHP; QC

APHP generates payments for non-claims transactions. Our solution allows for payments to Qualified Health Plans, Health Homes that includes generating the payment based upon State defined rata factors including age, gender, and category of eligibility, health status, and geographic location. The solution will automatically calculate the payment based upon this data, the payment cycle will include edibility for partial months and will pro-rate the payment based upon the number of days in the month.

CA.SS.60	Product Configuration	APHP; QC

APHP supports a multitude of provider reimbursements, including bonus payments to Home Health and ACO Providers. The automated payment methodology for bonus payments is managed through configurable rules that can select specific providers that would receive performance incentive payments (e.g. bonus).

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4B.3.1.a.7 Reference Data Management

We understand that Iowa requires accessible and comprehensive Medicaid reference data; data that can be used by all authorized IME users and systems, accessible and available to internal and external entities.

Complete and comprehensive reference material is required to operate the business critical functions of the IME. We know that reference data should be treated as criteria that drive business processes. Standard code sets used in adjudication and payment are only part of the reference data library. APHP provides the IME a dynamic environment to manage adjudication-specific criteria in addition to reference data used in benefit package structures and financial management.

IME Capabilities are Expanded to Receive Reference Information via Multiple Access Channels

- Innovative system provides flexible data and rule updating capabilities for authorized users
- Optimal Reference Data integrity through testing requirements and quality assurance controls
- Experienced team members provide ongoing support in reference data updates

IA MMIS-2 4B3-09

Want to see more? **REFERENCE DATA MANAGEMENT *Screenshots*** available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

Accessing and updating this information in a timely fashion are necessary to maintain proactive control of the data and to help avoid errors in areas such as claims processing, acceptance of PAs, and provider reimbursement. APHP provides end-user access and insight into reference data via the Worker portal. Easy-to-use screen navigation makes finding and reviewing reference data intuitive. Maintaining reference data parameters in APHP is managed via configuration. Diagnosis, procedure, ICD, DRG, are all defined in reference but because their use is not hard coded APHP can leverage reference data cleanly and re-use it such that code upkeep only has to occur at the source. As a result, all downstream business areas that access those codes, like benefit plans and fee schedules, are able to reference the latest updates. This maximizes flexibility, and reduces the time and cost required to implement new processing and payment rules.

Updates can be done via batch or mass update features to facilitate offline changes. This means no more large-scale manual entry code updates, which will save time and reduce errors. We have designed APHP so that transactions include multiple adds or updates, and are either fully committed or rolled back. If the transaction is rolled back, the user will be notified through the user interface (if initiated online), or an error will be logged in database tables if the transaction is initiated through a system process. This provides data integrity even when a transaction spans multiple APHP components. Table A.7-1 illustrates how APHP provides a strong solution to support Reference Data Management for the Agency.

Table A.7-1 APHP provides a powerful enterprise wide reference data management system to manage reference data for the Agency

Key Solution Features	Benefit to the IME
Data is easily configurable to support Federal or Agency policy changes	Programming skills are not required to make changes and can be done by non-technical staff.
Pre-packaged benefit plan baseline configurations	Eliminates the need to manually create benefit plans; baseline plans can be used as is or easily configured for state-specific requirements
Flexible, expandable solution to meet evolving needs	This integrated module and its content effectively supports standard functions for Medicaid operations and offers flexibility to operate State specific reference data functions
Interoperable with existing business processes	The reference data management module in APHP is easily interoperable with existing business processes and is scalable to meet future capabilities through healthcare reform or other avenues to support the Agency

Attachment K – Technical Specifications: Reference Data Management

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided

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sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
RF1.01 (a-d)	Product Configuration	APHP; QC

APHP centrally manages the reasonable and customary charge information for Medicaid and Medicare claims pricing through the claims engine. The rate setting and pricing is completed using the fee schedule functionality and managed through the online user interface. Professional and Institutional fee schedules are based on procedure code or service codes, and code ranges that may have different payment methods and values assigned within one or multiple fee schedules. This means we can price the same services for reasonable and customary charges for outpatient drugs, FQHC, RHC, IHC, and Hospital inpatient and outpatient providers at different pricing logic for each of these scenarios to verify lower of the billed vs. priced amounts. The APHP system looks at the State's defined rules (not the billed amount) and pays facilities the assigned per diem that is determined by the cost reports.

Reimbursement of outpatient prescription drugs are processed based upon the amount provided by the POS vendor and applied as a payment using the Accounts Payable (AP) functionality. Fee schedules are further enhanced by criteria configurations that use provider, member, and benefit plan claim attributes to identify appropriate pricing, as well as inclusion of modifier tables as extensions configured to adjust the payment parameters defined in the core fee schedule. These key simplified functions enable improved processes to maintain pricing files and pay claims in accordance with Medicaid Policies. This includes creating duplicate fee schedules within the same benefit plan to allow payment of different percentages for different provider types or reasons or at a flat rate.

RF1.01.01; RF1.01.02	Product Configuration	APHP; QC

APHP will maintain pricing files and pay claims in accordance with the IME Medicaid Policies. Fee schedule and reference file maintenance is simplified via multiple methods within APHP. Online updates can be applied directly through the Code Import function which consumes and takes advantage of third party industry-standard files for CPT/HCPCS, ICD-9 & 10, UCR, RBRVS and other code updates. The solution also allows updates to the pricing files manually through the claims engine configuration console and tracked through the audit trail. Alternatively, uploads from Excel, Word, Access and CSV files are easily enabled within the APHP framework via configurable rules and workflows.

RF1.01.03 (a-aa)	Product Configuration	APHP; QC

APHP integrates real-time use of industry standard tools within the claims pricing process for accuracy on calculations of key functions such as DRG and APC derivatives, Lab Panel vs. ATP, all inclusive rates, locality pricing, RBRVS, Per diem, POA validation and impact to the DRG classifications, or FMAP share. Additionally, state specific rates such as Pharmacy, Pay for Performance, Fee Schedule pricing, Medicare Fees, Waiver rates will be identified and configured as part of ACD. The fee schedule and accumulator framework (service limitation rules) will allow by configuration pricing methodologies to accommodate rates specific to modifiers, place of service, or cut backs, or provider types. The payment contract associated to targeted provider types will allow for pricing with negotiated rates for providers by their practice location. From time to time the IME may identify additional methodologies necessary to process claims. When that happens we will work with the state to identify the best approach to accommodate non-industry standard pricing.

RF1.01.04	Product Configuration	APHP; QC

Online updates will be applied directly through APHP's Code Import function which consumes and takes advantage of third party industry-standard files for CPT/HCPCS, ICD-9 & 10, UCR, RBRVS and other code updates. The automated process improves data integrity by reducing the potential for error experienced during manual reference data updates. The solution also allows updates to the pricing files manually through the claims engine configuration console and tracked through the audit trail. Alternatively, uploads from Excel, Word, Access and CSV files are easily enabled within the APHP framework via configurable rules and workflows.

RF1.02; RF1.02.01; RF1.02.02	Product Configuration	APHP; QC

Reference data within APHP provides procedure, diagnostic, and formulary codes per 42 CFR 447, in support of payment for services. Configuration of procedure and diagnosis rules within claims adjudication and fee schedules further support the reimbursement rules as defined within the CFR. APHP provides the capability to limit payments to providers for specific services through the configuration of rules

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within the benefit plan and related fee schedules. Use of this functionality enables variations of reimbursement restrictions across the various state plans and policies. Payment methods in the fee schedule allow the user to select the manner in which the service will be reimbursed while the modifier table may be configured to affect corresponding procedure pricing, (e.g. professional and technical component, assistant surgeon, etc.).

Configured rules include the use of procedure codes within groups which facilitate individual and ranges of procedure codes, as well as re-use or duplication of existing similar groups to reduce configuration time. The rules contain the specific restrictions such as member age, gender and provider types/specialties, just to name a few. APHP provides the flexibility for the acceptance and use of revenue and procedure codes on the various claim types accepted through the APHP portal, EDI gateway and on paper claim forms. Use and rules of the codes can be configured for needs unique to inpatient and outpatient hospital, hospice, home health, dialysis, nursing facility, ICF/MR, Psychiatric Medical institutions for Children (PMIC) claim types.

RF1.03; RF1.03.01	Product Configuration	APHP; QC; SSRS

APHP supports the modification of reference data via online and automated processes. Online updates are applied directly through the Code Import function which consumes and takes advantage of third party industry standard files for CPT/HCPCS, ICD-9 & 10, UCR, RBRVS and other code updates. Authorized users will access data via the APHP claims engine or APHP Portal. Prior to implementing an edit/audit change within the system, we will execute specific test cases within the testing environment. Once the edit/audit has been applied in the test environment, we observe the possible impact to the providers, clients, payment rates, claim suspense issues, and denial rates. The results are presented to the IME and, with approval and sign-off, the change is deployed into production. We will work with the IME during ACD to confirm that the reference record fields required for reference pricing are correctly identified.

Error reports are generated from the Code Import and upload functions indicating any errors encountered on the file updates such as duplicate records, overlapping effective dates, unreferenced or invalid procedure or diagnosis codes. Reports are made available online and are accessible by authorized team members.

RF1.04	Product Configuration	APHP; QC

Updates and additions to the reference information and files used to load reference information are retained through a searchable audit trail. The audit trail includes time and date of each entry on the reference data tables and the user ID that initiated the change. Each version of current and archived reference information and update transactions, including change errors and suspended changes, are captured and retained. The reference tables store both current and retired pricing information, including reasonable and customary charge data. Reference data updates completed via the Code Import process are archived in Import History. The history list contains a listing of the file types with corresponding effective dates and the import date and time. The audit trail is available online and helps users research archival information in many ways, i.e., determine how pricing was calculated; identify how limitations and restrictions were applied to processed claims through editing and auditing, uncover other data that impacts claims payments, and the like.

RF1.05; RF1.05.01; RF1.05.02	Product Configuration	APHP; QC; SSRS

Fee schedule and reference file data is managed and created through the Code Import function which consumes and takes advantage of third party industry standard files for CPT/HCPCS, ICD-9 & 10, UCR, RBRVS and other codes. Our solution allows uploads from Excel, Word, Access and CSV files. The payment method field of the fee schedule supports the selection of usual and customary as the reimbursement method. This field is maintained by an authorized user and may be updated at any time. APHP supports static and interactive fee schedules. Both types of fee schedules are available for download online in a format approved by the IME, including PDF, Excel, or CSV file. The static fee schedules contain standard and program specific procedure codes for predefined fee schedules. The interactive fee schedules allow users to select from pre-defined criteria to extract data.

The APHP reference files and fee schedule updates are supported by operational reporting of updates applied for each project, including but not limited to procedure, drug and diagnosis files and fee schedules. Error reports are generated from the Code Import and upload functions indicating any errors encountered on the file updates such as duplicate records, overlapping effective dates, unreferenced or invalid procedure or diagnosis codes. In addition to standard update and error reporting, APHP central reporting data store will support requests for specific sets of reference and pricing data per IME requests.

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RF1.06 Product Configuration APHP; QC; SSRS

APHP maintains reference data in the production database with effective and terminate dates making it possible for the reference tables to store both current and historical information. Because of the way the date functionality works, the need to archive reference data is reduced. We recommend archiving the data once it is inactive or the age exceeds state guidelines necessary for claims processing. Our solution maintains a multi-year history of reference data that is searchable via standard queries for the processing of outdated claims. Reference data is archived and may be retrieved as needed for outdated claims processing or for detection of duplicate claims/encounters.

RF1.07 (a-c) Product Configuration APHP; QC; SSRS

APHP supports the maintenance and auditing of reference data with date bound segments. Reference data is marked with the date and user identifier when loaded to the APHP. All changes made to the data, systematic and manual, are tracked for audit purposes. The change history of APHP production reference data is available to authorized users for viewing. APHP also supports the generation of reference data reports. Reports may be generated using a specific effective date, termination date or user defined date range.

RF1.08; RF1.08.01 Product Configuration APHP; QC

APHP maintains current and historical reference data used in claims and encounters processing. Reference data is date specific, and the reference tables store both current and retired or historical pricing information. As reflected in RF1.06 our solution is based upon dates, including the ability to "back date" a rate. The 'Manage Rate Setting' business process includes (as directed by the State) identification of impacted claims. We will work with the Agency to validate if retroactive changes require claims reprocessing in order to accommodate various situations that arise as part of the policy to maintain IME Medicaid.

RF1.09; RF1.09.01 Product Configuration APHP; QC

The APHP portal provides online access to reference tables in three different views. First, configuration analysts have access to an online configuration console that allows for creation and management of the reference tables. Second, based on the role and profile, authorized users can view reference data through the worker portal. Third, through the online report manager, authorized users have access (and can query by specific code if necessary) to the reference data details. Through the use of these views our solution provides a unified view of reference data from the top of the benefit plan configurations with capabilities to drill down through the levels of reference data configurations in the system. Reference data is maintained with effective date specific references making it possible for the fee schedules to store both current and historical information.

This solution retains historical pricing segments needed for claims processing and research activities. Since all historical records are active within the claims engine they are available for inquiry and displayed.

RF1.09.02 Product Configuration APHP; QC; ADFS

MMIS inquiry capabilities will be provided to IME staff authorized through role-based security. Roles are set up for different categories of IME and Accenture team staff within APHP which authorizes functionalities based on these roles. This helps to confirm that authorized users are only allowed access to the required information to do their jobs such as maintenance or inquiry of reference data.

RF1.10; RF1.10.01 (a-f) Product Configuration APHP; QC

APHP provides an audit trail of reference data changes. The audit detail provides a before and after view of data changes, date & time of change, and user id assigned to the change. This includes logging of errors in changes and keeping track of suspended changes which aids in follow-up training and potential process and procedure updates; as well as provides for the potential to react and proceed with implementation of a suspended change. As within all areas of APHP, configuration, reference and pricing data must retain and make available key attributes regarding the data. The reference and pricing components maintain change details to include a before and after view of data, update date & time stamp, user id associated with the last update, source and project ID of the last update, effective start and end dates for the term the data is in effect.

RF1.11 (a-f) Product Configuration APHP; QC

This functionality is part of our COTS-based solution that provides online update capabilities as well as mass data loads for revenue code maintenance. APHP maintains revenue codes and provides online update and inquiry access to authorized users, including but not limited to coverage information; restrictions; service limitations;

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automatic error codes; pricing data; and effective dates for each item. The revenue code listing is maintained via the configuration console of APHP. Coverage information including revenue code sets is configured in the benefit plan through the use of criteria which restricts and/or allows coverage. The use may define the coverage effective from and through date. Service limitations are established and monitored through the use of the accumulator framework.

RF1.12; RF1.12.01; RF1.12.02	Product Configuration	APHP; QC

APHP supports the use of date-bound segments for reference data effective dates. Date boundaries allow the use of only the reference data applicable for a given date of service during transaction processing. The reference and pricing data maintain effective start and end date parameters for all values. This enables retention of active and historical reference and pricing data. Through the use of business rules (edits) the claims engine can be configured to disallow a provider to bill for service based upon their taxonomy (type, specialty, or subspecialty) which then excludes their participation within the benefit plan. These rules can be applied within the fee schedule, benefit framework, treatment type, or procedure code components.

Through the use of the fee schedule components/ functionality the claims engine will process using variable pricing methodologies with a date sensitive parameters for identical procedures. The variables configured for each benefit plan allows for variations based on member data, place of service, region, provider networks, provider-specific data, modifiers, and service codes. This allows the IME the flexibility to configure the pricing methodologies-based criteria.

RF1.14	Product Configuration	APHP; QC

APHP supports code sets for the payment of Medicaid-covered non-healthcare services (including but not limited to waiver services). The procedure code and fee schedule areas of APHP together provide users the ability to establish covered procedures, assign rates and payment methodologies, and assign to benefit plans. The same flexible configuration which supports standard coding will be used for waiver and other non-healthcare services.

RF1.16	Product Configuration	APHP; QC

Through configuration of the claims engine, we identify and group accident and injury procedure and/or diagnosis codes into trauma categories. This allows the claims engine to process trauma related claims according to defined business rules. Automated workflow triggers appropriate actions such as correspondence to the member (Trauma Lead Letter), or a creation of a subrogation case, when the system identifies a trauma related claim based on the presence of defined trauma procedure and/or diagnosis codes.

RF1.17	Product Configuration	APHP; QC

APHP allows authorized users to add and update procedure and diagnosis codes and corresponding descriptions. The procedure and diagnosis code information can also be accessed for inquiry and update by authorized users via the APHP Portal. APHP maintains diagnosis and procedure code short and long narrative descriptions within the reference data management component. Descriptions are updatable for individual codes as well as mass update through the Code Import or upload functions.

RF1.18	Product Configuration	APHP; QC

APHP will maintain Reference File data and verify that updated content is used in claims processing by:

- Performing file changes to support compliance with Medicaid guidelines identified in this RFP
- Adhering to our quality review process to monitor file consistency/accuracy
- Maintaining documentation and tracking updates for Reference File changes through a controlled process.

Prior to making a reference file change in production, the changes are applied and tested in a test environment that is a mirror of production.

RF1.SS.01	Product Configuration	APHP; QC

APHP maintains service frequency limitations through benefit plan administration and the use of Accumulator Frameworks. Within an Accumulator Framework, configuration is used to define criteria to include limitations for quantity, budget, and service allowed amounts and related frequencies and rollover periods. Accumulators reference procedure code groups that accommodate individual and procedure code ranges, and can be further defined with criteria including member age and gender.

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RF1.SS.02 Product Configuration APHP; QC

APHP maintains procedure and diagnosis code relationships through the configuration of allowable Treatment Type Sets. A treatment type is a component within the claims engine that combines Diagnosis and Procedure code grouping. Each Treatment Type Set associated to the benefit plan contains a group or groups of allowable procedure codes and their related diagnosis code(s), along with effective dates for each. The procedure and diagnosis groups facilitate listings of individual and ranges of codes. Editing to be applied to these relationships during claims processing is also maintained.

RF1.SS.03 Product Configuration APHP

The APHP portal provides the flexibility to navigate easily throughout the system to view claims and related data. Through drill down functionality, the authorized user can access detail information related to the pricing methodology related to a claim. Detailed drill-down information available for viewing can include eligibility selected, benefit plan assignment, and fee schedule information. By pointing and clicking on any one of these detail fields, such as the fee schedule, the user is routed directly to the fee schedule summary where the user can view pricing detail lines and related criteria.

RF1.SS.04; RF1.SS.05 Product Configuration APHP; QC

APHP maintains reference data with effective date specific references making it possible for the reference tables to store both current and historical information. This solution retains reference data that may be needed for claims reprocessing per State processing guidelines. Retention of current and historical coverage status for physician administered and biologic drugs is maintained in the same manner as all other reference data with both active and historic references available for code sets, pricing and benefit plan coverage rules.

RF2.01 Product Configuration APHP; QC

APHP manages HIPAA-required external data sets using both automation and manual processes (e.g., claim adjustment reason codes, remark codes, ICD-9, ICD-10, and NDC). All HIPAA code sets are available for inquiry within the APHP portal.

RF2.02 Product Configuration APHP; QC

APHP maintains all the data required to perform validation to verify that transactions conform to the HIPAA implementation guides. As the standard codes are updated and implemented into the solution, data sets defined in the HIPAA Implementation Guide will be maintained to support the transactions required under the HIPAA Administrative Simplification Rule, such as gender and reason code.

RF2.02.01 (a-k) Product Configuration APHP; QC

APHP's highly configurable, commercial-off-the-shelf (COTS) framework provides the IME with the ability to maintain and update benefit plans and the business rules associated to these plans. This flexibility allows the IME to add, maintain, and edit the various components used to create the plans. The accumulator framework component will be configured to limit and/or restrict services and other codes such as discharge status, type of bill, place of service, or NDC codes. This functionality results in tailoring the claims processing rules to meet specific edit and audit processing requirements as directed by the IME.

The online configuration console associated with the claims engine allows authorized configuration analysts to view and update the established plans or create a new plan. The claims engine maps business rules for claim edits to the standard EDI EOBs. These codes may then be mapped to state specific response which then could be provided on the “paper version” Remittance Advice.

Business rules can be applied within the Benefit Plan, Accumulator Framework, Treatment Types, or Procedure/Diagnosis code components to require an authorization on services. Configuration of the business rules allow for a transaction in the claims engine to suspend for a manual review, action applied within the review are tracked on the audit trail.

Business rules (edits) can be applied to any of the components within the benefit plan, rules configured to a specific code or to a grouping of codes. Treatment Type Sets, Fee Schedule, and Procedure / Diagnosis Code components are configured to validate services provided are appropriate for the category of service (COS) by validating the provider's type, specialty, subspecialty as well as other configured criteria. The accumulator framework allows the IME to apply rules at the Treatment Types, or Procedure/Diagnosis Code components to “count” the amount of services rendered to a specific member. The Accumulators Framework will then limit the

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service based upon the rule (lifetime limitations, monthly, per unit, etc.). Each code is supported with effective date parameters allowing for codes (or group of codes) to be activated/deactivated per State requirements.

The fee schedule component allows for the codes and groups of codes to be payable only once an exception to the State policy has been identified. APHP utilizes configurable fee schedules to define the reimbursement methodologies. Fee schedules are further enhanced by the criteria configurations that utilize provider, member, benefit plan and claim attributes to identify appropriate pricing. We will work with the Agency to identify state-specific configurations as part of ACD and during operations. Once approved a configuration analyst will create or maintain the benefit plans.

RF2.02.02	Product Configuration	APHP; QC

The desired NDC codes can be placed into one or more groupings. IME-specific business rules are applied to the grouping(s) at the Agency's direction for adjudication, fee schedules or other business reasons. An informational result code can also be associated to a grouping, allowing for ease of reporting.

RF2.02.03	Product Configuration; Interface/Integration	APHP; QC; SSIS

APHP captures and maintains the NPPES information file from CMS as extractable reference data for reporting purposes within the central data repository. The NPPES reference file is also used by the online APHP provider enrollment process for NPI validation purposes.

RF2.02.04 (a-g)	Product Configuration	APHP; QC

APHP supports flexible rules-based edit criteria, accumulator limitation criteria and audit relationship criteria. APHP leverages member, provider, claim and reference data elements to enforce edit and audit criteria limits for types of service by procedure code, revenue code, diagnosis code and drug code and therapeutic class. Configurable elements include, but are not limited to, the list requested herein by the IME.

RF2.02.05	Product Configuration	APHP; QC

APHP provides authorized access to manage system and user-assigned result codes that are indicative of edits and audits/limitations that are applied to claims. Result code maintenance includes updates and additions to result code numbers, descriptions, effective dates, usage and claim status outcome/disposition. A cross-reference of result code to HIPAA compliant EOBs and messages is maintained online within APHP. This functionality allows authorized users to create new result codes and link them to the appropriate HIPAA EOB for inclusion on providers' remittance advice. The full result code, HIPAA-compliant EOB relationship list, and detailed descriptions are searchable through the APHP portal.

RF2.02.06	Product Configuration	APHP; QC

APHP manages prior authorization requirements through the use of key reference data elements and user-configurable business rules for benefit coverage. Prior authorization rules for a procedure, or group of procedure codes, are configured by an authorized user within the benefit plan. Simple to complex prior authorization criteria can be specified using member, provider, claim and reference data elements. The APHP portal provides user access for searching and viewing prior authorization requirement definitions for each procedure code.

RF2.02.07 (Inputs (a-e)/Outputs (a-b))	Product Configuration; Interface/Integration	APHP; QC; SSIS

Reference file maintenance is simplified through multiple methods within APHP. Online updates will be applied directly through the Code Import function which consumes and takes advantage of third party industry-standard or internally-built files for the HIPAA required code set. Alternatively, uploads from Excel, Word, Access and CSV files are easily enabled within the APHP framework via configurable rules and workflows. These solutions enable the Agency and our MIDAS team to work collaboratively and efficiently to address HIPAA standard code sets. The APHP reference data management area supports the maintenance of all data sets defined by HIPAA implementation guides, for example, standard gender and reason codes.

Adjudication rules, fee schedules, benefit plan configurations and accumulators/limitations, as well as relationship audits can immediately take advantage of updated HIPAA compliant codes to support transactions required under the HIPAA administrative simplification rule. As reflected in RF1.09 our solution provides a unified view of reference data from the top of the benefit plan configurations with capabilities to drill down through levels of reference data in the system. Reference data is maintained with effective date-specific references making it possible for fee schedules to store both current and historical information.

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4B.3.1.a.8 Third Party Liability

We understand that Iowa requires an interoperable, configurable solution with the enhanced capability to avoid costs and maximize recoveries of Medicaid funds
We understand that the Agency requires an MMIS solution that enforces Medicaid as the payer of last resort.

The proposed solution is designed to help the Agency preserve the State's limited funds, enable the Agency to provide more services to the State's Medicaid-eligible population, and enable the State to identify, cost avoid, and bill other entities liable for the service costs. This will enable the Agency to provide healthcare coverage to Medicaid members and reduce the State's Medicaid program expenditures.

IME Benefits from Enhanced Capability to Avoid Costs and Maximize Recoveries

- Our team supports accurate collection and storage of insurance information
- Uses insurance information during claims adjudication to maximize Medicaid funds by cost avoiding claims to be paid by a third party
- Supports receipt of collections information from the IME Revenue Collections Contractor to update claims and accounts as a result of billing to other entities for TPL, pay and chase, trauma and estate recovery activities
- Accurately tracks and reports on TPL monies owed and collected

IA MMIS-2 4B3-10

Want to see more?
THIRD PARTY LIABILITY
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

Maximizing TPL Cost Avoidance and Recovery

Managing TPL requires coordination of multiple business units, subcontractors and external organizations and this includes providers. The provider portal allows authorized providers access to member TPL information to enable them to bill correctly the first time, which reduces the amount of erroneous billing to Medicaid and results in faster reimbursements. Additionally, providers have the opportunity to share TPL information with the Agency as they gather it in the office setting.

The IME will be able to identify, capture, exchange and use TPL data from/with multiple sources. APHP will store details about a member's other insurance, such as:

- TPL benefit coverage and associated service limits so the IME can see how this is best used as a supplemental plan
- Co-pay, co insurance and deductibles that apply to other plans
- Plan details, ID numbers, address, and billing information

We will work collaboratively with the IME TPL contractor to promote successful coordination of benefits across all plan services.

Attachment K – Technical Specifications: Third Party Liability

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
TP1.01 (a-o)	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

The Third Party Liability Management function in APHP stores and retrieves accurate, current, and historical source of other insurance coverage information on individuals eligible for Medical Assistance in the state. Third Party Liability (TPL) information is identified either through electronic interface with various sources such as the eligibility system, CMS, Iowa's TPL Contractor, or from information contained on claims, referrals or other channels. Data captured in APHP includes, but is not limited to:

- Name of insurance company
- Address of insurance company
- Policy number
- Group number
- Name of policyholder
- Relationship to Medicaid member
- Services covered
- Policy period
- Multiple resources under one member
- Group health plan participant
- Health Insurance Premium Payment (HIPP) participant
- Long term care insurance

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TPL information will be retrieved through Eligibility Verification requests submitted through EDI or the APHP Portals. Authorized users can view TPL information for each member on the APHP Portal Member Information screens. APHP also makes TPL information accessible to the Agency and Trading Partners through standard data interfaces and robust reporting capabilities. APHP provides a Master Member file as part of the base product that can be configured to send to designated locations approved by the Agency. In addition, authorized users can access TPL reports through the APHP Portals or configure new reports using Microsoft SSRS tools such as Report Builder.

APHP is built upon MECT and MITA 3.0 functionality and is designed to support the administration simplification and rules authorized by the Affordable Care Act. The APHP product roadmap addresses required functionality including Federal regulation such as ACA, which includes a National Health Plan Identifier. APHP's flexible architecture allows for easy implementation of additional rules and regulations through configuration. Any required systematic changes will be addressed as part of the product and will be included within Release 5.0 which will be available by Q3 2015.

TP1.01.01	Product Configuration; Interface/Integration	APHP; QC; SSRS; SSIS; K2; OnBase

The APHP Portal provides full query, view and update access to TPL information. Based on security permissions, authorized users will review and maintain TPL information, including carrier data, such as carrier name, phone number, and billing address. Additionally, APHP will support interfaces and defined data interface standards to accept carrier information electronically. Our APHP solution supports X12N transaction formats, as well as the ability to configure to custom file formats as needed. We will also accept carrier information via spreadsheets.

TP1.01.02	Product Configuration	APHP; QC

The APHP financial processing solution is an integrated accounting system that supports receivables and collections across programs. Billing and recoupment processes within TPL business functions support the creation and viewing of cash receipts and receivables, including claim-specific accounting details for each recovery. Cash receipt information collected includes the reason code, date and amount. Reason codes are available in a common language format from configurable drop down boxes on the Worker Portal in order to identify the type of TPL recovery.

TP1.01.03	Product Configuration; Interface/Integration	APHP; QC; SSRS; SSIS; K2; OnBase

APHP will support interfaces and defined data interface standards to accept carrier information electronically. Our solution supports X12N transaction formats, as well as custom file formats as needed. Using the features of our integrated workflow application, APHP provides for the receipt of new carrier plan information that may trigger processes that perform mass updates of carrier information.

TP1.01.04	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

APHP provides automated correspondence and alert capabilities that are supported by our configurable workflow automation tools. This means that APHP will recognize events, such as when a claim identifies a third party payment and there is no TPL in the APHP database, to automatically trigger the production of correspondence to be either published to the portal, as a file for transmission or as a letter generated for appropriate distribution. Our solution also provides for the automatic inclusion and printing of cover letters, claim forms, mailing envelopes, and/or emails and faxes. The letter creation process includes mail merging in the appropriate demographic and claim information, eliminating the need for the TPL specialist to duplicate data entry information currently in the system.

TP1.01.05	Product Configuration	APHP; QC

APHP provides data fields to capture notes and narratives that pertain to the TPL resource record. Using the secure APHP portal, notes will be entered by any APHP user authorized to update TPL information. These users can select to add new or view existing notes within each TPL section of the Member Information screen.

TP1.01.06	Product Configuration	APHP; QC

The 'type of coverage' data field on the third partly liability insurance record is used to determine what services are provided under the insurance policy. Typical coverage types include dental, vision, long term care (LTC), comprehensive medical (also Medicare Part C), pharmacy drugs (also Medicare Part D), inpatient services only

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(also Medicare Part A), and/or professional services only (also Medicare Part B). Coverage type values are configurable and may be compared to services on a submitted claim using procedure codes, drug codes or IME-defined service categories. The resulting comparison can result in automatic cost avoidance, pay and chase or pay and report activities, depending on the rules defined.

TP1.01.07; TP1.01.08; TP1.01.09; TP1.01.10	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

Our financial processing and payment management solution maintains financial data at the lowest level of detail and provides for Third Party Resource (TPR) recoveries to be associated to the individual claim level. Once payment is received from a carrier, Medicare or other insurance vendor, a TPL specialist is prompted through the business workflow to disposition the payment across individual claims or claim lines. This activity is supported through the APHP history-only mass claim adjustment process, which provides verification steps throughout to assist the TPL specialist in assigning the monies to the appropriate claim. In addition, APHP supports the entry of gross level history-only adjustments when payment cannot be tied back to individual claims. APHP financial management screens will allow tying of refund or recovery back to the billed claim.

APHP will screen verified TPL resources against paid claims history retroactively to identify recoverable funds. Establishment of TPL coverage for a member may require that claims that have been paid on behalf of the member be reviewed for potential billing to the third party. If coverage is established for a retroactive period, or a claim was paid under the 'pay and chase' rules, the claim amount may be billed to the third party for payment.

TP1.04	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

Through configuration of the claims engine, we identify and group accident and injury procedure and/or diagnosis codes into trauma categories. This allows APHP to process trauma related claims according to defined business rules. Automated workflow triggers appropriate actions such as correspondence to the member (Trauma Lead Letter), or a creation of a subrogation case, when the system identifies a trauma related claim based on the presence of defined trauma procedure and/or diagnosis codes.

TP1.07 ; TP1.07.01	Product Configuration; Interface/Integration	APHP; QC; K2; OnBase

APHP accepts and processes verification data received electronically from employers, insurance companies, providers, members, attorneys, contractors and others. TPL staff can also enter verification data (e.g., TPL form DCO-8019). The data received electronically or entered by TPL staff will include the type of insurance coverage for each policy (e.g., inpatient, outpatient, physician, pharmacy, vision, and dental). APHP accepts and processes verification data from multiple sources, such as the eligibility system, child support enforcement system, long term care facilities and or nursing homes, various carriers, including providers of long term care insurance coverage, other state agencies, or from information contained on claims, referrals, etc.

TP1.08; TP1.08.01; TP1.09; TP1.09.01	Product Configuration	APHP; QC

APHP stores date specific third party coverage information that can cover all periods of eligibility for the member, including historical periods. Any third party liability resource information that can be obtained and verified for the member is loaded into APHP for subsequent use in claims adjudication processing, including those policies where the subscriber, or policyholder, is an absent or non-custodial parent. Each member covered under a particular policy is captured as a separate coverage record, and is date span specific. These dates are compared to the date of service on the claim and individual member periods of eligibility when determining when another party is liable. An unlimited number of third party liability resource records may be captured and stored within APHP for an individual member. The APHP Portal provides full query, view and update access to the business functions for the TPL information. Based on security set up, authorized users will be able to query, view and update the third party resource information.

TP1.10.01; TP1.10.02	Product Configuration; Interface/Integration	APHP; QC; Edifecs

APHP contains multiple, secure delivery channels for sharing and exchanging member data. APHP includes an EDI component for processing inbound and outbound X12N EDI messages. APHP supports the Inquire Member Eligibility MITA Business Process through out-of-the-box product capabilities. Authorized Agency, providers, members and other trading partners can request member eligibility information via EDI through the HIPAA 270 transaction or through the APHP Portals. APHP will produce X12N 270 transactions to query other payer eligibility files and to process X12N 271 responses. APHP

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supports the ability to do a single query to an entity to retrieve other insurance information for the purpose of establishing other coverage.

TP1.10.03	Product Configuration	APHP; QC

The APHP Portal provides secure access to member eligibility and TPL information for authorized APHP users, including State and contractor users, providers, members and other State approved trading partners. Users have the ability to search for member data by case number, member state identification number (SID), social security number and member name/partial name, carrier name and carrier ID number. Authorized users can update member TPL data through the APHP Portal Member Information screen.

TP1.11; TP1.12	Product Configuration	APHP; QC

APHP provides for configurable edits that will be applied to update transactions, regardless of the source or media of the update (interface, portal). These edits are applied according to the Agency's specific program policies to provide validity and consistency with existing TPL data. The specific parameters that are used to define a duplicate insurance policy are configurable, and may include carrier, effective dates, subscriber and primary coverage.

TP1.13	Product Configuration	APHP; QC

TPL insurance information is date-span-specific. APHP interfaces periodically with different source systems, including ELIAS, ISIS, the State's TPL Contractor, other State departments such as Child Support Enforcement and Workers Compensation, Medicare agencies and other entities, to validate the existence of other insurance coverage for members. The TPL data received from these sources is matched against existing data and updates are done to maintain current data. In addition, authorized users can add, modify or delete TPL information for a member directly via the member Information screen.

TP1.14; TP1.14.01; TP1.14.02	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

APHP has the ability to link to the complete audit record for the member's data, including TPL insurance information, which provides comprehensive information about when and who changed data on the member's record. For updates received via interface process with another data system source, APHP builds the audit trail to reflect updates applied, and reports errors during update processes. Errors are routed through the APHP workflow to the correct person or work unit for follow-up and resolution. Audit trails will be maintained for a time period specified by the State.

TP1.15; TP1.15.01	Product Configuration	APHP; QC

APHP provides for the capture and cross-reference of TPL carrier and employer information, as available from the originating source. Carrier and employer information will be used to confirm available coverage information for members, and is used to prepare and send bills for payment.

TP1.16; TP1.16.01	Product Configuration	APHP; QC

APHP manages security at the role-based, field level for claims related functional access. Only authorized users are allowed to perform deletions and overrides of edits and alerts as well as adjust claims and enter settlement information that supports associated TPL recoveries.

TP1.17	Product Configuration	APHP; QC

There are some instances when State or Federal rules and policies mandate that certain services must always be paid by Medicaid, and then subsequently 'chased' for payment by the third party carrier. These claims are designated as mandatory pay-and-chase. Claims may be identified using procedure codes, and/or provider type. The configuration of pay and chase rules may include, for the benefit plan, a provision that identifies services provided to children who are under a medical child support order, prenatal care services provided to pregnant women and preventive pediatric services provided to children.

TP1.SS.01	Product Configuration; Interface/Integration	APHP; QC; SSRS; SSIS; K2; OnBase

The Third Party Liability Management function in APHP receives and maintains an accurate, current, and historical source of other insurance coverage information on individuals eligible for Medical Assistance in the state. As Third Party Liability (TPL) information is identified and channeled into the Agency, either through electronic interface with various sources such as the eligibility system, child support enforcement system, various carriers and other state agencies, or from

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information contained on claims, referrals or other channels, the information will be captured in APHP. This can be completed in batch or in real-time online. The APHP Portal provides full query, view and update access to the business functions for the TPL information. Based on security set up, authorized users will be able to query, view and update the third party resource information.

TP1.SS.02	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

APHP will support the necessary interfaces and defined data interface standards to verify successful automated receipt of input data and proper distribution of output data between APHP and the Agency's Revenue Collections contractor. For example, APHP includes a Master Claims file as part of the base product that allows the Agency to share paid claim information to designated trading partners. We will produce a file of all paid claims monthly for the revenue collections contractor. As prescribed by the Agency, the IME Revenue Collection contractor will be granted access to the APHP portal for direct access to monthly paid claim reports and information. We work closely with the Revenue Collection contractor under our project management governance model to meet with designated representatives from the Agency and the Revenue Collection contractor and create a plan to make configurable changes within our APHP as required by the Agency and the Revenue Collection Contractor.

TP1.SS.03	Product Configuration	APHP; QC

APHP provides an automated workflow and process rules engine that allows the Agency to easily configure and modify the business rules associated with Third Party Liability business processes. Authorized business users will configure these business rules through easy-to-use online screens to process and accept automated TPL updates. This allows business analysts and other authorized APHP users to create and validate business rules without requiring developer support.

TP1.SS.04; TP1.SS.05	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

APHP delivers reports created within the TPL function according to the State approved specifications. Our team works closely with the State during the Analyze, Configuration, Deployment (ACD) phase to solidify the reporting requirements for the TPL area. Reports are created on a schedule and in a format defined by the IME, and are available to authorized users to be printed in hardcopy.

Our reporting solution allows for the rapid creation of reports to be deployed easily in standard crosstab format or a web dashboard. These reports provide transparency and visibility into the effectiveness of TPL cost avoidance and recovery processes. This includes both administrative reports for fiscal planning and control and operations reports to measure the TPL unit's productivity, quality and efficiency. Key data will be summarized and stored for historical comparisons and trend analysis. APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics. This will allow us to provide accurate TPL reports to the State in a timely manner. APHP maintains the information to provide accurate reporting to track cost-avoidance by private insurance, Medicare and other TPL resources, and can accurately report cost avoidance dollars.

TP1.SS.06	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

Our configurable workflow automation tools help to streamline operations by enabling correspondence and alerts automatically based on process outcomes or defined schedules. During the ACD Phases, we will configure these workflow tools with the Agency and other designated stakeholders such as the Revenue Collections contractor to generate Agency specified correspondence to providers, carriers, attorneys and other authorized third parties. There is not a “one size fits all” protocol for outbound communications. APHP provides the Agency a flexible platform that accommodates new and changing Agency needs for communicating with its member, provider and third party populations. As IME policy changes, our team will work you to configure APHP workflows and batch modules to retrieve required data from the APHP databases to populate defined letter templates.

TP1.SS.07; TP1.SS.08; TP1.SS.09	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

Our reporting solution allows for the rapid creation of reports to be deployed easily in standard crosstab format or a web dashboard. In addition, reports are available to authorized APHP users to be printed in hardcopy. This will allow us to provide accurate TPL reports to the Agency in a timely manner.

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APHP maintains the information necessary to enable the Agency to track accurate cost-avoidance by private insurance, Medicare and other TPL resources. Specific cost savings reports defined by the Agency can be created based on the information available in the APHP databases. The APHP claims adjudication process applies exception result codes and adjudication status to claims using Agency defined TPL claims editing criteria. This information is stored within the APHP claims engine databases for subsequent viewing using the APHP portals and is sent to APHP reporting databases for use in dashboard, standard and ad hoc reporting. APHP will report on claims pended for TPL based on the exception result codes and claim status. Claim disposition is a filter item during report selection supporting the generation of reports by pended status.

Additionally, APHP provides the Agency with the ability to capture and identify recovery monies by recovery type (i.e. drug, health, and casualty) and associate the money back to the individual claim. This information is available for reporting by recovery type and claim type. APHP replicates data from the transactional data stores to the Operational Data Store (ODS) and uses an extract, transform, and load (ETL) tool to pull data from the ODS to the Dimensional Data Store to create the reporting databases. This approach minimizes the impact to production operations processing from report generation while maintaining accurate, up-to-date information. Using the centralized data store, APHP will provide the data necessary to complete the third-party section of CMS-64 data.

TP1.SS.11	Product Configuration	APHP; QC

APHP allows secure web access to the system for all stakeholders, including providers and members. The APHP Portal combines the capability of commercial software to support Medicaid business processes as defined by MITA, all in an attractive, consistent, and accessible web based interface. Providers, members and workers (State staff and contractors) will each have secured access to information through portals designed to provide role-specific content. Through the APHP Provider Portal, providers have web access to an individual member's TPL coverage information. Using the APHP Portal Eligibility Verification function, providers will enter member search criteria and view Medicare and TPL segment information, including carrier, subscriber and employer information. In addition, providers have web access to carrier information, including the carrier's address, to facilitate provider efforts to bill the third party prior to billing Medicaid for the member's services.

TP1.SS.12	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

The APHP claims engine uses TPL information on the member record or provided with the claim along with Agency business rules defined in the claims engine to suspend, pay and chase, pay and report or deny claims due to the presence of TPL. Our claims engine stores claim disposition and appropriate result codes for each claim processed. APHP replicates this data every 30 minutes to the Operational Data Store to support near real-time dashboard reporting. APHP transmits data from the ODS to the Dimensional Data Store (DDS) daily using ETL for federal, state and ad hoc reporting needs.

APHP delivers reports for the TPL function according to Agency specifications using data from the DDS. APHP maintains the information needed to provide accurate reporting and track cost-avoidance by private insurance, Medicare and other TPL resources. Our team works closely with the Agency during the ACD phase to solidify the reporting requirements for the TPL area, including for reports enabling the Agency to track cost avoidance dollars. The reports provided with our base product benefits the Agency in meeting these requirements. The Agency receives pre-configured standard reports to track and report on Agency cost avoidance such as the Cost Avoidance Report, which identifies cost avoidance dollars, and the Third Party Liability Payment Analysis Report, which analyzes third party data collected from provider claims, including TPL amount and claim dollars denied for TPL reasons.

APHP allows the Agency to define the schedule for generating TPL reports. The Agency and other authorized users can view TPL cost avoidance reports through the APHP Portals. Reports presented on the APHP Portal are available to authorized APHP users to be printed in hard copy.

TP1.SS.13	Product Configuration	APHP; QC

APHP claims adjudication provides TPL processing based on the State's specific business policies, and appropriately updates claims with TPL specific exception codes and amounts. TPL monies recovered are tracked back to individual claims or captured as gross level adjustments. APHP allows non-claim specific gross level adjustments to be tied to the member or provider (or both). Recoveries are available for viewing and reporting within APHP.

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TP1.SS.14	Product Configuration; Interface/Integration	APHP; QC; SSRS; SSIS; K2; OnBase

Frequently, a non-custodial parent may provide health insurance coverage for children. To discover potential third party resources, APHP will receive data input from local departments of Social Services and Child Support Enforcement Administration. APHP will interface and capture the information from these sources and identify the source of the TPL information as well as date and time received.

TP1.SS.15	Product Configuration; Interface/Integration	APHP; QC; SSRS; SSIS; K2; OnBase

During the ACD phase, the MIDAS Project Team will collaborate with the Revenue Collections contractor to establish interfaces required to support TPL Cost Avoidance and Recovery for the Agency. The Revenue Collections Contractor is enabled to identify and maintain accurate TPL coverage information for members. This includes sending member records to the Revenue Collections Contractor and then subsequently receiving matched TPL information back. APHP updates member records with this TPL information, creating a more comprehensive TPL data file to support cost avoidance. As member TPL data is updated through this process, automated workflow or job schedules may be used to send member TPL data to ELIAS and other designated Agency eligibility systems.

TP1.SS.16	Product Configuration	APHP; QC

APHP provides secure online access for Agency and IME contractor staff to define TPL and COB rules. APHP COTS products provide easy to use online screens to configure and maintain business rules. This allows business analysts and other authorized APHP users to create and modify business rules without requiring developer support and costly system modifications.

APHP provides role-based secure access to the functional system components. Authorized users will configure business rules associated with the third party liability business processes using online screens within the APHP claims engine and automated workflow tools. This includes the ability to configure required TPL and COB data, identify specific diagnosis and procedure codes for trauma cases, identify provider types and procedures codes for pay and chase and define claim disposition result codes within the APHP claims engine. The Agency and IME contractor staff can also define rules within the automated workflow tool. For example, authorized users will configure APHP's workflow to trigger outbound interfaces with eligibility based on the identification of new TPL data, automatically generate correspondence to the member when the claims engine identifies a trauma claim, suspend a claim for review or trigger alerts and work items.

TP1.SS.17	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

Establishment of TPL coverage for a member requires any claims that have been paid on behalf of that member be reviewed for potential billing to the third party. If coverage is established for a retroactive period, or a claim was paid under the 'pay and chase' rules, the claim amount may be billed to the third party for payment. When retroactive coverage is established, APHP will produce a work item to the IME recovery unit to initiate recovery.

TP1.SS.18	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

Information on the APHP claims databases, including claims history and adjustment data, is available for analysis and review, and may be used for establishing and maintaining receivables related to TPL recoveries. APHP also supports systematic adjustments needed, based on the IME's business rules, as a result of third-party recoveries. The claims history file would be updated following any associated adjustments. Lastly, the APHP portal provides full query, view and update access to the business functions for the TPL information. Based on security set up, authorized Agency and contractor staff will be able to query, view and update the accounts receivable information.

TP2.01	Product Configuration	APHP; QC

Once third party payer information is established on the APHP databases, it is used during claims adjudication to determine the final disposition of a submitted claim. This processing is typically driven by business rules that are frequently referred to as the 'TPL Matrix'. The TPL Matrix drives the adjudication of the claim where other insurance coverage may apply. The final adjudication of the claim may result in the claim being processed as pay and chase, paid as Medicaid primary, denied for cost avoidance, or pended for manual review, based on the rules defined in the matrix.

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APHP provides maximum flexibility to the State by allowing TPL Matrix business rules to be configured for each benefit plan, allowing the TPL Matrix to be different from one program to another. Many of the rules that drive the 'TPL Matrix' are applied by matching the dates of service and the service on the claim against the date and service covered under the TPL policy. Cost avoidance rules may be modified based on federally mandated pay and chase rules (for example, pediatric or prenatal services). APHP's TPL solution allows the type of TPL coverage to be defined as treatment sets. The use of modifiable treatment sets during claims adjudication results in better application of coverage rules to claims procedures. This ultimately produces a more effective TPL function and allows the State to tailor claims adjudication results to the State's program policy.

TP2.03	Product Configuration	APHP; QC

During claims adjudication processing, APHP uses information on the submitted claim, such as Explanation of Medicare Benefit and prior payment, to identify TPL payments to providers made by other payers. The APHP claims engine deducts this amount when determining the appropriate Medicaid payment. This means that Medicaid only pays for the amount not covered by other insurance carriers and allows Medicaid to be the payer of last resort.

TP2.04	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

APHP maintains accurate reporting to track cost-avoidance by private insurance, Medicare and other TPL resources to report cost avoidance dollars. As described in requirement TP1.SS.12, the APHP claims engine uses TPL information on the member record to cost avoid claims to be paid by third parties per defined business rules. APHP replicates claims data within the claims engine into the Operational Data Store (ODS) every 30 minutes or as defined during the ACD phases. The ODS supports near real-time reporting on operational activities, such as claims processing status. APHP transmits data from the ODS to the APHP Dimensional Data Store on a daily basis. Microsoft SSRS reporting tools provide a flexible reporting platform to create reports from either the ODS or DDS, without affecting transactional system performance.

APHP provides standard reports as part of the base product to support tracking and reporting cost avoidance. This include the Cost Avoidance Report, which tracks and reports cost avoidance dollars, and the Third Party Liability Payment Analysis Report, which analyzes each providers in terms of third party data collected from provider's claims, including TPL amount and claim dollars denied for TPL reasons. APHP provides these reports from data contained within the DDS. In addition, Agency or authorized users can create ad hoc reports to address specific case needs or further detailed analysis.

TP2.05	Product Configuration	APHP; QC

Federal regulations and applicable state laws require that third party resources be used before Medicaid is billed. Providers are instructed to check the member's third party liability (TPL) information to verify that the codes are accurate according to the TPL listing and the name of the third party insurance carrier.

Claims submitted for payment will deny unless the insurance coverage is noted on the claim with the appropriate TPL code or unless a letter explaining the cancellation of the insurance, or other available reason for non-payment, from the carrier is attached to the claim. APHP provides the Agency with flexibility in configuration of claim adjudication rules, and will be configured to check for the presence of provider-specified override codes on the claim that allow for payment of claims that would otherwise deny for TPL.

TP2.11	Product Configuration	APHP; QC

APHP tracks TPL monies recovered back to individual claims or captures them as gross level adjustments. Our financial processing and payment management solution maintains financial data at the lowest level of available detail and provides for TPL recoveries to be associated to the individual claim level.

TP2.11.01	Product Configuration; Interface/Integration	APHP; QC; SSRS; SSIS; K2; OnBase

The APHP EDI and batch component will support the necessary data exchanges and defined data interface standards to automate receipt of input data and proper distribution of output data between APHP and the Agency's Revenue Collection contractor. During the ACD phase, the MIDAS Project Team will work collaboratively with the Agency and the Revenue Collection contractor to specify data exchange formats and layouts, timing and appropriate processing logic to accurately accept and perform timely updates to the MMIS claims history with the information supplied by the Revenue Collection contractor. In addition, the Revenue Collection contractor will be granted access to the APHP worker portal, as desired by the Agency, to support comprehensive TPL data management. Under our project

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management governance model we will work closely with the Revenue Collection contractor and the Agency to create a plan to make configurable changes within APHP as required.

TP2.13	Product Configuration	APHP; QC

The APHP financial processing solution allows for the disposition of TPL payment to a hierarchy of receivables, either using the original funding sources specified on the original paid claim, or based on configurable State business rules. Funding information on the claim will be used to support financial payment and reconciliation to CMS and the State.

TP2.14; TP2.14.01	Product Configuration; Interface/Integration	APHP; QC; SSRS; SSIS; K2; OnBase

If Medicare coverage is established for a retroactive period, the claim amount may be billed to Medicare or the provider for payment. APHP tracks billing to Medicare that was paid by Medicaid. The APHP reporting data store enables preparing retroactive reports for these reverse crossover claims.

TP2.SS.01	Product Configuration	APHP; QC

APHP applies out of the box business rules based on federal and industry standards that reconcile the deductible and/or coinsurance allowed or adjusted amounts from the allowed amount of the applied fee schedule. The APHP claims engine processes business rules at each detail or line of the claim. The claims engine reduces the claim paid amounts based on the reported TPL or Medicare amounts. To verify that the reimbursed fee schedule amount is adjusted accordingly, APHP retains and tracks these reductions at the claim detail level which are available for review through the APHP Portal and centralized reporting data stores.

TP2.SS.02	Product Configuration; Interface/Integration	APHP; QC; Edifecs

We bring to the Agency an Iowa MMIS solution that supports receipt and processing of standard X12N transactions using industry COTS products. This includes the ability to receive and respond to the X12N 837 claim transactions. Our EDI solution verifies that claims data entering the MMIS meets federal and Agency guidelines. APHP validates submitters against Agency trading partner information and transactions against configured HIPAA and front-end edits. Edifecs stores and manages EDI transactions providing the Agency with automated transaction logging and alerts.

Our proposed solution also supports submission of claims through paper-based means such as mail or fax and through the Portal. Using Kofax, our Operations Team scans and images claims submitted via paper into the OnBase EDMS. Providers may also submit claims using the APHP Portal. These claims and the imaged paper claims pass through the same editing and validations as described above for the EDI process and are sent to the APHP claims engine in the X12N 837 format.

APHP performs business validations against claims transactions that pass front-end edits, loads these transactions into the APHP claims engine and generates appropriate response, which is passed back to the submitter. As part of this process, APHP identifies TPL information provided with the claim and uses this information to update the member record, cost avoid claims or trigger appropriate actions, such as letter generation.

TP2.SS.03 (Inputs (a-b)/Outputs (a))	Product Configuration; Interface/Integration	APHP; QC; SSRS; SSIS; K2; OnBase

APHP will support the necessary interfaces and defined data interface standards to provide successful automated receipt of input data and proper distribution of output data between APHP and the Agency's defined data exchange entities. APHP accepts and processes plan and coverage and premium payment data from third parties and eligibility data sources. Our APHP solution supports X12N transaction formats, as well as the ability to configure custom file formats as needed. APHP provides an innovative technical solution for reporting and data extracts to satisfy the program management and federal and state reporting requirements of the Agency. Reports and extracts will comply with Agency and federal formats, scope, and delivery methods.

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4B.3.1.a.9 Health Insurance Premium Payment

We understand that proactively and comprehensively managing the Health Insurance Premium Payment (HIPP) program is integral to optimizing Medicaid program efficiencies.

Fully Integrated COTS Solution Enables Ability to Implement HIPP

- Configurable rules facilitate responsive changes to accommodate evolving Agency needs
- Configurable payment methods to accommodate user preferences
- Automated workflows support premium payment processes from case identification to payment

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Through implementation of the HIPP program in Iowa, the Agency can determine if paying a member's premiums versus actual claim expenditures will provide a cost-effective way to extend Medicaid dollars. Determining cost-effectiveness requires various pieces of information such as actual claim expenditures for the member, coverage provided by the potential third party insurance policy and cost of the policy. The APHP solution captures HIPP plan coverage information, premium payment information, and TPL information to assist with this determination. Further, all member plan coverage will be viewable in the member record to authorized users, such as providers and IME staff.

HIPP processing will leverage all standard efficiencies within APHP – workflow, reporting, portal functionality, and program management dashboards for financials associated with HIPP. Our MITA-based business workflow solution for managing HIPP determination and approval creates a cost-effective process through configurable business rules. We capture the origination source of TPL plan data, and create and maintain audit trails as each transaction is processed.

Once a premium is determined to be cost effective, we manage the premium payment process via the same MITA-based business process design. Premium payments can include payments to members, employers, and or directly to the insurance company. Services within APHP can be used to manage the distribution of paper premiums, information, outreach, etc., via the mailroom/print vendor. Because APHP can support HIPP program administration, the Agency could benefit from not having to purchase an outside software solution to perform this functionality. Table A.9-1 illustrates how APHP provides a strong solution to support HIPP in Iowa.

Table A.9-1. We work with the Agency to implement a HIPP solution that promotes Medicaid cost containment

Key Solution Features	Benefit to the IME
Multiple sources of information	Maximizes capture of member insurance information
MITA-based business process	Provides efficiencies through: ▪ Reduced manual touches via configurable rules and automation ▪ Timely notifications and payments via automated letter transmissions and EFT ▪ Minimized overpayments via automated denied claims payments
Real time information at the State Workers' fingertips	Easy to use point-and-click functionality facilitates HIPP management ▪ Review HIPP options and select processing path ▪ Record HIPP data and annotations ▪ Monitor HIPP activity ▪ View standard and custom reports and metrics

Attachment K – Technical Specifications: HIPP

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
HP.SS.01	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

The APHP solution is able to receive and process transactions that identify members enrolled in HIPP. The HIPP information will be received in the X12N 834 file (member enrollment) or through a file generated from the IME Revenue Collections Contractor. The HIPP coverage information is loaded in the APHP TPL records for each applicable member.

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HP.SS.02; HP.SS.03	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP receives and processes premium payments according to the federal and Iowa requirements. Our solution manages the premium payments to the member, employer, or insurer by calculating and generating payments and notices of payments (remittance advices) to all affected parties including the member, employer, or insurer. The payments and notices are generated at a pre-determined frequency. Our configurable solution includes the ability to process the payments using the X12N 820 (Premium Payments) and can be designed to meet additional State requirements, as well as payee preferred payment and communication methods.

HP.SS.04; HP.SS.05	Product Configuration	APHP; QC; K2; SSRS

APHP maintains current and historical payment history. The solution captures and stores the data necessary to comply with State and Federal reporting requirements. Through our Report Manager, authorized users have access to a centralized reporting data store, tools and reporting functions for HIPP reporting. APHP reporting tools may be used to create a series of dashboards and graphical reports that provide the information necessary to monitor cost avoidance based upon TPL data for HIPP enrollees. This allows the State to look at the benefit and cost of the HIPP program.

HP.SS.06	Product Configuration	APHP; QC

APHP prevents HIPP enrollees from also enrolling in a managed care program. During the ACD phases, we work with the Agency to define business rules for processing the eligibility information from ELIAS. When APHP receives a member eligibility update, it verifies current eligibility for the member prior to updating the member's record as part of the interface business processing rules. If APHP identifies an eligibility update for enrollment in a managed care program for a member currently enrolled in HIPP, APHP denies or suspends the update for IME worker review based on defined Agency business rules.

The Agency worker determines, based on Agency guidelines and policies, if the member should be enrolled in the managed care program and disenrolled from HIPP, or if the update should be discarded. APHP generates a response file back to the eligibility system that automatically informs the system of any updates not accepted and the associated reason for rejection.

HP.SS.07	Product Configuration	APHP; QC

APHP supports the establishment of a financial account for members, carriers, and other approved entities participating in the HIPP program. The financial account is associated to a distinct tax identification number and consists of receivable and payable functionality. The structure of the financial account supports payment, tracking and subsequent reporting of HIPP funds. Detailed HIPP transaction reporting allows for financial reconciliation, trending and analysis of HIPP program financial effectiveness.

HP.SS.08; HP.SS.09	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP facilitates electronic and check payments to payees by maintaining the bank account, vendor mailing address and routing information necessary for payment by check or Electronic Fund Transfers (EFT). Stored and maintained EFT information includes bank name, account number and routing information, bank account type and an effective and end date. The APHP HIPP payment process is configurable to run at multiple frequencies as directed by the Agency, including a daily payment cycle for specific HIPP payments.

HP.SS.10	Product Configuration	APHP; QC

Authorized users can access HIPP case information online through our APHP Portal member Information screen. Information displayed includes employer demographic data such as name, address, contact name, phone number, number of policies offered by the employer, coverage information for each policy, and premium information for each policy.

HP.SS.11	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP allows for the creation of HIPP cases for enrollees that are not Medicaid members. This is accomplished because a member's record is based upon a benefit plan and is not restricted by Medicaid participation. Through this flexibility we can also include HIPP members that may be part of a different program such as AIDS/HIV, or other state-funded plans.

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4B.3.1.a.10 Program Management Reporting

We understand that Iowa requires an MMIS solution that uses real time information for up-to-date reporting that facilitates monitoring and decision-making by maximizing visibility into program operations and performance.

Real Time Analytics and Reporting give an Insight Driven Approach to IME Program Management

- Operational Excellence Dashboard incorporates up to the hour data into operational metrics, such as Claim Suspense or Open Prior Authorizations
- Comprehensive library of reports analyzes Medicaid program expenditures, utilization and participation using real time data
- Easy to use reporting tools are Portal-accessible for ad-hoc queries and reports

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Want to see more?
PROGRAM MANAGEMENT
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

Essential to the cost-effective management of a multi-faceted and complex program like Medicaid is the ability to provide IME management with key information to monitor Iowa MMIS performance and administer the Enterprise elements in a fiscally responsible manner. The APHP solution equips the Agency with visibility into operational and program level performance by providing transparency and easy access to operational and program metrics. Our diligence in delivering to the State of Iowa transparency into Medicaid operations stems from our core business value of stewardship. Good stewardship of our clients' business assets and business operations is not only a critical success factor for effective Medicaid program management, but is also key to building a cooperative and trusting relationship between the Agency and our team. APHP gives Iowa access to a set of preconfigured analytics; easy to use tools for ad hoc querying and analysis; transparency into Medicaid program performance via online metrics and dashboards with point-and-click drill down capability.

Program Management Reporting

We have developed, and continue to develop, expertise in various aspects of Medicaid program management reporting. APHP reporting offers search, selection, and drill-down features that leverage the capabilities of the Microsoft SQL Reporting Services (SSRS) toolset, providing the IME with flexible online access to a reporting library with relevant Program Management data necessary for effective program management and administration. APHP's robust reporting functionality enables users to easily retrieve the information they need to accurately report on the data the system collects. Data is first collected and processed in the source systems. Once data has been collected, it is transferred to the Operational Data Store (ODS) in near real time via the replication method. The ODS provides the source data for our Operational Dashboards, which show on a daily basis how the business is performing. This kind of reporting focuses largely on metrics and operational Performance Measures.

One example of this type of reporting is the Claims Suspense Dashboard that displays, among other things, information about the suspended claim inventory. Authorized users can access high-level analytics that display how many claims are currently in a pended status by queue, claim type, or program. Clicking on an analytic of interest enables a drill-down to the details that comprise the aggregate value represented by the analytic. Historically, end users have typically had to compile and calculate this information manually from multiple reports, or wait to see this information the next business day. Providing near real time dashboards enables operational leadership to monitor organizational performance measures throughout the day and adjust staff or processes as needed based on the metrics.

This data is then transferred from the ODS to the Dimensional Data Store (DDS) via the extraction, transformation, and load (ETL) process. The Dimensional Data Store (DDS) has the source data formatted into logical fact tables, to allow the most efficient reporting on the data. Out of the box, APHP provides common Federal and State reports that a MMIS typically generates. Much like the other elements of the APHP solution, the DDS is designed to meet the basic needs of all the 50 states, and can also meet each state's specific needs. The Reporting and Analytics Layer then creates reports using a standardized reporting solution that has been built around Microsoft SQL Server Analysis Services (SSAS) and SQL Server Reporting Services (SSRS). Microsoft SSRS is used to generate pre-defined reports.

The APHP Presentation Layer provides users with the ability to format and customize ad-hoc reports using Microsoft Report Builder. With these ad-hoc reports, we also provide users the ability to create shared data sets allowing other users to pull information from a pre-populated list of elements to quickly and easily create a

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report. Both pre-defined reports and ad hoc reports can be shared between and previewed by authorized users. Features include access to comprehensive data from the IME and other source systems; real time and historical data available in a single tool; and dashboards for operational and service metrics.

Standard Reporting

APHP provides access to an extensive out-of-the-box reporting library with the capability to produce additional reports. For example, through our standard reporting functionality, APHP enables the Agency to analyze program costs from a number of perspectives to determine overall impacts to the Iowa Medicaid program. APHP also facilitates extensive analysis of provider performance to show the extent of participation and service delivery. Lastly, APHP maintains an effective and efficient management reporting process that supports report balancing and verification procedures; maintains a comprehensive list of standard reports and their intended use (business area supported); maintains a list of users of each standard report; and meets Agency-defined time frames and priorities for processing user requests.

Ad Hoc Reporting

APHP's ad hoc reporting allows the IME maximum flexibility to meet ongoing management reporting needs. Ad hoc queries can be saved, run anytime via point-and-click, and/or automated to run periodically with notification triggers to let users know when a new report has been run. Users can generate Interactive, tabular, graphical, or free-form reports from relational, multidimensional, or XML-based data. We will work closely with the various IME business units to promote reporting effectiveness. Points of Contact and subject matter experts are identified across the program to support the identification and definition of metrics that will advance the goals of the Iowa Medicaid Enterprise.

Reporting Quality Management

APHP provides accurate, reliable reporting by translating our methodologies into well documented processes and procedures. Early documentation defines the process for metrics collection and the roles and responsibilities of those involved in metrics collection and reporting. As metrics are identified and defined, our team works with Agency leadership and/or designated IME stakeholders to verify calculation and capture mechanisms.

Once metrics capture is active in the DDS, report data is made available in formal report deliverables, online dashboards, and ad hoc reports. For automated or online report viewing formats, using the DDS as the common data repository increases the consistency of reported data and significantly decreases the likelihood that data points are misreported due to human error. For reporting that has a manual component (e.g., compiled Word or PDF versions of DDS data), detailed procedure documentation, quality checklists, peer reviews and report timetables are defined to confirm that quality assurance levels remain high.

APHP's reporting approach provides a backdrop for transparent IME operations and scalable growth. APHP confirms that reporting output meets stakeholder needs and, properly applies changes, including accurate regeneration for retroactive updates, when an issue is discovered or a system error occurs.

We also have a Quality Assurance (QA) process for report configuration that thoroughly tests reports before delivering them to the production environment of the IME. Reports are tested for out-of-the-box configuration standards and for customized settings. We provide integrity checks to balance records, counts, and amounts for all records processed. Our process expedites quality assurance checks for necessary job dependencies, file dependencies, cut-off dates and other production control processes including systematic checks for system parameters, correct dates, and run parameters.

Reporting Controls

APHP has control procedures for product delivery that include risk assessment, control activities, information and communication, and monitoring. There are three key things that must be executed with precision in order for the reporting capability to be successful. First, we must identify the metrics that are going to promote the types of behaviors and results we want to see. Secondly, we must define and calculate the metrics in a clear manner so that they can be clearly understood by the end user. Lastly, we must deliver the metrics at the appropriate frequency, level of detail, and format so that they can be used to make meaningful assessments regarding project health. The APHP reporting dashboard has a comprehensive set of control procedures summarized in the following Table A.10-1.

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Table A.10-1. APHP control procedures are generally categorized into risk assessments, control activities and monitoring. APHP is flexible and can adjust control procedures for Agency requirements

Control Area	APHP Control Procedures of Program Reporting
Risk Assessment	We recognize that program reporting must be accurate to enable the proper control of Iowa's Medicaid program. We document within each report definition the criticality of each report and the risks associated with inaccurate data to help determine not only testing and approval procedures, but also escalation path should a production defect or issue arise with the production of the report.
Control Activities	APHP is integrated with the defined security controls and methods for verification, reconciliation, performance reviews, and approvals of reports before final submission.
Monitoring	Our production operations of the APHP solution includes the monitoring and reporting of all production output, to include standardized reports and the associated data extraction, transformation and load of the reporting data stores. In the event any schedule output or schedule report is not created, the system will generate an alert that will initiate our production support team to research and escalate as required by our production support procedures.

We bring a strong foundation in for quantitative program management. We meet with reporting stakeholders across the program to identify and catalog the metrics that are required to manage the various parts of the business. Once the metrics are identified, we identify the data components that comprise individual metrics and collaborate with the report stakeholders to confirm calculation approach for individual program metrics. We solicit and confirm requirements on content and format for recurring reports and move forward with report development.

Once the metrics capability is established and reporting begins, upper and lower control limits are established to monitor metrics for statistical variances. Metrics can be trended at varying frequencies and averages and historical performance can be used to identify anomalies or outliers. Quality assurance procedures are documented for the reporting program at all steps of the process. Though there is a strong focus on automation in our reporting, we also bring resources with deep experience in quantitative program management to support successful and accurate delivery of data. Upper and lower control limits as well as historical benchmarks are reviewed by our reporting resources on an ongoing basis to understand performance trends and provide context for report data.

Table A.10-2 illustrates how APHP provides a strong solution to support Program Management Reporting for Iowa.

Table A.10-2: Our Program Management Reporting approach is holistic, and enables tracking metrics in different operational and system areas using real time information

Key Solution Features	Benefits to the IME
Compliance with State specifications	Complies with all State specifications including regulatory, financial and audit compliance
Performance Metrics	Increased program visibility, ability to monitor real-time operational key performance measures, and automated manual processes to provide faster access to information needed to manage the Medicaid program and make programmatic decisions.
Comprehensive reporting capabilities	Useful features including ad-hoc report generation, creation of custom report layouts, metric aggregation and reporting output with various visualization capabilities like pie charts, bar graphs, and other drag and drop dashboard controls; all providing presentation formats to provide clear, 'at your finger tips' information.
Promotes expansive approaches to reporting and program management	APHP reporting processes are MITA-designed, they promote future extendibility via highly configurable business rules, visibility and transparency into program areas previously not investigated via automation of complex calculations and/or creative combinations of data

Attachment K – Technical Specifications: Program Management Reporting

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the

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requirement number(s), the implementation process, and the COTS product. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
PM1.01 ; PM1.01.01	Product Configuration	APHP; QC; SSRS

In the ever-changing world of Medicaid with increasing fiscal restraints, the ability to easily create ad-hoc, "what I need to know today" queries and reports is vital for effective program management. The APHP dimensional data store (DDS) and flexible query tools allow users to create quick pictures of policy and regulation impacts to help management with fiscal planning. For example financial data can be used to show year-over-year costs and create projections under what-if scenarios. The full APHP reporting data store solution is an integrated and subject-oriented source of Medicaid-centric data optimally organized to deliver the right information to the right people needed for decision support services. By consolidating and conforming data from a variety of source systems, the APHP reporting data store enables real time and historical performance measure trending, data mining, data analysis and compliance reporting at both the State and Federal levels.

Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly. APHP report generation is handled by our Enterprise Reporting Services component. Pre-defined reports are created using Microsoft SQL Server Reporting Services, a COTS application which boasts robust capabilities and quick, easy report generation.

APHP provides authorized users with a straightforward access to data, including financial data, via a business-focused user interface. Reports that are generated can be formatted as reports to be displayed online via a portal or can be exported to the user's desktop in various user-defined formats, such as Excel or .pdf.

PM1.02	Product Configuration	APHP; QC; SSRS

Medicaid Program Management can rely on APHP reporting to provide useful information for analyzing trends to predict the impact of policy changes on programs and for evaluating data related to access to care. The information provided in APHP reports and the data that can be queried in the APHP reporting data store provide a wealth of information for program management analysis and for exploration of what-if scenarios. This will be especially useful, for example, in determining managed care policy. The full APHP reporting data store solution is an integrated and subject-oriented source of Medicaid-centric data optimally organized to deliver information needed for decision support services. By consolidating and conforming data from a variety of source systems, the APHP reporting data store enables near real-time and historical performance measure trending, data mining, data analysis and compliance reporting at both the State and Federal levels.

PM1.03	Product Configuration	APHP; QC; SSRS

APHP provides reports to support expenditure projection using the data that may be queried in the APHP Dimensional Data Store (DDS). The DDS houses financial information that can be used to support fiscal year budget allocation projections. For example, the Budget vs. Expenditure Comparison interface will allow the State to generate the Budget vs. Actual Expenditure Projections for the current fiscal year, by month for Medical and Administrative Services. Additionally, the Budget vs. Expenditure Comparison Report will provide a comparison of the budget allocated for a particular category and the State Utilization against the budget on a monthly basis. Because data from various source systems is housed in a common data model, reports can readily access disparate data, including expenditure data grouped into budget categories, in a single location providing for timely and efficient production of the reports. The APHP reporting tools can be used to quickly and accurately aggregate expenses into budget categories and capture that data in the reporting data store.

PM1.04	Product Configuration	APHP; QC; SSRS

APHP supports the creation of reports to help with program cost projections for the future. For example, APHP Dimensional Data Store (DDS) financial information can be used to show year-over-year expenditures and create projections under what-if scenarios. The system allows drill-down to detail data stored in the DDS from summary reports for program analysis.

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PM1.05	Product Configuration	APHP; QC; SSRS

The data associated with queries are maintained in the APHP Dimensional Data Store (DDS) in order to provide the state access to information necessary to complete program management analyses. An example of an APHP report that compares current cost vs. previous period costs is provided in Figure IA MMIS-2 13 003 N provided in PM1.01 and PM1.01.01.

PM1.06	Product Configuration	APHP; QC; SSRS

APHP reports on information such as budgeted expenditures and how they compare to actual expenditures. APHP allows drill-down to financial detail so as to see expenditures specifically by provider type, aid category and all associated fund categories. The queried data in the APHP Dimensional Data Store (DDS) provides information for program management analysis to support an accurate view of the current and projected financial position of the IME. For example, APHP Dimensional Data Store (DDS) financial information can be used to show budget variance information and outliers for one-of-a-kind questions.

PM1.07	Product Configuration	APHP; QC; SSRS

APHP provides extensive analytical capabilities to examine program-specific areas of expenditure to determine areas of greatest cost and savings. This includes but is not limited to measuring the effectiveness of the HCBS waivers by cross-comparisons between waiver types, institutions, and in-home services. Because APHP contains a centralized reporting data store which houses claim expense data down to the claim line level, non-claim expense data, and expense data from systems outside of APHP, it provides a comprehensive source of expenditure data for use in financial analysis.

PM1.08	Product Configuration	APHP; QC; SSRS

The APHP standard and ad-hoc reporting capability equips authorized users with aggregate and detail data required for service utilization and cost analysis. Institutional claims data captured during the adjudication process provide the detail necessary to report actual services rendered to the member population. Detail reports of utilized services, patient days, and associated reimbursement analyzed in conjunction with facility submitted cost reports and uninsured care statements form the foundation for initial and adjusted per diem rate calculations.

Similarly, data captured from encounter processing allow reporting of individual services rendered to MCO participants. Fee-for-service equivalent pricing within APHP allows the simulation of payment calculation had the services been reimbursement under a traditional fee-for-service Medicaid program. Analysis of simulated reimbursement, actual MCO capitation payments, and service utilization data enable program managers to monitor rates and make informed decisions related to program cost of care.

PM1.09	Product Configuration	APHP; QC; SSRS

APHP maintains the data to support agency management reports. Data includes but is not limited to provider data, member data, claims and encounter data, non-claim expenditures and credits, pharmacy claims data, manufacturer pharmacy rebate data, accounts receivable, TPL and other state managed medical program data. APHP stores current and historical information to support analysis and calculation of variance over time. APHP's library of predefined standard reports is available to the State to aid in program analysis.

PM1.10 (a-k)	Product Configuration	APHP; QC; SSRS

Data housed in the APHP Dimensional Data Store (DDS) provide information for program management analysis and exploration of what-if scenarios. Business functionality allows claims transactions and benefit plan administration management to be comprised of units, days, timeframes and other measures, configurable to meet varying forms of utilization management. APHP provides the Agency the ability to report on any data element within the MMIS including information on unduplicated claims, unduplicated members, unduplicated providers, participation in waivers by county, expenditures by service category, age, gender, ethnicity, premium collections, refunds and payments, among other data elements.

PM1.11	Product Configuration	APHP

The information in the extensive APHP Dimensional Data Store (DDS) provides information for program management analysis including summary information, such as number and type of providers, members and services. The APHP Operational Data Store (ODS) is a source of data that is kept current by real time data loads. Operational dashboards provide a continual view into departmental operations and contextual performance measure data provide information for program management analysis including defined summary information which includes but is not limited to number and type of providers, members and services.

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PM1.12 Product Configuration APHP; QC; SSRS

APHP tracks claims processing financial activities and provides reports on current status of payments. APHP contains a centralized reporting data store, tools and reporting functions providing an immediate and holistic view of operations, service, and performance as well as enabling advanced analytics. All reports are produced in the format and media and on the schedule specified by the Agency and are available for access via the APHP Worker Portal by authorized individuals. APHP comes equipped with predefined reports ready to help the State analyze their Medicaid program, including status of payments and other financial activity.

PM1.13 Product Configuration APHP; QC; SSRS

APHP contains a centralized reporting data store, tools and reporting functions providing an immediate and holistic view of operations, service, and performance as well as enabling advanced analytics. APHP can produce unduplicated counts within any grouping, including within a type of service and in total by month. Many predefined reports already include unduplicated counts to help the State analyze their Medicaid program. Additionally, the APHP online query tool allows users to build custom reports consisting of unduplicated counts.

PM1.14 Product Configuration APHP; QC; SSRS

APHP contains pre-defined measures of cost and utilization that can be selected to see utilization and cost of services compared to benefit limitations across all benefit plans, member population groups and provider types as necessary.

PM1.15 (a-d) Product Configuration APHP; QC; SSRS

APHP contains pre-defined, yet customizable, measures of cost and utilization that can be selected to assist in determining reimbursement methodologies by providing expenditure data through various service codes including:

- HCPCS, current version and previous versions
- ICD, Clinical Modification, current version and previous versions
- NDC, current version and previous versions

Expenditure data and the determining reimbursement methodologies can be viewed on the portal. APHP data structures and configuration components will support the implementation of future code sets as defined by industry standards in alignment with State and Federal rules.

PM1.16 Product Configuration APHP; QC; SSRS

APHP produces a hospice report that provides detail and summary information that, at the detail level, compares hospice days versus inpatient days for each enrolled hospice member and for all hospice providers on a State-specified schedule. All reports are produced in the format and media and on the schedule specified by the State and will also be available for access via the APHP worker portal to authorized individuals. Additionally, the APHP online query tool allows users to build custom reports which, depending on the user's needs, could include data regarding services provided to hospice patients and providers.

PM1.17 Product Configuration APHP; QC; SSRS

APHP produces the Medicare Break Even report which provides a break-even analysis for Medicare and Medicaid payments. This report analyzes the total Medicaid and Medicare expenditures for Medicare crossover claims finalized by Medicaid and Medicare buy-in premium costs paid by Medicaid for dual eligible Medicaid-Medicare beneficiaries. All reports are produced according to the format, media, and on the schedule specified by the State. Reports are available for access via the APHP worker portal to authorized individuals. Additionally, the APHP online query tool allows users to build custom reports which, depending on the user's needs, could include data regarding Medicaid and Medicare payments for services provided to dually-eligible members.

PM1.18 Product Configuration APHP; QC; SSRS

APHP receives encounter data from managed care organizations and processes it through the claims payment component using the edits as requested by the State. Encounter data flows through to the reporting data store where it is available for reporting, in accordance with MSIS rules. Our Business Process Monitoring and Business Activity Monitoring (BPM/BAM) tools deliver actionable data to the State for analysis and decision making for healthcare management and Medicaid program administration. APHP contains a centralized reporting data store, tools and reporting functions that allow users to build custom reports which, depending on the user's needs, could include fee-for-service claim data and encounter data to be used for comparative analysis.

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PM1.19	Product Configuration	APHP; QC; SSRS

APHP allows for the tracking of submitted Medicare drug information to support the State with impact assessments to the Medicare drug program. The ad-hoc and standard reporting is configurable to assist the State with determination of the savings to the State Medicaid program. APHP collects data from disparate sources and combines them into an enterprise-wide reporting data store. The POS system is just one of many sources of data that is used to collect and store Medicare drug program information for reporting. Member records will also contain Medicare D information, which upon receipt of information from external sources, could help the Agency in better understanding the impacts of the Medicare drug program and determine savings for the State. Additionally, the APHP online query tool allows users to build custom reports which, depending on the user's needs, could include drug claim data and member enrollment data to be used for comparative analysis.

PM1.20	Product Configuration	APHP; QC; SSRS

APHP uses a configurable rules engine for claims processing activities as well as for selecting and categorizing data on reports. Rules are date-driven, and rule history is maintained. This provides the ability to compare program performance over time, including but not limited to, the time that new policy changes were enacted. Baseline configurations and subsequent reporting capabilities to define reports that track changes to baseline using current configurations as a comparison will be supported by the Enterprise Reporting services component. APHP maintains business rule definitions in the core suite of project management tools such that requirements traceability can be achieved at the most detailed level. Upon change from the determined baseline configurations across APHP, reference to the original requirement and details containing the change to baseline are captured and available for our team and Agency review from the project SharePoint site.

PM2.01	Product Configuration	APHP; QC; SSRS

The APHP reporting data store includes information related to result codes applied as a result of claim billing errors. Access to this data at the NPI level creates the opportunity to reach out to providers for additional training on claims submission. APHP's claims engine solution maintains error log information around claims and payment processing to assist in identifying areas for increased claims processing knowledge transfer.

PM2.02	Product Configuration	APHP; QC; SSRS

APHP provides claim processing information in the DDS to support the analysis of the timeliness of provider claims processing by categories such as provider type and service category according to the standards from 42 CFR 447.45.

PM2.03	Product Configuration	APHP; QC; SSRS

APHP provides the Third Party Payment Profiles report, which combines claim payment information with an analysis of Third Party Liability (TPL) payments reported on the claim. The Cash Receipt functionality includes the ability to identify the type of TPL recovery associated with the record (TPR, Tort, Subrogation, etc.) All reports are produced in the format and media and on the schedule specified by the State and are available to authorized individuals via the APHP worker portal.

PM2.04	Product Configuration	APHP; QC; SSRS

The benefit plan structure allows service limitations and expenditures to be aggregated in summary or detail. This information is stored in the DDS to support State and Federal initiative reporting, and includes the tools and reporting functions to provide an immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

PM2.05	Product Configuration	APHP; QC; SSRS

The APHP reporting data store includes information such as claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed. The APHP Dimensional Data Store (DDS) supports analytical queries and can provide information on paid amounts, outstanding amounts and adjustment amounts along with other reimbursement information.

PM2.06	Product Configuration	APHP; QC; SSRS

Through the operational dashboard APHP provides access to real-time key performance indicators. APHP reports metrics and performance to standards per State-defined reporting requirements; and provides an integrated

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view of the data through the APHP Portal. We will report metrics and performance to standards according to the reporting requirements including claims status and backlog totals, pend file resolution and other performance items associated with claims processing and update the performance portal with an integrated view of the data. The dashboard allows drill-down from high-level total claims per location to more detailed counts of edits by location and suspense by provider type. Operational reports also provide the standard claim processing statistics. Dashboard features include: Claims backlog; Key entry backlog; Pending status; and Configurable metrics and limits are displayed to meet specific Agency needs.

PM2.07 Product Configuration APHP; QC; SSRS

APHP stores current as well as historical data so that analysis can be performed. Using the standard code sets as part of the claims processing, APHP includes identification through HCPCS (procedure codes) and diagnosis codes, or a combination of the two. This information is available as part of reporting process. This includes services such as abortions or sterilizations, as requested by the Agency. APHP will implement new and existing code sets per State requirements.

PM2.08 Product Configuration APHP; QC; SSRS

APHP will support the use of detailed benefit plan information (services covered, limits and member financial responsibilities) from other insurers such that better overall benefit plan management can be achieved for the member all the while letting the Agency perform as cost effectively as possible. The tracking of the third-party payments as part of the project funds management will be included as part of the reporting solution. The APHP data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.

APHP stores current as well as historical data so that analysis can be performed. Authorized users have online access to data in the APHP reporting data store, including TPL data, to analyze TPL in such a way as to identify potential savings to Iowa Medicaid.

PM2.09 Product Configuration APHP; QC; SSRS

APHP leverages a commercial claims processing component that supports the use of and maintains information on prospective payment methodologies including but not limited to per diem rates, DRGs, and RUGs. The financial transaction management component feeds information to the Enterprise Reporting service which assists with the ability to monitor accumulated liability for payments not reflective of the designated payment methodology. The APHP Worker Portal promotes real time views of all payment methodologies currently or previously in use by IME programs to authorized individuals.

PM2.10 Product Configuration APHP; QC; K2

Business rules that are configured in the automated workflow and process engine drive the capability to send alerts that are tied to actions that result from business processes. Using configuration, APHP will systematically send alerts to the Agency, a specific business area, the provider, or others as defined by the Agency when key events such as but not limited to changes in daily, weekly, or other periodic payments exceed a defined threshold. Alerts can be received as communication alerts, texts, mobile alerts, and emails. System triggers based on transactional queues or automated workflow processes drive the communication protocol used to send the alerts.

PM3.01 Product Configuration APHP; QC; SSRS

The Provider Participation Dashboard displays an analysis of provider participation using Program, Claims Activity and Historical Trends. APHP produces standard provider reports, including enrollment by provider type and geography. Additionally, users can use the business-focused query interface to create their own reports by dragging and dropping data elements to create their own custom provider reports. We will leverage the APHP Framework to assist the state in determining how to best review provider performance and adequacy levels on a schedule defined by the Agency.

PM3.02 Product Configuration APHP; QC; SSRS

The Provider Participation Dashboard displays an analysis of provider participation using Program, Claims Activity and Historical Trends. APHP produces standard provider reports, including member enrollment by provider type and geography. This is done natively at the entry level of a new provider, where specific office hours, days of the week and multiple office locations are captured and made available for member's to view via the APHP portal.

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Additionally, geo-mapping is provided to assist members in finding provider offices that are centrally located to the member's home address. The APHP portal will also support secure messaging between a member and his/her provider such that members can ask non-emergency health related questions of their providers. We will leverage the APHP Framework to assist the state in determining how to best review provider service capacity and support member access to health care services.

PM3.03	Product Configuration	APHP; QC; SSRS

APHP generates reports which display claims filing information on a per provider basis within the user selected prompt criteria. Analysis of this data within a logical grouping, such as pediatric physicians, allows users to review a provider's trends in claim filing compared to their peers within the same grouping.

PM3.04	Product Configuration	APHP; QC; SSRS

APHP provides flexible trending functions which allow users to see movement in the selected facts. For example, trends in Accounts Payable can be calculated as cumulative year-to-date figures after each claims processing cycle. The APHP reporting data store contains Accounts Payable data that includes, but is not limited to claims payment, capitation payment, and other non-claim expenditures. APHP stores current as well as historical data so that analysis can be performed.

PM3.05	Product Configuration	APHP; QC; SSRS

APHP leverages the Enterprise reporting capabilities to define business rules that drive report distribution upon key indicators related to providers, members, and claim activity. Within APHP's financial processing module, data related to provider financial status, credit balances and liens is updated and stored. This data is passed to the APHP reporting data store and is made available for reporting or ad hoc query access. APHP has standard reports on accounts receivables, including activity details and balances which are available via the APHP worker portal to authorized individuals. Automated work flows can be configured to identify credit balance holders as well. Enterprise reporting services will invoke a service to create and publish a report that accurately reflects providers with credit balances.

PM3.06 (a-d)	Product Configuration	APHP; QC; SSRS

The Provider Service Delivery report displays summarized and detail provider participation counts. Users may review enrollment counts, participation percentages, paid amounts and services within the available provider and member groups. The Provider Listing report displays summary and detail provider information. The detail report includes the current status of providers' records, an alphabetical provider listing, a numeric provider listing, a provider "group affiliation" listing, a provider specialty listing, a provider listing by program, and a provider listing by Region.

PM3.07	Product Configuration	APHP; SSRS

APHP accepts and stores provider cost settlement information in a centralized reporting data store. APHP's reporting tools and functions, along with the cost reporting data, are used to determine the Medicaid Cost Settlement based on requirements identified by the Agency. Additionally, the reporting solution provides the capability for authorized users to view provider claim and encounter summary reports to support cost settlement analysis efforts.

PM3.08	Product Configuration	APHP; QC; SSRS

Through our dashboards, APHP provides ready access to key performance indicators consistent with standard time dimensions (daily, weekly, monthly, or as otherwise stated). For example, the Provider Participation Dashboard displays a list of the top 10 providers by paid amount as a bar chart. The associated drill-down report displays details about the top 10 paid providers, such as NPI, Program, and claim counts.

Additionally, the Provider Payment Analysis report is an interactive report that allows users to enter an NPI and a date range into the report filters to return a summary of both claims and non-claims related payments for a provider. We will report all metrics and performance to standards according to the reporting requirements of the RFP and update the performance portal with an integrated view of the data. Dashboard features include:

- At-a-glance status of critical operational metrics
- Extensive drill-down capability for quick cause analysis
- Built on the APHP Central Reporting structure so that all operational data is available
- Configurable metrics and limits are displayed to meet specific State needs
- History and trends available at the click of a button

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APHP reports also provide drill down from high-level total claims per location to more detail information such as individual provider payments. These reports are available for access via the APHP worker portal to authorized individuals.

PM4.01 Product Configuration APHP; QC; SSRS

APHP produces standard utilization reports, such as the Member Participation and Costs Report, which includes utilization by benefit category, geography, and other member attributes. Users can print, email, or save the results in a number of different user-selected formats. APHP's reporting solution also provides the capability to support the production of a variety of utilization reports based on the IME's business needs.

PM4.02 Product Configuration APHP; QC; SSRS

APHP provides reporting on Medicare buy-in member trends through summary and drill-down reporting. Report information helps the Agency track changes in the counts of Medicare buy-in members.

PM4.03 Product Configuration APHP; QC; SSRS

The APHP reporting data store receives all drug claims data from the POS vendor. This data is accessible support the production of reports to analyze individual drug usage. APHP stores current as well as historical data so that trending can be performed.

PM4.04 Product Configuration APHP; QC; SSRS

The APHP reporting solution provides the Member Participation and Costs report, which includes a geographic analysis of expenditures and participation by member groups per State-defined geographic areas. The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

PM4.05 Product Configuration APHP; QC; SSRS

APHP Member Management capabilities are supported by the COTS claims processing component. All member records are date driven and reflect the particular benefit plans in which program eligibility is assigned. HCBS, LTC and EPSDT are service areas in which benefit plans are defined based on IME business rules for utilization, covered services, plan limits and member responsibilities. The Member Management component supports a comprehensive list of member data at both the individual level as well as at the family level. The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. This includes but is not limited to member data, claim and encounter data, and member premium and other financial data. APHP stores current as well as historical data so that analysis can be performed.

PM4.06 Product Configuration APHP; QC; SSRS

APHP provides reports with expenditure information grouped by State-specified categories such as Federal categories, eligibility assignments and member benefit plans supporting IME programs. For example, the Expenditures by Member Budget Category Report supports categorization of members into different member categories by state defined member attributes in order to report federal budget costs by member budget categories. The APHP reporting tools include a configurable rules table that can be used to quickly and accurately implement rule changes for assigning expenditures to these categories.

PM4.07 Product Configuration APHP; QC; SSRS

The Member Eligibility Report provides eligibility and Beneficiary counts and trends by selected data elements such as, but not limited to, aid category, type of service, age and county. APHP member management capabilities are supported by the COTS claims processing component. All member records reflect the particular data elements related to the member's specific program eligibility for a specific period of time, including but not limited to aid category, age, and geography. The member management component supports a comprehensive list of member data at both the individual level as well as at the family level. APHP stores current as well as historical data so that analysis can be performed.

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PM4.08	Product Configuration	APHP; QC; SSRS

APHP provides robust reporting on Medicaid member data, including enrollment, participation, utilization, and costs associated with payments for member services tracked by eligibility category. One example of this is the Member Participation and Costs Report. The Agency can use these reports along with the robust APHP ad hoc query tools and capabilities to track and trend member information according to their needs. The APHP reporting data store contains information that includes but is not limited to member data, claim and encounter data, service utilization and financials. APHP stores current as well as historical data so that analysis can be performed.

PM4.09	Product Configuration	APHP; QC; SSRS

APHP leverages a commercial claims processing system that segments service offerings based on benefit structures and defining services covered, limits assigned to services, member responsibilities tied to receiving services and the identification of services within a plan that requires prior authorization. APHP allows for online information requests and configuration of the actual benefit plan structures. Standard pre-packaged benefit plan templates assist in configuration of IME benefits for medical services such as lab, professional services, DME, family planning, surgery and many more.

PM4.10	Product Configuration	APHP; QC; SSRS

The APHP reporting solution includes data related to dual eligibles prior to and post implementation of Medicare Part D and can assist the Agency in evaluating the impact of Medicare Part D on the Iowa Medicaid program.

PM5.01	Product Configuration	APHP; QC; SSRS

APHP balances information across selected reports and verifies results. Procedures are in place to identify out of balance situations, escalate to the appropriate Agency or IME contractor personnel, and make related updates. All reports are produced in the format and media and on the schedule specified by the State and are available via the APHP worker portal to authorized individuals.

PM5.02	Product Configuration	APHP; QC; SSRS

APHP keeps a comprehensive list of standard reports, including program management reports, and the business areas each supports. The list is readily available to the Agency and its designated representatives. All reports are produced according to the format, media, and schedule specified by the State. Reports are available via the APHP worker portal to authorized individuals.

PM5.03	Product Configuration	APHP; QC; SSRS

Access to APHP reports is available via the APHP worker portal. The security framework uses security roles that are created to allow and restrict access to reports, data, and functions within the APHP application. APHP staff will meet with the Agency to define the security roles and associated lists of users for each role. Based on this security set up, only authorized users will be granted access to each report. These security roles are maintained in the system at all times.

PM5.04	Product Configuration	APHP; QC; SSRS

APHP retains reports for immediate access within the timeframes specified by the Agency and all reports are published via the APHP worker portal and/or produced in the format and media and on the schedule specified by the Agency.

PM5.05	Product Configuration	APHP; QC; SSRS

APHP is a real time solution for MMIS activity and overall Medicaid program administration. APHP will meet all State-defined timeframes and priorities for responding to user requests in regards to system access, data and user security changes/additions and other MMIS system requests per defined scope of the contract.

PM5.SS.01; PM5.SS.02 (a-e)	Product Configuration	APHP; QC; SSRS

The APHP reporting solution brings various capabilities for generating, storing, and retrieving reports and data files. Predefined reports or data files are provided to users in multiple ways. First, their generation will be triggered when some predefined criteria is met. Examples include reaching a particular point in time, achieving a predefined data condition, on demand by user request, or completing an activity that is defined as a predecessor to the generation (such as completion of the financial

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cycle). When report generation is complete, the report can be stored and retrieved according to IME requirements in one of the following ways:

- Direct delivery to one or more individuals (email, text, etc.)
- To a report repository of the Agency's choice with online user access
- To a web-based repository which can be accessed by users via the APHP worker portal
- Via secure file transfer

Second, users have the ability to generate custom reports using the APHP ad hoc capabilities. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users. Lastly, reports can be exported to the user's desktop or other available storage location in various formats according to the user's desire. This includes but is not limited to Excel, Access, text, and comma separated files. APHP comes equipped with report documentation available to the end-user, including a data dictionary which lists all data fields used on the report along with business definitions and calculations. Reports can be printed using the inherent reporting capabilities of the internet browser being used. This allows users to print all or only selected portions of a report.

PM5.SS.03	Product Configuration	APHP; QC; SSRS

APHP archives production reports for a period defined by the Agency and makes those reports available for export and storage in formats such as Excel, .csv, .pdf, .tif, and Word. All reports are produced in the format and media and on the schedule specified by the State.

PM5.SS.04	Product Configuration	APHP; QC; SSRS

Scheduled reports are run at predefined time frames as approved by the State and are available as view-only in the Portal at any time by authorized users. The flexibility and robust capabilities of the APHP reporting solution make it possible for authorized users to run interactive and ad hoc reports at any time.

PM5.SS.05	Product Configuration	APHP; QC; SSRS

Data is captured from the different MMIS source systems and transported to the APHP reporting data store for reporting and ad hoc query access. To support reporting needs, targeted data is accumulated into a "cube" which will support specific reporting calculations. By creating cubes and leaving the source data intact, it is always possible to reconcile back to the source and to comparable reports which use the same source data. APHP strictly adheres to sound accounting principles including balancing activities from the transactional systems to the data store and its downstream reports.

PM5.SS.06	Product Configuration	APHP; QC; SSRS

The APHP reporting data store is designed to support the production of reports on data elements received from a variety of sources. Data elements from the source system are made available for reporting after they are loaded into the Dimensional Data Store (DDS). Once the appropriate data resides in the DDS, reporting can be developed to support reporting on county billings on a scheduled defined by the IME.

PM5.SS.07	Product Configuration	APHP; QC; SSRS

APHP's reporting capability includes a configurable scheduler which is used to trigger the production of scheduled reports. When a report completes successfully, an entry is made recording the time the report was delivered. If a report does not complete successfully for any reason, it is restarted, and the delivery time of the successful run is tracked.

PM5.SS.08 (Inputs (a-b)/Outputs (a))	Product Configuration	APHP; QC; SSRS

APHP captures, stores, and maintains inputs from multiple sources. Inputs include but are not limited to IME policies, IME rules for processing claims, IME rules for defining reporting categories, and budget information typically received via interface file. APHP produces outputs of all types, including data files, reports, and correspondence. Some of the outputs that help Iowa manage their Medical Assistance Program are reports that group and summarize financial and statistical data into categories that are defined by the Agency.

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4B.3.1.a.11 Federal Reporting

We understand that timely access to comprehensive, accurate reporting is critical to the administration of Iowa's Medicaid program. Up-to-date Federal reporting in a timely manner is critical to maintaining positive State - Federal Agency relationships.

The proposed solution provides authorized users the ability to access a library of predefined reports and/or create their own ad hoc reports. APHP's component for Enterprise Reporting and Analytics provides a full range of tools and services to help workers create, use, and manage Federal reports. APHP has features that enable the extension of the reporting functionality. It has the capability to produce reports meeting all CMS reporting requirements. Table A.11-1 illustrates how APHP provides a strong solution to support Federal Reporting.

Reporting is Tailored to Meet Specific Needs of the Individual

- Enterprise Reporting and Analytics provides a full range of tools and services to help workers create, use, and manage reports
- APHP data store is a comprehensive source of Medicaid-centric data
- Extensive library of pre-defined reports included in baseline configurations

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Want to see more?
FEDERAL REPORTING AND FINANCIAL MANAGEMENT
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

Table A.11-1. APHP's Federal reporting and analytics capabilities give the Agency a strong capability to preview and correct program operations to meet Federal requirements

Key Solution Features	Benefits to the IME
Delivers transparent, measurable, and accountable performance management approach through our flexible and configurable dashboard solution	▪ Provides access to real time, graphical reports and metrics of performance measures, available 24x7x365 ▪ Using quantitative metrics and analyses, enables the Agency to implement corrective actions to improve performance prior to reporting deadlines
Integrates business process and activity management tools	▪ Allows users to easily and periodically preview Medicaid program performance before reporting to CMS ▪ Closely monitors post-corrective program performance and see in real time, if performance improved and how quickly
Triggers to issue notifications and alerts when a specific measurement meets a predetermined threshold	Automated alerts improve the Agency's ability to be responsive to issues
Enables users to create ad hoc reports based on pre-defined models and to interactively explore data within the model	Provides ability so users can create ad hoc reports in a variety of viewing formats, export reports to other applications, and subscribe to published reports

Pre-packaged Reporting to Meet Federal and State requirements

As discussed in Program Management Reporting, APHP provides an easy to navigate, comprehensive reporting capability that offers numerous useful features including ad hoc report generation; creation of custom report layouts; metric aggregation and reporting output with various visualization capabilities like pie charts, bar graphs, and other features that enable comparative analysis. Our presentation formats provide clear, at-your-fingertips information.

APHP's reporting data stores collect information across the enterprise and make that information available to the Agency and other key IME stakeholders. As data accumulates in the Dimensional Data Store (DDS), which serves as the source for federal report generation, our reporting architecture also supports an analytics layer that aggregates data in a way that allows users to perform data analysis more quickly.

APHP provides access to an extensive out-of-the-box reporting library containing all required Federal Reports. The Agency will experience maximum flexibility in meeting ongoing management reporting needs through configurable standard reporting content and format, as well as ad hoc query and reporting capabilities.

Attachment K – Technical Specifications: Federal Reporting

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided

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sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
FR1.01	Product Configuration	APHP; QC; SSRS

APHP will create T-MSIS files for reporting on a quarterly basis, or as needed, when mandated by CMS. As the T-MSIS requirements evolve and become ratified, APHP will support these new standards. APHP maintains all the data sets currently required by CMS for MSIS reporting, specifically inpatient hospital claims; long term care claims; other, non-institutional claims; prescription drug claims; and eligible.

APHP contains a centralized reporting data store that houses claim data down to the claim line level. Each paid claim record is processed through a configurable rules engine that assigns an MSIS category of inpatient, long term care, other non-institutional, or prescription drug to the claim header or claim line as specified in the MSIS Data Dictionary rules. A quarterly job generates the four MSIS claims files and the eligibility file in the CMS defined format. All MSIS files are delivered to CMS using a secure Electronic File Transfer (EFT) process.

FR1.02 (a-d)	Product Configuration; Interface/Integration	APHP; QC; SSIS

APHP will create T-MSIS files for reporting on a quarterly basis, or as needed, when mandated by CMS. As the T-MSIS requirements evolve and become ratified APHP will support these new standards. APHP accepts eligibility and claim-like data from sources outside of the MMIS and combines them with MMIS data for consolidated reporting functions. Examples of outside data may be:

- Intake eligibility information
- Managed care capitation payment data from the enrollment process
- Managed care encounter data including utilization information
- Mental/behavioral health claims processed by non-MMIS State systems
- Other claim data processed by non-MMIS State systems

The APHP EDI component allows secure data exchange between the MMIS and State–approved external entities. This approach consolidates disparate data and provides a comprehensive view into Medicaid and other healthcare programs.

FR1.03 (a-d)	Product Configuration	APHP; QC; SSRS

APHP will create T-MSIS files for reporting on a quarterly basis, or as needed, when mandated by CMS. As the T-MSIS requirements evolve and become ratified by CMS, APHP will support these new standards.

APHP maintains a comprehensive set of claims data that are used to support current MSIS reporting requirements. Specifically, the APHP reporting data store includes inpatient hospital claims, long term care claims, other non-institutional claims, and prescription drug claims. The APHP reporting data store also includes claims paid outside the APHP claims processing system as required by the State. Claim updates are captured and passed to the reporting data store so that the most up-to-date view of the claim is captured in the MSIS file.

APHP collects data from disparate sources and combines them into an enterprise-wide reporting data store. This centralized reporting data store provides a holistic view of services provided to Medicaid clients through the use of claim data. Each paid claim record, regardless of the source system, is processed through a configurable rules engine that assigns an MSIS category of inpatient, long term care, other non-institutional, or prescription drug to the claim header or claim line as specified in the MSIS Data Dictionary rules. Financial transactions, adjustments, or other updates to claim data are applied according to business rules so that the APHP MSIS file captures the corrections in the applicable reporting period.

FR1.04	Product Configuration	APHP; QC; SSRS

APHP receives encounter data from state managed care contractors and organizations and processes it through the claims payment component using the edits as requested by the State. Encounter data flows through to the reporting data store where it is available for reporting, in accordance with MSIS rules. Managed care contractors are just one of many sources from which data is collected and stored in the APHP reporting data store. Combining encounters with claim data helps equip the APHP reporting data store to deliver a comprehensive view of Medicaid utilization. As is the case with claims, encounters are passed through a rules engine that is configured according to the MSIS Data Dictionary to derive a MSIS reporting category. Adjustments, financial transactions, and other updates are applied to encounters according to business rules so that the APHP MSIS file captures the encounter corrections in the applicable reporting period.

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FR1.05	Product Configuration	APHP; QC; SSRS

APHP will create T-MSIS files for reporting on a quarterly basis, or as needed, when mandated by CMS. As the T-MSIS requirements evolve and become ratified by CMS, APHP will support these new standards.

APHP produces MSIS eligibility files that follow all current CMS MSIS reporting guidelines per the MSIS File Specifications and Data Dictionary (formerly the MSIS Tape Specifications and Data Dictionary). A configurable scheduler systematically initiates the MSIS file generation. The MSIS files are then encrypted with Secure Zip and submitted to CMS via electronic file transfer (EFT) in the required standard format as outlined in the MSIS File Specifications and Data Dictionary. APHP applies appropriate configuration of the CMS eligibility rules such that the MMIS is kept up to date with the most current CMS specifications. Similarly, APHP utilizes a configurable EDI tool to generate the file format. Through the use of this tool, the format can be quickly modified to conform to CMS rules and specifications.

FR1.06	Product Configuration	APHP; QC; SSRS

APHP will create T-MSIS files for reporting on a quarterly basis, or as needed, when mandated by CMS. As the T-MSIS requirements evolve and become ratified by CMS, APHP will support these new standards.

The MSIS files are submitted on a predefined schedule according to current federal guidelines. After the end of each quarter, a configurable scheduler systematically initiates the MSIS file generation. The MSIS files are then encrypted with Secure Zip and submitted to CMS via electronic file transfer (EFT) in the required standard format as outlined in the MSIS File Specifications and Data Dictionary. Through the use of a configurable scheduler, the delivery of the MSIS files will be quickly modified to conform to CMS schedule changes.

FR1.SS.01	Product Configuration	APHP; QC; SSRS

APHP maintains the data needed by the State to produce federal financial reporting, including the SF-425. A configurable rules engine is used to calculate the expenditures that qualify to be included in the Federal Financial Report. By using a configurable rules engine, the qualifications will be quickly modified to keep current with the requirements. A configurable scheduler initiates the process of pulling data from the APHP data store to support producing and sending the information to the state or CMS according to the agreed upon timelines.

FR1.SS.02	Product Configuration	APHP; QC; SSRS

APHP supports the identification of claim transactions for audit based on random claim sampling. The sample pool may consist of all finalized transactions or be limited based on date parameter, member or provider population, or service type. Samples are collected for review based on a frequency determined by the IME. The review process is further enabled by APHP by online reports detailing transaction sample listing, claim review via the portal and online access to claim images and supporting. For reviewers less familiar with APHP functionality, online contextual Help functionality is also available for quick access during PERM compliance review.

FR2.01 (a-d)	Product Configuration	APHP; QC; SSRS

The Annual EPSDT Participation Report (CMS-416) is but one of the standard federal reports provided by APHP. The APHP generated CMS-416 meets the reporting requirements established by CMS for detailing service delivery and expenditures associated with caring for children participating in the Medicaid program. Line items on the report include:

- Number of children receiving screening services
- Number of children referred for corrective services
- Number of children receiving dental services
- State performance against the screening periodicity schedule

In addition to capturing and reporting EPSDT services provided under the FFS Medicaid program, APHP supports the capture of EPSDT services submitted for encounter processing. The ability to capture data from the encounter transaction for inclusion in reporting affords the state a comprehensive view of EPSDT performance across programs.

FR3.01	Product Configuration	APHP; QC; SSRS

APHP produces both the long and short forms of the CMS-372 Home and Community Based Services (HCBS) waiver reports in either lag or initial form. The CMS-372 shows all CMS-required information including the costs, services, level of care, number of members served, and variance from plan on each Section 1902 waiver. The CMS-372 and 372S reports are submitted to CMS in the format and media required by CMS.

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FR4.01 ; FR4.01.01; FR4.01.02; FR4.01.03	Product Configuration	APHP; QC; SSRS

The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store is the source for producing all federal reports including but not limited to the following:

- CMS-37 Medicaid Program Budget Report, which includes estimated expenses by type of service and estimated number of eligibles by category, and estimated administration costs
- CMS-64 Quarterly Expense Report -- including variance reporting
- CMS-21 Quarterly State Children's Health Insurance Program (SCHIP) statement of expenditures for Title XXI, including actual expenditures and adjustments

Because data from various source systems is housed in a common data model, reports such as the CMS-37, CMS-64, and CMS-21 can readily access data from multiple source systems in a single location providing for timely and efficient production of the reports. Federal reports, including the CMS-21, CMS-37, and CMS-64, are submitted to CMS in the format and media required by CMS. APHP also has the capabilities to produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements. APHP's configurable scheduler is set up to produce the CMS-21, CMS-37, and CMS-64 in accordance with CMS timelines. Should those timelines change, the scheduler will be configured to accommodate the new schedule.

FR4.SS.01	Product Configuration	APHP; QC; SSRS

The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store is the source for producing all federal reports including but not limited to CMS-21, CMS-21B Quarterly State Children's Health Insurance Program (SCHIP) statement of expenditures for Title XXI, including actual expenditures and adjustments.

Federal reports, including the CMS-21 are submitted to CMS in the format and media required by CMS. APHP's configurable scheduler is set up to produce the CMS-21 in accordance with CMS timelines. Should those timelines change, the scheduler will be easily configured to accommodate the new schedule.

FR4.SS.02	Product Configuration	APHP; QC; SSRS

Claim and financial transactions required for state and federal reports are identified, captured and stored in the DDS to support line-level reporting.

FR4.SS.03	Product Configuration	APHP; QC; SSRS

APHP stores current as well as historical data related to TPL collection and avoidance. The APHP reporting data store, which contains TPL data, is the source for producing the CMS-64 and other federal reports. This comprehensive data source supports the inclusion of TPL information in program reporting.

FR4.SS.04	Product Configuration	APHP; QC; SSRS

APHP's data stores will support the capability to populate a Quarterly Report of Abortions (CMS 64.9b) based on IME rules.

FR4.SS.05	Product Configuration	APHP; QC; SSRS

APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store is the source for producing all reports including but not limited to the Money Follows the Person Expenditure report. Because data from various source systems is housed in a common data model, reports such as the Money Follows the Person Expenditure report can readily access data from multiple source systems in a single location providing for timely and efficient production of the reports. The APHP reporting tools include a configurable rules engine that will be used to quickly and accurately implement rule changes as required by CMS or the State. APHP's configurable scheduler is set up to produce the Money Follows the Person Expenditure report in accordance with CMS and State timelines. Should those timelines change, the scheduler is easily configured to accommodate the new schedule.

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FR4.SS.06	Product Configuration	APHP; QC; SSRS

The APHP reporting data store is the source for producing all reports on member premium payments and refunds on a quarterly basis. Because data from various source systems is housed in a common data model, reports supporting member premium payments and premium payment refunds are available as required and are submitted to CMS or the State in the format and media required. APHP's configurable scheduler is set up to produce these reports in accordance with CMS and State timelines.

FR4.SS.07	Product Configuration	APHP; QC; SSRS

The APHP reporting data store is the source for producing all federal reports including but not limited to the CMS-64 Quarterly Expense Report. The APHP report generation tool contains robust capabilities that collect data, including data related to member premium payments and refunds, from the APHP reporting data store then aggregate and format it to meet federal reporting needs. The reports can be displayed online via the APHP portal or exported in various user-defined formats to the user's desktop. APHP can also produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.

FR4.SS.08 (a-d)	Product Configuration	APHP; QC; SSRS

To support the data needs required for federal reporting, APHP captures claims data from processing cycles, non-claim specific financial transactions, provider, member and reference data, as well as transactions submitted to the MMIS for reporting purposes only. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store is the source for producing all federal reporting needs.

FR.SS.01	Product Configuration	APHP; QC; SSRS

APHP will create T-MSIS files for reporting on a quarterly basis, or as needed, when mandated by CMS. As the T-MSIS requirements evolve and become ratified by CMS, APHP will support these new standards.

APHP generates a scheduled job to produce the four MSIS claims files and the eligibility file in the currently defined CMS format. All MSIS files are delivered to CMS using a secure Electronic File Transfer (EFT) process. APHP reporting services will support the regeneration of the MSIS file per IME needs and will deliver flexibility across all federal reports based on federal code changes. The APHP report generation tool contains robust capabilities that collect data from the APHP reporting data store then aggregate and format it to meet federal reporting needs. When federal reporting needs change, APHP will support reconfiguration of information to support IME compliance.

FR.SS.02 (Inputs(a-b)/Outputs(a-c))	Product Configuration	APHP; QC; SSRS

The APHP reporting data store is the source for producing all federal reports including, but not limited to, the following:

- MSIS data file in accordance with current CMS standards. APHP will create the T-MSIS data files when mandated by CMS.
- CMS-37 Medicaid Program Budget Report, which includes estimated expenses by type of service and estimated number of eligibles by category, and estimated administration costs
- CMS-64 Quarterly Expense Report -- including variance reporting and any supporting supplemental forms or reports
- CMS-21, 21B Quarterly State Children's Health Insurance Program (SCHIP) statement of expenditures for Title XXI, including actual expenditures and adjustments
- CHIP Statistical Enrollment Report
- CMS 372 HCBS Waiver Report
- Federal Financial Status Report
- CMS 416 (EPSDT Participation Report)
- Money Follows the Person Report

APHP's configurable scheduler is set up to produce the federal reports in accordance with CMS timelines. Should those timelines change, the scheduler is easily configured to accommodate the new schedule.

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4B.3.1.a.12 Financial Management

We understand that Iowa requires a financial management solution that is comprehensive, with various financial analysis capabilities to assist with budgetary controls and meets the auditing and reporting requirements for both State and Federal regulations.

APHP's Financial Management component supports funds management including various accounting services such as:

- Claims payment processing and reconciliation of payments
- Ability to tie adjudicated claim lines back to state and federal funding source codes
- Creation and management of accounts payable and receivable
- Coordination of benefits support, including EOMB generation
- Management of fund recoveries due to an audit, cost settlement, TPL recovery, etc.
- Financial reporting through standard reports, ad hoc, and dashboards
- Creation of premium payment(s), provider payments, reconciliation of checks
- Creation of the Remittance Advice
- Management of payment information and the annual production of 1099's
- Interfaces with the financial accounting system

MITA Aligned Financial Management Business Services Feature GAAP Approach

- Comprehensive reporting to track by member and program type credit and adjustment
- Supports any number of account categories to meet financial fund code assignment
- Electronic fund transfer controls that incorporate accurate void and stop payment processes

IA MMIS-2 4B3-15

Want to see more?
FEDERAL REPORTING AND FINANCIAL MANAGEMENT ***Screenshots***
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

Access to information is available online for authorized users, through the APHP Portal. This information is accessible to the State's financial systems in a flexible manner that can be adapted to changing requirements over time with minimal system change. This includes functionality that supports compliance with the identified State and Federal requirements, and reconciliation of funding with CMS to avoid penalties and costly recovery activities. Through our solution the IME will be able to receive the support that is necessary for the financial management actions and transactions to be automated as much as possible with built-in quality checkpoints. This includes processes that are used to receive, send, track and process financial transactions, coordinate with third parties for other payer liability pay providers and managed care organizations, pay Medicare premiums and complete other claim, benefit plan and service transactions.

Table A.12-1 illustrates how APHP provides a strong solution to support Financial Reporting.

Table A.12-1. APHP accounting solution is scalable and expands to accommodate evolving IME financial requirements

Key Solution Features	Benefits to the IME
Comprehensive reporting capability	The Agency can monitor financial transactions at a macro and granular level. Access to near-real time data assists with accurate budget forecasting, decisions regarding budget relief and overall program spend management
Information and communication	Financial information is easily accessible and will be communicated with multiple interfaces.
Monitoring	The reporting dashboard provides comprehensive monitoring for financial management so the Agency will have timely insight into how programs are performing financially
Control activities	Data integrity cross checks and automated calculations maintain accuracy and reliability. Security and training are part of controls.

Financial Reporting

APHP provides maximum flexibility in meeting ongoing management reporting needs through standard reporting and ad hoc query capability. Reporting capabilities support scheduled production of weekly, monthly, and annual financial reports, each configurable as necessary to support different periodicities. We work closely with Agency staff to establish format, content, and specific schedule to run these reports.

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One example of base product financial reporting is the Accounts Payable and Receivable reports. These reports display the details of the Accounts Payable and Receivable generated in a reporting period for a particular Financial Account Number. The Accounts Payable Information Summary lists the Total Payable Amount and AP Transaction Unapplied Amount of Accounts Payable for each type of Payments. The Accounts Receivable Information Summary lists the Original Amount Due and Current Balance for each type of Accounts Receivables.

APHP's capabilities support automatic reconciliation reports between accounts payable/accounts receivable generated via MITA-aligned financial reporting functionality. Through the APHP portal, authorized users have, at their fingertips, an easy-to-use, web-based reporting solution that provides faster access to accurate and up-to-date claims, financial, client and provider information, and other key financial metrics.

Attachment K – Technical Specifications: Financial Management and Reporting

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
FI1.01; FI1.01.01; FI1.01.02	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; OnBase

APHP generates EOB notices to members who received services under the plan as described in §11210. The EOB Notices will be sent within 45 days of the payment of claims for all of the sample groups. The EOB is available to the member online via their secure portal account and will be generated in English or Spanish which is identified by their preferred language on their account. During ACD, we will work with the Agency to define these business rules and processing schedule to generate an EOB for each member or a selected group of members based on the State defined requirements.

FI2.01	Product Configuration	APHP; QC

APHP updates claims history and online financial files with payment information such as the check number, electronic funds transfer (EFT) number, and warrant number/check number, date of payment, payment status and amount paid after the claims payment cycle. APHP, upon completion of the claims payment process, applies attributes coming out of the payment process to the respective claims, provider, member and financial history records. APHP cross-references the information to support reporting and query requirements so that users can access and view, directly from the APHP Portal, detailed payment information.

FI2.02	Product Configuration	APHP; QC

APHP maintains records of garnishments, tax levies and assignment information that are used in directing and splitting payments to providers and garnishing organizations. Authorized users will apply a tax levy or garnishment to a financial account through the APHP Portal and adjust the payment per uploaded business rules or request from the State. APHP reconciles receivable output and claim data from claims system with payments processed through the statewide accounting system.

FI2.03; FI2.04	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP supports specific requirements that are defined in collaboration with the State to support 1099 and W-2 generation. The solution records and tracks financial transaction details needed to support 1099 generation including recovery payment adjustments received from third parties that do not affect the provider's 1099/W-2. Our solution matches the Tax Identification Number (TIN) against the names registered with the IRS to avoid fines, and the 1099 process is initiated before the books are closed for the previous calendar year. APHP is updated with current applicable laws and regulations to facilitate 1099 and interface file production, meeting current regulation.

FI2.05; FI2.05.01; FI2.05.02; FI2.05.03	Product Configuration; Interface/Integration	APHP; APHP Portal; QC; K2; Kofax; Edifecs

APHP creates and maintains a complete audit trail to the source of general ledger transactions generated by the MMIS and supporting financial packages. Through our solution, reporting, and audit trail we have the ability to provide to the State a full accountability and control of all claims processed through the system until final disposition. Our solution cross references the information to support reporting and query

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requirements so that users can access and view, directly from the Portal, detailed payment information including check number, EFT number, warrant number, payment date, and payment amount. APHP records audit trails to specific data fields whenever a data field is added or modified and includes the value of the field prior to the addition or update, user ID of the entity that made the change and the date/time value. APHP provides authorized users the ability to link to the complete audit record, providing visibility to comprehensive information about when data changed within the record and who initiated the change.

Payments are associated at the claim line level as appropriate by claim type, thus allowing for payment of multiple "lines of business" on the same transaction. The payment is associated to the appropriate funding source for state and federal reporting. APHP uses the same functionality for non-claims payments such as an AP, HIPP, or capitation payments. APHP's core accounting system is designed per Generally Accepted Accounting Principles (GAAP) standards and includes GAAP-compliant quality controls to facilitate accurate payment processing and user-defined account assignments to promote flexibility. In addition, APHP incorporates user-defined expenditure summarization categories to facilitate interface with the statewide accounting system.

FI2.06	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

Our solution provides automated processes for performing periodic bank account and fund allocation reconciliations. Per user-configurable business rules and workflow, the accounting system also supports the reconciliation of billings, reports, and financial statements with general ledger accounts and specific business functional areas on a frequency determined by the State. APHP reconciles payable output from the core claims components with input/output from the statewide accounting system.

FI2.07; FI2.08	Product Configuration	APHP; QC; K2; SSRS

APHP maintains a history of claim recovery payments, including those in excess of expenditures, so that funds can be distributed to the appropriate parties, including providers, members, or insurers in accordance with the IME policy. As needed, APHP users will enter accounts payable, accounts receivable, cash receipt, and cash disbursement transactions via the portal. History of the refunds is maintained through our collection management for entities refunding a full or partial claim payment through the use of financial claims adjustment/void, recoupment, and workflow processes. For a period of time, refund history is stored with the financial data associated with claims recovery and payment. Historical refund data is available for review by authorized users via the portal and APHP reporting.

FI2.09	Product Configuration	APHP; QC

An Accounts Receivable (AR) to recoup the federal portion of Medicaid payments is created upon discovery of Medicare overpayment. APHP will then withhold the Federal share of current and future payments to Medicaid providers until the AR is satisfied.

FI2.SS.01; FI2.SS.02	Product Configuration	APHP; QC

Our solution provides account management through the use of financial accounts established for members, providers, and other entities. The financial account consists of Accounts Receivable (AR) and Accounts Payable (AP) functionality. Accounts payable processing allows claim lines to be split across funding sources, while applying accurate prescriptive payments to providers, members and others based on IME business rules and defined payment methodologies. Accounts receivables retain the source of the receipt in the financial transaction record such that the AR can be easily traced back to the provider, member or other entity that submitted it to the program. AR and AP management use standard services which can be applied across areas of financial management.

FI2.SS.03; FI2.SS.04	Product Configuration	APHP; QC

The financial modules within the APHP worker portal allows for a user to apply financial transactions to the appropriate funding source (i.e. benefit plan) which is then linked to the account coding. APHP uses automated workflow, and claims engine which are easily configured to manage the financial business rules. Retroactive changes do not change closed totals, the system retains the data and reflects revised totals. This allows for running totals to reflect appropriately in comparison to closed and revised totals. Details covering retroactive changes are part of standard reporting; audit, claims and financial history, accessible to authorized users via the APHP Portal.

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FI2.SS.05	Product Configuration	APHP; QC

The worker portal is the access point for all centralized accounting functionality. Through the worker portal the authorized have a consolidated view of accounts receivables and accounts payable functions. Our "Cash Receipt" screens allow a user to note a payment that has been applied to a specific accounts receivable, claim or claim detail, or an invoice. Our Accounts Payable screen allows for the user to identify a recoupment of the payment and a link to the information of the AR. These user-friendly navigational tools and embedded links within the portal pages allows for easy navigation between AP and AR.

FI2.SS.06	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP automatically produces the provider 1099 earning file annually. Our solution maintains a process to accommodate issued or reissued checks by the State and the required posting to the specific provider's account to adjust the provider's 1099 earnings data and set up recoupment criteria. APHP 1099 reports are configured to provide review of earnings data.

FI2.SS.07	Product Configuration	APHP; QC

APHP functionality includes the ability to process voided claims, adjustments to previously paid claim amounts and incoming accounts receivable due to incorrect payments. Funding source accounts will be updated to reflect the reversal or change in payment for service in which the respective fund covers. Financial processing updates will be reflected at the transaction level.

FI2.SS.08	Product Configuration	APHP; QC

APHP comes with the ability to create distinct financial accounts for providers, members, or other entities (carriers) based upon a tax id or social security number and addresses. This allows for us to have a many-to-one capability link to a base record (provider, member, or carrier) to a single or multiple financial accounts. Payments, 1099/W2, or Remittance Advice is generated at the financial account level and will be configured based upon the State defined rules.

FI2.SS.09	Product Configuration	APHP; QC

Cash receipt processes allows for the reconciliation of appropriate credit balance (AR). APHP follows the standard MITA 3.0 processes to reconcile debts. Through the Portal, informational and actionable alerts generated by the workflow are viewable by authorized users. During ACD our team will work with the Agency to configure business rules that will dictate what and how debtor data is recorded. Timely and accurate processing of cash receipts from debtors is automated within APHP based upon the AR configuration business rules and defined data to be collected. In addition, if necessary, workers can apply full or partial payment at the invoice level through the portal.

FI2.SS.10; FI2.SS.11	Product Configuration	APHP; QC

The APHP claims engine allows for claims to be adjusted or voided post-payment, resulting in a financial offset. Automated workflow capabilities within the system routes void and adjustment transactions for processing. APHP will accept and process both manually entered voids (direct data entry or paper submission pushed through OCR) or void transactions submitted by the providers through the portal. In addition the functionality includes the ability to make retroactive adjustments for previous incorrect payments and will create accounts receivables where appropriate.

APHP utilizes the claims engine to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs. As transactions are created in the system, they are linked with the financial account. Additional information may be tracked in specific formats such as the Federal reporting codes for each transaction, ensuring that the appropriate Federal and State accounting and reporting codes are captured. The APHP financial component produces multiple AR and AP transactions from the claim line level as needed, thus supporting the fund code allocations at the line level.

FI2.SS.12	Product Configuration	APHP; QC

The worker portal provides functionality that allows a worker to create a payment plan for a specific credit balance (account receivable) or adjust the account for future credit balances. The current process automatically defaults credit balance records to the maximum percentage and dollar amount. The worker can change this upon request from

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the State to adjust this percentage or define a specific dollar amount (ex. $25 from each future payment). This allows workers the flexibility to work with the provider, member, and carrier community to recover funds without a significant adverse impact when possible.

FI2.SS.13 Product Configuration APHP; QC

APHP enables authorized users to use the Portal to access transactions and financial information, including claims status, check amounts, remittance vouchers, other transaction information or provider balances. Users can query financial records and history and drill down into the data to view transactions and provider balances online.

FI2.SS.14 Product Configuration APHP; QC; K2; SSRS

APHP Enterprise Reporting and Analytics provides a full range of tools and services to help manage program administration leveraging the use of contract management and performance measures reporting dashboards. APHP Enterprise Reporting has features that enable the extension and customization of the reporting functionality. The component has capability to produce reports at the program, (IME), operations, (MMIS), and service (contractor) level. This reporting can be produced at both the summary and associated detailed claim line and financial transaction levels.

The solution includes defining the required reports format, content, frequency and media, as well as the state and federal budget categories of service, eligibility codes, provider types and specialties (taxonomy), retrieving data from multiple sources. APHP will leverage enterprise level reporting service capabilities to provide standard and ad-hoc reports that accurately reflect the financial health of the IME. Access to all financial information and activity is through the APHP worker portal. Automated processes, including business activity triggers such as immediate contact at the mobile level (texts, email, phone calls) are easily configured to assist key staff in the monitoring efforts associated with various financial activities.

FI2.SS.16 (a-v) Product Configuration APHP; QC; K2; SSRS

The APHP financial module within the Portal allows for users to search the financial transactions using a defined set of search business rules and displays an aggregate group of information based on the transaction type. Our solution comes with online inquiry capabilities to support a majority of the searchable data fields bulleted in the requirement. Additional search functionality can be configured as part of the State implementation once an understanding of the additional fields has been documented. During ACD, the APHP Team works with the Agency to configure added searchable fields, as required.

FI3.01 Product Configuration APHP; QC

APHP will provide comprehensive coordination of benefit functionality by member and program type. APHP records will reflect Medicare deductible and coinsurance amount for Medicaid participants and use this information for accurate health plan administration. Crossover claims adjudicate against Medicare dollar amounts to determine the actual Medicaid liability for the services.

FI3.02 Product Configuration APHP; QC

APHP will utilize the claims engine to process financial transactions for providers, members and other entities. Data surrounding credit and adjustment transactions to previously paid claims will be available for review via the APHP Portal. Financial data surrounding provider credit and adjustment transactions, including claim history prior to the adjustment, will reside in the APHP operational data store (ODS).

FI3.03 Product Configuration APHP; QC

Once a payment has been created we will generate a payment file for submission, via an established secure interface to the State accounting system. This includes payments for claims, transfer of cash receipts, warrants, and inter-agency transfer payments.

FI3.04 Product Configuration APHP; QC; K2; SSRS

APHP will use the automated workflow and process engine to support the immediate creation and distribution of an electronic remittance advice at the same time as the payment and payment information transfer. Upon completion of the claims payment process, the configured workflow will invoke a service telling APHP to create and distribute the remittance advice including the detailed claims processing activity. APHP will release the RA, again through a service, to the APHP Portal or other communication channel, for easy access by authorized providers and their staff. The RA is presented in a downloadable file from the secure Portal page or through the X12N format.

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FI3.05; FI3.05.01; FI3.05.02; FI3.05.03; FI3.05.04; FI3.05.05; FI3.05.06; FI3.05.07; FI3.05.08	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; Edifecs

APHP creates and disseminates RAs that provide the status of claims that have been paid or denied during each adjudication cycle. Our solution automatically generates provider remittance advices that display reason, remark and reject (error) codes that are easy for providers to interpret. APHP supports the 45 CFR Part 162 standards for 5010, including ASC X12N 835. Our remittance advice will include:

- Standard reason, remark and reject (error) codes that are easy for providers to interpret.
- Information regarding TPL resources for members with other insurance coverage including the carrier name, address, and policy information.
- Multiple message fields for the RA for each error/reject code and for banner messaging to communicate to the provider
- Exception payment processing for specific claim(s), including those receiving 'soft' claim edits for specific warnings and/or alerts. An audit trail of actions taken on 'soft' claim edits showing user IDs, action performed, date/time of the action is maintained.

The RA functionality includes the ability to generate the RA to the provider secure portal (and/or on paper if designated). RAs are available for view and/or download on the APHP provider portal in PDF format, and support the X12N format. Our functionality complies with State Medicaid Manual (SMM) Part 11, Federal Regulations 42 CFR 433.116, 42 CFR 455.20 and HIPAA in creating the remittance advice. APHP leverages the adjudication details feature functionality from the claims engine component to display all of the business rule edits and result codes that applied to the final disposition of the claim. This information is available on line upon a claim status inquiry.

FI3.06; FI3.07.01; FI3.07.02	Product Configuration	APHP; QC

The financial management module reconciles provider payments against outstanding credit balances and open Accounts Receivable (AR) to offset the next payment accordingly. Accounts receivable processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs. Outstanding AR reconciliation includes consideration of interest earned or owed based on IME business rules.

FI3.08	Product Configuration	APHP; QC

Our solution processes voided and replacement claims due to incorrect payments or returned warrants. Funding source accounts will be updated to reflect the change in payment for affected funds. Financial processing updates will be reflected at the transaction level. This is completed through the use of the claims engine and automated processing once the void or “reversal” of payment has been identified through the worker portal.

FI3.09	Product Configuration	APHP; QC

APHP supports automated and manual interactions to invoke a stop payment. Stop payment processes may be limited to payment void or include subsequent payment reissue. Workflow definition will identify steps in the stop payment process that act as triggers for automatic letter generation. In addition, based on business rules and the scenario (s) in which they are called, pre-defined triggers will automatically invoke a stop-payment action and alert key staff of the action.

FI3.10	Product Configuration	APHP; QC

The APHP Portal provides a comprehensive view of the providers' claims activity and supporting financials. This includes details on the accounts receivable and provider credit balances for each provider. APHP role-based security follows strict protocols that only allow authorized individuals the ability to access financial data. Provider financial information is displayed through the secure Portal.

FI3.11	Product Configuration; Interface/Integration	APHP; OnBase

APHP will automatically generate and publish provider RAs to the secure portal within the Statements and Documents section of the provider’s secure accounts. RAs are available for view and/or download in PDF format. The X12N 835 is also available for download by the provider.

FI3.12	Product Configuration	APHP; QC

The APHP financial component produces non-claim specific and claims detail line level recoupment, recovery transactions and

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lump-sum payments. These payments establish a financial transaction (AR) which allows for the identification of the payment receipt source and the creation of an audit record for support in processing the recovery amount to tie back to the original fund code allocations. APHP cross references the information to support reporting and query requirements so that users can access and view, directly from the Portal, detailed payment information including check number, EFT number, warrant number, payment date, and payment amount.

FI3.13	Product Configuration	APHP; QC

APHP uses the Provider Management component within the claims engine to organize provider services in alignment with provider payments. This data is easily accessible and actionable from online access. Automated workflow process rules will be configured to trigger an alert once a State-specified period of inactivity occurs for a provider, including those who have identified credit balances.

FI3.14; FI3.14.01	Product Configuration; Interface/Integration	APHP; QC; K2; OnBase

The workflow process engine is able to automatically generate notifications to providers as credit balances and accounts receivables are created in the system. This is accomplished through the configuration of the business rules within the workflow product. APHP creates RAs that provide the status of claims that have been paid or denied during each adjudication cycle and can use the same business rule process to drive notification to the provider either via the secure portion of the portal, or via mobile messaging, texting, or email. Notification about invoices and overdue balances can be sent to designated IME or contractor staff based upon State rules.

FI3.15	Product Configuration	APHP; QC

The EDMS uses the configurable capabilities to support the tailoring of the remittance advice template to display adjustments and voids in a separate section of the remittance advice. Additionally, authorized stakeholders will be able to view the remittance advice via the secure provider and/or member portals.

FI3.16	Product Configuration	APHP; QC

APHP will apply a withholding to a provider payment and assign an indicator to the provider record displaying the requirement for the suppression of information regarding the withholding action. This indicator will act as a flag for communication between the provider and IME staff to support investigations of fraud and willful misrepresentation. APHP uses the workflow process engine to automatically generate notifications to the financial account, as needed.

FI3.17	Product Configuration	APHP; QC

APHP will support the process business rule configurations that establish compliance with the Affordable Care Act requiring the refunding of Federal share from provider overpayments. In this scenario, upon identification of an overpayment (which could be from the creation of an AR), an automated process will invoke a service call to create a financial transaction (chart of accounts update) that will refund to the Federal share fund code the determined overpayment amount. Time frames of when the refund should take place are easily configurable and will support both the MECT requirement of 60 days and the ACA requirement of one year.

FI3.SS.01	Product Configuration	APHP; QC

Using APHP's financial management functionality, interest calculations based on settlements to the State will be supported, accessible via the APHP Portal. Automated workflow is easily configured to route the financial transactions supporting the settlements and interest calculation per State-specified business process policies. The APHP Team works with the State during ACD to configure this capability.

FI3.SS.02	Product Configuration	APHP; QC

As reflected in FI2.SS.08 our solution comes with the ability to create financial accounts for providers, members, or other entities (carriers) based upon a tax id or social security number and addresses. Payments, 1099/W2, or Remittance Advice is generated at this account level and will be configured based upon the State defined rules. Providers have the ability to maintain which practice locations are associated to each of the financial account in order to manage their payments.

FI3.SS.03	Product Configuration	APHP; QC

APHP's core financial component supports the capture and application of multiple types of accounts receivable including, but not limited to audits, overpayments, fraud, premium collections, rebates, cost settlements, and recoveries

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generated from estate probate, client annuities, property liens and similar. APHP's financial component produces multiple AR transactions at the claim line level as needed. The AR functionality can associate multiple AR's to a single claim detail line; the cash receipts process allows for the worker to associate a receipt to the claim detail level or to an AR transaction.

FI3.SS.04	Product Configuration	APHP; QC

The APHP worker portal enables workers to create an Accounts Payable in the event that provider advancement is necessary. The advancement can be pre-dated and an AR automatically triggered using the pre-dated date related to the AP. APHP then uses the automated workflow and process engine to drive business rules and processes. Using the output from a financial process activity, such as "Provider Advance Established", APHP allows for the configuration of a resultant step within the workflow engine. Upon the completion of the first step, the next step in the workflow configuration would be "Create Invoice" such that the provider's advance notice is immediately offset by the action to invoice the provider for the receivable.

FI3.SS.05	Product Configuration	APHP; QC

The APHP Portal provides authorized users direct views into up-to-date and most current information as it applies to financial management. This includes the capability to report on outstanding and historical AR (account receivables) even if the transaction has been marked as suspended. Outstanding accounts receivables can be sorted by transaction date, dollar amount (e.g., high-low) or by source.

FI3.SS.06	Product Configuration; Interface/Integration	APHP; QC; K2; OnBase

APHP uses the workflow process engine to automatically generate notifications to providers as credit balances and accounts receivables are created in the system. This is simply accomplished through the configuration of the business rules within the APHP workflow product and can include additional instructions to the provider such as applicable appeals rights.

FI3.SS.07	Product Configuration	APHP; QC

Using the output from a financial process activity, APHP allows for the configuration of a sequenced and automated step-by-step business process within the workflow to perform calculations, change AR status, and accurately apply offsets. Data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs. During ACD and Operations, we work with the IME to establish and implement baseline business rules and life-cycle changes required to effectively govern the financial offset process.

FI3.SS.08	Product Configuration	APHP; QC

The APHP Worker Portal has the ability to transfer a credit balance between associated financial accounts due to various reasons. A common reason for this activity is a change of ownership where the new owner accepts responsibility of the previous owner's debt. Through the workflow design a series of steps are created to validate that transferring of the debt is applied to new financial account. Once completed the standard payment reconciliation process will apply future payments to open AR's. As part of our base solution APHP will also configure business rules based upon State requirements and guidelines to recoup payments of an associated financial for debt owed to a different account by applying recoupments from two accounts that have the same tax id. This functionality is enabled by viewing the financial accounts not at a singular practice location but at the Tax ID level to recover debt for the State.

FI3.SS.09	Product Configuration	APHP; QC

APHP's Portal provides the ability to configure both State and Federal Fiscal Year status at the program level. Claim adjudication details, including original date of the claim, are viewable online concurrently. Additionally, the capability to link claims back to their associated financial transactions exists natively within the claims engine component of APHP.

FI3.SS.10	Product Configuration	APHP; QC

The worker portal has the ability to allow a user to update an AR to reflect uncollectable credit balances as directed by the IME. This is accomplished by selecting the "uncollectable" indicator on the account when necessary. APHP has included this option to support the State when a provider has declared bankruptcy, or due to special circumstances requiring the write-off of the debt owed.

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FI4.01; FI4.01.01 (a-e)	Product Configuration	APHP; QC

APHP delivers a core financial management component (accounting system) supporting the capture and application of multiple types of non-claim specific financial transactions including, but not limited to payouts, accounts receivable, refund checks, and returned warrants. Data supporting credit balances, including non-claim specific payment, will be referenced during the payment cycle to determine proper offset against claims or gross provider payments. Financial transactions are created from claims transactions during the claims adjudication process. AR and AP transactions are identified based on the results of the claims adjudication process. During the claims payment processing tasks, reconciliation across the AR, AP and provider credit balances occurs.

Business rules will be configured to support the automatic addition of account and Federal reporting codes, along with supporting the overall financial management and auto creation of additional transactions based on manual inputs, EDI drivers and other trigger type scenarios. All of the bulleted sub-requirements within this requirement will be met using a combination of several components residing on the APHP framework. Configuration of workflow business rules supports process flows that automate the ability to apply accounting and federal codes and hospital disproportionate share information. The secure data exchange of member information to support benefit plan assignment will use the APHP EDI component for mapping and population of data. Additionally, the EDI component, in conjunction with the APHP Portal, will support the upload of external files, such as Excel.

FI4.02	Product Configuration	APHP; QC

The worker portal allows authorized users the ability to manually enter an Accounts Payable record, assign the payable to a designated account and/or funding source as well as to an expense type account if necessary. Payee information, reason code and description for issuance are also captured. Financial transaction records, be it system-generated or manually-generated claims payment, are kept for historical purposes and available for inclusion in reporting.

FI4.03; FI4.03.01	Product Configuration	APHP; QC

APHP supports payment reconciliation to reflect the situations when checks are not deposited or cashed by the provider, or when they simply must be voided. Financial management feature functionality is available for the assignment of a voided check indicator as necessary. Business rules will dictate how long before an issued check is determined to be un-cashed (stale) and if so desired, and workflow will automate the check void functionality within financial processing and take actions to reproduce the check if so desired by the IME.

If the State so desires, reconciliation of cancelled, rejected, lost, outdated warrants with replacement warrants happens instantaneously upon the issuance of the new warrant. Alternatively, APHP will schedule reconciliation processes that occur on timeframe acceptable to the state. Configurable workflow provides maximum flexibility.

FI4.04; FI4.04.01; FI4.04.02; FI4.04.03; FI4.04.04; FI4.04.05	Product Configuration; Interface/Integration	APHP; QC; OnBase; SSRS; SSIS; K2

APHP maintains a history of claim recovery payments. Refund details are stored with the financial data associated with claims recovery and payment. Cash receipts engage the APHP workflow for transaction routing and fund allocation to the appropriate accounts. APHP produces the financial accounts 1099 or W2 earning data annually including preparation, maintenance, and correction. Historical refund data is available for review by authorized users via the portal and APHP reporting. The worker portal allows authorized users to view provider's year to date earnings at the time the 1099 is generated. A copy of the 1099/W2 will be maintained and is available to workers and providers for seven years. A provider through our self-service functionality can request a change to the 1099 or for re-issuance and/or duplicates. Providers will have the ability to access and download for printing, their 1099 information from the secure portal. All requests are tracked through the audit trail for tracking of 1099 processes in both creations of the 1099 the reporting and distribution to providers.

Our solution produces the 1099 files by interfacing with the SSA (Social Security Administration) and IRS (Internal Revenue Service) using the EDI component for secure data exchange with external systems and data sources. APHP Enterprise reporting functionality will support the 'no match' report which will be available for viewing and/or downloading from the APHP Portal. A validation of the providers NPI with NPPES is completed as part of enrollment, re-enrollment, and ongoing provider maintenance record.

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FI4.05	Product Configuration	APHP; QC

Through the worker portal, authorized users have the ability to perform mass adjustments to claims. This includes the need for a historical adjustment to a set of claims. As the historical data is identified and collected for adjustments through the portal, configurable settings are made to allow for the history only changes to occur, and reflect the change to funding sources allocation and/or other accounting actions that do not impact provider payment accounts, 1099 or W2 reporting.

FI4.05	Product Configuration	APHP; QC

IME's Provider Incentive Payment Program (PIPP) system calculates the correct EHR incentive payment for eligible providers and sends a payment request file to APHP for processing. Using information from the payment file, APHP flags the provider's account and generates payment based upon the IME approved payment cycle. Our flexible solution allows these payments to be tracked and applied to 1099s which will be associated to the eligible provider.

FI.SS.01	Product Configuration	APHP; QC

Authorized users have the ability to manually create and maintain accounts receivable transactions through the APHP worker portal. Accounts receivables may be associated to a claim document, specific claim details, or a non-claim transaction. Functionality includes business rules that support the association of appropriate funding codes and provide accountability of actions through the audit trail.

FI.SS.03	Product Configuration; Interface/Integration	APHP; QC; SSRS; OnBase

Once an Accounts Receivable (AR) or a credit balance has been created the APHP claims engine solution has the ability to track a reduction of the debt owed by recoupment of future payments as well as the receipt of payments sent to the IME by the provider. All payments are tracked at the AR level and easily viewable by the worker through the worker portal. Financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, resides in the APHP operational data store (ODS). The APHP Enterprise reporting component accesses this data for standard and ad hoc reporting as required. Data supporting credit balances, including non-claim specific payment toward uncollectable balances is referenced during the payment cycle to determine proper offset against claims or gross provider payments.

FI.SS.04	Product Configuration	APHP; QC

A single remittance advice is generated at the financial account level for all transactions (including all benefit plans) finalized during the payment cycle. The remittance may be configured based upon IME direction to distinguish between the different benefit plans for ease of provider use.

FI.SS.05	Product Configuration	APHP; QC

APHP provides updating of claims history and online financial files with the check number, date of payment and amount paid after the claims payment cycle. APHP provides payment cycle summarization by account codes, provider type, payment amount, and other attributes. The reporting services capability is configurable to support financial business processes, including payment processing. Additionally, financial processing details are available for drill down into the claims.

FI.SS.06	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP will create and send a payment processing summary file to the State accounting system. Once payments are issued, APHP updates the financial component and stores the information for reporting on the 835 (Electronic RA) to providers.

FI.SS.07	Product Configuration	APHP; QC; K2; SSRS; SSIS

Upon completion of the claims payment processing run, the Enterprise reporting service generates the summary report and associated remittance advice report for activities coming out of the payment processing run. Automated workflow then triggers the rules to invoke balancing between the summary report and the associated remittance advice report, thus creating a balancing workflow that can generate a final report indicating information that may be out of balance.

FI.SS.08	Product Configuration	APHP; QC

APHP uses a commercial claims processing and benefit administration product which, out-of-the-box, supports the hold

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of payments at the individual provider level. The automated workflow and process engine will support the configuration of business rules to group like providers by type or other defined criteria for payment holds.

APHP also allows for withholdings (percentages) and levies (exact dollar amount). Levies can be processed via a payment plan which allows for the worker to adjust the dollar amount to withhold the entire payment or partial payment.

FI.SS.09	Product Configuration	APHP; QC

Iowa requires various health care providers to submit annual Medicaid cost reports for cost reconciliation and settlement purposes. The business process includes cost report analysis and reporting, process audit adjustments, calculate cost settlement results, and uses historical cost report data to update and recalibrate interim payment rates.

- APHP includes configurable workflow processes that drive each step of the process to completion and route information to the appropriate individual for review and action.
- APHP provides the ability to capture a vast array of date specific payment methodologies, including per diem rates, Diagnosis Related Groups (DRG), Resource Utilization Groups (RUG), RVU, and other prospective payment methodologies according to the State plan.

The financial management functionality will calculate provider payments against credit balances and accounts receivable to identify actual payment due to a provider. Existing product logic, as well as program data stored in the Dimensional Data Store (DDS), is used to support the calculation of disproportionate share payments to providers.

FI.SS.10	Product Configuration	APHP; QC

APHP executes automated processes and workflows with configurable business rules to limit the full payment allowed to providers, members, or carriers. Authorized users will establish and configure accumulator framework business rules to limit the amounts, following State policy, at the benefit plan level or within specific member, provider, or carrier records.

FI.SS.12	Product Configuration	APHP; QC

APHP allows for the creation of multiple ARs associated to a financial account. The ARs base functionality allows for prioritization of the transactions from the oldest to newest record. This will be configured as defined by the State business rules. APHP allows for a worker to associate a lien, levy, or garnishment or an AR transaction, or a negative claim adjustment against a Financial Account. The solution prioritizes the recoupment transactions and adjusts against future payment. In the event a prioritization must change, a worker with the appropriate role-based security can override the existing prioritization if needed.

FI.SS.13; FI.SS.14	Product Configuration	APHP; QC

AR configurations support the automation of managing timely and accurate processing of cash receipts. APHP generates timely and accurate cash receipts on the basis of information collected and captures information associated with cash receipts including financial status, date of record creation (held within the transaction ID), update, comments and financial account code assignments. Through the Portal, authorized users can see alerts that indicate to the analyst that the workflow requires them to take action, as business rules dictate. Supporting documentation is attached in workflow. APHP uses the automated workflow and process engine to configure business rules to dictate automated direct actions associated with specific data. AR configurations support the automation of managing timely and accurate processing of cash receipts. The automated workflow and process engine supports configuration of business rules to drive immediate updates to the MMIS financial claims history for cash receipts received. This happens in the same manner as other ARs are applied to financial history and associated to the appropriate claim information.

FI.SS.15	Product Configuration	APHP; QC

The worker portal allows a user to drill down into the Cash Receipt record to identify what transaction that the monies are applied to down to the claim detail level. The Cash Receipt screens also allow the worker to link the AR's associated with the record, and vice versa in order to ease research and future processing. We also use the enterprise reporting service which allows users to drill down from online MARS reports to detailed data.

FI.SS.16; FI.SS.17	Product Configuration	APHP; QC; SSRS; OnBase

APHP allows for both automatic and manual generation of reports, notices, and letters to designated stakeholders. APHP is designed using a Microsoft "stack" of products which are fully compatible

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with MS Office products that include the reporting capability and business applications such as MS Office tools, MS Mail, and Excel. From the APHP secure portal, users can download reports in MS Office Excel format as well as from standard and ad hoc reporting capabilities with the enterprise reporting tool, Microsoft SSRS, users can export report information.

FI.SS.18; FI.SS.19 (a-r)	Product Configuration	APHP; QC; SSRS; OnBase

APHP supports the inclusion of beginning and ending dates on reports where applicable. Enterprise reporting services is a configurable reporting suite that gives the program maximum flexibility on exactly which date is reflected on each report. The reporting services capabilities includes the ability to support summary and detail financial reporting around Accounts Receivables, Accounts Payables, Cash Receipts, Payment cycles, 1099 earnings, provider earning reports in accordance with federal and state regulations, Payment reports.

FI.SS.20	Product Configuration	APHP; QC

APHP leverages the financial management component to oversee TPL processing. Coordination of Benefits occurs within the claims adjudication process and relies on accurate and comprehensive information about the known TPL at the member record level. APHP provides TPL information on the basis of claim(s) found.

APHP adds the TPL data, including TPL type, payment source, etc., to the client database with an unverified status code, unless the information is gathered via secure data exchange with an external data source that has been approved by the IME as an approved trading partner.

FI.SS.21	Product Configuration	APHP; QC

APHP supports multiple communication channels to provide a comprehensive communications approach available to IME. Correspondence is just one type of communication protocol that is supported by APHP. Related correspondence that has been received in support of an AR record is held in the document management solution and called by a service from the ESB. For an accounts receivable record, the user is provided a link to retrieve an associated document.

FI.SS.22	Product Configuration	APHP; QC

The APHP claims engine provides the capability to assign user-defined reason codes to accounting transactions (A/P or A/R), via use of the system's Topics capability. Topics are user-defined data elements that are configurable to a particular system screen/function. Topics may consist of drop-down lists or other validated data and types (e.g., numeric value, date not future, date not past, currency, number greater than zero, etc.). A set of state-specific reason codes may be created as a Topic drop-down list that can be presented on the accounting transaction form associated with the posting of money received.

FI.SS.23	Product Configuration	APHP; QC

The APHP claims engine automatically assigns a transaction identifier for each accounting transaction entered into the system, which can serve as a financial control number. Additionally, if the financial control number is generated out of another (State) system and needs to be associated with accounting transactions created in the APHP claims engine, the engine provides the additional capability to assign user-defined financial control numbers to accounting transactions (A/P or A/R).

FI.SS.24	Product Configuration	APHP; QC

APHP uses the financial management component within the COTS claims engine. Out-of-the-box capability exists to support the financial management of program account coding. The APHP Portal is the access point through which authorized individuals will provide inputs into and review data from within the financial management component of the new MMIS.

FFP amounts will be stored in the financial management component and through the use of the chart of accounts, will be tracked in conjunction with associated fund code assignments.

FI.SS.25	Product Configuration	APHP; QC; SSRS; OnBase

APHP records audit trails to specific data fields such as accounts receivable. Whenever a data field is added or modified, APHP maintains the data prior to the addition/modification, the user or program ID that made the addition or change, and the date/time stamp of the change. APHP provides authorized users the ability to link to the complete audit record, providing visibility to and reporting capability of comprehensive information about when data changed within the record and who initiated the change.

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FI.SS.26	Product Configuration	APHP; QC

The worker portal has the ability to transfer a credit balance between associated financial accounts due to various reasons. A common reason for this activity is a change of ownership where the new owner accepts responsibility of the previous owner's debt. Through the workflow design a series of steps are created to validate that transferring of the debt is applied to new financial account. Once completed the standard payment reconciliation process will apply future payments to open AR's.

FI.SS.27	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

Through use of the APHP business and technical services and file mapping, the APHP financial components will send a Payment Processing summary file to the IME that includes information to support the generation of an EFT. Our SOA framework supports efficient interaction with IME financial systems for payment. APHP's standards-based interface can securely exchange data with numerous external financial entities in real-time or on other State-defined frequencies.

FI.SS.28	Product Configuration	APHP; QC

APHP provides functionality to support county and school billing based on the States need to collect the non-Federal share of specific services. Using the APHP EDI component, invoices generated from the within the claims engine, will be provided in an electronic file, via secure data exchange, to the county and school offices.

Subsequently, if paper invoices are required, the APHP document management component will support the creation and distribution of the paper invoice. Also, because our claims engine "ties" claim details to a financial transaction (vs. the claim header) we will identify services that fall into the non-federal share bucket for billing and adjustments.

FI.SS.29	Product Configuration	APHP; QC

Through the worker portal an authorized user has the ability to capture notes on every financial transaction including a disputed amount. This free text field will also include the dispute reason and resolution. The portal also allows for transactions to be linked to supporting documentation which are stored within the electronic data management solution (EDMS).

FI.SS.30	Product Configuration	APHP; QC

Our solution natively processes claims at a detail level; adjustments to a finalized claim will result with in a change to the impacted details. By processing at the detail level this allows for the downstream advantage of reporting the fund code allocation and to easily update the funding reports upon an adjustment or apply an AR at the claim detail level.

FI.SS.31	Product Configuration	APHP; QC

APHP provides the capability to automatically make changes across components and data elements based on business rule configurations applied within the automated workflow and process engine. Rules will be configured to support step-by-step processes that result in a required action. The account codes that drive federal and non-federal share are available attributes for use in tailoring business rules within the workflow engine. In the event that a dispute results in a change to the member's legal settlement county our solution allows for an update of the members record through the eligibility file. We will then adjust the claims to update the account code associated to the services.

FI.SS.32	Product Configuration	APHP; QC; K2; SSRS

Through the worker portal authorized users have the ability to limit a total provider payment based upon a financial account, provider type, or program. This includes the ability to set as a onetime need or for an ongoing period of time. Once payments have been adjusted based upon the frequency selected the automated workflow and process engine will support the new configuration for payment holds (limiting payments).

FI.SS.33	Product Configuration	APHP; QC; K2; SSRS

The full APHP reporting data store is an integrated and subject-oriented source of Medicaid-centric data optimally organized to deliver information needed for decision support services. It houses data including but not limited to member data, provider data, claim (including crossovers) and encounter data, premium payment data, pharmacy data, CHIP data, and TPL data. The APHP report generation tool can pull premium data for Medicare buy-in members and join it with crossover payment data in a single report.

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FI.SS.34; FI.SS.35	Product Configuration	APHP; QC; K2; SSRS

APHP uses the financial component within the claims engine to support calculation of dollars associated with AR/AP transactional processing. Assessment Fees are identified as just another type of AR, which must follow GAAP standards in handling. APHP will provide an avenue for processing, auditing and reporting to support the management of Assessment Fees. Because the Assessment Fee reuses the same AR functionality, the solution can be configured to recoup the monies as part of a future payment or to processes as a "Cash Receipt". If the State wishes that the AR's are processed as a cash receipt upon the completion of the first step, the next step in the workflow configuration would be "create invoice" such that, the provider's assessment debt would immediately be offset by the action to invoice the provider for the receivable.

FI.SS.36; FI.SS.37	Product Configuration	APHP; QC; K2; SSRS

APHP will track the age of the AR; the functionality allows for automatic notification to the appropriate individuals, as configured. The reporting solution is also designed to identify non active Providers based on the State's business rules. The financial data housed in our DDS enables the capability to produce reports to identify claim and non-claim specific adjustments by type of transaction and provider type at a frequency designated by the IME, such as monthly.

FI.SS.38	Product Configuration	APHP; QC; K2; SSRS

APHP provides functionality to support county billing based on the IME's need to collect the non-Federal share of specific services. Using the APHP EDI component, invoices generated from the financial management component within the COTS claims engine, will be provided in an electronic file, via secure data exchange, to the county offices. Subsequently, if paper invoices are required, the APHP document management component will support the creation and distribution of the paper invoice.

FI.SS.39	Product Configuration	APHP; QC; K2; SSRS

APHP will provide functionality to support county billing based on the IME's need to collect the non-federal share of specific services. The APHP financial management component natively supports the ability to tie claims detail to financial transactions, thus claims are identified that fall into the non-federal share bucket for billing to the county offices. This is done through the use of the claims engine program that associate specific claims (such as inpatient hospital stays) to the county share payments owed based on the members address.

FI.SS.40	Product Configuration	APHP; QC; K2; SSRS

Accounts Receivables (credit balances) and Cash Receipts require a source for each of the records. Our solution is designed to accept the TPL, fraud and abuse, drug rebates, and provider payment information from a vendor, or provider. This includes the image of the checks and associated documents. The portal will allow for the creation of a cash receipt and applying the information to a claim, claim detail, invoices, or an AR. APHP Enterprise reporting services deliver an immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

FI.SS.41	Product Configuration	APHP; QC; K2; SSRS

APHP specifically supports the automation and real time capability for overall program financial management, including the necessary data exchanges and process flows that occur between the MMIS and the Integrated Information for Iowa (I/3). This includes the ability to maintain specific codes and code sets so as to align with predetermined practices that support program cost center appropriateness. APHP will review the code sets as part of the ACD with the financial team to validate our solution captures all of the code sets. With APHP, the IME will never again be dependent on manual overpayment and recoupment processes.

FI.SS1.42	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

In preparation for payment processing, the APHP financial management component will perform reconciliations for credit balances and offsets. APHP will accept the Agency of Administrative Services Offset file monthly and apply offsets as part of the financial payment cycle. APHP will generate a payment file for submission, via an established secure interface, to the State's accounting system, which will reflect this offset.

FI.SS.43	Product Configuration	APHP; QC

APHP leverages the financial management component capabilities to balance AR/AP transactions. This includes cash receipts that, once applied to existing balances via the AR reconciliation process, may become identified as an

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overpayment. Following the MITA 3.0 business process the workers will be notified via the work item to validate if the overpayment can be applied to any other outstanding AR's associated to the impacted financial account. This will be based upon state guidelines and could include apply to an associated financial account. If the overpayment cannot be applied the worker will then create an Accounts Payable which will be associated to the Cash Receipt.

FI.SS.44	Product Configuration	APHP; QC

The APHP claims engine links accounting transactions to corresponding claims for payments. For accounting transactions associated with payments received from providers, the system will track which provider (payee) the transaction is for, in addition to tracking other user-definable information via the products native user-defined field functionality. A user-definable topic may be configured for use with the accounting transaction form that allows for entry of claim line.

FI.SS.45	Product Configuration; Interface/Integration	APHP; QC

APHP uses a commercial off the shelf, benefit administration and claims processing product for MMIS provider, member and financial management associated with health plan administration. Native to the product is the ability to issue non-health service delivery related payments to entities that are identified as simply, "other payees/vendors". Providers and non-providers or "vendors" are assigned IDs, demographics are captured and financial payment instructions are defined (such as EFT and associated banking instructions) in the financial system records. Reporting and tracking for these types of "payees" is supported in full, just as is reporting and tracking for providers.

FI.SS.46	Product Configuration	APHP; QC

APHP allows for the assignment and maintenance of liens to be assigned to practice locations associated to a financial account. The lien is treated similar to a credit balance and will prioritize the recovery of the lien against any future payments. When funds are recovered due to the accounts receivable we support reporting to the State to return to the lien holder based on the information associated to the lien.

FI.SS.47	Product Configuration	APHP; QC

APHP recoups funds at a standard fixed dollar amounts and/or a percentage of payments. The base solution defaults all financial accounts to recoup maximum dollars or 100% of the payment amount. Through the Worker Portal authorized users can set Base Records (provider, member, and carrier) or Financial Account associated to the record to adjust the percentage of recoupment within a maximum percentage. Depending on the specific recoupment situation, rules are configured to apply the recoupment all at once or on a recurring basis.

FI.SS.48	Product Configuration	APHP; QC; K2; SSRS

APHP Enterprise reporting will provide all necessary functions to actively manage the program budget. This includes web access to all budget drivers including entries, updates and audit trails of all actions taken. All summary and detail reports necessary for budget monitoring will be available to authorized users via the APHP worker portal and will maintain up-to-date financial data such that the clearest, most timely pictures possible of the current budget spend can be managed effectively by the IME.

FI.SS.49	Product Configuration	APHP; QC

APHP will provide the ability to drill down to claim level detail information or drill up to summarize and will allows users to drill down from MARS reports to detailed data, essentially using MARS reports as springboards for further analysis through the reporting solution. APHP will use the integration of the Enterprise Reporting Service, MS SSRS, for program reporting to cover claims, providers, members, financials, operational metrics, program and contractual SLAs, etc. Essentially, utilizing a centralized ODS (Operational Data Store). Information within the new MMIS becomes "reportable." Through the APHP Worker Portal authorized users have the ability to start on a payment and drill down to the claims and thus to the claim detail level.

FI.SS.50 (Inputs (a-c)/Outputs (a-c))	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP allows for the entry of mass adjustment requests based on a variety of criteria and uses native functionality of the re-adjudication filter for assisted claim selection processes. Data can be entered and edited online through the Portal or uploaded from EXCEL spreadsheets. Mass adjustments can be requested due to rate changes, changes to benefit plans, for cost settlements or to group claims for a particular provider, or other data. The system processes payment

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adjustment data from external sources. APHP supports the online entry and management of gross adjustment financial data such as debit and credit entry of cash receipts or other non-claim specific financial transaction (premium billing, invoice receipts, expense reimbursements, etc.).

FI.SS.51; FI.SS.52	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP can accept an interface from the Agency for Healthy Rewards program which will include a payment for a specific member. A payment through the accounts payable functionality will be applied to the member's financial account and will include in the standard payment business process. The member's debit card will be included as an EFT payment for the members account and will be managed through the financial account functionality in the worker portal.

FI.SS.53	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP updates claims history and online financial files with payment information such as the check number, electronic funds transfer (EFT) number, and warrant number/check number, date of payment, payment status and amount paid after the claims payment cycle. APHP, upon completion of the claims payment process, applies attributes coming out of the payment process to the respective claims, provider, member and financial history records. APHP cross-references the information to support reporting and query requirements so that users can access and view, directly from the APHP Portal, detailed payment information.

APHP is built upon MECT and MITA 3.0 functionality and is designed to support the administration simplification and rules authorized by the Affordable Care Act. The APHP product roadmap addresses required functionality including Federal regulation such as ACA. APHP's flexible architecture allows for easy implementation of additional rules and regulations through configuration. Any required systematic changes will be addressed as part of the product and will be included within Release 5.0 which will be available by Q3 2015.

FI.SS.54	Product Configuration	APHP; QC; K2; SSRS

APHP is prepared to process and support multiple payment models. The base functionality comes pre-packaged to apply non-claims payments (Accounts Payable) to a provider's financial account. This approach positions the IME to implement a payment model such as pay for performance. The payment can be associated to a benefit plan for downstream financial reporting purposes.

APHP is built upon MECT and MITA 3.0 functionality and is designed to support the administration simplification and rules authorized by the Affordable Care Act. The APHP product roadmap addresses required functionality including Federal regulation such as ACA. APHP's flexible architecture allows for easy implementation of additional rules and regulations through configuration.

FI.SS.55; FI.SS.56; FI.SS.57	Product Configuration	APHP; QC; K2; SSRS

Through the claims engine our solution is built with common commercial health care administration functionality including the management of a premium payment for a member or family group. This includes the ability to send an invoice and process a payment due to the invoice, and manage the member's eligibility. When members submit their premium payment in the approved schedule, payments are applied to a financial account associated the member's record. Payments are then associated the member's premium payment including contribution from the state or a member contribution. Pre-packaged functionality allows for a set annual deductible that can be placed as a rolling calendar year on the member's record.

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4B.3.1.a.13 Program Integrity

We understand that the IME wants an MMIS that can easily send required data, such as provider information, member records, paid claims and reference data, to IME Professional Services Contractors and other units that require this information to identify, resolve and prevent fraud and abuse in Iowa's Medicaid program.

The MIDAS Project Team will work closely with the Agency and other IME stakeholders, like the IME Program Integrity Contractor, the Medicaid Fraud Control Unit (MFCU) and the IME Member Services Contractor to establish the appropriate data interfaces, required reports and workflows to help prevent misuse of the State's funds. APHP supports the PI business area by gathering member, claims, provider and reference data and making it available for analysis by the IME Professional Services Contractors and units responsible for preventing and identifying fraud.

IME Benefits from HIPAA Assurance when Handling and Managing Sensitive Data

- Standard member, provider and paid claim data files available as part of the APHP product enable easy exchange of this data to IME trading partners
- Controlled processes transfer data efficiently and accurately
- Secure delivery channels safeguard the confidentiality and integrity of data exchanged
- Operational and dimensional data stores support near real-time and historical PI MMIS reporting needs
- Flexible data structures and configurable workflows allow the IME to flag potentially fraudulent providers and track, suspend or deny payment on submitted claims

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APHP can automatically generate various reports to meet specific MMIS Contractor PI reporting requirements. In addition, our ad hoc query tool provides the Agency with greater flexibility to access current information from our APHP reporting databases to support specialized PI scenarios. APHP stores production reports within the EDMS (OnBase). The IME PI contractor, and others as designated by the Agency, can access these reports through our easy to use portal. This configurable and flexible solution facilitates our ability to put the right information in the right hands at the right time.

Promoting the Free Flow of Information Across the IME to Prevent Fraud and Abuse

In contrast to typical legacy systems, APHP is designed to be configurable at each architectural level. Our MITA-aligned solution provides interoperability with other IME systems, essential for the effective integration of the IME's distributed programs. This includes integration with the IME PI Optum IFADS solution.

Because our solution is designed using a SOA framework, it is built on the principle that it must easily interface with commercial applications, legacy systems and other web services and SOA-based systems. APHP uses industry standard secure data exchange protocols, configurable to interface with existing and future systems, to enable the Agency to share information and services across the Medicaid enterprise.

Our solution includes a data exchange approach that is reliable, flexible and configurable, supporting data exchanges through several mechanisms and allowing new data fields and sources to be added as needed to align with each interfacing partner's needs. We work with each interface partner during the Analysis, Configuration and Deployment (ACD) phases to determine the appropriate method for exchanging information. Our Interface Plan specifies the procedures we follow with each interface partner to identify the interface, document the format and data elements to exchange, the edits to apply and the preferred mechanism for exchange, including automation and notification parameters.

Attachment K – Technical Specifications: Program Integrity

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
PI.SS.01 (a-l); PI.SS.02; PI.SS.03 (a-f.1-5); PI.SS.04; PI.SS.05	Product Configuration	APHP; QC; SSRS

APHP transmits member records, provider records, transactions and audit trail information captured by the MMIS on a daily basis to the APHP Dimensional Data Store (DDS). APHP uses Microsoft SQL Server Reporting Services (SSRS) to retrieve data from the DDS and create analytical and detailed reports in support of the Iowa Medicaid Program. This includes member, provider and claims reporting that supports the IME's Program Integrity (PI) efforts. The PI contractor and other authorized users can access and view PI reports through the APHP Worker Portal. Through these portal screens,

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authorized users access their canned or standard reports and the ad hoc query tool. The Microsoft SSRS ad hoc query tool allows business users easy access to reporting capabilities without requiring technical information such as database table or column names. With SSRS, users build or specify queries via a graphical interface with simple drag and drop functionality to obtain desired data in the format they want.

During the Analysis, Configuration, and Deployment (ACD) phases, we work with IME-identified stakeholders, such as the Program Integrity and Member Services Contractors, to create the requested Program Integrity reports within the Microsoft SSRS solution. This includes reports containing claims detail, information on long-term care facilities and physicians and annual utilization ranking as ad hoc reports that can be generated using a number of different fields on demand as needed. During Operations, authorized users access these PI and other reports available with the base product or configured during the ACD phase through the APHP Worker Portal. When generating reports from the APHP Portal, users will specify sort and filter criteria and select which report items to include in the report. Authorized users can add additional fields to report templates, as required, by copying and modifying the pre-defined APHP report template. Authorized users can add additional fields, as required, by copying and modifying these templates. The reporting solution generates both standard and ad hoc reports automatically based on the defined report template for a user defined schedule and set of criteria.

PI.SS.06	Product Configuration	APHP; QC; SSRS

The lock-In program helps the IME prevent abuse of IME program funds by controlling a member's access to a single or limited set of providers that can better manage the member's utilization of covered services. Understanding the importance of this program, our APHP base product includes the Claims for Lock-In Member Report, which retrieves data from the APHP DDS and displays the list of services and claim activity consumed by members who are part of the lock-in program. This report is available to authorized users, such as the lock-in contractor, through the Worker Portal. In addition, the lock-in contractor can access the Microsoft SSRS ad hoc query tool through the Worker Portal. This provides the lock-in contractor with greater flexibility to select desired claim details and export this information as needed to perform reviews and investigations.

PI.SS.07	Product Configuration	APHP; QC; SSRS

The APHP reporting solution supports the capability for users to perform ad hoc queries to retrieve information such as summary and detail data on inpatient stays, program-related services, or the receipt of specified services from providers or provider groups. APHP also produces a Master Claim file as part of the base produce that will be securely delivered to the state or an approved third party to analyze claim-related information as needed.

PI.SS.08; PI.SS.09 (Inputs (none)/Outputs (a-f))	Product Configuration; Interface/Integration	APHP; QC; SSIS

APHP will produce as part of the base product the following interface files and reports that will be provided to the state or an approved trading partner: Master Provider File, Master Member File, Master Claims File, Reference Data Annual Update Summary, and the claims for Lock-in Members Report.

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4B.3.1.a.14 Managed Care Enrollment

We understand that providing Iowa's member population with easy to navigate, reliable access to information regarding their available health care choices, coverage and participation is a top priority.

A frequently heard criticism of managed care is that it manages costs, not care. We believe that both can be accomplished – improvement of health outcomes for Medicaid members and management of costs for the Medicaid program.

Self Service Portals Enable a MCO/HMO Administrative Model

- Members have flexibility to select a managed care plan online
- As PCPs or MCOs dis-enroll, members are automatically notified and re-assigned
- Benefit plans support managed care business rules through configuration by business analysts

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Want to see more?
MANAGED CARE AND PCCM
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

At the highest level, the IME managed care processes will function in alignment with a commercial Healthcare Benefits Administration approach in which controls such as edits, audits and performance measures are backed up by reporting specifically designed to "manage" Medicaid managed care. From MITA-aligned enrollment business processes supporting members, providers, networks and organizations all the way through to the processing of encounter transactions within the MMIS, APHP will deliver quality for your comprehensive managed care administrative initiatives.

Our solution provides functional capabilities along with automated business processes and detailed reporting covering all aspects of provider enrollment and management including providers who have agreed to provide PCCM (Primary Care Case Management) services to eligible enrollees in Iowa Medicaid, as well as those providers participating in other managed care plans under the Iowa Medicaid program. The Agency will have the right tools to monitor the adequacy of the PCCM network as well as other plan supporting providers and can generate reports to view all activity (enrollment, utilization, etc.) when needed, albeit weekly or otherwise.

The IME will leverage the same benefit plan constructs and data management practices in support of managed care encounter processing, just as is configured for FFS claim administration. Configured as a type of benefit plan against which encounter transactions will be processed, managed care encounters will be received and processed through a single interface as does regular claims. Encounter data is processed all the way through pricing (shadow pricing), leveraging the capability of our commercial claims engine to process this data in a way that enables meaningful downstream analysis. Reporting is available for the IME to better understand how a provider participates and leverage in making decisions on the best balance of care and cost – providing the full picture of the outcomes achieved through managed care.

APHP enables the IME to achieve MITA-aligned business processes specifically for Managed Care that:

- Perform enrollment, re-enrollment, and disenrollment of MCO, PCCM, HMO, and PCP assignments
- Support exchange of data through EDI X12N standard formats
- Manage premium collection from members
- Follow standards to maintain privacy of data

Table A.14-1 illustrates how APHP provides a strong solution to support Iowa's Medicaid Managed Care Enrollment requirements.

Table A.14-1. APHP supports expansion of the Iowa managed care programs

Key Solution Features	Benefits to the IME
Flexible tool capable of managing a multi-program and multi-plan environment	The ability to define and manage current and future programs using existing tool functionality without the need for costly and time-consuming code changes
HIPAA compliant security and data protection	Protected Health Information (PHI) and Personally Identifiable Information (PII) are secured through appropriate firewall and encryption protocols
Integrated and automated reporting solution that ties together data across the program lifecycle	Transparent and accessible data throughout the program lifecycle from enrollment through encounter and claims processing

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MCO Member Management

APHP eligibility assignment rules are flexible and configurable. Based on various criteria like member's age, address, gender, type of assistance needed and category of service, our software will define specific eligibility criteria for member enrollment for MCO services, including members excluded from enrollment, subject to mandatory enrollment or free to voluntarily enroll in an MCO. APHP also allows for a review of this baseline demographic data to provide a listing of MCO's and Benefit Plans that are available, providing the member with a comprehensive view of accessible services. APHP uses business rules to identify which MCO is appropriate for a member to be enrolled. It captures the enrollee's choice of MCO in the member record through automated processes or manual data entry. This information is used while processing claims to validate that services are provided by the member's designated provider or referred by a designated provider.

Just as members have an option to enroll in an MCO, they can be disenrolled from an MCO. Member eligibility and benefit plan assignment information is automatically updated when a disenrollment transaction is received. If a member's assigned MCO leaves the program or is terminated, the system will be configured to place the members in FFS or another MCO. The system will automatically disenroll members from the terminated plan and re-enroll them into a new plan during periods of open enrollment, or place them in FFS.

Business rules around this process will be configured and will trigger an automatic notification to members about the change in their plan. When a member is enrolled or disenrolled from an MCO, APHP will automatically send a trigger to generate a notification. Notifications to designated persons are transmitted based on their preferred method of communication, for example, email, mail, or text message.

MCO Provider Management

APHP includes a comprehensive Provider Management suite that covers MCOs. Providers are enrolled in APHP and then are associated with the correct MCO. Details associated with the MCO and providers are stored in the IME database, including geographic location(s), number of assigned members, and the capacity to accept additional patients. APHP is a flexible solution for creating and managing unique benefit plans for managed care programs. It will be configured to capture benefit plan-specific MCO information including, but not limited to identifying:

- Contracted providers within a MCO network
- Geographic locations
- Capitation rates
- Organization type

Benefit and coverage access, set up and maintenance is accomplished through the APHP Portal. Members can search for MCO providers by type and geographic location in the same manner as FFS providers. As benefit plans are updated, or a provider's status changes, updates to the associated provider profile will trigger alerts to appropriate staff as soon as an update to the provider profile is detected. APHP provides an automated interface to process enrollment, reenrollment, and disenrollment of Medicaid providers into the managed care programs. APHP captures and stores termination information, including the reason for termination, when an MCO contract is cancelled. Termination information is immediately displayed against the MCO provider profile. This will also include end-date for PCP status if needed.

Attachment K – Technical Specifications: Managed Care Enrollment

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
MG1.01	Product Configuration	APHP; QC

Through portal screens, such as 'Select PCP' as illustrated in Figure G2D-27, APHP Portal allows authorized users to capture enrollee choice of PCCM on the member record. This information will be used while processing claims to validate that services are provided by the member's designated provider or referred by a designated provider. APHP provides a comprehensive management suite covering provider management including providers who have agreed to provide PCCM (Primary Care Case Management) services to members. Details associated with gatekeeper service providers including geographic location(s), number of assigned members, and capacity to accept additional patients is stored in the database.

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MG1.02	Product Configuration	APHP; QC

It is important that once an enrollee becomes eligible for a PCCM program that a PCP (Primary Care Provider) be assigned. The enrollee will have a specific time period during which they can choose a PCCM provider. If the enrollee does not choose a provider, the system automatically assigns them to a PCCM provider. The system will be configured for auto-assignment rules, i.e., enrollee's address, gender, age, available PCCM providers in enrollee's area and whether providers are accepting new patients. The auto-assignment process allows the Medicaid program to assign a PCP for each enrollee eligible for PCCM. This improves the overall access to care for Medicaid population.

MG1.03	Product Configuration	APHP

APHP Member Management portal pages will display information related to members and related data. This includes specific benefit plans assigned to members, programs they are enrolled into i.e. FFS, PCCM or other Managed Care. In case of PCCM program, the information also includes primary care physician assigned to the member. Authorized users who have access to Member Management screens will access this information to perform various operational tasks like answering member calls and researching claims. The portal page will display enrollees associated with PCCM.

MG1.04	Product Configuration	APHP; QC

Just like members have an option to enroll in PCCM, they can be disenrolled from PCCM. This can be due to variety of factors such as specific PCCM assigned to member has been terminated from Medicaid program or the member is not satisfied with the care coordination performed by PCCM. Authorized users receive access to the APHP portal screens (Member Management) to disenroll members from PCCM.

MG1.05	Product Configuration	APHP; QC

Authorized users receive access to the APHP Portal functions, such as Member Management, to disenroll members from PCCM. In case a member is enrolled and within 90 days and they want to disenroll without cause the same screens in APHP Portal can be used to disenroll members from PCCM. Members may disenroll at least once every 12 months thereafter.

MG1.06	Product Configuration	APHP; QC; K2

If a provider associated with PCCM is terminated from Medicaid, the system will automatically terminate the provider from PCCM. Any members associated with this provider as PCP will have an option to be reassigned to new PCP or enroll in regular FFS status. The system will be configured to define these rules. There is an automatic notification to members that the provider has been terminated and they have an option to choose regular FFS program or reassigned to different PCP in PCCM.

MG1.06.01	Product Configuration	APHP; QC; K2

When a provider is terminated from the Medicaid program, the workflow will trigger the next set up steps which includes dis-enrolling the provider from the PCCM program, notifying impacted members, and updating the impacted provider participation reports and dashboards.

MG1.07	Product Configuration	APHP; QC; K2

APHP will perform mass reassignment of enrollees. If a provider associated with PCCM is terminated from Medicaid, the system will automatically terminate the provider from PCCM. Any members associated with this provider as PCP will have an option to be reassigned to new PCP or enroll in regular FFS status. Just like members have an option to enroll in PCCM, they can disenroll or be disenrolled from PCCM. This can be due to variety of factors such as specific PCP assigned to member has been terminated from Medicaid program or the member disenrolls for reasons other than eligibility such as dissatisfaction with the care coordination performed by PCP. The system will be configured to define these rules. There is an automatic notification to members that the provider has been terminated and they have an option to choose regular FFS program or be reassigned to a different PCP in PCCM.

MG1.08	Product Configuration	APHP; QC; K2

When a member is enrolled or disenrolled from PCCM, APHP automatically sends a trigger to generate notification with necessary data elements. The notice is sent to members based on their preferred method of communication such as email or mail.

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MG1.10	Product Configuration	APHP; QC; SSRS

APHP uses configurable eligibility rules that include members excluded from enrollment, subject to mandatory enrollment or free to voluntary enrollment in PCCM. APHP eligibility assignment rules are flexible and configurable. Based on various criteria like member's age, address, gender, type of assistance needed and category of service, we can define specific eligibility criteria for PCCM.

MG1.11	Product Configuration	APHP; QC

Through configurable business rules and workflows, APHP can prioritize enrollment for members to continue enrollment if the PCCM does not have capacity to accept all those seeking enrollment under the program. We will work with the State during the ACD phases to define the specific details around this program to prioritize enrollment.

MG1.12	Product Configuration	APHP; QC

Members enrolled in PCCM are enrolled with a Primary Care Provider who is responsible for providing primary care, coordination, and authorization of other necessary care. This supports default enrollment for members who do not choose a PCCM. Members enrolled in PCCM have an option to choose a specific PCP. Based on various criteria like member's age, address, gender, type of assistance needed and category of service, we can define specific eligibility criteria for PCCM.

MG1.13	Product Configuration	APHP; QC; K2

If a member loses Medicaid eligibility and become eligible again within two months, the system will use the default rules to automatically re-enroll the member in the PCCM program. APHP eligibility assignment rules are flexible and configurable. Based on various criteria like member's age, address, gender, type of assistance needed and category of service, we can define specific eligibility criteria for PCCM. This will allow processing default enrollment for members who do not choose PCCM.

MG1.13.01	Product Configuration	APHP; QC; K2

Members enrolled in the PCCM program have a Primary Care Provider which they have selected. If a member loses their eligibility and is then reinstated within 2 months, the system will assign same provider as PCP to provide continuity of care for the member. If the provider is not available (e.g. terminated or not accepting new members) the workflow will then trigger an auto-assignment process. The assignment rules include consideration of the members address, gender, age, available PCCM providers in the member's area, and accepting new patients.

MG1.14	Product Configuration; Interface/Integration	APHP; QC; Edifecs

The EDI component in APHP supports the ANSI X12N 834 transaction, as required by HIPAA. Its purpose is to electronically transmit enrollment and disenrollment information. This will be used to exchange benefit enrollment information with other managed care organizations and the enrollment broker.

MG2.01	Product Configuration	APHP; QC

Providers wishing to participate as a PCCM may sign up during enrollment or re-enrollment. Once credentialed providers are included in the network and are assigned members based upon geographic location(s), number of assigned members, capacity to accept additional patients, gender served, age restrictions, and languages spoken are stored in the APHP database. Based on the State's business rules, APHP provides automated and configurable workflow capabilities that define and control the termination process when a PCCM contract is cancelled. Information related to the termination, including the termination date and reason are captured. This information is retained with the provider record. Should the provider submit a new application for enrollment, the information can be used per the State's business policy to determine the provider's re-enrollment.

MG2.02	Product Configuration	APHP; QC

APHP accepts and records provider information as it relates to the PCCM. Updates may be made by the provider on the Provider Portal or by authorized users through the worker portal. APHP provides a comprehensive management suite covering aspects of Provider Management including providers who have agreed to provide gatekeeper services for the PCCM program. Details associated with gatekeeper service providers are stored in the APHP database. The portal displays this information to members to help them with determining a PCP assignment when they are enrolled in a PCCM program.

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MG2.03; MG2.03.01	Product Configuration	APHP; QC; K2

Providers wishing to participate as a PCCM may sign up during enrollment or re-enrollment. Once credentialed providers are included in the network and are assigned members based upon geographic location(s), number of assigned members, capacity to accept additional patients, gender served, age restrictions, and languages spoken are stored in the APHP database. Based on the State's business rules, APHP provides automated and configurable workflow capabilities that define and control the termination process when a PCCM contract is cancelled. Information related to the termination, including the termination date and reason are captured. This information is retained with the provider record. Should the provider submit a new application for enrollment, the information can be used per the State's business policy to determine the provider's re-enrollment.

MG2.04	Product Configuration	APHP; QC; SSRS

The Provider Management functions enable the State to create a strong and diverse provider network who will offer extensive geographic coverage and access to quality services. We provide a comprehensive set of analytical tools to monitor the Medicaid program including the adequacy of the PCCM network. Driven by configurable business rules, APHP analytical tools aggregate data to perform retrospective analysis, monitor real-time operational information on critical KPIs of the PCCM network, and generate reporting on the number and types of physicians and provider locations, which helps bridge the gap between Medicaid clients and health care professionals.

MG2.05	Product Configuration	APHP; QC; SSRS

APHP provides the capability to monitor enrolled providers. APHP's EDI component periodically interfaces with Federal agencies to obtain member exclusion lists. As dictated by State-defined business rules, APHP will generate periodic reports to identify providers and affiliations, flagging affiliations with individuals debarred by Federal agencies.

MG3.01	Product Configuration	APHP; QC

APHP provides configuration screens to pay administrative payments to primary care gatekeeper providers based on Per-Member-Per-Month calculation. The payment cycle calculates the payment as number of members assigned to provider multiplied by fixed fee determined by the State. This amount is included on the provider's payment in addition to other claim payments during the financial cycle.

MG3.01.01	Product Configuration; Interface/Integration	APHP; QC

APHP provides configuration screens to pay administrative payments to primary care gatekeeper providers based on Per-Member-Per-Month calculation. The payment cycle calculates the payment as number of members assigned to provider multiplied by fixed fee determined by the State. This amount is included on the provider's payment in addition to other claim payments during the financial cycle. Similar to PMPM administrative fees, APHP is configurable to select specific providers as qualifying medical homes which would receive performance incentive payments. This payment would be included on the provider's payment along with other claims during the financial cycle.

MG3.02	Product Configuration; Interface/Integration	APHP; QC; Edifecs

APHP supports the ANSI X12N-837 HIPAA format used when a physician or other health care provider (e.g. hospital) files an electronic claim for payment for the delivery of care. APHP provides a secure HIPAA compliant portal and user instruction documentation for use by providers to submit electronic claims in 837 format.

MG3.03	Product Configuration; Interface/Integration	APHP; QC; Edifecs

APHP supports the ANSI X12N 835 is the HIPAA compliant format that allows for electronic receipt of payment and remittance information related to claims. APHP provides a secure HIPAA compliant portal and user instruction documentation for use by providers that retrieve claim data using the 835 electronic format.

MG4.01	Product Configuration	APHP; QC

APHP uses configurable Prior Authorization (PA) and Referral rules within the benefit plan setup in accordance with State policy for fee-for-service services for PCCM members. APHP configurations will be set to systematically deny payment of fee-for-service services where proper PCCM Referral or PA is not on file.

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MG4.02	Product Configuration	APHP; QC

Using APHP's configurable, rule-based solution, we will implement State rules to automatically allow payment to providers for services carved out of the PCCM benefit package (e.g., family planning, women health specialist). The APHP configurations will be set to systematically deny payment of fee-for-service services where proper PCCM Referral or PA is not on file. We will work with the IME to identify and configure automated APHP rules and workflows to reduce the number of manual PA and Referral reviews necessary.

MG4.03	Product Configuration	APHP; QC

APHP's rules-based solution is capable of identifying emergency medical conditions and allows those payments without PCCM prior authorization in accordance with State rules. APHP uses flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify authorization requirements, specific services which are included or excluded, exceptions etc. We will work with the IME to verify which services will not require authorization or referral, configuring appropriate business rules.

MG4.04	Product Configuration	APHP; QC

APHP's rule-based solution enables us to identify services from referral providers (lab, radiology, specialty physician, etc.) that require prior authorization from the PCCM gatekeeper and to edit and deny payments in accordance with State rules. We will work with the IME to identify and configure automated APHP rules and workflows to reduce the number of manual PA and Referral reviews necessary.

MG4.05	Product Configuration	APHP; QC

APHP's configured benefit plans and fee schedule rules enable us to identify members receiving services in pre enrollment periods or in other periods of transition and allow payments for FFS services in accordance with State rules. APHP allows for claims processing under multiple lines of business; this functionality allows for a member's claims to be paid / processed under the FFS guidelines during the interim time period when PCCM enrollment or other MCO enrollment is being processed.

MG5.01; MG5.01.01; MG5.01.02; MG5.03	Product Configuration	APHP; QC; SSRS

APHP will produce and send the Master Claims File to the state or an approved trading partner. The APHP reporting solution provides end users to ability to produce ad hoc reporting that addresses PCCM enrollment and member effective dates. The Master Member File also includes information related to program enrollment. Additionally, the Enrollment and Disenrollment Trends report helps to provide a comprehensive view of enrollment and disenrollment transactions over a reporting period categorized by the Benefit plans.

MG5.04	Product Configuration	APHP; QC; SSRS

APHP's Capitation Payment Analysis report displays member enrollment in a PCCM as well as the member level capitation payment information to PCCMs for a defined reporting period. The report includes Program, Benefit Plan, PCP and Capitation identification information.

MG.SS.01	Product Configuration	APHP; QC

As per IME policy, PACE is a fully captivated model program. Each PACE provider must operate an adult day services-certified PACE center in which primary care plus other services are provided. The PACE provider is responsible for all Medicaid covered services for members enrolled with Medicaid. No FFS claims are paid for the PACE provider or any other Iowa Medicaid provider. APHP effectively tracks and makes accurate payments to PACE providers. Our solution captures IME-defined rate factors including age, sex, and category of eligibility, health status, and geographic location and automatically calculates capitation payments based on this data. The capitation cycle considers eligibility for partial months since a member may be enrolled in a plan mid-month. The Per-Member-Per-Month fee is pro-rated based on number of days in the month to compute the capitation payment for the provider.

MG.SS.02	Product Configuration	APHP; QC; SSRS

APHP provides a robust reporting capability that is integrated in our overall solution. The APHP's centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics. Through the configurable reporting tool, report frequency will be set per IME requirements. Reports run on a standard schedule and can also be reproduced at any time based upon predefined, configurable time periods. Reports and dashboards can be created for PACE

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including but not limited to reporting the members enrolled with a PACE provider and the services they are receiving. Using APHP reporting capability, the IME will be able to get a comprehensive view of the PACE program and make changes to the program as necessary to improve access to care for the citizens of Iowa.

MG.SS.03	Product Configuration	APHP; QC

APHP uses flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify which services are payable to which providers based on members' eligibility.

APHP is capable of configuring rules such that any FFS payments are denied for members enrolled in the PACE program. This includes Medicare Crossover claims. This will verify that the PACE provider is responsible for all Medicaid covered services for members enrolled in PACE program.

MG.SS.04	Product Configuration	APHP; QC

APHP will maintain the services and the members assigned in PACE through the creation of a benefit plan. Members may be enrolled in multiple benefit plans at the same time and will be displayed in their eligibility on the APHP portal.

MG.SS.05	Product Configuration	APHP; QC

APHP is capable of configuring rules such that any FFS payments are denied for members enrolled in the PACE program. This includes Medicare Crossover claims. This will verify that the PACE provider is responsible for all Medicaid covered services for members enrolled in the PACE program.

MG.SS.06	Product Configuration	APHP; QC

Once a member is identified as participating in the PACE program the amount of funds approved for the client participation amounts are recorded in the member record. The amount is deducted from the PACE claim upon determination of the claim payment.

MG.SS.07	Product Configuration	APHP; QC

When we configure benefit plans and eligibility rules for Iowa programs, the plans are configured such that if a member is enrolled in the PACE program, they do not receive any other services. This will verify that the PACE provider is responsible for all Medicaid covered services for members enrolled in the PACE program.

MG.SS.08	Product Configuration	APHP

The APHP Portal is a user-friendly interface for easy access to the Medicaid data for any authorized users. When member id is displayed on any screen, it will be a hyperlink to allow users to access member contact data. Member data is available through the left navigation pane on the Worker Portal and is available on impacted transactions such as claims and Pas. We have included hyperlinks throughout the portal pages where it was determined useful to provide quick user access to detailed views.

MG.SS.09 (a-m)	Product Configuration	APHP; QC

The APHP Portal is a user-friendly interface for authorized users to obtain access to view and maintain Medicaid data. Our member management screens allow easy access to date-specific managed care enrollment data including the parameters defined herein.

MG.SS.10	Product Configuration	APHP; QC

APHP's robust benefit plan management allows for a single member to be enrolled in multiple benefit plans at one time. Our inherent hierarchy rules will process single transactions against multiple plans based upon state defined hierarchy rules. Allowing a single transaction to process against multiple plans streamlines internal processes and lessens the burden on the provider community.

MG.SS.11 (Inputs (a-e)/Outputs (a)	Product Configuration; Interface/Integration	APHP; QC; SSIS

Using our inbound and outbound interfaces, APHP will process and maintain inputs and outputs related to Managed Care programs, including:

- Eligibility updates from the Agency
- Primary Care Provider selection for MediPASS from the Member Services contractor
- HMO selection from the Member Services contractor
- Managed care provider enrollment data from Provider Services contractor
- Encounter data from managed care plans
- Monthly files of paid claims and encounter data to actuarial contractor

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4B.3.1.a.15 Managed Care Organization

We understand that Iowa requires an MMIS that sends and receives information to support all State Medicaid Managed Care functions. Although the majority of Iowa's Medicaid providers are FFS providers, interfacing with Managed Care Organizations is still a critical component of your MMIS.

From enrollment broker capabilities to reporting on managed care activity, the Agency receives a solution designed to support all facets of MCO administration, including provider networks, groups, capitation processes, and post-encounter financial processes. The solution supports members' ability to either pick their MCO/PCP or have the system auto-assign them, calculate and pay MCOs on a Per-Member-Per-Month fee based on multiple fee schedules and support the receipt and processing of encounter data, including the ability to "shadow price" the claim.

IME will Benefit from Standards-Based Capabilities Facilitating Managed Care Processing

- Maintains information on provider networks to assist with quality performance tracking
- Calculates Per-Member-Per-Month capitation payments using automated workflow for streamline reporting and distribution
- Sends and receives data in real-time

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Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

Using APHP's flexible framework of commercially based products, we will configure rules for Iowa's defined managed care programs including capitation for primary care services only, behavioral health services, non-emergency transportation, home evaluation, and medical home services. Table A.15-1 illustrates how APHP provides a strong solution to support Iowa's Medicaid MCO requirements.

Table A.15-1: Interfaces, data sharing, and reporting solution facilitates the Agency's ability to manage MCOs

Key Solution Features	Benefits to the IME
Accessible data with tailored reporting	Users can perform queries or use standard reports to see graphic summaries or drill down for detailed data. This includes specific benefit plans assigned to members, programs into which they are enrolled.
User friendly portal	Configuration is accomplished through the user-friendly interface
Flexible processes and workflow	Quickly configure and perform mass adjustments via the portal in accordance with Agency policies.
Comprehensive reporting capability	Using the APHP reporting capability, the Agency will get a comprehensive view of the Managed Care program to facilitate decisions for changes to the program, as necessary, to improve access to effective care

Encounter Claims Management - The IME claims engine receives and processes encounter claims data as it does FFS claims data. Incoming encounter data is subjected to key configurable edits and validations against the encounter, e.g., MCO, physician, member ID numbers, diagnosis and procedure codes, to confirm that only valid provider, member and service-related information is submitted. APHP has the capability to only apply select criteria against encounters allowing them to process similar to claims, but with encounter-specific rules. The encounter receives shadow pricing which indicates the Medicaid payable amount for the reported service. By calculating equivalent "fee-for-service" pricing, the Agency can determine the "Encounter Cost Value" and the cost effectiveness of keeping the member in the Managed Care model.

APHP supports the receipt of encounter data that can be processed at any time through X12N 837 claim formats. Our APHP solution accepts encounter data through our configurable EDI interface in X12N 837I, P and D formats. Any encounters that are rejected during processing are sent back through standard HIPAA formats.

MCO Financial Management - In order to make accurate payments to MCO's, APHP captures Agency-defined rate factors including age, sex, category of eligibility, health status, and geographic location and automatically calculates capitation payments based on this data. The capitation cycle considers eligibility for partial months since a member may be enrolled in a plan mid-month, this is done by pro-rating the PMPM fee based on number of days in the month.

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Using configurable business rules and workflows, the APHP financial management function allows for the calculation of the MCO capitation payment by the number of days the member was eligible; this functionality also includes the ability to reconcile the payments on a scheduled time frame. APHP adjusts capitation payment based on reconciliation of errors or corrections, e.g., retroactive adjustments to a particular payment due to the receipt of new data that the system obtains retroactively on member enrollments, disenrollment, and terminations.

Reporting - The Agency will benefit from a comprehensive view of the Managed Care program to facilitate decisions for changes to the program, as necessary, to improve member access to effective care. APHP produces quarterly Federal MSIS data using the formats and media specified by CMS and the State. The MSIS files are submitted after the end of each quarter according to Federal guidelines as required by CMS, APHP includes the following data in producing MSIS files:

- Inpatient hospital claims
- Long term care claims
- Other, non-institutional claims
- Prescription drug claims
- Encounter claims received from Managed Care Plans

The MSIS files are encrypted and submitted to CMS via electronic file transfer (EFT) in the required standard format as outlined in the MSIS File Specifications and Data Dictionary. We work closely with the Agency, CMS, and any CMS-designated contactors to clarify and resolve any data issues, so that MSIS data accurately reflects Iowa Medicaid information in the context of CMS requirements. APHP generates and reports on capitation payments to MCOs, at least on a monthly basis or on a schedule to be determined by the Agency. In addition to standard reporting, the Agency and other authorized users have access to managed care data for standard and ad-hoc reporting through the APHP Portal's report management function. Reporting tools will be used to create a series of dashboards and graphical reports that provide the information necessary for the Agency to perform the following and more:

- Determine re-insurance to calculate true out-of-pocket costs
- Detect under-utilization of MCO enrollees
- Determine the adequacy of the Medicaid provider network based on provider/member ratios by geographic region, provider type and other data fields as requested by the State.
- Create overviews of cost of care, timeliness of care, quality of care, and healthcare outcomes
- Detect members with special healthcare needs

Attachment K – Technical Specifications: Managed Care Organization

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
MC1.01	Product Configuration	APHP; QC

APHP is a flexible solution for creating and managing unique benefit plans for managed care programs. APHP will be configured to capture benefit plan specific information for MCOs including but not limited to geographic locations, capitation rates, and organization type. Benefit configuration is accomplished through the friendly user interface and the APHP Portal for benefit configuration. Users can search for providers by type and geographic location. State and Project workers have access to real time data for standard and ad-hoc reporting on contracted MCOs.

The project plan developed for the MIDAS Project includes setup and configuration for the State's managed care programs. This includes the state's PCCM/MediPass, Iowa Plan for behavioral health, Health Home and Integrated Health Home, PACE, transportation brokerage benefit, Iowa Health and Wellness, Iowa's ACO and the state's Meridian HMO programs.

MC1.02	Product Configuration	APHP; QC

APHP will be configured to capture benefit plan-specific information for MCOs as well as identifying contracted providers within MCO networks, including PCPs. Other information that will be captured includes geographic locations, capitation rates, and organization type. The approval workflow for updates to the provider profiles will be configured using the APHP workflow tool. The workflow tool raises an alert to appropriate staff as soon

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as updates to the provider profile are detected. APHP provides an automated interface to process enrollment, reenrollment, and disenrollment of Medicaid providers into the managed care programs.

MC1.03	Product Configuration	APHP; QC

APHP provides a comprehensive Provider Management suite for including providers who have agreed to provide gatekeeper services. Details associated with gatekeeper service providers including geographic location(s), number of assigned members, and capacity to accept additional patients is stored in the database. Authorized providers will securely access their profiles via the APHP Portal and update information including but not limited to their contact details, locations, services, enrollment and eligibility.

MC1.04	Product Configuration	APHP; QC

Authorized providers will securely access their profiles via the APHP Portal and update information online including but not limited to their contact details, locations, services, enrollment and eligibility. The approval workflow for updates to the provider profiles will be configured using the APHP workflow tool. The workflow tool automatically alerts appropriate MMIS staff as soon as updates to the provider profile are detected. Updates pass through an approval process by authorized MMIS worker.

MC1.05	Product Configuration	APHP; QC

APHP provides an interface and automated workflow to process enrollment, reenrollment, and disenrollment of Medicaid providers into the managed care programs. APHP captures termination information when an MCO contract is cancelled. The termination information including the reason for termination is stored when a MCO contract is cancelled. Termination information is immediately displayed against the MCO provider profile. This will also include end-date for PCP status if needed.

MC1.06	Product Configuration	APHP; QC

APHP captures termination information when an MCO contract is cancelled including remove and end-date for PCP status if needed. The termination information including the reason for termination is stored when a MCO contract is cancelled.

MC1.07	Product Configuration	APHP; QC

APHP reporting tools may be used to create a series of dashboards and graphical reports that provide the information necessary to determine the adequacy of the Medicaid provider network based on provider/member ratios by geographic region, provider type and other data fields as requested by the State. Authorized users will access reports through the APHP Portal's report management function.

MC1.08	Product Configuration	APHP; QC; SSRS

APHP will interface with Federal agencies to obtain the necessary exclusion lists. Periodic reports will be generated to prohibit providers from affiliating with individuals debarred by Federal agencies. APHP reporting provides the analytical capability to monitor and report provider affiliations with members in the exclusion lists.

MC2.01	Product Configuration	APHP; QC

APHP effectively tracks and makes accurate payments to MCOs. APHP captures IME-defined rate factors including age, sex, and category of eligibility, health status, and geographic location and automatically calculates capitation payments based on this data. The capitation cycle considers eligibility for partial months since a member may be enrolled in a plan mid-month. The PMPM fee is pro-rated based on number of days in the month to compute the capitation payment for the provider.

MC2.02	Product Configuration	APHP; QC

The capitation cycle considers eligibility for partial months since a member may be enrolled in a plan mid-month. The PMPM fee is pro-rated based on number of days in the month to compute the capitation payment for the provider. APHP uses the pro-rated PMPM fee to accurately calculate the provider capitation payment.

MC2.03	Product Configuration	APHP; QC

APHP captures and updates individuals/enrollees MCO information. As updates are received and processed into our system, we identify individuals/enrollees who have terminated enrollment, disenrolled, or are deceased and should be excluded from capitation payments and adjust the calculations accordingly.

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MC2.04	Product Configuration; Interface/Integration	APHP; QC; Edifecs

APHP generates and reports on capitation payments to MCOs, at least on a monthly basis or on a schedule determined by the State. APHP reports on capitation payments in accordance with HIPAA standards including X12N 820 Premium Payment transaction file, which sends premium payment information to another covered entity. APHP generates and reports on capitation payments to MCOs, at least on a monthly basis or on a schedule determined by the IME.

MC2.05	Product Configuration	APHP; QC

Using configurable business rules and workflows, the APHP financial management function allows for the calculation of the MCO capitation payment by the number of days the member was eligible; this functionality also includes the ability to reconcile the payments on a scheduled time frame.

APHP adjusts capitation payment based on reconciliation of errors or corrections (e.g., retroactive adjustments to a particular capitation payment based on more accurate data that the MMIS obtains retroactively on member enrollments, disenrollment, and terminations).

MC2.06	Product Configuration	APHP; QC

APHP's flexible processes and workflows help us to quickly configure and perform mass adjustments via the APHP Portal in accordance with State policies (e.g., annual adjustment, negotiated rate change, court settlement). APHP provides the ability to perform mass adjustments by claim/encounter type, provider type or other criteria defined by the IME.

MC2.07	Product Configuration	APHP; QC

EDI and transaction component provides the ability to interface with the State Medicaid member records. APHP provides the ability to automatically run scheduled reconciliation processes that will compare State Medicaid member records with MCO and PCP enrollment records. Discrepancies identified during this reconciliation process are routed through the APHP workflow into work queues to be reviewed by the appropriate authorized staff.

MC2.08	Product Configuration	APHP; QC

APHP adjusts capitation payment based on a member's assignment to a plan. If a member disenrolls from one MCO and enrolls in another plan, this will be reflected in the capitation cycle as soon as the update is made. The verification process is included as part of the out-of-the-box reconciliation and capitation payment process.

MC2.09	Product Configuration; Interface/Integration	APHP; QC; Edifecs

The EDI interface supports X12N transactions as required by Medicaid. The 820 Payment Order and Remittance Advice is a standard APHP transaction that also supports configuration of inclusion or exclusion of situational data elements. APHP provides a secure, HIPAA compliant EDI solution and user instruction documentation for use by providers to interact with MMIS utilizing the X12N 820 Payment Order/Remittance Advice.

MC3.01	Product Configuration	APHP; QC

APHP receives and processes encounter claims as it does regular claims on a periodic basis. APHP supports the receipt of encounter data that can be processed at any time through standard X12N 837 claim formats. The APHP solution accepts encounter data through our configurable EDI interface in standard X12N 837I, P and D formats. The received encounter data is stored and the encounter receives shadow pricing which indicates the Medicaid payable amount for the reported service.

MC3.02	Product Configuration	APHP; QC

APHP processes encounter data such as it does for claims applying key configurable edits and validations against the encounter (e.g., MCO, physician, member ID numbers; diagnosis and procedure codes) to confirm only valid provider, member and service related information is submitted. APHP receives and processes encounter claims as it does regular claims. APHP has the capability to only apply select criteria against encounters allowing them to process similar to claims, but with encounter specific rules.

MC3.03	Product Configuration; Interface/Integration	APHP; QC; Edifecs

MCOs will be automatically notified about the erroneous encounter data through X12N claim responses. APHP receives and processes encounter claims as it does

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regular claims. The received encounter data is stored and the encounter receives shadow pricing which indicates the Medicaid payable amount for the reported service. Any encounters which are rejected during processing are sent back through standard HIPAA formats. The MCOs will be able to correct and resubmit the encounters in similar format.

MC3.05	Product Configuration	APHP; QC; SSRS

Using APHP reporting capability, the IME will get a comprehensive view of Managed Care programs and will be able to make changes to the program as necessary to improve access to care for the citizens of Iowa. The list of reports and dashboards that will be configured for Managed Care include, a report of accuracy and timeliness of encounter data, including matching encounter record to MCO paid claim to the provider's billing.

MC3.06	Product Configuration	APHP; QC

The APHP claims engine receives and processes encounter claims as it does regular claims. The received encounter data is stored and the encounter receives shadow pricing which indicates the Medicaid payable amount for the reported service. By calculating equivalent "Fee-For-Service" pricing, we will determine the "Encounter Cost Value" and the cost effectiveness of keeping the member in the Managed Care model.

MC3.07	Product Configuration; Interface/Integration	APHP; QC; Edifecs

The APHP solution accepts encounter data through our configurable EDI interface in X12N 837I, P and D formats.

MC4.04	Product Configuration	APHP; QC; SSRS

APHP produces quarterly Federal MSIS data using the formats and media specified by CMS and the State. The MSIS files are submitted after the end of each quarter according to Federal guidelines. APHP includes the following data in producing MSIS files as required by CMS:

- Inpatient hospital claims
- Long term care claims
- Other, non-institutional claims
- Prescription drug claims
- Encounter claims received from Managed Care Plans

The MSIS files are encrypted and submitted to CMS electronically in the required standard format as outlined in the MSIS File Specifications and Data Dictionary. We will work closely with the IME, CMS, and any CMS-designated contactors to clarify and resolve any data issues, so that MSIS data accurately reflects State information in the context of CMS requirements.

MC4.05	Product Configuration	APHP; QC

APHP supports determining capitation rates based on encounter data that is validated through the front end EDI and configured rules engine. The validated and shadow priced encounter data is then made available for analytics through our centralized reporting data store. Reporting needs are supported through preconfigured reporting schedules as well as on an ad hoc basis.

MC4.09	Product Configuration	APHP; QC; SSRS

The EDI interface and rules engine receives, validates, processes, and stores encounter records. As soon as encounter data is processed into the system, it is available for access, viewing and reporting through the portal. The reporting function includes reports on services furnished to enrollees with special health needs. APHP reporting tools may be used to create a series of ad-hoc queries and reports designed to assist staff with the detection of members with special health care needs.

MC4.10	Product Configuration	APHP; QC; SSRS

APHP provides a robust reporting capability that is integrated in our overall solution. The list of reports and dashboards which will be configured for Managed Care to include:

- Report of enrolled network providers
- Report of members enrolled in managed care including services utilization
- Report of Managed Care program by category of service, category of eligibility and by provider type

Using APHP reporting capability, the IME will get a comprehensive view of its Managed Care programs and be able to assess and make changes to the program as necessary to improve access to care.

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MC4.11	Product Configuration	APHP; QC; SSRS

Using APHP's reporting capability, the IME will be able to get a comprehensive view of the Managed Care program and will be able to make changes to the program as necessary to improve access to care. Our reports and dashboards will be configured for standard and ad-hoc Managed Care reports by category of service, eligibility category, and provider type.

MC5.01	Product Configuration	APHP; QC

APHP's uses configurable rules to identify Fee-For-Service (FFS) services included in the MCO benefit package and to block those payments for FFS providers in accordance with State rules. Benefits will be further configured through specific treatment sets should service offerings differ from members enrolled in the traditional Fee-For-Service plans.

MC5.02	Product Configuration	APHP; QC

APHP's configurable, rules-based solution allows us to automatically implement State and program rules to correctly identify and reimburse services carved out of MCO benefit packages. These services will be paid like other fee-for-service claims since MCOs do not cover these under a capitation model. This will be achieved with the simple configuration of procedure code and diagnosis code treatment sets as a covered benefit within the benefit plan.

MC5.03	Product Configuration	APHP; QC

APHP's rule-based solution enables payment to fee-for-service (FFS) providers for services rendered in pre-enrollment periods or other periods of transition in accordance with State rules. APHP's uses configurable rules to correctly identify and reimburse services carved out of MCO benefit package. These services will be paid like other fee-for-service claims since MCOs do not cover these under a capitation model. This will be achieved with the simple configuration of procedure code and diagnosis code treatment sets as a covered benefit within the benefit plan.

MC6.01	Product Configuration	APHP; QC; SSRS

APHP has pre-configured reports that support most claims operations accessible through the portal. As soon as data is processed into the system, it is available for reporting, including reports on capitation payments by MCO containing a variety of categories including eligibility group and rate cell. In addition, authorized users can generate ad-hoc reports of capitation payment, organized by different categories such as eligibility group or rate.

MC6.02	Product Configuration	APHP; QC; SSRS

APHP enables us to automatically track and report on FFS claims for services performed outside of capitation agreements (e.g., for services “carved-out” of the managed care program). APHP will support the implementation of State business rules to automatically allow payment to providers for services carved out of the MCO benefit package. APHP fee schedules enable simple configuration of MCO carve-out services to be reimbursed. APHP’s dashboard and reporting capability make it easy for the IME to monitor FFS expenditures.

MC7.01 (a-j)	Product Configuration	APHP; QC

APHP effectively tracks and makes accurate payments to MCOs. As part of managed care data maintenance function, the solution will collect basic administrative information including:

- MCO identification
- Contract start and end dates
- Contract period and year
- Capitation effective date
- Maximum enrollment threshold
- Enrollee count
- Member month
- Re-insurance threshold
- Geographic area served
- Other information as required

Data elements from the claims engine will be available in the APHP reporting data store to support analytical and reporting needs for Managed Care programs.

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MC8.01	Product Configuration	APHP; QC

Using APHP's configurable rules, separate benefit plans will be created for 1115 Waiver eligibility expansion group and assigned to eligible members. This will distinguish “1115 expansion eligibles” from other groups of Medicaid-eligibles. Based on the ability to distinguish “1115 expansion eligibles” from Medicaid-eligibles, APHP will collect and maintain the data necessary to support the budget neutrality reporting requirements as specified in the State waiver program.

MC8.02	Product Configuration	APHP; QC

Based on APHP's configurable rules and ability to distinguish “1115 expansion eligibles” from Medicaid-eligibles, APHP will collect and maintain the data necessary to support the budget neutrality reporting requirements as specified in the State waiver program. Users can access the reports through the portal's reports management function.

MC.SS.01 (Inputs (a)/Outputs (a-b))	Product Configuration; Interface/Integration	APHP; QC

APHP will accept inbound interfaces and create outbound interfaces as needed. We will work with the IME during the ACD phase to verify the proper processing of encounter data through the interfaces. Encounter data are detailed information and the primary record of services provided to Medicaid members enrolled in capitated managed care. APHP supports the receipt of encounter data that can be processed at any time through X12N 837 claim formats.

APHP processes encounter data such as it does for claims applying key configurable validations against the encounter to confirm only valid provider, member and service related information is submitted. APHP maintains encounter data in appropriate claim files. Our solution will process and maintain inputs and outputs related to managed care programs, including, but not limited to:

- Encounter data from managed care plans
- Enrollment rosters to managed care organizations
- Monthly file of paid claims and encounter data to actuarial contractor

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4B.3.1.a.16 Primary Care Case Management and Medical Home and Managed Care Gatekeeper

We understand that Iowa requires a solution that systematically supports the administration of defined clinical processes and programs, PCCM and Gatekeeper requirements and processes, and member requirements and processes.

IME will Effectively Manage PCCM Leveraging a Configurable Benefit Plan Structure

- Easily identify all members associated with a PCCM via portal and reports
- Financial coordination occurs across integrated array of components for member, provider and claims management

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MANAGED CARE AND PCCM
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

The MIDAS team will work closely with the Agency to meet your goals for promoting and improving access to quality care in a cost-effective manner. Primary Care Case Management (PCCM) is supported in APHP out-of-the-box as a configurable benefit plan. These functions are configured based on the requirements agreed upon with the Agency including State requirements for annual category updates, creation of capitation rates, and monthly payment generation. A primary benefit of APHP's benefit package structure is that it allows you to apply PCCM benefit plan rules across all elements of the plan – where they make the most sense – be that at the population group level, or at the treatment or code base level.

In addition we build rules in the medical claim system to identify the division of financial responsibility so that claims can be forwarded, or not paid for services that are capitated or carved out. APHP supports Iowa's commitment to providing medical services to Medicaid members through managed health care using the combination of a benefit plan and provider reimbursement features. APHP captures an enrollee's choice of PCCM on the member record, receives and stores the assignment file, captures required information, and automatically assigns enrollees to a PCCM for members who elect not to choose. Auto-assignment rules will be configured specifically to best accommodate an enrollee's geographic location, gender, age, available providers in enrollee's area and whether providers are accepting new patients. The auto-assignment feature improves member access to needed care. Case management tool set integration is also possible which enables you to provide a single point of entry for PCCM members, thereby reducing the need to reach out to different entities to coordinate care and perform administrative tasks associated with the program.

Additionally payments are made to fee-for-service (FFS) providers for services rendered in pre-enrollment periods or other periods of transition. Reports for monitoring enrollee access to medical services comparing FFS claims statistics and PCCM data, re: cost of care, timeliness of care, quality of care, grievance and appeals, and outcomes are generated based on an Agency approved schedule.

Because the State has a defined Primary Care Case Management (PCCM) program, members must elect or be automatically assigned a PCP. We understand that there are specific services that are allowed to be billed for a PCCM member without a referral/authorization from the member's PCP. These "freedom of service" procedures may include EPSDT, Family Planning, Dental, or Emergency Services. We will work with the Agency to verify which services will not require an authorization or referral and configure the appropriate business rules. APHP supports member enrollment into the PCCM/Gatekeeper program as part of the base product. It utilizes specific business rules to identify which PCCM is appropriate for a member to be enrolled, and to either "assign" or allow for assignment a PCP for the member.

Authorized providers will securely access their profiles via the IME portal and update information including their contact details, locations, services, enrollment and eligibility. APHPs' functionality to support PCCM management and manage Gatekeeper providers is the same as that discussed in the previous MCO sections of this proposal. Table A.16-1 illustrates how APHP provides a strong solution to support Iowa's PCCM and Gatekeeper requirements.

Table A.16-1: Our team collaborates with the Agency to enhance the State's Primary Care Case Management Managed Care program

Key Solution Features	Benefits to the IME
Supported as a configurable benefit plan	There is no additional design or programming required to configure Primary Care Case Management
Supports multiple program and plan calculations	Various levels of member fiduciary responsibility across co-pays, coinsurance, and spend-down for the medically needy enabling accurate calculating of managed care and primary care case management payments

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Key Solution Features	Benefits to the IME
Managed care reporting	Applies collected data and delivers reports on financial data related to Medicaid managed care programs.

Attachment K – Technical Specifications: Primary Care Case Management and Medical Home and Managed Care Gatekeeper

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
ME1.01	Product Configuration	APHP; QC

APHP captures, through automated processes or manual data entry, enrollee choice of MCO or PCP in the beneficiary record. This information will be used while processing claims to validate that services are provided by beneficiary's designated provider or referred by designated provider. APHP provides a comprehensive provider management suite including MCOs and providers who have agreed to act as Primary Care Provider to eligible enrollees in Iowa Medicaid. Details associated with MCO and PCP providers including geographic location(s), number of assigned members, and capacity to accept additional patients is stored in the APHP database.

ME1.03	Product Configuration	APHP; QC

It is important that once an enrollee becomes eligible for a managed care program that an MCO be assigned. The enrollee will have a specific time period for making this selection. However, if the enrollee does not choose a provider, APHP will auto-assign enrollees to an MCO with the accompanying capitation rate. The system will be configured for auto-assignment rules using enrollee's geographic location, gender, age, available providers in enrollee's area and whether providers are accepting new patients. This improves the overall access to care for the Medicaid population.

ME1.05	Product Configuration	APHP; QC

APHP's Portal Member Management screens display MCO information related to members enrolled and supporting data. Users can perform queries or use standard reports to see graphic summaries or drill down for detailed data. This includes specific benefit plans assigned to members, programs they are enrolled into, such as FFS, PCCM or other Managed Care. Authorized users who have access to Member Management screens will access enrollee's MCO to perform various operational tasks.

ME1.06	Product Configuration	APHP; QC

Authorized users will have access to APHP Portal functions (Member Management) to disenroll members from an MCO. Just as members have an option to enroll in MCO, they can disenroll or be disenrolled from the MCO. This can be due to variety of factors such as specific provider assigned to member has been terminated from Medicaid program or the member is not satisfied with the MCO. If an MCO leaves the program or is terminated, the system will be configured to place the members in FFS or another MCO. The system will automatically disenroll members from terminated plan and re-enroll into new plan during periods of open enrollment or place them in FFS. The system will be configured to define these rules. There will be an automatic notification to members about the change in their plan.

ME1.07	Product Configuration	APHP; QC

Authorized users will have access to the APHP Portal to disenroll members from MCO without cause within 90 days of enrollment. In case a member is enrolled and within 90 days, they want to disenroll, the same APHP portal functions can be used to disenroll members from an MCO. Members can disenroll without cause at least once every 12 months thereafter. Just as members have an option to enroll in MCO, they can be disenrolled from MCO. This can be due to variety of factors such as a specific provider assigned to a member has been terminated from Medicaid program or the member is not satisfied with the MCO.

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ME1.08	Product Configuration	APHP; QC

If an MCO leaves the program or is terminated, the system will be configured to place the members in FFS or another MCO. The system will automatically disenroll members from a terminated plan and re-enroll them into a new plan during periods of open enrollment or place them in FFS. The system will be configured to define these rules. There will be an automatic notification to members about the change in their plan.

ME1.09	Product Configuration	APHP; QC

If an MCO leaves the program or is terminated, the system will be configured to place the members in FFS or another MCO. The system will automatically disenroll members from a terminated plan and place them in FFS if specified in the rules. The system will be configured to define these rules. There will be an automatic notification to members about the change in their plan.

ME1.10	Product Configuration; Interface/Integration	APHP; QC; K2; OnBase

When a member is enrolled or disenrolled from an MCO, APHP will automatically send a trigger to generate a notification. Notices are sent to members based on their preferred method of communication i.e. email or mail.

ME1.11	Product Configuration	APHP; QC

APHP eligibility assignment rules are flexible and configurable. Based on various criteria like member's age, address, gender, type of assistance needed and category of service, we can define specific eligibility criteria for member enrollment for MCO. This will include members excluded from enrollment, subject to mandatory enrollment or free to voluntary enrollment in MCO.

ME1.12	Product Configuration	APHP; QC; K2

Through configurable business rules and workflows, APHP will prioritize enrollment for members to continue enrollment if the MCO does not have capacity to accept those seeking enrollment under the program. We will work with the State during ACD phase to define the specific details around this program to prioritize enrollment.

ME1.13	Product Configuration	APHP; QC

APHP eligibility assignment rules are flexible and configurable. Based on various criteria like member's age, address, gender, type of assistance needed and category of service, we can define specific eligibility criteria for MCO enrollment processes. This lets APHP to process default enrollment for members who do not choose MCO.

ME1.14	Product Configuration	APHP; QC

Using shared or common eligibility rules, if a member loses Medicaid eligibility and becomes eligible again within 2 months, the system will use the default rules to automatically re-enroll the member with their previous MCO. Based on various criteria like member's age, address, gender, type of assistance needed and category of service, we can define specific eligibility criteria for the MCO. This will allow APHP to process default enrollment for members who do not choose the MCO.

ME1.15	Product Configuration; Interface/Integration	APHP; QC; Edifecs

The EDI component within APHP supports HIPAA transactions, including the ANSI X12N 834 for benefit enrollment information exchange with other managed care organizations and enrollment broker. ANSI X12N 834 is a HIPAA-compliant benefit enrollment and maintenance transaction. Its purpose is to electronically transmit enrollment and dis-enrollment information.

ME2.01	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP's EDI component supports secure data exchange for inbound and outbound data files. Through APHP's data exchange services, we will exchange data with external sources, trading partners and the State's eligibility system. Using an inbound interface from the State's eligibility source system, we will receive and process eligibility data and provide audit trails into the controls for balancing and validation of data received and successfully loaded to the MMIS.

ME2.02	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP effectively tracks and makes accurate payments to MCOs. As part of the managed care data maintenance function, the solution will collect basic MCO contract

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information from the data store like address, covered services and rates. Data elements from claims engine are made available in APHP reporting data store to support analytical and reporting needs for Managed Care program. Information will be configured as part of the MCO configuration during the State Implementation.

ME2.03	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP provides inbound and outbound interfaces. Using an inbound interface from the State's eligibility source system, we will receive and process eligibility data. This interface will also include managed care eligibility including PCP program for Medicaid members.

ME2.05	Product Configuration	APHP; QC

APHP's Member Management and premium administration components provide functions to support the ability to calculate, select, and generate member's premium payment amounts and PMPM payments. APHP's workflow solution performs automated calculations, uses a sample premium payment rate rule configuration to generate premium notices, and processes premium payment amounts and PMPM payments, such as that for capitation, premiums, case management fees and Medical Home payments.

ME2.06	Product Configuration; Interface/Integration	APHP; QC; Edifecs

The EDI interface supports X12N transactions as required by Medicaid. The X12N 820 HIPAA transaction sends premium payment information from a health plan to another covered entity. APHP provides a secure, HIPAA compliant EDI solution and user instruction documentation for use by providers to interact with MMIS utilizing the X12N 820 Payment Order/Remittance Advice.

ME2.07	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP captures and updates individual and enrollee PMPM payment information. APHP captures rate factors including age; sex; category of eligibility; health status; and geographic location; automatically calculates PMPM capitation payments based on this data. Once the capitation cycle is completed, enrollment data and PMPM payment data is transmitted to MMIS and MCOs using secure FTP interface with the EDI component. As updates are received and processed into our system, we identify individuals/enrollees who have terminated enrollment, disenrolled, or are deceased and should be excluded from capitation payments and adjust the calculations accordingly.

ME2.08	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP captures and updates individuals/enrollees MCO information. As updates are received and processed into our system, we identify individuals/enrollees who have terminated enrollment, disenrolled, or are deceased and should be excluded from capitation payments and adjust the calculations accordingly. Once the capitation cycle is completed, enrollment data and PMPM payment data is transmitted to MCOs using secure FTP interface with the EDI component.

ME3.01	Product Configuration; Interface/Integration	APHP; QC; K2; OnBase

APHP supports the calculation of premiums and generation of premium notices to the member. Factors used in determining the premium amount include member age, gender, income and geographic location. APHP updates member information from the Medicare premium files received monthly from CMS and calculates the premium amount due from the member. The premium amount will be calculated for the full month or prorated for partial month eligibility. APHP generates premium notice invoices from the accounts receivable transaction created by the outstanding premium amount and the invoice is forwarded to the member as per the mailing preferences

ME3.02; ME3.02.01	Product Configuration	APHP; QC

The APHP integrated solution provides payment processing capability. Premium payments received from members are updated to their corresponding accounts and viewable via the portal in real-time. APHP uses the automated workflow and process engine to configure business rules that will stipulate direct actions.

APHP allows for processing a cash receipt through the workflow, receipt of the funds is deposited in a lockbox; the check image along with the associated documents are then sent to the appropriate workers to apply to the correct transaction (claim, claim detail, invoice, premium, etc.). Premium payments that have not been received in an agreed upon member will be included in the AR / Debt Collection report. Notification to the member and a suspension of their edibility will be initiated in accordance with IME policy.

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ME3.03; ME3.03.01; ME3.03.02; ME3.03.03	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

Member premium rules are configured in APHP. The rules will be configured based on number of factors like member's age, category of service and eligibility period. The rules also automatically extend or terminate eligibility for premium based eligibility programs like MEPD (Medicaid for Employed People with Disabilities) and MIPS (Medicaid Iowa Care Premium Subsystem). We will accept a data file from the lock box for premium payments and apply using APHP Portal screens.

ME3.04	Product Configuration	APHP; QC; K2; SSRS

The APHP reporting solution enables users to run reports and perform ad hoc queries on a variety of data, including premium collection information. A variety of aggregate and detailed reports can be generated regarding premium collections including but not limited to time span; program/benefit plan name; and demographic attribute.

ME4.01 (a-c)	Product Configuration	APHP; QC; K2; SSRS

We understand the importance of data privacy requirements. Our solution and our team are fully committed to comply with provisions for Administrative Simplification under HIPAA of 1996 to provide confidentiality, integrity and availability of ePHI. This includes providing safeguards as described in Oct 22, 1998 State Medicaid Director letter, collaborations for data sharing between State Medicaid and Health Agencies. Our processes would include regular audits and reporting incidents for HIPAA violation. Our products are based on HIPAA standards.

ME.SS.01 (a-m)	Product Configuration	APHP; QC

APHP enables inbound or outbound interfaces with trading partners. This will include managed care enrollment data on MMIS eligibility file. We understand that the members may move in and out of managed care and FFS based on their eligibility criteria. Hence, the enrollment data spans have to be maintained date-specific so that appropriate rules will be applied during adjudication. The data elements will include a. Enrollment begin and end dates b. Provider ID c. Vendor ID d. Plan type e. State ID f. County of Residence g. Zip code h. Aid type i. Birth date j. Medicare eligibility k. Gender l. Case number m. Reason for disenrollment All the data elements used to process claims will be available in APHP's reporting data store to support analytical and reporting needs for the Managed Care program.

ME.SS.02	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; SSIS

APHP provides flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify benefit plans and services. Using member eligibility assignment and provider payment contract assignment, the tool will establish which members can receive services and which providers can provide these services and how they will get paid. Using this flexibility will allow the State of Iowa to support a medical home infrastructure by leveraging pieces which are common between this program and traditional Medicaid while delivering an Iowa-specific program.

ME.SS.03; ME.SS.04; ME.SS.05	Product Configuration	APHP; QC; K2; SSRS

A Medical Home is a location that serves a designated geographic area where primary health care (PHC) services, including care coordination, are delivered. Medical services are provided by persons appropriately licensed to provide such services in the state of Iowa. The Medical Home provides initial care and the majority of ongoing health care needs. If the Medical Home determines that a higher level of services are required than what it can provide, referrals to specialists may be made. APHP provides flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify benefit plans and services. Using member eligibility assignment and provider payment contract assignment, the tool will establish which members can receive services and which providers can provide these services and how they will get paid.

In APHP, a benefit plan will be configured specifically for Medical Home, to include services payable by a Medical Home provider and not covered by traditional Medicaid. Using member enrollment screens or eligibility interface, the system will enroll and disenroll members from the Medical Home program. Using APHP Portal screens and the APHP reporting store, users will be able to maintain, track and produce reports necessary to allow the capability for a member to be in a medical home and on lock-in. The member may move between a Medical Home and other programs like FFS, PCCM or Managed Care. Using the member enrollment functions, the system will disenroll a member from PCCP program when enrolled in Medical Home, and when appropriate, enroll a member in the PCCP program when they leave Medical home.

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4B.3.1.a.17 Immunization Registry (MMIS Interfaced to Registry)

We understand that Iowa requires an MMIS that interacts with the Iowa Immunization Registry, providing data on a schedule determined by the Agency. APHP is pre-configured to support this need, providing the ability to send member data for Medicaid children and immunization claims to a statewide automated immunization registry.

Integration with the Immunization Registry Promotes High Quality Well Care for the Medicaid Population

- Collects and maintains claims history for member vaccinations
- Pre-packaged product reports that measure immunization coverage by age and county against immunization schedules approved by the CDC
- Ad hoc reporting capabilities to enable reporting on vaccine preventable diseases
- Compliance with federal and state standards for data management and exchange

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Alignment with MITA and true Service Orientated Architecture (SOA) framework facilitates the kind of interoperability needed to maintain complete and up-to-date Immunization Registry information. APHP processes claims and maintains claims history for vaccinations provided to Medicaid members and sends these and all claim transactions from the claims engine to the APHP Dimensional Data Store (DDS) on a regular basis to support data exchange and reporting. APHP uses industry-standard data exchange protocols to support secure data interfaces between the DDS and state trading partners and systems, including the state Immunization Registry. The APHP job scheduling tool UC4 will be configured to initiate a batch job to push required data from the DDS to the State Immunization Registry via EDI on a weekly basis, or as directed by the IME. The interfaces send the prescribed information, including:

- Medicaid identifier
- Demographic information
- CPT billing procedure code
- Rendering service provider
- Reminder and recall notice dates

APHP's DDS also supports reporting on immunization coverage, immunization adverse effects and vaccine-preventable diseases. These reports allow the Agency to analyze compliance with immunization standards and health outcomes associated with Iowa's Medicaid immunization services.

With APHP, the Agency receives a solution that verifies delivery of necessary immunizations to the Medicaid population and design better outreach programs for member education. APHP achieves this by providing pre-packaged EPSDT reports that follow federal guidelines and equipping the Agency with an ad hoc query tool that enables retrieval of immunization information, such as schedules, claims and exceptions. APHP provides this through a HIPAA-compliant solution that maintains the confidentiality and integrity of IME data. Table A.17-1 illustrates how APHP provides a strong solution to support IME Immunization Registry requirements.

Table A.17-1: APHP provides automated systems interfaces and reporting capabilities to help the Agency reduce the overall incidence of vaccine-preventable diseases in Medicaid populations

Key Solution Features	Benefits to the IME
Standard interfaces to push data to the State Immunization Registry	Facilitates secure data sharing with the Immunization Registry
Pre-configured to measure immunizations provided to Medicaid members against approved immunization schedules	Allows the Agency to proactively identify and reach out to members requiring immunizations, promoting effective preventative care services
Identifies vaccine-preventable diseases through configuration of specific procedure code groupings and comparison of processed claims containing these related procedure codes	Provides reports and analytics targeting a focus on health outcomes

Attachment K – Technical Specifications: Immunization Registry Interface

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

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Att. K Req.	Process	Product
RI1.1	Product Configuration	APHP; SSRS

The APHP claims engine receives and processes claims for vaccinations. These claim transactions are stored at the member level within the claims engine according to state data retention rules. APHP transmits claims from the claims engine to the centralized reporting dimensional data store (DDS) on a regular basis. This data store maintains claims history for member vaccinations and makes this data available for reporting and transmission to the statewide automated immunization registry. For example, the APHP base product reporting solution uses claims data within the DDS to generate the Immunizations Due, Immunizations Administered, and Vaccine Associated Adverse Events reports.

RI1.2 (a-b); RI1.3 (a-e)	Product Configuration; Interface/Integration	APHP; SSIS

APHP supports regularly scheduled data exchanges with a statewide automated immunization registry and other trading partners identified by the IME. As part of the base product, APHP provides the ability to generate and send files from the APHP dimensional data store to the state's immunization registry that meet MECT Immunization Registry (Interfaced) System Review Criteria. These outbound interface files contain information on Medicaid children and immunizations received by Medicaid children. This helps Iowa gather information on citizen vaccination histories and support delivery of correct and timely immunizations. During the ACD phase, the MIDAS Project Team will work with the IME to confirm these interfaces, understanding that, at a minimum, the following information is needed: Medicaid identifier, demographic information, CPT codes, rendering provider information, and reminder and recall dates.

RI1.4	Product Configuration	APHP; SSRS

APHP performs standard validation on inbound data interfaces to verify that data entering the MMIS and reporting data stores meet defined data standards. Data checks performed include verifying data type, length, date validity, format, alignment and padding and performing duplicate checks. In addition, the EDI gateway product supports configuration of additional data validation and quality standards based on IME specified requirements. When errors occur, APHP logs errors in the database error tables and sends a notification to the designated client email address for error resolution.

RI3.2	Product Configuration	APHP; SSRS

The APHP Immunizations Due by Age Group and Immunizations Administered reports help the IME track the delivery of immunizations to the Medicaid population against current approved immunization schedules. The APHP dimensional data store generates these reports by comparing immunization claims and member data against current ACIP schedule information maintained in configurable reference data tables. We will work with the IME to maintain current ACIP immunization schedule information as published by the Centers for Disease Control and Prevention (CDC) to enable the IME to continue to measure the overall success and compliance of immunization programs.

RI3.3	Product Configuration; Interface/Integration	APHP; QC; SSIS

APHP supports regularly scheduled data exchanges with a statewide automated immunization registry and other trading partners identified by the IME. As part of the base product, APHP provides the ability to generate and send files from the APHP dimensional data store to the state's immunization registry that meet MECT Immunization Registry (Interfaced) System Review Criteria. This data exchange will occur weekly or as directed by the IME.

RI3.5	Product Configuration	APHP; QC; SSRS

The APHP central reporting data store tools support generation of reports for the surveillance of vaccine-preventable diseases. We will work with the IME during the ACD phase to configure Microsoft SQL Server Reporting Services (SSRS) to group specific procedure codes and generate reports for processed claims containing related procedure codes.

RI4.1; RI4.2	Product Configuration; Interface/Integration	APHP; SSIS; Edifecs

We understand the importance of being compliant with HIPAA and IT security standards in all aspects of the APHP solution. Role-based security within the electronic applications and policies and procedures cover the entire APHP solution to meet federal and state requirements for compliance of security and confidentiality for IT solutions and HIPAA security and privacy. This is implemented in each of the MMIS environments from Production and Operations all the way down to the Development environments. All

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transactions are held securely. APHP allows only authorized role-based access to data within the APHP databases for security of ePHI data at rest and employs encryption for data in transit outside of the MMIS environments. The stringent rules we employ and enforce enable IME's compliance with HIPAA.

We will work with you to enforce precautions necessary to safeguard data and provide confidentiality among our team, IME and other state agencies as defined in the October 22, 1998 State Medicaid Director letter, Collaborations for Data Sharing Between State Medicaid and Health Agencies. Precautions may include:

- Working with the IME to maintain procedures Use Agreements for data exchanges outside of APHP
- De-identifying traded information where possible

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4B.3.1.a.18 Web Portal for Providers

We understand that the Agency requires a MMIS that delivers an intuitive interface designed to make provider interactions with the MMIS as easy as possible.

The APHP Provider Portal is a configurable entry point to the MMIS for the IME provider community. The goal of our portal design is to bring more self-service capabilities to providers and their billing offices. Our intuitive, easy-to-use APHP portal functions allow providers to interact with the IME and access current and accurate IME information anywhere, anytime.

The IME will Ease the Administrative Burden for Providers and Maximize Quality Focused Participation

- Numerous self-service functions, including online enrollment applications, real-time eligibility verification and claim status inquiry
- Presents easy-to-use screens that employ consistent design across pages, include top-level navigation and quick links for one-click access to common actions and provides user aids such as breadcrumbs and smart links
- Supports easy access to IME communications, documents and statements, reports and transaction details

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Want to see more?
PROVIDER MANAGEMENT
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

Improving Provider Services through Self-Service Functionality

Allowing both public and secure access, the APHP Provider Portal gives the entire healthcare delivery community an intuitive interface designed to make their interactions with the IME and the MMIS as easy as possible. Providers have access to information where and when they need it.

Using the public facing Provider Portal, the State may make information widely available to the Medicaid provider population, such as vision statements, strategic plans and Medicaid brochures. The IME can also provide hot links to more specific information as needed. Publishing new content on the Provider Portal is easy, helping the IME to keep information relevant and current. This encourages adoption of the portal as the best source for program information.

Additionally, our public portal has a link to an online provider enrollment option. The online enrollment application is highly configurable and intuitive. It guides providers through a self-service enrollment process that captures only the information required per federal and IME policy. This process is built upon NPI guidelines and only requires a provider to enroll an NPI/API with an associated Tax ID, one time. Once enrolled, providers can access the secured area of the portal to manage their account information. Many of these account changes are automated and require limited intervention by the Provider Services contractor.

Upon acceptance into the Medicaid program, providers can create an account so they may access our secure portal. Key functions available via the provider secure portal include:

- Secure Portal Member Eligibility - verification and detailed benefit plan assignments; including the inquiry into existing service limits, member co-pays and spenddown accumulations, Medicare and other insurance (TPL) coverage plans and member responsibilities
- Claims Entry and Submission - services include individual key entry and/or batch submission; claim attachment submission, with or without claims
- Claim Status Inquiry - check the status of claims submitted via the X12N standard transaction
- Prior Authorization Requests and Status - submission of an authorization, including required attachments; search and view status on submitted authorization requests
- Remittance Advice – online access to user-friendly remittance advice in pdf format
- 1099 Inquiry - search for 1099 documentation online
- Enhanced Communication - secure inbox for incoming messages from workers, members and other providers
- Provider Account Management - features that enable the provider to determine the security and functionality of their internal staff for the APHP portal
- Provider Information Maintenance - empowers providers to manage their account information, such as their NPI/API, practice locations, demographics such as taxonomy codes, and maintaining certification information such as CLIA certificate.

We have designed our portal to meet the business needs of each type of provider. There are a number of functions available via the Provider Portal that go beyond Medicaid program use. And, while MITA and the Medicaid Enterprise Certification Toolkit (MECT) requirements for Provider Management were the basis for the

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design of our Provider Portal, we also used the insight gained from our commercial provider experience into what Medicaid providers need to more easily care for members and interact with the Medicaid program to expand on this vision.

Attachment K – Technical Specifications: Web Portal for Providers

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
WPPSS1.01	Product Configuration	APHP

The Account Administration area of the secure Provider Portal allows the Provider Administrator to manage their staff of account and the respective access level. The Account Administration function captures the basic information for each user associated to the account, including user name, password and email. The administrator assigns the desired level of access, including allowing for claims inquiry, claim submission, eligibility verification, statements and documents and the ability to submit authorizations.

WPPSS1.02	Product Configuration	APHP

APHP includes role-based security that allows designated staff to sign in using role-specific profiles configured based on State supplied business processes. APHP complies with the State computer application and network security policies through our application security, which is based on Microsoft's Active Directory Federation Services (ADFS). This allows for single sign on capabilities and the ability to provide authentication across trusted Active Directory domains. APHP user access is role-based, meaning each person will only have access to the data required by that role. Browser-based data exchanges and traffic are encrypted with SSL; FTP is encrypted secure FTP.

WPPSS1.03	Product Configuration; Interface/Integration	APHP; Edifecs; QC; OnBase

APHP enables providers to submit a single claim, batches of claims, claim attachments and claim adjustments or resubmissions through the Provider Portal. The same front end edits are applied to all claims, whether submitted via EDI or through the portal, providing consistency in quality controls and claims processing.

APHP transmits claims submitted through the APHP portal to the claims engine via EDI using standard X12N claim transactions. Our EDI solution includes automated edits for HIPAA and state-specific policies. This allows our EDI solution to reject claims not meeting defined standards, thus maintaining a high degree of data quality and processing accuracy for claims entering the MMIS. Authorized users can access claim status for submitted claims through the APHP portals. Providers can search for a claim online by entering criteria such as NPI, claim number, member ID, member name, and date of service.

The portal performs claim searches in real time, immediately returning claim status inquiry results to the provider in a Claim Status Inquiry table. Providers will be able to select claims in a paid or denied status and correct or adjust and resubmit the claims directly on the portal.

WPPSS1.04	Product Configuration	APHP

The APHP portal is an access point for members, providers, and users to interface with the MMIS in real time. It provides a single point of entry to business process functionality for the Iowa Medicaid program. This includes supporting services such as claims submission and provider enrollment and the provision of static content such as program policies and manuals. The APHP portal allows users to navigate to desired system components or content through portal menus, hyperlinks, and other navigation components such as breadcrumbs and jump panels. The APHP portal also allows users to access functions or content external to the MMIS. APHP provides content management capabilities that allow the Agency to dynamically add links to the APHP portal pages to assist users in easily navigating to related sites, such as CMS or Iowa.gov.

WPPSS1.05	Product Configuration	APHP

The Provider Portal includes a Contact Us function that can be accessed from any portal page using a link in the portal's global header. The Contact Us page displays configurable support information, such as contact phone numbers for Member Services or the EDI help desk. The Contact Us page also allows users to select to send a secure message

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to the IME. The secure message template contains a subject dropdown that can be configured to contain specific values to meet the IME's needs. APHP routes messages to the appropriate IME worker based on IME business rules configured within the workflow tool.

WPPSS1.06	Product Configuration; Interface/Integration	APHP; Edifecs; QC; OnBase

The Health Insurance Portability and Accountability Act (HIPAA) serves as the foundation for Electronic Health Information Exchange and provides privacy guidelines and data protection requirements. The APHP solution implements HIPAA requirements to protect individuals' health records and other identifiable health information by applying appropriate safeguards to protect privacy, and by developing electronic health information exchange relationships with vendors using HIPAA X12N compliant transaction datasets. The APHP provider portal allows submission and returns the corresponding HIPAA valid response for claim submission, claim status inquiry, eligibility verification, and authorization/referral transactions.

WPPSS1.07	Product Configuration	APHP

APHP creates and maintains audit trails for each transaction submitted on the portal. These audit trails record access-related data, including login details, pages visited, data edited, date, time, etc. Authorized users can view this information through the APHP portal.

WPPSS1.08	Product Configuration; Interface/Integration	APHP; OnBase

The global footer across all provider portal pages contains a "Report Fraud" link. Selecting this link launches a Report Fraud secure message template that enables the public to enter information about the person or company in question and provide a description of the complaint. Providers may provide their contact information or choose to remain anonymous. Selecting Submit from this template generates a confirmation message containing a tracking number to the provider and routes the secure message containing the reported fraud to the designated IME worker for review.

WPPSS1.09	Product Configuration	APHP

The APHP portal supports multiple communication channels for the provider community. First, in the public facing portal, the IME may post broad messages, such as vision statements or program definitions. Second, through the secure portal, providers can receive messages specific to their demographics (provider type, location, etc.). Third, through automated status notifications (secure mailbox), APHP automated workflow creates messages based on submitted transactions, such as claim denials/status, enrollment approvals/disapprovals, authorizations, or provider record maintenance. Users are able to manage their mailbox similar to email functionality, which includes saving or deleting messages. In addition, the portal can present a "pop up" notice in a light box to the provider upon login to their secure account. The light box will close once the user acknowledges the message. As an example, this functionality can be used in an instance when the user needs to update their password, or if their account is in jeopardy of being suspended.

WPPSS1.10	Product Configuration	APHP

The APHP portals provide a configurable web user interface that is consistent with the standard Medicaid industry lexicon. It is able to support a tailored view into program information based on role, individual or organizational security permissions. The APHP solution comes pre-packaged with defined roles based on common MMIS users. These roles are configurable to tailor to IME designation and can include restricting access based on action/transaction or field within a record.

WPPSS1.11	Product Configuration	APHP

The APHP portals were designed to be lightweight and support all standard browsers, including browsers accessible through popular mobile devices. Due to this design approach, the APHP portals support low bandwidth access through base product capabilities.

WPPSS1.12	Product Configuration; Interface/Integration	APHP; SSRS; OnBase

The APHP Worker Portal includes a Focused Notifications function that allows the IME to create Dashboard announcements and secure messages for a provider group. Using this function, the IME can create notifications from a list of pre-configured templates and enter search criteria, such as NPI, to select a provider's recipients.

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WPPSS1.13	Product Configuration	APHP

Secure messages are displayed in a Message table on the provider home page. By default, APHP sorts and displays messages in this table in descending order by date, from most recent to oldest. Users have the ability to sort and manage messages similar to an email account.

WPPSS1.14	Product Configuration; Interface/Integration	APHP; OnBase

The provider portal includes downloadable and printable forms and documents. This includes manuals, instructions, bulletins, brochures and forms. The IME may choose to store both current and previous versions of program documents, such as provider newsletters or policy notifications.

WPPSS1.15	Product Configuration; Interface/Integration	APHP; OnBase

The Provider Portal facilitates communication between the provider community and the State. Providers may send secure messages to the IME directly from their secure inbox. Workers can respond to these messages using the APHP Worker Portal. Worker responses display automatically within the appropriate provider's secure inbox. The provider portal also enables providers to submit various HIPAA compliant transactions. This includes claim submission, authorization requests, and eligibility verification, among others. APHP responds to these transactions through the standard HIPAA response.

WPPSS1.16	Product Configuration; Interface/Integration	APHP, Edifecs; OnBase

The APHP portal is a secure, standards based portal (X-12/5010) that integrates seamlessly with the APHP provider management component. The APHP portal supports the ability to upload documents and images through secure links to our document imaging service. The APHP portal supports upload of large documents in various formats (PNF, JPEG, and GIF) and medical images such as X-rays, MRI, and ultrasounds. Providers have the ability to upload documents on specific transactions, such as enrollment, PA submission, or with a claim. All attachments are logged and routed to the appropriate work unit as an attachment to a record (i.e. enrollment application) or as an 'independent' document associated to their account.

WPPSS1.17 (a-b)	Product Configuration; Interface/Integration	APHP; OnBase; QC

Providers can submit enrollment applications directly through the APHP Provider Portal or via the mail. The enrollment application is available online for download and printing if necessary. We encourage providers to complete the application online and offer various features to improve their experience. This includes allowing applications to be saved as a draft, help features and instructions, and uploading documents as part of the application.

WPPSS1.18	Product Configuration	APHP

APHP is integrated with eSignSystem's SmartSAFE product to support electronic signatures. Our provider enrollment workflow is configured to use SmartSAFE to enable providers to include their electronic signature with their enrollment application.

WPPSS1.19	Product Configuration; Interface/Integration	APHP; K2; OnBase

Our provider enrollment workflow supports worker review of submitted provider enrollment applications. If during this review, a worker identifies missing information, the worker can use the worker portal to request additional information from the applicant. The worker can easily mark the missing information in the worker portal and request to generate a 'Return to Provider' letter; selecting this will trigger letter generation.

WPPSS1.20	Product Configuration	APHP; SSRS

Providers can view the status of their enrollment application through the secure Provider Portal. Providers can view enrollment status for both applications submitted online and those submitted on paper via mail or fax. APHP enables providers to view enrollment status for applications submitted on paper when the NPI listed on the provider's application matches the NPI associated to the provider's secure portal account. Providers not currently enrolled in Medicaid may create a limited access account to submit and view the status of their enrollment applications.

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WPPSS1.21	Product Configuration	APHP; K2; QC

The Provider Portal allows providers to maintain/update information such as basic demographic information, license information, taxonomy, payment information, whether they are accepting new patients, hours and office location updates, and claim submission information.

WPPSS1.22 (a-j)	Product Configuration; Interface/Integration	APHP; SSRS; K2; OnBase; Edifecs

The APHP Provider Portal enables providers to view and maintain their information through the Provider Records function. This area of the portal contains online forms that allow providers to update their provider record directly. Providers can also download forms, key in information and then subsequently upload documents for routing to the appropriate business area using the provider portal Document Upload function. The IME also has the option to configure new forms to gather information not currently captured through the portal, such as discharge and disenrollment information (outside of a claim), using InfoPath.

WPPSS1.23 (a-j)	Product Configuration; Interface/Integration	APHP; Edifecs; QC; OnBase

Allowing both public and secure access, the APHP Provider Portal gives the entire healthcare delivery community an intuitive interface designed to make their interactions with IME and the MMIS as easy as possible. Functions available via the provider secure and non-secure portal are:

Secure Portal – Upon acceptance into the Medicaid program, providers can create an account on the portal so they may access our secure portal. Providers will be able to complete Eligibility Verification, Claims Submission, Claims Status Inquiry, Prior Authorization/Referral submission and inquiry, bulletins and notices, Remittance Advice, 1099, and Capitation Reports, broad and targeted communication, enrollment / re-enrollment and provider record maintenance, and portal account management

Public Portal- Fee Schedules, Bulletin and Notices, Online/Web training or sign up for workshops including a calendar of upcoming events and knowledge transfer sessions, and program announcements.

WPPSS1.24; WPPSS1.25; WPPSS1.26; WPPSS1.27	Product Configuration; Interface/Integration	APHP; Edifecs

APHP uses Edifecs Trading Partner Management to enroll and manage trading partners for standard HIPAA EDI exchange with MMIS. Authorized users can configure trading partner transaction processing by defining partners within the community. The Trading Partner Management component allows for users to authorize a trading partner to submit a HIPAA compliant transaction and partner-specific processing rules.

Edifecs XEngine is an enterprise-strength, high-throughput message processing engine that provides deep and accurate validation of transactions at the edge-of-the-enterprise. APHP uses Edifecs XEngine to validate HIPAA transactions. It provides compliance checking against HIPAA implementation guideline rules, as well as partner-specific requirements. For incoming data, XEngine checks HIPAA compliance prior to processing so that only HIPAA compliant data is passed to the system. For outgoing data, XEngine performs checks after the translation software. This allows any errors to be caught before sending the data to trading partners, providing us the opportunity to fix errors prior to data leaving the MMIS.

WPPSS1.28	Product Configuration; Interface/Integration	APHP; QC; Edifecs

The APHP portal gives providers an intuitive interface designed to make their interactions with the MMIS as easy as possible. Key functions available via the Secure Provider Portal include: provider enrollment, member eligibility verification including benefit information, claim submission and status inquiry, prior authorization / referral request and status, retrieval of remittance advice and payment inquiry, access to tax information (1099/W2), secure inbox, and viewing of fee schedules.

WPPSS1.29; WPPSS1.30	Product Configuration; Interface/Integration	APHP; QC; OnBase; SSRS

The APHP Provider Portal allows users to download static fee schedules in PDF, CSV or Excel formats or retrieve information for a specific set of codes through an interactive fee schedule. Through the interactive fee schedule, users can search for a fee schedule by a provider type with a particular specialty and sub-specialty and selected service codes.

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WPPSS1.31	Product Configuration; Interface/Integration	APHP; Edifecs

The claims submission functionality allows providers to choose between submitting a claim interactively (one at a time) or via a batch. Claims are processed in real time and sent to the claims engine via EDI as standard X12N 837 claims transactions. Our solution applies the same HIPAA and front-end edits to all claims, regardless of submission method. Claim submissions that fail front-end edits are rejected. Providers may view the status of their submitted claims through the Provider Portal.

WPPSS1.32	Product Configuration; Interface/Integration	APHP; Edifecs; OnBase; K2

Providers will have multiple options for submitting member insurance coverage information. First, other insurance or liability information can be submitted as part of the applicable claim. This includes allowing the provider to upload OI EOB information with claim submission. Second, providers can submit information about a member using the portal Document Upload function, which allows a user to associate the information by a member record. The workflow will route the information to the TPL team for further verification before approving the member record.

WPPSS1.33	Product Configuration	APHP; QC

Eligibility Verifications through the portal are submitted and returned using the standard X12N 270/271 which include required information such as eligibility status, dates of coverage, benefit plan information, participation in a managed care program, program restrictions such as lock-in or lock-out, cost sharing, patient liabilities or other patient responsibilities, and notification of third-party payers who should be billed prior to Medicaid.

WPPSS1.34; WPPSS1.35; WPPSS1.36	Product Configuration; Interface/Integration	APHP; Edifecs; OnBase; K2

The portal supports processing of prior authorization requests and includes a full range of out of the box edits and business process routing and workflow capabilities. Upon entry the requests are subjected to a full range of configurable business rules to confirm that only valid data is entered on the prior authorization record, and that duplicate requests are identified for denial back to the requestor.

The portal can be configured and offer different types of requests to be submitted based upon the type of approval needed (e.g. outpatient visit vs. a surgery). APHP creates a X12N 278 transaction and supports the different codes sets necessary for processing. Our easy-to-navigate pages will help providers enter the required information such as medical necessity, procedure and/or diagnosis codes, date ranges, units or times and quantities, National Provider Identifier (NPI) taxonomy and member eligibility, to perform and receive the requested service. Once submitted, providers can search for their authorizations and view their status. An alert is sent to the provider, if they choose, when the status of their authorization changes via email, or SMS. The message will be HIPAA compliant and will require the provider to login to view PHI information.

WPPSS1.37	Product Configuration	APHP; QC

Once logged into the Provider Portal, providers can update their information using the Provider Records function. The Provider Records function lets providers update information, including contact information, languages spoken, admitting privileges, practice locations, taxonomy and licenses, payment information, ownership information, program information and liability insurance information. Providers can indicate whether or not they are accepting new Medicaid members or Medicare members in the Practice Location Details section of the Provider Records function.

WPPSS1.38	Product Configuration; Interface/Integration	APHP; SSRS; OnBase

The Provider Portal contains a Statements and Documents function that is accessible from all portal pages through the top navigation menu. Providers can search for a 1099 from the Statements and Documents portal page using criteria such as NPI and date range.

WPPSS1.39	Product Configuration	APHP; QC

Active and inactive providers (with an active online account) can view and manage their data through the secure portal in the Provider Records module. A change to the providers account information requires only an update per the maintenance process for the majority of the requests including changing of the telephone number, addresses, fax number, and status of their PCP caseload.

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WPPSS1.40	Product Configuration; Interface/Integration	APHP; SSRS; OnBase

The public and secure portal allows for providers to register for web and instructor led seminars (knowledge transfer seminars), view recordings, and communications about changes to the Iowa MMIS solution.

WPPSS1.41	Product Configuration	APHP; Edifecs; OnBase; K2

Providers can upload incident reports and associate to the member record and reason for document through the Document Upload functionality. The workflow will route the information to the appropriate case manager through defined business rules in the workflow.

WPPSS1.42; WPPSS1.43; WPPSS1.44; WPPSS1.45	Product Configuration; Interface/Integration	APHP; Edifecs; K2; SSRS; OnBase

Through the secure portal, authorized users can review services authorized by the case manager. The authorization record includes comments concerning the members care and discharge planning information. This information will be displayed as an authorization record and will include business rules as to which providers are allowed to view the information. Providers that have identified a member that wants to participate in their health home may upload the assessment form that includes tier status, expected start date, and supporting diagnosis through the document upload functionality. Document upload allows for the provider to submit a file (batch files) up to 2MB at one time, and can upload as many files as they wish. Member rosters can be retrieved within the Statements and Documents and searched within 30 days, 90 days, or specific date ranges. The rosters will include approved attributes and format approved by IME.

WPPSS1.46	Product Configuration, Interface/Integration	APHP; Edifecs; OnBase; K2

The IME requires providers to complete training prior to using the Presumptive Eligibility function of the Provider Portal. Upon completion of the required training, providers can upload a Presumptive Eligibility Attestation form through the APHP Provider Portal Document Upload function. Using automated workflow, APHP routes this document to the appropriate IME worker who updates the provider's account to enable access to the Presumptive Eligibility function.

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4B.3.1.a.19 Web Portal for Members

We understand that the Agency requires a MMIS that delivers a technology to effectively manage business processes to improve member satisfaction and communications and provide an intuitive interface designed to engage members to participate in their health care.

Just as with the Provider Portal, the APHP Member Portal presents web pages in both a public facing and secure environment. The APHP Member Portal provides easy-to-use web pages that empower members to participate in their own health care. APHP engages and supports the Medicaid Member community by enabling the IME to communicate and reach out to its member population and allowing members access to view the benefits and make decisions about their healthcare.

User Friendly Portal Providing the Information Necessary to Navigate the Medicaid Program

- Simplified provider lookup, with map locator
- Easy to get correspondence from and communicate with the IME
- 24x7x365 access to real-time information about their services and enrollment
- Screen navigation and menus that members can effectively use, including online help

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Want to see more?
MEMBER MANAGEMENT
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

The public facing Member Portal is best used to communicate broad messages to those individuals who are seeking information about the program and who may or may not currently receive benefits. The secure section of the Member Portal gives members access to the services for which they are eligible to receive through Medicaid by displaying their benefit plan summaries, service limitations, individual profile and current and historical transactions (claims and prior authorizations). This level of enhanced self-service allows them to become stewards of their information and encourages a stronger level of engagement in the management of their health. Never before have members been able to access such comprehensive information specific to their participation in Medicaid. This level of exposure facilitates member participation in care delivery, and provides operational value as well by potentially reducing phone calls to the Contact Center because members are better informed.

The APHP Member Portal allows members to actively participate in their healthcare and interact with the IME anywhere, anytime by providing online, member self-service functions. Examples include:

- Accessing IME Program announcements, forms and information
- Viewing information about their benefit plans and eligible services, including eligibility coverage dates, service limitations and other insurance coverage
- Searching for Providers
- Selecting a Primary Care Physician (PCP)
- Reviewing Explanations of Benefits (EOB)
- Viewing claim history information about claims submitted on a member's behalf by Medicaid providers
- Member secure inbox for enhanced communication with his/her providers and with the IME

APHP Member Home Page

When members login to the APHP Member Portal, they are directed to the Member Home Page. The APHP Member Home Page displays user-specific and program announcements and presents the member's secure message inbox. It provides members with one-click access to critical functions through a top-level navigation menu that is consistent across all portal pages, improving site usability. Consistent across the portal pages is the portal's header and footer links. The APHP Member Portal header allows members to display portal functions in either English or Spanish, contact the IME Program, view page-specific online help and select to print the current page. By selecting My Account from the header, members can update their contact information, add members to their account and change their password and security questions.

Accessing IME Program Announcements, Forms and Information

In addition to displaying IME Program announcements, the APHP Member Portal contains a 'Related Links' quick reference box to enable easy navigation to key Agency or user-defined websites. Both the Agency and members can configure the links displayed. The Agency can also configure the 'Reference' portion of the APHP Member Portal. In this area of the site, the Agency can provide members access to program-specific communications, such as the Medicaid Member Newsletter, program information, such as waiver program eligibility information and contacts, and member-related forms.

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Viewing Benefit Plans

The APHP Member Portal allows members to view and understand the benefits for which they are eligible. Using the Eligibility Verification selection from the Check My Eligibility menu, members can access current eligibility, eligibility for a configurable amount of days, or eligibility for a user-defined date range.

Searching for Providers

APHP improves the end user experience for members and others who perform provider searches by simplifying the inquiry process and increasing the number of searchable fields. APHP provides the ability to search for and select a specific provider by name, partial name, NPI, SSN, TIN and other criteria the Agency determines. Search capabilities within the APHP portal retrieve provider records per the entered criteria.

Our provider search function includes features that make it easier for a member to locate their preferred provider. By integrating with Pitney Bowes geocoding and location intelligence software, APHP is able to geocode the physical address where providers perform Medicaid services. This enables the online provider search function to map the provider to a specific location. This enhanced feature also allows the member performing the provider search to obtain accurate directions to the provider's location. To maintain accurate data to support the provider search function, APHP retrieves updated provider address geocode information when a provider creates or updates their address information.

APHP provides a number of additional features to enhance a user's provider search experience. Members can compare providers from the returned list to view and print detailed provider information. The data displayed in this function can be configured to satisfy IME needs.

Selecting a Primary Care Physician

Selecting 'My Primary Care Physician' from the 'Find a Provider' top-navigation menu allows members to view their benefit plans and associated Primary Care Physician requirements. From this page, users can select to set or change their PCP for a given benefit plan. APHP's automated workflow facilitates the automated assignment of the member's selected PCP or routes the request to a worker queue for review based on configurable business rules.

Reviewing Explanation of Benefits (EOB)

While APHP possesses the capability to generate and mail EOB notices to an individual member or selected group of members, based on State-defined business rules, these statements are also available to members via the Member Portal. Members can use our drill down functionality from the secure Member Home page to access and view their statements by clicking on 'My Dashboard' - 'Retrieve Explanation of Benefits,' then their name.

Attachment K – Technical Specifications: Web Portal for Members

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
WPM.SS.01	Product Configuration; Interface/Integration	APHP

A link to ELIAS eligibility portal can be applied on the member's Public and Secure portal. This will allow the members to access to the ELIAS website through an easy, one click navigation and verifies that there is no wrong door within the portal.

WPM.SS.02	Product Configuration	APHP

APHP provides a one-stop shop for members by providing an easy-to-use self-service portal in English and Spanish to meet the needs of the Medicaid population with an appropriate reading level (usually 4th-6th grade reading level).

WPM.SS.03	Product Configuration	APHP

APHP includes role-based security that allows designated staff, providers and members to sign in using role-specific profiles that are configured based on State supplied business processes. APHP complies with the State computer application and network security policies through the use of our application security which is based on Microsoft's Active Directory Federation Services (ADFS). This allows for single sign on capabilities and the ability to provide authentication across trusted Active Directory domains. APHP user access is role-based,

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meaning each person will only have access to the data required by that role. Browser-based data exchanges and traffic are encrypted with SSL; FTP is encrypted secure FTP. Registration policies will be reviewed as part of ACD and configured to be consistent with Agency standards and align with other Agency member portals.

WPM.SS.04; WPM.SS.05 (a-i)	Product Configuration; Interface/Integration	APHP; OnBase

Our APHP member portal provides context-sensitive help that is available from each member portal page. From the portal, members may access web-based training that teaches them how to navigate the public and secure portals. In addition, members can use the 'Contact Us' feature on the member portal to access contact information or send secure emails requesting assistance. Members may also use the portal to access any additional training material that the state may choose to publish, such as FAQ's.

The APHP portal provides the IME with several options for communicating with the member communities. The IME can post announcements, manuals, benefit plan information, newsletters, articles and information about standard processes, such as appeals & complaints. Privacy and Security policies can be displayed as a standard announcement, but may also be configured throughout portal (i.e., displayed on the log in screen or during submission of a transaction).

WPM.SS.06	Product Configuration; Interface/Integration	APHP; OnBase

The global footer across all Member Portal pages contains a "Report Fraud" link. Selecting this link launches a Report Fraud secure message template that enables the public to enter information about the person or company in question and provide a description of the complaint. Members can provide their contact information or choose to remain anonymous. Selecting Submit from this template generates a confirmation message containing a tracking number to the member and routes the secure message containing the reported fraud to the designated IME worker for review.

WPM.SS.07	Product Configuration; Interface/Integration	APHP

The APHP portal will be configured to inform members of IME privacy and security policies in various areas within the portal. Policies will be uploaded to the portal as static content, displayed at login or displayed during various transactions. Similarly, the IME can provide information for submitting complaints through these same methods. Complaint forms can be uploaded through the portal document upload functionality and routed using automated workflow to Member Services for further research and resolution.

WPM.SS.08; WPM.SS.09	Product Configuration; Interface/Integration	APHP; OnBase

The APHP portal supports multiple communication channels for the member community. First, in the public facing portal, the IME may post broad messages such as vision statements or program definitions. Second, through the secure portal, a member can receive messages specific to their demographics (provider type, location, etc.). Third, through automated status notifications (secure mailbox), messages are created to update the member of information that impacts them as a consumer directly. Users are able to manage their mailbox similar to email functionality, which includes saving or deleting messages.

In addition, the IME can also require a message to reflect a "pop up" notice in a light box upon logging into their secure account. The light box will close once the user acknowledges the message. As an example, this functionality can be used in an instance when the user needs to update their password, or if their account is in jeopardy of being suspended. All incoming and outbound communication is maintained at the member record level to facilitate future inquiry and research. The message log includes the type of communication, how it was delivered, date of communication and the message content.

WPM.SS.10	Product Configuration	APHP

he Member Portal was designed to be lightweight and support all standard browsers, including all popular mobile browsers. Due to this design approach, the APHP Portals support low bandwidth access via base capabilities.

WPM.SS.11	Product Configuration	APHP; SSRS; QC

Our Provider Search / Look-Up includes features that make it easier for a member to locate their preferred provider. By integrating with Pitney Bowes geocoding and location intelligence software, APHP is able to geocode the physical address where providers perform Medicaid services. This enables the online provider search function to map the provider to a specific location and provide accurate directions to this location. To

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maintain accurate data to support the provider search function, APHP retrieves updated provider address geocode information when a provider creates or updates their address information. In addition, the Provider Search / Look-Up function allows members to select to view providers for a configurable set of criteria that includes: provider type, specialty and sub-specialty, plan, location, provider name, gender, location and hours.

WPM.SS.12; WPM.SS.13	Product Configuration	APHP; QC; Edifecs

Through the "Check My Eligibility" function on the secure portal, members are able to view their eligibility status by benefit plan. This includes the dates of coverage, eligibility history details and if they are associated to a lock-in or PCCM.

WPM.SS.14	Product Configuration; Interface/Integration	APHP; SSRS; OnBase

Members will receive a notification and may log into their secure account to receive an explanation of benefits (REOMB) for a specific or all claims. The REOMB is available through the "Statements and Documents" link and is searchable for documents in the past 30 days, 90 days, or by a specific date range.

WPM.SS.15	Product Configuration	APHP; QC; K2; OnBase; SSRS

Through the "Check My Eligibility" function, a member can view eligibility information by benefit plan including managed care plans or plans defined for the Health Home program. Members may select by the appropriate plan and then select a PCCM or Health Home provider through the Primary Care Physicians function. Members who wish to disenroll in an optional service, such as a health home, will be able to submit a request online. Requests will be routed to member services for review and approval.

WPM.SS.16	Product Configuration	APHP; SSRS; OnBase; K2

Members who need a replacement ID card may go online and complete a request that will be routed to member services for approval. Upon approval in the workflow a trigger is sent to the fulfillment vendor for completion of the request. Additional functionality and business rules will be developed as part of ACD.

WPM.SS.17	Product Configuration	APHP; OnBase

The Member Portal includes a "Contact Us" function that is accessed from any portal page using a link in the portal's global header. The Contact Us page displays configurable support information, such as Member Services or help desk support contact phone numbers. The Contact Us page will also allow users to select to send a secure message to the IME. The secure message template contains a subject dropdown that is configured to contain specific subject values to meet the IME's needs. APHP will route messages to the appropriate IME worker based on IME business rules configured within the workflow tool.

WPM.SS.18; WPM.SS.19; WPM.SS.20	Product Configuration; Interface/Integration	APHP; SSRS; OnBase; K2

Members may select from a list of forms approved by IME to download, complete and then upload through our document upload functionality. The document upload function allows the user to select member ID associated with their account, note what type or reason for the request, and provide additional information through a free form field. Once uploaded, APHP will route the request to the appropriate business area based upon the users "in support of" selection. Forms include a change of address information, secondary insurance questionnaires, or request for a physical copy of a publication.

WPM.SS.21; WPM.SS.22; WPM.SS.23	Product Configuration; Interface/Integration	APHP; OnBase; SSRS; SSIS; K2

Members will be able to send a request for who has reviewed their PHI information or access to their personal health record information through the "Contact Us" feature. Members may also call the Member Services call center to request this information. Through the Member Portal, members may upload and submit personal health record information as required by the IME.

WPM.SS.24	Product Configuration	APHP; QC Edifecs

Members can view the authorized services for the HCBS waiver programs, CCO, and expenses paid. Authorized services are currently available to the provider. The APHP portals will be configured to also present this information in the member portal. This page could include information on services available and services used. Configuration of the Authorization screen would be reviewed and configured during ACD.

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WPM.SS.25; WPM.SS.26; WPM.SS.27; WPM.SS.28	Product Configuration; Interface/Integration	APHP; SSIS; SSRS; OnBase; K2; QC

Through the worker portal, authorized users are able to send focused notification to members based upon the PHR information. Secure email allows for the notifications to include customized content based upon the member's medical status. These communications allow the Agency to target a specific audience group, such as the member community that have been diagnosed with Asthma or Diabetes, and provide an article on how to manage their symptoms. Focused notifications will be sent in the form of a secure message or portal dashboard announcement. Members can sign up to receive an email or SMS that notifies of an alert in their secure account. This can include a reminder of an annual checkup or an immunization. The messages will be HIPAA compliant and will require a login to view PHI information. Members may opt in or out at any time, and status will be tracked with an effective date within the audit trail.

WPM.SS.29	Product Configuration	APHP; K2; OnBase

The Member Portal includes a "Contact Us" function that is accessed from any portal page using a link in the portal's global header. The Contact Us page displays configurable support information, such as Member Services or help desk support contact phone numbers. The Contact Us page will also allow users to select to send a secure message to report an incident to the IME. The secure message template contains a subject dropdown that is configured to contain specific subject values to meet the IME's needs. APHP will route messages to the appropriate IME worker based on IME business rules configured within the workflow tool.

WPM.SS.30; WPM.SS.31; WPM.SS.32	Product Configuration	APHP; SSRS; OnBase; QC

The member portal provides a "Statements and Documents" link in the top navigation menu similar to the functionality provided on the Provider Portal. Through this function, members have access to REOMB's and other standard reporting that the IME may wish to provide. This could include invoices for premium payments that can include a billing statement and an activity summary of their cost sharing payments for a specified time period. All documents are available for download for print.

WPM.SS.33	Product Configuration; Interface/Integration	APHP; SSRS; K2; SSIS; OnBase

The secure APHP Member Portal will be configured to include a link in the "I Need To" navigation that will be associated with a payment system in order to accept the premium payments. Payments received will be routed to the appropriate department upon confirmation from the bank for updates into the claims engine. Management of premium payments is a native functionality within the claims engine and comes pre-packaged to manage eligibility and process invoices for the payments.

WPM.SS.34	Product Configuration	APHP; OnBase

The APHP Member Portal provides a citizen-focused portal with robust functionality designed in a manner sensitive to the needs of the member. One of the hallmarks of APHP is the capacity to easily and seamlessly capture and display available services for virtually limitless combinations of benefit plan and date segments. APHP creates one record for each member that contains coverage date segments, incorporating associated benefit plans for each coverage period. The goal of the Member Portal is to encourage member interaction with the system. This includes interactive communications/surveys promoting health education and awareness and personal health management activities. APHP offers a number of avenues to easily incorporate features to engage members. For example, new functionality can be configured to enhance the "I need to" functions; announce and describe "alerts and announcements"; and facilitate communication between the Agency and the member through "my messages".

Not only can existing features be easily enhanced to encourage member use, but additional programs can be added to APHP to expand member interest.

WPM.SS.35	Product Configuration	APHP; QC

Members may sign up to receive an email or SMS that notifies the member of a new alert in their secure account. This can include a reminder of an annual checkup or an immunization. The messages will be HIPAA compliant and will require a login to view PHI information. Members may opt in or out at any time, and status will be tracked with an effective date within the audit trail.

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4B.3.1.a.20 Waiver Requirements

We understand that the Agency wants the ability to contain costs while at the same time enhance consumers' health care experience through specialized programs, such as waivers, Facility-based, and Enhanced State Plan programs.

Medicaid Waiver Programs Leverage the same Configurable Benefit Package Approach to Ease IME Administrative Burdens

- MITA-aligned business processes are highly configurable to effectively support specialized programs
- Transparent views into services received against approved plans of care facilitate program management
- Cost control achieved through configurable rules to prevent duplicate payments

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Through highly configurable business rules and workflows, APHP provides the flexibility to establish parameters that define waivers and other specialized programs, supporting the ability to track and limit payments for each program.

Waivers are driven by a Plan of Care (POC) that includes level of care, dates of service and service plan data. POC requirements are supported as a configurable benefit plan within APHP. APHP accommodates an integrated benefit plan configuration that supports assigned provider information, eligibility segment information and service information. For example, as each member is assigned to a waiver program, our system tracks key attributes including each and every assigned provider, corresponding eligibility period segments, along with associated services, amount, frequency, costs/units, etc.

APHP portal functionality allows the viewing of a member's POC through the Prior Authorization module. Authorized users have the ability to view this information online along with any associated documents submitted as part of an approval via the Prior Authorization request.

To assist the State with managing waivers and other specialized programs, APHP can provide and maintain case management and tracking tool(s). We have the capability to produce online monitoring reports to help the Agency determine if services approved in the POC are provided. Authorized users can view detailed information regarding services described in the individual's approved POC. Using "episode of care" functionality, we provide the ability for users to display detailed service information, including both individual services and groups of related services as defined in the POC. APHP also captures the date a participant's POC assessment is completed and the date of the next POC re-evaluation.

APHP effectively tracks and makes timely and accurate payments to waiver claims. For specified POC-waived services, APHP is configured with business rules to prevent billing from exceeding pre-approved units and/or a pre-approved unit rate. As waiver provider claims are received and processed timely into the system, via automated interfaces or manual data entry, our rules-based solution assesses them against the defined care plans and processes them accordingly. The MIDAS team works with the Agency to define editing and payment parameters for POC-waived services benefit administration. Table A.20-1 illustrates how APHP provides a strong waiver management solution for Iowa.

Table A.20-1. APHP provides the Agency the flexibility to support current and future specialized programs that help contain costs while improving health care outcomes for members

Key Solution Features	Benefits to the IME
Supports waivers and other specialized programs as a configurable benefit plan	Provides ability to quickly set up new waivers and programs, leveraging rules and workflows, improving the IME's ability to respond to evolving needs in a cost-effective manner
Rules-based solution assesses waiver claims against the defined care plans and processes them accordingly	Provides ability to leverage existing MITA business claims processes to process waiver claims
Authorized staff define specific rules for permitting payments against waiver services – APHP automatically suspends payments based on those rules	Increased automation of business rules governing payment actions helps to reduce spending
Reporting solution is integrated into the overall benefit plan and claims processing solution	Provides State staff the ability to monitor cost and financial information related to waiver programs

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Attachment K – Technical Specifications: Waiver

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
WA.SS.01	Product Configuration	APHP; QC

APHP uses data on the member record to make payments to the guardian, for members who are in a Residential Care Facility (RCF). Checks are printed and mailed using the documented guardian data.

WA.SS.02	Product Configuration	APHP; QC

Through the claims engine the waiver plans will be configured as a benefit plan. This is done to allow the system to easily 'bucket' funds, services, and accumulator of services. Through this solution the IME is able to tailor the waiver programs to meet the various needs of their members. Services are associated by the treatment types, sets, and categories to allow the flexibility for the IME to add services to an existing program. All plans and services within the plans are managed with an effective from and through date to allow for accurate claims processing.

WA.SS.03.a-m	Product Configuration	APHP; QC

Date-specific Managed Health Care enrollment data will be maintained in APHP on the member record. Provider ID, Vendor ID, and Reason for disenrollment are specific to managed care plans and represent the pieces of data that we will capture, depending on the managed care plan in which the member is enrolled. Medicare eligibility will be captured in the member COB data.

WA.SS.04; WA.SS.05	Product Configuration	APHP; QC; K2; Edifecs; OnBase

Service information will be sent from ISIS to MMIS and will be tracked via an authorization. We will work with the IME to define those services that are paid based off of units per month v. units authorized for a specific timeframe. This information will be captured in the waiver benefit plan.

Once the case manager completes the review of services an alert is triggered and processed through the workflow tool in order to send a notification to the providers and members. Upon generation of a notice, letter, or other correspondence to the members and providers the action is noted in the audit trail that includes time/date, type of correspondence sent, user/source, and reason for notice.

APHP retains a history of communications and it is associated to the Member, Provider, and Authorization record as part of the communication functionality. Authorized users have the ability to view complete audit trail and communication through the worker portal.

WA.SS.06	Product Configuration	APHP; QC

APHP will collect budget information, and then provide authorized users the appropriate data, such as paid claims, needed to assist with determining available Consumer Choice Options (CCO) funding on a per member basis.

WA.SS.07	Product Configuration	APHP; QC

Business rules within the claims engine will compare the approved amounts of the authorization against the claims submitted. Additionally through the use of the accumulator framework service limits are configured to the treatment types. This also allows the monitoring of services for lifetime and annual limits.

WA.SS.08; WA.SS.09	Product Configuration; Interface/Integration	APHP; Edifecs; K2; QC; OnBase; SSRS

The APHP solution is prepared to support the IME with management of cases. Our solution includes a highly configurable workflow that will be designed to notify case managers of actions needed or a change to availability for benefit plans.

WA.SS.10	Product Configuration	APHP; QC

APHP interfaces with ISIS and creates authorizations using the data sent from ISIS, which includes authorized modifiers. During claims processing, the claims engine compares the submitted data against the authorization and will pay the appropriate rate based on the procedure code-to-modifier match.

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WA.SS.11; WA.SS.12.a-d	Product Configuration; Interface/Integration	APHP; QC; K2; SSRS; Edifecs; OnBase

The APHP solution comes pre-packaged with a workflow solution that allows configuration of transactions to be processed through the system. Through the reporting functionality we can support the activity necessary to manage the waiver programs including identifying members that are going to turn 18, or a list of members within a waiver program. Through the worker portal, authorized users have the ability to view audit trail that tracks actions taken against a member record. Workers will have the ability to search and view claims processed within the claims engine.

WA.SS.13; WA.SS.14; WA.SS.15; WA.SS.16; WA.SS.17; WA.SS.18	Product Configuration	APHP; K2; SSIS; Edifecs; QC

Business rules within the claims engine will compare the approved amounts of the authorization against the claims submitted. Additionally through the use of the accumulator framework service limits are configured to the treatment types. This also allows the monitoring of services for lifetime and annual limits.

WA.SS.19 (i.a-o.a)	Product Configuration; Interface/Integration	APHP; QC; Edifecs; SSIS

APHP provides the capability to interface with Iowa's eligibility system.

WA1.01; WA1.01.01; WA1.01.02	Product Configuration; Interface/Integration	APHP; QC

APHP identifies, tracks, and reports the number of unduplicated participants enrolled in 1915 (c) and 1115 waiver programs, as well as Facility and Enhanced State Plan programs, against authorized enrollment limits. As workers create and update benefit plans for these specialized programs, and members are assigned, our integrated reporting solution enables cross reference and reporting on unduplicated participants.

WA1.01.03	Product Configuration; Interface/Integration	APHP; QC

APHP receives specialized program data through the state eligibility interface, and will apply relevant indicators to the member record. The solution assumes a separate rate in the fee schedule for each level-of-care value in order to enable differentiated payments based on a member's level of care.

WA1.02	Product Configuration	APHP; QC; K2

APHP identifies, tracks, and reports the number of unduplicated participants enrolled in the waiver programs, facility based programs, and Enhanced State Plan programs against authorized enrollment limits for the respective program. As workers create and update benefit plans, Facility Based programs, and Enhanced State Plan programs, and members are assigned, our integrated reporting solution enables cross reference and reporting on unduplicated participants. APHP will also provide the capability to create member profile reports, as approved by the State. Using our reporting solution, the APHP will generate notices or alerts to the appropriate workers if number of unduplicated participants enrolled in the waiver program(s) exceeds the number of participants approved in the waiver application and produce monitoring reports to determine if services approved in the Plan of Care (POC) are provided.

WA1.03 ; WA1.03.01	Product Configuration	APHP; QC; K2; SSRS

APHP identifies, tracks, and reports the number of unduplicated participants enrolled in 1915 (c) and 1115 waiver programs against authorized enrollment limits. As workers create and update benefit plans, including the 1915 (c) and 1115 waiver programs, and members are assigned, our integrated reporting solution enables cross reference and reporting on unduplicated participants.

WA1.04 ; WA1.04.01	Product Configuration; Interface/Integration	APHP; QC; Edifecs

For members participating in the State's medical programs, including waivers, Facility Based programs and the Enhanced State Plan Services plans, authorization data includes eligibility dates, waiver type, Level of Care (LOC) effective date, county of legal settlement when applicable, service dates, services codes, provider, rates and units of service. APHP receives this data through the state eligibility interface. The solution assumes a separate rate in the fee schedule for each level-of-care value in order to enable differentiated payments based on a member's level of care.

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WA1.SS.01 ; WA1.SS.02; WA1.SS.03; WA1.SS.05	Product Configuration; Interface/Integration	APHP; QC; Edifecs; SSIS

APHP will interface with ISIS to accept adds and updates for waiver and Enhanced State Plan programs as well as facility eligibility. APHP has the ability to accept start and end dates, based on the data received from ISIS. ISIS will send services that are flagged as exceptions upon add or update. APHP will allow for those services with exception indicators to be identified and extracted as defined by IME.

WA2.01	Product Configuration	APHP; QC; K2

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and national Taxonomy codes. The provider's NPI information is captured during provider enrollment and is validated through NPPES. APHP also has the ability to assign and track provider identifiers, including Atypical Provider Identifiers (API), historically assigned provider identifiers, provider identifiers assigned via other systems, and other identifiers such as Drug Enforcement Agency (DEA) numbers. Provider enrollment information including National Provider Identifier (NPI), geographic locations, capitation or FFS rates, are duly recorded in the APHP database for providers fulfilling eligibility requirements.

WA2.01.01	Product Configuration	APHP; QC; SSRS

APHP is a SOA-based solution built to interface with a variety of systems. APHP will provide enrollment information, including NPI, to an external source as required by the IME.

WA2.02	Product Configuration	APHP; QC; SSRS; K2

Providers must meet the qualifications contained in the provider agreement. APHP's enrollment process includes steps to verify a provider has the appropriate qualifications, valid credentials, licenses and has maintained a good standing in the community. As dictated by State-defined business rules, providers that do not meet State-defined qualifications or are identified with sanctions, licensure actions or suspected fraud and abuse stemming from the credentialing process are flagged, blocked from enrollment and are reported to the State.

WA2.03	Product Configuration	APHP; QC; SSRS; K2

The Provider Management function in APHP maintains date-specific enrollment and demographic information for individuals and groups who are approved to provide services to the State's Medicaid members in any other related programs supported by the State.
Data elements that support provider enrollment and demographic data specific information are available for viewing and updating to APHP authorized users through the user interface features of the portal. Based on the steps and processes defined in the configurable provider credentialing workflow, the APHP generates automatic alerts whenever the provider credentialing identifies the provider as failing credentialing rules. Authorized APHP users may use the APHP portal to review and update credentialing data. Additionally, APHP will upload abuse registries and debarred files monthly.

WA2.04	Product Configuration	APHP; QC; SSRS; K2

The APHP Provider Management solution is the control point and central source of data for Medicaid providers, including those providers delivering services in waiver programs, Facility Based programs and the Enhanced State Plan Services plans. Based on the State's business rules, APHP provides automated and configurable workflow capabilities that define and control the termination process. Information related to the termination, including the termination date and reason are captured. This information is retained with the provider record, should the provider submit a new application for enrollment, and can be used per the State's business policy to prevent the provider's re-enrollment.

WA2.05	Product Configuration; Interface/Integration	APHP; QC; SSRS; K2

Governed by configurable business rules, APHP prohibits the enrollment of a provider if found or affiliated with individuals found in the abuse registries, debarred by State/Federal agencies or are otherwise unqualified to provide service. APHP interfaces with external systems, as necessary, to obtain verification, credentialing and background check data. Only health care practitioners and health care facilities that meet the State's conditions of participation and eligibility requirements can be enrolled in the State's Medicaid program. As discussed in response to other State requirements, APHP supports the disenrollment of providers that do not continue to meet the State's conditions of participation and eligibility requirements.

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WA2.05.01	Product Configuration; Interface/Integration	APHP; QC; SSRS; K2

The abuse registry and debarred files are uploaded monthly and through an interface matches all providers against uploaded data for matching. Alerts are generated for providers matched with sanctions, licensure terminations or suspected fraud and abuse, providers sanctioned from licensing authority, provider sanctions from licensing boards, provider sanctions from other licensing and certification boards, the abuse registries, and provider debarred files.

WA4.01	Product Configuration	APHP; QC; OnBase; K2

As waiver claims are received into APHP, via automated interfaces or manual data entry, our rules-based solution assesses them against the defined care plans and processes them per configured rules and workflows.

WA4.02	Product Configuration	APHP; QC; OnBase; K2

APHP's rules-based engine automatically compares claims to services covered under the waiver program to prevent payments to providers lacking a provider agreement. APHP system edits will be configured to edit waiver services claims. The following edits may be applied:

- Validate that the member is Medicaid eligible on the dates of service
- Validate the provider has a provider agreement
- Validate services against the member's benefit plan to confirm services are covered
- If the member's benefit plan indicates services require a prior authorization, edit against the existence of a prior authorization to confirm services, and dollar or utilization limits
- Edit against other insurance information captured from the available third party information collected
- Suspend payments for waiver services furnished to individuals who are inpatients of a hospital, nursing facility or ICF/MR and send a notice to the provider of the admission
- Compare claims to services covered under healthcare benefit program to prevent payments to providers lacking a provider agreement

WA4.03	Product Configuration	APHP; QC

APHP's rules engine performs multiple edits automatically as claims are received, including checking for member's eligibility to prevent payments for ineligible members. APHP collects member eligibility information from approved sources to maintain up-to-date, accurate eligibility information used to process claims and respond to eligibility verification requests. During payment processing, APHP uses the eligibility data to prevent payments for ineligible members, identifying the reason code with the transaction.

WA4.04	Product Configuration	APHP; QC

When a benefit plan such as a waiver is configured in our system, workers will define specific rules for permitting payments against services identified in the plan. As claims are received, our solution compares the claim information against the plan rules and automatically suspends payments based on those rules. APHP will suspend payments for waiver services furnished to individuals who are inpatients of a hospital, nursing facility or ICF/MR and send notice to the provider of the admission.

WA4.05	Product Configuration	APHP; QC

Workers can identify a specific list of permitted services for each benefit plan they configure in APHP. When a member is enrolled in a benefit plan, claims for that individual are automatically compared to the list of permitted services, funding allowances, utilization limits, and any other rules agreed upon with the Agency defined for the plan. Claims that fall outside the plan rules are automatically limited as specified in the plan.

WA4.06	Product Configuration	APHP; QC

Workers can identify a specific list of permitted services, including those requiring prior authorization, for each benefit plan they configure in APHP. If the rules configured for a benefit plan include the requirement for prior authorization, our solution automatically checks waiver services claims for prior authorization when applicable.

WA4.07	Product Configuration	APHP; QC

APHP system edits will be configured to edit claims, including waiver services claims, against other insurance information captured from the available TPL information collected. When waiver services claims are received for a member with Third Party Liability (TPL) coverage, our solution automatically applies the edits so that Medicaid is the payer of last resort.

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WA4.08	Product Configuration	APHP; QC

Workers can identify a specific list of edited services, including those requiring premium cost sharing or enrollment fees prior to payment, for each benefit plan they configure in APHP. When waiver services claims are received for members with cost share of premium or enrollment fees our system automatically applies the plan rules prior to payment.

WA5.01	Product Configuration	APHP; QC; SSRS

Using the comprehensive APHP reporting databases and reporting solution, APHP has capabilities to:

- Gather data and produce a variety of financial reports to facilitate cost reporting and financial monitoring of waiver programs.
- Gather data and produce utilization reports for monitoring cost neutrality of waiver services to a target population. We understand that the average cost of waiver services cannot be more than the cost of alternative institutional care and acknowledges that the State may define average either in aggregate or for each participant.
- Access individual member claims and or encounter histories to extract data needed to produce annual report to CMS on cost neutrality and amount of services.
- Collect and store data and produce reports in electronic format consistent with data collection plan to assess quality and appropriateness of care furnished to participants of the waiver programs.
- Collect and store data and produce reports in electronic format to support county billing process programs.
- Collect and store data and produce reports in electronic format to assess waiver performance standards.
- Monitor provider capacity and capabilities to provide waiver and Enhanced State Plan services to enrolled participants.
- Generate reports on the structure of the benefit plans to help the Agency set the benefit plan rules more efficiently.

WA5.02	Product Configuration	APHP; QC; SSRS

APHP gathers and organizes data to produce utilization reports to manage program costs. Reports that will be created include cost reporting and financial monitoring of waiver programs, utilization reports for monitoring cost neutrality of waiver services to a target population either in aggregate or for each participant at the States direction, annual report to CMS on cost neutrality and amount of services, county billing process program reporting, waiver performance standard reporting, waiver, facility and enhanced State plan capacity and capabilities reporting, and benefit plan assessment reporting.

WA5.03	Product Configuration	APHP; QC; SSRS

APHP will access individual member claims and/or encounter histories to extract data needed to produce annual report to CMS on cost neutrality and amount of services. APHP produces the program data necessary to satisfy the Federal and State Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants.

Examples of reports that will be created include cost reporting and financial monitoring of waiver programs, utilization reports for monitoring cost neutrality of waiver services to a target population either in aggregate or for each participant at the Agency's direction, annual report to CMS on cost neutrality and amount of services, county billing process program reporting, waiver performance standard reporting, waiver, facility and enhanced State plan capacity and capabilities reporting, and benefit plan assessment reporting. Reports are produced in an Agency-approved format, media and schedule.

WA5.04 ; WA5.04.01; WA5.04.02	Product Configuration	APHP; QC; SSRS

The APHP reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal and State Medicaid reporting requirements. APHP collects and stores data, and produces reports in electronic format consistent with data collection plan to assess quality and appropriateness of care furnished to participants of the waiver programs.

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WA5.05	Product Configuration	APHP; QC; SSRS

APHP monitors provider capacity and capabilities to provide waiver and Enhanced State Plan services to enrolled participants. The APHP reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal and State Medicaid reporting requirements. Examples of reports that will be created include cost reporting and financial monitoring of waiver programs, utilization reports for monitoring cost neutrality of waiver services to a target population either in aggregate or for each participant at the Agency's direction, annual report to CMS on cost neutrality and amount of services, county billing process program reporting, waiver performance standard reporting, waiver, facility and enhanced State plan capacity and capabilities reporting, and benefit plan assessment reporting.

WA5.SS.01	Product Configuration	APHP; QC; SSRS

APHP stores benefit plan structure information and can produce reports that display reference and utilization information by benefit plan to enable the IME to analyze the associated rules and structures.

WA5.SS.02	Interface/Integration	APHP; QC; SSRS

APHP will interface with trading partners approved by the IME to provide and accept waiver-related information. Through the worker portal, authorized users will have access to view and edit information in reference to the member's waiver. Updates through interfaces will also be accepted and processed using business rules designed upon the program. As waiver claims are received, our rules-based solution assesses them against the defined care plans and processes them accordingly.

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4B.3.1.b Rules Engine

2.10 System Requirements:
b. Rules Engine

We understand that Iowa requires an MMIS that is highly configurable, using business rules to drive all levels of functionality.

Business rules covering Agency administration and policy are configured across services, workflows, COTS products, portals, and reports. These configurations can be reused and leveraged for use by functionality within APHP and are sharable to other IME components as well through business services. Conversely, APHP can leverage rules, configurations, and services from other IME components to seamlessly integrate APHP within the IME framework.

IME will Benefit from Configurable Business Rules to Govern Workflows, Transaction Processes, Portal Functionality, Notifications, and more

- Baseline configurations include Medicaid focused, MITA aligned business rules out of the box
- Pre-packaged solution that leverages existing benefit packages, workflows and reporting rule structures
- Audit trails of all changes may viewed online, in real time

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Want to see more?
BUSINESS RULES
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

Rules that control the processing of APHP applications are viewable; easily modified by trained users without custom coding; and extractable for input into requirement tracking software. The interested COTS products' native business rules engines are exposed using web services in alignment with each of the MITA process areas. Table 111 illustrates how APHP delivers a strong Rules Engine Management solution for Iowa.

Table 111: APHP's powerful rules management capabilities deliver lower future TCO to the Agency

Key Solution Features	Benefits to the IME
Configurable business rules and rules-driven components are highly reusable and can be leveraged within APHP and/or by other IME components	Lowers maintenance efforts through reuse of APHP configurable assets and/or existing/planned IME assets and functionality
Rules can be easily changed by non-technical individuals	Facilitates user ability to reconfigure changes
APHP business rules are configured via user-friendly COTS User Interfaces (UI)	Transparency into Business Rules

We architected APHP using a distributed business rules management approach. Each of the COTS component products in APHP has a native rules engine. Native capability allows each COTS component to manage the rules associated with the specific functions and data processed in that component. The benefits of a distributed rules engine approach are numerous, including less maintenance to add, update or delete. Time to implement is lessened from the COTS products that bring pre-packaged configurations which we will leverage in implementation and change can happen rapidly and with less effort. Lastly, product upgrade paths are secure and configurations kept intact when new versions are released.

The solution design decision is reinforced by CMS' Seven Conditions and Standards for Enhanced Funding. Modularity is one of the seven standards. Two of the proof points that CMS uses to validate modularity are the use of business rules engines and identification and description of open interfaces. APHP's solution delivers both of these proof points to the Agency.

The Claims Engine, Enterprise Security, and the Process and Workflow Rules Engine, respectively, are the three main rules engines in APHP that administer the enterprise-wide rules. The APHP-based MMIS framework provides the capability for authorized users to view and audit business rules online through a purpose-built User Interface via the Worker Portal. APHP provides consistent, Iowa-specific web pages to allow authorized users to tailor business rules using configuration settings. In our SOA-driven distributed business rule model, the APHP framework essentially becomes the comprehensive Business Rules Management System.

It is this framework that provides access to, and information about, business rules giving Iowa MMIS users streamlined, simplified tools with which to manage Medicaid business rules. For workflow changes, the business rules configuration interface uses a graphic process map making it easy to understand how the changes impact the business flow. A user can very easily drag and drop steps, draw branching logic, and execute APHP web services to create the desired outcome. Changes to business rules and workflow in this manner do not require

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programmer intervention, thus simplifying configuration management for business analysts to configure and reconfigure rules as necessary to respond to change.

During our initial validation of component products, we configured many example policy and logic changes that have been required in other MMIS implementations from very simple to the very complex; all of which were easily done without the need for programmer assistance. Rules may be tested in our test environment against data that is a modeled replica of the production environment. Rules may also be tested in parallel testing against known production outcomes. Our solution allows authorized users to conduct impact analyses and run "what if" scenarios of configuration changes. This allows us to compare the results of potential policy and configuration changes to the actual data and results from the production environment without impacting production operations.

Rules changes are tracked, logged and available in reports or online. Our change management process and configuration management tools keep detailed record of all system changes, including rules and other configuration elements. This provides a detailed audit trail of the change specifics, including change process steps, approvals, requirements traceability and test results, and specific configuration data for the change.

Rules documentation, including requirements, design, reference material, test cases and results are stored and/or linked within our solution and available through our document management service within APHP, accessible through the web portal.

Attachment K – Technical Specifications: Rules Engine Management

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
RE.SS1.01 (a-k)	Product Configuration	APHP; QC; K2

APHP includes a comprehensive and flexible design to support the increasing complexity of multi-program, plan, payment methods and benefit structures necessary for a State Medicaid program. Our approach to business rules management addresses the rules sets identified in this requirement and maximizes the flexibility and benefits of a modular COTS-based solution. APHP uses a commercial claims engine that was designed to support the multi-benefit, complex population groupings, and delivery structure common in the commercial healthcare industry. These rules include, but are not limited to Member, Provider, Benefit Plan, Adjudication, Reference, Managed Care, Financial, Federal Reporting, System, Prior Authorization and PCCM. These rules are distributed within the various COTS products where they will be executed.

The APHP Worker Portal combines all of the business rules – regardless of source – into a single easy to read view, giving workers or administrators a holistic understanding of business logic in the enterprise. The APHP business rules management approach is not only consistent with CMS conditions and standards, but provides a level of insight into business logic beyond the boundaries of a traditional MMIS, while allowing for a true service oriented architecture and component based solution that truly meets the MITA vision. Each of the COTS components then bring their respective expertise to bear on defining and executing business rules to a complex set of health programs, service delivery and payment methods and covering all of the general categories listed.

RE.SS1.02	Product Configuration	APHP; QC; K2

In designing the APHP solution, we fully understood how critical the system performance and scalability would be to the states. As part of our own internal development of the APHP solution, we worked with experts to execute performance and volume testing. We deployed the application in the Accenture Labs environment and ran processing volumes through the system equivalent to the largest states. Using this approach we were able to refine our architecture and confirm our ability to support the processing volumes needed by the state of Iowa.

We will conduct stress and load tests on the APHP solution for Iowa current and projected growth volumes as part of our implementation and testing approach for the Iowa MMIS. We coordinate with the Agency on planning, executing, monitoring, and reporting the results of these tests. This provides the Agency with the confirmation needed that the new MMIS meets your processing requirements.

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RE.SS1.03	Product Configuration	APHP; Forefront

As a product specifically designed to support public healthcare, the APHP architecture and our security policy and procedures meet those required by HIPAA and HITECH rules. The APHP applications and systems enforce user authentication and authorization for access by implementing role-based security through the APHP Identity Management components. Based on a user's role, they are assigned permissions and access based on the business policies specified by the Agency. With the appropriate role, a user is able to maintain the APHP processing rules.

RE.SS1.04	Product Configuration	APHP; QC; K2

Authorized users modify APHP business rules and workflows with ease using a graphical user interface provided by each COTS component. For workflow changes, the interface uses a graphically depicted process map in a visio type format, making it easy to understand how the changes impact the business flow. The user can drag and drop steps, draw branching logic, and execute APHP web services to create the desired outcome. Changes to business rules and workflow in this manner do not require programmer intervention. During our validation of component products, we implemented many example policy and logic changes that have been required in other MMIS implementations from very simple to the very complex; all of which were easily done without the need for programmer assistance.

RE.SS1.05	Product Configuration	APHP; QC; K2

APHP business rules, logic, and workflow can be implemented real-time into the enterprise environment and available for immediate execution against claims or other Medicaid business processing. However, we strongly recommend that all changes to system logic be tested in one of our available testing environments prior to introduction into the production environment. We provide robust and efficient change management processes to understand not only system impact, but potential impact to process, training, or the provider community from any change introduced into the system.

RE.SS1.06	Product Configuration	APHP; QC; K2

The APHP solution includes products from third-party vendors, including the rules engines. The rules engines house policy-driven rule sets that define the calculations and thresholds for each program in the system. Regulatory changes, process improvements, and improved business intelligence capabilities drive the need to adjust business rules and their corresponding outputs. The business rules capability provided by the solution provides a flexible and configurable mechanism for managing business rules to support processing. The rules engines are loosely coupled which allows rules to be changed without affecting application code.

The solution also provides flexibility at the workflow tier by implementing Business Process Management (BPM). BPM is used to create, execute and optimize business processes. BPM enables collaboration between business and IT through specialized modeling and design tools. Processes are highly configurable and can be managed and maintained by non-IT staff through simple drag and drop interfaces. Similar to the loosely coupled business rules, workflows can be managed and adapted without modifying application code and with limited regression testing, allowing the solution to be highly reactive to change.

RE.SS1.07	Product Configuration	APHP; QC; K2; SSRS; SSIS

The APHP solution uses third-party tools to provide a flexible solution capable of supporting Iowa Medicaid processes. The solution employs an intuitive, tool-driven approach that enables Business Analysts to model, document, and run simulations of complete end-to-end business processes. The tool-based approach focuses on configuration of business process workflows to meet business needs, rather than writing or customizing program code. This approach allows the quick and easy adaptation to business changes. The APHP rules architecture allows for timely changes in rules, with minimal code compilation or migration, to respond to federal, legislative or administrative mandates.

RE.SS1.08	Product Configuration	APHP; QC; K2

Users may view rules online in a rules engine format designed specifically to work with health benefit rules and business processes. Users may also view rules in context of the business process with our rules viewer or directly on the claims adjudication screens. Along with the positive scenarios within the system, the rules for exception processing are also viewable so that an understanding of all processing routes can be analyzed. The APHP rules viewer provides easy access to more than just edits and audits; Benefit plan structure, business process, and more are all available for MITA business process transactions.

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RE.SS1.09	Product Configuration	APHP; QC; K2

APHP and component products include troubleshooting functionality that provides the ability to debug logic and processing errors within and across business rules. In addition to the specific tools provided for the claims edit/audit rules engine, the APHP rules viewer provides a holistic view of business rules that includes benefit structure, process policy and more all in a single easy to use interface. Together, these tools provide the ability quickly understand conflicts and debug configurations across all of the policy and rules that drive your program both at design-time, and run-time. Further, our rules viewing capability makes it easy for end users to decipher the sometimes complex relationship of rules involved in any given transaction.

RE.SS1.10	Product Configuration	APHP; QC; K2

Business services, rules, and workflow transactions are tracked and logged as each transaction is processed. Rule usage for specific transactions (e.g. claim adjudication) is available online in the worker portal for reference by adjudication clerks, supervisors, and administrators, or business analysts to understand the factors considered in the decision process both in testing and in operational environment. In addition to online access, rule usage and tracking data are available in reports and extracts for more detailed analysis.

RE.SS1.11	Product Configuration; Integration/ Interface	APHP; SSRS; OnBase

As part of the Worker portal, all rules are available through the business rules viewer screens. In addition, supporting rules documentation, including requirements, design, reference material, test cases and results are stored and linked within our Microsoft TFS development toolset and available in our document management solution.

RE.SS1.12	Product Configuration	APHP; QC; K2; TFS; Forefront

APHP provides methods for managing the timing for implementation of rules or other business logic. First, our configuration management tools and processes control when, and on whose authority, any system changes are implemented. This not only allows for controlling the timing of new policy implementation but coordinates the implementation so that any dependent or impacted systems, process, or training is also ready for the change. Secondly, rules may be controlled by “effective” date parameters, so that new rules can be implemented now, but only take effect as policy prescribes.

RE.SS1.13	Product Configuration	APHP; QC; K2

APHP’s business rules have effective date capability, as appropriate to the rule class, to specify particular start and end dates when they are in effect. The date criteria for rules allows for future effective date of particular policy, allowing appropriate adjudication of claims and other transaction that may cross effective date boundaries of rules or rules sets. Additionally, this allows historically accurate implementation of rules to be maintained in the system. Audit trails are created and maintained for all changes, and will capture date added, date modified and who made the addition or modification.

RE.SS1.14	Environment Setup	APHP; K2

APHP is highly configurable, using business rules at all levels, including services, workflows, COTS products, portals, reporting, etc. These configurations can be reused and leveraged for use by functionality within APHP and are sharable to other IME components as well. Rules are made available to applications via the shared SOA business rules service(s), allowing the system to use the power and configurability of the integrated COTS products. This architecture also supports authorized external systems or users to execute these business rules via web services as appropriate.

RE.SS1.15	Environment Setup	APHP; TFS

The APHP solution provides a review and approval process to support data verification, consistency checks, and conflict analysis during rules implementation. During development, the change management process includes full impact analysis for each prospective system change to validate all aspects of impact, both internal and external, to the system. Configuration management tools automate the impact analysis process and provide reporting of the results, and include debugging, regression testing, and what-if analysis for policy changes.

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RE.SS1.16	Environment Setup	APHP; K2; QC; Forefront	The change management process and configuration management tools keep a detailed record of all system changes, including rules and other configuration elements. This provides a detailed audit trail of specifics around any change to the production environment, including change process steps with date/time stamps, approvals, requirements and test results, as well as the specific configuration data associated with the existing and revised rule. The APHP solution configuration and change management solution serves as a very detailed and complete audit trail and history of rules maintenance. This audit information provides a view into the complete history of rule changes and is available to the Agency and authorized users.
RE.SS1.17	Product Configuration; Integration/ Interface	APHP; OnBase	The change management process and configuration management tools keep a detailed record of all system changes, including rules and other configuration elements. These records include any notes, design documents and use cases, or policy associated with the change. This provides a detailed audit trail of specifics around the change, including change process steps, approvals, requirements traceability and test results, as well as the specific configuration data for the change.
RE.SS1.18	Product Configuration; Integration/ Interface	APHP; OnBase	The APHP business rules viewer provides a comprehensive and easily accessible list of applicable rules and business logic directly within the APHP worker portal. In addition, details of any initial or changed configurations - including business rule changes - are available in our change and configuration management Microsoft TFS toolset. Search on keyword, data element, or even related reference information such as policy or legislation is available in this tool.

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4B.3.1.c General Architecture

2.10 System Requirements:
c. General Architecture

We understand that the Agency wants a MITA-aligned MMIS that promotes collaboration and transparency while meeting highly configurable IME requirements.

Lowering the Burden of Certification Through Out-of-the-Box MECT Functionality

- Standards-based at all levels
- Interoperability with external systems
- Complete COTS integration through configurable adaptors
- Modular web services shared across a SOA platform
- Web accessibility to real time MMIS information
- Single sign-on user security

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APHP was designed from the ground up based on MITA. We built a solution that is flexible, configurable, extendable, and adaptable to support Medicaid as it currently exists, and as it evolves in the future. Also designed to support rapid change, APHP will manage growing Medicaid populations, expand programs, and shift delivery models using an administrative enterprise framework built on using SOA. Using a standards-based approach and elements such as adapters for plug-and-play functionality positions the IME to more quickly and easily respond to future industry and federal guidelines and requirements.

This MITA-aligned technical architecture provides an integrated services structure for COTS business software packages. COTS products can be added, upgraded, replaced or retired via configuration, rather than by long, expensive system development projects. APHP's architecture supports interoperability with the state's eligibility system, potential HIX and HIE partners, and other key contributors in the most appropriate manner for secure data exchange and maintenance.

APHP has a common security service structure to provide robust protection and control of data based on Agency policies and requirements. It has a web user interface that provides access to Providers, Members and Workers in a consistent and integrated way; all users get the same look and feel and can get everything needed to complete an inquiry or process a transaction in a single session. APHP provides a structure to easily accommodate Medicaid program changes, as well as new capabilities, such as member eligibility and enrollment and health information exchange.

As a commercially available product, APHP and our component products are based on industry standards and regulations, including: HIPAA X12 5010, HL-7, ICD-10, NPI, and 508(c). APHP is a MITA-aligned solution and fully supports the CMS "Seven Conditions and Standards (7C&S)". In fact, APHP was specifically designed to meet MITA specifications. APHP is a SOA-designed system with web services technology and standards in alignment with Iowa Medicaid Enterprise applications integration. Our APHP portal uses open standards for client-side scripting and the web interface is browser independent.

Table 1.C-1 illustrates how APHP delivers a well architected MMIS solution to meet Iowa's current and evolving Medicaid needs.

Table 1.C-1. APHP delivers a MMIS architecture that is Service-Oriented, MITA and 7C&S aligned, to deliver maximum adaptability, flexibility, and expandability to meet Iowa's Medicaid management needs

Key Solution Features	Benefits to the IME
Built on an N-Tiered architecture based on the Federal Technical Reference Model	Delivers an MMIS framework that is compliant with the Iowa Enterprise Information Technology standards
Incorporates multiple layers of system and data security	▪ Secure exchange of Medicaid and related sensitive data between APHP and other IME systems ▪ Only authorized users can access information specific to their business needs ▪ Medicaid data is protected and reliable ▪ Through Single Sign-On, provides a clean and consistent user interface to all component functionality.
Capable of interfacing with multiple entities outside of the Iowa Medicaid Enterprise for exchange of information	Provides the Agency the ability to extend interface ability outside the normal boundaries of the IME, e.g., other eligibility determination systems, prior authorization entities, health information exchange, provider directory information and Immunization and Death Registries

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Attachment K – Technical Specifications: General Architecture

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
AR.SS.01	Product Configuration; Integration/ Interface	APHP; QC; K2; SSRS; SSIS; Edifecs/Kofax

APHP is built as a service oriented, COTS component-based solution offering all of the benefits and flexibilities envisioned in MITA. The technical solution promotes openness and adherence to regulatory policies and specific standards including hardware, software, security, interoperability, and communications protocols. Our proposed solution meets the functional and technical requirements of the IME and is ready CMS certification. The solution adheres to Federal standards concerning application development (MITA), security and privacy (HIPAA), interoperability standards (OASIS, W3C, and WS-Interoperability), accessibility (ADA section 508, Web Content Accessibility Guidelines 2.0). The solution is designed for increasing levels of MITA maturity through the service-oriented, open standard architecture. The solution was built in compliance and adherence with the CMS Seven Standards and Conditions. Furthermore, the SOA is focused on delivering the required levels of compliance with all Federal guidance in place.

AR.SS.02	Environment Setup	APHP; ADFS; Forefront

From the Iowa State Government Enterprise Information Technology (IT) Standards: "DHS works in a collaborative manner with state agencies to develop, implement, and update enterprise-wide IT standards. The guiding principles for standards development are to ensure compatibility and interoperability of state government information technology systems, while at the same time promoting effective technology alignment with enterprise strategies and programs."

We have read and understand the Iowa Enterprise Information Technology operational standards as published by the Department of Administrative Services, and our solution will meet these standards of operation, including but not limited to the following:

- **Website Accessibility:** The portal products provide compliance with the Americans with Disabilities Act (ADA) and Rehabilitation Act Section 508 Subpart B Section 1194.21 usability standards. Usability features include alternate text for graphics, simple language to accommodate elementary reading levels, intuitive navigation that is easy to follow, and progress bars to indicate status.
- **Data Security**: Leading security practices, methodologies, and technologies are applied to support compliance with applicable Federal security requirements, laws, and regulations. The solution embraces compliance with open standards and uses proven security services.
- **Data Center Security**: All processing facilities will satisfy the State's policies and procedures for physical and logical security standards for IT. Accenture knows the importance of keeping the facilities, electronic systems, and electronic data secured from unauthorized access.

AR.SS.03	Product Configuration	APHP

The APHP web portal is the access layer into the underlying system. It is designed and implemented to comply with both Iowa and federal standards including HIPAA and Section 508 as appropriate for accessibility. The web interface was built with the help of the Accenture User Experience team who bring extensive experience specifically focused on designing easy to use and accessible user interfaces. We also use the JAWS screen reader software to test and validate accessibility and Section 508 compliance.

AR.SS.04	Environment Setup	APHP

The APHP solution utilizes an N-tier architecture comprised of the user interface (UI), business, services, and COTS layers. The Provider, Member and Worker portal solutions are web-based and are exposed to users through a browser; and do not require the installation of other software on the user's desktop. The APHP portals support the current and previous major version of popular web browsers in wide distribution including Google Chrome, Firefox, Internet Explorer, and Safari.

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AR.SS.05	Product Configuration; Integration/ Interface	APHP; SSRS; OnBase

The APHP solution uses Microsoft SQL Server technologies to provide the database infrastructure. The databases that support the APHP functionality are relational in nature and provide referential integrity rules (including, but not limited to, foreign keys and other table or column constraints) to protect quality and consistency of data. Any deviation from this model would have to be authorized by IME.

AR.SS.06	Product Configuration	APHP; QC; K2; SSRS

The APHP web portals employ leading practices for usability and navigation drawn from our experience at Accenture's Healthcare Center of Excellence (HCoE) along with our internal User Experience team. APHP provides three portal interfaces, Provider Portal, Member Portal and Worker Portal. Each portal is designed with the specified user in mind and allows each user to easily access information and view all data needed to perform their job. Screens can easily be further configured to improve usability or add/remove data elements using the Configuration Management Console.

AR.SS.07 (a-j)	Product Configuration	APHP; QC; OnBase; SSRS

The web interface to the Worker, Provider, and Member Portals are designed with the help of the Accenture User Experience team to ensure that they provide intuitive and easy navigation through the various functionalities of the Portal. The results of these designs led to the following standards implemented by the APHP solution. All portals are easily configurable to meet State requirements.

- Dropdown menus are used throughout the application to allow the user select from a list of values rather than free-form the values which could lead to inconsistent data.
- Application-specific toolbars are provided across the portals that provide access to the functionalities for that specific portal (provider, member, and worker).
- The solution provides auto population of persistent data where applicable. For example, a provider's demographic information such as address will be pulled from the system of record via web services to populate on the screen so that the user does not have to manually enter the information.
- Links to reference information, manuals, and documentation are provided on the appropriate screens to provide access to supporting information. This is implemented with IME input.
- The APHP application provides the ability for short-cut and function key functionality.
- Mouse-over capabilities exist throughout the portal interface. This is to provide added information to help the user understand the functionality and fields that are presented on the screen.
- The APHP solution is designed to provide navigation menus, fields, and page tabs where appropriate. This allows the user to quickly move to locations within the portal as needed.
- The APHP portal utilizes auto skips to automatically move the cursor to the next field in the sequence after the last character has been entered. This is applied to fields that have a defined length or dropdown to allow for the knowledge of the last character.
- The APHP portal solution allows forward and backward navigation through the application. This is provided through the architecture framework and also exposes navigation aids to allow the user to know their location within the portal.
- The APHP portal solution provides the ability to have multiple screens open and navigate between the screens without cutting and pasting data. For example, the provider, member, or claim identifiers will be hyperlinks that navigate to a new screen without requiring the user to perform a cut-paste and new search.

AR.SS.08	Environment Setup	APHP; Forefront

The APHP security solution is based on roles. Roles are setup for different categories of users within the system and the application authorizes functionalities based on these roles. Our role based security ensures that only authorized users are allowed access to the information that they need to do their jobs. The role of the user provides the ability to restrict access to data down to the field level. APHP uses a combination of Active Directory Domain Services, Active Directory Federation Services, and Forefront Identity manager to provide the security framework for the solution.

AR.SS.09	Environment Setup	APHP

APHP will be available 24 hours per day, 7 days a week, and 365 days per year, less mutually agreed and scheduled service/maintenance intervals. Any and all scheduled down time will be reviewed and approved by the Agency and communicated to the provider community before allowing any applications to be taken off line. The system

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will be deployed in a redundant manner to provide failover to meet the 24/7 availability requirements. The architecture utilizes clustering at the web, portal, application, and database server layers to provide load balancing and High Availability (HA) through redundant hardware and software components. This approach provides the redundancy necessary to allow processing to continue in the event of component failure.

AR.SS.10	Environment Setup	APHP

As part of APHP software maintenance, the underlying COTS components are updated / upgraded with the newer versions of the products. Product updates / upgrades are provided to the State free of charge as part of the support provided through active, in-place software maintenance/support agreements. The schedule and logistics of the product upgrades are coordinated with IME and follow the APHP change management process. As with all system changes, Accenture will work with the IME within the governance and change management processes to make certain that the change all impacts and risks are understood and appropriately mitigated prior to proceeding.

AR.SS.11	Environment Setup	APHP

The APHP solution is architected using SOA standards and guidelines. The application includes a business and technical web service layer and provides Enterprise Service Bus (ESB) capabilities, through MS BizTalk, to support integration with IME applications. The platform includes pre-built technical services, business services, and integration services, all of which can be quickly configured to meet requirements and provides a platform that supports future growth and allows technical resource focus on adding business value.

AR.SS.12	Product Configuration; Integration/ Interface	APHP

The APHP solution is fully HIPAA compliant and remains so throughout the life of the contract. The COTS products and APHP stay current with industry standards as they continue to evolve. These new releases of the COTS products will be available to IME as part of the maintenance licensing agreement. These include such things as code set updates to the EDIFECS XEngine HIPAA validation software and new versions of the HIPAA X12 transactions.

AR.SS.13	Product Configuration	APHP; K2; SSRS

The APHP solution provides an audit trail framework to capture changes to data and the details surrounding that change. The details are captured at the time of the change and include the date/time stamp, the user that made the change, the change itself, the record before the change, and the reason for the change. Audit information is available to view through the APHP web portal interface.

AR.SS.14	Product Configuration; Integration/ Interface	APHP

The APHP solution is built to align with the MITA Seven Standards and Conditions as delineated below. When changes to the MITA framework occur, those changes are incorporated into the APHP as part of our standard software license maintenance agreement.

Condition/ Standard	Explanation of how Solution Satisfies Condition/Standard
Modularity	The technical architecture delivers modular business services in a Service Oriented Architecture (SOA). Internal technical services and adapters for external products are modular and built to open standards with exposed APIs.
MITA Condition	Complies with the MITA 3.0 Framework and supports increasing levels of MITA maturity by incorporating MITA guidance in the suite design and roadmap.
Leverage Condition	The SOA promotes the reuse of business and technical services. Through its use of an Enterprise Service Bus (ESB), business processes, services, and rules can be incorporated in enterprise-wide processes. The SOA's service and adapter technology integrate COTS products with little impact to applications.
Industry Standards Condition	Adheres to HIPAA security privacy and transaction standards, including the security framework and secure data transfer protocols. The portal products undergo automated and manual accessibility testing for ADA Section 508(c) as part of the System Development Life Cycle (SDLC) for each release. The Suite complies with ACA-mandated standards and protocols including SOA/ESB design, NIEM, HL7, Nationwide Health Information Network (NHIN), NIST, and MITA. The SOA also aligns with relevant industry standards produced by Outcome and Assessment Information Set (OASIS), Web Services Interoperability (WS*I), and World Wide Web Consortium (W3C).

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Condition/ Standard	Explanation of how Solution Satisfies Condition/Standard
Business Results Condition	Delivers and measures business results, including the accuracy and timeliness of service delivery. Forms and notices support secure electronic and printed communication with interested parties.
Reporting Condition	Provides reporting and transaction data for key business processes and standard Federal requirements. Reports include internal operation and performance metrics and client outcomes. The SOA performs business activity monitoring for key business processes, identifying any process bottlenecks to be fixed. The SOA also includes adapters for COTS reporting tools.
Inter-operability Condition	Integrates and coordinates with external and third-party applications by treating them as services and by using standardized exchange formats, including HIPAA X12 and HL7. SOA toolkits support this integration, enabling interoperability with future and existing state applications, plus coordination with public health agencies and community organizations.

AR.SS.15	Product Configuration; Integration/ Interface	APHP; SSRS; SSIS; Edifecs

APHP supports secure electronic transfer of information between Iowa Medicaid Enterprise data trading partners via standard communication protocols including HIPAA compliant X12 5010 transactions, HIE HL7, and web services through the Enterprise Service Bus. Our solution will be compliant with the formalized standards at the time of implementation. Additionally, because the component products keep current on these industry standards, our solution can continue to evolve with the standards through version upgrades.

AR.SS.16	Product Configuration	APHP; SSRS

APHP provides metadata management through the SQL Server Metadata Services. This data will be accessible by all authorized IME staff to provide robust insight into the data within APHP. The APHP solution provides context-sensitive help to the user for the screen that they are on while accessing the help features.

AR.SS.17	Product Configuration	APHP; SSRS

APHP provides a data dictionary for the data models with the solution. This includes the claims, member, and provider data models. This data dictionary includes business name, field type, length, description, source, and valid values. The data dictionary is published online within the solution and is searchable to provide easy access by authorized users.

AR.SS.18	Product Configuration	APHP; SSRS

When APHP provides data extracts to external partners to IME, a metadata report will be generated and transmitted as part of the data transaction. This metadata report serves to provide an understanding of the data that is being transmitted and assist with proper utilization in the destination system.

AR.SS.19 (a-b)	Product Configuration	APHP; SSRS

APHP understands the importance of the separation of layers within the SOA architecture. The APHP solution provides a separate data access layer from the rest of the application web services layer as part of its core design. This forces the multiple layers of the solution to go through a common layer to ensure data integrity and data continuity. This also provides the ability to modify the underlying data strategy without causing massive changes to the other layers of APHP. The data models and metadata solutions are built with the MITA HL7 methodologies in mind.

AR.SS.20	Product Configuration; Integration/ Interface	APHP; OnBase

Call center workers can have access to the Worker Portal through which they can seamlessly view Provider, Member, Claim, Authorization screens, etc. MMIS data is exposed via standards-based web services which the call center software can consume and display in that application. APHP can be integrated further with the current call center software, as required by the State.

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4B.3.1.d HIPAA and MITA Technical Requirements

2.10 System Requirements:
d. HIPAA and MITA Technical Requirements

We understand that Iowa requires a MMIS that is innovative, flexible, secured, CMS certifiable, Health Insurance Portability and Accountability Act (HIPAA)-compliant, Medicaid Information Technology Architecture (MITA)-aligned, and process driven.

APHP brings all of these requirements together into one comprehensive and powerful MMIS solution that out of the box will save time and effort associated with managing IME processes and functions while meeting evolving needs over time. By choosing APHP, the Agency acquires a COTS-based, SOA solution designed specifically for MITA and HIPAA, and meets the Seven Conditions and Standards for enhanced federal funding in alignment with the IME vision.

Embracing CMS' Seven Conditions & Standards, HIPAA and MITA from the Start

- Modular – Unmatched maturity in flexibility, maintainability and expandability
- MITA 3.0 – Business processes are executed by modular, reusable services, each configurable to adapt to evolving maturity levels and business needs
- Standards-based Secure Data Exchange – Open industry standards coupled with HIPAA security protocols facilitate the secure sharing of information and functionality
- Leverage – COTS products evolve through upgrades and allow authorized user communities to share reports, templates, criteria and configurations
- Business Results – Makes available real time, unified information when and where it's needed allowing focus on outcomes
- Reporting Condition – Actionable and timely reporting applying analytics with real time information securely shared across the enterprise
- Interoperability – Industry standard interfaces and security protocols to connect seamlessly with IME systems in a protected manner

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Providing a MMIS that is HIPAA Compliant

One aspect of HIPAA is intended to protect personal and healthcare-related information critical to the effective management of the Medicaid program by protecting its disclosure and use to unauthorized entities and/or systems. We understand that data must be protected in transit as well as at rest. Healthcare and personal information security for the Iowa MMIS is accomplished through a layered security approach implementing COTS products and core security controls in the APHP product.

APHP brings together the functionality of COTS-packaged products providing integration and Medicaid functionality specifically designed to improve MITA maturity, meet HIPAA requirements, and industry standards. Commercially packaged software often leads in the adoption of standards and as such, commercial software vendors continue to invest in their software products to align with applicable MITA and HIPAA standards and others that apply to the healthcare industry. Product updates to support these standards are included in version releases and updates to the core platform, giving the Agency the benefit of receiving software changes as part of an overall solution.

The APHP security framework was specifically designed with industry standard security considerations, including those required by HIPAA, to manage and control access to information across component products. The APHP portal and other interaction layer products provide users with appropriate and controlled access to this information. Data transmitted between entities is encrypted end-to-end through secure socket layer (SSL) or secure file transfer protocol (SFTP) interfaces to protect sensitive health care information.

Delivering a MMIS Designed from the Beginning to Support MITA

MITA is intended to improve the administration of the Medicaid program by focusing on the refinement and automation of business process, while fostering integration and interoperability across the Medicaid enterprise. When developing and enhancing our APHP solution, we have incorporated each element of MITA's common business and technology vision. MITA provides the foundation for defining the Medicaid business services. APHP is unique in that it has been designed from the beginning to support MITA, and in so doing brings compliance as part of our proposed solution.

APHP brings a true COTS SOA framework with a MITA 3.0-aligned design to satisfy CMS' requirements, delivering an integrated, MITA-aligned Iowa MMIS. APHP, implements the MITA processes by executing business and integration services using a loosely coupled suite of COTS product functionality through an enterprise service bus (ESB). So while there are many challenges and considerations in advancing to higher levels of MITA maturity the technology does not have to be a limiting factor.

A tight alignment with MITA and flexible SOA architecture will allow Iowa's MMIS to support the Agency in achieving its MITA maturity goals now, and in the future. We developed APHP to be a replacement MMIS solution, built using service-oriented design tenets and aligned with MITA principles and process areas. Our

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architecture gives the Agency a highly configurable COTS MMIS solution that addresses today's requirements and positions the IME to meet evolving requirements.

Adopting Data and Industry Standards

Our approach to the APHP design has been molded by the latest government and industry standards facing our clients. For example, APHP exchanges transactions and information formatted using Accredited Standards Committee (ASC) X12 5010, HIPAA Eligibility Transaction System (HETS) 270/271, Health Level Seven International (HL7), International Statistical Classification of Diseases and Related Health Problems revision 10 (ICD-10), and National Council for Prescription Drug Programs (NCPDP).

While APHP uses standards-based interfaces, it does not require external systems to do the same. Through our flexible and configurable EDI, and the integration tools within the framework, APHP provides the flexibility to integrate with almost any system, regardless of the technical platform or protocol.

Promoting Secure Data Exchange

APHP promotes secure data exchange. The APHP data protection manager is based on NIST guidelines. It uses security controls and processes to track, control and report on the collection, dissemination, and disposition of Personally Identifiable Information (PII), Protected Health Information (PHI) and Federal Tax Information (FTI) data. Encryption suite of tools enables the system to incorporate the ANSI X12N EDI, ISO TC215, and federal standards for the secure transfer of health information. Our data protection component also supports secure file transfer protocol (SFTP) to exchange secure files.

We use an enterprise-strength, high-throughput message processing engine that provides deep and accurate transaction validation at the edge of the Iowa MMIS enterprise. APHP uses this tool to validate HIPAA transactions. It provides compliance checking against HIPAA implementation guideline rules, as well as partner-specific requirements. For incoming data, HIPAA compliance is checked prior to processing, so that only HIPAA-compliant data is passed to the system. For outgoing data, checks are performed after the translation software so that any errors are caught before sending the data to trading partners, providing us the opportunity to fix them prior to data leaving the MMIS

Promoting Reusable Components Through Standard Interfaces and Modularity

APHP promotes reusability to leverage and maximize the Agency’s investment. It is designed using a shared services model that provides a more efficient structure for enabling integration and interoperability. As the program moves forward, there will be greater needs to access and distribute data to and from more and more sources in real time. Through the use of the APHP shared services model, changes to support these needs are supported with reusable attributes that already exist within the product. In this way, APHP significantly reduces rework commonly required in current MMIS environments for changes to support incorporating additional services.

Applying MITA principles to their fullest, services will be created one time and then reused across the entire enterprise in the same manner. APHP’s configured services, rules, workflows, and components can be reused as desired across other IME components, if needed to maximize integrations and efficiencies.

Facilitating Efficient and Effective Data Sharing to Meet Stakeholder Needs

APHP's open standards interfaces promote the secure free flow of information across the enterprise. Users, trading partners, and stakeholders have access to real time, unified information through true SOA data services. APHP's presentation and data exchange services improve information access and distribution as well as automate data exchanges. Our web-accessible services can be exposed and configured for use by authorized internal and external entities. This gives the Agency the ability and control to automate information and service sharing with providers/MCOs, members, other agencies, departments, systems or programs. DHS can also allow new external entities to integrate with the Iowa MMIS.

Providing a Customer-Centric Focus

In designing APHP and the APHP web portals, we maintained a focus on enhancing the user experience and supporting the MITA business processes. APHP executes MITA processes through configurable web services, creating a flexible framework for automation and service delivery to improve customer satisfaction, increase self-service, and put real-time information at the user’s fingertips. We designed each portal page with the objective that the end user maintains the ability to maneuver easily and efficiently through activities/processes to easily access information and achieve his/her desired end result. We have improved user access to Medicaid information through the following APHP features:

- Dashboards, reports, and queries built from real-time information

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- 24 x 7 x 365 accesses to self-service tools and system functionality (except for approved scheduled outages)
- On-line help and user manuals to improve user self-service
- System codes presented in every-day language
- Easy to learn, intuitive web pages are configurable to meet a variety of user preferences and roles to simplify navigation
- Relevant links and functionality presented to simplify user tasks and tailored to user roles with a breadcrumb trail navigation aid

Delivering Interoperability and Integration Using Open Architecture and Data Standards

APHP delivers high interoperability out-of-the-box. Our platform promotes interoperability through open standards interfaces to connect and integrate disparate systems and interact with future programs. Under the Affordable Care Act, Medicaid programs become more like commercial health care plans, with member choice of benefit plans, annual reenrollment, wellness programs and a host of other self-service features. APHP is interoperable with and/or extendable to new programs that go outside the boundaries of traditional Medicaid programs, providing coordinated, integrated information sharing and simplified user access to the program.

Supporting Integration of Clinical and Administrative Data to Enable Better Decision-Making

APHP's service oriented architecture integrates COTS products to provide a complete suite of functionality to integrate information across the enterprise. APHP's analytics and reporting suite provides graphic dashboards and reports, user-defined queries, and drill-down capabilities using real time MMIS data.

Because we can initiate real-time clinician outreach queued by automated healthcare claim alerts, we will help DHS contain costs and demonstrate a return on investment through improved medical and care management outcomes. These outcomes include properly scheduled follow-up provider-member communication to evaluate that care protocols are effective in helping the patient; and that providers are informed and equipped with holistic member and care-related information to promote appropriate diagnoses and proactive care planning.

Breaking Down Artificial Boundaries Between Systems, Geography, and Funding

Fitting seamlessly within the IME construct of multiple systems and stakeholder organizations, APHP implements a true SOA framework using open-standards web services and interfaces. By standardizing how users and systems interconnect across an enterprise through standards like APHP's web services, DHS is better positioned to achieve a fully functional IME framework, sharing information and functionality seamlessly across its programs, regardless of the systems.

With large, complex policy changes like the Affordable Care Act (ACA) and quickly changing member, provider, and stakeholder communities, state Medicaid systems must have the ability to interface with new and/or growing user populations, support changing standards, and accommodate evolving access channels. We do this by using APHP industry-standard communications protocols to automate information sharing with external systems, providing DHS with a flexible, interoperable solution and promoting the free flow of information across the IME.

Attachment K – Technical Specifications: HIPAA Technical Requirements

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
HP.SS.01	Product Configuration; Integration/Interface	APHP; Edifecs

- Retail pharmacy drug claims and eligibility inquiries (NCPDP) D.0
- Dental health care claims (X12N 837D)
- Professional health care claims (X12N 837P)
- Institutional health care claims (X12N 837I)
- Claims/authorization attachments (X12N 275)
- Eligibility inquiry (X12N 270)

APHP provides system support for the receiving and sending of electronic transactions containing valid codes required by 45 CFR Parts 160 and 162 as follows:

- Authorization/referrals (X12N 278)
- Claim status inquiries (X12N 276)
- Member enrollment (X12N 834)
- Premium/capitation payments (X12N 820)
- Remittance advice (X12N 835)
- Related response transactions (X12N 999, 277CA, 277, and 271)

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The APHP EDI solution is X12N 005010 compliant (including errata versions) as well as NCPDP D.0 compliant. As new standards and mandates are introduced, the APHP EDI component will remain compliant through product updates. Product updates are provided to the State as part of the support provided through active, in-place software maintenance/support agreements.

HP.SS.02 (a-f)	Product Configuration; Integration/Interface	APHP; Edifecs

The APHP solution supports testing of EDI transactions by allowing submitters to submit test files that are processed through the adjudication cycle without impact to production system data. The testing environment allows for routine testing of existing functionality and testing of new functionality before being implemented into the production environment. The testing environment supports all levels of processing that exist in the production environment which includes adherence to standards such as syntax, balancing, situational data elements (both national standard and state specific), code sets and testing of specific lines of business or provider class/specialty. By implementing testing procedures and environment, Accenture verifies that clean and valid data is submitted into the production environment. APHP leverages reusable test cases and scripts to lower the total cost of ownership for Iowa.

HP.SS.03	Product Configuration; Integration/Interface	APHP; Edifecs

In both the testing and production environments, the APHP EDI solution responds to all inbound HIPAA transactions with the appropriate HIPAA compliant responses. These responses include all mandated attributes and data related to the transaction as per IME policy. All standardized electronic submissions go through HIPAA validation based on WEDI SNIP levels of editing and reporting. These levels as well as individual edits will be configured to be on, off or set to warning based upon IME policy and direction.

HP.SS.04	Product Configuration; Integration/Interface	APHP; Edifecs

The APHP EDI solution offers a complete logging of all HIPAA transactions to verify that every transaction is processed and the appropriate responses generated. This logging includes who submitted the transaction, what kind of transaction, how many transactions were included (in the case of batch files), a successful or failed status for each transaction through the EDI component (HIPAA validation) and status/response to the transaction as received from the claims engine. This log is accessed through the APHP portal for internal users to have efficient access to the EDI data to answer questions from submitters that may inquire about their transmissions.

HP.SS.05	Product Configuration; Integration/Interface	APHP; Edifecs

The APHP EDI solution offers a complete logging of all HIPAA transactions to verify that every transaction is processed and the appropriate responses generated. This logging includes who submitted the transaction, what kind of transaction, how many transactions were included (in the case of batch files), a successful or failed status for each transaction through the EDI component (HIPAA validation) and status/response to the transaction as received from the claims engine. The APHP EDI component also allows for alerts to be configured for thresholds reached (i.e. total volume, per transaction type volume, total failed rates, per transaction type failed rates) based on the data that is logged for each transaction.

HP.SS.06	Product Configuration; Integration/Interface	APHP; Edifecs

Eligibility information contained within the APHP database will be available for inquiry by date through the following access points:

- Web portal
- IVR
- Call center
- X12N 270/271

Only authorized inquiries with be provided with member eligibility information. APHP maintains an HIPAA compliant X12 270/271 access point for external entities to connect securely and query member eligibility information. The APHP web portal provides secure access to eligibility information for authorized APHP users, including State and contractor users, providers, members and other State-approved trading partners. For IVR and call center access the caller identification is verified as per State-defined rules and the voice calls are recorded. In response to eligibility inquiries made through APHP we will return required information, such as eligibility status, dates of coverage, benefit plan information, participation in a managed care program, any service. Real time member eligibility verification information are provided for requests submitted via an EDI 270 transaction at the point of sale using the Healthy Rewards debit card.

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Attachment K – Technical Specifications: MITA Technical Requirements

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
MT.SS.01	Product Configuration	APHP

APHP meets the requirements of the RFP as described within this proposal, including CMS' 7 Standards and Conditions described in Table 1.D-1 herein:

Table 1.D-1. APHP provides a robust MMIS solution for the IME, delivering compliance to CMS Seven Conditions and Standards

Standard/Condition	How the solution satisfies the condition/standard
Modularity	The technical architecture delivers modular business services in a Service Oriented Architecture (SOA). Internal technical services and adapters for external products are modular and built to open standards with exposed APIs. Business rules run in a rules engine separate from core programming.
MITA Condition	Complies with the MITA 3.0 Framework and supports increasing levels of MITA maturity by incorporating MITA guidance in the suite design and roadmap. APHP implements MITA processes through configurable services to promote improved business processes.
Leverage Condition	The SOA promotes the reuse of business and technical services. Through its use of an Enterprise Service Bus (ESB) and BPM tools, business processes, services, and rules can be incorporated in enterprise-wide processes. The SOA's service and adapter technology integrate COTS products with little impact to applications. Operating System (OS) independence enables the SOA to run in the cloud.
Industry Standards Condition	Adheres to HIPAA security privacy and transaction standards, including the security framework and secure data transfer protocols. The portal products undergo automated and manual accessibility testing for ADA Section 508(c) as part of the System Development Life Cycle (SDLC) for each release. The suite complies with ACA-mandated standards and protocols including SOA/ESB design, NIEM, HL7, Nationwide Health Information Network (NHIN), NIST, and MITA. The SOA also aligns with relevant industry standards produced by Outcome and Assessment Information Set (OASIS), Web Services Interoperability (WS*I), and World Wide Web Consortium (W3C).
Business Results Condition	Delivers and measures business results, including the accuracy and timeliness of service delivery. The self-service portal allows clients to apply for and receive affordable healthcare online and to interact securely with staff. Forms and notices support secure electronic and printed communication with interested parties.
Reporting Condition	Provides reporting and transaction data for key business processes and standard Federal requirements. Reports include internal operation and performance metrics and client outcomes. The SOA performs business activity monitoring for key business processes, identifying any process bottlenecks to be fixed. The SOA also includes adaptors for COTS reporting tools.
Inter-operability Condition	Integrates and coordinates with external and third-party applications by treating them as services and by using standardized exchange formats, including NIEM and HL7. SOA toolkits support this integration, enabling interoperability with future and existing state applications, plus coordination with public health agencies and community organizations.

MT.SS.02	Product Configuration	APHP; K2; SSRS; SSIS

During ACD, we will identify business processes that evaluate at Level 1 or Level 2 maturity level and will propose a solution to move to Level 3 or higher for the identified processes. The APHP architecture supports MITA principles and is specifically designed to provide Medicaid business functionality on a Service Oriented Architecture through re-usable web service interfaces and taking full advantage of COTS product components. SOA enables components to be integrated in a loosely coupled manner so that there is less interdependency and coordination required facilitating information flow among applications. Each APHP component meets specific business requirements and conforms to well-defined interface standards which are be leveraged by multiple channels to facilitate moving business processes to MITA Level 3.

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APHP is a technical architecture that provides an integrated services structure for COTS business software packages. The platform is highly configurable and flexible. COTS products can be added, upgraded, replaced or retired via configuration, rather than by long, expensive system development projects. APHP has a common security service structure to provide robust protection and control of data based on DHS' policies and regulations.

MT.SS.03	Product Configuration	APHP; K2; QC; SSRS; SSIS

Three key themes running through MITA are business process orientation, interoperability and modularity. In our ever-evolving and connected world, there is heightened emphasis on linking health care information sources together to bring new capabilities to members, providers, payers, regulators and legislators. Our APHP solution is designed specifically to address these concepts. The APHP Business Integration Layer manages and coordinates the functionality provided by the COTS components and exposes this functionality in our MITA web services. These services may be consumed either internally or externally enabling any authorized system or user easy access to these business functions.

MT.SS.04	Product Configuration	APHP; TFS

Our governance structure and change management process discussed in Section 4C.3 is designed to efficiently bring together all impacted stakeholders in the processing of any change management request. The IME will participate in this process.

MT.SS.05	Product Configuration; Integration/Interface	APHP

The APHP Business Integration and Services layer has been architected around the eight business process areas published in the MITA 3.0 Business Process Model. This layer acts as an integration engine and broker between the user interface in the Access layer and the individual COTS applications. APHP uses a connector design to link COTS applications to business services. Adaptors in the Business Integration and Services layer essentially connect the business functionality from the COTS application to the appropriate business process areas. Each of the APHP MITA business services are defined and operate independently, as do the other component COTS applications. This modular design provides incredible flexibility, yet maintains the focus on performing each of the business functions as defined by CMS in the MITA Specification.

MT.SS.06	Not Applicable (N/A)	APHP

Accenture is pleased to represent the state as requested in standards bodies, working groups, and other organizations or events that promote and discuss the technology, policy, and regulations surrounding Medicaid, MMIS, and healthcare.

MT.SS.07	Integration/Interface	APHP

APHP is designed to interoperate both internally and externally through standards based protocols and web services. APHP will support secure messaging through IHIN and the statewide HIE using these standard connections and messaging protocols.

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4B.3.1.e Service Oriented Architecture

2.10 System Requirements
e. Service Oriented Architecture.

We understand that Iowa wants an MMIS that integrates seamlessly into the IME and provides a mature model for flexibility, configurability, and real time information sharing.

SOA Design Connects IME Stakeholders with Information for Better Coordinated Care and Service Delivery Quality

- Service oriented architecture promotes the reuse of existing assets and reduces development costs
- Leverages fully-integrated COTS-driven functionality to meet MITA business process
- Promotes interoperability and real-time data exchange

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Like all states, Iowa faces changing policies, populations, and technologies greatly affecting the Medicaid program. To meet these challenges, the Agency has clearly expressed the need for a true service-oriented architecture as a key element in achieving your Medicaid enterprise. By requiring a COTS-based SOA for the Iowa MMIS, DHS is propelling into a more flexible and better connected future.

Delivering A True SOA MMIS Solution

APHP provides a standards-based solution that systematically supports the administration of defined clinical processes and programs, provider and member requirements, and the IME's business processes. Staying true to the intent of a services-based solution, APHP positions the IME to expand technologically to meet the next level of SOA guidelines. We offer DHS a framework that executes MITA processes with configurable SOA services that deliver unmatched flexibility and expandability, as summarized in Table 1.E-1.

Table 1.E-1: We incorporated industry SOA standards in developing APHP's services

APHP's Key SOA Features	Benefits to the IME
Standardized Services: standardized rules, workflow configurations that can be repeated and reused throughout MITA business processes	Reusability, leverage and simplification in managing enterprise-wide services
Loosely Coupled Services: a scalable & extensible framework that supports plug-and-play of new services and functionality	Facilitates cost-effective change management and positions the Agency to support future needs of Iowa Medicaid
Modular Services: multiple access channels; adaptable and configurable at all levels; extensive use of COTS products for functionality	Improves user accessibility to information and MMIS functionality; Facilitates cost-effective change management
Interoperable Services: web-accessible for users and employs industry standard data exchange and communications protocols	Promotes free flow of information between Medicaid users, systems, and agencies
Transparent Services: access to unified, real-time information and automated processes across the Iowa Medicaid enterprise	Improves operational visibility to enhance decision making and improve health outcomes while reducing administrative costs

APHP delivers flexibility through an n-tier SOA platform, illustrated in Figure 1.E-1, with configurable presentation, business process, integration, and product services. Because APHP is a plug-and-play, SOA platform composed completely of COTS software products, we can easily integrate APHP within the IME stakeholder community to share information, services, and functionality across the enterprise. Shared services internally and externally across the IME is a powerful benefit of a true SOA solution.

APHP's SOA structure helps maximize ability to integrate with the Agency's investment in its enterprise functionality, as required to support your goals and objectives:

- ELIAS
- Data Warehouse and Decision Support (DW/DS) System
- Call Center Management System
- Immunization Registry
- Medicaid Quality Utilization and Improvement Data System (MQUIDS)
- Program Integrity System (Surveillance and Utilization Review Subsystem (SURS) Function; Impact Fraud and Abuse Detection System (IFADS); ImpactPro; iQRMS Recovery Management System; Provider Self Review)
- HCBS Quality Assurance Provider Oversight
- Iowa Health Information Network

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- Iowa Medicaid Electronic Records System (I-MERS)
- Pharmacy Point-of-Sale (POS) System
- CareConnection® System
- Iowa EHR Medicaid Incentive Payment Administration
- IMCARs Cost Report Management Software
- Other Current and Future services

APHP - Built from the Ground Up as a COTS-SOA Framework

Embracing the evolution of health care and Medicaid, we designed the Accenture Public Health Platform (APHP) as a COTS SOA framework ready to adapt to whatever the future brings. APHP aligns with the strategic objectives from CMS by meeting the Seven Conditions and Standards, incorporates the MITA initiatives, and enables the true health care enterprise. Within a true SOA, like APHP, it doesn't matter what technology service components are used or even where these services reside. What matters is that each service delivers the required functionality and can be quickly and easily configured or replaced to perform as desired.

We will bring to Iowa an integrated and repeatable SOA implementation and transition capability. To highlight the value, we break out APHP's SOA services and functionality into service groups or functions, depicted Figure 1.E-1.

We understand that there is no one SOA standard construct that exists in the industry today. Some SOA models have three functional layers, some have four or more. Within the SOA layers, functionality is typically included, grouped and/or aligned to whatever best suits the needs of the system owner. That said, we also understand that regardless of how the SOA layers are grouped or named, the hallmark of a true SOA-built enterprise application is that the component services within each layer are not only independent of peer services within the same layer, but they are also independent from interfacing services across layers. Service components interact with each other through the enterprise service bus through the use of configurable business rules and workflows. Layer functionality, in part or in whole, can be changed, extended, and/or replaced through the configuration of business rules and/or workflows, thus providing the Agency with improved flexibility and interoperability with existing assets.

Like DHS, we understand that to achieve real value, such as streamlining operations, improving healthcare outcomes for Medicaid members, and reducing program spending, a true Medicaid SOA platform will:

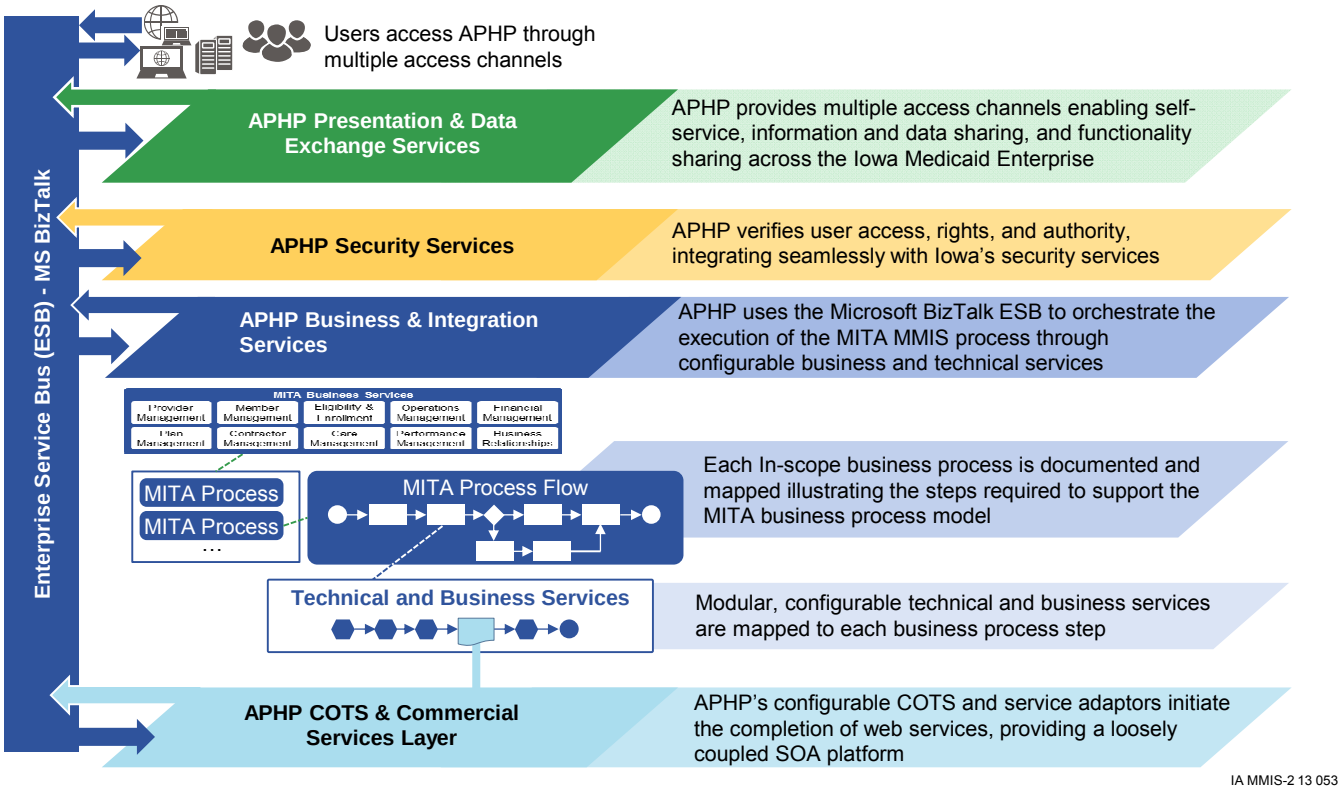

Figure 1.E-1. APHP's enterprise architecture delivers SOA functionality in every layer.

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- Deliver discrete services independent of each other, or loosely coupled, changes can be made expediently, efficiently and cost-effectively through configuration
- Make enterprise information available to users (inside and outside the enterprise) and makes it easily accessible, transparent and understood, thus driving administrative efficiency and facilitating decision-making to improve health outcomes
- Deliver commercially available (COTS) software products within the enterprise application, supported by well-defined vendor roadmaps, with upgrades that are part of the product's software license
- Deliver a plug-and-play service framework such that if the Agency wants to add new services or replace software service components, it can readily be accomplished through configuration
- Deliver services, business rules, and workflows that can be reused by more than one element of the enterprise; and/or extended and reused in new business areas that use similar functionality, thus increasing leveragability of assets, improving administrative efficiency, and lowering TCO

Attachment K – Technical Specifications: SOA Technical Requirements

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
SOA.01	Environment Setup	APHP

Our proposed IME Core System architecture is the Accenture Software product, APHP. The APHP framework provides a solid MMIS implementation foundation based on Service Oriented Architecture principles that incorporates the flexibility of configurable COTS products. The APHP structure is based on open industry standards to incorporate new products as necessary and flexible enough to support future policy changes. APHP aligns with the defined requirements of the DHS and CMS. It is MITA aligned and compatible with Iowa's enterprise architecture strategy. By leveraging an SOA design, the components of the APHP solution are available or re-use within APHP or by the Iowa statewide enterprise. Each APHP component meets specific business requirements and conforms to well-defined interface standards. Each component can be independently updated with little or no impact to the overall system through the loosely-coupled design. Reuse of system functionality is easily achieved within APHP, and can also be extended to other IME entities statewide.

SOA.02	Environment Setup	APHP

APHP offers to DHS a platform that supports interoperability between different technologies. APHP's MITA web services are built using Microsoft's Windows Communications Foundation (WCF) technology which is a framework for building service-oriented applications. The services built using WCF support a wide variety of web service protocols and standards, including Simple Object Access Protocol (SOAP), JavaScript Object Notation (JSON) and Representational State Transfer (REST). The services may be invoked from any application, system, or process – either internally or externally. In addition, with the assistance of our ESB, we can even allow these services to interact with platforms and processes that don't necessarily support web service interaction. For instance, if we are interfacing with a legacy system that can only give us a file, we will take that file into the ESB and then use the data to invoke the web services within APHP.

SOA.03	Product Configuration; Integration/Interface	APHP; Edifecs

To support standards-based interoperability, APHP is built on the .NET framework technologies. It supports multiple protocols through the BizTalk Enterprise Service Bus technology and interfaces. The APHP solution supports industry standards for coding frameworks and communication protocols including HL7 (V 3), XML, Extensible Style sheet Language Transformation (XSLT), Web Services Interoperability (WS-I), Web Service Description Language (WSDL), Simple Object Access Protocol (SOAP)1.1 or 2.0, Universal Description , Discovery and Integration (UDDI), Web Services (WS)-BPEL (Business Process Execution Language), Representational State Transfer (REST) (in place of SOAP), and W-Message Transmission Optimization Mechanism (MTOM) Policy.
The APHP solution web services are based on the Simple Object Access Protocol (SOAP) standard. APHP also uses Microsoft Message Queuing (MSMQ) to provide a message queuing and management system. Our APHP solution supports the OASIS standard Web Services Business Process Execution Language (BPEL) for execution

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and control of MITA and component product web services within our Business Integration Layer. Our enterprise workflow engine uses Business Process Model Notation to represent/edit workflows across all APHP component products.

SOA.04	Environment Setup	APHP

Each of the APHP MITA service modules operate within their own separate life cycle, so that changes to Provider Management, for instance, do not impact require changes in Member Management. But this modular, life-cycle independence is not just limited to the service architecture. As described earlier, the APHP extends componentization throughout the frameworks with our adapters that even allow the COTS components to exist and continue to evolve without impacting their neighbor. APHP is componentized throughout its SOA layers, making it easy for the Agency to continue to adapt to changes in Medicaid, regulatory and standards environments; and to continue to adopt new and better ways to deliver health outcomes to citizens.

SOA.05	Integration/Interface	APHP

APHP delivers functionality from COTS components through MITA aligned web services that are published on our ESB. Any authorized user may invoke the APHP web services locally or remotely from an external system or network.

SOA.06	Integration/Interface	APHP

The APHP solution uses the BizTalk Enterprise Service Bus to provide the ability to invoke a service by a variety of protocols. BizTalk provides multiple, standard adapters to allow services to be invoked by a web services, file inputs, and queues, to name a few. Services are not limited nor bound to a specific protocol, binding occurs at run-time/deployment.

SOA.07 (a-d)	Product Configuration; Integration/Interface	APHP

The APHP design is specifically focused toward effectively delivering business process and business functionality and to essentially let the technical complexities behind that functionality melt into the background. From our system architecture diagram, from the user perspective, they need interact completely through the MITA aligned web services, whether through our Portals, or from external systems if so desired. Underneath is a very powerful business integration capability with adaptors that provide an incredible amount of flexibility in the choosing, upgrading, and expanding COTS component products that provide the robust functionality to these services. Component COTS applications can be upgraded or changed independently, without impacting other parts of the system.

APHP, its MITA web services, and Portals are easily integrated with other applications and systems through the most popular web standards and methods. Our componentized approach makes it a simple exercise to integrate with existing technologies and legacy applications like OnBase, to fully leverage the investment and knowledge capital the Agency has developed over the years. Creating business processes can be as simple as dragging and dropping process flows in MS Visio. Our enterprise workflow provides powerful business process definition capability across the entire portfolio of applications and services. MITA business services are easily invoked within these workflows, and the workflows can react to just about any event, trigger, or data change within APHP.

SOA.08	Integration/Interface	APHP

Accenture's proposed solution includes an Enterprise Service Bus (ESB) that provides message management, data management, and service coordination. The APHP solution utilizes the Microsoft BizTalk ESB to provide the ability to invoke a service by a variety of protocols. BizTalk provides multiple, standard adaptors to allow services to be invoked by web services, file inputs, and queues. Routing to the desired endpoint occurs at run-time/deployment-time. The APHP solution web services are based on the Simple Object Access Protocol (SOAP) standard. The APHP system also uses Microsoft Message Queuing (MSMQ) to provide a message queuing system for processing that requires a rollback to a queue if an error occurs to ensure message delivery.

SOA.09 (a – c)	Integration/Interface	APHP

APHP product documentation includes a complete library of all published MITA web services in the standard Web Services Description Language defining the service; the operations it may perform; the messages used to perform those operations. Data used in the service is described as XML schema as described in the standard. APHP will use the MITA/HL7 standards and methods as appropriate for defining the information model and messages.

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Programming Language Requirements

APHP delivers a solution that is compatible with and compliant to Iowa ITE standards and is designed using open standards and highly configurable interfaces, is operable and effective within the state IT construct.
The APHP solution incorporates industry-leading COTS products that perform the diverse Medicaid business processes and functions. APHP additionally sets the stage for "plugging in" future COTS functionality through our flexible and expandable SOA technology. As a COTS solution, the need for programming, experienced programmers, and programming languages is kept to a minimum. The configurable application components in our solution are tailored and configured rather than "programmed" to meet the specific needs of the IME.

Attachment K – Technical Specifications: Programming Language Technical Requirements

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
PLSS.01	Environment Setup	APHP; SSRS

The APHP solution is a COTS based system that is based on SOA, industry, and IT standards. To the extent practical, the APHP operations environment will conform to the Iowa ITE standards that are described at https://forge.iowa.gov/wiki/. Accenture understands the importance of complying with both industry and State specific ITE requirements. The APHP system is aligned with the Iowa ITE standards for hardware, software, electronic directory services, database, LAN storage, email, programming languages, electronic publishing, web applications, electronic information management, data backup, IT security, distributed learning, data warehousing, digital government infrastructure, and data center management. These are core components of the APHP solution and policies and procedures that are in place to ensure that the solution is based on industry standards.

PLSS.02	N/A	APHP; SSRS; SSIS

Our proposed solution is based on configurable COTS component applications that require minimal programming. The APHP solution is based on Microsoft .NET technologies. The web portal, web services, Enterprise Service Bus, Quantum Choice, and workflow components use ASP.NET, C#, WCF, XML, and WWF technologies. The reporting components utilize SQL Server Reporting Services (SSRS) and SQL Server Analysis Services (SSAS) to provide the state and federal reports for APHP. The database components utilize SQL Server and SQL Server Integration Services (SSIS). For a given task, we will submit for State approval, all industry standard languages to be used.

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4B.3.1.f Security and Privacy

2.10 System Requirements
f. Security and Privacy

We understand that Security and Privacy are fundamental building blocks required to achieve a secure flow of information across the IME.

To support this objective, the APHP solution provides an extensive suite of security services compliant to NIST, HIPAA, and ISO 27002, integrated together to provide comprehensive protection for IA Medicaid information. Security for health care and personal information exchanged with and/or maintained within our Iowa MMIS solution is accomplished through a layered security infrastructure that implements COTS products and configurable core security controls inside the APHP product.

IME Security Services are Integrated Together to Form a Comprehensive Data Protection Solution

- HIPAA, NIST, IRS, ISO and ITE compliant
- Protects data through the multiple ways it is created, processed, and accessed
- Security controls are layered so that no single control can be compromised to allow a breach
- MITA 3.0 aligned

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Want to see more?
SECURITY AND PRIVACY
Screenshots
available in the *Technical Specifications Supporting Information folder* of the electronic submittal.

APHP's security and privacy solution provides leading-practice capabilities that meet the explicit RFP requirements and support compliance with applicable State, Federal, and Medicaid-specific regulatory security requirements. Our solution encompasses relevant security domains and is based on NIST 800-53, IRS Pub 1075, HIPPA security and privacy rules and other leading practice standards.

The underlying mandate for security is simple: Citizens' data must remain secure and private throughout the lifecycle of that data in Iowa Medicaid information systems. We understand the complexities involved in providing adequate security and privacy throughout the data lifecycle, as evidenced by our successful implementation of similar solutions for other State and Federal Health and Public Service organizations, Texas Medicaid, as well as national health plans.

Table 1.F-1 illustrates how APHP provides a strong solution to support Medicaid security and privacy in Iowa.

Table 1.F-1: Accenture's security and privacy solution provides leading-practice capabilities

Key Solution Features	Benefits to the IME
Multi layered security solution	Non-authorized users cannot access information
Incorporates latest HIPAA and data security policies and regulatory requirements	Facilitates accessibility of sensitive data to authorized users, resistant to misuse and leakage
Implements measures designed to identify the organization's exposure to internal and external threats	Provides effective prevention and recovery for the organization in the event of an unforeseen event

The APHP Security Model

Accenture's approach for securing and monitoring Medicaid-related data incorporates controls that operate at the governance and management, system, database, data, application, and network layers. Examples of how we approach safeguarding data include secure portal access, role and field based security, encryption techniques across all data flow, and consistent monitoring of any potential activity that may flag a security breach. To effectively describe our security solution for Iowa's MMIS, we have organized the multiple solution elements into a simple model encompassing five security domains as illustrated in Figure 1.F-1.

Security controls are integrated and managed to meet State and Federal requirements, reduce risk, and increase solution utility and efficiency. We describe each of these areas in the subsections that follow, and show how we address the State's requirements within each area. Across all of the security domains we have incorporated three widely accepted, leading design principles:

- **Defense in Depth**: Layering of security controls so that no single control can be compromised to allow a breach
- **Least Privilege:** Minimal privilege is granted for any system activity, access, or functionality and only for authorized and approved business needs
- **Confidentiality, Integrity, and Availability**: We restrict the viewing, sharing, modification and movement of data to only authorized users, while making it highly available for authorized activity. Equally as important is maintaining the highest standard of data integrity, in order to keep data pristine and sustainable.

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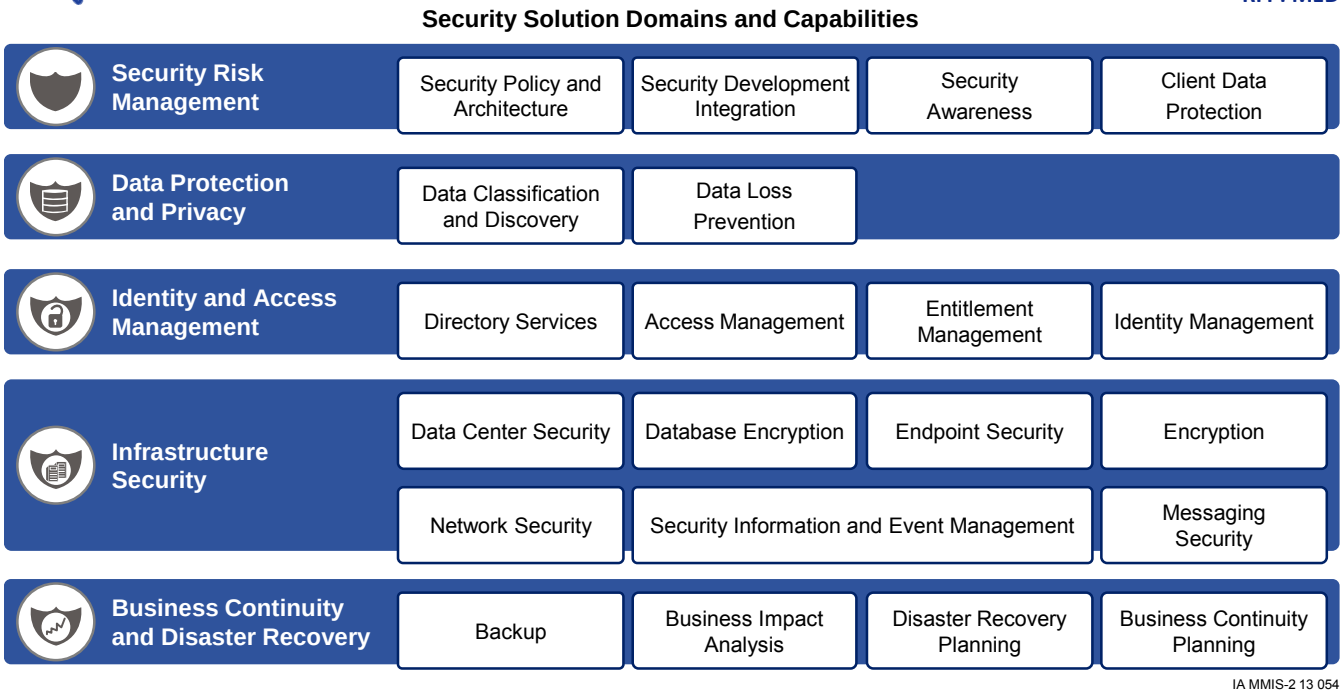

Figure 1.F-1. We apply our security capabilities throughout our solution maintaining tight controls and delivering secure private information.

Security Risk Management

Security Policy and Architecture (SPA): Defining, documenting, and maintaining the policies, standards, technical architectures, and procedures that govern security and privacy controls and practices; defining and documenting the monitoring and enforcement mechanisms needed to support governance. Accenture will work with DHS/ITE to define the security policies, procedures and standards based on the applicable regulations (CMS, IRS, and HIPAA) and enterprise security policies and standards.

Security Development Integration: Implementation of the controls defined by the policies, standards, technical architectures, and procedures within the infrastructure, applications, and general IT operations; development of relevant risk assessment and audit/compliance checks. Accenture will apply the selected security controls as mapped during the security risk assessment and apply to the MMIS solution during the design, development and implementation phases. This will cover all the 18 domains from the NIST and other security controls from IRS and HIPAA in addition to requirements specified in Appendix K.

Security Awareness: Communications with and training of users on the expectations, requirements, and acceptable behaviors outlined and mandated by the policies. We focus on the documentation and distribution of security information through methods ranging from mandatory meetings and security policy and awareness documents to the security messaging content used by solution dialogue pop-up boxes, following an agreed upon schedule.

Client Data Protection (CDP): Client Data Protection applies leading practice security and privacy methodologies to the way the MIDAS Team handles sensitive client-owned data. The British Standards Institute (BSI) assessed Accenture's global CDP program and found it consistent with ISC/IEC 27001 and ISO/IEC 27001:2005. One of our primary objectives is to never allow the misuse or erroneous release of protected data.

Data Protection and Privacy

In addition to the strong network- and application-level defenses, enabling data protection and privacy is an essential component of comprehensive security controls. We want to ensure we maintain an environment secure from any outside intrusion or internal manipulation.

Data Classification and Discovery: In sensitive data processing environments like an MMIS, it is imperative to identify and scan for sensitive data. Identification and classification of such data allows the Agency to obtain a view of the data flow, locating the data at rest and data in motion. Once identified, controls around the sensitive data can be implemented so that compliance with applicable standards and regulations may be met.

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MMIS solution security controls address both the preventive and detective needs of the system as part of a defense-in-depth approach. At the database level, security controls are in place to address the following:

- Encryption for data at rest and in flight
- Encryption for backups and exports
- Strong authentication for privileged accounts
- Consolidated system-wide audit data repository
- Automated configuration management tracking

Data Loss Prevention: In order to protect sensitive data at rest and data in motion within the MMIS application, a combination of technologies and controls have been applied. Data Protection Services within MMIS are comprised of Database encryption and Data Masking solution sets. Data Protection Services allow for central scanning and management of sensitive data; whether the data exists within storage devices (data at rest), in use at the workstations (data in use) or transmitted outside the agency (data in motion). Table 1.F-2 is a summary of the data protection products and how they are used to protect data at rest, in motion, and in use by the solution.

Table 1.F-2. Our APHP solution implements layered security to maximize the security and privacy of Medicaid data

Product/ Technology	Data at Rest	Data in Motion	Data in Use (Data at the Endpoint)
MS SQL Database Encryption	The Transparent Data Encryption (TDE) provided by MS SQL is applied to the APHP databases. This functionality facilitates automatic encryption of sensitive data (FTI data) without writing custom code.	Not Applicable	Not Applicable
Camouflage Data Masking	Sanitize sensitive MMIS production data (e.g. FTI data) that is used in non-production environments (e.g. Software Development Sandbox) Sensitive data is sanitized preserving application logic and statistical distribution for functionality and performance testing to be valid	Not Applicable	Sensitive data may be masked on the fly by the data masking solution to minimize the risk of access by inappropriate users or roles.
APHP Security Framework	Not Applicable	Provides the data encryption for data in motion (at the web services layer) and secure transmission via SSL and SFTP	Not Applicable
MMIS in conjunction with ADFS/MS FIM and Access Control	The user credentials (Password) and other sensitive profile information (SSN) will be encrypted and stored. The MS SQL Server database also provides a highly granular access control model, including support for roles and row-level security.	Monitor user activities related to sensitive MMIS data (e.g. FTI, PHI and PII) and record events where sensitive data has been viewed through MMIS. These events are collected and processed by ArcSight (SIEM solution) to produce the reports.	Not Applicable
Secure Site SSL Certificates	Not Applicable	Protects the transfer of sensitive data on websites, intranets, and extranets. It provides up to 256-bit encryption to secure online transactions and provides website malware scanning to keep data and users safe	Provides up to 256-bit encryption to secure online transactions and provides website malware scanning to keep data and users safe

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Identity and Access Management

APHP's Identity and Access Management (IAM) solution, illustrated in Figure 1.F-2, provides registration, password management, authentication, and authorization activities.

Directory Services: APHP utilizes the identity information via the Agency's Authentication & Authorization services. IA DHS's Authentication & Authorization services provide a central location for user credentials that can be federated into the APHP security model using MS Active Directory Federation Services (ADFS) to provide the authentication store that the users are validated against.

Access Management: APHP provides a highly flexible security framework that allows authorized users to manage access to accounts, including establishing, activating, modifying, reviewing, disabling, and removing accounts. This capability is enabled using Microsoft Forefront Identity Manager (MS FIM), and user account provisioning capabilities for Member Portal, Provider Portal, and Worker Portal which are based on Microsoft technologies.

Our solution provides a highly flexible security framework that allows authorized users to create new roles, associate users with any number of roles, specify the permissions a role has for each system process, process step, system screen, data field, selectable function, data entity, and data attribute. APHP automates access rights management, security, and provisioning of resources to various target systems

Entitlement Management: APHP IAM addresses the diverse needs of APHP and provides a common platform for managing both internal and external user populations across multiple systems. It provides the functionality for role administration, approval and request management, policy-based entitlement management, technology integration, and audit and compliance automation. It improves regulatory compliance by providing granular reports that attest to 'who has access to what.'

MS FIM and the Worker Portal Security Module enable policy-based automated provisioning of resources with fine-grained entitlements. For any set of users, administrators will specify access levels for each resource to be provisioned, granting each user only the exact level of access required to complete the job. The access assigned may be an individual, group, or system level account type. These policy conditions will be driven by user roles and permissions, enabling implementation of role-based and permission-based access control. Effective blending of role-based and permission-based policies is critical to a scalable and manageable organization provisioning solution.

An access request may go through multiple approvals before it is executed. When the request is submitted, it may acquire approvals at different levels. An approval in the system is represented as an approval policy. An approval policy defines the approval process to be invoked and the approval rules associated with the policy. These approval rules help the request engine to select the approval process. Business analysts will define approval policies and rules based on business needs.

Identity Management: The above mentioned authorization functionality is leveraged by the Secure Token Service, MS Active Directory Federation Services (ADFS), as the attribute store to populate the Claims-Based Authentication token that is utilized by the APHP application. ADFS provides for a wide variety of control mechanisms including: authentication and Secure Token Service functionalities. In addition, ADFS provides single sign-on (SSO) capability to our solution I integration with the State's Windows native Authentication.

Users who access the infrastructure from outside of a web browser will be classified as privileged users and must go through a privileged identity and access control solution to authenticate and control the access. The benefits of this type of solution is to provide a central point of access to servers, databases, and network devices; and enforce authentication, authorization and auditing through one console. The solution can utilize one time passwords for accessing each server.

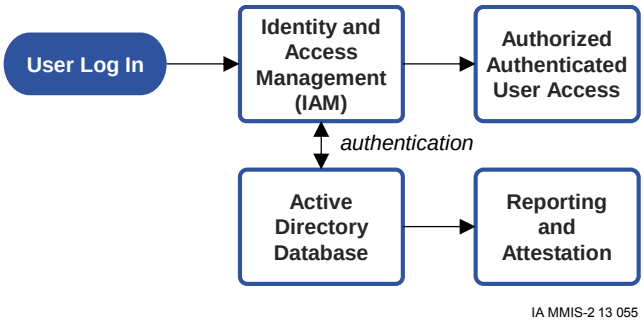

Figure 1.F-2. To reduce the risk of non-secure communications, program information is delivered only to authorized users.

Infrastructure Security

Infrastructure security addresses the access controls, monitoring, incident management, and protection of data at the system and network layers of the solution. The solution infrastructure complies with HIPAA, HITECH, and CMS regulations. The infrastructure security portion of our security solution includes the following capabilities:

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Data Center Security: Protects the Data Centers, processing facilities and physical environments in which computers and electronic data systems reside. We will work with State ITE to review the data center security controls in line with the NIST 800-53 an IRS requirements and work with the team to update the controls where required.

Encryption: Provides encryption services for both data in transit and data at rest in electronic systems (where required as determined by a NIST data classification assessment).

- **Database Encryption:** MS SQL Server Transparent Data Encryption (TDE) will be used by MMIS for all databases. TDE can be applied at the column level and/or at the tablespace (database file) level. We will use tablespace-level encryption to encrypt all tablespaces for all oracle databases regardless of function. Since all data (and indexes) reside in tablespaces, all columns and indexes will be encrypted.
- **Encryption of Data in Transit:** All data will be transported using secure protocols (such as SSH, SCP, SFTP, HTTPS, or SOAP over HTTPS) over any routable network.
- **Network Encryption:** Network and host level encryption are provided by the IA ITE. Our solution assumes existing ITE encryption mechanisms will be used and the MMIS solution will be able to support these existing ITE mechanisms. Access to Web-based management consoles will be through HTTPS (TLS) encrypted interfaces

Endpoint Security: Secures and protects the individual servers and systems processing data or hosting applications that process data with anti-virus applications and other similar security applications (e.g., host intrusion detection systems (HIDs), file integrity solution where necessary)

Network Security: Controls and protects network traffic between critical systems and users of systems. Network and host level encryption are provided by the IA ITE. Our solution assumes existing ITE encryption mechanisms will be used and the MMIS solution will be able to support these existing ITE mechanisms.

Security Information and Event Management (SIEM): Aggregates and correlates system logs and events as listed below and prescribe action to mitigate risk and address threats.

- System start-up and shutdown
- Successful and unsuccessful login attempts
- User actions to access files or applications (successful and unsuccessful)
- Actions taken by system administrators and security personnel
- All administrative actions performed on the System
- Permission changes
- Creation of users and objects
- Deletion and modification of system files
- Registry key / kernel changes
- Skipped or rejected alerts
- Changes, additions or deletions to data (including operational and security data) sets identified by management
- Out of normal System operations usage or user access

APHP solution is based on leading technology components (application, database, server, and other layers) that each individually have robust audit and logging capabilities within their respective scopes. Each component can support granular auditing and logging of all elements listed above and many more. All of our solution components are designed to transfer their logs to the Security Information and Event Management (SIEM) solution, ArcSight or other enterprise SIEM solution (for example, EventTracker from ITE). Sending logs to SIEM reduces the possibility of local tampering with audit data and allows centralized monitoring, correlation, alerting, and reporting. Alerts are configured for sensitive events such as excessive failed login attempts so that appropriate actions are taken in a timely manner.

Messaging Security: Protects the integrity and confidentiality of data being transacted through messaging systems such as email, web services etc. All data will be transported using secure protocols (such as SSH, SCP, SFTP, HTTPS, or SOAP over HTTPS) over any routable network.

Business Continuity and Disaster Recovery

Business Continuity and Disaster Recovery (BCDR) functions deliver planning and process outputs that reduce the risk of data loss and that support the restoration of data and of system function. BCDR is comprised of four areas of focus, delineated as follows.

Business Impact Analysis (BIA): BIA is driven by a detailed assessment of the as-built and to-be systems and networks to identify and prioritize technical and process functions that are critical to operation of the business. Accenture's BIA methodology is used to structure the approach. We work closely with the Agency and IME stakeholders to identify critical areas for redundancy and support; and project/examine the cost of loss and/or system downtime.

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Back-Up: Backup processes provide software and hardware that compress data and copy it to disk-based devices. The data is then encrypted and sent across an encrypted network connection to a second data center, where it is stored on a copy of the device. In the event a restore is needed locally, backups of files from the past are retrievable. In the event of a disaster, the entire system is recoverable from the replicated device onto virtual or physical servers. We work closely with Agency staff and IME stakeholders to determine the most responsive and effective backup processes.

Business Continuity (BC) Planning: The Business Continuity (BC) plan is designed to identify the organization's exposure to internal and external threats. It specifies the necessary policies, processes, plans and procedures for providing effective prevention and recovery for the organization in the event of a business disruption. Again, we work closely with Agency staff and IME stakeholders to define risks and develop effective measures to mitigate and maintain business continuity.

Disaster Recovery (DR) Planning: The DR plan is an effective roadmap and guide to recovery from catastrophic system failure. It provides detailed business process instructions and technical instructions to guide the resumption of business functions. We work closely with the Agency and IME stakeholders to develop a responsive DR Plan that facilitates the expedient resumption of applications, data, hardware, communications (such as networking) and other IT infrastructure.

Attachment K – Technical Specifications: Security and Privacy

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
SPSS.01	Environment Setup	APHP; ADFS; Forefront

The APHP solution leverages and integrates with the Iowa Enterprise Authentication and Authorization Service to accomplish user authentication. The APHP architecture uses a combination of Active Directory Federation Services and Active Directory Domain Services as Identity and Access Management Services. APHP is also able to integrate with any standard Identity and Access Management solution.

APHP will be integrated with the Iowa Authentication and Authorization service for the following functions:

- User Authentication – Enabled through the ADFS Federation services which will integrate with the ITE/DHS Active directory services to validate user credentials
- Authorization – Enabled through the integration with DHS Authorization service to pull the user role authorization into APHP/MS FIM which in turn will be leveraged to support user authorization.
- Single Sign On - Enabled through the ADFS integration with DHS Windows Native Authentication for the internal users
- Self Service functions like Password Change, Reset etc.- APHP platform natively support the self-service functions like Password Management and Profile updates. These functions will be leveraged for the external users (members and service providers). The self service functions for the internal users (Employees, Contractors) will be performed through Iowa Authentication and Authorization services and will be leveraged by the MMIS solution

APHP also supports user authorization through application roles. The users of the system are assigned roles that contain certain permissions based on their job function and have access to functionality within the system based on those roles. The role-based security applies at the component level and at the field level. This provides layered protection so that only authorized users are allowed to see the information that they are supposed to see to be able to do their jobs.

To illustrate how application authentication is performed through ADFS in integration with Iowa Enterprise Authentication and Authorization Service, the below diagram with the following narrative has been provided.

Figure 1.F-3 depicts the process where a user authenticates to an ADFS-protected website (MMIS). Prior to being able to authenticate to an ADFS-protected application, the user must have progressed through the account creation and MMIS application registration process, which includes gathering the required user details as appropriate per the application role.

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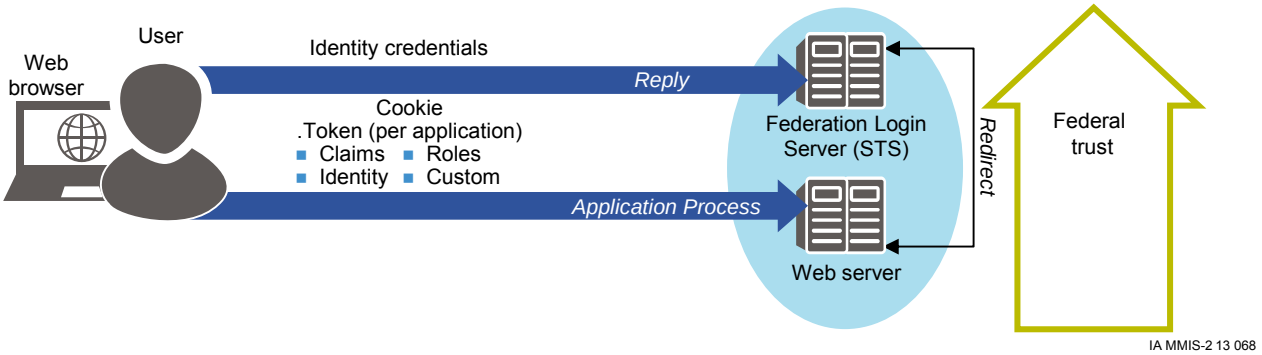

Figure 1.F-3. Our ADFS authentication process ensures that sensitive data is accessible only to appropriate authorized IME users.

The user initiates the login process by performing an initial authentication against the Federation Login Server, in this case, ADFS. This initial authentication is performed through integrated authentication if the computer the user is using is a member of the internal domain (e.g. internal user). ADFS will check the submitted credentials against the IME Authentication and Authorization Service. Once authenticated, ADFS redirects the user back to the page of the originating authentication request with the applicable claim and identity information. The application consumes the claim and generates an application session cookie for the user and allows the user to interact with the application.

User authorization for the MMIS application facilitates appropriate access to information and functionality within the MMIS application with defined application roles. Application roles contain the list of possible actions that a user can perform within an application. Typically, users have a single application role for their account, however, it is possible that a user may require two application roles if they perform multiple different functions within the application.

SPSS.02	Environment Setup	APHP; Forefront

APHP provides a highly flexible security framework that allows authorized users to manage access to accounts, including establishing, activating, modifying, reviewing, disabling, and removing accounts. These authorized users can create new roles, associate users with any number of roles, specify the privileges a role has for each system process, process step, system screen, data field, selectable function, data entity, and data attribute. This capability is enabled using APHP packaged IAM solution based of MS FIM / ADFS.

APHP enables policy-based automated provisioning of resources with fine-grained entitlements. For any set of users, administrators will specify access levels for each resource to be provisioned, granting each user only the exact level of access required to complete the job. The access assigned may be an individual, group, or system level account type. These policy conditions will be driven by user roles or attributes, enabling implementation of role-based and attribute-based access control. Effective blending of role-based and attribute-based policies is critical to a scalable and manageable organization provisioning solution.

SPSS.03	Environment Setup	APHP; ADFS; Forefront

Accenture fully understands the importance of being HIPAA and IT security standards compliant in the APHP solution. As described above, Accenture brings a security framework that has already distilled the in-scope security regulations and leading industry standards, including HIPAA, NIST 800-53 and others. This framework, upon customization with additional State of IA policies and standards, allows us to rapidly identify security requirements and trace their inclusion in the overall design and testing efforts. Furthermore, Accenture's delivery methodologies for Identity and Access Management (IDM), Security Information and Event Management (SIEM), and other security components were built based on leading industry standards. Therefore, leading security practices are already built into our delivery approach.

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Accenture implements the following security and privacy controls to meet both Federal and State security requirements:

- Separation of Duties through APHP Roles
- Multiple development environments
- Secure coding
- Security Reviews
- Authentication / Strong Authentication (where necessary) through ADFS
- Encryption of data at rest and in transit (for sensitive data) through DB encryption
- Identification through AD user accounts
- Authorization / RBAC through APHP Roles
- Auditing
- Backups

SPSS.04	Environment Setup	APHP; Forefront

The APHP solution integrates with industry standard COTS security solutions. These solutions provide an administration console to manage security configurations through online screens. APHP roles are created and assigned through the APHP Worker Portal Security Management screens. These screens are browser-based and are accessible to authorized users who have the appropriate roles and permissions.

SPSS.05	Environment Setup	APHP; Arcsite

The APHP solution is based on leading technology components (application, database, server, and other layers) that each individually have robust audit and logging capabilities within their respective scopes. Each component can support granular auditing and logging of all elements listed above and many more. All of the APHP components are designed to transfer their logs to the Security Information and Event Management (SIEM) solution, ArcSight, which is the industry leading SIEM solution. Sending logs to ArcSight reduces the possibility of local tampering with audit data and allows centralized monitoring, correlation, alerting, and reporting. Alerts are configured for sensitive events such as excessive failed login attempts so that appropriate actions are taken in a timely manner. The database layer also utilizes Change Data Capture (CDC) through MS SQL Server to audit database access transactions.

We have designed our storage and processor sizing to account for the quantity of logs we expect to be generated, keeping in mind regulatory and standard requirements around log retention. Our design also takes data transfer and batch processing into consideration to avoid significant impacts to network bandwidth. We have extensive experience in configuring auditing and logging settings to comply with industry standards and regulations without over-taxing storage and network bandwidth.

SPSS.06	Environment Setup	APHP; ADFS

All of the APHP components and infrastructure produce a robust level of auditing and logging to support the security model for APHP. This security model includes role-based security, application and infrastructure security, data and physical security. APHP uses ArcSight to collect logs and perform analysis; and our reporting solution to facilitate detailed reporting and alerting on internal, external, and compliance security events. These reports provide a user history that includes logon approvals/disapprovals. APHP Identity and Access Management and ArcSight have built-in security capabilities that restrict access to the security reports and authorized users only.

SPSS.07	Product Configuration	APHP; SSRS

The APHP solution provides extensive audit controls and reporting capabilities that contain a logging functionality for record updates. Audit trail data captured includes time, date, identifier, and reference of the data that was modified where appropriate for additions, updates, merges, inquiries or deletions. Authorized users have access to view record audit trails through the APHP Worker Portal.

The APHP maintains a comprehensive log of user and external system access, queries, and changes in a manner that meets the requirements of applicable security and privacy laws, regulations, and polices, and provides to DHS alerts regarding key events and interactive access to the log information. Web access logs provide visibility into which users viewed the web pages in the APHP solution. Table 1.F-3 reflects the principal goals that must be met in order to maintain a comprehensive tracking and logging solution.

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Table 1.F-3: Our IA MIMS solution maintains comprehensive tracking and logging of access, changes and actions performed

Goal	Solution
Data updates	The APHP provides an audit trail framework to capture changes to data and the details surrounding that change. The details are captured at the time of the change and include the date/time stamp, the user that made the change, the change itself, the record before the change, and the reason for the change.
Web access / user friendly	Audit information is captured for operations and transactions that occur on the APHP secure portals. These audit trails give us the ability to report and monitor on the operations being performed on the portal. Web page statistics are logged to report and monitor website and page utilization for public facing pages.
EDI transactions	EDI transactions are logged in an audit trail. This audit trail provides a complete history of the EDI transactions submitted through the web portal.
Audit trails	Activities performed in APHP generate an audit trail of transactions performed, when the action was performed, and which user ID performed the action.

SPSS.08	Environment Setup	APHP; Camouflage

Accenture uses "dummy" or test data in the non-production environments. This information is de-identified by removing any information that could identify or relate to a specific user. The APHP solution will use the COTS solution Camouflage, a leading provider of enterprise-class data masking solutions for securing sensitive data. Camouflage's Data Masking module removes sensitive information by applying sophisticated data transformation techniques to non-production environments. The end result is realistic data that enables application developers, testers and outsourcing vendors to meet their objectives without ever exposing the personally identifiable information contained in the original production database.

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4B.3.1.g Software Licenses and Maintenance

2.10 System Requirements
g. Software Licenses and Maintenance

We understand that the DHS requires a MMIS that is comprised of products (COTS and/or proprietary) that are licensed including software upgrades, releases, patches, and/or hot fixes.

Predictable Product Upgrade Path Eliminates the Burden of Meeting Industry Standards

- Software updates, fixes, patches, etc., are managed through change management process
- Maintains standards-compliant IA MMIS solution through software updates and configuration v. costly coding projects

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We understand that the DHS must approve any change, including software updates, prior to incorporation into the MMIS.

The APHP technical solution for the Iowa MMIS is our commercially available MMIS product, APHP. Each and every APHP software component is a COTS product with planned roadmaps and releases. Inside the APHP framework, there is no commercial licensing distinction between Accenture core application components and our third party commercial software components. Each is licensed in the same manner, support and maintenance is provided through their individual product maintenance agreements including: updates, patches, and fixes.

Changes to APHP core application components are consolidated into scheduled APHP updates/releases, patches, and hot fixes; the same as any commercial software product.

Standards-driven software modifications

Commercially packaged software often lead the industry in the adoption of standards, as it is these very standards that enable their existence. We expect our software vendors will continue to invest in their software products to align with applicable MITA, HIPAA and other health care industry standards. As updates to support these standards are available, they are included in version releases to the core platform, giving DHS the benefit of receiving software enhancements as part of an overall solution rather than having to fund, plan and manage expensive systems modifications limiting focus to configuration of policy and procedure impacts.

As depicted in Section 4F.1, we have laid out the APHP roadmap that contains the product strategy and enhancement/update sequencing slated for future APHP product releases. The currently available APHP product is Release 3.0; the next planned release is Release 4.0.

Incorporating Vendor Software Updates and Changes

While DHS is the approving authority for all changes, the Accenture Team manages the configuration control and change management tasks associated with version updates and hot-fixes provided by the vendor. As new versions and product releases are available, they are evaluated and submitted to DHS, with recommendations for approval and implementation.

Pending DHS approval, vendor changes are tested, integrated, released, and implemented into the MMIS, depending on business alignment with IME goals and objectives. This means that DHS can choose to implement release functionality completely, partially, or not as your business plan dictates. For vendor updates to components that sit outside the APHP framework, we work with DHS to schedule implementation.

Our solution additionally implements a software maintenance request process that is integrated into our change management process and initiates maintenance requests for MMIS functionality. Maintenance requests associates with the IA configuration will be addressed as part of general maintenance activities. Product defects will be automatically forwarded to the appropriate vendor and managed to resolution. Table 1.G-1 illustrates how APHP delivers a strong Software Licensing and Maintenance solution that meets the requirements of the IME. APHP software licensing is discussed further in section 4.F.

Table 1.G-1. APHP's COTS solution gives DHS an MMIS that lowers TCO through commercial-based software maintenance practices

Key Solution Strengths	Value to the IME
Standards-driven changes are provided through available COTS software updates	Lowers TCO; to maintain continuing compliance to available standards, DHS gets standards-driven software enhancements as a software update versus having to fund, plan, and manage expensive system modifications limiting focus to configuration of Policy and Procedure impacts.

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Key Solution Strengths	Value to the IME
Implementation of software releases provides flexibility in scheduling execution	Allows DHS to choose when and/or if to take advantage of updates based on business plans, goals, and objectives
APHP is completely COTS-based	Solution continues to evolve with product updates and enables "leverage" condition from the 7C&S
Our software maintenance solution is part of our change management process	▪ DHS approves all maintenance requests and solutions prior to implementation ▪ Maintenance fixes are thoroughly vetted prior to implementation into production ▪ A complete change audit trail is associated with each maintenance request

Attachment K – Technical Specifications: Software Licenses and Maintenance

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
SLSS.01	Not Applicable (N/A)	N/A

The Bill of Materials (BOM), which lists the proprietary and COTS software proposed with our solution, is included as part of the introduction in 4B.3.1 System Requirements.

SLSS.02	N/A	N/A

Our overall change control and configuration management process for development and operations require all changes to the production system to go through our change control process. This process requires any change, including software upgrades, releases and/or version updates to be tested and approved through the normal change methodology. This methodology addresses IME requirements, walkthroughs, and approval.

SLSS.03	N/A	N/A

APHP is a commercially available product and does not and will not contain any proprietary version or components not covered by the licensing agreement. Any configurations, extensions, or customizations made for the state are owned by the state per your requirements. Improvements, upgrades, and new releases are available to the IME at no additional cost per our license and maintenance agreement.

SLSS.04	N/A	N/A

Accenture acknowledges that all the COTS products that support APHP, including APHP itself, are licensed to the State and all software is to be transferred to the State. The State will own the software license and as long as the maintenance fees are paid, will have access to upgrades, releases, and /or version updates of the applications as they become available for general release.

SLSS.05	N/A	N/A

All software applications that support APHP, including APHP itself, are COTS products. Any proprietary software used to support our solution will be available as part of the license agreements. Continued support of these products is available beyond expiration of the contract through the maintenance and support agreements.

SLSS.06	N/A	N/A

Accenture acknowledges that we are responsible for the operations of the system through CMS certification and life of the contract. Throughout our tenure executing MMIS operations for Iowa, we will continue to work closely with the Agency and the Information Technology Enterprise staff to support your IME goals and objectives.

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4B.3.1.h Data Quality Control

2.10 System Requirements
h. Data Quality Control

We understand that Iowa requires a standards-based data management solution that integrates data security, data integrity, and data quality control.
We understand that successful management of the data contained within APHP and disseminated to users is critical to the delivery of Medicaid services across Iowa.

The Agency Benefits from Infrastructure, Processes and Data Management Tools to Facilitate Quality Control

- Strong data profiling and cleansing methodologies
- 360° view of member, provider and services information
- Real-time data sharing

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Standardized processes are inherent within the APHP environment for the effective management of providers, members, claims, provided services, payments, Medicaid program requirements, contract management, document management and Federal/State reporting. This management capability is a critical foundational enabler to turn information into insight for improved strategic actions.

In order to provide the critical 360o views into members, providers and services that enable the DHS to truly evaluate the effectiveness of your Medicaid program, APHP must not only be able to get information from multiple sources, it must be able to store, validate, and correlate enormous volumes of data in near real-time, so that it can be used effectively by Medicaid stakeholders, anytime, anywhere. Table 1.H-1 illustrates how APHP provides a strong data quality control and management solution in Iowa.

Table 1.H-1. Focusing on the need for quality healthcare services, improved outcomes and increased access to care for members by coordinating and sharing data across IME programs.

Key Solution Features	Benefits to the IME
Robust interoperability and query capability facilitate 360° view of member, provider and services information	▪ Improves provider ability to make more informed clinical diagnoses and develop more targeted care plans ▪ Provides powerful tool for Iowa to evaluate effectiveness of provider services and care management
Easy-click and/or automated create-and-send ad hoc and standard reporting	▪ Facilitates ability to create and transmit standard (and ad hoc) reporting on-the-fly ▪ DHS can get a preview copy in advance
Open industry standard EDI interfaces and data exchanges support real time data sharing	▪ Promotes free flow of information across the IME so that stakeholders are working from up-to-date information
Strong Data Profiling and Cleansing methodologies executed by Accenture throughout life of contract	▪ Provides Iowa with valid, accurate, and complete data for reporting and analytics; Facilitates the correction of data at the source to prevent future occurrence of errors

Data Integrity and Quality

Data is the key element in all application environments, especially in a system such as the new Iowa MMIS. Maintaining data integrity as applications are upgraded, replaced, and added is crucial to the Agency's ability to meet State and Federal requirements, as well as provider and member needs. APHP gives the Agency the infrastructure, processes and management tools to collect and maintain current, and to validate, correlate and report data from multiple sources, giving IME users the Medicaid information they need, when they need it. Our data quality management strategy incorporates the elements described below.

Data Management

People, skills, leadership, processes, policies, and standards are required to successfully administer and manage data as a valuable organizational resource. Working collaboratively with the Agency, we define and implement data management processes, as illustrated in Figure 1.H-1, that provide a roadmap now and into the future for maintaining the data so critical to the IME.

APHP supports the storage of MMIS data in industry formats and provides infrastructure out-of-the-box that supports the integration and exchange of this data with other IME systems and external entities.

Data Quality: When data standards are updated (both internally and industry-wide), an analysis is conducted to check the current state of the managed data with respect to the new standards. As a result, depending on the amount of data cleansing required, an initiative may be required to quickly bring the data up to the required standard. Should this be warranted, a dedicated team of business and technical resources are devoted for a period of time to analyze the discrepancies and take appropriate cleansing actions.

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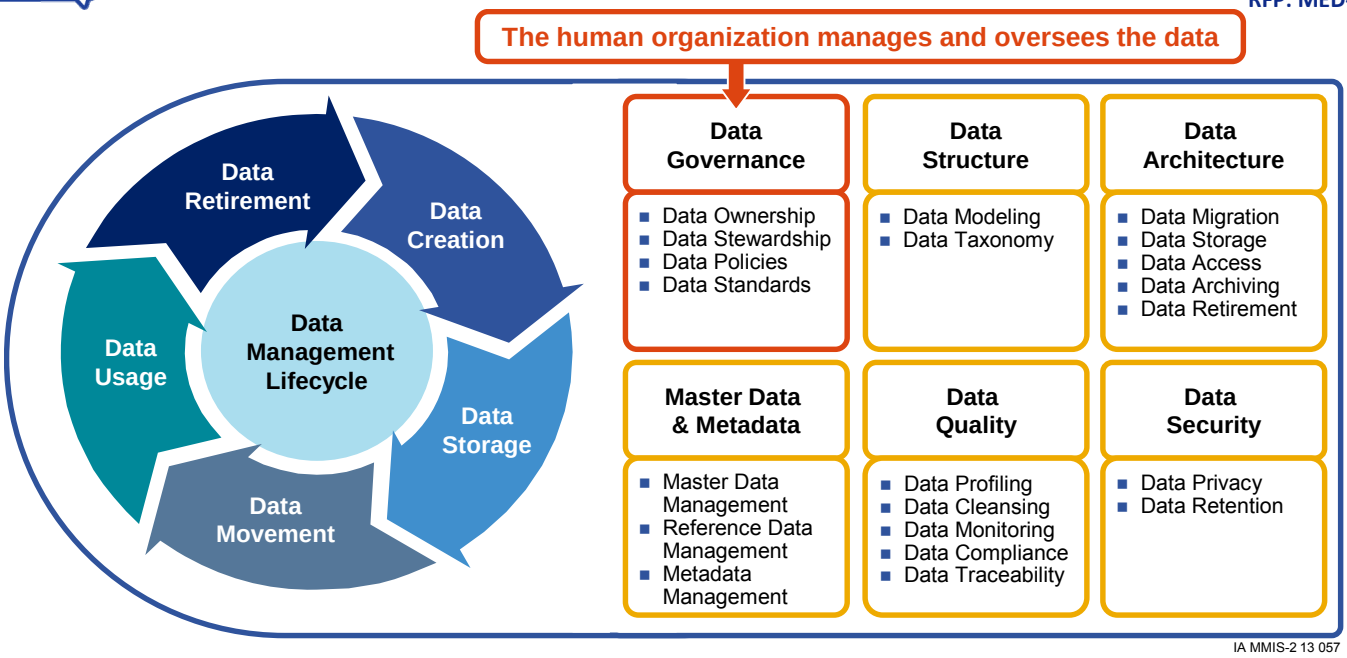

Figure 1.H-1. Our Data Quality Control approach encompasses a broad range of data management activities within the APHP MMIS.

On an ongoing basis prior to go-live, quality measures and continuous improvement processes are included so that the integrity of the data remains consistent over time, avoiding the need for additional "fire-fighting" mass data cleansing activities. In order to achieve this steady state of quality data, a continuous improvement process identifies and minimizes the root causes of data anomalies. This process may include short-term training and manual fixes in legacy applications prior to cutover or cleansing during transformation activities.

Data Quality Strategy: Our Data Assurance solution comprises the systematic review, monitoring and evaluation of processes and procedures developed for the data management areas of the project. Data Assurance is responsible for the data quality related to conversion projects as well as on-going data feeds and creation. The Data Assurance activities conducted throughout the life cycle of the project are designed to verify that appropriate steps are performed to ensure data integrity is maintained, security is not compromised, and data is securely managed during data creation, transmission, retrieval, processing, warehousing and conversion.

The complexity of this program demands that IME business partners are aware of priorities, can interact successfully with each other, and are accountable for meeting established deadlines. Accenture sets expectations early and actively engages participants to promote data quality awareness. This approach strengthens common goals for delivery of high quality data, respect for complementary tasks, and speed of responsiveness.

Data Profiling: Data profiling is the process in which we will analyze data files looking for any erroneous data, validates values, obtains data statistics, and determines if data is missing. We work with the DHS to identify trends that need immediate attention. Data profiling activities are continuous throughout APHP operations. Any data issues found are reviewed with the DHS in order to make a decision on the approach to correct the erroneous data.

Data Cleansing: Data cleansing is the process of detecting and correcting erroneous data and data anomalies both within and across systems. Central to the delivery of our data quality strategy is data standardization and alignment. For initial/ongoing cleansing efforts, we implement several key guides including:

- Start with subject areas with the highest business value and lowest risk for delivery. This allows the opportunity to establish credibility and set up a proven and repeatable process
- Clearly communicate scope to the APHP team and key stakeholders to set project expectations and goals
- Quantify costs associated with poor data quality outside the conversion efforts
- Develop a strong communication plan (helps to develop and retain executive sponsorship)

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Data Quality Reporting: As part of the weekly project status meetings and the monthly project status reports on the status of data quality and data delivery performance. The data quality report includes metrics about progress and informs the Agency of any issues encountered. Issues are logged into Microsoft TFS and communicated to the appropriate IME stakeholders.

Data Quality Assessment: Our data quality team follows a well-defined process for data collection, access to data, review and analysis, and feedback. We use two primary methods to identify data quality issues:

- Proactive (identified by us) and
- Responsive (identified through reported issues)

We continuously compare current data against measured, grouped and trended data. Throughout the lifecycle, we use business intelligence tools developed specifically for data quality management to assist in gathering information. We use trending techniques to look for patterns and trouble areas. Data outside the parameters of the established measures are subject to additional analysis.

Data Quality Continuous Improvement: A core component of the data cleansing methodology is the identification and implementation of a continuous improvement process to identify and correct the data anomalies at the source, and then monitor the data for ongoing integrity. Through our own investigation or by engaging project stakeholders, we determine root causes and make recommendations to correct deficiencies. We continue our work until the data quality issues are corrected and considered resolved.

Recognizing that continual improvement is part of the data quality goal, providing feedback to entities is a critical part of that process. We may recommend systemic changes and might include adjustments in policies, procedures, or applications to prevent issues from arising in the future. As a final step, our data analysts document outcomes in order to provide a complete picture of data quality efforts.

Data Quality Monitoring and Measurement: During the ACD phase, we work with the Agency to define goals, confirm priorities and determine what needs to be measured. We establish measurement methodologies and develop supporting tools to assist with data analysis. This includes data examination that helps identify data trends to highlight quality issues. During product configuration, we establish the business rules to help identify, report, and summarize data errors residing in the system. Table 1.H-2 describes the set of metrics or characteristics typically used to measure data quality.

Table 1.H-2. We work with the DHS to expand, over time, this out-of-the-box set of quality characteristics.

Data Quality Metric	Description	Metric
Validity	Accurate values are populated within the fields.	Percent of data having content within their respective domain of allowable values.
Completeness	Degree to which data values are present in their associated fields.	Percent of data fields having values entered into them.
Consistency	Measure of the degree to which a set of data satisfies a set of constraints.	Percent of matching values across tables/files/records.
Timeliness	Represents the degree to which specified data values are up-to-date.	Percent of data available within a specified threshold timeframe (e.g., days, hours, minutes).
Uniqueness	The state of being the only one of its kind.	Percent of records having a unique value (e.g., primary key).
Accuracy	A state in which data is error-free. A qualitative assessment of freedom from error, with a high assessment corresponding to a small error.	Percent of values that are determined to be correct.

Data Monitoring is comprised of automated and/or manual processes used to **regularly evaluate** the condition of the data. Data monitoring helps verify that data quality does not degrade over time. Our monitoring focus is limited to data that has a clear business impact. This keeps measurements relevant and meaningful.

Overview of APHP Data Architecture

APHP is a SOA framework that integrates proven COTS products. APHP extracts data that is stored in each of these COTS products, such as claims data from Quantum Choice, and loads this data into our Operational Data Store (ODS) and Dimensional Data Store (DDS) as shown in Figure 1.H-2. Data is stored in the ODS and DDS in standard formats that align with MITA principles and industry standards. The ODS and DDS consolidate data in a format that can easily be used for reporting and sharing with other entities.

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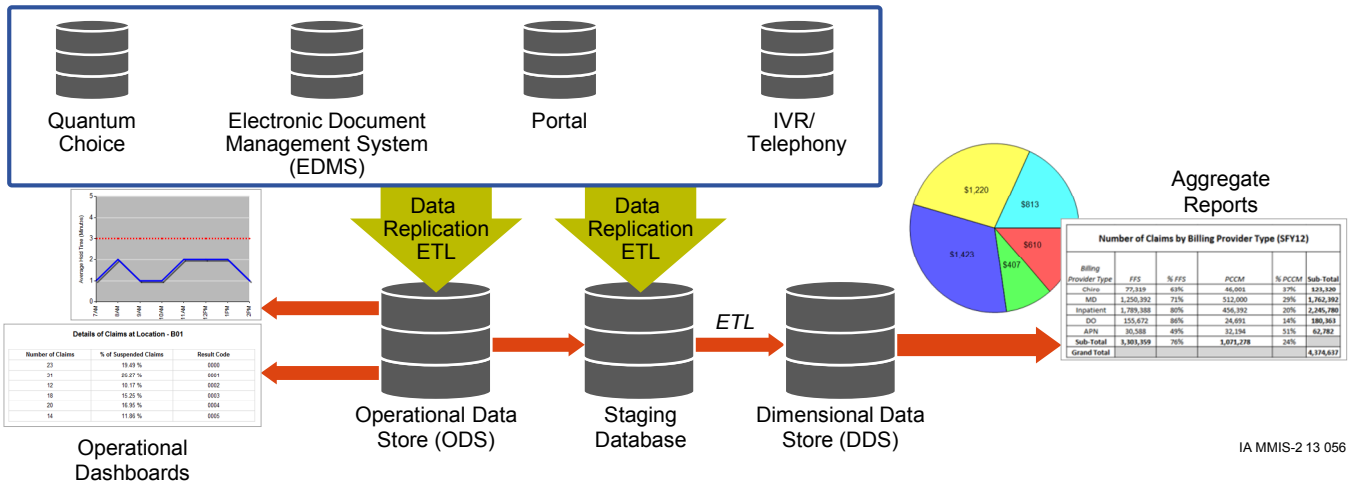

Figure 1.H-2. The APHP data architecture provides the Agency access to real-time data for ad hoc reporting via the ODS and supports aggregate reporting through the DDS.

Operational and Dimensional Data Stores

Our solution automatically extracts data from the system as transactions are processed, and compiles the data in the ODS. The ODS houses real-time data and is used for time-sensitive operational excellence reporting. The DDS houses historical data that is used for standard reports and queries.

The ODS accumulates data from a variety of sources and posts that data in a central repository for use in a virtually limitless number of scenarios. It eliminates the interference that is normally caused by accessing a transaction processing source database for report information. Operational data from the Process and Workflow rules engine, operating system logs and transaction processing logs are also recorded in the ODS. As needed to be effective in their jobs, users can generate interactive; tabular; and graphical or free form reports from this relational, multidimensional or XML-based data. And because the ODS is built the way it is, the data correlation computations and report generation can be performed near real time without slowing down the system that is providing service to citizens.

The DDS also accumulates data from a variety of sources and stores it in a central repository for use in a number of ways, most typically for reporting completed activities, demographic information, and operational or service performance.

Attachment K – Technical Specifications: Data Quality Control

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
DQSS.01	Environment Setup	APHP; SQL Server

The APHP solution is composed of a user-friendly web portal, Medicaid-centric claims engine and analytical reporting data stores. These and other functional components are designed using MITA principles and Service Oriented Architecture (SOA) industry standards. The team has deep healthcare industry experience in data analytics including data management, governance and data integrity. We have applied the same experience in designing data management processes for APHP including data security, data governance, data integrity, and data quality control. Using defined processes for data classification, data elements are classified as master data or transactional data. Database level constraints and consistent use of data access layer results in data integrity.

The APHP solution for data security is based on Active Directory & Forefront identity management services. Data security for APHP has been designed such that the appropriate level of access is provided to users who

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need access to data without compromising data security. Any external data exchange with trading partners is performed using secure transmission methods to protect Medicaid data.

Our approach to the Iowa MMIS project encompasses the processes, tools and human organization needed to oversee and manage this data. Working collaboratively with the Agency, we define and implement data management processes that provide a roadmap now and into the future for maintaining the integrity and quality of the APHP data so critical to the Iowa Medicaid program.

DQSS.02	Environment Setup	APHP; SQL Server

All key components of the APHP solution use Microsoft SQL Server as the relational database management system. This is a modern system used widely in a variety of applications across healthcare and other industries. Accenture has deep skills with Microsoft SQL Server having implemented hundreds of projects using this product

DQSS.03	Environment Setup	APHP; SQL Server

Database tables within APHP components are normalized and de-normalized appropriately to make sure that the components can be maintained easily while efficiently supporting business operations. The APHP Reporting component uses a dimensional data store based on aggregated data elements which provides powerful analytical capability.

DQSS.04	Environment Setup	APHP; SQL Server

SQL Servers are used for all of the databases within the APHP Solution. SQL server is a relational database that allows the relationships between tables and fields to be maintained to provide data integrity. We maintain the relationships by enforcing the use of primary keys, foreign keys, and like constraints.

DQSS.05	Environment Setup	APHP; SQL Server

APHP components use SQL Server integrity features such as primary keys, foreign keys, unique constraints, database triggers, etc., to enforce field and relationship requirements per business needs.

DQSS.06	Environment Setup	APHP; SQL Server

SQL Server also provides native controls like database constraints which will prevent duplicate or orphan records.

DQSS.07	Environment Setup; Interface/ Integration	APHP

APHP is designed so that transactions, including multiple adds or updates, will be either fully committed or rolled back. If the transaction is rolled back, the user will be notified through the user interface (if the transaction is initiated online), or an error will be logged in database tables if the transaction is initiated through a system process. This will provide data integrity even if a transaction spans multiple APHP components.

DQSS.08	Environment Setup; Interface/ Integration	APHP; SSIS

The FTP server will only make files available to batch functions after CHECKSUM validation. Any interface file outbound or inbound will have controls such as file header/trailer record counts to ensure that the file is transmitted and received completely before it is processed. MS SSIS performs file integrity checks before processing inbound files into the APHP system.

DQSS.09	Environment Setup; Interface/ Integration	APHP; Edifecs

EDI components in APHP and Quantum Choice are designed to be HIPAA-compliant and support the complete set of X12 transactions. As new guidelines are developed by WEDI (Workgroup for Electronic Data Interchange) Strategic National Implementation Process, we will evaluate and schedule inclusion in our products to meet HIPAA transaction processing standards. APHP incorporates an industry-standard validation engine as part of the EDI solution to ensure HIPAA compliant transactions. With 5010 transaction formats, the implementation guides are now referred to as TR3s. We have experienced EDI professionals on our team who are members of WEDI workgroups that help them keep their knowledge up-to-date regarding changes related to HIPAA standards.

DQSS.10	Environment Setup; Interface/ Integration	APHP; SSRS; SSIS

The team understands the importance of data validity at the time of capture and will use industry-leading tools to validate data records with best available sources. We use Pitney Bowes products for standardization of street addresses, address validation, zip code validation, derivation of geo codes from addresses, derivation of legislative districts from addresses and tax ID number validation for providers.

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4B.3.1.i Technical Environment

2.10 System Requirements
i. Technical Environment

We understand that Iowa requires multiple technical environments to support development, testing, training, staging, and disaster recovery without impacting the production environment.

Physical and Virtual System Environments Help the IME Manage Change

- Contained environments promote stability while allowing for controlled configuration change
- Multiple environments allow for organized development
- Optimized hardware and proven COTS products enable performance appropriate to each environment's purpose

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APHP includes system environments to support all phases of implementation activities, including development, testing, data conversion, conducting knowledge transfer and production. We also provide procedures and software tools for controlling the migration of software versions and releases between the environments. These environments are set up and available during the ACD phase of the project. Once APHP is implemented, these multiple environments continue to exist to support production and change management activities. Table 1.I-1 illustrates how APHP provides a robust Medicaid Technical Environment solution for Iowa.

Table 1.I-1: APHP's Technical Environment solution provides the performance and stability that Iowa requires for Medicaid

Key Solution Features	Benefits to the IME
Use of virtual system environments	▪ Lowers system operating and maintenance costs ▪ Promotes cheaper hardware costs as measured in dollars per transaction metrics ▪ Reduces power utilization and cooling making data center more cost efficient ▪ Increases flexibility because it is easy to create, configure, and reconfigure machines with difference resource characteristics; Online configuration is possible in most cases ▪ Improves business continuity and disaster recovery because virtual machines have built-in fault tolerance ▪ Improves system availability because it is possible to dedicate 1 application per machine making them portable and easy to manage ▪ Eliminates vendor dependencies because virtual machines are technology neutral, i.e., compatible with all OS, application, device drivers, etc.
Use of cloud-based environments	▪ Improves speed of delivery of application development environments ▪ Capacity and services are available when the business needs it ▪ Services are metered and pay-by-use – shifting cost structure from capital expenditures to operating expenditures ▪ Services are monitored and managed with online dashboards for transparency of usage, availability, and performance
Use of contained environments	Promotes stability while allowing for controlled configuration change development in realistic settings
Use of multiple environments	Allows for organized development and change management
Use of optimized hardware and proven COTS products	Enables performance appropriate to each environment's purpose
Use of lifecycle development tools to maintain and execute regression test cases	Supports automated regression testing and provides the ability to save and reuse test cases without the need to re-enter the data
Technical environments can be used concurrently across the IME	Leverage services and assets

Our team acknowledges the need and has planned for multiple application environments including production. Our strategy consists of using physically isolated environments (with components on separate, isolated servers), virtual environments, where the environment is logically separate from other environments, but sharing hardware infrastructure, and a cloud environment, where a segmented virtual environment will be deployed. This allows flexibility of when environments are allocated to meet the need of the enterprise. Our team configures and maintains these environments during the appropriate project phases. Table 1.I-2 delineates the environments we have planned for our solution for Iowa.

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Table 1.I-2. Our solution provides independent environments that support and separate each activity in the APHP System lifecycle and track the items moving between environments, providing the Agency with stability and predictability.

MMIS Environments	Physical, Virtual, or Cloud	Environment Purpose
Development	Cloud	This Prototype Development environment is where our application team performs configurations, Unit Testing, and debugging activities.
Training	Cloud	The Training Environment provides users with an APHP environment that matches the functionality in place within Production. Users working in the Training environment see the same screens, options, and behavior as in APHP in Production.
System Testing	Cloud	The Testing environment, used for pre-production, is where the configuration is moved when Unit Testing is complete. We use this environment for System Testing. ▪ Where we demonstrate and review business functionality with DHS. Work in this environment is where DHS will see new functionality and the results of configuration changes during Conference Room Pilot meetings. ▪ Integration Testing - run APHP with other components of the solution so that we can confirm system-to-system communication, data transfers, and interfaces function as expected. ▪ Regression Testing
Build	Cloud	The Build environment is where APHP application code will be automatically compiled for any releases, which will be used to be deployed in different environments. This supports Continuous Integration in within the solution.
E2E / Business Scenario Test Environment	Physical & Virtual	In this environment we conduct final system integration testing before UAT. We use this environment as follows: As a copy of the final Production environment, we can test with other partners of the IME to which the APHP application interacts with items like data connections and interfaces to ensure all facets of the APHP application and related applications are working as planned. This environment will serve as the conversion testing environment post go-live. This environment will be located in the Primary Data Center.
UAT/Security Testing	Physical & Virtual	This environment is used for final User Acceptance testing, where end users test out new functionality and capabilities. Also, in this environment, the application will receive security scans and reports to identify (and remediate before going into production) any vulnerabilities based on the new release. This environment will be located in the Primary Data Center.
Staging/ Disaster Recovery	Physical & Virtual	In this environment we conduct Integration Testing. We use this environment as follows: ▪ As an Integration Laboratory to perform impact analyses and run "what if" scenarios of configuration changes. This allows us to compare the results of "what if" scenarios back to the data and results in the actual production environment. ▪ Because this environment is sized to accommodate production volumes, we use it as our Disaster Recovery environment as well. We run a Disaster Recovery test prior to initial system go-live and then on an annual basis. ▪ This environment will be located in the Secondary Data Center.
Production	Physical	▪ The Production environment is where the APHP system runs once the system goes live. It is sized to support the system load and performance throughput for Iowa Medicaid processing. ▪ Prior to go-live, the Production environment will be used for our final conversion testing. We will update the databases with converted data and test the most current version of the APHP configuration in this environment in order to compare results with legacy system. ▪ This environment will be located in the Primary Data Center.

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Configured for Specific Levels of Testing

Our technical team establishes Development, Integration, Disaster Recovery, and Production environments; and verifies that the infrastructure is properly set up for testing. Our APHP technical team also conducts testing of the equipment setup and ongoing maintenance on each test environment. Below are our test environments:

Development: APHP Team configures the system against the requirements in this environment. We use this environment to conduct Unit Testing. Structured data testing is also conducted in this environment. Structured data testing focuses on confirming that programs operate as designed and configured.

Testing: After the completion of the Unit Test, we move the configuration to the System Test environment. We use this environment for three purposes bulleted below, testing the new functionality and presenting the results of configuration changes to the Agency:

- To conduct Integration Testing; Cycle Testing; and Batch Testing
- To run scenarios on a snapshot of the full database to test for batch performance. We use a snapshot of the converted data to run Performance and Load Testing.
- To conduct Regression Testing. Our automated regression test process is reusable and maintainable. We take appropriate data from our key use cases and update the test bed of claims data. This test bed of claims will grow throughout the project as we add more claim test scenarios. We refresh the data in the test bed of claims data before running the regression test. We use our existing use cases from APHP as input into our automated regression test scripts in Microsoft TFS. These automated scripts are reusable and help us fix deficiencies after deploying fixes and new builds.

Staging and Disaster Recovery [Model Office]: Once the components pass system and integration testing, we migrate the components into this environment. This environment is a mirror image of the production environment with a complete set of converted data. We use this environment to perform User Acceptance Testing (UAT). UAT is critical for the success of APHP implementation.

We confirm that APHP is thoroughly tested in prior testing stages before the start of UAT as illustrated in Figure 1.I-1. We follow an iterative approach to fix defects, meaning that the defects identified in the later stages of testing will be retested through all lower testing environments. This approach improves the quality of

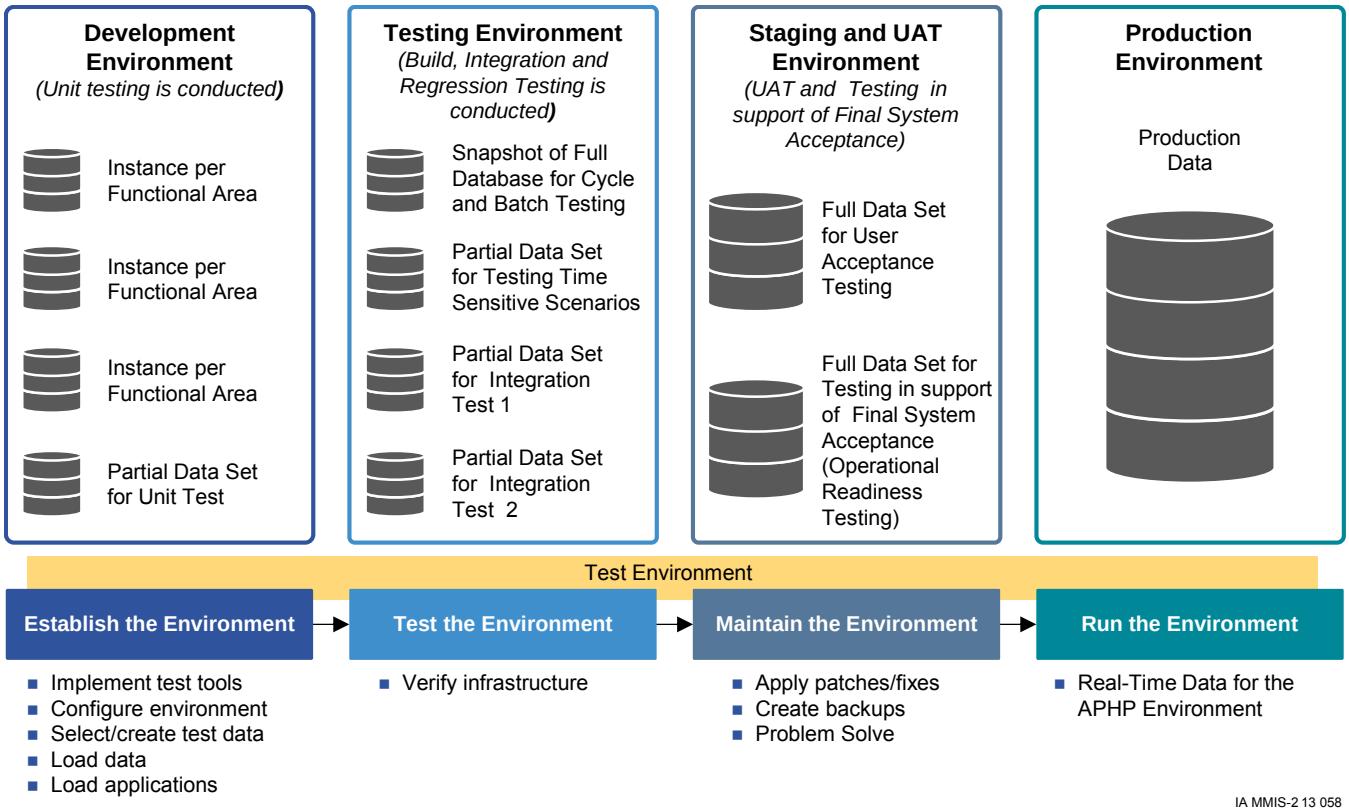

Figure 1.I-1. Proposed changes are subjected to multiple stages in the testing life cycle to accomplish efficient testing and configuration management.

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the system promoted to UAT. Accenture provides technical support and functional support as needed throughout the UAT. This includes supporting the preparation, execution and review of UAT.

Data Masking Protects Production Data

We frequently use production data to support our testing and training strategies. This allows us to use meaningful data to test the configuration of the system, provides a way to vet our conversion efforts, and allows us to use 'real life' situations during training. A critical component of enterprise information security is the handling of sensitive information contained in the production data set prior to use in testing. APHP uses camouflage data masking software to remove sensitive information, i.e., Protected Health Information (PHI) and Personally Identifiable Information (PII) by applying sophisticated data transformation techniques to non-production environments. The end result is realistic data that enables our application analysts, testers and trainers to accomplish their objectives without ever exposing the personal information contained in the original production database.

When data sub-setting is required in these non-productive environments, we use an integrated database sub-setting module designed to create smaller, more targeted databases while retaining the original database's referential integrity. In the creation of database subsets, our advanced sub-setting engine connects to multiple databases and database types, enabling us to create subsets of data from several business lines.

Attachment K – Technical Specifications: Technical Environment

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
EVSS.01	Environment Setup	APHP

We have designed a comprehensive infrastructure solution for the State of Iowa that supports the requested number of isolated environments, including Development, Training, System Testing, Build, E2E / Business Scenario Test Environment, UAT/Security Testing, Staging/Disaster Recovery, and Production. Our proposed hardware configuration supports each of the technical environments described in Table 1.I-2 above. The appropriate data is utilized in the environments to meet the specific scope of that environment and is established at the beginning of the project and carries through the life of the project. APHP will utilize the change control process to move data and configurations between the environments to facilitate the testing of the modules to release.

EVSS.02	Environment Setup	APHP

We have designed an infrastructure solution for the DHS that supports unit and system testing. We conduct Unit, Module, and Rule testing in our Development environment; and system testing in our System Testing environment. The establishment of our technical environments is a milestone within the Start-up activities in our proposed project plan. Upon contract award, we work with the Agency to determine the approval process for critical start-up activities such as establishing technical environments, as part of the overall project plan approval process.

EVSS.03	Environment Setup	APHP

Our proposed UAT environment provides full functionality and all components contained in the production environment. As such, the UAT environment is a mirror image of the production environment so that users can perform acceptance testing to confirm that the system meets the requirements in the RTM. Our test plans include creating test cases and scenarios for each requirement in the RTM to include all modules and interfaces. Users are able to mimic production work to confirm that the system performs as expected.

As part of our solution we provide the ability to copy data from the production environment into the UAT environment to test production scenarios, while remaining consistent with IME data protection policies. We also provide the ability to reset the UAT environment as well as restore the data back to an approved baseline in order to facilitate retests or "what-if scenarios" testing.

EVSS.04	Environment Setup	APHP

Our proposed training environment provides full functionality and all components in the production environment. As such, the training environment is a mirror image of the production environment so that users can conduct knowledge transfer in a production equivalent environment. Accenture will provide the ability to copy data, with either a

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full or a partial set of data, from the production environment into the training environment to support training with production scenarios, while remaining consistent with IME data protection policies. We provide the ability to reset the training environment as needed per IME. We use the versioning capabilities of our Microsoft TFS suite of tools to automate the process for restoring the data back to an approved baseline in order to facilitate standard training baselines. We also provide the ability to duplicate records so that multiple trainees can perform the same task scenarios.

EVSS.05	Environment Setup	APHP

Our proposed conversion test environment provides all functionality and components in the production environment. This includes web portal, business workflows, interfaces, security, single sign-on, reporting and financial records. The conversion test environment is a mirror image of the production environment. Once the production data is converted and loaded into the Conversion Testing Environment, Accenture will conduct parallel testing to compare results from the existing production environment to the new Iowa MMIS to compare actual results against the expected results.

EVSS.06	Environment Setup	APHP

Our proposed Business Scenario Test environment is a mirror image of the production environment. This includes, but is not limited to web portal, business workflows, interfaces, security, single sign-on, reporting and financial records. The Business Scenario Test environment allows users to conduct knowledge transfer in a production equivalent environment.

As part of our solution, we provide the ability to copy data, with either a full or a partial set of data, from the production environment into the Business Scenario environment to support the running of "what-if" scenarios, based on production scenarios. This capability is used to determine the impact of changes in service limitations, provider payment rates and other changes to assist the State in determining the overall impact to State Medicaid expenditures. This strategy will be used to support analytics and projections on overall program expenditures. Providing this capability, to change program parameters and rerun a predefined set of claims, allows the State to develop benefit strategies that will influence, if not predict, the overall growth rate from one state fiscal year to the next.

Our configuration management strategy allows us to save configuration sets and to refresh an environment's configuration from production to support the further analysis of "what-if" scenarios. By running multiple configurations against the same set of data (scenarios), the State can easily compare and identify the impact of a proposed set of program and policy changes.

EVSS.07	Product Configuration, Integration/Interface	APHP; Edifecs

The Agency requires an environment for your trading partners to use to test HIPAA transactions. Accenture proposes to meet this requirement using EDIFECS Ramp Management Self-service portal. These programs aid partners in their onboarding tasks and reduce the burden on internal staff. EDIFECS provides support to the trading partner by providing data validation testing and reporting back to the trading partner. EDIFECS Ramp Manager is a service that enables trading partners to test EDI X12 transactions to validate that they conform to the HIPAA syntax. This service is available 24/7 and it provides trading partners with a description of the results of the format validation and an audit trail for diagnosis of results.

EVSS.08 (a-h)	Environment Setup	APHP; Worksoft

Our approach to testing includes the creation of dedicated test environments as discussed earlier in this section. The non-production environments provide for the same functionality as in the production environment.

- Our change management strategy for the test environment includes managing versions of the configuration, data and test scripts. Our approach provides for de-identified sets of test data as well as controls and security profiles that in the event that production data is used to test, the results cannot be accessed or printed without the proper security access.
- In addition to the EDI syntax testing capabilities that are part of the EDIFECS solution, APHP will edit and reject any EDI transactions in test that do not conform to the required syntax.
- Our configuration management approach uses Microsoft Team Foundation Server (TFS) to control the versioning and release of all configuration items. Our discipline on configuration management extends to all configuration items that are required to operate the proposed IME MMIS, including all batch and online programs and files that are required for testing releases and non-release changes.

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- Our testing approach allows us to compare previous test runs against one another to identify impacts of the changed item on the results.
- WorkSoft is an automated testing tool that supports both functional and regression testing by enabling test scripts to be executed with minimal manual intervention, increasing the effectiveness of the overall testing team.
- We maintain all our test cases in Microsoft TFS component, giving the IME the ability retain test cases for reuse.
- Our testing environments are setup with the same security structure and capability as our production environment, this means the environments support multiple users concurrently and will allow for the concurrent testing. The security model can be used to enforce or even prevent one set of testers from performing functions that another group of testers can perform.

EVSS.09	Environment Setup	APHP; TFS

Our configuration management approach uses Microsoft Team Foundation Server (TFS) to control the versioning and release of all configuration items via automated workflows. Our disciplined configuration management protocols extend to all configuration items that are required to operate our proposed Iowa MMIS. This includes any application code, COTS configuration files or system parameters, data definition and structures and versions and maintenance releases of packaged software.

No changes are made to the production environment without going through our approved change control procedures. These procedures require any configuration item to be promoted and tested through our technical environments described herein. We execute test scripts and regression test cases in each environment to confirm the change item is behaving as predicted. This includes any rule changes, configuration changes or associated programming code changes.

Our change control procedures require that all changes be documented (along with their associated requirement specification document, design document, test plans, cases and results) and stored in APHP's SharePoint repository as a formal deliverable tracked and managed via our Project Management Portal.

We maintain an audit trail of the configuration items themselves in our CM toolset, Microsoft TFS, and a complete history of requirements, walkthrough results, approvers, etc. in our SharePoint repository. These procedures allow for the automated process control for each configuration item within TFS and our project management disciplines and methodologies provide the controls and disciplines to enforce no item going to production without having followed all the quality, configuration management, testing and approvals required.

EVSS.10	Environment Setup	APHP; TFS

Our configuration management approach uses Microsoft TFS to control the versioning and release of all configuration items. Our discipline on configuration management extends to all configuration items that are required to operate the proposed solution. This includes any application code, COTS configuration files, system parameters, data definition and structures and versions and maintenance releases of packaged software.

We save previous versions of all the configuration objects, including the rules engine configurations, within CM toolset, Microsoft Team Foundation Server (TFS), as well as, for those COTS applications that support it, in the products version history. This provides the Agency with the ability to revert to any previous version in a designated environment for audit or problem diagnosis purposes.

EVSS.11	Environment Setup	APHP; TFS

Microsoft TFS holds the specification documents that are kept current throughout the project lifecycle. The power of this tool comes from the tight integration of the subset/s of tools, enabling impact analysis of changes on both test scripts and business requirements. Accenture also keeps the official delivered version of a specification document in our SharePoint repository, accessible via the Project Management Portal, to provide a point in time view of approved version of these documents. Both the Microsoft TFS and the SharePoint repository allow for advance search capabilities to quickly identify the documents, test cases and configuration objects by user defined search criteria.

Finally, the Microsoft TFS toolset provides for a full traceability of requirements from requirement, business specification and design, to test plan/cases through to the individual configuration object. All of these project artifacts are subjected to our change management processes to control the quality, version control and the integrity of these artifacts. Modifications to configuration items are restricted to authorized users. All changes require check in/check out procedures that are enforced by TFS.

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4B.3.1.j Web Portal Infrastructure

2.10 System Requirements
j. Web Portal Infrastructure

We understand that Iowa requires a solution that improves member, provider and worker satisfaction and communication by leveraging technology and effectively managing related processes

User-Friendly Portal Provides the Information IME Stakeholders Need to be Successful

- Supports batch and/or individual transactions
- Provides easy-click drill-down to status statistics
- Provides easy access to online attachments and reduces paper

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APHP provides an online accessible, user-friendly MMIS application that delivers easy-to-navigate self-service functionality for users. A successful IME program requires an early and sustained focus on enhancing and improving the user experience. Understanding this important axiom, each web portal page is designed with the objective that the end user maintains the ability to maneuver easily and efficiently through activities/processes to achieve his/her desired end result.

The APHP home page provides users with an enhanced user experience through:

- 24x7x365 access to self-service tools and system functionality via secure portal
- On-line help features to improve user self-service
- System codes presented in every-day language to enhance learning curve
- Easy to learn, intuitive web pages are configurable to meet a variety of user preferences and roles to simplify navigation
- Relevant links and functionality, presented to simplify user tasks and tailored to user roles with a breadcrumb trail navigation aid
- Ability to open multiple tabs and browsers simultaneously
- Job Access With Speech (JAWS) compatibility for compliance with the Section 508 Amendment to the Rehabilitation Act of 1973

Users access the system through single sign-on (SSO) with role-based security profiles to provide simplified user log-in as well as protection of sensitive data. Each user is assigned a role and each role is assigned levels of access. Access is defined at the functional and data levels to prevent unauthorized transactions and exposure of sensitive or protected information to unauthorized users.

The APHP Portal is designed for usability from the start. Our specialized user experience team designed APHP functionality based on direct input from multiple user groups. We conduct exhaustive performance tests to identify and create additional user value. This provides the Agency with a solution that incorporates user-friendly features with robust online support/help functions, relevant for each transaction or workflow, and requires minimal formal training.

APHP is designed to provide users with real-time information at their fingertips to accomplish their tasks. This includes easy, single-click access to detail information through drill-down functionality. The APHP Web Portal has been configured for provider, member, and worker accessibility and functionality, enabled through APHP's Presentation and Data Exchange Services Layer. Additional portals can be added as necessary to expand and extend the MMIS into other user areas. Table 1.J-1 illustrates how APHP provides a strong Web Portal infrastructure solution for Iowa.

Table 1.J-1: Our web portals/pages are designed to be flexible, scalable and configurable to meet the demands and expectations of an expansive Medicaid program

Key Solution Features	Benefits to the IME
Access to all COTS component applications through a single, consistent, easy-to-use web interface.	The business services for provider management, recipient management, program management, operations management, care management, management administrative reporting, and third party liabilities are all available through the APHP Portal
Utilizes open standards	There is no need for customization. Information can be easily shared.
Web portals are configured to provide targeted information and functionality based on user type	Providers, members, workers, and decision-makers are presented with portal pages that are designed to facilitate their particular business needs; and puts the right information into the right hands at the right time
On-line help function	Improves user ability to take full advantage of available capabilities

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Attachment K – Technical Specifications: Web Portal Infrastructure

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
WPISS1.01	Product Configuration	APHP

The APHP web portal component is built using the latest version of the Microsoft products. These web portal products are browser neutral to facilitate the use of the most popular commercially available browsers with broad usage (i.e. Chrome, Firefox, Internet Explorer and Safari); and avoid any technology or proprietary coding that would force the user community into a specific browser brand or technology. This is in line with our philosophy to create an open, standards-based MITA-aligned solution that is interoperable with applications and products across the healthcare ecosystem.

WPISS1.02	Environment Setup	APHP

APHP functionality is accessible via the web portal 24/7 (excluding IME scheduled outages) and does not require downtime for data loads or other batch processes. We will work with the Agency to schedule maintenance down time to minimize the impact on the user community.

WPISS1.04	Product Configuration; Interface/ Integration	APHP

The APHP Web Portal is designed to be easily configured to add links to other applications, information web sites, documentation, forms and application and any other HTML destination specified by the IME. Our design allows users to have easy access to information at the time and in the context that it is needed. Our single sign on capability means that Iowa MMIS users can link to separate applications without being required to sign in again or be concerned with maintaining multiple user IDs and passwords for each application.

WPISS1.05	Product Configuration; Interface/ Integration	APHP

The IME providers and members access user-specific functionality via web portal hyperlinks. The APHP web portal can be configured to display links in pre-assigned strategic positions within the APHP web portal and/or can be configured to be displayed dynamically, based on the context and role of the user. This smart link ability means APHP controls what a user sees based on that user's security and role (job function). Based on their defined role, APHP displays the appropriate links to provide a user with the access to either specific information concerning what they are trying to perform or specific functionality needed to perform their job function.

Our smart link approach means greater efficiency for users by ordering or displaying links to logically related tasks and information, and eliminating unnecessary clutter. Our web portal Online Help solution is also context sensitive and will provide the IME stakeholders help for the specific function or web page they are navigating.

WPISS1.06	Product Configuration	APHP; SSRS

APHP captures audit information for all operations and transactions that occur via the APHP secure portal. These audit trails give us the ability to report and monitor on the operations being performed on the portal, both automated and manual processes. For public facing pages, we log web page statistics to report and monitor web site and page utilization. Transaction based metrics are also captured for Operational Dashboard tracking.

WPISS1.07	Environment Setup	APHP; ADFS

The APHP web portal employs leading practices for usability and navigation drawn from our experience at Accenture's Healthcare Center of Excellence (HCoE) and the Usability Experience team. APHP provides a secure web portal that uses single sign-on through the Identity and Access Management components to access content. Security measures restricting access to protected information supports HIPAA compliance. APHP supports easy navigation between screens through a logical menu structure and it supports creation of hotlinks to frequently visited areas of the website. Accenture will establish these configurable links in compliance with Agency requirements.

WPISS1.08	Environment Setup	APHP; FIM

The APHP portal features secure sections for all stakeholders. Providers and members are allowed to register online for access to the secure portion of the APHP portal where they have access to MMIS information and transactions that are specific to their role. We will work with the IME to define security profiles for IME

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workers, IME's designees and trading partners to limit access only to the areas of the portal appropriate for their role or business function.

WPISS1.09	Product Configuration	APHP

APHP's web portal user interface is ADA, OAA, and 508-b compliant. The APHP web portal is designed with usability in mind and is tested to ensure that design requirements are followed to provide an ADA, OAA, and 508(b) compliant portal. Compliance is part of our code review process during portal construction through the use of a code-level checklist and testing tools. APHP implements a centralized cascading style sheet that captures the Agency's usability and content standards, enabling users to configure resolution, font, and color choices.

WPISS1.10	Product Configuration	APHP; OnBase

APHP comes with the ability to integrate online tutorials directly into our Online Help function. This allows us to target tutorial materials in the context or module where the user needs assistance. Help features include:

- Topic-specific online help out-of-the-box
- User help function with usability features, such as a table of contents and search function
- Direct access to online tutorials through a link on the help screen that

WPISS1.11	Product Configuration	APHP

APHP provides a search tool bar where users can type in a key word, part of a keyword, or a key phrase and the system will perform the necessary search against all the content accessible to that user via the APHP web portal. We leverage the SharePoint search services to help us search both web pages and all content and documents contained within the APHP web site.

WPISS1.12	Product Configuration	APHP; Checkbox

APHP provides support to online questions through "Contact Us" function on the portal. This allows users to pose questions and interactively communicate with contractor and IME staff.

WPISS1.13	Product Configuration; Interface/ Integration	APHP; OnBase; RoboHelp

The APHP web portal provides easy-to-use navigation menus, fields and page tabs. Our APHP web portal design employs leading practices for usability and navigation like smart links on user home pages that provide single client navigation to tasks that need to be completed by that specific user. The APHP web portal also provides forward and backward navigation.

The web portal enables users to track their location by using a left hand navigation panel that includes a check-box format. A breadcrumb trail is provided to provide the user a "where am I" view of the web page hierarchy. This common feature is leveraged throughout the web portal.

WPISS1.14	Product Configuration	APHP

APHP portals use open standards (like cascading style sheets) that function with browsers having broad acceptance, and are compatible with standard browser technology. Using configurable business rules we configure the APHP web portal according to IME-defined requirements such as width of the form, resolution, font size, font family, text color, and background color. APHP portal design elements are configurable and are in compliance with the IME usability and content standards.

WPISS1.15	Product Configuration	APHP

APHP provides a localization feature that enables web content to be presented in typeset of multiple languages, per State and Federal guidelines. APHP will provide a feature to remember the language preference of a user so that the selected language is used for all subsequent visits to the secure section of the portal.

WPISS1.16	Product Configuration	APHP

The APHP portal solution delivers a robust capability to control secure and non-secure web page content, giving DHS great flexibility to provide basic general information about the Medicaid program to potential providers, members and collaborating agencies. Our design provides a content management tool, SharePoint, which provides the Agency the ability to display program specific content. We also provide a configurable navigation pane that allows the Agency to place links to other web sites or pages that would be of interest to potential users. We have the ability to provide point-and-click access to electronic content in the form of documents (PDF, MSWord), presentations and graphics.

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WPISS1.18	Product Configuration	APHP

APHP creates and maintains an audit trail and history of all transactions performed through the web portal. Business activities performed on the secure portion of the portal generate an audit trail of all transactions performed, i.e., when the action was performed and which user ID performed the action. This audit trail is then viewable through the portal to authorized users.

WPISS1.19	Product Configuration; Interface/ Integration	APHP; OnBase

The APHP web portal is configurable and provides a number of options to the State for allowing citizens to report suspected fraud and abuse. We have the ability to:

- Create links to State web sites for citizens to report suspected fraud and abuse
- Publish telephone numbers for the program integrity unit or State agencies that investigate fraud and abuse
- Publish an online form the public can fill out and have it routed to the appropriate unit within the IME
- Provide "Contact Us" e-mail links specific to fraud and abuse inquires or reporting

WPISS1.21	Product Configuration	APHP

Using configurable business rules and automated workflows, the APHP web portal and content management functionality provides for posting of announcements, specific to the user type, at sign-on. APHP automatically removes the announcement from the user sign-on after it has been acknowledged. To facilitate audit trail management, APHP documents the data and content related to posted announcements, with date and time.

WPISS1.22	Product Configuration; Interface/ Integration	APHP; OnBase

The APHP Web Portal manager archives all user messages, announcements, and associated metadata. APHP allows user messages to be searched and retrieved by taxonomy, date, user role, or other defined criteria. Out of the box, APHP shows current material and archived material. Within the IME, APHP allows archived messages to be copied and modified for current and future use.

WPISS1.23	Environment Setup	APHP; FIM

APHP implements security measures that meet HIPAA requirements for compliance. Entities exchanging data with the Iowa MMIS go through a disciplined and controlled process to gain access to the new APHP solution for X12, HL7, and NCPDP standard transactions. This process allows DHS to remain in control of which relationships are established and to approve the data that will be exchanged. It also promotes data security by requiring business entities to test with the new system prior to gaining access to production data.

WPISS1.24	Environment Setup	APHP; FIM

APHP employs a multi-level role-based security structure as designated by IME, described herein. The APHP portal permits secure access through Single Sign-On (SSO) using MS Active Directory Federated Services.

APHP's Identity and access management component includes the following capabilities:

- Identity Management: Enables scalable, consistent assignment of role-based security by managing user identity, roles, access rights, authentication parameters, and application access information.
- Directory Services: Centralized, standardized system automating network management of user data, rights, security, and distributed resources and supports interoperation with other directories
- Access Management: Provides consistent, centrally managed control over user access to applications, Web portals/pages, and system
- Entitlements Management: Supports configuration and management of data element granular access controls

WPISS1.25	Product Configuration	APHP

The APHP web portal is designed to be clean and efficient in order to support various bandwidth capabilities within the provider community. To support provider access using mobile technology, users are able to view all aspects of the APHP web portal over low bandwidth connections. The APHP Web Portal design supports low bandwidth connectivity by providing low graphic content as well as avoiding lengthy, high content web pages. Our low fidelity design means providers can connect wirelessly or through a mobile access device and still be able to access the APHP Web Portal application easily and efficiently.

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WPISS1.26	Product Configuration	APHP

As part of our Online Help functionality, the APHP Web Portal includes the ability to post Frequently Asked Questions (FAQ) online, organizing those FAQ's by topic or other configurable attribute as determined by the IME. APHP also provides search tool bar where user can type in a key word, part of a key word, or key phrase and the system will perform the necessary search. Periodic updates to FAQ information are accomplished via configurable IME-dictated business rules and workflows.

WPISS1.27	Product Configuration	APHP; ADFS

APHP Web Portal functionality can be configured to log users off of sessions after a predetermined time of inactivity to improve security and reduce misuse on shared computers. APHP displays a warning message to the user before logout.

WPISS1.29	Product Configuration	APHP

APHP allows for bulletins, web messages and banner postings to be sorted and displayed in an order specified by the IME, i.e., descending date order.

WPISS1.30	Product Configuration; Interface/ Integration	APHP; OnBase

Using point-and-click functionality, the APHP portal allows users to access, view, and print online manuals, instructions forms, bulletins any other content published via the portal. We publish the documents and forms in a format that will allow the information to be printed on standard print output devices. When eligibility criteria or other information is returned to an authorized user, APHP provides print-friendly formats for the information.

WPISS1.36	Product Configuration; Interface/ Integration	APHP; SmartSAFE

APHP supports the use of electronic signatures that comply with HIPAA, SOA electronic signature standards and DHS policies and standards. APHP incorporates eSignSystems' award-winning SmartSAFE software that enables organizations to create, sign, store, access and manage the lifecycle of legally binding electronic records: contracts, documents, and forms. Once created, these legally binding documents are verified for authenticity and are securely deposited in the document repository. All signed documents are verified throughout the process to ensure that the signing credential (digital certificate or username/password) is verified and that the documents remain free from tampering. SmartSAFE also supports signatory access to their electronically signed documents as required by the ESIGN Act. Authorized users can access and print certified copies, while the archived, e-signed original document is left untouched, thus satisfying legal and compliance requirements. SmartSAFE enables authorized individuals to manage, search, transfer and share electronic files, signed or unsigned, through the APHP Web portal.

WPISS1.39	Product Configuration	APHP; FIM

Identity and access management within a provider practice includes the following capabilities:

- Designation of an administrator for the provider's secure Provider Web Portal account
- Ability of the administrator to create user accounts for the provider practice and designate which activities and access levels the user will have
- Deactivate user accounts as required

Our security approach empowers the provider practices to conform to HIPAA requirement by allowing them to limit the access levels for staff to only that needed to perform their job.

WPISS1.42	Product Configuration; Interface/ Integration	APHP; CheckBox

The APHP Web Portal allows for the creation and publication of surveys on the Portal. Surveys can be developed using the Checkbox Survey capabilities that allow the survey creator to specify whether an answer is: mandatory or optional; single or multiple lines of text; multiple choice; rating scale; number; date/time; yes/no; lookup. The style and format of the surveys will be determined with the IME.

WPISS1.43	Product Configuration	APHP; CheckBox

Surveys are easily deployed using the Checkbox tool. Checkbox can administer surveys via email, social media or through a website link. Surveys can be configured for 'once only' response. Security for surveys and responses is accomplished by requiring a valid user ID to access and respond; As with other APHP data elements, only authorized users can view responses. Survey responses can be named or anonymous.

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WPISS1.44 (a-d)	Product Configuration	APHP; CheckBox

Survey results are available to authorized IME users in real-time, with access to a survey analysis tool that tabulates the results graphically using bar chart, pie chart and graphs. Results can be tabulated by any of the survey data collected to include county, district or other parameters. Checkbox survey results are stored in tabular form and can be exported to Excel or other products for further analysis or summary.

WPISS1.45	Product Configuration; Interface/ Integration	APHP; OnBase; CheckBox

Using the Checkbox survey tool, we will work with the IME to develop outreach surveys for providers, applicants and members to provide feedback on the accessibility, ease of use and accuracy of various aspects of the product's functionality.

WPISS1.45	Product Configuration	APHP

APHP provides an easy to use self-service portal that simplifies the enrollment process for multiple types of Providers including physicians, facilities, and out-of-state Providers. Providers who desire to enroll in the Medicaid program simply visit the APHP Web Portal where they create an account with basic demographic information to obtain access to the APHP Web Portal.

Within the providers secure portal the Account Administration area allows the Provider Administrator to manage their staff of account and the respective access level. The Account Administration captures the basic information for each user associated to the account including user name, password, and email. The administrator assigns the desired level of access including allowing for claims inquiry, claim submission, eligibility verification, statements and documents, and the ability to submit authorizations.

WPISS1.46	Product Configuration	APHP

APHP delivers a Section 508(c) compliant solution for all software and interfaces. The APHP web portal is designed to comply with Section 508 standards for accessibility. The web interface was built with the help of the Accenture User Experience team who bring extensive experience specifically focused on designing easy to use and accessible user interfaces. We also use the JAWS screen reader software to test and validate accessibility and Section 508 compliance.

WPISS1.60	Product Configuration	APHP

APHP processes and maintains inputs such as content updates and alert data by managing the APHP web portal content using Microsoft SharePoint. This approach provides a configurable, system-driven process to control and perform automated updates to the content that appears on APHP web portal. Alerts and messages are easily managed in SharePoint and can be user specific, group/role specific, or broadcast.

WPISS1.62	Product Configuration; Interface/ Integration	APHP; OnBase

The APHP portal allows users to register online for scheduled knowledge transfer and training seminars. The APHP workflow routes registrations and transmits notifications when a registration has been completed. The APHP web portal is easily configured to publish the seminar schedule established by the DHS.

WPISS1.68	Product Configuration	APHP

APHP supports site-wide search capability by providing a search tool bar where users can perform a wild card search by typing in a keyword, part of a keyword, or a key phrase. The system will perform the necessary search against all the content within the APHP web portal. For the Iowa MMIS solution we leverage the SharePoint search service, which means that searches are conducted on both web pages and all content and documents contained within the APHP web site.

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4B.3.1.K Workflow and Electronic Document Management

2.10 System Requirements
k. Workflow and Electronic Document Management

We understand that DHS requires a workflow and document management solution that provides a user-friendly mechanism to design flexible table-driven rules, workflows and services where appropriate.

A Complimentary Workflow Management Solution that is MITA-Aligned to Streamline IME Operations

- Leverages Iowa's investment in existing assets
- Workflows can be changed by trained business analysts
- Highly configurable baseline workflows are reusable

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The APHP Workflow Management solution integrates the existing OnBase configuration into APHP's K2 blackpearl and leverages the existing OnBase knowledge and expertise that DHS has acquired over the years. We will use K2 for MMIS-specific processes while maintaining the OnBase workflow processes as well. With APHP, DHS will have a new, very user-friendly mechanism to design flexible, table-driven rules, workflows and services for these products as well as Kofax, which is the proposed document imaging solution. Staff can configure workflows through an easy-to-use interface that supports all aspects of benefit administration; claims processing and payment; provider and member management; utilization review; and other core MMIS functions. Integration of commercial workflow products brings enhanced automation and process configuration, supporting rapid change management. Changes to APHP workflows and business rules are completed through products that require minimal technical skills to use and understand. Most configurations can be performed by business analysts that have been trained in the tool.

Easy to Adapt

Our workflow tool is designed to quickly and easily create a business process using its smart object and drag-and-drop features. Beyond existing services, our workflow tool can also integrate manual activities, reports, and MS Office tools, like Outlook, Excel, and others to facilitate workflow and document management.

Analyzing, Documenting, Monitoring, and Improving Iowa MMIS Workflows

Analyzing

During ACD, APHP Business Analysts will work with the DHS and other IME stakeholders to review and discuss Iowa MMIS business processes. Baseline business process documentation and corresponding pre-configured workflows are used to help facilitate analysis and documentation of target workflows for the Iowa MMIS. We review all of the workflows and where appropriate, connects or moves them into the APHP enterprise workflow framework. One potential benefit of leveraging existing workflow configuration is a shorter testing scope of the executable workflows. We work closely with the Agency throughout this process to document "As Is" and "To Be" processes and perform gap analyses as necessary.

Documenting

K2 blackpearl is a powerful and robust tool that is well aligned to Medicaid for process rule management. K2 also offers alternative workflow design surfaces, such as Visual Studio. K2's design environment enables business and technical resources to collaborate on process design, completing and maintaining workflows. Business Analysts, workers, SMEs, and technicians can contribute to the creation of viable and efficient process and workflows. There is complete transparency in this component such that all stakeholders can view process rules through online audit capabilities.

Another feature of K2 blackpearl that promotes efficiency and ease in documenting workflows is the development of independent forms within the workflow. This allows us to build workflows based upon specific events, which means we build it once and reuse the templates for future events for maximum efficiency.

APHP documents, in K2, all workflows configured during the ACD phase of the Iowa MMIS implementation. Once approved, these workflows, along with their corresponding business process descriptions, are stored in APHP to provide documentation of the Iowa MMIS business processes.

Monitoring

Accenture understands that the real value of workflow management lies in the ability to monitor in real-time and report on current operations. Also critical is the execution of timely workflow changes, as necessary, to improve efficiency or redistribute workloads. Through a series of operational dashboards, the APHP solution provides a real-time view of operational activities and workload distribution. At any given point our operations management can monitor and understand operational parameters, such as claims inventory, and dynamically re-route work as necessary to optimize performance.

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Our workflow management solution also has reporting capabilities that allow analysis of audit trails pertaining to a work item, to track all associated transactions performed or steps executed within the business process. Changes to workflows are tracking using our change management process. Maintaining control over changes ensures required milestones are met. Milestones may include training, documentation updates, required sign-offs as well as documenting impacts to staffing and performance measures.

In addition to reports and metrics, K2 blackpearl, can be configured to automatically monitor work performance against defined standards and react accordingly. Defined triggers equate to more specific and prescriptive actions. For example, K2 can automatically send a task to a different worker when the task has not been addressed within a specified timeframe or trigger notifications to users delineating outstanding tasks. This feature facilitates improved operations and processing turnaround times.

Improving

We use information displayed in the APHP operational dashboards, trending reports from the DDS, and feedback from customer satisfaction surveys to analyze business process effectiveness and performance. Using this information, we identify any recurring performance issues and/or potential opportunities to further streamline operations. Changes to workflows are tracking using our change management process. Maintaining control over changes ensures required milestones are met. Milestones may include training, documentation updates, required sign-offs as well as documenting impacts to staffing and performance measures. Table 1.K-1 illustrates how APHP provides a strong MMIS workflow management solution for Iowa.

Table 1.K-1: APHP's workflow management capabilities streamline operations and lower future TCO associated with change management and investment in IME systems.

Key Solution Strengths	Value to the IME
Powerful capability to automate processes, data exchanges, reporting, and other functionality to deliver up-to-date information in real time	Reduces manual touches associated with business processing; Increases processing consistency and timeliness of actions; delivers real time information to promote improved decision-making
Configurable workflows can be leveraged from existing IME assets; and can be leveraged across internal business processes and shared IME business services	▪ Ability to leverage functionality, including workflows and business rules, increases IA's return on investment of existing assets as well as APHP ▪ Promotes repeatable processes that in turn facilitate ability to apply configurations to multiple workflows at once thus lowering total cost of ownership (TCO) associated with change management
User-friendly GUI, providing copy/paste, and drag-and-drop capabilities for configuring new and/or changing workflows	Facilitates user ability to reconfigure changes associated with change management.

Attachment K – Technical Specifications: Workflow Management

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
WMSS.01	Product Configuration; Integration/Interface	APHP; Kofax / Edifecs; OnBase

APHP provides functionality to receive standard 275 attachments to 837 and 278 transactions. In addition, the APHP Portal provides functionality to submit attachments through the document upload feature. These attachments are stored in the enterprise document management system and can be accessed through the APHP Portal.

WMSS.02	Product Configuration; Integration/Interface	APHP; Kofax / Edifecs; OnBase

APHP uses OnBase as the central repository for all documents. OnBase provides functionality to split and merge the document through the metadata stored along with the document in the OnBase database. OnBase also allows users to specify index fields to support key word searches once the document is loaded.

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WMSS.03	Product Configuration	APHP; K2; OnBase; FIM

The security model used in our workflow solution provides for the segregation of various roles between users as well as the ability to limit the product functionality available for each user. Our workflow solution provides the functionality to set the user at the process level as well as the activity level.

WMSS.04	Product Configuration	APHP; OnBase

APHP will integrate with OnBase WorkView. Workview will be used to capture and document the interaction and narrative between the provider or member and the worker. In addition, the APHP portal will interface with existing data in the OnBase system to support historical transactions and index to the provider and member numbers.

WMSS.05	Product Configuration	APHP; K2; OnBase

The built in documentation feature of K2 blackpearl generates comprehensive easy- to-read documentation as we build the workflow. The documentation for each workflow will be published to the document management system for reference.

WMSS.06	Product Configuration	APHP; K2; OnBase

K2 blackpearl workflow enables authorized users to define and configure work distribution rules within a point-and-click interface. Upon configuration, work items are instantly routed through the associated business processes as each increment of user or system work is completed.

WMSS.07	Product Configuration	APHP; K2; OnBase

K2 Studio provides a point-and-click configurable GUI interface and has been designed to allow for quick implementation. Much, if not all, of the programming that is required by traditional workflow systems has been eliminated. This is used for process definition. K2 Workspace provides functionality for business activity monitoring and generating alerts and notifications.

WMSS.08 (a-h)	Product Configuration; Integration/Interface	APHP; K2; OnBase

APHP uses the IME's existing document management system, OnBase, leveraging its document management functionality that allows users to submit, share, manage and control documents in a central repository. APHP Portal utilizes the web service interface to the document management system. Documents such as fax, Image, and Mailroom contents will be submitted to the document management system through APHP's imaging solution. APHP Portal also provides functionality to upload documents received through email, internal creation and system generation.

WMSS.09 (a-g)	Product Configuration	APHP; K2; OnBase; FIM

K2 blackpearl enables authorized users to build simple to complex process-driven applications with a point-and-click user interface. In K2, each business process has a start activity to start the workflow with initial data, activities to define business rules for each step, action/outcome to define the rule for the flow to the next system/staff activity, user/role assignment for each activity, capability to internal and external document link, and the capability to link other COTS product's data through Smart Objects. The activity/business rules can be defined in such a way that either all approvers should approve, or at least a predefined number of approvers, should approve, before the process meets the exit criteria. The workflow audit trail data is captured by the workflow engine as the transaction moves through various activities/events from start to end of the workflow.

WMSS.10	Product Configuration	APHP; K2; OnBase

APHP provides an interface to the workflow management suite, K2 blackpearl, and other COTS products through a web service interface. By connecting across all applications, the APHP portal will track all activities of the Iowa Medicaid System.

WMSS.11	Product Configuration	APHP

APHP is designed to have a single system of records for data and then utilize it from the different components. Our centralized database stores links to records in other COTS products such as K2 blackpearl workflow and OnBase, and is accessed through web service interfaces.

WMSS.12	Product Configuration; Integration/Interface	APHP; Kofax

APHP proposes the use of the Kofax imaging solution. Our solution also includes Fujitsu FI-6800 scanners. These scanners are capable of scanning documents at a rate of 100 pages per minute (simplex) or 200 pages per minute (duplex). Documents scanned in via Kofax and released to OnBase can be configured to automatically enter the

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appropriate OnBase Workflows. OnBase Workflow allows documents to be routed in a consistent manner. The system can be leveraged to automatically route or process documents based on the configuration logic and rules in workflow.

WMSS.13	Product Configuration; Integration/Interface	APHP; Kofax

Our solution includes Fujitsu FI-6800 scanners. These scanners are capable of scanning documents at a rate of 100 pages per minute (simplex) or 200 pages per minute (duplex). Kofax will be set up to allow user-defined scanning (simplex or duplex) by document type.

WMSS.14	Product Configuration; Integration/Interface	APHP; Kofax

Kofax offers OCR, ICR, and OMR capabilities and the ability to manage and improve the error rates. Recognition success of 99% accuracy is achievable given the right set of circumstances. Kofax utilizes the best OCR, ICR, OMR, and Barcode recognition engines available on the market and offers a wide range of flexibility in their use. For example, we offer the ability to utilize multiple OCR engines on a page, perform multi-engine voting on a single field, can provide character level confidence, recognize dozens of languages, and database validation, to name a few. All these components combine to form the most robust and flexible document recognition solution available today.

WMSS.15	Product Configuration; Integration/Interface	APHP; Kofax

Kofax offers programmable field-edits. This type of common functionality is offered via configuration rather than requiring programming changes that require technical developer resources.

WMSS.16	Product Configuration; Integration/Interface	APHP; Kofax

Kofax offers the ability to auto-correct skewed documents within 20 degrees and auto-adjust document resolution to 300 dpi, as well as halftone removal, image smoothing, line removal, color dropout, cropping, and many other standard image cleanup functions.

WMSS.17	Product Configuration; Integration/Interface	APHP; Kofax

Kofax allows for zonal OCR, full-page OCR extraction logic (searching by 'Tags' or expression logic), mark-sense capability (Optical Mark Recognition (OMR)), signature detection and Intelligent Character Recognition (ICR) support (handwriting recognition). This extracted data can be formatted into an EDI or XML file format for upload into the APHP MMIS solution.

WMSS.18	Product Configuration; Integration/Interface	APHP; Kofax

Kofax will automatically orient forms to landscape or portrait. This is set up through the scanning configuration.

WMSS.19	Product Configuration	APHP

We accomplish field pre-population through features provided with OnBase. OnBase AutoFill Keyword Sets are unique features that enable users to enter a unique keyword and have the rest of the keywords automatically populate. AutoFill Keyword Sets consist of related keywords whose values can be automatically supplied via a single keyword entry. AutoFill Keyword Sets use a primary, unique keyword to identify a keyword set. By simply supplying the value of the designated primary keyword during indexing, all of the values of the associated keywords in the set are automatically retrieved by the system and assigned to the document, greatly increasing the speed and accuracy of indexing. The AutoFill Keyword Sets can be linked to external databases or the data can be imported and stored within OnBase. The APHP web service layer exposes the functionality to retrieve provider information based on the provider identifier. This interface will allow OnBase to retrieve the information to pre-populate the provider's information based on the provider system of record.
Additionally, the Application Enabler module allows users to populate form fields with keyword information scraped from the screen of a third-party application with the click of a mouse. E-Forms support multiple values for one index field (i.e. customer name = John Adams & Sara Adams) and can be indexed by an unlimited number of fields.

WMSS.20	Product Configuration	APHP; K2; OnBase; SSRS

APHP's audit trail captures details for each activity, as it progresses through workflow. Receipt date and completion date are logged for tracking on activities that are processed through the workflow. The audit trail also includes user changes that affect the status or disposition of the activity being worked.

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WMSS.21	Product Configuration; Integration/Interface	APHP; K2; OnBase; RightFax; Kofax; SR

RightFax is used to send faxes of documents housed in OnBase. OnBase will be configured to launch the standard Windows dialogue, where "print to fax" implementations allow for outbound faxing from any application. This integration fully supports the automatic capture, recognition, classification, and indexing of faxed documents directly into the OnBase repository. RightFax provides confirmation of receipt or send, to the user.

WMSS.22	Product Configuration; Integration/Interface	APHP; K2; OnBase; Kofax

APHP allows users access to all related materials for a given document. APHP supports user driven searches that provide the user with a list of items that meet the search criteria. Based off of values that are applied to the letter, form, document, image the returned results contain a view of all related items, for the search conducted.

WMSS.23	Product Configuration; Integration/Interface	APHP; OnBase

We are able to differentiate between forms and attachments using APHP functionality. Attachments received in the mailroom or uploaded in APHP are associated to related forms by indexed values captured for the document. Users will be able to assign defined keyword values to the attachment allowing it to be associated to forms that exist within APHP. This functionality allows users to view the form and attachment together, rather than having to manually search for possible attachment documents.

WMSS.24 (a-f)	Product Configuration; Integration/Interface	APHP; Kofax

Our proposed solution logs the required statistics - as well as many others - and has the ability to report these statistics as needed. Further, performance date from all component products are captured in our APHP enterprise reporting capability for detailed and comprehensive service level and contract reporting.

WMSS.25	Product Configuration; Integration/Interface	APHP; OnBase

In our solution, OnBase is the central repository for all Iowa MMIS-related documents. This allows documents, such as system generated client and provider notices to be stored and retrieved in the same fashion that scanned documents are stored and retrieved.

WMSS.26	Product Configuration; Integration/Interface	APHP; OnBase; SR

APHP proposes OnBase as the collaborative document management system. OnBase offers a feature rich document management platform that allows users to share, manage, publish, version control, and maintain digital audit trail.

WMSS.27	Product Configuration	APHP; K2; OnBase

APHP will be able to indicate the destination user of the work product in the workflow management process. APHP's native workflow capabilities include the usage of configured workflow processes managed within K2 blackpearl. K2 will manage triggers that identify work items, such as claims, prior authorizations, provider enrollment applications, that meet the appropriate criteria to be routed to a work queue as an item requiring attention. Upon routing, users accessing the APHP portal will see work items that have been triggered for action to their individual or a group work queue.

WMSS.28	Product Configuration; Integration/Interface	APHP; Kofax

APHP configured forms contain requirements for entry that will not allow a user to submit a selected item without including required variables, therefore not allowing incomplete items to be submitted for processing.

WMSS.29	Product Configuration; Integration/Interface	APHP; Kofax

During the scanning process Kofax identifies blank pages so that when the image is delivered to OnBase the blank pages are not included as a part of the scanned image.

WMSS.30	Product Configuration; Integration/Interface	APHP; K2; OnBase

As documents are scanned and imaged they are released to OnBase. OnBase will be integrated with the MMIS to initiate workflow on defined document types. As claim documents complete the scanning and OCR process the claim data is sent directly to MMIS for processing, while the claim image is sent to OnBase to allow for retrieval, via APHP.

WMSS.31	Product Configuration; Integration/Interface	APHP; OnBase

APHP provides the capability to view, in real time, imaged document pages using OnBase functionality. The OnBase

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viewer's Page Up/Page Down keys pan the image by screen size, while the arrow keys pan incrementally. Panning can also be accomplished by using the mouse and the vertical and horizontal scroll bars. Holding the Shift key down will move the view to that relative location, whereas clicking above or below the position indicator (elevator) will pan the image incrementally. Images that have thumbnails displayed have additional panning capabilities. The zoomed in area appears in the thumbnail view in reversion video and can be dragged around in the thumbnail. The full view of the document will pan based on the relative movement of the zoom region in the thumbnail.

WMSS.32	Product Configuration; Integration/Interface	APHP; Kofax; OnBase

APHP provides the ability to assign unique document identification numbers, flag duplicates, and determine use of number assignments through the Kofax software and configurable business rules and workflows. The Kofax solution can meet this requirement with a configurable "unique document ID" number and a script to make a look up on previously captured "unique document ID" numbers and to prompt the user if there are duplicates.

WMSS.33	Product Configuration; Integration/Interface	APHP; Kofax; QC

APHP is able to link resubmitted paper documentation to the original transaction record, flagging duplicate records, through configurable business rules and workflows. Linking relationships are determined by keywords that are assigned to the claim. Duplicates are flagged and routed, via workflow, to assigned users for review.

WMSS.34	Product Configuration; Integration/Interface	APHP; Kofax

APHP functionality provides the ability to set required field character case preferences. APHP also allows for metadata keywords to use either upper case or mixed case. If upper case value is selected then all keywords will be stored as upper case only.

WMSS.35	Product Configuration; Integration/Interface	APHP; Kofax; FIM

We record user activity against electronic documentation maintained in APHP. APHP maintains an audit log on every document in the system. The log displays the log date, log time, user name, action (brief description of the action that took place).

WMSS.36	Product Configuration; Integration/Interface	APHP; K2; OnBase

Through OnBase functionality we provide the ability to attach additional documents and notations to electronic documents existing in the APHP system. OnBase allows authorized users to add notes and annotations. OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing.

WMSS.37	Product Configuration	APHP; K2; OnBase

The Portal interface of APHP to Quantum Choice and K2 blackpearl allows the work scheduler subsystem to assign work to individual staff and to roles through designated queues. If the work is assigned to a role queue, any staff with the role will be able to work on the transaction in the queue through the Portal.

WMSS.38	Product Configuration; Integration/Interface	APHP; OnBase

The APHP Portal provides the capability for online retrieval and access of documents stored in the OnBase system. The attachments linked to a transaction (837, 278, etc.) will stay with the transaction and will be purged once the transaction meets the purge criteria. The purge criteria are configurable and are based on the transaction type/service provided.

WMSS.39	Product Configuration; Integration/Interface	APHP; OnBase

We are able to maintain the required average 15-second document retrieval response time using the OnBase software. Typically, for LAN-connected clients, OnBase is projected to provide sub-2-second response time for all documents retrieved. However, factors external to the software product may adversely affect optimum response time. These factors include:

- Network bandwidth (available bandwidth during transmission)
- Network latency
- Proper management of the OnBase database/file servers to ensure sufficient processing power is available to handle the projected load
- Usage characteristics of the OnBase solution
- Size and format of documents

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WMSS.40	Product Configuration; Integration/Interface	APHP; Kofax; K2; OnBase

APHP uses configurable business rules, workflows, and the OnBase software to establish the criteria to reject incomplete documentation upfront and generate a letter using automated field population and document attach to return to the submitter for correction. APHP will process the document in accordance with the business rule criteria that was met.

WMSS.41	Product Configuration; Integration/Interface	APHP; Kofax

While paper size and weight is dependent on the scanner utilized, the proposed FI-6800 scanners will accommodate different documents such as radiographs and diagnostic images from 2.1" x 2.9" to 12"x17". These documents will be black and white or color and can be of varying thickness.

WMSS.42	Product Configuration; Integration/Interface	APHP; Kofax

The APHP solution supports a wide array of bar codes, including 3-of-9, code bars and many others and can recognize and read bar-coded information for both data extraction and to pre-populate index values. This data will also be used to update tracking tables in the database.

WMSS.43	Product Configuration; Integration/Interface	APHP; Kofax

Our mailroom processes and Kofax solution provide the capability for authorized users with the proper security level designation to manually remove, rescan, and replace a scanned image or document(s) from a previously scanned group of documents.

WMSS.44	Product Configuration; Integration/Interface	APHP; Kofax

Our mailroom processes allow authorized scanner operators to group documents together during scanning based on document type. Documents will be scanned in batches or as single documents based on user preference, as defined by the State.

WMSS.45	Product Configuration	APHP; K2; OnBase

The APHP Portal Dashboard provides the status of various queues which are configured for different type of transactions. Authorized users can access the APHP Portal to manually reassign work from one queue to another or from one worker to another worker.

WMSS.46	Product Configuration; Integration/Interface	APHP; Kofax; K2; OnBase

APHP supports, via OnBase, a variety of keyword/metadata types for indexing to reduce the memory footprint in the database for keywords including: date, date and time, currency, specific currency, alphanumeric, numeric, and floating point. Index form fields are user-configurable.

WMSS.47	Product Configuration; Integration/Interface	APHP; Kofax; OnBase

APHP integrates with Kofax, the component application used to support data capture from paper forms. Working closely with the document management component, Kofax allows for OCR, OMR and ICR. For structured data, such as medical claim forms, pre-defined templates are used to help confirm that the data captured is correct.

WMSS.48	Product Configuration; Integration/Interface	APHP; Kofax; Edifecs; OnBase

APHP supports X12N 275 transactions as an attachment to standard X12N transactions. The 275 attachment is stored in the document management system, OnBase. APHP provides a link to the stored document that will be retrieved for online viewing when the user clicks the hyperlink. Paper claim attachments are scanned and stored also in OnBase. The claim is linked to corresponding images through document control number assigned to paper documents when they are scanned. As with the 275, a hyperlink is provided to view the scanned attachment.

WMSS.49	Product Configuration; Integration/Interface	APHP; Kofax; Edifecs; OnBase

APHP contains a common auditing service that records date, time, and user for any online updates. This auditing service is invoked by appropriate online screens for any data changes, providing a comprehensive audit trail. Data integrity is very critical in a MMIS and we are committed to providing an audit trail.

WMSS.50	Product Configuration	APHP; K2; OnBase

The K2 blackpearl workflow provides functionality to define common workflow processes as templates and use them in building custom workflows. This will provide quick development and common look-and-feel for each of the custom workflows.

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WMSS.51 (a-c)	Product Configuration	APHP; K2; OnBase

Business activity monitoring capabilities in the APHP solution generate alerts that are event driven and can provide response to time sensitive activities. Users are also able to set up custom configured notifications so that a notice is sent back to them based on specific events (e.g., report completion). This includes ticklers and reminders or even emails and text messages for a variety of time sensitive activities and regular work product.
We track time sensitive activities such as report completion or interface execution using this monitoring capability or as steps in a workflow. Once a trigger is reached in the workflow, APHP generates the user notification. Almost any system event, activity, status change, or value (including things like policy or rule changes) will trigger an alert or workflow. Internal flags (provider type, claim status, etc.) will be read in the workflow and used as the trigger for user notification.

WMSS.52 (a-e)	Product Configuration; Integration/Interface	APHP; K2; OnBase

OnBase and K2 blackpearl allow authorized users to add notes and annotations to documents and workflow responses. OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are dynamic and determined by keywords, allowing different file formats to be linked together.

WMSS.53	Product Configuration	APHP; K2; OnBase

The APHP portal and workflow provide the capability to reserve exclusive access to work items. This will enable a work item to be locked down to a user or department, removing if from the open or assignable work queues. The lock can be released by a user with supervisor access rights. The work item can then be re-assigned to another area or individual.

WMSS.54	Product Configuration; Integration/Interface	APHP; K2; OnBase

The K2 workflow and OnBase document management systems provide extensive tools and resources to integrate with a wide array of third-party applications including Kofax, the imaging system. Document and workflow process information will be delivered or initiated through web services exposed by the systems, or by the systems calling out to external service interfaces. This service-oriented architecture approach allows easy integration with an external imaging system that supports initiating workflows triggered when an image is created. In addition, the services exposed by the workflow and document management systems will be used by the enterprise service bus (ESB) and portal applications to initiate tasks such as creating, storing and retrieving documents. This will allow the workers, providers and members to have seamless access to any documents associated to claims, authorizations, enrollments, etc.

WMSS.55	Product Configuration	APHP

APHP provides common web services to support standard MMIS functionality such as Eligibility Verification, Claim Status Inquiry and Claims submissions. These web services can be used by either the portal and/or voice system. APHP uses load balancing functionality to provide scalability of the web service for volume. APHP will provide a consolidated view of the status of each type of transaction processed in the system. APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. APHP offers the ability to view the status of transactions processed in the system through operational dashboard configurations as well as backend reporting.

WMSS.56	Product Configuration; Integration/Interface	APHP; K2; OnBase

APHP portal provides functionality to users with appropriate access to manually change the priority of records in the queue. Authorized users with proper security level designation have the ability to prioritize records within type.

WMSS.57	Product Configuration	APHP; K2

APHP will be configured to suspend and transfer claims to a location/queue for manual review based on configurable adjudication business rules. This will generate automatic notifications by the workflow system to individual user or a group based on IME requirements. The workflow queues are managed through the APHP portal user interface. The APHP solution seamlessly integrates the claims adjudication rules with its native workflow capabilities. As claims fail for a rule configured for manual review, the K2 blackpearl workflow process identifies and routes the claim to the appropriate work location based on the predefined configuration.

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We will configure the K2 blackpearl workflows to route claims with systematically irresolvable errors to the appropriate work locations based on IME specific requirements, and will be updated with new configurations as business needs change and evolve. Our specialized claims analysts, supervisors, and specialty care groups are then able to access the suspended claims through the APHP worker portal for error review and resolution.

WMSS.58	Product Configuration; Integration/Interface	APHP; K2; OnBase

The APHP worker portal page provides the functionality for users to add notes and establish follow-up for a work item. The workflow will generate a notification to the user as soon as the follow-up criteria, such as timeliness standards, are met.

WMSS.59	Product Configuration; Integration/Interface	APHP; K2; OnBase

K2 blackpearl supports multiple business processes and corresponding queues for various types of transactions. Each queue holds transactions in intermediate stages until the transaction reaches its predefined final status. The queue and processes are scalable to accommodate dynamic growth.

WMSS.60	Product Configuration; Integration/Interface	APHP; SSRS; K2; OnBase

The APHP Portal solution brings a full suite of performance and operational metrics and dashboards as part of our Enterprise Reporting Management System. Our centralized approach to the collection and reporting of these metrics means the State can access all the performance standards and metrics through the APHP worker portal. Our solution collects metrics on all transactions across the enterprise. These transaction metrics include volumes, frequency, processing time, error rates, amounts and other metrics. They are stored in our Operational Data Store and presented in an easy to understand dashboard reporting system. The system will be configured to set performance standards and report or alert the user when a metric is falling outside the established performance metric. APHP provides full transparency, in near real time, to all performance metrics.

WMSS.61	Product Configuration; Integration/Interface	APHP; SSRS; K2; OnBase

APHP seamlessly integrates all of the COTS components comprising the MMIS into a configurable workflow process managed through K2 blackpearl. Utilizing the configured workflows the APHP portal will present users with their individualized work queue providing easy access to all work on hand. Examples of this include an individualized work queue for a Claims Specialist responsible for working priority high dollar institutional claims, or a Prior Authorization Nurse responsible for reviewing specialized prior authorizations for OB Ultrasound requests. While working within their queue on the APHP portal the worker will also have the capability to route assignments to other departments or perhaps escalate the item to a lead or specialist based on the configured workflow for that work item type. The flexible APHP workflow processes support work group queues in addition to the individualized queues. In this manner work can be shared among multiple workers allowing the group to quickly and efficiently address large volume work items

WMSS.62	Product Configuration	APHP; K2; OnBase

Once a user has selected a work item it is locked so that no other user can actively work on the same item, until the assigned user has completed any actions. Workers will view assigned work, in APHP, in an individual work queue that only contains those items that are reserved for their review

WMSS.63	Product Configuration; Integration/Interface	APHP; K2; OnBase

Supervisors and users with the appropriate access have the capability to look into a user's work queue, including exclusively assigned work items, for potential reassignment at any time.

WMSS.64	Environment Set-up	APHP; FIM; K2; OnBase

APHP comes with a security model based on Active Directory Federation Services and Forefront Identity Manager to provide role-based authorization. Role-based security is enforced for the application, work processed, as well as the data.

WMSS.65	Product Configuration; Integration/Interface	APHP; SSRS; K2; OnBase

The APHP solution brings a full suite of performance and operational metrics and dashboards as part of our Enterprise Reporting Management System. Our centralized approach to the collection and reporting of these metrics means the State can access all the performance standards and metrics through the APHP work portal. Our solution collects metrics on all transactions across the enterprise, including each work flow. These transaction metrics include volumes, frequency, processing time, error rates, amounts and other metrics. They are stored in our Operational Data Store and presented in an easy to understand dashboard reporting system.

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The system will be configured to set performance standards and report or alert the user when a metric is falling outside the established performance metric. APHP provides full transparency, in near real time, to all performance metrics. Our philosophy is to provide the State with the tools and metrics to monitor the overall quality and performance of the Medicaid program and contract service providers.

WMSS.66 (a-g)	Product Configuration; Integration/Interface	APHP; SSRS; K2; OnBase

The APHP portal provides central monitoring and control of workflow activities for authorized users. These web pages will be used to query workflow queues, select individual transaction from queues, re-assign the transaction to a worker, approve the task, send notification through emails, prioritize the transaction, and bypass the remaining steps of the workflow.

Also, APHP provides current and historical status of the workflow process through near-real-time graphical representation in the Operational Data Store. APHP dashboard reporting is used to query the queue status which can be further filtered down to sub-process level, department level, and individual performer level.

WMSS.67	Product Configuration; Integration/Interface	APHP

The APHP Portal is designed as an integrator of various COTS products through web service interfaces. The flexible integration is achieved by our layered SOA architecture described below. This flexible architecture accommodates the easy integration of any IME modules into the APHP Web Portal.

- Access Layer to provide a consistent user interface and standards based external service to all customers, users, and business partners
- Business Integration Layer to integrate all of the products into a single set of standard MITA business services, insulating the user from the complexities of the technical infrastructure
- Adapter layer which provides interface with other COTS products like Quantum Choice, K2 blackpearl workflow, OnBase Document Management System, and an IVR solution.

WMSS.68	Product Configuration; Integration/Interface	APHP; FIM; K2; OnBase

K2 workflow process management data is exposed through the APHP portal web services. APHP portal and APHP Dashboard/ODS provides query capabilities to interact with the data and run reports for users with the right security access.

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Electronic Document Management (EDM)

We understand that DHS requires an EDM solution that leverages the State's current EDMS, OnBase.

Enterprise Document Management Enables Efficient Operations Across the IME

- Leverages Iowa's investment in existing assets
- Ability to image, store and retrieve all documents and correspondence
- Point-and-click ability to view documents via menus or drill-down

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The APHP solution capitalizes on the investment and institutional knowledge that is contained in the existing IME OnBase solution. Like any COTS application, we "plug" OnBase into the APHP COTS component layer and link through our Document Management COTS adaptor technology to fully integrate into APHP. In this way, OnBase becomes an experienced component provider of business functionality within APHP.

OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are dynamic determined by keywords, allowing different file formats to be linked together. APHP catalogs and indexes all scanned documents. It stores electronic and imaged paper documents and systems-generated reports, making them available online through a single user interface. Through our APHP framework, OnBase integrates fully with the other APHP business applications.

APHP EDMS will be accessed by authorized users through the APHP Portal. APHP uses Microsoft technology to embed OnBase functionality directly within Microsoft Office applications. APHP automatically links all related documents together to provide the ability to view information associated with a record. Cataloging, indexing and linking of related documents provides a complete view of the information necessary to inquire, review and resolve MMIS transactions, including claims adjudication, prior authorization determination, provider enrollment, trading partner agreements and payment inquiry. Integration with Microsoft technology makes the EDMS appear to be a natural extension of the desktop applications used in the workplace on a daily basis.

To facilitate document viewing quality, our APHP intake solution uses high speed Fujitsu scanners and leading-edge OCR software. APHP includes, at a minimum, the following scanning/OCR management capabilities:

- Scan both single and double sided documents
- Scan complete or scraped documents
- Scan color, black and white and grayscale images
- Support special characters
- Support a wide range of compression methods

Table 1.K-2 illustrates how APHP provides a strong EDMS solution for Iowa.

Table 1.K-2. The IME benefits from a document management solution that includes industry-leading products integrated into APHP to provide efficient, secure data capture and leveraging existing IME functionality

Key Solution Strengths	Value to the IME
OnBase functionality will be leveraged from existing IME implementation as a COTS "plug-in" to APHP	Ability to leverage functionality increases Iowa's return on investment of existing assets as well as APHP
Utilizes multiple engines during the OCR process	This leads to Improved accuracy, legibility and reduced error rate
Our electronic document management process supports attachments to transactions/records	All information associated with a claim and/or other transactions/records is readily available and accessible to users via point-and-click capability

Attachment K – Technical Specifications: Electronic Document Management System (EDMS)

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

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Att. K Req.	Process	Product
EDSS.01 (a-h)	Product Configuration; Integration/Interface	APHP; Kofax; OnBase

Our APHP solution uses OnBase as the electronic document management system (EDMS). It provides the ability to store and index images on multiple fields to facilitate document lookup and search requirements. Our solution enables a document to be retrieved at a minimum by the required fields.

EDSS.02	Product Configuration; Integration/Interface	APHP; OnBase

OnBase is the repository for electronic and imaged paper documents. It is also the repository for system generated reports. The APHP Portal provides access to the images through hyperlinks when the image or document is associated to a particular record or transaction. Our single sign on (SSO) implementation means that the worker needs only to click on the link to open the image viewer and have access to the image. They are not required to have a separate ID and password nor do they need to retype their login credentials. The APHP portal includes a report library that allows providers, members and workers to see the reports their user profile allows them to see. This provides a consolidated view of the available reports (for that user profile) and provides one click access to the reports through our integration with OnBase and our SSO solution.

EDSS.03	Product Configuration; Integration/Interface	APHP; OnBase

In the context of document creation with OnBase scanned documents, images that are not indexed are worked and viewed with the OnBase image viewer and indexed while on screen. Users can skip images, delete images, or create multiple page documents with simple point-and-click or drag-and-drop functionality.

EDSS.04	Product Configuration; Integration/Interface	APHP; OnBase

Any printer that is recognized by a workstation's operating system is automatically mapped for use with an OnBase print queue. Should a user need to fax a document image, OnBase supports the faxing of the image directly from the OnBase client, no need to print the document to be faxed.

EDSS.05 (a-d)	Product Configuration; Integration/Interface	APHP; OnBase

The APHP solution uses OnBase as the electronic document management system (EDMS). This integration means that access and retrieval of any documentation, reports or scanned images is easily accessible through the APHP portal solution. This does not exclude the ability to access these documents directly from the OnBase client; however, it does simply hide the complexity of multiple applications from the end user. APHP provides links to the stored documentation within the Portal solution.

- Our solution allows for the concurrent retrieval of any of the documents or images stored within our EDMS, this includes publications and other stored documents.
- Our industrial strength OnBase EDMS provides an automated inventory control of all forms, letters, publications and other IME designated documents. These documents are indexed and inventoried by key indexed fields and other pertinent metadata like date, size, type, etc.
- OnBase is the APHP repository for all documents and report files.
- Our EDMS has the ability to generate documents in both hard copy (print) and electronic format for documents, reports, forms and the scanned images.

EDSS.06	Product Configuration; Integration/Interface	APHP; SR

One of our objectives is to protect the investments the State of Iowa has made in technologies and solutions that support the Medicaid operations and technology solution today. These investments must also have the ability to continue to support the program going forward and integrate with the new Iowa MMIS in an easy and efficient way. We will work with the Agency and software vendors to convert and preserve documents in a format defined by the IME.

EDSS.07	Product Configuration; Integration/Interface	APHP; OnBase

As documents are scanned into our EDMS solution and indexed and cataloged according to the type of document. The document type determines what fields are indexed and how the image or document is cataloged. We work with the Agency during the ACD phase to verify the indexes and categorizations currently in use.

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EDSS.08 (a-e)	Product Configuration; Integration/Interface	APHP; Kofax

We propose Kofax software, which provides robust scanning functionality to support the overall document management process for Iowa, including at a minimum, the capabilities identified as required. Kofax has the ability to create and store documents with a wide range of compression methods, including International Telegraph and Telephone Consultative Committee (CCITT) Group 3 and Group 4, Sequential and Progressive JPEG, JPEG 2000, JBIG, PCX, PDF, and more.

EDSS.09 (a-e)	Product Configuration; Integration/Interface	APHP; Kofax; OnBase

Kofax offers the ability to auto-correct skewed documents and auto-adjust document resolution, brightness and contrast, as well as halftone removal, image smoothing, line removal, color dropout, cropping, rotation, inversion, zoom, and many other standard image cleanup functions. Kofax offers multiple ways to recognize blank pages as part of our solution, including the ability to recognize clean vs. dirty blank pages. Some fax machines for example leave streaks or specks on a page. What to do with blank pages is configurable based upon your requirements, including auto-deletion, manual deletion, and notification of deletion.

EDSS.10	Product Configuration; Integration/Interface	APHP; Kofax

For those images that cannot be recognized or not all elements are OCR'd by the scanning software, Kofax's FormWare product provides the ability for the manual data entry of those documents/files that must be transmitted electronically for processing by the APHP claims processing engine (e.g. claim forms, prior authorizations). Data entry rules will be configured to perform field level edits to increase accuracy and reduce keying errors. Kofax validates the scanned image and presents to the data entry clerk only those characters or fields that are not recognized or are questionable. Field level edits will also be set up to validate the value keyed is valid to further reduce the risk of a keying error. These capabilities greatly reduce the overall manual entry efforts and increase the overall quality and accuracy of the information entering the system, increasing the overall customer service and satisfaction of the provider community.

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4B.3.1.l Letter Generation

2.10 System Requirements
l. Letter Generation.

We understand that the Agency requires an MMIS solution that incorporates a MITA-based, template-driven correspondence component that generates, distributes, and tracks timely Medicaid-related letters.

Timely Notifications and Letters to Providers, Members, Case Workers, and Other IME Stakeholders Enable IME Effectiveness

- Automated correspondence business process is MITA-aligned to facilitate timeliness and consistency
- Correspondence delivery method is tailored for individual preferences
- Correspondence and associated attachments are easily retrieved via the web portal

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The APHP correspondence component supports the creation and management of correspondence templates that merge with APHP services and data sources, to generate and distribute notifications, letters, reports and other documents via the recipient's preferred mode of communication, i.e., mail, email or fax. The APHP system provides data via web services to the letter generation component triggered by business rules and workflows resident within business services. Rules-driven workflows load specified data into fields within the template; the formatted letter follows the appropriate workflow depending on the letter type, review process, and delivery mechanism.

The APHP letter and form templates are stored in the system in such a way that they are easily identifiable and retrievable. APHP will support the generation of generic letters to be sent to multiple recipients. APHP saves in the OnBase EDMS, a copy of all letters sent to a provider, member or third party and links the copies appropriately to the corresponding member ID, provider ID, claim ID, and/or other applicable record. The saved letter copies can be accessed through the APHP Worker Portal, including the recipient's address, date, delivery method, and the source of the letter (IME department). Table 1.L-1 illustrates how APHP provides a strong letter generation solution to support Medicaid communications in Iowa.

Table 1.L-1. Letter generation is a MITA-designed process segment; associated business rules and automated workflows are highly configurable, leverageable, and reusable across business processes

Key Solution Strengths	Value to the IME
Preloaded templates and forms, available out-of-the-box	Native correspondence management capability supporting the creation and maintenance of letter templates and forms used for automatic generation
Highly functional APHP portals provide high accessibility to notifications and correspondence	Easy-retrieve correspondence and notifications are accessible via searching the OnBase document library or point-and-click capability that drills down into record/transaction details
Letter generation business rules and workflows are MITA-designed to encourage repeatability and reuse	▪ Because all components within APHP are configurable, this ability to leverage rules and automated workflows facilitates change management ▪ Repeatability/reuse also enhances user training because process segments, like letter generation, have the same look and feel across multiple business processes

Attachment K – Technical Specifications: Letter Generation

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
EDSS.11 (a-k)	Product Configuration; Integration/Interface	APHP; SR

The APHP solution has letter/correspondence/form templates to meet the needs of IME communications with providers, members, and other third parties. These templates have data fields that are place holders for the system data that is needed when the letters are generated. The electronic system provides the data via web services to the letter generation component and where inserted in to the template, the letter is sent along the appropriate workflow depending on the letter type, review process, and delivery mechanism. The

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types of letters/forms that are supplied out-of-the-box are Provider certification materials and Provider recertification letters related to Provider Enrollment/reenrollment, general correspondence and notices for providers and members, financial letters, Coordination of Benefits letters, service authorization letters, denials of service, premium notices, special payments, Notice of Decision letters, and Return letters.

EDSS.12 (a-i)	Product Configuration; Integration/Interface	APHP; SR

Examples of letter data fields that will be supplied by the system are name, address, date, salutation, signature block, revision date, phone number, and Agency letterhead seals. APHP utilizes electronic signature functionality to allow the provider, member, or third party to electronically sign a document instead of having to sign and mail back to the Agency. This will be per Agency guidelines. Letters that require dynamic content to be added will have a text area and will allow the user to enter information.

EDSS.13 (a-j)	Product Configuration; Integration/Interface	APHP; SR

The APHP letter and form templates are stored in the system in such a way that they are easily identifiable and have attached attributes that will allow the system to know what is required with that template when the letter is being generated. These attributes include the name, IME template number, unit owner, contact and update information, last revision and the template history, letterhead to use, indicator of whether an administrator signature is contained in the template, indicator to identity if a handwritten signature is required, references to the canned language and standardized paragraphs that are used in the template, and version number.

EDSS.14 (a-h)	Product Configuration; Integration/Interface	APHP; K2; SR

The APHP solution includes letter generation functionality to meet the needs for MMIS communications with providers, members, and other third parties. The letters will be triggered by multiple events which will be configured to meet IME needs including certain points in the workflows, including provider enrollment, and through database triggers, for example when a provider's license is about to expire and a letter needs to be sent. The users will be able to generate single letters from within the APHP portal application as appropriate. When a letter is generated by the user, if there are multiple addresses within the system, the user can select the appropriate address to send the letter. The system supports the generation of generic letters to be sent to multiple recipients as part of a mass mail or email distribution. Certain letters will have dynamic text areas that will allow the users to enter custom information pertinent to that letter. The security around the letters will be role-based to ensure that only authorized users are able to send the letters that are appropriate.

EDSS.15	Product Configuration; Integration/Interface	APHP; OnBase

When a letter is sent out from APHP, a copy of that letter is stored in the Document Management System (OnBase). These letters will be retrieved through the APHP Portal to allow viewing of the original letter that was sent along with the information that is associated with the letter. This data includes the recipient's address, date, delivery method, and the source of the letter (department).

EDSS.16	Product Configuration; Integration/Interface	APHP; SR

When a letter is sent to the provider, member, or third party a copy of the letter is also saved in the OnBase. A link to that document location is then stored in the APHP Claims Engine and within the WorkView application. The link in the Claims Engine and the CRM are associated to the member ID, provider ID, or claim ID as appropriate so that when that entity is viewed through the Portal, the link will be displayed to notify the user that there is correspondence associated to the entity that they are viewing. If they click on the link, the portal will retrieve the letter from OnBase via the service layer and then display it to the user.

EDSS.17	Product Configuration; Integration/Interface	APHP; SR

APHP provides the ability for the letters that are being generated to be sent to multiple destinations. These include network, individual and high volume printers; and is indicated by the authorized user at the time the letter is generated.

EDSS.18	Product Configuration; Integration/Interface	APHP; SR

Letters will be batched and printed according to IME approved schedules. If an approval or signature is required before mailing, letters will be routed to authorized users before mailing.

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4B.3.1.m Other General Technical Specifications

2.10 System Requirements
m. Other General Technical Specifications

We understand that Iowa's general requirements are descriptive of an MMIS that is standards-based; modular; interoperable; uses and extends leverageable processes and services; and promotes the free flow of real time information across the IME.

The Agency Receives an MMIS that Will Adapt to Evolving Needs and Meet Current Requirements

- APHP delivers benefits associated with CMS 7C&S, including MITA and SOA
- Highly interoperable to promote the free flow of information between IME and Agency stakeholders
- Multiple layers of security to protect sensitive Medicaid information

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Compliant to CMS' Seven Conditions and Standards APHP delivers to DHS a true COTS-based, MITA 3.0-aligned, Service Oriented Architecture (SOA) design that fulfills Iowa's technical MMIS requirements.

- **Modularity Standard:** Providing full modularity, APHP's service-oriented architecture loosely couples configurable COTS software modules with published web services to execute MITA-aligned business processes and services. Configurable business rules provide improved workflow flexibility and responsiveness to incorporating change quickly and efficiently.
- **MITA Condition**: APHP is designed and architected specifically integrating each MITA business process model, enabling DHS to progress to MITA 3.0 and evolving maturity levels.
- **Industry Standards Condition**: APHP has been designed to accommodate and deliver industry standard compliant services. For example, APHP exchanges transactions and information formatted using Accredited Standards Committee (ASC) X12N 5010, International Statistical Classification of Diseases and Related Health Problems revision 10 (ICD-10), National Council for Prescription Drug Programs (NCPDP), and more. In addition, APHP's COTS software products each evaluate and schedule evolving standards and practices.
- **Leverage Condition**: APHP's true COTS nature and configurability allows the sharing of user configurations and best practices across States and agencies. Additionally, our COTS-based design and products maintain active user communities to foster sharing and collaboration.
- **Business Results Condition**: APHP's configurable business rules, automated workflows, and web accessibility, enhance Medicaid program operations and facilitate integration among the Medicaid community, i.e., vendors, users, stakeholders, systems, and functions, to create a strong Iowa Medicaid Enterprise. With real-time access to information, APHP's users can more effectively make the decisions required to positively impact program results. APHP's enhanced user experience, self-service technology, and integrated operations improve customer service.
- **Reporting Condition**: APHP's Enterprise Reporting and Analytics module leverages real-time operational data to present reports, dashboards, and drill-down details. This improves access to information, configured to user roles, brings to workers, providers, and members the information they require to effectively accomplish program tasks.
- **Interoperability Condition**: Implementing industry standard communication protocols, APHP interoperates with users, systems, and programs through integrated system interfaces. APHP allows DHS to share information and expose services across the State's programs, bringing an enterprise perspective to delivering program performance and health care outcomes.

APHP relies on SOA principles and methodologies for designing and developing software in the form of interoperable web services. APHP executes well-defined business processes through business and integration services. These processes are built as discrete messages with open standards data structures that can be reused for different purposes.

APHP minimizes the use of proprietary transfer technology by using commercial off-the-shelf (COTS) components to handle common business functions, thus eliminating the need for custom software development. Integrated commercial products (APHP software elements included) each have roadmaps and internal vendor development schedules to continuously improve product functionality and maintain compliance with evolving standards.

While APHP comes with out-of-the-box capabilities, we work with the Agency to configure rules to satisfy Iowa-specific requirements. Our approach for designing, configuring, testing and managing quality is based upon Capability Maturity Model Integration (CMMI), Lean Six Sigma methodologies, and the Accenture Delivery Methods (ADM). Each individual requirement is addressed below.

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Attachment K – Technical Specifications: Other General Requirements

For a description of our approach to answering the instructions provided in Attachment K for each requirement below, please see section 4B.3.1 System Requirements. Each narrative response identifies the **requirement number(s), the implementation process, and the COTS product**. In addition, we have provided sample product screenshots, user guides, and training in the Technical Specifications Supporting Information folder of the electronic submittal.

Att. K Req.	Process	Product
OG-1	Product Configuration; Integration/Interface	APHP

The technical solution promotes openness and adherence to regulatory policies and specific standards including hardware, software, security, interoperability, and communications protocols. Leading security practices, methodologies, and technologies are applied to support compliance with applicable Federal security requirements, laws, and regulations. The solution embraces compliance with open standards and uses proven security services implemented across thousands of past projects. The solution is committed to privacy protection and safeguarding of sensitive information protected by regulatory mandates, such as those covered by the Privacy Act of 1974, HIPAA, and similar regulations.

OG-2	Product Configuration; Integration/Interface	APHP

The APHP product complies with the Affordable Care Act Section 1104 Administrative Simplification and Section 1561 Health IT Enrollment Standards and protocols.

OG-3	Product Configuration; Integration/Interface	APHP; Edifecs

APHP Security provides controlled user access to all functions and data. The common security framework provides robust protection and control of sensitive data to users, both internal and external to the MMIS Core System, through the use of the APHP security roles. The logical and physical technical architecture is compatible with all Health Insurance Portability and Accountability Act (HIPAA) and National Institute of Standards and Technology (NIST) security and privacy requirements.

OG-4	Product Configuration; Integration/Interface	APHP Portal

The APHP portal technology is compliant with the American Disabilities Act (ADA), Older Americans Act, and the Rehabilitation Act Section 508 Subpart B. Compliance with these standards is ingrained in our product development and testing processes. The code review process during portal construction includes use of a code-level checklist and testing tools to verify compliance. APHP also includes specific testing at the product level for ADA, Older Americans Act, and Section 508 compliance.

OG-5	Product Configuration; Integration/Interface	APHP

The APHP product complies with all standards and protocols adopted by the Secretary under section 1561 of the ACA.

OG-6	Product Configuration	APHP

The APHP product complies with all Federal Civil Rights laws. The APHP product team works diligently to analyze and understand the regulations to ensure the product remains current and compliant with federal requirements and legislation including the ones listed in the requirements.

OG-7	Product Configuration; Integration/Interface	APHP; QC

APHP is a fully ICD-10-compatible product, which comes "out-of-the-box" ready to accommodate both ICD-9 and ICD-10 code sets. In developing the product, it was designed in such a way that it will maintain multiple code sets, recognize incoming codes as either ICD-9, ICD-10, or future code set and process claims accordingly. The APHP product team evaluates applicable changes in code sets for appropriate incorporation into future scheduled product releases.

OG-8	Product Configuration; Integration/Interface	APHP; Edifecs

The APHP product conforms to ASC X12 Technical Reports Type 3 (TR3), version 5010. As the new versions of X12N transactions are mandated, the APHP product team will evaluate applicable industry standard changes for appropriate incorporation into future product releases as part of the normal APHP upgrade path.

OG-9	Product Configuration	APHP; QC

APHP accepts HIPAA mandated transactions and thereafter edits and processes them appropriately. APHP's front-end collection point accepts and validates based on HIPAA Codes Set Standards and such as NDC, HCPCS, CPT, CDT, ICD-9, and

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ICD-10. APHP maintains the data required to perform validation to ensure that transactions conform to the HIPAA implementation guides. As the standard codes are updated and implemented into the solution, data sets defined in the HIPAA Implementation Guide will be maintained to support the transactions required under the HIPAA Administrative Simplification Rule.

OG-10	Product Configuration; Integration/Interface	APHP; SSIS; Edifecs

By requiring SOA-based solutions for federal funding of states' new Medicaid technology investments, CMS provides the incentive to design MMISs around business services, rather than subsystems. The MITA framework provides guidelines and maturity level definitions to allow States to move away from legacy systems with tightly coupled applications to modular systems with flexible interoperability between all modules.

The SOA framework, using web services as well as other industry defined standards, extends APHP's capacity to interoperate with State, Federal, commercial and other external entities. Our solution facilitates interoperability with HIE and other data exchanges as well. These interactions are real-time to improve accessibility to key information that supports decision-making to improve health care outcomes.

We interface with external entities through both batch and interactive transactions. APHP supports translations services that communicate or are conversant in a number of industry standard interfaces and/or protocols, including X12N.

APHP communicates and interoperates with external systems using a standard set of Web Services Requests. Using this approach, we can easily send to and receive information from external systems such as Health Information Exchange (HIE), Health Insurance Exchange (HIX) services, and others. We can then incorporate the data into the APHP portal interface to provide end users with a single entry point and consistent user interface. We can also use APIs, EDI, and XML-based data transfers to interoperate with external systems. This flexibility provides DHS with a framework that can be used to achieve interoperability with multiple areas, including intrastate applications, multiple State and Federal systems, and other government and private enterprises. This real-time interaction with internal and external entities leads to better decision-making and health care outcomes. These entities will interface with APHP through the following methods:

- EDI X12 - standard X12 interface provided through our EDI solution
- Microsoft SQL Server Integration Services (SSIS) - our Microsoft-based solution uses Microsoft SSIS to create flat files
- Microsoft BizTalk - provides the ability to manage and create interfaces across protocols and standards

OG-11	Product Configuration; Integration/Interface	APHP

APHP supports secure electronic transfer of information between IME trading partners, including state and federal insurance and information exchanges, via standard communication protocols. Our solution is compliant with the formalized standards at the time of implementation. Because the component products keep current on these industry standards, our solution will continue to evolve with the standards through version upgrades.

OG-12	Product Configuration	APHP

Based on our understanding of your technology objectives, and our deep understanding of Medicaid Information Technology Architecture (MITA) and CMS' Seven Conditions and Standards, we propose a solution that is entirely COTS-based, built upon a SOA framework, and supported over time through software maintenance releases. APHP is the only existing product of its kind – providing a support and maintenance agreement including an upgrade path.

OG-13	Product Configuration	APHP

To deliver the necessary business services for a new enterprise approach to Medicaid we have developed a configurable framework that integrates carefully selected component products within a true SOA platform. APHP connects users to enterprise functionality and shared information through standard protocols and web interfaces. APHP integrates commercial software, including our COTS claims engine, with web services executed through an Enterprise Service Bus (ESB).

The components within our APHP solution will be added, removed, or replaced to support Iowa's evolving Medicaid needs, providing exceptional responsiveness to changing requirements. Because the business rules are configured, not coded, this makes it simple to introduce or modify new rules for any service. This allows us to provide efficient and responsive customer support over the long life span of the MMIS system.

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OG-14	Product Configuration	APHP

The APHP architecture not only supports MITA principles but was specifically designed to provide Medicaid business functionality on a SOA using Web services and taking full advantage of COTS product components. As a Public Health specific product, APHP aligns with industry standards and conventions including the security requirements of NIST and HIPAA, and the architecture principles of the NHIT.

APHP is a technical architecture that provides an integrated services structure for COTS business software packages. The platform is highly configurable and flexible. COTS products can be added, upgraded, replaced, or retired via configuration, rather than by long, expensive system development projects. APHP has a common security service structure to provide robust protection and control of data based on IME policies and regulations.

OG-15	Product Configuration	APHP

The APHP solution is based on a service orientation and aligned with MITA principles and process areas. The overall technical architecture of the MMIS is modular in nature and promotes reuse whenever possible or practical. The adapter layer within the architecture allows the COTS components to be interchanged without major system changes. For example, the data contract for a Medicaid provider from a portal perspective will not change. On the backend, if another provider COTS system is introduced, the adaptor layer will map the entity fields of the new provider COTS product to the expected data contract for the portal. The APHP solution is modular which means that we can:

- Scale in order to meet growth
- Allow for changes to the MMIS to be introduced incrementally
- Allow existing information assets to be leveraged if necessary

Our solution also uses SOA principals, which enables functional components to be integrated in a loosely coupled and insulated manner so that there is less interdependency between each however they share services to promote standard, automated business processes and present information flow across the platform. The platform is highly configurable and flexible. COTS products can be added, upgraded, replaced or retired via configuration versus customization.

OG-16	Product Configuration	APHP

The APHP solution is built on standards-based commercial products, which are by definition compliant with health industry and IT standards. We will work with the Agency to address standardized business rule definitions as they are added to the HHS design repository.

OG-17	Product Configuration	APHP

By requiring SOA-based solutions for federal funding of states' new Medicaid technology investments, CMS provided the incentive to design MMIS around business services, rather than subsystems. The MITA process areas provide the foundation for defining services and are intended to create a framework with information architecture for improving Medicaid and exchanging data throughout the enterprise, including members, vendors and service providers, state and federal participants. This allows the State a MITA-aligned solution that can be leveraged to increase the maturity of the system. The APHP Solution delivers complete business functionality to meet MMIS requirements such as: Provider Management, Member Management, Eligibility & Enrollment, Operations Management, Financial Management, Plan Management, Contractor Management, Care Management, Performance Management and Business Relationship.

OG-18	Product Configuration; Integration/Interface	APHP; SSRS; SSIS

APHP is a SOA framework that integrates tested COTS products. APHP extracts data that is entered and stored in these COTS products into our Operational Data Stores (ODS) and Dimensional Data Stores (DDS). Data is stored in the ODS and DDS in standard formats that align with MITA principles and industry standards. The ODS and DDS consolidate data in a format that can easily be used for reporting and sharing with other entities.

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