



TAB 5: BIDDER'S CORPORATE QUALIFICATIONS AND PERSONNEL

Customer Focus. Excellence. Accountability. Teamwork. These are the core guiding principles of the Agency and a fundamental requirement of the bidder you select. Accenture provides a proven and IME-experienced leadership team and demonstrated track record of client service that embody these shared principles as core values.

We address and meet specific requirements for RFP Section 4.3.5.

4.3.5 Information to Include behind Tab 5: Bidder's Corporate Qualifications and Personnel.

Tab 5 is limited to no more than one hundred and fifty (150) pages, including resumes and attachments.



The Agency and IME Benefit from the Right Personnel and Experience Accenture Brings to Successfully Deliver the MIDAS Project

- MIDAS Account Manager, Patrick Dahlen and key leadership team experienced in MIDAS & IME operations
- Only MMIS team capable of completely leveraging the bidder's library artifacts for delivery
- 100+ applications and \$13B worth of Medicaid claims per year for Texas Medicaid and Healthcare Partnership
- 800 healthcare clients, 125 public health organizations
- 40+ million health insurance members supported
- 21 of 25 largest US health payers, 41 of top 100 US hospitals

IA MMIS-2 5-01

Collaborating with Iowa to Deliver the MIDAS Program

Based on our analysis of your Request for Proposal (RFP), the Agency requires a stable, experienced team who will deliver an innovative MMIS on time and within budget while supporting your business objectives. The vendor's system must be flexible, modular, and certifiable with the Centers for Medicare and Medicaid Systems (CMS), compliant with Health Information Portability and Accountability Act (HIPAA), aligned with Medicaid Information Technology Architecture (MITA), and process-driven. Moreover, Iowa needs a trusted vendor that offers a clear and comprehensive, Iowa-specific Medicaid solution. Accenture is that vendor. Throughout our discussion in Tab 5, we invite reviewers to examine our qualifications to join the Agency's Iowa Medicaid Enterprise (IME) as a professional services contractor.

Accenture brings experience that spans Medicaid, Public Service Health, Commercial Health, systems integration, claims processing, application management, and enterprise software solutions. Our team delivers high performance solutions for projects of similar scope, size, and goals. Moreover, we are experienced in working in Iowa and know how to thrive within the IME environment.

Why Accenture?

Accenture brings a leadership team with an established history of trust and partnership with the Agency. To make the MIDAS Project a success, the Agency needs to be able to trust that the leadership of the selected vendor not only knows how a Medicaid program should operate and has experience with different Medicaid programs, but more importantly, knows how to work with the various IME contractors in a collaborative manner from Day 1 of the project. By choosing Accenture, the Agency builds upon (not establishes) a working relationship that our leadership and project staff are eager to resume. Table 5-1 summarizes our key strengths and their value.

Table 5-1. Helping Iowans achieve safe, stable, self-sufficient, and healthy lives requires the right partner.

Key Strengths	Value to Iowa
Customer Focus	We listen to and address the needs of our customers in a respectful and responsive manner that builds upon their strengths. Our services promote meaningful connections to family and community. The Accenture Iowa team is eager to build upon an already established relationship with the Agency built on trust.
Excellence	We are a model of excellence through efficient, effective, and responsible public service. We promote complete transparency by fostering the highest standards of ethics and professional conduct and providing tools that provide the Agency full visibility into the state of the project and operations.
Accountability	We maximize the use of resources and use data to evaluate performance and make informed decisions to improve results.
Teamwork	We work collaboratively with customers, employees, and public and private partners to achieve results.





Proven Medicaid Experience

In addition to our on-the-ground experience in Iowa, Accenture has the breadth and depth to innovate and maintain our solutions so that they are continuously relevant to the evolving dynamic healthcare environment. It requires a project team that knows Medicaid, has experience with large-scale implementations and operations and has professional project management competencies.

For the Texas Medicaid and Health Partnership, the third largest Medicaid Program in the country, we delivered a seamless, on-time transition of project services from the incumbent contractor, building an entire data center from scratch, testing over 800 system interfaces, and installing 13,000 pieces of software on 1,000 PCs. We delivered an on-time cutover with a Day 1 cost savings exceeding twenty percent. During the Operations Phase, we achieved CMMI level 4 compliance 9 months early, reducing the average defect rate by over 40% during the first 8 months of operations and reducing the level of effort required for application maintenance by 50% during the same time while meeting all service levels. We also achieved an average system uptime of greater than 99% against a target service level of 95% with the same resource levels as the incumbent and reduced the backlog of outstanding maintenance items by 23%. We have both the corporate and project-level experience required for the MIDAS Project.

We are a leading information technology provider to the health and human services industry with more than 6,500 professionals dedicated to the industry in North America alone. In addition to the collective experience of our company, we provide a skilled MIDAS project team comprised of technology and operations leaders. Our leadership team for this project brings direct experience supporting the Medicaid and commercial healthcare industries. Leading our team is Iowan [REDACTED], the MIDAS Account Manager, who brings 14 years of experience with large-scale systems in medical and claims processing and nine years of operations, systems and account management experience, specifically on Iowa Medicaid. The Project Manager for the PMO, [REDACTED], a certified Project Management Professional, is also IME experienced, and brings over 8 years of project management experience, including 5 years for Medicaid projects. Patrick and Jelane served in the same roles on the prior MIDAS Project. [REDACTED], the System Implementation Manager, has over 7 years of project management experience with Medicaid claims processing systems, most recently with the Texas Medicaid Healthcare Partnership. Key and essential personnel returning from the original MIDAS Project are Iowan natives or residents: [REDACTED], Claims Operating Manager; [REDACTED], MIDAS Quality Assurance Manager; [REDACTED], Interface Manager; [REDACTED], Systems Manager; and [REDACTED], Business Analyst. See Section 5.2 for more information on our leadership team.



5.1 Experience

4.3.5.1 Experience.

The bidder shall provide the following information regarding the organization's experience:

With decades of experience as an innovator, collaborator, and accountable partner in Medicaid and healthcare systems administration, we embrace the team environment created by the Agency and the IME.

We served public sector clients since our inception. Over the last 30 years, we have successfully tested and implemented health and human service solutions in 35 states and 25 countries. As depicted in Figure 5-1, our Health practice consists of provider, payer, and public health market groups and has assisted more than 800 healthcare clients within the last five years. Our clients include state Medicaid programs, health insurers, managed care organizations, and healthcare provider companies.

The experience most relevant to the Agency is from our Health and Public Service Operating Group, which we discuss in the following section. Managing the Project in our Health and Public Service Operating Group

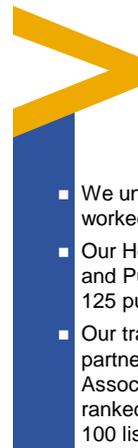
Managing the Project in Our Health and Public Service Operating Group

Our Health and Public Service (H&PS) operating group is ready to serve the MIDAS Project. Within H&PS, our Health Client Service Group helps clients design, build, and run high performing health management programs that improve health quality and outcomes while increasing member and provider engagement. We bring subject matter knowledge and capabilities that we deploy to meet your specific needs.

Our "high performance business" strategy builds on our experience in consulting, technology and outsourcing to help clients perform at the highest levels so they can better serve their clients and stakeholders. Using our industry knowledge, service-offerings and technology capabilities, we identify new business and technology trends and develop solutions to help clients around the world to:

- Improve operational performance
- Deliver their products and services more effectively and efficiently

As illustrated in Figure 5-2, we have extensive relationships with the world's leading companies and governments and work with organizations of all sizes, including 30 state governments, 80 of the Fortune Global 100 and more than three quarters of the Fortune Global 500. Our commitment to client satisfaction strengthens and extends our relationships. We are committed to the Agency's satisfaction and helping the Agency to achieve its objective of serving its members more efficiently and cost-effectively through the MIDAS Project. As an example of the strength Accenture's commitment, out of our top 100 clients in fiscal year 2009, 99 have been clients for at least five years, and 92 have been clients for at least 10 years.



With more than 30 years' Experience in Delivering Public Health Sector Projects, Accenture is well Suited to Partner with the Agency and IME Professional Contractors for MIDAS Project Success.

- We understand the challenges of public service having worked with 30 governments
- Our Health Client Services Group within Accenture's Health and Public Services Group serves 800 healthcare clients, 125 public health organizations
- Our track record as a trusted business process outsourcing partner garnered the attention of the International Association of Outsourcing Professionals' (IAOP), who ranked Accenture number 1 on their Global Outsourcing 100 list for five consecutive years

IA MMIS-2 5-1-01

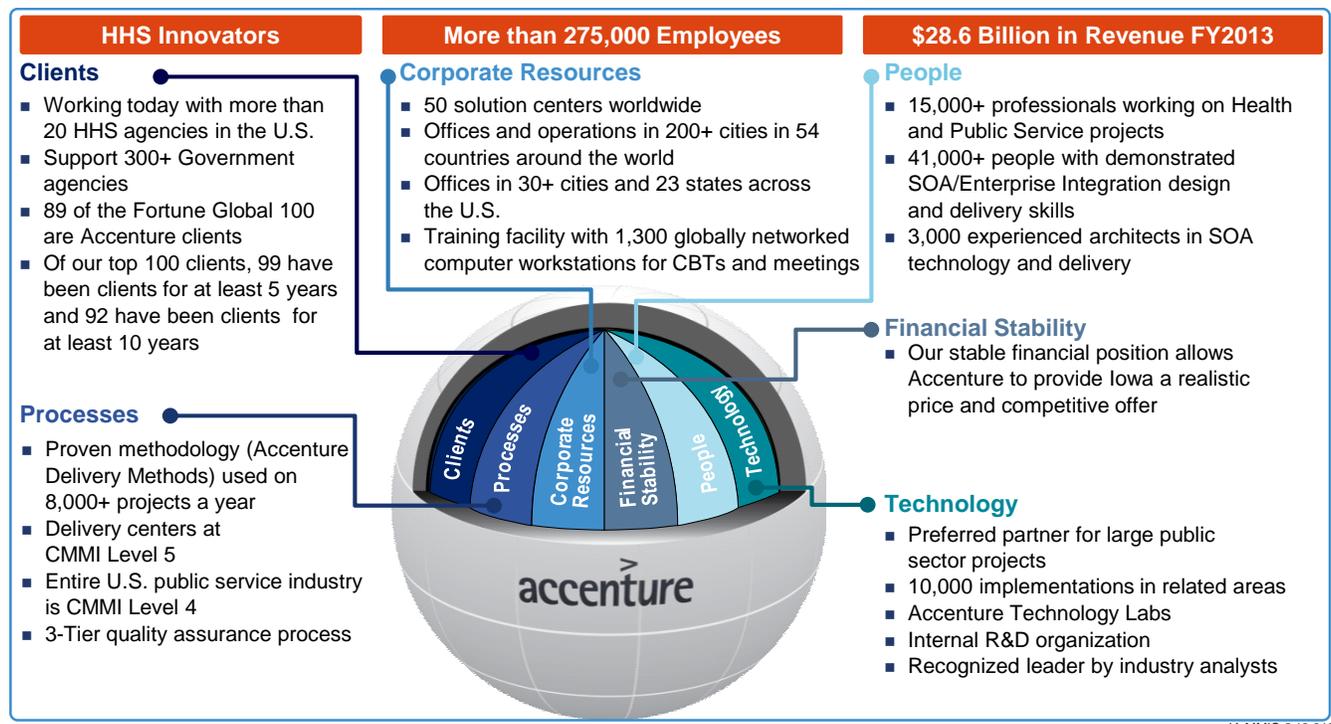
Accenture Health Clients



IA MMIS-2 13 027

Figure 5-1. Accenture helps our clients achieve high performance by reducing costs, providing better service to citizens, and improving agility, speed and responsiveness to change.





IA MMIS-2 13 013

Figure 5-2. Accenture makes its corporate resources available to advance client objectives.

Among the many strengths that distinguish Accenture in the marketplace are our:

- Extensive industry expertise
- Broad and evolving service offerings
- Expertise in business transformation outsourcing
- History of technology innovation and implementation, including our research and development capabilities, on which we invest approximately \$300 million annually
- Commitment to the long-term development of our employees
- Proven and experienced management team

Our H&PS operating group helps public service organizations improve the social and economic conditions of the people they serve. Led by [REDACTED], H&PS integrates Accenture’s capabilities into a continuum of offerings that address healthcare at all levels—from electronic medical records, health insurance exchanges, clinical transformation and care management to health administration business process outsourcing and payer revenue-cycle management. H&PS combines Accenture's formidable capabilities and expertise to serve a full range of public service and healthcare organizations. Today, we address the needs of defense, revenue, postal, human services, customs, border management, public safety and higher-education agencies, along with public sector healthcare agencies, healthcare provider networks and healthcare payers. We work together to identify and implement the most cost-effective and efficient solutions for achieving improved health outcomes and quality of care for an ever-expanding and diverse population.

Our successful Medicaid experience combined with Iowa-specific Medicaid experience makes us the right choice for the Agency. Not only do we understand the challenges with the Iowa Medicaid program, we have proven success in the types of services sought in the RFP, which we summarize in Table 5-2.





Table 5-2. Accenture’s experience aligns with the Agency’s requirements.

Type of Service	Accenture’s Experience
MMIS takeover of legacy claims operations and systems maintenance	During the transition of Medicaid responsibilities to the Texas Medicaid Health Partnership from the previous contractor, we oversaw the on-time transition of Medicaid services, over a four-day period, from the incumbent contractor, building an entire data center from bottom up, testing over 800 system interfaces, and installing 13,000 pieces of software on 1,000 PCs. We have also successfully performed takeover implementations and enhancement for our commercial clients. At Health Alliance Plan (HAP), Accenture supports information technology in two major areas: (1) Internet applications and systems and (2) core business applications, which include enrollment, billing, claims processing, MMIS capitation, and other processes. We are responsible for the design, development, and maintenance efforts. We developed and currently maintain the ecommerce and administrative applications.
New MMIS infrastructure and MMIS operations of the new system	The Accenture Public Health Platform (APHP), product now in its third release, represents ground-up development built on a service-oriented architecture (SOA) framework and is aligned with MITA.
Implementing a SOA framework--Flexible solution that maximizes the use of cost-effective, industry-related, and application-ready commercial off-the-shelf (COTS) and Software as a Service (SaaS) technologies that will support the existing IME programs and Agency-directed future expansions and changes	Accenture’s APHP product is built on an SOA framework and is itself a COTS product. Additionally, we support closely related MITA concepts throughout its work in states’ MMIS programs most notably in the Texas Medicaid Health Partnership. For Texas, we provided the following services: <ul style="list-style-type: none"> ▪ Completed MITA 3.0 self-assessment in 2012 ▪ Piloted data governance processes to improve data standards, consistency, models, and sharing capabilities ▪ SOA governance tools and processes, including an Enterprise Service Bus, to manage internal and external web services ▪ National standards-based services for sharing claims, encounters, and laboratory data with Health Information Exchanges in 2011
Working with other contractors and using common managerial tools	We know how to partner and work well with other contractors in a multiple contractor environment. Using proven governance processes, we thrived in this environment in Iowa, in other state Medicaid programs where we are either the prime or subcontractor, and for our commercial clients. In Texas, we introduced many performance improvements, including provision of a dashboard to give Texas Medicaid visibility into the operation.
Supporting a federally certified MMIS and complying with relevant mandates under HIPAA legislation	We have experience supporting Maryland and Kentucky achieve federal certification for enhanced Medicaid Program funding. In Texas, we supported the federally certified MMIS introducing many performance improvements, including provision of a dashboard to give Texas Medicaid visibility into the operation, achievement of a PERM (Payment Error Rate Measurement) audit rate of zero and designing and deploying a self-service provider portal—all while complying with HIPAA standards.
Knowledge of enterprise-wide provider directory and member identity management	APHP’s logical and physical technical architecture complies with HIPAA and National Institute of Standards and Technology (NIST) security and privacy requirements. Our APHP solution facilitates member Single-Sign-on while protecting member identity and can accommodate an enterprise-wide provider directory accessible via the centralized APHP portal. Accenture would work with Iowa stakeholders to implement an enterprise-wide provider directory along with the built-in single-sign-on functionality.



5.1.1 Level of Technical Experience

4.3.5.1.1 Level of technical experience in providing the types of services sought by the RFP.

Our Commitment to APHP Product Development

Our experience in Medicaid, Public Service Health, and Commercial Health combined with our specific experience over the past eight years on TMHP was instrumental in our decision to invest in a development of a prepackaged MMIS product. As the lead technology provider for the third largest Medicaid program in the nation, we saw the challenges associated with a legacy MMIS operation. We understood that a true SOA-based solution had to be more than just a commercial claims engine surrounded by COTS products. To bring the MITA model to life, we needed to integrate COTS components into a framework that delivers business services specific to Medicaid and MITA.

We formalized our strategy to build packaged software and launched a separate business unit, Accenture Software (ASW) in May 2010. APHP is developed, managed, and maintained by ASW. The professional software organization offers more than 60 software titles service more than 1700 customers in 38 countries globally. We began demonstrating prototypes of APHP to Medicaid Directors across the country in 2010. We asked for and received excellent feedback and refined APHP based on the insight gained during the demonstration cycle and we have institutionalized the Health Industry Advisory Group to continue this process. Iowa will be a key member of our user group helping guide future enhancements in the APHP roadmap. We tightened the alignment with the MITA process areas and tested the solution’s expandability and extendibility. We are pleased to offer our commercial MMIS product, APHP already in its third release, to the Agency as the solution for the MIDAS Project.

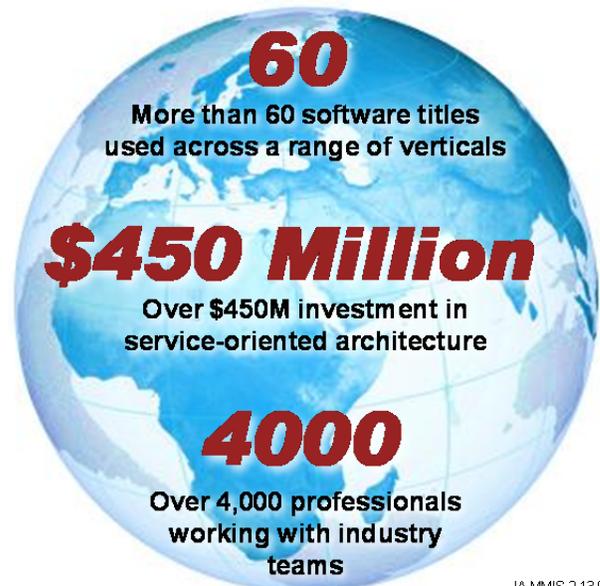
APHP provides Iowa with the most mature, true SOA solution to support advancing levels of MITA maturity and the CMS Seven Conditions and Standards. APHP has been developed to deliver flexibility and configurability and provide direct alignment with the IME with the following benefits:

- 100% of the MITA MMIS business processes supported by SOA services to increase automation
- Highly configurable architecture to support advancing MITA maturity
- Compliant with applicable standard interfaces to improve enterprise functionality and information sharing
- Direct alignment with the IME

APHP is here to stay and will only get better. As discussed earlier, our APHP product has evolved from Release 1.X to its current Release 3.0. Moreover, APHP is part of the ASW portfolio of more than 60 products. As a dedicated business that provides innovative software-based solutions for specific industries, ASW provides industry leading development tools, methods, processes, and regular upgrade and maintenance schedules, which provides rigor and unparalleled product management to APHP. As prime contractor, we have the ability to modify and support our solution. Another key benefit to the Agency in having a true COTS product backed by a software organization is that the product team can support the MIDAS Project team, as shown in Figure 5-3. This support is transparent to the Agency with strong reachback to ASW’s 4,000+ dedicated software professionals.

A Trusted Business Process Outsourcing (BPO) Partner

Beyond requiring a vendor that can implement a true SOA-based, MITA-aligned solution, the Agency requires a vendor to assume and provide core Medicaid management operations. This is no small order given the enormity of this responsibility: Iowans most vulnerable citizens rely on Iowa’s Medicaid program to obtain healthcare for their families. The Agency cannot afford missteps in outsourcing this critical function.



IA MMIS-2 13 012

Figure 5-3. Accenture Software is dedicated to helping clients achieve high performance.



It is no accident that the International Association of Outsourcing Professionals has ranked Accenture number 1 on their Global Outsourcing 100 list for five consecutive years (2008-2012). Accenture’s Health Administration BPO Services has implemented our repeatable, measured, outcomes-driven operations to increase claims payment accuracy, reduce transaction cycle time, minimize internal rework, and improve overall customer service for some of the largest commercial healthcare payers in the nation. Given the Agency’s need for a vendor to take over Iowa’s existing legacy MMIS and stand up a new MMIS, Accenture offers an established and proven transition methodology built over 17 years, which enables our operations team to deliver measurable, repeatable and predictable services—services that you can trust. Today, we use this methodology to manage 600 unique service level agreements (SLAs) and process 15 million+ claims annually for WellPoint. We would apply similar approaches to identify opportunities and develop recommendations for operations, claims processing, and other efficiencies for Iowa.

The sections that follow provide additional details about our company. First, we discuss SOA, and why and how Accenture both promotes and delivers SOA-based products throughout our projects.

Our Commitment to SOA

Ten years ago, Accenture was the first major technology implementer to adopt SOA principles and institutionalize SOA-based disciplines in our methodologies. Today, we have more than 900 SOA projects in progress, employing 41,000+ people worldwide with SOA skills, training, and industry experience.

We recognized a gap in the market for a true SOA, COTS-based MMIS solution that helps states achieve MITA maturity. We designed APHP to meet this need. APHP is an integrated, flexible software platform designed to help state agencies responsible for Medicaid programs better adapt to budgetary and performance pressures. It supports claims administration across public health programs within a state and enhances administrative efficiency, improves flexibility in program management and speeds deployment. It reduces total cost of ownership and enables agencies to focus more resources on caring for its members. It provides a disciplined approach to Medicaid management implementation that promotes proactive Medicaid management, which is what drives lasting value in administration capabilities and ultimately into the communities Medicaid serves.

5.1.2 Description of Similar Services

4.3.5.1.2 Description of all services similar to those sought by this RFP that the bidder has provided to other businesses or governmental entities within the last three (3) years.

For each similar service, provide a matrix detailing:

- *Project title;*
- *Project role (primary contractor or subcontractor);*
- *Name of client agency or business;*
- *Start and end dates of service;*
- *Contract value;*
- *General description of the scope of work;*
- *Whether the services were provided timely and within budget; and*
- *Contact information for the client’s project manager including address, telephone number, and electronic mail address*

We work with our health and public service clients to understand their goals and we have a clear vision of how to implement an advanced solution to help meet those goals. We understand that any new solution must be scalable and must deliver business value. Figure 5-4 summarizes our accomplishment of completing multiple projects with scopes similar to the Iowa MIDAS Project.

In this section, we provide project information of our successful delivery of services similar to those sought out by this RFP. Our referenced similar projects, Table 5-3, gives examples of our successful record in taking over and replacing legacy MMIS solutions, operating and enhancing state Medicaid programs, working with public Health and Human Services organizations, helping clients through commercial healthcare administration, and collaborating with our clients. Following the table are detailed descriptions of projects listed.



	MITA concepts experience and MITA process maturity models	MMIS or large claims processing system takeover, implementation, enhancement	MMIS or large claims processing system development	MMIS or large claims processing operation	Service-oriented architecture	Working successfully with providers while operating an MMIS	Experience in interfacing with health care providers	HIPAA regulation and compliance requirements for MMIS	More than 800,000 members or customers	Health insurance	Web portal	Products integration	Workflow/rules engine	Transaction processing	Customer relationship management
Health Alliance Plan (HAP)		✓			✓	✓	✓			✓	✓	✓	✓	✓	✓
HCSC		✓		✓			✓		✓	✓	✓	✓	✓	✓	
SCAN		✓			✓		✓	✓		✓	✓	✓	✓		✓
Texas Health and Human Services Commission: Texas Medicaid and Healthcare Partnership	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WellPoint		✓		✓	✓		✓		✓	✓			✓	✓	✓

IA MMIS-213015

Figure 5-4. Accenture brings project experience similar to Iowa MIDAS Project scope.

Table 5-3. Our demonstrated experience on projects of similar size and scope provides Iowa with confidence in Accenture’s ability to deliver.

Project Title	Role	Client	Dates	Value	Description	On time/ Within budget	Contact Info
Core Administrative System Replacement and ICD-10 Code Implementation	Prime	Health Alliance Plan (HAP)	2001 – 2015	Confidential, release of value is at client discretion	Implement new ICD-10 code set into current business processes & remediate 40+ applications per CMS mandate	Yes	<p>██████████</p> <p>AVP Technologies & Dev eBusiness (client contact via ██████████, Accenture Managing Director)</p> <p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>



Project Title	Role	Client	Dates	Value	Description	On time/ Within budget	Contact Info
Claims & Customer Service Process	Prime	Health Care Service Corporation (HCSC)	3/2007-12/2013	Confidential, release of value is at client discretion	Transform claims processing platform & business process	Yes	[Redacted], VP, Business Applications Solutions [Redacted]
Claims Service initiatives	Prime	SCAN Health Plan	5/2009-2/2011	Confidential, release of value is at client discretion	Replace core health administration system	Yes	[Redacted], VP, Strategic Programs [Redacted]
Texas Medicaid Health Partnership	Sub	Texas Health and Human Services Commission	2/2003-8/2010 (Original contract) 10/2010-9/2014 (Current contract)	\$772M	Deliver system infrastructure, application management and Project Management Office services	Yes	[Redacted], Texas Medicaid and CHIP Director [Redacted]
IT, Consulting, and Health Admin Outsourcing Services	Prime	Wellpoint	1/ 2004 - 8/ 2014	Confidential, release of value is at client discretion	Provide services: takeover, implementation, business process outsourcing, claims processing & application development	Yes	[Redacted], SVP Operations [Redacted]



Health Alliance Plan (HAP)



Role: Prime Contractor

Dates of Service:

2001- 2015

Contract Value: Confidential.

Contact HAP directly for this information.

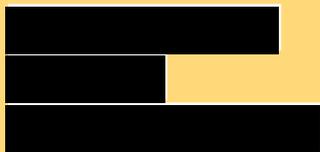
Contact Information:



AVP Technology & eBusiness Development

(Contact arranged via [redacted])

Address:



Phone:



Email:



Schedule and Cost Performance:

Accenture provided timely and within budget services.

Scope of Work:

Health Alliance Plan (HAP) is southeastern Michigan's largest managed-care plan, facilitating care for more than a half-million members. The nonprofit corporation, with more than \$1.4 billion in revenues, is affiliated with the Henry Ford Health System, one of the leading vertically integrated health systems in the United States. Responding to demand from its members, HAP offers a wealth of wellness options: health maintenance organization, point-of-service, preferred provider organization and more. The nonprofit plan has built an extensive network of providers, including 45 hospitals, more than 2,500 primary-care physicians and nearly 5,000 specialists.

In 2001, HAP outsourced the design, development, maintenance and support of most of its e-commerce applications and administrative applications to Accenture in what is called the HAP 2.0 Core Administrative System Implementation. Accenture has provided rapid applications development to build and strengthen HAP's Internet presence. For the first two years of the outsourcing contract, online volume grew, on average, more than 50 percent annually. The steady uptake in portal acceptance has helped HAP take advantage of a relatively low-cost delivery channel, and get closer to customers.

Similarity to Iowa's IME MIDAS Project

Program elements similar to Iowa's IME MIDAS Project include the following:

- Takeover, implementation and enhancement
- Large claims processing improvements
- Web portal and transaction processing

Takeover, Implementation and Enhancement

To assist in identifying potential IT pitfalls as well as business acumen to align IT with business strategy to maintain quality and contain administrative costs, Accenture has developed and maintains the entire architecture for both the e-commerce and administrative applications. Both use industry-standard architectures and tools.

- IT outsourcing has improved support of HAP's core business applications. Productivity in IT development and maintenance has increased by 40 percent.
- New development activities on the core application exceed 55 percent, well above the industry average.
- An Accenture team of 19 maintains and supports HAP's administrative systems, which include enrollment, billing, claims processing, membership, provider pricing, capitation, and authorizations.
- All development work is provided through Accenture Delivery Centers in Atlanta and Denver, as well as on-site at the client's facility.
- An Accenture team provides maintenance support work onsite at HAP's Detroit offices.



Large Claims Processing Improvements

Claims auto-adjudication rates exceed 92 percent with the implementation of several authorization matching and pricing/adjudication modules.

Web Portal and Transaction Processing

To strengthen the organization's online offerings in support of HAP's efforts to reduce operating costs and enhance member, employer-customer, provider and agent satisfaction, an Accenture team of 10 develops and maintains e-commerce applications that provide online, anytime access to information and resources.

- Accenture has provided rapid development of applications and Web portals that handle millions of online transactions and interactions each year.
- For the first two years of the outsourcing contract, online volume grew, on average, more than 50 percent annually.
- The website offers lower-cost interactions compared to telephone or in-person service. In 80 percent of cases, standard referrals for specialty care are approved automatically online, and the remainder reviewed within one business day.

Result

Pleased with Accenture's support on its journey to high performance, HAP extended the five-year application-outsourcing contract for an additional six years to 2015.



Health Care Services Corporation (HCSC)



Role: Prime Contractor

Dates of Service:

March 2007-December 2013

Contract Value:

Confidential. Contact HCSC directly for this information.

Contact Information:

[Redacted]

VP, Business Applications Solutions

Address:

[Redacted]

Phone:

[Redacted]

Email:

[Redacted]

Schedule and Cost Performance:

Accenture provided timely and within budget services.

Scope of Work:

Health Care Service Corporation (HCSC) is a national health insurer with over 13 million members, 8,000 providers and 20,000 employees. HCSC processes over 800,000 claims per day. Accenture is working with HCSC to refine business processes and modernize the technology stack using IBM's WebSphere product family to implement SOA principles in line with the multi-year roadmap we developed with HCSC to prioritize and address their business challenges.

Similarity to Iowa's IME MIDAS Project

- Implement New Business Processes
 - Refined business processes and introduced automation and workflow
 - Claims processing reduced from multiple days to same day
- Implement Technology Solution
 - Defined a future state claims application architecture based on SOA principles
 - Consolidating multiple systems into a single user interface
 - 15% more claims process on first pass without requiring corrections
- Program Management and Systems Integration
 - Provide resource planning, forecasting and budget analysis
 - Modernized technology stack, replacing 30 year old legacy mainframe
 - Realizing over \$20 million in business benefits annually

Business Challenge

Like the Agency, HCSC had made substantial past investments in its business processes and operations, and had established a proven foundation of legacy systems. However, the business approaches and mainframe technology that worked for HCSC in the past need to be replaced in order to stay competitive and to provide HCSC customers with better service, much like the Agency is now doing with its COBOL language and mainframe. The thirty year old mainframe system's complexity and code structure inhibits efficiency in operations, adds risk to claims payment and processing, and keeps development and maintenance costs high. HCSC recognized that they needed systems that would provide real time adjudication and claims processing, service estimation and improved consumer products and services; goals very similar to the Agency's MIDAS program. HCSC selected Accenture to work with them on the Claims and Customer Service Process Project because of our strong qualifications, experience in SOA, and our track record of working effectively as a partner with HCSC.

Solution

The Agency will benefit from Accenture's demonstrated ability to support HCSC's transformation of the claims processing platform and business process. Accenture worked with HCSC to define a future state claims application architecture based on SOA principles. We are currently in the process of replacing HCSC's thirty year old IBM mainframe system with the new distributed system. The new system provides increased flexibility, so HCSC is capable of introducing new products and incorporating regulatory changes as needed. The Agency will need similar flexibility and scalability to





accommodate increasing numbers of member users and their needs.

HCSC's customer service representatives need to access multiple systems to execute the legacy business process. With the progress made to date in the modernization program, two separate systems have been consolidated into one user interface, with more systems planned to be integrated as the modernization roadmap is delivered. Some processing steps in the old system architecture were batch oriented and required manual monitoring. The claim correction process required manual management and manual workload distribution. The new system architecture is now fully event-driven, allowing for real time processing. The new system has also automated system monitoring and health check processes, increasing efficiency by alerting staff to system issues and notifying them when the system is ready for operation.

Automated human task management is incorporated in the new system, increasing employee efficiency as less manual work is required. To identify the relevant rules, we mined business rules from the legacy system to create future state requirements. However, in reviewing the legacy rules for re-use in the new system, we made sure we were not just re-implementing identical COBOL business rules. We evaluated the rules in comparison with the new processes to ensure the functionality provided the business rules is modernized and enhanced. For example, HCSC is moving towards a member-level benefits model, and business rules are being updated accordingly. Previously, benefits were inherited from subscriber members to related members, but under the new model, benefits may be assigned for each individual member. The legacy business rules were revised to assign benefits appropriately to reflect the new business models. We will apply similar thought processes and analysis to ensure business rules and other system features meet the Agency's system requirements.

The modernized system is applicable to approximately 5,000 customer service agents, and impacts HCSC's 13 million members, demonstrating Accenture's ability to deliver large scale implementation similar to the scale of the MIDAS Project. HCSC's modernization and transformation roadmap consists of 40 separate projects.

The Claims and Customer Service Process Project, although still in progress, has already provided HCSC with a distributed, service oriented technology platform, and improved HCSC's claims processing effectiveness, allowing HCSC to better respond to customer needs, a goal shared with the MIDAS Project.



Senior Care Action Network (SCAN)



Role: Prime Contractor

Dates of Service:

May 2009 - May 2011

Contract Value:

Commercial Confidential

Contact Information:

[Redacted], Vice President, Strategic Programs

Address:

[Redacted Address]

Phone:

[Redacted Phone]

Email:

[Redacted Email]

Schedule and Cost Performance:

Accenture provided timely and within budget services for multiple projects, as noted below.

Scope of Work:

Senior Care Action Network (SCAN) is a not-for-profit health plan that provides comprehensive medical coverage, prescription benefits and support services customized to meet the needs of people with Medicare coverage. Today, SCAN is one of the fastest growing health plans in the California and Arizona market. Headquartered in Long Beach, California, SCAN and employs approximately 800 people who serve 110,000 members in California and Arizona. Overall, the claims department needed to make improvements in their processes, technology and the training provided to their staff to improve their claims processing metrics. Accenture initiated the long-term Claims Service Initiative program, spanned the entire Accenture Delivery Lifecycle and focused on improving system automation and data management, EDI, adjudication, financial impacts, and inventory management metrics.

Similarity to Iowa's IME MIDAS Project

Program elements similar to Iowa's IME MIDAS Project include the following:

- Systems integration work to support the replacement of its core health administration system with the ikaSystems platform to comply with Centers for Medicare & Medicaid (CMS) and government regulations, including ICD-10 with a flexible technology solution that improves quality and achieves a significant reduction in administrative costs
- Remediation of entire operations, approach, processing and Claims & Encounters reporting
- v5010 Remediation of legacy Claims system, including encounters for Medicare Advantage and Medicaid in California and Arizona Remediation of Legacy Claims and Encounter Systems

Replacement of Core Health Administration System With ikaSystems Platform

SCAN Health Plan has retained Accenture to support the replacement of its core health administration system with the ikaSystems platform. The goal is to implement a flexible technology solution that improves quality and achieves a significant reduction in administrative costs. The new system will also enable SCAN to adhere to Centers for Medicare & Medicaid (CMS) and government regulations, including ICD-10. The scope of the application replacement covers the entire core business functions for the health plan including enrollment, membership management, billing, benefit setup, provider contracts, capitation, claims, authorization management, encounters, member and provider portals, and data warehouse. Accenture helped finalize the governance structure to provide oversight to the system implementation, medical policy and code set framework. The implementation efforts are currently in process and the design phase is underway. The team is leveraging offshore test capabilities to support the testing activity. An active change management, communications and training program is in development to support the system implementation program. The program is targeted for go live in July 2014.



Remediation of Entire Operations, Approach, Processing and Claims & Encounters Reporting

SCAN Health Plan retained Accenture initially to conduct an operational assessment project that evaluated the current state of SCAN's claims operation and recommended a prioritized path for improvements. The assessment project addressed a number of areas including: compliance, claims backlog, anticipated reduction in Medicare revenue and threats to their current business model due to health care reform, inaccurate claims payments, resource constraints, missed financial opportunities and cultural differences between decentralized plans. The assessment revealed a per claim cost of \$11.09 (compared to \$1.08 industry average), a claim EDI rate of 8% (compared to 79.3% industry average), auto-adjudication of 0% (compared to 73.7% industry average) and a need to address urgent compliance issues.

To improve those metrics, their processes, technology and staff training, the claims department again retained Accenture, this time to initiate and implement the Claims Service Initiative (CSI) in May 2009. We quickly outlined 25 projects to be initiated starting in December 2009 with multiple releases through May 2011. Additionally, Accenture defined 11 short-term projects that were released between December 2009 and May 2010, all of which spanned the entire Accenture Delivery Lifecycle and were focused on improving system automation and data management, EDI, adjudication, financial impacts, and inventory management metrics.

Accenture provided program and project management services to oversee the entire CSI program, which included managing multiple vendors and SCANs primary technical vendors for their core administration system. We developed detailed functional designs by collaborating with SCAN business owners, managed the SCAN vendors through the technical design, build and initial testing phases of the projects. Additionally, Accenture's user acceptance testing, training and deployment teams provided in depth knowledge and skills to help SCAN develop these functions internally. The cooperative effort between SCAN project management leadership and the Accenture team was notable during the analysis, documentation and communication of the change impact that the program would have on the entire SCAN organization.

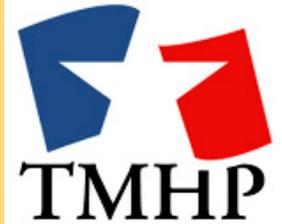
The per claim cost was reduced from \$11.09 to \$6.28, EDI rate grew from 8% to 59%, and auto-adjudication increased to 60% from 0%. The CSI program success enabled a portfolio of new tools for SCAN operations, the establishment of a claims training curriculum library, standard software delivery lifecycle processes and templates, program management processes and templates, and an inventory of operational report capabilities.

V5010 Remediation of Legacy Claims

SCAN Health Plan retained Accenture to remediate SCAN's systems and business operations to meet 5010 compliance. Accenture assigned a team of 12 Accenture staff resources, 8 vendors, and various SCAN resources for 5010 and Medicare Encounter remediation and performed this remediation in a 7-month period; industry average for a health plan to achieve 5010 compliance is 18 months. Accenture had overall accountability for the 5010 and Medicare Encounter programs and led teams in identifying 5010 and Medicare encounter gaps and managing end-to-end SDLC. Accenture helped SCAN to implement 5010 modifications "on time" despite CMS delaying the 5010 deadline due to industry issues.



Texas Medicaid & Healthcare Partnership



Role: Subcontractor

Dates of Service:
February 2003 – August 2010
(Original Contract)

October 2010 – September 2014
(New Contract)

Contract Value:

Contact Information:

Medicaid and CHIP Director

Address:

Phone:

Email:

Schedule and Cost Performance:

Accenture delivers system infrastructure, application management and Project Management Office (PMO) services for the Texas Medicaid and Healthcare Partnership (TMHP). Accenture’s services have been provided timely and within budget. Administration of the Texas Medicaid Program was transitioned from the incumbent vendor to TMHP on schedule and on budget. The full contract became operational January 1, 2004. Since 2004, Accenture has completed dozens of projects to meet federal and State requirements, all on time and on budget.

Scope of Work:

The state of Texas administers the third largest Medicaid program in the United States, which includes more than 3.6 million members in 254 counties and over 40,000 health providers. Each month, TMHP processes more than 10 million claims and encounters worth over \$1 billion and responds to millions of provider and client inquiries over numerous media types.

After the highly successful transition in 2004, Accenture has continued to deliver on-time and on budget technology implementation projects over the years such as the Primary Care Case Management Program, a new Encounters EDI and Data Warehouse solution, a Portal for claims submission, a provider look-up Portal, a Long Term Care forms submission and workflow Portal, legacy identifiers to the NPI standard, X12 4010 to 5010 conversion, APR-DRG, and expansion of Managed Care. Accenture is currently working on critical projects for the Texas Medicaid Program such as the ICD9 to ICD-10 conversion, Affordable Care Act (ACA) initiatives and other Texas Legislative program changes.

Similarity to Iowa’s IME MIDAS Project

While there are many services Accenture provides within our scope of work for the TMHP project, the following selected examples are relevant to Iowa, and include:

- Technical Transition management
- Technical Project management
- Application Management Services
- Data Center Operations and Hosting

Technical Transition Management

During the transition from the incumbent, the Accenture PMO led the effort to plan and execute the transition of all operational and technical aspects of TMHP. This included planning and managing the standup, operational readiness testing and cut-over of all the operations departments operated by Xerox such as Claims Services, Call Center, Medical Affairs, Provider Services, Finance, Quality and Facilities. The technical transition included building an entire data center from scratch, installing and testing dozens of critical systems such as the Acute Care and Long Term Care Claims Processing systems and Data Warehouses, implementing all Contact Center technology, testing all system interfaces with trading partners and installing over 13,000 pieces of software on over 1,000 PCs.

Project Management

Accenture leads TMHP's PMO. Accenture defined and implemented the project management framework. The PMO supports and monitors the framework structure, processes and results on an ongoing basis. Key PMO framework components are Governance, Risk & Issue Management, Accenture Delivery Methods (ADM) - System Development Lifecycle (SDLC), Project Process and Workflow Management, Project Status Reporting and Customer/Program Communications.



We maintain and operate one of the largest data warehouses in Texas State government, which enables TMHP to provide the Texas Medicaid Program with an Executive Information System (EIS) that provides meaningful visibility into Texas Medicaid Program. The EIS, the Project and Portfolio Management (PPM) suite, and other reporting processes enable TMHP to provide specific weekly, monthly and annual reports that reflect performance against service level agreements where applicable. These reports include business, technical and program service level metrics such as:

- Risk and issue status
- Number of claims processed by type
- Claim suspense ratios
- Number of prior authorizations
- Contact Center call performance
- Provider enrollment and credentialing performance
- Complaints and appeals volumes
- Percentage of data center infrastructure and application uptimes

Application Management

Accenture provides the maintenance and enhancements of the applications supporting claims administration for the Texas Medicaid Program. As applications are maintained and modified there is focus on continual improvement to enable applications to be maintained more efficiently going forward and to enhance the user experience and user productivity. In addition, changes to application are reviewed at multiple points in the system development life cycle to identify opportunities to move the systems and business process to higher MITA levels. The application management teams measure application availability and total cost of ownership against client expectations and manage initiatives to improve these key performance indicators. Accenture works openly and collaboratively with State and Operational stakeholders to address any open requests, risks or issues. The Application Management teams support the following eleven major business/system areas:

- | | |
|------------------------------------|-----------------------------|
| ■ Acute Care Claims Processing | ■ Provider |
| ■ Long Term Care Claims Processing | ■ Portal |
| ■ Cash Financial | ■ EDI |
| ■ TARS/TORT/TPR | ■ Data Warehouse |
| ■ Member | ■ Contact Center |
| | ■ Decision Support Services |

Data Center Operations and Hosting

The Accenture team built and completely operates the data center for TMHP which comprises over 500 servers and approximately 500 TB of data. The Data Center runs Windows Server, Linux, Unix, and HP NSK platforms and has an FY13 uptime percentage rate of 99.87% which is comparable to each year since 2004. The Data Center currently supports the following functions:

- Network Administration - 80 network devices, Internet and WAN circuits
- Storage Administration - 5 SANs with 500 TB of storage
- Server Admin - 530 servers including Windows, Linux, Unix & HP NSK
- Database Administration - over 500 instances of Oracle, SQL, & HP NSK databases
- Data Centers - 24x7 manned data center and disaster recovery data center
- Voice Technology - support for over 1000 users including hundreds of inbound call center workers
- Help Desk - help desk support for over 1,000 users
- Security - user admin, security monitoring, and threat & vulnerability



WellPoint



Role: Prime Contractor

Dates of Service:

January 2004 – August 2014

Contract Value:

Confidential. Contact WellPoint directly for this information.

Contact Information:

[Redacted]
Senior Vice President,
Service Operations
(contact arranged via [Redacted])

Address:

[Redacted]

Phone:

[Redacted]

Email:

[Redacted]

Schedule and Cost Performance:

Accenture provided timely and within budget services.

Scope of Work:

Accenture has been one of WellPoint’s primary consulting partners since 2001 serving WellPoint through all three of our growth platforms. Our Business Process Outsourcing (BPO) work has focused on improving operational performance and driving cost reduction. At the same time, Accenture accomplishes these objectives while managing more than 600 unique SLAs, with targets of 99.5% payment accuracy and 99% timeliness targets and processing more than 15 million claims annually.

Similarity to Iowa’s IME MIDAS Project

Program elements similar to Iowa’s IME MIDAS Project include the following:

- Takeover, implementation and enhancement
- Business Process Outsourcing (BPO)
- Claims processing and application development

Takeover, Implementation and Enhancement

Accenture’s Health Administration BPO Services successfully migrated more than 800 fulltime equivalent employees with over 50 unique transitions.

Business Process Outsourcing

More than 1500 Accenture professionals provide BPO services in claims processing, enrollment and membership processing, provider correspondence and provider data management.

Claims Processing and Application Development

Accenture’s Health Administration BPO Services is improving claims payment accuracy, reducing transaction turnaround time, minimizing internal rework, and improving overall customer service. Claims are paid within 1-3 days depending on claim type, which either meets or exceeds SLAs for claims turnaround time and accuracy. Accenture supports WellPoint’s pricing and core claims systems, e-Business, contact center, CRM, and performs application development and testing.

Result

Accenture has also successfully driven productivity improvement and process improvements of WellPoint’s retained organization through implementing best practices from our claims processing and overall systems integration experience.



5.1.3 Description of Current Significant Contracts and Projects

4.3.5.1.3 Description of all significant contracts and projects currently undertaken by the bidder's business unit that will be responsible for this project. Descriptions provided for the immediately preceding requirement do not need to be repeated again.

Table 5-4 presents a list of our current significant contracts and projects with scope similar to that of Iowa.

Table 5-4. Accenture's current significant projects do not impact our focus and deep commitment to the Agency's MIDAS Project.

Contract Name	Project Description
California Health Eligibility and Enrollment System (CalHEERS)	<p>Project Duration: April 2012 – June 2017</p> <ul style="list-style-type: none"> ▪ Project Description: Accenture was selected by California to deliver a complete technology solution, inclusive of business process design, to the nation's largest health insurance exchange. <p>Results:</p> <ul style="list-style-type: none"> ▪ Develop and implement an online marketplace that enables consumers to determine eligibility for benefits, review and select health coverage and enroll in selected plans; Includes business process design support <p>Results:</p> <ul style="list-style-type: none"> ▪ Develop and implement an online marketplace that enables consumers to determine eligibility for benefits, review and select health coverage and enroll in selected plans; includes business process design support. ▪ Design and implement service center and technical infrastructure to include call center and mailroom capabilities. The state will separately procure vendors to perform service operations. ▪ Operate and maintain the software application.
Kentucky Health Benefits Exchange (KHBE)	<p>Project Duration: August 2011 - Present</p> <ul style="list-style-type: none"> ▪ Project Description: The Kentucky Cabinet for Health and Family Services (CHFS), which consists of a majority of the Commonwealth's human services and health care programs, engaged Accenture to conduct analysis and design for a state-run health exchange (Exchange) to support the anticipated 1.5 million resident users. Accenture collected functional and technical requirements to support Exchange functions including eligibility determination and enrollment, plan maintenance and management, financial management, customer service, and administration. <p>Results:</p> <ul style="list-style-type: none"> ▪ Developed an inventory of gaps in readiness, identifying where work effort may or may not be underway ▪ Identified strategies to track, monitor, and close key gaps ▪ Building on the recommendations and strategies of our assessment, we were asked to close specific identified gaps by defining how key Finance processes would be performed to support the Health Connector's compliance with the Affordable Care Act's (ACA's) Health Insurance Exchange (HIX) requirements ▪ In addition, we created a reporting handbook that provided samples (or mock-ups) of all reports that would be used for Financial Management activities of the Health Connector. The reporting handbook included a reports calendar and tracker used by the Health Connector to manage ongoing reporting requirements



Contract Name	Project Description
North Carolina Department of Health and Human Services	<p>Project Duration: January 2012 - Current</p> <ul style="list-style-type: none"> Project Description: In 2011, the North Carolina Department of Insurance (NCDOI) was awarded an initial Establishment Level One federal grant to plan for the implementation of a North Carolina Health Benefit Exchange (HBE). Under the grant, NCDOI entered into a contract with the North Department of Health and Human Services (NCDHHS) to develop requirements for HBE eligibility functions and incorporate into the North Carolina Families Accessing Services through Technology (NCFAST) program. Additionally the grant provided funding for NCDHHS to support program integration activities and background research. <p>Results:</p> <ul style="list-style-type: none"> During the grant period, the NC FAST Exchange Planning Team developed key deliverables, which established the foundation for program integration between the Exchange and existing technical and business infrastructure at NCDHHS and NC FAST. Each of these deliverables took into account existing IT infrastructure, concurrent NC FAST projects, and existing NC FAST project management tools and methodologies to provide a seamless integration with North Carolina benefit programs.



5.1.4 List of Previous Clients Knowledgeable of Performance

4.3.5.1.4 List of at least three (3) previous clients knowledgeable of the bidder's performance in providing services similar to those sought in this RFP, including a contact person, telephone number, and electronic mail address for each reference. It is preferred that references are provided for services that were procured in a competitive environment.

Reference checks may be performed to verify information and to ascertain the quality of the services provided. The Agency reserves the right to pursue and contact references related to personnel and projects named in the Bid Proposal; however, reference checks are not limited to contacts explicitly named in the proposal. While checking references, the Agency reserves the right to contact any individual or entity that has insight into quality of services provided by the bidder.

We provide project references below. We invite reviewers to contact our clients who are knowledgeable of Accenture's performance on their projects, which we discussed earlier in this Tab. These current and recent clients have agreed to be contacted by Iowa officials to discuss Accenture's role and performance in their large-scale projects similar to, or with similar elements of, the MIDAS Project.

5.1.4.1 Health Alliance Plan

Contact person: [Redacted], AVP Technology & eBusiness Development
(Client has requested contact arranged through [Redacted], Accenture Managing Director)

Telephone number: [Redacted]
Electronic mail address: [Redacted]

5.1.4.2 HCSC

Contact person: [Redacted]
Telephone number: [Redacted]
Electronic mail address: [Redacted]

5.1.4.3 SCAN Health Plan

Contact person: [Redacted], Vice President, Strategic Programs
Telephone number: [Redacted]
Electronic mail address: [Redacted]

5.1.4.4 Texas Medicaid and Health Partnership

Contact person: [Redacted], Texas Medicaid and CHIP Director
Telephone number: [Redacted] 6
Electronic mail address: [Redacted]

5.1.4.5 WellPoint

Contact person: [Redacted], Senior Vice President, Service Operations
(Client has requested contact arranged contact [Redacted], Accenture Senior Executive)

Telephone number: [Redacted]
Electronic mail address: [Redacted]

5.1.5 Description of Experience Managing Subcontractors

4.3.5.1.5 Description of experience managing subcontractors, if the bidder proposes to use subcontractors.

To meet the Agency's objectives for the MIDAS Project, Accenture has teamed with S2Tech for Legacy MMIS maintenance and APHP Conversion services. Working with subcontractors is not new for Accenture. In fact, in scores of projects within Accenture's H&PS, we manage or have managed multiple subcontractors to meet client



healthcare administrative objectives. We approach each engagement by establishing open, transparent, and accountable relationships with stakeholders, including subcontractors, to enable our clients' success.

We create a single team environment that promotes quality, enables a collaborative environment, and assigns roles and responsibilities that takes advantage of the skills each member brings to the team. Our team provides the Agency with the most relevant experience to reduce risk and produce effective results. We choose our subcontractors to bring specialized subject matter knowledge to lower potential performance risk. Table 5-5 describes the role of S2Tech on the MIDAS Project and their history of working with Accenture and Iowa.

Table 5-5. We partner with S2Tech who knows and understands the Iowa Medicaid Program

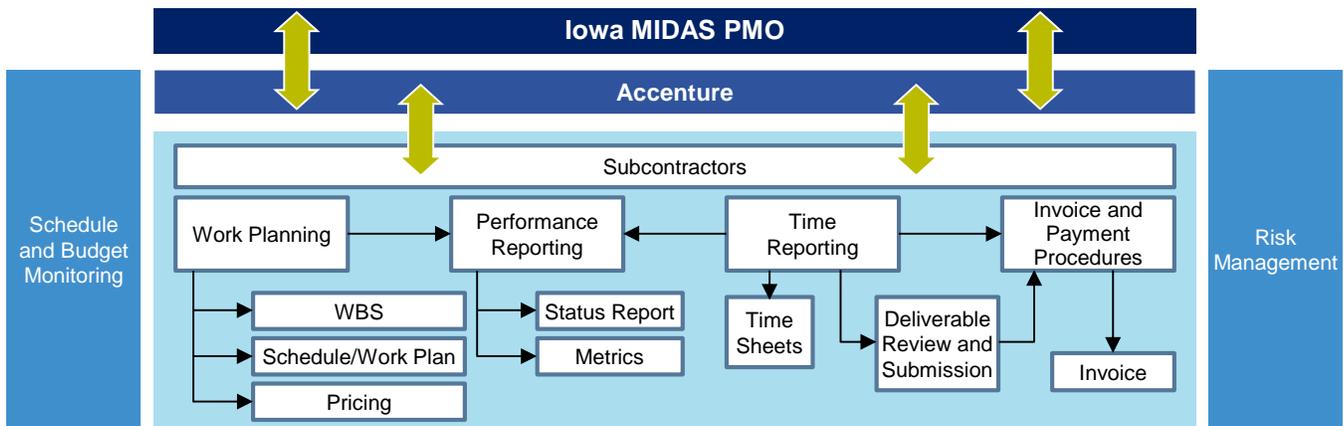
Subcontractor	MIDAS Project Role	Qualifications	Iowa Medicaid Experience
	<ul style="list-style-type: none"> Project management, Legacy mainframe and web platform Development and maintenance, and data services, data conversion Define business rules structures from current Iowa system for conversion 	<ul style="list-style-type: none"> Since 1999, has provided Medicaid system development, modification, and enhancement services to 26 state Medicaid programs Currently performs IA MMIS maintenance functions Knowledge of IA-specific business rules, legacy systems, and the current data 	Iowa IME

As noted earlier, we have worked with S2Tech previously to deliver results for Iowa, including the prior MIDAS Project. Additionally, S2Tech has extensive experience in health and human services projects in the Medicaid environment. Together, we form a cohesive delivery team. Figure 5-5 highlights our subcontractor management approach. This approach would reduce the number of steps and "moving parts" during the MIDAS Project, which would reduce the potential points of delivery failure and lower project risk.

We are accountable for our team's success, including subcontractor performance. Table 5-6 shows the features and benefits of our subcontractor management approach. Our approach integrates team members into one cohesive team to deliver quality services to our clients.

One key to managing subcontractors successfully focuses on properly organizing teaming agreements during the pre-award phase. For each subcontractor, teaming agreements establish roles and responsibilities for the post-award phase. Upon award, we create subcontracts that outline roles, responsibilities, scope, and tasks. We allocate resources to tasks based on capability, not organizational affiliation.

Our subcontracts define the subcontractor's responsibilities, deliverables, and schedule dates in specific terms and represent the cornerstone of the inter-company agreement. The subcontracts identify a single point of contact within the subcontractor's organization to be accountable for performance.



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Figure 5-5. Our team management approach provides the Agency with a single, integrated team structure that operates smoothly.



Table 5-6. Our approach to managing subcontractors would result in an integrated team that works together to achieve your objectives.

Approach Feature	Benefits
Subcontractor Management	
<ul style="list-style-type: none"> ▪ Regular meetings to discuss and resolve open issues ▪ Maintain process definitions and standards ▪ Interview key subcontractor 	<ul style="list-style-type: none"> ▪ Provides forum for information/knowledge sharing ▪ Provides proactive and timely resolution of issues ▪ Promotes accountability of team members
Project Communication	
<ul style="list-style-type: none"> ▪ Orientation of each team member ▪ Weekly team meetings ▪ Open door management 	<ul style="list-style-type: none"> ▪ Promotes shared vision and unified work force ▪ Promotes consistent and standard delivery of quality services
Information Technology	
<ul style="list-style-type: none"> ▪ Team members have access to shared network and integrated e-mail based on information needs ▪ Automated and secure data feeds 	<ul style="list-style-type: none"> ▪ Empowers the workforce with the data they need to perform their duties effectively ▪ Provides efficient and accurate transmission of data
Performance/Risk Management	
<ul style="list-style-type: none"> ▪ Subcontractors establish performance standards and other responsibilities ▪ Regular service delivery reviews ▪ Customer satisfaction data 	<ul style="list-style-type: none"> ▪ Provides clear understanding of responsibilities ▪ Holds subcontractors accountable for meeting performance standards and acceptable quality levels

For each change order, we amend subcontracts to define roles, tasks, responsibilities, deliverable dates, performance standards, and budget.

Managing Subcontractor Risk

We use mature, repeatable project management methods and tools via Accenture Delivery Methods to manage our team’s effort, which includes work that we have assigned to our subcontractors. We project and track costs, task completion, and team progress using standard project management tools and quantitative schedule and budget monitoring. Inherent in this is the tracking of each component of the project plan that we assign to our subcontractors. We also monitor our subcontractor’s work in progress to maintain the focus of subcontractor work and head off risks associated with substandard performance. We use thorough internal review and control procedures designed to detect and correct problems early, before they affect the project adversely.

In addition to our experience in managing our two subcontractors in connection with the IME, we point to additional examples of projects in which subcontractor management is a key component to project success:

- Texas Medicaid Health Partnership
- State of Ohio
- SCAN’s Claims Service Initiative (CSI)
- Kentucky Medicaid Operational Support Services (MOSS)

We serve as the PMO for the Texas Medicaid Health Partnership, an established group of multiple companies working together to provide Medicaid services. In this role, we oversee complex projects performed by other contractors using our demonstrated project governance process. In addition, we oversee multiple subcontractors and vendors providing technology services in support of our technology operations.

In addition, at the State of Ohio, we were able to determine early that testing on certain modules facilitated by our subcontractor was not progressing as expected. To mitigate the risk to the overall testing schedule, we were able to redirect resources from modules that were ahead of schedule to complete testing for modules that were behind. As a result, we successfully completed the testing activities on time.

On SCAN’s CSI project, we managed multiple vendors as well as SCAN’s primary technical vendors for their core administration system. We developed detailed functional designs by collaborating with SCAN business owners. We then managed the SCAN vendors through the technical design, build and initial testing phases of the projects. Additionally, our user acceptance testing, training and deployment teams provided in-depth knowledge and skills to help SCAN develop these functions internally. An added value component of this program was a cooperative effort between SCAN project management leadership and the Accenture team.



For the Kentucky MOSS project, we provided cross-project coordination between the State’s Department for Medicaid Services and two vendors providing Medicaid services: HP (formerly EDS) for MMIS and utilization management, and First Health for pharmacy benefit management, call center and provider credentialing.

We bring the same spirit of collaboration, trust building, and coordination to Iowa’s MIDAS Project as we work with our subcontractors. This approach makes certain that our team is unified in meeting the Agency’s MIDAS Project objectives.

5.1.6 Termination, Litigation, and Investigation

4.3.5.1.6 Termination, Litigation, and Investigation.

Bid Proposals must indicate whether any of the following conditions have been applicable to the bidder, or a holding company, parent company, subsidiary, or intermediary company of the bidder during the past five (5) years. If any of the following conditions are applicable, then the bidder shall state the details of the occurrence. If none of these conditions is applicable to the bidder, the bidder shall so indicate.

- *List any contract for services that the bidder has had that was terminated for convenience, non-performance, non-allocation of funds, or any other reason for which termination occurred before completion of all obligations under the contract provisions.*

While termination overall is uncommon, Accenture LLP acknowledges that a limited number of agreements with government entity clients have terminated for convenience or for lack of funding, and such occurrences are sometimes attributable to a change in the client’s business direction, financial position or management. Due to confidentiality restrictions, we are prohibited from disclosing further detail regarding specific clients and events. In addition, given the global scope of Accenture’s operations and the breadth of its business activities, a full list or description of such events is not maintained. However, Accenture would be happy to discuss with the State any specific concerns or questions the State may have in this area. As the State is aware, our contract for the original RFP for this project was terminated due to the protest by the incumbent vendor.

- *List any occurrences where the bidder has either been subject to default or has received notice of default or failure to perform on a contract. Provide full details related to the default or notice of default including the other party’s name, address, and telephone number.*

Accenture LLP has not defaulted on any comparable contract.

- *List any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the bidder under any of its existing or past contracts as it relates to services performed that are similar to the services contemplated by this RFP. Include the estimated cost of that incident to the bidder with the details of the occurrence.*

Accenture LLP has not been subject to damages or withholdings on any comparable contract.

- *List and summarize pending or threatened litigation, administrative or regulatory proceedings, or similar matters related to the subject matter of the services sought in this RFP.*

Litigation involving every type of professional services firm – including consultants – has become commonplace worldwide over the last two decades. The number of such situations globally in which Accenture is involved is minuscule in relation to its total number of clients. The ultimate outcome of any pending litigation would not have any adverse effect on Accenture’s ability to provide the services described in this proposal.

- *Note: Failure to disclose information about the matters in this section may result in rejection of the Bid Proposal or in termination of any subsequent Contract. This is a continuing disclosure requirement. Any such matter commencing after submission of a Bid Proposal, and with respect to the successful bidder after the execution of a Contract, shall be disclosed in a timely manner in a written statement to the Agency. For purposes of this subsection, timely means within thirty (30) days from the date of conviction, regardless of appeal rights.*

We understand and acknowledge that this is a continuing disclosure requirement and agree to comply with the listed reporting requirements.



5.2 Personnel

4.3.5.2 Personnel.

Bidders are to propose sufficient staff who have the requisite skills to meet all requirements in this RFP. Resumes, along with letters of commitment for the key personnel, must be supplied with the Bid Proposal in this section. The Turnover Manager, as described in Table 2.3: Key Personnel for the Turnover Phase is the only exception. The Turnover Manager shall be identified and resume provided within 30 days of Agency determination of the need for a Turnover Manager. The bidder shall provide the following information regarding personnel:

With more than 200 years of collective relevant experience in working within the public healthcare arena, Accenture’s key and additional essential staff is well qualified to work with the Agency and IME Contractors on the MIDAS Project.

Accenture has proven that ability to work successfully in the IME environment. Many of the people we offer for Iowa’s MIDAS Project have strong attachments to Iowa as natives and even stronger commitments having worked with the IME on the prior MIDAS Project.

The complexity of this work requires a team with strong Medicaid functional knowledge, technical skill, management experience, and an ability to collaborate with other IME contractors to achieve Agency objectives. The key personnel who will work with the Agency must keep all the pieces of the MIDAS Project moving at the right speed and in the right direction. Accenture’s team has just this combination of experience.

Our people are our most valued resource. In keeping with this core value, we practice a high standard of employee selection at all levels of the organization. Key personnel for the delivery of the MIDAS Project bring a wealth of successful large-scale Medicaid development experience, system integration and operations knowledge, and thorough understanding and proven ability to work within IME’s multi-contractor environment. We provide experienced staff with the requisite skill sets to help the Agency meet its MIDAS Project goal of efficient and low-cost healthcare delivery for Iowans.

As noted earlier, we bring experienced members of this team to execute the Agency’s MIDAS Project mission. We recognize the Agency must have a solution delivered on time to continue serving its Medicaid-eligible population. We also see this project as fundamental to our Medicaid practice within the North America Health Client Service Group. Members of our dedicated Medicaid Community of Practice have worked together to develop the Accenture Public Health Platform (APHP) framework and are eager to work with the Agency to support a successful implementation.

We selected individuals who have shown solid leadership in managing large public service projects and have experience with Medicaid or programs of similar size and scope to guide the implementation of the MIDAS Project. Our team includes native Iowans and is led by Patrick Dahlen who has more than six years of experience with the IME and is a long-time Iowan.

[REDACTED] will serve in an oversight role as the Client Account Lead (CAL) on this project. He reports to the Public Service Health’s Managing Director within our North America Operating Unit while the MIDAS Account Manager reports to him. Jon cultivates relationships with all stakeholders and will monitor Accenture’s performance on the MIDAS Project to verify that it has the required resources to meet its goals.

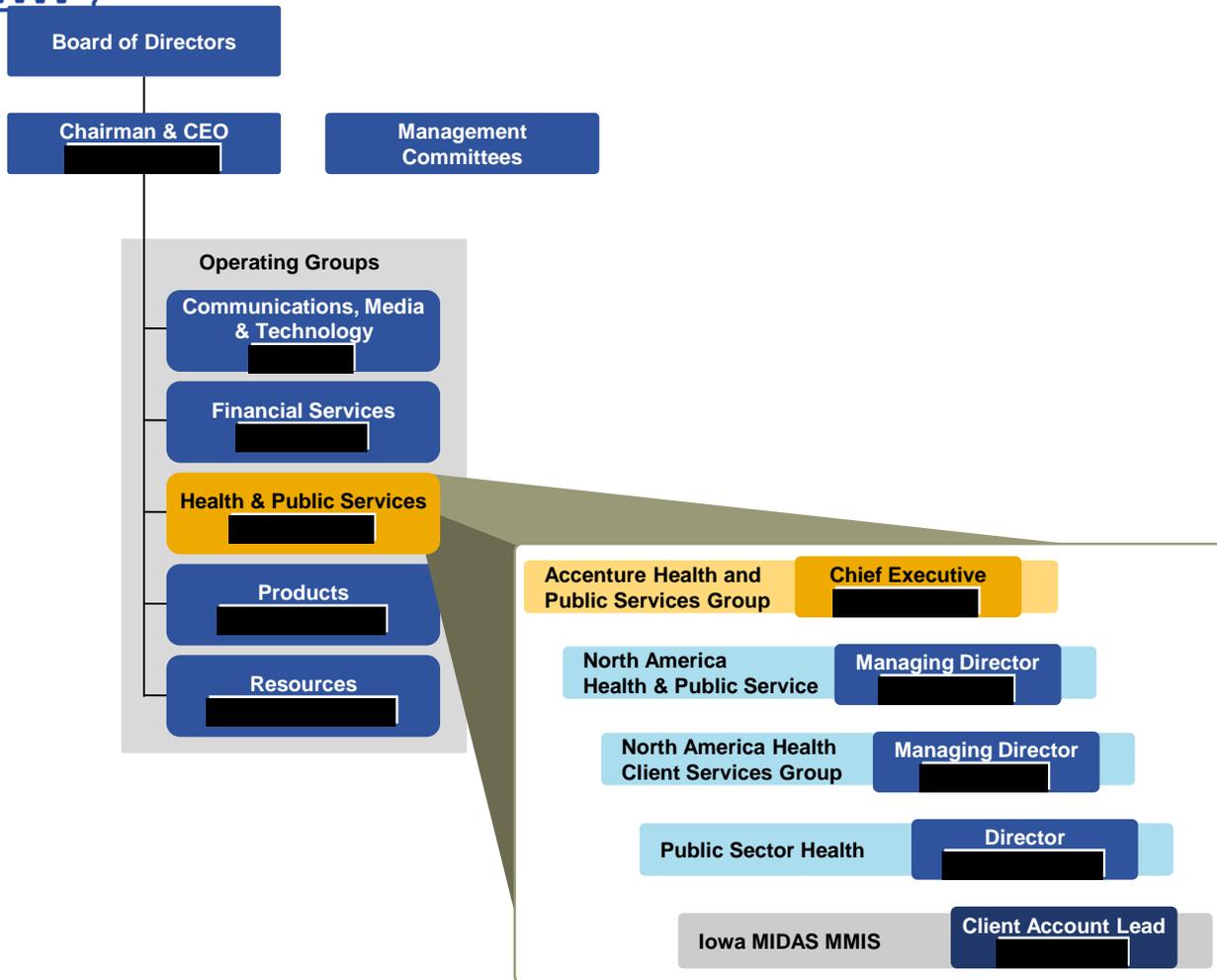
Figure 5-6 shows how the MIDAS Project fits into Accenture's business structure and the visibility Accenture gives to the IME as a key client.



The Agency Continues MMIS Transformation with Confidence Through Return of many Original MIDAS Project Leadership Personnel along with our Overall Team's Resident Medicaid Experience and APHP Knowledge

- Returning members of original MIDAS leadership team: MIDAS Account Manager, Patrick Dahlen; Project Manager for the PMO, Jelane Johnson; Business Solution Manager, Andrea Shook; and Client Account Lead, Jon Andrews
- 50%+ of key & essential personnel have prior MIDAS project experience providing continuity
- 90%+ of key personnel have Medicaid experience and 100% have healthcare administration
- Key leadership personnel bring direct APHP project knowledge to MIDAS

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Figure 5-6. The Iowa MIDAS project is a key part of our Health and Public Services operating group bringing the needed visibility and resources for successful delivery.

Approach to Organization and Staffing Excellence

Accenture diligently works to recruit, hire, and retain the most qualified staff in the industry so we can provide our client with the experienced thought leaders from day one. In addition, our staffing approach includes aggressively pursuing incumbent staff that possesses the institutional, legacy knowledge critical to a successful transition to the new MMIS. Ninety-eight percent of incumbent personnel to whom we extend offers accept and after two years of employment, 95 percent are still with Accenture. Our team has assembled the right people who are prepared and motivated to support the Agency in its mission.

Section 5.2.1, Tables of Organization, provides details including staffing projections by functional area, position/role, and role responsibilities throughout the MIDAS Project. In Table 5-7, we provide key highlights of our staffing approach and its benefits to the Agency.



Table 5-7 Accenture’s approach to staffing promotes accountability and trust.

Our Staffing Approach	Benefits to Iowa
Successful Track Record: Senior staff from Medicaid and Health and Public Service projects with a record of successful delivery	Skills based on previous experience and relationships with Iowa and other State Medicaid programs to reduce project risk, increase the quality of the MIDAS Project implementation, and create more proactive issue management
Clarity of Purpose: We have clear roles, responsibilities, and reporting relationships across our team, and clear accountability for the system integration outcomes	The Agency knows who is accountable for each piece of the systems integration effort, making it faster and easier to ask questions, share information and resolve issues
Cohesive Team: Our leadership team has worked together to successfully deliver enhancements for Iowa and the Texas Medicaid and Healthcare Partnership (TMHP) program	The Agency gains a team of people who have worked well together in a Medicaid environment. They work as a cohesive team to deliver the MIDAS Project

5.2.1 Tables of Organization

4.3.5.2.1 Tables of Organization.

Illustrate the lines of authority in two tables:

Our Executive Management Team includes our Client Account Lead (CAL), [REDACTED] and [REDACTED] an Accenture Managing Director who will serve as a Quality Assurance Director within Health & Public Service. These executive advisory roles complement our project leadership team, providing thought leadership, advice, and access to additional knowledge capital as needed to address questions and risks that may occur during the project lifecycle. They focus on supporting the Agency with evaluating progress, making recommendations, and mitigating project risks and issues. The CAL and QA Director are responsible for regularly providing quality assurance oversight for the project and conducting quality reviews with Agency project leadership.

Jon and Scott meet with Agency leadership regularly to confirm that we are providing the business value anticipated by the MIDAS Project that risks are being mitigated, and that opportunities for improvement are being actively worked. This interaction gives the Agency an advocate for their concerns and enables the CAL and QA Director to make informed recommendations that support the effective delivery of the MIDAS Project.

We provide more information on our MIDAS Project organization in Section 5.2.1.1, Overall Operations and 5.2.1.2, Services Staff, where we include tables of organization.

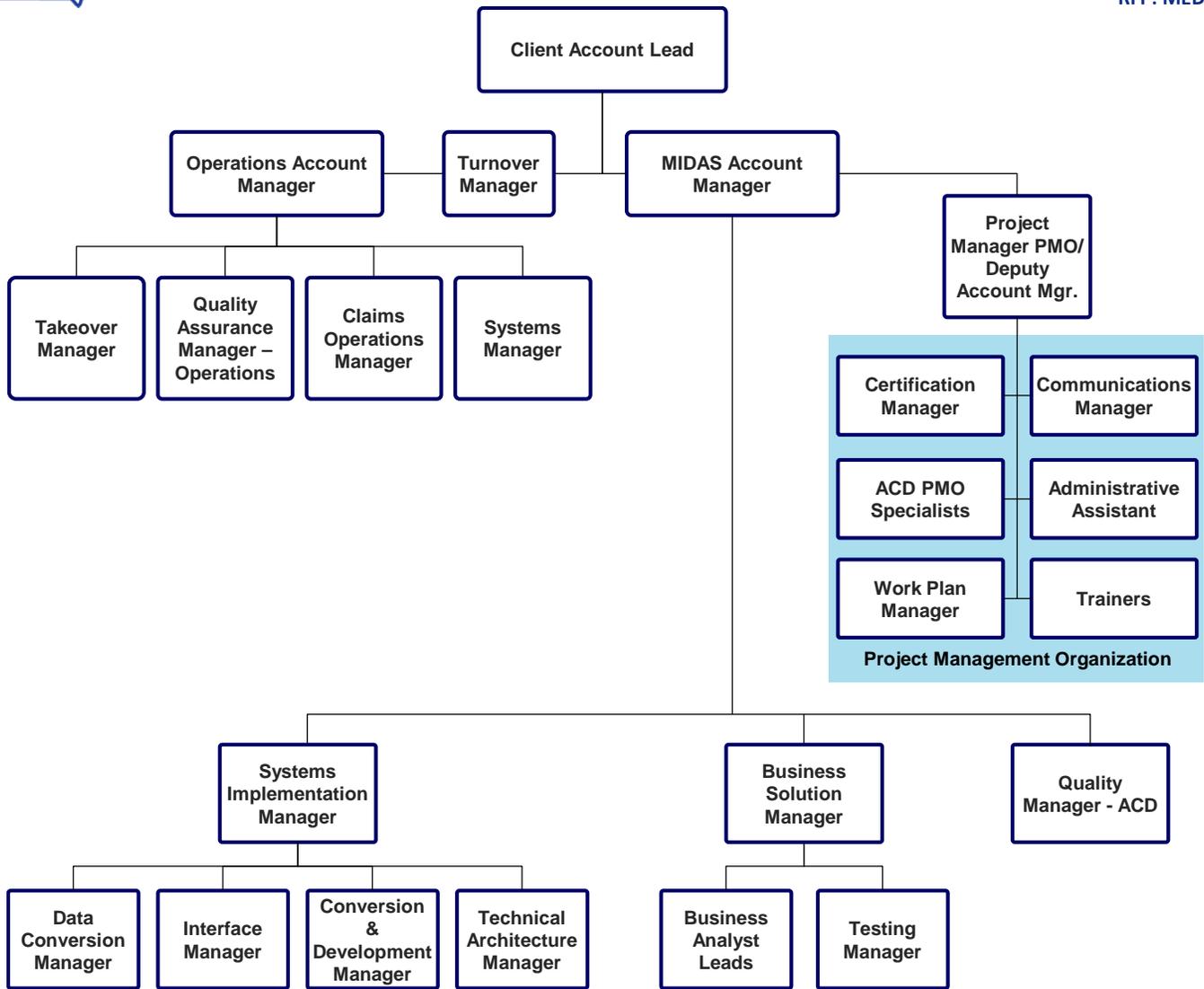
5.2.1.1 Overall Operations

4.3.5.2.1 Tables of Organization.

Illustrate the lines of authority in two tables.

- One showing overall operations.

Figure 5-7 depicts the organizational structure for overall operations. This organizational structure is designed to provide the Agency with a responsive IME partner to meet Agency objectives and to work collaboratively with other IME contractors. Following the organizational chart, we provide more detail about the overall operations in Table 5-8.



IA MMIS-2.13.070A

Figure 5-7. Our overall organization is designed to be responsive to Agency and IME contractor needs.

Table 5-8: Our MIDAS Project organization has clear lines of authority that promote accountability.

Function	Reports to	Accountable for These Functions
Client Account Lead	North America Health Client Services Group Managing Director	Responsible for: <ul style="list-style-type: none"> Client Relationship MIDAS Account Manager and Account Manager, Operations
MIDAS Account Manager	Client Account Lead	Responsible for: <ul style="list-style-type: none"> Quality Management, Start Up and Implementation/ACD/Certification Quality Management, Operations Project Management Office Systems Implementation Systems Operations Claims Operations

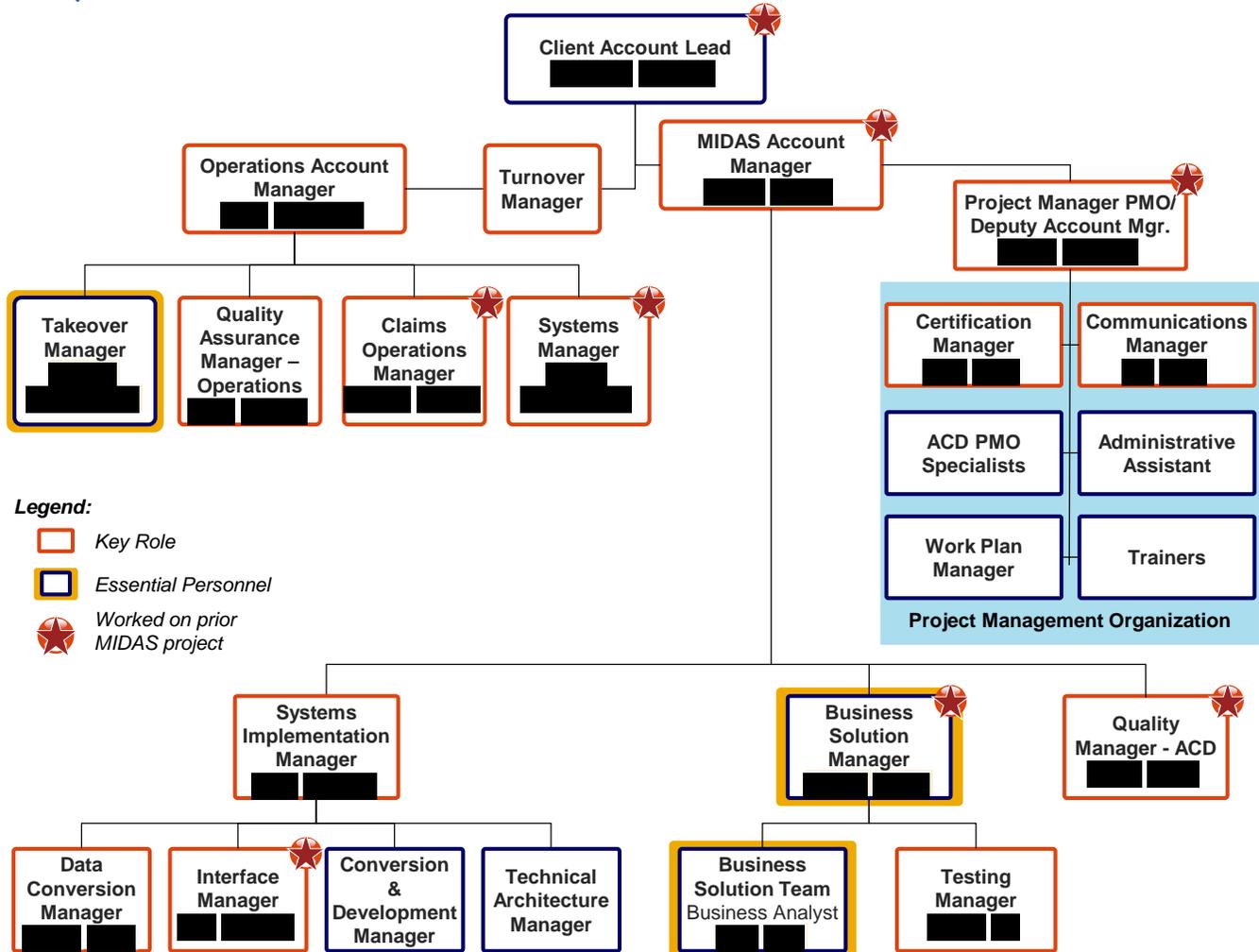


Function	Reports to	Accountable for These Functions
Systems Implementation Manager	MIDAS Account Manager	Responsible for: <ul style="list-style-type: none"> Data Conversion Interface Configuration and Development Technical Architect Manager
Project Manager for the Project Management Office	MIDAS Account Manager	Responsible for: <ul style="list-style-type: none"> Certification Communications PMO
Quality Assurance Manager, MIDAS	MIDAS Account Manager	Responsible for quality activities and performance monitoring during the Start Up and Implementation/ACD/Certification phase. <ul style="list-style-type: none"> Oversees all data conversion activities.
Data Conversion Manager	Systems Implementation Manager	
Interface Manager	Systems Implementation Manager	Responsible for all data conversion activities.
Communications Manager	Project Manager for the Project Management Office/Deputy Account Manager	<ul style="list-style-type: none"> Provides guidance and coordination for all functions involved in communications.
Certification Manager	Project Manager for the Project Management Office/Deputy Account Manager	Provides guidance and coordination for all certification-related activities.
Testing Manager	Business Solution Manager (Essential non-key)	Responsible for all testing activities.
Operations Account Manager	Client Account Lead	Responsible for: <ul style="list-style-type: none"> Quality Assurance Claims Operations Systems Takeover
Claims Operations Manager	Operations Account Manager	Responsible for: <ul style="list-style-type: none"> Claims Mailroom Room Financial
Systems Manager	Operations Account Manager	Responsible for system management activities.
Quality Assurance Manager, Operations	Operations Account Manager	Responsible for of quality activities and performance monitoring during the Operations phase.
Business Solution Manager (Essential/non-key)	MIDAS Account Manager	Responsible for: <ul style="list-style-type: none"> Business Solution Testing Manager

5.2.1.2 Services Staff

4.3.5.2.1 Tables of Organization. Illustrate the lines of authority in two tables. One showing staff who will provide services under the Contract, if awarded.

Figure 5-8 depicts our organizational structure with key and essential staff providing services for the IME System Services contract. Following the organizational chart, we provide more detail about the reporting functions in Table 5-9.



IA MMIS-2 13 070B

Figure 5-8. Accenture’s qualified services staff brings prior MIDAS experience and years of experience that will enable the Agency to promote safe, stable, self-sufficient and healthy outcomes for its members.

Table 5-9: Our MIDAS Project team members have clear roles and responsibilities to deliver success.

Function	Reports to	Oversees These Functions
██████████, Client Account Lead	North America Health Client Services Group Managing Director	Oversight includes: <ul style="list-style-type: none"> Client Relationship MIDAS Account Manager Account Manager, Operations
██████████, MIDAS Account Manager	Client Account Lead	Oversight includes: <ul style="list-style-type: none"> Quality Manager, Start Up and Implementation/ACD/Certification Quality Manager, Operations Project Manager for the Project Management Office/Deputy Account Manager Systems Implementation Manager Systems Manager Claims Operations Manager



Function	Reports to	Oversees These Functions
[REDACTED], Systems Implementation Manager	MIDAS Account Manager	Oversight includes: <ul style="list-style-type: none"> Data Conversion Manager Interface Manager Development Manager Technical Architect Manager
[REDACTED], Project Manager for the Project Management Office	MIDAS Account Manager	Oversight includes: <ul style="list-style-type: none"> Certification Manager Communications Manager Administrative Assistant ACD PMO Specialist Work Plan Manager Trainer
[REDACTED], Quality Assurance Manager, MIDAS	MIDAS Account Manager	Oversight of quality activities and performance monitoring during the Start Up and Implementation/ACD/Certification phase.
[REDACTED], Data Conversion Manager	Systems Implementation Manager	Oversight includes: <ul style="list-style-type: none"> Data Conversion Team Lead Data Conversion Analysts
[REDACTED], Interface Manager	Systems Implementation Manager	Oversight includes: <ul style="list-style-type: none"> Interface Developers
[REDACTED], Testing Manager	Business Solution Manager (Essential non-key)	Oversight includes: <ul style="list-style-type: none"> Tester Leads Testers
[REDACTED], Communications Manager	Project Manager for the Project Management Office/Deputy Account Manager	– Provides guidance and coordination for all functions involved in communications.
[REDACTED], Certification Manager	Project Manager for the Project Management Office/Deputy Account Manager	Provides guidance and coordination for all certification-related activities.
[REDACTED], Operations Account Manager	Client Account Lead	<ul style="list-style-type: none"> Provides guidance and coordination for all functions involved in takeover.
Joselyn Gibson, Claims Operations Manager	Operations Account Manager	Oversight includes: <ul style="list-style-type: none"> Claims Supervisor <ul style="list-style-type: none"> Claims Analysts Mailroom Room Supervisor <ul style="list-style-type: none"> Mailroom staff Mainstream Financial Supervisor Financial Analysts
[REDACTED], Systems Manager	Operations Account Manager	Oversight includes: <ul style="list-style-type: none"> Systems Management Staff
[REDACTED], Quality Assurance Manager, Operations	Operations Account Manager	Oversight includes: <ul style="list-style-type: none"> Quality Analysts
[REDACTED], Business Solution Manager (Essential non-key)	MIDAS Account Manager	Oversight includes: <ul style="list-style-type: none"> Business Solution Leads <ul style="list-style-type: none"> Business Analysts Leads Business Analysts Testing Manager



5.2.2 Names and Credentials of Key Corporate Personnel

4.3.5.2.2 Names and Credentials of Key Corporate Personnel.

- Include the names and credentials of the owners and executives of your organization and, if applicable, their roles on this project.

Table 5-10 summarizes relevant key corporate personnel within our Health & Public Services Operating Group, their roles, and credentials for the MIDAS Project.

Table 5-10: Clear lines of leadership mean the Agency’s MIDAS Project is visible at both the project level and Accenture’s executive leadership.

Key Corporate Personnel Name	Corporate Title	MIDAS Project Role	Credentials
[REDACTED]	Public Sector Health Managing Director	John is responsible for Accenture’s overall North American health practice across Payer, Provider and Public Sector Health.	Since joining Accenture in 1985, most of John’s work has centered on helping companies enable and drive business transformation through the innovative use and integration of a range of Accenture’s consulting, technology and outsourcing services.
[REDACTED]	North America Health Client Services Group Managing Director	Reports to John, Chris oversees Accenture’s strategy and execution for the state government healthcare market.	Chris offers a wealth of experience in his 25 year career in industries including banking, technology, Medicaid and healthcare management. He has focused on building innovative solutions to guide clients in the integration and utilization of technology. In healthcare management, he has focused on enhancing efficiencies in patient care and improving clinical care outcomes and revenue management.
[REDACTED]	Director, Public Sector Health	Reports to Chris and is the Client Account Lead (CAL) for the MIDAS Project. Jon will sign the IME System Services Contract.	Jon has 27 years of IT experience, 24 years of Medicaid and Public Service Health experience, including more than eight years of executive-level experience on a complex Medicaid Fiscal Agent operations account. Jonathan has led the takeover, implementation and operation of Texas Medicaid systems and operations.
[REDACTED]	Product Line Lead	Charles will oversee APHP implementation, including product enhancements.	Charles is the Product Line Lead for Health, which includes the Accenture Public Health Platform (APHP). Charles has been with Accenture for more than 20 years serving our Health and Human Services clients across the country. For the last 12 years, he has been focused on public health and Medicaid. Charles developed the delivery solution for our work at Texas Medicaid and served for 4 years as the Program Management Officer for the account. In this role he guided the implementation, stabilization, and optimization of the operation. Charles continues to improve how technology supports the business of Medicaid by leading the effort to formulate a better approach to the MMIS, culminating in APHP’s MITA-specific framework.



Key Corporate Personnel Name	Corporate Title	MIDAS Project Role	Credentials
[REDACTED]	Commercial Director	Kari will oversee client financial management, contract management, project management office, and human resources.	Kari is an executive professional with a diverse experience in the healthcare services sector, both commercial and government operations, including Medicaid, CHIP, Medicare, Eligibility and Enrollment Broker, Claims Payment and Provider Data Management Systems and Operational Services. Kari has provided large-scale program and transition management, implementation, and operations management. She has led organizational analysis, reengineering, development and business process improvement. She has also provided contract and vendor management oversight for design, development and implementation.
[REDACTED]	Contract Manager	Michael will oversee the work of the Support Services team.	Michael is Director, State & Local Government Contract Management, managing a team of 30+ Contract Management professionals in support of Accenture's state and local government clients in the United States. Michael has led or managed Accenture Contract Management teams supporting federal, state, local, and regional government clients since 2003. Michael's prior experience includes managing environmental assessment and remediation contracts for federal, state, local and commercial clients as Contract Manager for URS and Texas Medicaid. He also a former U.S. Coast Guard Officer, and served as a Contracting Officer for the Office of Major Systems Acquisition.



5.2.2.1 Board of Directors

4.3.5.2.2 Names and Credentials of Key Corporate Personnel.

- Include names of the current board of directors, or names of all partners, as it applies.

Accenture’s board of directors comprises 12 individuals. Table 5-11 provides the name, corporate title and tenure of each director. Pierre is the only management director.

Table 5-11: Accenture’s board of directors drives our client focus in all areas of the company.

Table with 3 columns: Director Name, Corporate Title, Tenure. Contains 12 rows of director information.

5.2.2.2 Key Corporate Personnel Resumes

4.3.5.2.2 Names and Credentials of Key Corporate Personnel.

- Include resumes for all key corporate, administrative, and supervisory personnel who will be involved in providing the services sought by this RFP. The resumes shall include: name, education, and years of experience and employment history, particularly as it relates to the Scope of Work specified herein. Resumes shall not include social security numbers.

We present the following brief resumes of our key corporate, administrative and supervisory personnel who will be involved in providing the services sought by the RFP:

- [Redacted], Public Sector Health Managing Director
■ [Redacted], North America Health Client Services Group
■ [Redacted], Client Account Lead
■ [Redacted], Product Line Lead
■ [Redacted], Commercial Director
■ [Redacted], Contract Manager

Name: [Redacted], Public Sector Health Managing Director

Years of Experience: 28 years

Education: Drexel University
BS, Commerce and Engineering

Relevant Employment History: Accenture, 1985 - Present
Managing Director, North American Health Client Services Group – Health & Public Service
Title: Managing Director, Global Health & Life Science
Since joining Accenture in 1985, most of John’s work has focused on clients in the pharmaceuticals, consumer products and industrial products industries. His role has centered on helping companies enable and drive business transformation through the innovative use and integration of a range of Accenture’s consulting, technology and outsourcing services.



Name: [Redacted], North America Health Client Services Group
Managing Director

Years of Experience: 14 years

Education: Guilford College London School of Business
BA, English Executive Leadership Program

Thunderbird International Consortium
Leadership in the Global Enterprise

Relevant Employment History
Accenture, March 2010-Present
Managing Director, North American Health Client Services Group
Responsible for setting strategy and executing operations plan for government healthcare business, including MMIS, Insurance Exchange, Information Exchange, Analytics, Management Consulting and Health Management; and attracting and retaining market-experienced resources in all facets of the business
Xerox Corporation (formerly ACS, Inc.), November 2003 – January 2006
Senior Vice President & Managing Director, Government Healthcare Solutions
Grew the organization through expansion beyond historical focus on MMISs development and deployment into PBM, Health Information Exchange, Disease and Case Management and Population Health Management through organic development and strategic acquisition.
HP (formerly EDS Corporation), November 1994 – November 2003
Vice President and Enterprise Client Executive
Oversaw operations, growth, executive relationship management, financial performance and client and employee satisfaction within a variety of industry specific clients and segments, including the Business Process Management Division (BPM) (Oct 1999 - Apr 2001) as Managing Director for State and Local Medicaid practice for the Eastern Region of the US.

Name: [Redacted], Public Sector Health Director and Client Account Lead
Years of Experience: 27 years

Education: Towson State University Essex Community College
100 credits completed towards AA, General Studies
BS, Computer Science PMP Certification

Relevant Employment History
Accenture, January 2003 - Present
Chief Information Officer & Application Services Director, Texas Medicaid Health Partnership
As Chief Information Officer (July 2005-Present): Directs the day-to-day technology organization operations in support of fiscal agent operations; develops and executes technologically sound organization strategies while managing budgets and staffing forecasts; oversees the infrastructure, architectural solutions, program management, application maintenance, technical enhancements and system modification support teams; monitors investigation and resolution of system issues impacting operational areas; works with key State and project stakeholders, service providers, vendors and subcontractors to build relationships and manage project expectations; establishes, maintains and manages contractual agreements with subcontracting companies, and other vendors.
As Application Services Director (January 2003-June 2005): Directed daily Application Services organization operations in providing maintenance, enhancements and modifications support; led efforts to meet contractual SLAs within the organization including maintenance service requests, monitoring and modification of FTE levels, application availability, timely and accurate transaction and network processing, deliverables and State Action Report responses; managed client relationships and subcontractor assignments; oversaw compliance with Change Management Service Request processes, Release Management and Configuration management, including System Design Life Cycle (SDLC) work products, methodology, standards, documentation and associated CMMI and Quality Management requirements support tools to



minimize defects; and developed, monitored and managed organization budget, staffing forecasts and variances at all levels.

Client Executive Consultant, Georgia Health Partnership (June 2002 – December 2002)

Built a team and established a PMO structure to develop methodologies for detailed work plans, tasks associated with time allocation, issues, risks, scope or project change, action items, quality assurance and communication management processes and procedures; and developed and implemented dashboard metrics and project status reporting and prepared and facilitated internal executive and external client status meetings.

Group Chief Executive Officer, Medicaid MMIS Practice & USA Government HIPAA Strategy (January 2001 – May 2002)

Modeled Accenture’s HIPAA business and technical development, thought leadership, alliances and market offerings to support state and government customers; served as an integral participant in presenting HIPAA mandate impacts to the HIPAA coordinators and state agencies for Maryland, Tennessee, New York and the Commonwealth of Pennsylvania; and chaired the HIPAA Panel for Maryland Department of Health and Mental Hygiene and participated as the Private Sector Subject Matter Advisor on a practicum board to develop strategies on the “future” of the MMIS at SMS Medicaid HIPAA and MMIS conferences.

Name: [Redacted] **Product Line Lead, Health Software Solutions**

Years of Experience: **13 years**

Education: **Oklahoma State University
BS, Electrical Engineering**

Relevant Employment History: **Accenture, September 2011-Present
Product Line Lead, Health Software Solutions**

Oversee all aspects of bringing APHP product solution to market including managing the investment, functional design to development. A champion of the APHP product, Charles develops and executes the product roadmap, which is designed to adapt to federal laws and regulations, including enhancements to MITA framework, and client needs.

Unit Lead and Program Management Officer, TMHP (September 2001-July 2006)

Developed the product technical solution and oversaw its subsequent implementation for Texas Medicaid Health Partnership, the nation’s third largest Medicaid Program; managed the various services Accenture provides to TMHP, including data center operations; hardware and software procurement; application management; network applications; and overall program and transition management for more than 100 applications that facilitate the processing of claims, edits, audits, and approval and rejection of approximately \$13 billion worth of Medicaid claims per year. Charles helped oversee program management functions and metrics reporting.

Name: [Redacted], **Commercial Director**

Years of Experience: **12 years in Medicaid**

Education: **Numerous Accenture leadership seminars covering:
People Management, Contract Management,
and Privacy and Confidentiality**

Relevant Employment History: **Accenture, December 2012 - Present
Commercial Director, Health & Public Service**

State of Ohio Integrated Eligibility and State of Iowa Integrated Eligibility

Oversee client financial management, contract management, project management and human resources.

Large Health Organization, March 2007 – December 2012; Account Delivery Manager

Had indirect (through management of Health account OADMs) responsibility for profit, loss, delivery and client relationship for account management team in North America, covering in



excess of 5000 employees, and 100 million/year in revenue, spanning 3 geographic regions
FourThought Group, Consultant for Mississippi Medicaid (September 2006 – March 2007)

Directed the development of electronic data warehouse deliverables and materials

State of Texas, Director of Vendor Operations Dates Integrated Eligibility and Enrollment Services, Office of Eligibility Services (August 2004 – February 2006)

Led implementation of the newly designed, first-in-the-nation Integrated Eligibility and Enrollment system; ensured vendor performance and accountability; designed and developed contract monitoring plans and tools; established project management operations and communications protocols; and successfully implemented all five initial phases of IEES to include Enrollment Broker Services, TIERS maintenance, and Children's Health Insurance Program (CHIP).

State of Texas, August 2004 – February 2006

Deputy Medicaid/CHIP Director, Claims Administrator Contract Management, Office of Eligibility Services

Verified vendor performance and accountability for the State's largest contract, Claims Administration/PCCM.

California Healthy Families, January 2003 – August 2004

Implementation Manager and Project Director

Corporate officer in charge of this 418 million dollar project; oversaw 550 staff, contract management and compliance, and operations.

MAXIMUS, Inc., October 2002 – January 2003

Senior Vice President (SVP), Eastern Division

Supported New York Medicaid, New Jersey Health Benefits, Massachusetts Health Benefits, Vermont Health Access, New York Physician Profiling and Connecticut Health; and oversaw business process review and re-engineering of all project operational components, human resources and employee relations for the largest division within the Strategic Business Unit (at the time), and financial analysis/performance for over 70 million dollars in contracts.

SVP/Acting Division President, Professional Services (September 2001 – October 2002)

Oversaw organization development and operational improvements for the Health Management Services Group, encompassing a national perspective for all government projects within this group.

Name: [REDACTED], Contract Manager

Years of Experience: 10 years in Medicaid

Education: University of Baltimore

MBA

New York University

Graduate Certificate, Public Administration

US Coast Guard

BS, Government

National Contract Management Association, Certified Professional Contract Manager

US Coast Guard Office of Acquisition, Unlimited Level III Contracting Warrant



Relevant Employment History	<p>Accenture, February 2010-Present Director, State & Local Government Contract Management Supervise, direct, develop, train, and recruit a team of Contract Management professionals for the North America State and Local Contract Management team; provide on-site advice to Accenture's business/client units and project teams on contract management and policy compliance matters. Initiate, track and monitor contract changes, deliverables, correspondence and risks, and maintain associated documentation; and implemented additional training and guidance on Data Privacy handling procedures and obligations</p> <p>Accenture Australia, November 2007 – February 2010 Director of Contract Management, Australia and New Zealand Supervised, directed, developed, trained, and recruited a team of 25+ Contract Management professionals for the Australia and New Zealand Contract Management team; provided on-site advice to Accenture's business/client units and project teams on contract management and policy compliance matters. Initiated, tracked and monitored contract changes, deliverables, correspondence and risks, and maintain associated documentation; and increased Contract Management coverage for Accenture's Client contracts in the region from 60% to 100%.</p> <p>Accenture, May 2005 – November 2009 Contract Management Team Lead, Texas Integrated Eligibility and Enrollment, State of Texas Health and Human Services Commission Served as a member of the joint Client/Accenture Executive Leadership committee; recruited, trained, and supervised a team of contract management professionals; developed and implemented procedures to effect contract compliance and contract management policies and procedures; trained staff and project personnel on contract requirements, policies and procedures; and worked collaboratively with the client contract management team to streamline the Change Order process from 6-8 months to 2-3 months.</p>
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5.2.3 Information About Project Manager and Key Project Personnel

4.3.5.2.3 Information about Project Manager and Key Project Personnel.

We recognize that strong leadership and project management are critical success factors for the MIDAS Project. Accenture has selected only those best qualified to work with the Agency in promoting health and productive Iowans for the MIDAS Project.

As noted earlier, our MIDAS Account Manager, Patrick Dahlen is a native Iowan and brings a wealth of Medicaid experience. Patrick understands the IME multiple contractor environment and knows how to collaborate with other contractors to meet Agency objectives. As with our MIDAS Account Manager, we have carefully selected key personnel for the MIDAS Project. We recognize that the Agency must approve all key staff. We summarize our key personnel credentials in Tables 5-12 and 5-13.

Table 5-12. Accenture's highly qualified key personnel are 100 percent dedicated to the MIDAS Project and work collaboratively with IME contractors to support the Agency's healthcare delivery efforts.

Project Oversight	Experience	Total Years / Years Relevant Experience	Meet/Exceed RFP Requirements
MIDAS Account Manager	Leading our team is [REDACTED] as Account Manager. A native Iowan, Patrick has lived in Des Moines for decades, earning both his BS and MBA at local universities. Patrick brings over 6 years account management experience specifically on Iowa Medicaid, and 14 years of experience with large-scale enterprise wide systems in medical and claims processing. A seasoned executive, Patrick is a strong leader, team builder and coach who has shared his knowledge by developing curriculum and teaching these skills through his role with both the William Penn and Upper Iowa Universities as Adjunct Professor.	25 / 6	Exceeds



Project Oversight	Experience	Total Years / Years Relevant Experience	Meet/Exceed RFP Requirements
Systems Implementation Manager	Chris is a seasoned implementation lead with more than 10 years of Medicaid Program experience with the nation's third largest Medicaid Program, TMHP. Among his numerous leadership roles within the State Medicaid arena was when he served as member of the TMHP Transition team for the successful transition and initiation of Texas Medicaid contract from the incumbent.	13 / 10	Exceeds
Project Manager, PMO	Accenture's Project Manager for the PMO, [REDACTED], has more than 15 years' experience in systems integration, including five years of MMIS project management experience from initiation, takeover, post implementation, and operations. Jelane was the Project Manager for the PMO/Deputy Account Manager of the prior MIDAS Project and served as Project Manager for the Kentucky Medicaid Operational Support Services team. A certified PMP, Jelane has 13 years of experience in using Microsoft Project. Jelane's background also includes development and implementation manager roles for the US Air Force and financial services clients.	15 / 5	Exceeds
MIDAS Quality Assurance Manager	A native Iowan, Becky brings 7 years of Iowa Medicaid program experience, which includes managing the Medicaid Services component of ICD-10 implementation project for IME. Becky has worked in various quality assurance roles in Iowan primary care associations, hospitals and the Medicaid program. A Certified Professional in Healthcare Quality (CPHQ) through the Agency for Healthcare Research and Quality (AHRQ) brings exceptional expertise in healthcare statistics and quality management. With roots in Iowa, Becky is eager to promote quality assurance within the IME's MIDAS Project.	20 / 7	Exceeds
Data Conversion Manager	Pratap offers more than 7 years of experience in managing data conversion efforts. Pratap's experience includes MMIS, National Provider Remediation, Medicaid Eligibility Determination System, and Fraud Exchange initiatives where he has performed successful conversions of all VSAM data in legacy MMIS to a modernized DB2 database environment. Pratap has extensive experience with legacy MMIS conversions as a project manager, and delivery manager.	21 / 7	Exceeds
Interface Manager	A native Iowan, Nick brings 5 years of experience in systems integration and interface development and was the previous Interface Manager on the prior MIDAS Project. In addition to Nick's Iowa Medicaid program experience, he has served as a leader for various Medicaid program projects. He most recently led and directed a team of 33 developers, business systems analysts, and a delivery manager to enhance, integrate, support, and monitor over 100 distributed applications. Nick has a history of providing clear technical direction to staff, delivering complex projects and an ability to resolve critical production issues.	17 / 5	Exceeds



Project Oversight	Experience	Total Years / Years Relevant Experience	Meet/Exceed RFP Requirements
Testing Manager	James brings 9 years of testing experience conducting systems and user acceptance tests for the Georgia MMIS and is a former Georgia Medicaid ICD-10 Implementation Lead. Recognized as an effective problem solver and proactive trainer for Medicaid claims system documentation, James has led projects that supported a large BlueCross BlueShield health plan's Health Information Exchange (HIE) implementation.	12 / 9	Exceeds
Communications Project Manager	Jonathan brings more than 7 years of experience in change management/instructional design and training. He is a key author for our base APHP product training and MMIS curriculum and offers more than three years' experience in communication management with state Medicaid Programs. Most recently, Jonathan leveraged MITA 3.0 business areas and processes to build learning solutions with practical applications for end users.	11 / 7	Exceeds
Certification Manager	With 34 years of experience with the Texas Medicaid Program and other state Health and Human Services programs, Jerry offers a wealth of MMIS certification expertise and is known to CMS as a point of contact for the Medicaid Program. Jerry led the Texas Medicaid Program's successful certification efforts.	34 / 30	Exceeds

Table 5-13. Accenture's highly qualified MMIS Operations Phase key personnel are 100 percent dedicated to the MIDAS Project and work collaboratively with IME contractors to meet Agency objectives.

Project Oversight	Experience	Total Years / Years Relevant Experience	Meet/Exceed RFP Requirements
Operations Account Manager	A knowledgeable and highly skilled systems manager with more than 12 years of experience in the implementation and support of Medicaid systems. With the Virginia Medicaid Program, Peter worked in program operations, provider enrollment, and provider relations. For 7 years, he managed Virginia's Medicaid operations and MMIS functions. Peter is a certified PMP and Six Sigma Black Belt. He holds an MBA and is in the process of attaining an MS in Information Systems.	12 / 12	Exceeds
Claims Operation Manager	An Iowa native with 10 years of Iowa MMIS experience, and 5 years spent managing the Iowa Medicaid claims team, Joselyn is a strong leader, who managed teams, projects and collaborated with state and IME contractor staff. A highly adaptable team member, Joselyn is skilled at defining and leading efforts to implement changes. She has strong background in defining process efficiencies.	10 / 5	Meets



Project Oversight	Experience	Total Years / Years Relevant Experience	Meet/Exceed RFP Requirements
Systems Manager	Shyam brings 16 years of experience in healthcare, including work on Iowa’s current MMIS. Shyam supported IME’s MIDAS Project to make certain that Iowa’s current MMIS is compliant with HIPAA 5010 and NCPDP D.O requirements. Having worked with the current MMIS, Shyam brings a wealth of instructional knowledge and expertise of the data elements, which would facilitate a smooth takeover and transition to the replacement MMIS.	16 / 6	Exceeds
Quality Assurance Manager-Operations	With over 5 years of experience in QA function for claims processing within large regional health insurer, Joble brings a quality focus to the IME Legacy Operations. He led a six sigma project to analyze anonymous patient data to identify current compliance rates and associated risk to patients and implemented statistical process controls & score cards for suppliers participating in development programs.	12 / 5	Exceeds

In addition to meeting the Agency’s requirement to provide named key personnel for the MIDAS Project, we have identified functions that are essential to the success of the MIDAS Project in Table 5-14. We provide individuals who have the requisite experience and strong commitments to Iowa, since we include Iowa natives and residents.

Table 5-14. Accenture’s essential staff is also 100 percent dedicated to the MIDAS Project and are committed to support the Agency’s healthcare delivery efforts.

Name	Project Role	Experience
[Redacted]	Takeover Manager	Richard has more than 35 years of experience of federal government, state, not-for-profit and private sector experience in healthcare IT systems, with over 11 years of senior supervisory experience for MMIS projects in five states. He has 3 years of experience in Tennessee as a State CIO, serving two governors, with MMIS ACD program oversight. Richard brings valuable on-the-ground exposure to IME’s Des Moines operations from his work with Accenture in 2011. Richard is the author of the 1st and 2nd Edition “Managed Care Dictionary.”
[Redacted]	Business Solution Manager	Andrea is a PMP-certified project manager with 15 years of Medicaid information technology experience, 11 years of management experience, and 16 years of healthcare industry experience. Andrea also brings valuable on-the-ground exposure to IME’s Des Moines operations from her work as Deputy Implementation Manager for the MMIS implementation using the MITA-driven, SOA-based APHP solution we propose. She understands the IME and served as the Business Solution Manager for the mobilization phase of a strategic MMIS implementation.
[Redacted]	Business Analyst	Minh brings 6 years of experience in the health care industry and has worked on several IME initiatives, including designing and testing solutions for implementing the Iowa Electronic Health Record Medicaid Incentive Payment Administration system and delivering user requirements and user acceptance for the Iowa Provider Enrollment Renewal in 2012.



5.2.3.1 Project Manager and Key Personnel

4.3.5.2.3 Information about Project Manager and Key Project Personnel.

Include resumes for these personnel. The resumes shall include: name, education, and years of experience and employment history, particularly as it relates to the Scope of Work specified herein. Resumes should not include social security numbers.

In Section 5.2.3, Project Manager and Key Personnel, Accenture named key personnel for the MIDAS Project. We confirm that key personnel assigned to this project are available for assignment for the IME Services and System contract on a full-time basis and are 100% dedicated to the MIDAS Project.

We present key personnel resumes on the following pages in the order shown below. The resumes provide the employment history for all relevant and related experience, names of employers, including specific dates, educational institutions attended and degrees obtained, and professional certifications and affiliations

■ MIDAS Key Personnel

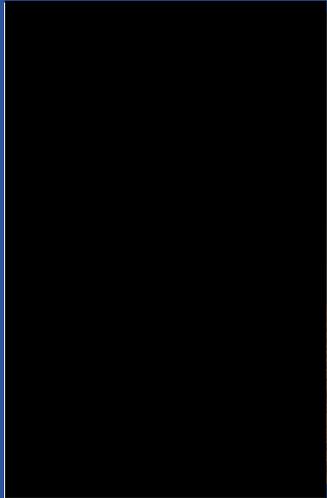
- [Redacted] MIDAS Account Manager
- [Redacted] System Implementation Manager
- [Redacted] Project Manager for the PMO/Deputy Account Manager
- [Redacted] Quality Assurance Manager, Start Up and Implementation/Certification/ACD
- [Redacted] Data Conversion Manager
- [Redacted] Interface Manager
- [Redacted] Testing Manager
- [Redacted] Communications Manager
- [Redacted] Certification Manager

■ MMIS Operations Phase Key Personnel

- [Redacted] Operations Account Manager
- [Redacted] Claims Operations Manager
- [Redacted] Systems
- [Redacted] Quality Assurance Manager



Employment History



Proposed Position:
MIDAS Account Manager

100% Dedicated

25 Years of Experience

- ▶ 14 years of Medicaid Experience
- ▶ 9 years of experience as an Account Manager
- ▶ Native Iowan
- ▶ Account Manager for MIDAS
- ▶ APHP experience

Dates: August 2011 – Present

Title: ELIAS Certification Manager, Accenture; MIDAS Account Manager, Accenture

Description:

Iowa Eligibility System Services and Medicaid Enterprise system Services

- > Direct contract-wide activities on the Iowa MIDAS MMIS project overseeing project activities
- > Coordinate ELIAS CMS certification activities, coordinate testing, interface development and communication with Federal development teams for Federal Hub interfaces

Dates: February 2007 – August 2011

Title: Account Manager, ACS

Description:

Iowa Medicaid – Health Insurance Exchange, Electronic Medical records, Management, Managed Care, HIPPA 5010, Services (CHFS)

- > Led team responsible for over \$1 billion of healthcare-related government infrastructure proposals
- > Developed marketing and technical solution strategies for healthcare informatics
- > Led project teams, which included multiple vendors, through requirements analysis, design, build, test, and deployment of the solutions

Dates: June 2006 – February 2007

Title: Account Manager, Noridian

Description:

Iowa Medicaid

- > Developed and maintained client business partnership at the highest executive level
- > Supported collaborative environment with IME partners to deliver service excellence

Dates: February 2006 – June 2006

Title: Project Manager, Fox Systems

Description:

Iowa Medicaid

- > Project lead for Iowa Medicaid National Provider Identifier (NPI) project

Dates: July 2005 – February 2006

Title: Operations Director, GHS Data Management

Description:

Iowa Medicaid

- > Managed Pharmacy Benefits Management (PBM) team and call center
- > Directed integration project for PBM and MMIS interfaces



Dates: August 1999 – July 2005

Title: Account Manager, ACS

Description:

Iowa Medicaid

- > Leader for the Iowa Medicaid Fiscal Agent operations
- > Turnover manager for the transition from the ACS fiscal agent to the IME

Dates: February 1999 – December 2005

Title: Adjunct Professor, William Penn University

Description:

College-level Instruction

- > Designed and taught curriculum for Bachelors and Associate Degree programs: Contemporary Management Theory, Lean Management Theory, Leadership, Systems Integration, Systems Analysis and Design, Database Administration, Operating systems and Networks, Small Systems Technology, Internet Development, Microsoft Office, and Business Ethics

Dates: May 2000 – December 2005

Title: Adjunct Professor, Upper Iowa University

Description:

College-level Instruction

- > Designed and taught curriculum for Bachelors and Associate Degree programs: Contemporary Management Theory, Lean Management Theory, and Leadership

Dates: April 1993 – May 1998

Title: System Developer, The Principal Financial Group

Description:

Global Services

- > Led development team for Principal Global Services
- > Implemented global insurance application on time and within budget

Education

Drake University

MBA, Marketing/Management Information Systems

Upper Iowa University

BS, Business Administration



Employment History

Dates: June 2010 – Present

Title: Delivery Management Program Manager, Accenture

Description:

Texas Health and Human Services Commission (HHSC),
Texas Medicaid and Healthcare Partnership (TMHP)

- > Accountable for the successful delivery and management of a program of MMIS-enterprise wide projects
- > Manage program and project risks and issues; drive management of issues and risks to resolution
- > Coordinate and drive client communications regarding program initiatives and status
- > Coordinate development and validation of work estimates and work plans
- > Analyze solution options, drive solution design and confirm enterprise solution acceptance
- > Adhere to scope change process
- > Accountable for client satisfaction
- > Develop, document and obtain signoff on new change orders

Dates: November 2008 – June 2010

Title: Delivery Management Project Manager, Accenture

Description:

Texas HHSC, Texas Medicaid and Healthcare Partnership

- > Planned and drove the completion of large system enhancements/contract change orders by leveraging resources across multiple organizational entities
- > Drove solution design and acceptance for projects including software integration across multiple systems, hardware infrastructure, and networking
- > Managed all phases of the systems development life cycle (SDLC) from system design and architecting through post-implementation support
- > Oversaw the completion of MMIS projects completed by junior project managers
- > Applied Accenture Delivery Methods (ADM) and CMMI (Capability Maturity Model Integration) standards to complete projects on time and within budget
- > Achieved client satisfaction through proactive issue resolution and effective communication regarding project challenges
- > Managed project issues and risks, including developing mitigation plans and driving to closure
- > Worked with executive leadership and clients to identify, document and execute new change order opportunities

Proposed Position:
*Systems
Implementation
Manager*

100% Dedicated

**13 Years of
Experience**

- > 10 Years of MMIS-related experience
- > 7+ years managing MMIS projects/ programs
- > 13 years supporting Health and Public Service initiatives
- > Led multiple enterprise-wide initiatives for Texas MMIS
- > Experienced in all phases of SDLC



Dates: February 2006 – October 2008

Title: Web Applications Team Lead, Accenture

Description:

Texas HHSC, Texas Medicaid and Healthcare Partnership

- > Organized and managed the day-to-day operations of a large system development and maintenance team focused on web-based technologies
- > Implemented system enhancements including coordinating system architecture, hardware dependencies, security, and networking
- > Worked with internal and external customers to drive system enhancements based on their organizations needs and vision; ultimately responsible for client satisfaction and acceptance
- > Supported system enhancements after implementation
- > Completed estimates and work plans for web-based system enhancements

Title: Team Lead – National Provider Identifier (NPI) Change Order

- > Organized and managed activities of up to 30 team members throughout the lifecycle of a complex system modification to account for NPI remediation (from analysis through deployment support)
- > Developed and implemented work plan for project team, including resource allocation and associated costs
- > Coordinated analysis and implementation of modifications to network and hardware infrastructure to support software enhancements
- > Worked closely with client and internal stakeholders to define project scope, and identify and resolve issues and risks related to the project
- > Maintained ultimate responsibility for deliverables submitted to client by team
- > Managed each phase of the project lifecycle, including analysis, build, test, deployment, and post-production support

Title: Lead business Analyst – Web Applications Team

- > Organized and lead efforts for Web Applications business analysts (BA)
- > Managed day to day efforts of Web Applications team BAs, including all activity related to portal strategy projects. This includes work planning, scheduling resources, communication planning and deliverable completion
- > Lead analyst on all portal strategy initiatives; includes working closely with Accenture and the Client executives to ensure project goals are met within complex constraints
- > Worked closely with team architects and developers in managing maintenance and modification requests
- > Coordinated activities between Web Applications team, operational departments (Medical Affairs, Claims Service, Providers Services) and other technical teams (e.g., claims support team, enrollment support team) during completion of modification requests

Title: Team Lead – PCCM Web Interface Team (WIT)/Testing Team

- > Managed PCCM WIT and PCCM Testing teams, including work planning, deliverable completion, communication and managing day-to-day operations of teams



- > Worked closely with multiple clients to understand, plan for and address changes to business process and applications
- > Managed multiple resources with regard to work products created, managing scope and ensuring work plan dates are met
- > Completed business analyst functions for WIT supported applications, including Phoenix, Portal, AIS and Avaya
- > Managed PCCM testing activities, including overall testing strategy, detailed test planning, test execution and test reporting

Title: Senior Business Analyst – Web Interface Team (WIT)

- > Worked with Operations and State clients to analyze, design and test enhancements to multiple applications (including TMHP Portal) and the corresponding business processes
- > Identified, prioritized and prepared TMHP Operations groups for change activities related to business process changes and/or technology changes
- > Prepared communications and change analysis documents related to application and/or business process changes
- > Managed large service request (SR) modifications, including SR budget, scope and resource allocation
- > Worked planning for large service requests

Title: Senior Project Transition Consultant

- > Member of the TMHP Transition team for the successful transition and initiation of Texas Medicaid contract from incumbent to Accenture

Education

University of Texas at Austin
BBA, Management with a minor in Finance



Employment History

Dates: June 2013 – September 2013

Title: Change Management Project Manager

Description:

Hawaii Health Connector (HHC)

- > Worked with the HHC leadership team to assess the existing organization and develop the operational organization structure.
- > Coordinated with HHC leadership to develop a governance approach, including a regular schedule of meetings and activities for the organization
- > Developed and implemented the rollout plan to communicate the new organization structure, roles and responsibilities to the HHC staff

Dates: March 2013 – May 2013

Title: Project Management Office (PMO) Manager, Accenture

Description:

Iowa ELIAS

- > Developed and rolled out the formal deliverable development process for the ELIAS team
- > Oversaw standard project management processes including work planning, risk and issue management, scope control, stakeholder management, communications management, forecasting and financial management
- > Led development of the ELIAS project work plan

Dates: February 2012 – March 2013

Title: Project Manager for the PMO/Deputy Account Manager, Accenture

Description:

Iowa Medicaid Data Administration Solution (MIDAS)

- > Successfully mobilized the Accenture MIDAS Project team
- > Implemented and oversaw standard project management processes including work planning, risk and issue management, scope control, stakeholder management, communications management, forecasting and financial management
- > Implemented the deliverable development and review process
- > Coordinated the implementation and configuration of the Rational suite of tools to support standard project processes, tracking, and reporting

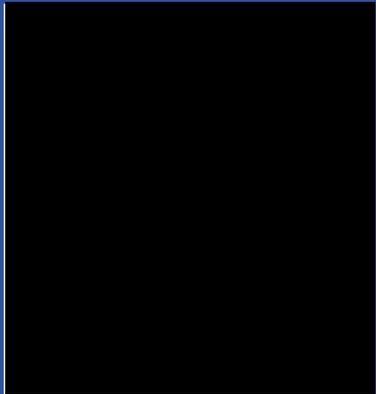
Dates: March 2009 – December 2009

Title: Project Manager, Accenture

Description:

Kentucky Cabinet for Health & Family Services (CHFS) – Kentucky Access, Accuracy, and Accountability Project Security Foundation

- > Led combined Accenture/Avanade team through requirements, design, build, test, deploy and implementation of a single sign-on solution for eligibility systems used by the State of Kentucky CHFS
- > Developed and maintained the project work plan for the Kentucky Access, Accuracy, and Accountability Project Security initiatives



Proposed Position:
Project Manager for the PMO

100% Dedicated

15 Years of Experience

- 5 years of PM experience managing MMIS from initiation to post-implementation
- Project Manager for PMO/Deputy Account Manager of prior MIDAS Project
- Project Manager, Kentucky Medicaid PMO
- 13 years using Microsoft Project
- PMP certified
- APHP experience



Dates: July 2007 – April 2009

Title: Project Manager, Accenture

Description:

Kentucky CHFS–Medicaid Operational Support Services (MOSS)

- > Directed a team of Accenture resources to deliver Program Management services for Kentucky’s Department for Medicaid Services (DMS)
- > Managed project’s day-to-day operations, including project staffing, financials, delivery schedule, and client expectations
- > Defined key performance indicators and performance ranges for four major Kentucky Medicaid contracts: Medicaid Management Information System (MMIS), Utilization Management (UM), Kentucky Medicaid Administrative Agent (KMAA), and Pharmacy Benefits Management (PBM)
- > Provided Kentucky Medicaid Commissioner and Medicaid Directors with detailed assessment of Medicaid program performance, identified performance issues, and recommended issue resolution
- > Facilitated cross-project coordination between DMS and two vendors providing Medicaid services: MMIS and UM - EDS, PBM and Call Center and Provider Credentialing - First Health
- > Managed delivery of weekly performance metrics and operational reports on MMIS, UM, PBM, and Call Center and Providing Credentialing
- > Developed detailed project work plans used to track and report status on key Medicaid initiatives, including the project plan used to prepare for the CMS Certification Review of the new MMIS system
- > Developed and implemented a comprehensive change control and release management process used across all four major Medicaid contracts

Dates: April 2005 – June 2007

Title: Project Manager, Accenture

Description:

EDS – Kentucky Medicaid PMO

- > Managed team of multiple Accenture resources to provide overall PM support for EDS Kentucky Legacy Transition, UM Transition, Interim DSS, and new KY MMIS Design, Development, Implementation (DDI) projects
- > Defined, documented, and implemented standard project management processes to plan and track project status for EDS and DMS leadership
- > Developed and managed work plans for each of three projects, including conducting walkthroughs of the work plans with EDS and representatives of the Kentucky Department of Medicaid Services (DMS)
- > Implemented/managed risk and issue tracking process for three projects, including weekly review meetings with EDS and DMS representatives
- > Provided QA oversight and support in developing Legacy Transition, UM and DDI deliverables
- > Defined, documented, and implemented the approach for Testing and Go-Live "War Rooms" for the Legacy Transition and New KY MMIS DDI projects



Dates: May 2001 – January 2005

Title: Technical Team Lead, Accenture

Description:

US Air Force – Financial Information Resource System (FIRST)

- > Organized and led technical teams working on design, implementation, and deployment of the FIRST 2.0 budgeting system for the USAF
- > Coordinated technical design of the application across development teams
- > Coordinated with technical counterparts for the GCSS-Air Force Integration Framework (IF) for compliance with IF architecture and security standards
- > As Implementation Manager, led technical teams working on design, implementation and deployment of FIRST 1.0 (EDV) query and reporting system for USAF
- > Led software development team through design & implementation of J2EE-based accounting application deployed on WebSphere Application Server
- > Planned/executed regular software maintenance releases of a custom/COTS reporting application, including creating work estimates, release schedules and deployment plans

Date: March 1999 – May 2001

Title: Rollout Team Lead, Accenture

Description:

Chase (Formerly Bank One) - Rollout

- > Worked with multiple teams across Bank One to build a new corporate-wide testing environment and populate it with sample account and customer data
- > Developed web-based customer service application for online banking representatives using Java/J2EE architecture, JSP, WebSphere Application Server, IBM MQ Series and a DB2 database
- > Led team of developers through design, code, and test activities over 4 release cycles

Dates: October 1998 – March 1999

Title: Systems Developer, Accenture

Description:

Integrated Maintenance Data System

- > Developed front-end pieces of prototype web browser-based data warehouse applications for the USAF
- > Created fully functional prototypes, reviewed application prototypes to identify changes and developed and deployed final applications

Education

Wright State University

BA, Liberal Arts

Project Management Professional (PMP) Certification, Project Management Institute, 2010



Employment History

Dates: July 2013 to Present

Title: Divisional Director of ICD-10 Implementation, Mercy Health Network, Catholic Health Initiatives

Description:

Provide direction for divisional ICD-10 implementation

- > Drive divisional project work plan; support the Divisional ICD-10 Executive Steering Committee, Core Team, and Divisional Work Group Leads
- > Assist divisional work groups with documenting progress, risks, issues and decisions
- > Oversee and manage unit/integration system test plan

Dates: February 2013 to July 2013

Title: Senior Consultant, CSG Government Solutions

Description:

Project Oversight, Management, and Integration (POMI) for new eligibility system (ELIAS) for the Iowa Department of Human Services.

- > Quality management of deliverables and integration of project teams
- > Oversight of change management, work schedules, issues, gaps and overall status of project

Dates: September 2012 to February 2013

Title: Quality Assurance Manager, Accenture / Iowa Medicaid Enterprise

Description:

Oversight of quality for MMIS (Medicaid Management Information System) replacement project (MIDAS) for Iowa Medicaid Enterprise

- > Coordinated management of quality, efficiency, cost, schedule, and risks among multiple teams; analyzed trends in metrics and recommended corrective actions.
- > Developed approach for MMIS certification compliance; created optimal Service Level Agreements for client

Dates: March 2011 to September 2012

Title: Manager of Quality and Accountability, Telligen / Iowa Medicaid Enterprise

Description:

ICD-10 Manager for Medical Services / Quality Improvement Facilitator for QIO

- > Managed Medical Services component of ICD-10 implementation project for Iowa Medicaid Enterprise, including crosswalk; technical and business requirements; and policy development
- > Consulted and advised hospitals, clinics and nursing homes regarding EMR implementation, electronic data registries, "meaningful use," medical home and Physician Quality Reporting System (PQRS)
- > Served as resource for internal and external customers and liaison between technical and non-technical staff

Proposed Position:
Quality Assurance Manager

100% Dedicated

20 Years of Experience

- > Experience in diverse quality assurance functions with Iowa Medicaid Enterprise and Medicare QIO
- > Quality Assurance Manager on prior MIDAS Project
- > Registered Nurse with Bachelor's degree; extensive training and experience managing healthcare statistics and population health
- > Certified Professional in Healthcare Quality (CPHQ) through AHRQ (Agency for Healthcare Research and Quality)
- > Iowa native



Dates: March 2009 to March 2010

Title: Performance Improvement Director, Iowa / Nebraska Primary Care Association

Description:

- > Educated and facilitated leadership and clinic staff of federally qualified community health
- > Facilitated transition of FQHCs for Medical Home qualification
- > Led multi-clinic process standardization initiative to direct and facilitate implemented network Healthcare Information Technology (HIT or EMR) Implementation Manual for 17 centers in two states

Dates: March 2008 to March 2009

Title: Manager of Family Planning, Visiting Nurse Services

Description:

- > Planned and implemented expansion of outpatient Family Planning Clinics in collaboration with community partners to serve uninsured and under-insured clients
- > Designed position descriptions and selected staff; developing process flow patterns (internal) and strategic growth planning (external)
- > Located and developed sites for new clinics; directed outreach to identify and serve populations in greatest need

Dates: March 2007 to December 2007

Title: Consultant, Risk Management, Midwest Medical Insurance Company

Description:

- > Provided risk management support and education to insured providers (hospital systems and clinics) through individualized focused surveys; group presentations; one-on-one consultation; and newsletters
- > Conducted risk management surveys, with follow up analysis, and recommendations
- > Collaborated with executive leadership to facilitate strategic change implementation in a variety of work cultures
- > Offered support and direction in choice and implementation of electronic medical records

Dates: August 2005 to December 2006

Title: Quality Assurance Specialist, Health Care Excel / Iowa Medicaid Enterprise

Description:

- > Directed post-payment review operations for Iowa Medicaid Enterprise Surveillance and Utilization Review Services
- > Provided high level supervision for provision of outstanding yet consistent health care for Iowa Medicaid recipients
- > Monitored and maintained provider compliance with Medicaid policy and rules

Dates: November 2002 to June 2004

Title: Director of Medical Quality Assurance, Planned Parenthood of the Heartland



Description:

- > Provided leadership to 17 clinics statewide to improve quality of care and level of efficiency, through strategic planning & agency wide paradigm shift
- > Facilitated organizational transition from “medical charity” model to “business” model of operations, balancing quality with cost of care
- > Validated compliance with federal and state regulations, including OSHA, CLIA, Medicaid and Medicare
- > Trained staff on a variety of topics via: one-on-one training, large conference setting, telephone conferencing, or written presentation

Education

**University of St. Francis, College of Health Arts
BS, Health Arts**

**Mercy Hospital School of Nursing
RN Diploma**

Certified Professional in Healthcare Quality (CPHQ) since 2010



Employment History

Dates: July 2013 – Present

Title: Sr. Programmer Analyst, S2Tech

Description:

Iowa Medicaid Management Information System (MMIS)

- > Perform requirement analysis for issues and enhancements
- > Interact with providers, system manager, business analysts, interface managers and customers for the requirements gathering
- > Design the application for batch and online application
- > Develop or modify application as per designs
- > Prepare and execute the test plan and test cases
- > Review the developed or modified applications for production migration
- > Migrate the applications to production

Dates: January 2013 - July 2013

Title: Project Manager, S2Tech

Description:

Xerox State Health Care – Montana and New Mexico Medicaid Management Information System (MMIS)

- > Prepared and maintained the project schedule
- > Planned and scheduled all project activities
- > Prepared and reviewed Requirements Specifications Document and Detailed System Design document
- > Delivered modified project schedule to the State and project team
- > Raised project risks and mitigate them
- > Conducted Joint Application Design sessions to review implementation artifacts prior to delivery
- > Participated with the State management team to discuss the status of the project and go through issues, risk and general topics

Dates: March 2003 – March 2011

Title: Delivery Manager, ACS

Description:

State HealthCare IT Systems - Medicaid Management Information System (MMIS), National Provider Identifier Remediation, Medicaid Eligibility Determination System (MEDS), Fraud Exchange

- > Successfully converted all VSAM data in the legacy MMIS to the modernized DB2 database environment
- > Coordinated with onsite and offshore teams
- > Designed and reviewed the database design and system design documents with the client team
- > Managed all phases of the data conversion, from requirements through final data conversion
- > Prepared the project execution planning
- > Tracked projects as per the project plan and reported the status to the senior management and client

Proposed Position:
Data Conversion Manager

100% Dedicated

21 Years of Experience

- ▶ Current member of Iowa MMIS Support Team
- ▶ 10 years of MMIS experience
- ▶ 7+ years leading legacy data conversion projects
- ▶ S2Tech MMIS level-1 Certified
- ▶ Led two CMMI level 3 appraisals & achieved certification



- > Built and trained the offshore team for maintenance and production support activities
- > Conducted project review meetings with offshore team, on-site team and client team
- > Monitored project implementation
- > Led teams to successfully achieve the ISO certification and CMMI level 3 assessments
- > Facilitated knowledge sharing sessions on domain and technology to team members
- > Facilitated Toast Masters Club sessions to develop communication and leadership skills in team members

Dates: April 1998 – November 2002

Title: Project Lead, Business Software Solutions

Description:

System Conversion for Ace-Ina, System Conversion for AITE-Vestcom, Accounts Automation for PECO Energy, Life Insurance Foundation Technology for GuideOne Insurance

- > Performed analysis and documentation of existing system
- > Developed conversion methodologies and standards
- > Designed and developed automated conversion tools in Java, VB screens and Crystal reports
- > Performed data conversion of COBOL, Assembly programs, JCLs, Group1 products and EZ Letters
- > Performed systems testing, implementation and production support
- > Performed data conversion design, development and execution
- > Mapped data from VSAM database to DB2 Database to map each field, identify gaps and define conversion rules
- > Designed and developed data conversion programs
- > Executed data conversion process in staging area
- > Performed data load into DB2 database
- > Verified data converted from VSAM and flat files to DB2 databases
- > Designed database; stored procedure and Triggers creation
- > Prepared program specifications, test cases for unit and system testing
- > Conducted coding, unit testing and system testing of programs
- > Deployed VB, Crystal reports and MF COBOL programs
- > Prepared and scheduled jobs for complete production look-alike test cycle
- > Performed configuration control, implementation and production support of new system

Education

Central Institute Tool Design, Hyderabad, India
Masters of Technology, Mechanical Engineering

Regional Engineering College (National Institute of Technology), Warangal,
India

Bachelor of Technology, Mechanical Engineering



Employment History

Dates: 2012 to present

Title: Scrum Master, Iowa ELIAS Project, The Palmer Group, Des Moines, IA

Description:

Leading a 7-person Scrum team comprised of developers, testers, data mappers, and business analysts to document, design, build, and test interfaces to new Eligibility System for the Iowa’s Department of Human Services (Agency) as part of Accenture Team. Facilitate Scrum ceremonies including sprint planning, backlog grooming, user story elaboration, sprint reviews, and retrospectives. Guide analysis, design, build, and test activities throughout each two week sprint. Oversaw required project documentation is completed, reviewed, and approved. Resolve or escalate impediments inhibiting Scrum team velocity.

Title: Interface Manager, MIDAS Project, The Palmer Group, Des Moines, IA

Description:

As part of Accenture Team, enhanced the project’s Interface Plan and received the State of Iowa’s approval. Documented several existing interfaces with the current Medicaid system. Created a high-level developer staffing plan to be implemented in the design phase. Implemented a tracking mechanism to store interface information.

Dates: 2004 to 2012

Title: Team Leader IT Applications, Wellmark BCBS of Iowa

Description:

Led and directed a team of 33 developers, business systems analysts, and a delivery manager to enhance, integrate, support, and monitor over 100 distributed applications. Managed project and support budget working cohesively with two peers across three teams. Performed hiring, performance and salary management, planning and coordination, and influenced technical direction to staff and deliver complex projects and to resolve critical production issues

- > Partnered with IT leaders to migrate code development from local machines to virtual servers by creating a 6 developer pilot where development issues were identified, troubleshoot, tested, and resolved resulting reduced onboarding costs, increased developer build performance, flexibility of developing code without corporate hardware, and reduced risks of unplanned data and code releases as both are only stored on servers
- > Collaborated with claims business owner to address workflow issues by creating a proactive planning and prioritization process resulting in improved workflow forecasting and resource assignment, creation of scheduled monthly code releases, and a savings of approximately 3,000 hours
- > Documented the terminology, processes, and procedures needed to implement an external software vendor’s (IET) IT Service Management

Proposed Position:
Interface Manager

100% Dedicated

17 Years of Experience

- 5 years of experience in systems integration and interface development
- Interface Manager on prior MIDAS Project
- Interface Scrum Master on the Iowa ELIAS Project
- Certified Scrum Master
- Iowa native
- APHP experience



- > system (ITSM) to improve incident and problem management resulting in a reduction in the response time for level two and level three resources to take action on escalated helpdesk tickets and the creation of a central knowledge repository which increased the number of tickets resolved on initial call
- > Led the web development for a complex project to successfully launch a new insurance product for individual policy holders under the age of 65 by directing 15 developers working under high stress to meet tight timeframes with changing requirements. Negotiated a last minute web server upgrade increasing application performance
- > Directed a team in the creation of a department wide code review process hosted by Team Foundation Server (TFS) which provided clear tracking of who performed each code review, when, and on which code. Documented required code changes, and verified required code changes were implemented

Title: Business Systems Analyst

Description:

Led requirements solicitation, documentation, and formal signoff for projects, enhancements, and production support changes to human resources and sales commissions' applications. Tested over 30 applications for enhancements and production support implementations. Prioritized and planned IT initiatives, advised business owners of technical capabilities, removed IT barriers, and mitigated risk.

- > Turned around a failing sales commissions' system upgrade by negotiating with the system's vendor to secure needed resources, managing workflow, and handling daily business communications resulting in a successful on-time upgrade

Title: Information Analyst

Description:

Developed code, tested, and created technical documentation for projects, enhancements, and production support initiatives for over 40 web and client server applications.

- > Co-led the overall disaster recovery exercise planning for distributed applications and individually managed the on-site coordination of 10 developers and 30 business testers. Recognized by the Chief Information Officer for improving the communication process by utilizing mobile phones instead of conference lines resulting in faster issue assignment and resolution

Dates: 1997 to 2004

Title: IT Solutions Developer, Electronic Data Systems, Inc., Des Moines, IA

Description:

Supported Wellmark by writing code, creating technical documentation, and



testing changes for small projects, enhancements, and production support implementations for over 40 client server and web applications.

- > Developed a Microsoft Access database to document application specifications, interfaces, vendor information, and developer turnover information resulting in reduced turnover time by 6 hours for simple applications and 20 hours for complex applications

Title: Associate IT Solutions Developer

Description:

Wrote entry level code, tested, and created technical documentation for Wellmark’s projects, enhancements, and production support initiatives affecting over 20 client server applications.

- > Developed a Visual Basic 6 interface to the third party tool “Support Magic” to provide access to key helpdesk, enrollment, and marketing data in one place. Resulted in the retirement of the previous enrollment and marketing applications, improved data integrity due to one point of entry, and a reduction of thirty seconds per helpdesk call

Dates: 1995 to 1997

Title: Provider Automation Information Administrator, Wellmark BCBS of Iowa

Description:

Enrolled physicians’ offices enabling them to transmit claims electronically to Wellmark. Coordinated enrollment project activities involving the help desk, billing, and enrollment teams and maintained the department Microsoft Access database. Trained internal staff on the enrollment of electronic claims submitters through the creation of process flow documentation and one-on-one training.

Dates: 1995 –1996

Title: Group Life Administrator 1

Description:

Coordinated life insurance policy changes between Wellmark, Fort Dearborn, and Medical Life Insurance.

Education

**University of Northern Iowa, Cedar Falls, Iowa
BA in Business Administration**



Employment History

Dates: 2012 – Present

Title: Consultant, Accenture

Description:

- > Supported a large Blue Cross/Blue Shield health plan with health information exchange (HIE) implementation process, analysis and design techniques
- > Developed process, requirements documentation, test planning and defect management
- > Served as the overall Test Lead with regard to quality planning, estimating, and quality plan execution. Provided leadership with daily updates regarding progress. Provided guidance surrounding the overall testing strategy across the program
- > Responsible for and assist with multiple technology workstreams, such as workflow automation, ETL (extract, transform, load) strategy, mapping of current and future state processes
- > Defined and documented end-state process and system
- > Developed a roadmap and identified related investments required
- > Served as primary contact for the client in communicating data requirements and assisted the client in defining the data strategy required to support the client product
- > Completed validation and implementation of hardware and software upgrade and worked on enhancing the client’s customer relationship management (CRM) application

Dates: 2010-2012

Title: State of Georgia (GA) MMIS Systems Analyst, GA Department of Community Health

Description:

- > Analyzed information to determine nature and extent of customer requirements and concerns
- > Developed and/or executes change management plans for transition to new systems
- > Consulted with vendors or technical staff to verify that functionality of automated system is consistent with adherence to laws, regulations, and best practice standards by users
- > Documented business processes for users of new or upgraded system
- > Tested or coordinated testing of new installations or upgrades
- > Assisted in the development of standards and procedures used in development of new or enhancement of existing systems
- > Assisted in development of standards and procedures used in development of new or enhancement of existing systems
- > Provided customer support in the maintenance of systems
- > Administered training for business users
- > Participated in evaluation of new technologies or solutions to improve service and efficiency of systems
- > Researched and analyzed system/user problems by applying a variety of

Proposed Position:
Testing Manager

100% Dedicated

12 Years of Experience

- > 9 years of experience conducting system and user acceptance tests for the Georgia MMIS
- > Former GA Medicaid ICD-10 Implementation Lead
- > 2 years in providing IT support for large corporate organizations





- > analytical and research techniques
- > Participated in establishment of standards and procedures to be used in the development of systems
- > Researched and analyzed system/user problems by applying a variety of analytical and research techniques.
- > Kept supervisor abreast of all customer service representative issues
- > Assisted in development of standards and procedures used in development of new or enhancement of existing systems. Created clear and concise business requirements documentation (BRD) within set timeframes. Confirmed BRD quality by receiving approval from all business owners and stakeholders, including the fiscal agent, if appropriate, prior to posting BRD to iTrace
- > Validated changes in testing prior to production release by creating a test plan after BRD had been approved but before User Acceptance Testing was implemented. Reviewed and approved test plans created by Hewlett Packard within 10 business days of receipt

Dates: 2003-2010

Title: GA MMIS Business Analyst/Field Representative/Pharmacy Benefit Manager (PBM) Analyst, Affiliated Computer Services (ACS)

Description:

Formulated system project scope and objectives and developed, maintained, and published system documentation for internal and external customers. Assisted providers with recoupments, adjustments, and voids. Handled PBM claims and refunds.

- > Prepared test plans, conducted user acceptance tests and confirmed results, including development and interpretation of data sampling plans, test cases, requirement designs
- > Updated International Statistical Classification of Diseases and Related Health Problems (ICD) 9 and ICD 10 diagnosis, and procedure code sets
- > Created and led on-site training programs for Medicaid providers, encompassing usage of ACS claims submission software and Georgia Medicaid policy updates. Performed ongoing support for submissions and reimbursements of Medicaid claims

Dates: 2002-2003

Title: Contract Technical Support Representative, Hewlett Packard

Description:

- > Resolved end-user computer issues ranging from password resets and complex application and operation system problems.
- > Developed and supported corporate CRM Oracle 9i system
- > Analyzed user problems to identify common issues and made recommendations regarding user training, operating system changes, and hardware, software, and services acquisitions



Dates: 2001-2002

Title: Contract Communications Technician, AT&T

Description:

Provided in-depth technical assistance to departmental user support staff, including provisioning and maintaining domestic facility network and high-speed data line

- > Oversaw quality assurance of network and fiber installations, using such file servers as DSTS, TSNOW, T-BERD, TMAS, TIRKS, and SOTS

Education

University of Massachusetts

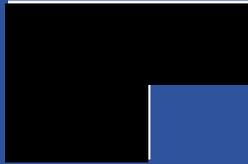
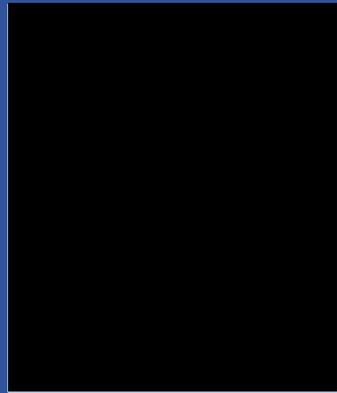
BS, Computer Science

Massachusetts College of Liberal Arts

AS, Computer Science



Employment History



Proposed Position:
Communications Manager

100% Dedicated

11 Years of Experience

- 7+ years of experience in change management, instructional design, and training
- Key author for base product training and MMIS curriculum
- 3+ years of experience in Communication
- Management with State Medicaid
- APHP experience

Dates: May 2013 – Present

Title: Knowledge Management Specialist, Accenture

Description:

- > Direct APHP Competency Framework and training initiative
- > Develop training curriculum for Accenture’s Medicaid software
- > Leverage MITA 3.0 Business Areas and Processes to build learning modules with practical applications for end users

Dates: February 2012 – May 2013

Title: Senior Business Analyst, Accenture

Description:

- > Gathered requirements and guided the long term care initiative to redesign nursing facility screening forms on the portal in accordance with CMS regulations and guidelines
- > Mentored new analysts on Accenture’s software development processes within Texas Medicaid
- > Deployed new testing strategies to enhance efficiency and decrease defects throughout the software lifecycle

Dates: January 2011 – February 2012

Title: Senior Business Analyst, Accenture

Description:

- > Collaborated with project managers, application architects, and lead developers to define performance goals and requirements for Accenture’s new software products
- > Managed system analyst team
- > Strategized and wrote technical/business solution responses to Requests for Proposals
- > Worked with User Experience team members to design portal web content
- > Created and delivered system requirements, workflows, use cases, and wireframes
- > Designed a configurable UI solution with innovative portal functionality

Dates: August 2010 – January 2011

Title: Testing Analyst, Accenture

Description:

- > Led testing initiatives for modifications and enhancements to various MMIS applications, including claims processing, billing, and portal functions
- > Leveraged defect containment model to ensure successful deployments
- > Translated requirements and use cases into test cases for product and user acceptance testing
- > Executed and documented test cases in HP QualityCenter to track full requirements coverage
- > Conducted User Acceptance Test (UAT) review with clients in simulated test environments
- > Oversaw deployments for system modification releases





Dates: September 2009 – August 2010

Title: Business Solutions Management Analyst, Accenture

Description:

- > Worked closely with technical leads to assess current capabilities and identify high-level customer requirements
- > Designed system solutions which enhanced user performance and streamlined business processes
- > Developed requirements utilizing the SDLC process and Accenture Delivery Methodology
- > Identified detailed product functional requirements, use cases, and process flows
- > Peer reviewed project deliverables for quality and compliance with established Capability Maturity Model Integrated (CMMI) project standards
- > Transitioned requirements and use cases to the design team
- > Maintained issue, risk, and process documentation within the project management system

Dates: August 2008 – September 2009

Title: Data Quality Analyst, Measurement and Reporting Specialist, Accenture

Description:

- > Supported the Service Management Team by responding to State Action Request (SAR) initiatives
- > Updated process documentation, including SDLC Analysis work products
- > Led process improvement initiatives to enhance Quality Reviews through cross-team collaboration in the Peer Review Champion Work Group
- > Served as the resident Quality Process Improvement (QPI) SME and coordinated Accenture's quarterly Best Practice Reviews
- > Conducted weekly Configuration Management Audits for service requests in pending deployment
- > Gathered metrics and data for Accenture's annual reports

Dates: October 2006 – August 2008

Title: Training and Performance Support Analyst, Accenture

Description:

- > Used the Instructional System Design Model and the ADDIE process to create training for various teams across Accenture's technology organization
- > Developed computer-based training (CBT) and web-based training (WBT) modules for MMIS applications
- > Worked with Adobe Captivate design tools to simulate real-world business processes and enhance learning experiences
- > Delivered hands-on training for various MMIS applications and topics. Course subjects included: Software Development Lifecycle, Peer Review Process, CMMI, Mercury ITG, TexMedConnect, Claims Process,



TestDirector, MITA, Introduction to Medicaid, and Accenture Leadership Academy

- > Created performance measurement materials and gathered testing metrics

Dates: July 2005 – October 2006

Title: Business Sales Representative

Description:

- > Sold computer hardware and peripherals to commercial businesses
- > Acquired new accounts and provided after-sales support for existing accounts
- > Consulted with clients on high performance hardware solutions for specific business needs
- > Collaborated with Senior Account Representatives, Financial Coaches, and Technical Server Representatives to design innovative sales strategies

Dates: August 2002 – May 2005

Title: Middle School Instructor

Description:

- > Designed rigorous Gifted and Talented curriculum
- > Instructed more than 100+ multi-cultural students with diverse learning abilities
- > Delivered challenging information through a variety of learning modalities
- > Engineered advanced curriculum for gifted and talented students
- > Experience with inclusion program and ESL instruction

Education

University of Texas at Austin

BA, English/Biological Sciences



Employment History

Proposed Position:
Certification Manager

100% Dedicated

34 Years of Experience

- 34 years of experience in Health & Human Services Medicaid claims processing & eligibility determination
- 30+ years of Medicaid-related system design experience
- Management of Texas MMIS system ACD, implementation and Certification
- Lead for CMS Certification of the Texas MMIS
- Strong management and communication skills

Dates: April 2003 – Present

Title: Manager, Accenture

Description: Texas Medicaid Health Partnership (TMHP)

Transition, development and operations, credential management, Accenture Sales Council, relationship development, business development

- > Service management for contracts
- > Lead for day-to-day management of contract operations and performance
- > TMHP local and corporate work order pipeline review, tracking and reporting
- > TMHP pipeline Quality Assurance and Risk Assessment documentation, review and tracking
- > Leadership and development of staff
- > Texas State government agency monitoring and relationship management
- > Texas Legislative and Committee Presentation Monitoring (Health and Human Services Agencies)
- > Medicaid and government industry knowledge
- > MESC (MMIS) Conference Planning and Coordination

Dates: October 2011 – April 2012

Title: Program/Project Manager, Accenture

Description: Kansas Eligibility Enforcement System (KEES) MMIS Interface and MITA-related deliverables

- > Lead responsible for MMIS Benefit Solution Plan
- > Migrated eligibility plan determination logic that was included in the Legacy MMIS to the new Kansas Eligibility Enforcement System
- > Design
- > Rules
- > Interface development
- > Reports development
- > Testing
- > Training development/delivery
- > Technical architecture support
- > Lead Responsible for KEES MITA Maturity Solution Assessment/Report

Dates: January 1979 – August 2001

Title: Various technical and project management roles

Description: State of Texas, State Agencies

- > 22 years of experience in the Texas Medicaid Program and other State Health and Human Services program
- > 20 years of experience
- > Organizational, professional, and technical leadership/management, including staff supervision, training and organization development
- > Project management, systems development lifecycle (SDLC) and systems analysis
- > Systems Management with data processing equipment, networks, procedures, software tools and techniques





- > Understanding, devising and implementing data processing solutions to solve operational, technical or support requirements
- > Strategic planning, contract negotiations, presentations, and meeting facilitation
- > Total Quality Management/continuous quality improvement principles and skill in applying those principles
- > 11 years of experience in Advance Planning Document (APD) /request for proposal (RFP) preparation, bid evaluation, and negotiation
- > Lead responsible for Planning Advance Planning Document (PAPD) (write, gain State approval, submit, State point of contact for CMS questions and answers (Q&A) and approval)
- > Lead responsible for APD (write, gain State approval, submit, State point of contact (POC) for CMS Q&A and approval)
- > Lead responsible for RFP and amendments based on CMS feedback (writing team, , gain State approval, submit, State point of contact (POC) for CMS Q&A and approval)
- > POC for CMS visits to review progress of ACD (Analysis, Configuration, Deployment), budget and implementation
- > CMS Headquarter sand CMS regional levels
- > Lead for CMS Baltimore and CMS local visits and presentations
- > Lead for (Independent) State User Acceptance Testing Team
- > Lead for go/no-go decision/recommendation
- > Lead for CMS MMIS certification reviews/interviews and Q&A
- > Lead responsible for writing RFP and selecting Texas MMIS Development Project IV&V Vendor
- > Lead for PAPD, APD, and internal development of Texas Medicaid Vendor Drug Program (real-time) Automated Claims Processing System, Point of Sale Eligibility Verification (based on National Council for Prescription Drug Programs standards) and Rebate Collection and Accounting System
- > CMS Headquarter and CMS Regional Levels
- > Lead for CMS Baltimore and CMS Local Visits and Presentations
- > Texas Medicaid Managed Care Organization (MCO) System Readiness Review, testing and certification (11 MCOs)
- > Texas Medicaid Managed Care Encounters Submittal System development, testing, metrics and corrective action plans

Education

Attended University of Texas – Pan American



Employment History

Dates: August 2013 – Present

Title: Senior Manager, Health and Public Service, Accenture

Description:

Provide client value creation by applying extensive Medicaid industry expertise to deliver business value on a repeatable basis to Accenture’s clients. Develop quantitative and qualitative strategic business insights, and aid decision-making to maximize client operations and uncover opportunities for improvement. Leverage Accenture’s extensive set of analytical tools and management techniques to recommend and implement improvements to client IT and business functions. Provide subject matter expertise on Medicaid information systems and operational practices.

Dates: April 2006 – August 2013

Title: Program Operations Manager, Virginia Department of Medical Assistance Services (DMAS)

Description:

The Virginia DMAS administers Medicaid and the Children’s Health Insurance Program in the Commonwealth of Virginia. As Program Operations Manager, managed the Virginia Medicaid Program’s operations and MMIS functions, administering six multi-million dollar contracts, supervising 36 personnel, and overseeing operational and IT projects on several national and state healthcare initiatives. Served as a subject matter expert for several MMIS subsystems, operational processes, and enhancements and mentors team members to develop the program’s resources.

- > Improved departmental efficiencies by analyzing business process workflows and recommending changes in operations and MMIS functions
- > Monitored system compliance by maintaining current and accurate information about federal and state regulations affecting the administration of the program
- > Produced position papers, project plans, and briefs and assisted with legislative studies by applying knowledge of healthcare programs and delivery systems

Dates: February 2005 - April 2006

Title: Provider Relations Supervisor, Virginia Department of Medical Assistance Services

Description:

As Provider Relations Supervisor for the Virginia Medicaid Program, administered two contracts and supervised a team of three personnel to support provider relations. He also wrote position papers and reports based on interpretation of Medicaid laws, regulations, and procedures.

- > Maximized productivity through guidance and performance strategies
- > Implemented system changes to accommodate new regulations
- > Monitored performance data from the Provider Enrollment Unit contractor

Proposed Position:
Account Manager-Operations

100% Dedicated

12 Years of Experience

- > 12 years of senior supervisory experience implementing and supporting Medicaid systems
- > 7 years of managing Medicaid operations & MMIS functions in Virginia
- > 10 years of experience in managing Medicaid Fiscal Agent contracts
- > 20+ lectures given on healthcare certification
- > PMP certified
- > Six Sigma Black Belt



Dates: December 2003 – February 2005

Title: Transportation Contract Manager, Virginia Department of Medical Assistance Services / Virginia Medicaid Program

Description:

As Transportation Contract Manager, managed daily operations of the annual \$12M transportation contract, improving performance and efficiencies and monitoring compliance with all contractual duties and responsibilities.

- > Reported contract outcomes based on extensive data collection, financial and statistical analysis, and review of Medicaid policies
- > Co-authored RFP and oversaw establishment of the payment rate structure

Dates: July 1999 – May 2002

Title: Provider Enrollment Contract Manager, Virginia Department of Medical Assistance Services

Description:

Oversaw provider enrollment contracts for the Virginia Medicaid Program and collaborated with 15 provider enrollment personnel.

- > Increased the efficiency of daily operations by developing and implementing new policies and procedures
- > Maintained high standards for contract performance by conducting regular quality assurance reviews and using SAS statistical data analysis

Dates: July 2002 – December 2003

Title: Director of Health Care Certification and Training, Commission on Health Care Certification

Description:

Managed contracts, monitoring contract performance and quality; reviewed accounting functions and analyzed statistical data. Conducted 20+ lectures for seminars on healthcare certification, wrote several books & articles on healthcare certification, & produced policies and procedures manuals.

Education

**Virginia Commonwealth University
MS, Information Systems (2014)**

**Virginia Commonwealth University
MBA**

**College of William and Mary
BBA**

Project Management Professional (PMP) Certification, Project Management Institute

Six Sigma Black Belt



Employment History

Dates: June 2012 – Present

Title: APHP Solution Manager, Accenture

Description:

- > Managed multiple teams of business analysts for analysis and design activities
- > Developed and defined standard processes and document templates
- > Provide Iowa Medicaid context for system changes
- > Led an APHP release for the functional team
- > Served as a SME for Medicaid proposals
- > Led and facilitated analysis/requirements sessions for the prior MIDAS contract
- > Completed and received approval on requirements documentation for the prior MIDAS contract

Dates: 2004 – 2012

Title: Iowa Department of Human Services (Agency) Claims Operations Lead & Business Analyst, Noridian

Description:

- > Managed Iowa MMIS claims adjudication and claims adjustment operations staff of 11 for 5 years
- > Oversaw Agency-defined timeliness guidelines were met and exceeded
- > Defined and implemented process improvements/efficiencies
- > Collaborated with Agency and IME contractor staff for claims and general MMIS questions
- > Served as an MMIS subject matter expert for PERM and other MMIS audits
- > Lead for internal quality audits
- > Gathered and defined requirements for OnBase and MMIS changes
- > Tested changes made to OnBase and MMIS
- > Completed system documentation for MMIS and OnBase
- > Led change request meetings with Agency and IME contractor staff
- > Conducted MMIS and OnBase training sessions for new and existing staff
- > Worked directly with Agency staff members to obtain sign-off on MMIS change requests
- > Increased overall quality percentage for work completed to achieve 99% accuracy

Dates: 2003 – 2004

Title: Provider Relations Representative, ACS

Description:

- > Answered policy and billing questions for providers
- > Responded to mail correspondence with providers
- > Trained new staff members on call procedures and correspondence
- > Performed quality assurance activities on phone calls and correspondence

Proposed Position:
Claims Operations Manager

100% Dedicated

10 Years of Experience

- > 5 years of experience managing Iowa Medicaid claims processing operations & personnel
- > 10 years of Iowa MMIS experience
- > Member of prior MIDAS Project team
- > Increased Iowa MMIS overall quality percentage for work completed to achieve 99% accuracy
- > Iowa native
- > APHP experience



Employment History

Dates: Feb 2013 to Present

Title: Scrum Master Medicaid Interfaces Iowa ELIAS Implementation, S2Tech

Description:

Accenture – Iowa Eligibility Project

Iowa procured a new COTS product as part of the Iowa Integrated Eligibility Solution to replace the legacy eligibility system. The primary role is to provide eligibility interfaces with Medicaid that meet all requirements to support claims processing by MMIS. Tasks are:

- > Work with the Product Owner to identify and set the priority of the interfaces to be developed for Medicaid
- > Review requirements and validate that specifications are developed accurately
- > Coordinate the design activities and get approval from interface partners
- > Mitigate all design, development, testing and validation impediments for a successful interface deployment
- > Provide daily status of interface activities to management

Dates: August 2012 to Feb 2013

Title: Data Conversion Manager, Iowa MIDAS Project, S2Tech

Description:

Iowa MIDAS

Iowa procured a new COTS product, APHP, as part of the Medicaid Integrated Data Administration Solution to replace the legacy MMIS system. The primary role was to analyze and transform the legacy MMIS data to the APHP solution. The role was also to coordinate business decisions needed to cleanse data where there was not a direct conversion of data from the source to the target system. Tasks performed:

- > Coordinated requirements and design sessions with the MIDAS Project team, Legacy MMIS team and various units of the Iowa Medicaid Enterprise (IME)
- > Managed Conversion Team activities and provided status to the MIDAS Project Team and the state Management/Oversight teams
- > Sought approval from all stakeholders for conversion design decisions that would have impact across all IME units
- > Mitigated all design, development, testing and validation impediments for a successful conversion

Dates: October 2009 to July 2012

Title: Project Manager/Programmer Analyst, S2Tech

Description:

ASC X12N HIPAA 5010 and ICD-10 Implementation

The primary role was to make the Iowa MMIS compliant with HIPAA 5010 and ICD-10 requirements and NCPDP D.0 requirements.

- > Performed gap analysis for all HIPAA EDI transactions. Transactions

Proposed Position:
Systems Manager

100% Dedicated

16 Years of Experience

- ▶ 6 years of Iowa MMIS operations experience as manager
- ▶ Data Conversion Manager on prior MIDAS Project
- ▶ Scrum Master on Iowa ELIAS Project
- ▶ Certified Scrum Master
- ▶ PMP certified
- ▶ Iowa resident
- ▶ APHP experience



- > supported by Iowa Medicaid 837P, 837D, 837I, 835, 820, 834, 270/271, 276/277 & 278
- > Performed estimation, analysis, design, coding, unit testing, project planning, and reviews
- > Analyzed and prepared technical specifications based on the gap analysis for HIPAA 5010 and ICD-10 projects
- > Designed and developed code and/or modified the specified MMIS application programs to conform to HIPAA 5010 requirements
- > Responsible for the overall quality and timeliness of the deliverables
- > Identified opportunities for the State of Iowa to collect additional data elements in the 837 EDI transactions for efficient claims data analysis
- > The ability to collect additional data elements in the MMIS claims meant the Iowa MMIS CICS system's COMMAREA went over 32k. To circumvent this issue, used Channels and Containers technique in all Iowa Medicaid MMIS online programs

Dates: October 2008 to September 2009

Title: Lead Programmer/Analyst, Principal Financial Group

Description:

Principal Financial Group – Individual Life Insurance Sector

The Individual Life Insurance sector of the Principal Financial Group company issued and maintained Individual Life Group and Term Life Insurance policies, Annuities and similar products. Life insurance policies were maintained in the system even after 10 years of expiration. The project was to purge such policies from the system across all of the different applications using dynamic SQL developed by the system DB2 architects.

- > Analyzed, designed, coded and tested DB2 purge programs to purge the expired contracts (policies) from the different applications of the Individual Life insurance policies
- > Responsible for thoroughly testing the system
- > Automated jobs to execute QA Hiperstation scripts to verify the test results using REXX and CA-7 Job scheduler
- > Tuned jobs by examining the job performance in BMC Mainview

Dates: December 2002 to September 2008

Title: Lead Programmer/Analyst, S2Tech

Description:

Technical lead on the Iowa, Wyoming and Mississippi MMIS projects. Primary focus was on the Iowa MMIS project. The transition of the MMIS application from the fiscal agent to CORE team (Noridian) was implemented by the beginning of the next State fiscal year 2005. S2Tech personnel played a key role for success of this implementation.

- > Prepared Detailed System Design (DSD) based on the approved System's Requirements Specification (SRS) document for the Managed Health Care subsystem of MMIS
- > Developed a process to migrate source/jobs/SYSINs from the fiscal agent's mainframe to the new state's mainframe



- > Involved in the process of verification of the production data migration
- > Developed automated routines to change the JCL structure for the change from JES3 to JES2
- > Performed a production parallel test between the fiscal agents MMIS and the Iowa State's mainframe for the SURS subsystem
- > Created the entire Configuration Management tools in the mainframe for Panvalet library creation to transferring source from the TEST to System Test to Acceptance Test and Production regions using REXX and ISPF Services. The TEST, System Test and Acceptance Test regions were in different LPARs on one mainframe, the Production system was on a totally different mainframe
- > Led a team of 9 people to maintain the Iowa MMIS post-transition phase

Education

**Karnataka Regional Engineering College, Surathkal, India
Masters of Technology**

**Regional Engineering College, Jalandhar, India
Bachelor of Technology**

**Project Management Professional (PMP), Project Management Institute,
USA, 2008**



Employment History



Proposed Position:
*Quality Assurance
Manager-Operations*

100% Dedicated

**12 Years of
Experience**

- 5 years of experience in QA function for claims processing within large regional health insurer
- Six sigma project to analyze anonymous patient data to identify current compliance rates and associated risk to patients
- Implemented statistical process controls & score cards for development program suppliers
- MBA with 4 courses in statistics

Dates: June 2013 – November 2013

Title: Business Readiness Lead, Accenture

Description: Program management coordination and oversight of development and delivery of training, deployment coordination, and the communications strategy for the organization

Dates: January 2013 – June 2013

Title: Claims and Service Operations Program Value, Accenture

Description:

Supported process/ value architecture performance and analysis, Perform detailed capacity planning & resource allocation to ensure proper staffing and realizing business case savings

Dates: January 2013 – 6 2013

Title: Claims and Service Operations Program Value, Accenture

Description:

Supported process/ value architecture performance and analysis, Perform detailed capacity planning & resource allocation to ensure proper staffing and realizing business case savings

Dates: May 2012 – December 2012

Title: Program Manager, Accenture

Description:

Implemented the 2012 the healthcare reform provisions, completing impact assessment across domains, coordinate and participate in solution design activities related to the all commercial segments

Dates: January 2012 – April 2012

Title: Process Architect, Accenture

Description:

Assist in quality management reviews to ensure all business and design requirements are met; Educate stakeholders to ensure a complete understanding of process designs

Dates: August 2011 – January 2012

Title: Six Sigma Session Lead, Accenture

Description:

Kaizen Facilitator to plan, execute, document, and follow up on all kaizen events to identify differences between business processes and define supplemental requirements to close end-to-end value stream gaps

Dates: August 2011 – October 2011

Title: Change Lead, Accenture

Description:

Conduct current state assessments and defining strategy for enterprise mobile phone text messaging



Dates: December 2010 – August 2011

Title: Claim Recovery, Accenture

Description:

Consultant on the claims overpayment prevention team for a large payer: developing audit queries, audit review and root cause analysis, overpayment solutions, solution compliance and savings tracking of \$50M

Dates: September 2010 – 12 2010

Title: Business Continuity Architect, Accenture

Description:

Work collaboratively with the client to gather functional requirements for a core administration system replacement assessment and assist with the current system assessment, vendor RFI summarization, and recommendations

Dates: January 2009 – June 2009

Title: Employee Health & Safety - Six Sigma Internship, non-Accenture

Description:

Performed a study on the employee TB screening process and implemented process improvement methodologies to increase employee compliance rates and reduce operational risk

- > Analyzed anonymous patient data to identify current compliance rates and associated risk to patients

Dates: March 2008 – December 2008

Title: Worldwide Governance – MBA Internship, non-Accenture

Description:

Managed development and implementation of supplier metrics and project portfolio management at a global pharmaceuticals manufacturer

- > Implemented statistical process controls and score cards for suppliers participating in development programs

Dates: September 2001 – August 2007

Title: Senior Business Analyst, non-Accenture

Description:

Claims processing and quality management operations within a large regional health insurer

- > Developed requirements and criteria for claims capture system for quality review resulting from known system errors and associate processing errors for claims review and adjustments
- > Developed reporting database for measuring claims verification and validation results used to identify weaknesses in data entry, monitor operations impact, and performance of system validation
- > Performed requirements gathering and testing on claims processing, inter-plan, and EDI systems for functionality and adherence to business requirements



- > Developed test bed library of 1000+ reusable test claim scenarios for system regression testing, also reducing testing preparation
- > Tested both professional and institutional claims from systems entry through adjudication and payment systems
- > Facilitated problem log meetings to prioritize issues, monitor progress, and escalation channels
- > Developed mainframe macros scripting to gather claims detail information
- > Prepared external audit, sampling and process clarification

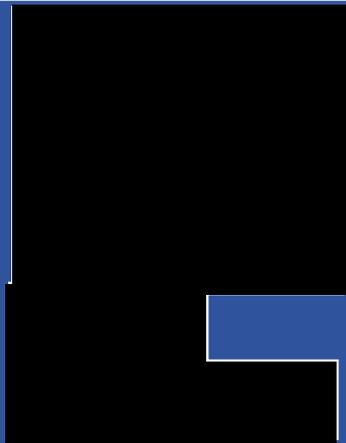
Education

University of Miami School of Business Coral Gables, Florida
MBA , Finance and Management Science, Six Sigma Green Belt

Drexel University Philadelphia, Pennsylvania
BS, Information Science



Essential Personnel



Proposed Position: Takeover Manager

100% Dedicated

35+ Years of Experience

- 35+ years of federal government, state, not-for-profit and private-sector experience in healthcare IT systems
- 11 years of senior supervisory experience for MMIS projects in 5 states
- 13 months as Takeover executive supporting CA-MMIS, the California Medicaid MMIS
- 3 years of experience in Tennessee (TN) as State CIO, serving two governors, with MMIS ACD program oversight
- Author: 1st & 2nd Edition "Managed Care Dictionary" and 1st & 2nd Edition "Health IT"
- PMP certified
- Iowa native

Employment History

Dates: January 2013 – April 2013

Title: Program/Project Manager, Accenture

Description:

State of Kentucky, Kentucky Health Benefit Exchange (KHBE) – Program Support

Joined team during a critical point of expanding support to the KHBE Executive Director and leadership. As Account Manager, served as client executive and led team in Frankfort, KY, overseeing all staffing and financial resources, critical collaboration with healthcare payers, Kentucky Cabinet for Health and Family Services and the Department of Community Based Services, as well as active and productive work engagement with Deloitte and Xerox on the core system and Contract Center.

- > Provided assistance to KHBE in Affordable Care Act budget, Blueprint, and grant requests, yielding \$182M in federal grants for their development of "KYNECT"
- > Anchored a successful team by obtaining "best in the business" recognition and providing on-time deliverables

Dates: July 2010 – September 2011

Title: MMIS Takeover-Services Delivery & Subcontract Management, ACS/Xerox

Description:

Takeover support of California Medicaid MMIS

Spent 13 months on-site for MMIS takeover effort from HP to Xerox:

- > Provided executive-level implementation and subcontractor management leadership (IBM, CGI, and Ingenix), and guided takeover of the IBM Migration Factory "lift-and-shift" for over 100 application components
- > Achieved successful go-live for the CA MMIS project in September 2011

Dates: September 2007 – July 2010

Title: Senior Vice President, US Line-of-Business (LOB) Leader, ACS/Xerox

Description:

Managed national Health Insurance Exchange, Eligibility State Children's Health Insurance Program (SCHIP), and Enrollment Broker (EB) systems and contracts

- > Initially performed turnaround project leadership for client executive engagement on-the-ground with State/vendor teams in (Medicaid) New Jersey Health Benefits Coordinator, Virginia FAMIS, Wash DC MMIS, Pennsylvania Medicaid EB, Connecticut Medicaid EB, Florida Healthy Kids (SCHIP), and Kentucky Health Information Exchange
- > Appointed as ACS' first head of a reorganized vertical, including all LOB operations, profit-and-loss, proposals, and contract negotiation





Dates: October 2006 – April 2007

Title: Program/Project Manager, ACS/Xerox

Description:

NY Regional Health Information Organization (RHIO) support

- > Provided project and contract management leadership, serving Emerging Health IT and Montefiore Medical Center for the project of the Bronx, NY RHIO of multiple hospital-based clients for 3 million payers
- > Application included lab/rad/pharm and dbMotion Master Patient Index

Dates: September 2005 – October 2006

Title: Healthcare Ops & Client Services Lead, Siemens Healthcare Solution

Description: US Southern Region Business Process Outsourcing Executive

- > Regional technology team leadership responsibilities from West Virginia to California, supporting 10 operational contracts of large hospital-based, regional Integrated Delivery Network (IDN) sites, site executives (contract CIOs) and overall contract and service level agreement oversight, strategic and tactical planning and project execution

Dates: November 2004 – September 2005

Title: Contract Manager, CNSI

Description:

Healthcare IT delivery services and MMIS support to Washington, Oregon and Michigan

- > Consulted with small businesses, providing healthcare IT and MMIS leadership on-site and with CNSI leadership team

Dates: February 2002 – October 2004

Title: Deputy Commissioner & Chief Information Officer (CIO), State of TN

Description:

IT consulting and services

- > Supported two governors and State government IT mission for 53 state agencies; led a central IT consulting and services organization of 500 employees and 200 consultants, and a \$150M annual operations budget
- > Responsible for all State PMO functions and oversight for EDS redesign of TennCare MMIS application for 1.3 million members. Active project leadership – from RV sessions to UAT – in the midst of active state legislative statute and policy changes impacting system go-live

Dates: April 1998 - February 2002

Title: Senior Vice-President & CIO, Ascension Health/Catholic Healthcare

Description:

Catholic Health Care System, New York, NY

- > CIO of 6 hospitals/regional medical centers, 8 nursing homes & Integrated Delivery System with preferred provider organization of 2000 physicians

Dates: January 1977 – April 1998



Title: Various healthcare executive leadership roles for projects, such as CHAMPUS redesign and rollout of worldwide government TRICARE-managed care regions (Aetna, Humana, and Foundation Health Plans)

Description:

- > Program Manager, Resources Information Technology Program Office, the Pentagon's Managed Care Government Payor backbone systems. Requested by Air Force (AF) Surgeon General to form and lead new TRICARE compatible systems office for all managed care financial systems and HR \$230M lifecycle, integrating and eliminating 23 legacy systems, 230 vendor staff from EDS, Northrop, SAIC, Lockheed, and SRA (1997-98)
- > DoD TRICARE Senior Program Analyst, Capitation Financing formed new federal catastrophic risk pool model (1996-97)
- > INOVA Health System Managed Care Executive Senior Fellowship to support contracts & technology for 10 regional/national Payers (1995-96)
- > Community Hospital CEO and Board Member of Northern California regional TRICARE managed care with 450,000 covered lives (1993-95)
- > CEO of large outpatient clinic in Pope Air Force Base, and state chair of Carolina Sandhills American College of Hospital Administrators (1991-93)
- > Worldwide Operations Chief, DoD Aeromedical Evacuation Syst (1988-91)
- > Supported Secretary of Defense for Health Affairs for healthcare –Policy & Technology for 122 hospitals & 550 clinics for Army, Navy, and AF. Led first delivery of worldwide Master Patient Index-DEERS, first automated DoD Non-Availability System referral system (1985-88)
- > Hospital rotations leading all major departments: Logistics, Finance, Patient Admin, Managed Care, and IT Systems (1977-84)

Education

University of Southern California
MS, Systems Management

Augustana College
BA, Religion and Theology

Louisiana State University
AS, Computer Sciences

Waldorf College
AA, English

Project Management Professional (PMP) Certification, Project Management Institute (initial in 2005; recertified in November 2012)



Employment History

Dates: November 2013–Present

Title: Senior Manager, Health and Public Service, Accenture

Description:

- > Provide delivery leadership and consulting
- > Provide Medicaid subject matter expertise and business development support, proposal development, and oral presentations to prospective State clients

Dates: August 2013 – October 2013

Title: Director, Consulting, US Government Markets, CGI

Description:

- > Served as delivery consultant and business development support for Health Insurance Exchange (HIX), Integrated Eligibility (IE) and Medicaid Management Information System (MMIS) projects
- > Served as interim release manager for the State of Vermont VT Health Connect project

Dates: September 2011–June 2013

Title: Senior Manager, Health and Public Service, Accenture

Description:

- > Served as Deputy Implementation Manager for Iowa Medicaid Enterprise MMIS implementation using new MITA-driven, SOA-based COTS solution
- > Served as Business Solution Manager for mobilization phase of a strategic MMIS implementation
- > Provided business development support including proposal development and oral presentations to prospective State clients

Dates: January 2010–September 2011

Title: Account Manager, State Government Services, Bloodhound Technologies, Inc.

Description:

- > Provided oversight of dedicated State Government Services team and client portfolio, including 10 active Medicaid engagements in addition to other multi-state health initiatives
- > Provided business development and sales support for burgeoning government services practice including proposal development, product demonstrations and sales presentations, and strategic planning
- > Chair for National Medicaid EDI Healthcare Sub-workgroup on National Correct Coding Initiative
- > Led a matrixed team of project management, clinical consultants, business analysts, data analysts, and technical integration professionals to successfully deliver SaaS-based claims editing and analytical solutions for government and commercial clients

Dates: December 2008–December 2009

Title: Web Development Manager, CSC

Description:

Proposed Position:
Business Solution Manager

100% Dedicated

17 Years of Experience

- 17 years of healthcare industry experience
- 15 years of Medicaid IT experience
- 11 years of management experience
- Deputy Implementation Manager for prior MIDAS Project
- PMP certified
- APHP experience



- > Led a web development team of approximately 15 staff working in Java web applications, .NET applications, user interface design, Web services, and Microsoft SharePoint
- > Responsible for successful implementation of two of three “early implementation” initiatives on the project; delivered these production web portals within 4 and 8 months of contract award

Dates: December 1999–December 2008

Title: Various Technical & Business Management Roles, ACS

Description:

Enterprise Portfolio Manager, **Business Development: Co-managed Government Healthcare Solutions portfolio of products and services, specializing in Enterprise product solutions**

- > **Enterprise Functional Lead, Business Development Support:** Provided Health Enterprise subject matter expertise in support of business development objectives
- > **Business Support Manager, Enterprise Project:** Led three Atlanta-based teams – Quality Assurance, Documentation, and Learning – for large-scale, company-wide initiative to develop new Medicaid Management; prepared and maintained project plans, work estimates, and budgetary forecasts Information System product
- > **Project Manager, NC Division of Facility Services:** Managed large-scale system development initiative combining ground-up development and system integration activities for State government client; prepared and maintained management control (business planning and scheduling) systems and implemented standard project practices for status reporting, risk management, issue tracking, and work plan management, and change management; led team of 15 technical and business professionals in achievement of project objectives and mentored team members in best practices for gathering and refining requirements and establishing design specifications
- > **Integration Test Coordinator/Interfaces Lead, North Carolina MMIS:** Served dual role as Lead Business Analyst for Interfaces team and Integration Test Coordinator for highly-visible, multi-million dollar State Medicaid contract; Developed a comprehensive interfaces inventory database to catalogue interfaces and document specifications relevant to developers, testers, clients, and other stakeholders; confirmed testing-related project deliverables and milestones were met on time and to quality specifications, including publication of comprehensive System and Integration Test Plan
- > **Project Manager, Web Solutions Group:** Managed US Department of Labor and Mississippi Envision Web portal projects, including requirements gathering, design, system development, implementation, training, and turnover; supervised day-to-day activities of 10 project staff; met project deliverables and milestones on time and within budget; participated in ACS software process improvement initiatives, including CMM-based Software



Quality Assurance and Software Configuration Management activities

- > **Business Analyst Team Lead, Web Solutions Group:** Led team of Web Business Analysts in requirements gathering and design review sessions for Mississippi Medicaid project, including developing system use cases, analyzing Web-based HIPAA transactions, and interacting with client to confirm and refine system specifications; collaborated with teams in Atlanta, Georgia; Eagan, Minnesota; and Nashville, Tennessee in evaluating automated testing tools for load and regression testing; represented company at National MMIS Conference to develop new business and interface with industry experts on HIPAA and web technology issues
- > **Business Analyst, Web Solutions Group:** Conducted requirements gathering, Web prototyping, design documentation, front-end Web development, system testing and documentation, user acceptance test training, and development and execution of training plan for Wyoming EqualityCare (Medicaid) project; executed detailed system testing, tracked defects, and assisted in resolution of HTML, JavaScript, and JSP issues for multi-state Web portal project and New Mexico Medicaid Web project; performed front-end development of Web-enabled Florida Medicaid Provider Enrollment application; assisted in onsite turnover and technical training
- > **Business Development Analyst, Decision Support Systems:** scheduled, coordinated, and presented Decision Support Systems solutions at industry events and conferences to develop new business

Dates: October 1998–December 1999

Title: Business Process Analyst, eServices Group Inc.

Description:

- > Analyzed business processes and health care information system core functionality, including analysis and prototyping of Internet-based Eligibility Verification System pilot for a state Medicaid agency

Dates: October 1996–October 1998

Title: Medical Secretary, Surgical Associates Inc.

Description:

- > Worked with physician practice management system to manage appointment scheduling, post-surgical procedures, and produce health care billing
- > Assisted surgeons with in-office care of surgical patients

Education

**Towson State University
BA, Psychology**

Project Management Professional (PMP) Certification, Project Management Institute , 2005



Employment History

Proposed Position:
Business Analyst

100% Dedicated

7 Years of Experience

- Business Analyst on prior MIDAS Project
- Medicaid functional subject matter expert
- APHP subject matter expert
- Designed/tested Iowa Electronic Health Record Medicaid Incentive Payment Administration system
- Delivered user requirements & user acceptance for Iowa Provider Enrollment Renewal in 2012
- Organized 2012 Iowa e-Health Summit
- Iowa resident

Dates: July 2012 – Present

Title: Business Process Development Specialist, Accenture

Description:

- > Conduct user requirement verification and validation with client
- > Create project artifacts, including Business Design and Functional Design
- > Prepare test data and executing test scripts in Development, Product and UAT environments
- > Act as a catalyst for process improvements through the management of existing and new standards
- > Maintain requirements traceability using Accenture Delivery Methods standard tools
- > Subject matter expert on the Accenture Public Health Platform (APHP) product
- > Medicaid functional subject matter expert providing support to developers and testers
- > Lead in training and knowledge transfer of US Health and Medicaid program and policies
- > Support common processes and circulation of best practices across teams
- > Served as Business Analyst on prior MIDAS Project

Dates: September 2011 – July 2012

Title: HITECH (Health Information Technology for Economic and Clinical Health) Analyst, MAXIMUS

Description:

- > Researched requirements analysis, and made recommendations for patient portal integration with the health information exchange and health information network
- > Designed and tested solutions for implementing Iowa Electronic Health Record Medicaid Incentive Payment Administration system
- > Organized the Iowa e-Health Summit 2012 with participations from 214 health care providers and industry leaders

Dates: June 2010 – September 2011

Title: Analyst, Policy-Studies, Inc.

Description:

- > Analyzed, designed and documented technical specification on developing systems and processes that succeeded in delivering user requirements and user acceptance for the Iowa Provider Enrollment Renewal 2012 project
- > Functional and communications lead in planning, evaluating and procuring a new web content management platform for the Iowa Department of Human Services
- > Initiated and supported efforts to standardize corporate communications, forms, styles and banding across the entire organization as a communications steering committee member



Dates: May 2008 – June 2010

Title: Associate Business Analyst, Policy-Studies, Inc.

Description:

- > Analyzed trends of enrollment staff productivity, resulting in new process improvements ensuring that all applications, electronic fund transfers and correspondence met service level agreements
- > Successfully delivered the \$20,000 Consumer Directed Attendant Care training DV to client. Managed all aspects from sourcing and procurement, video scripts and postproduction of 10,000 DVDs
- > Key member on procurement team providing analytics on provider satisfaction, attrition rates and contract compliance

Dates: November 2006 – June 2007

Title: Distributed Computer Operations Manager, RIT

Description:

- > Supervised and managed security of over 180 assistants and 17 computer labs servicing 20,000 students daily
- > Responsible for hiring, scheduling, and staffing Lab Assistants, Lab Supervisors and Office Assistants
- > Documented standard operating procedures for operating technical equipment
- > Sustained high level customer satisfaction while ensuring security of equipment and safety of staff

Education

Rochester Institute of Technology

**MBA, Technology and Environmental Sustainability Management
(Magna Cum Laude)**

Rochester Institute of Technology

BS, Business Administration with major in Finance (Magna Cum Laude)



5.2.3.1.1 Letters of Commitment for Key Personnel

4.3.5.2 Personnel.

Resumes, along with letters of commitment for key personnel, must be supplied with the Bid Proposal in this section.

We provide letters of commitment for our key personnel from Accenture and our subcontractor, S2Tech personnel on the following pages.



Accenture LLP

1501 S. MoPac Expressway
Austin, TX 78746
accenture.com

November 27, 2013

[REDACTED] - Issuing Officer
Chief – Bureau of Service Contract Support
Iowa Department of Human Services
Hoover State Office Bldg. – First Floor South

[REDACTED]
Re: Key Personnel Letter of Commitment for Iowa Medicaid Enterprises System and
Services Project (RFP MED-14-004)

[REDACTED]
In the event of a contract between the Iowa Department of Human Services and Accenture for the
Medicaid Management Information System (MMIS) project, I intend to work on the project as
proposed.

Sincerely,
[REDACTED]



Accenture LLP

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Austin, TX 78746
accenture.com

November 27, 2013

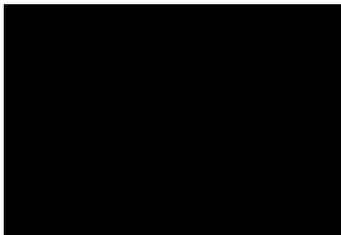
[REDACTED] Issuing Officer
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Iowa Department of Human Services
Hoover State Office Bldg. – First Floor South



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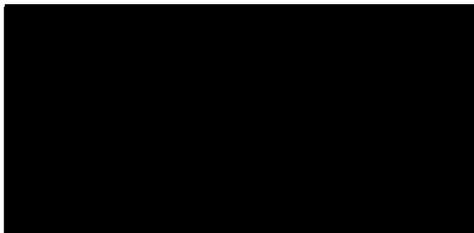
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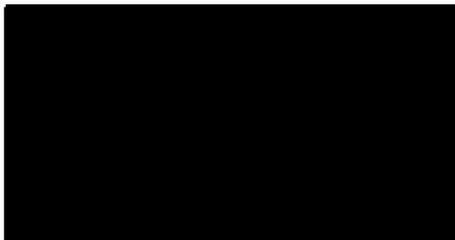
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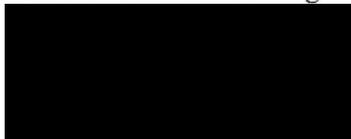


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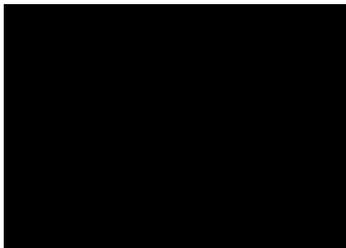
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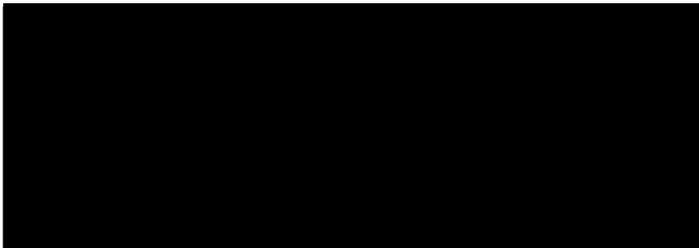
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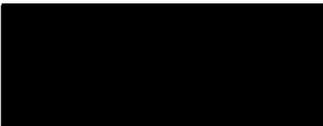


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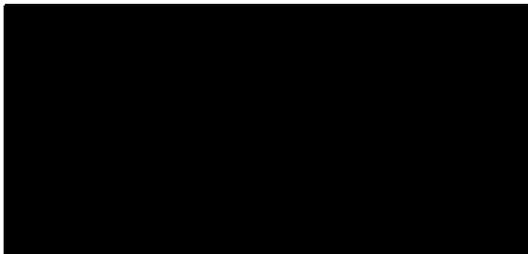
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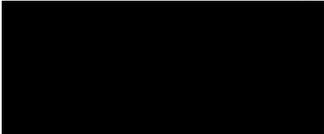


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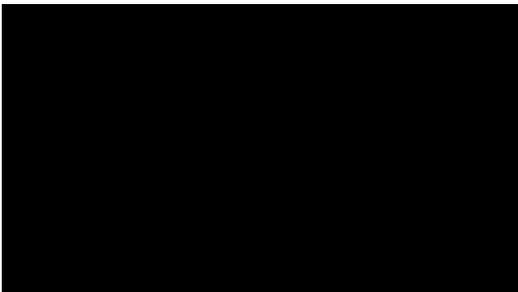
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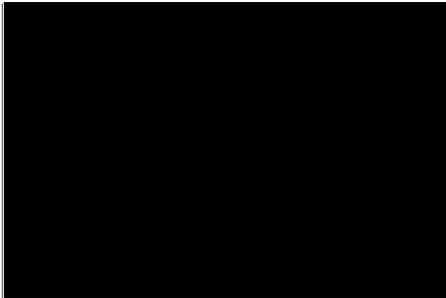
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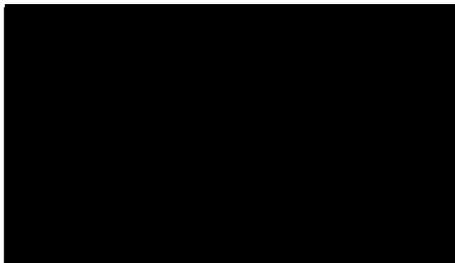
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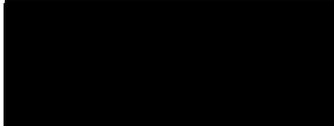


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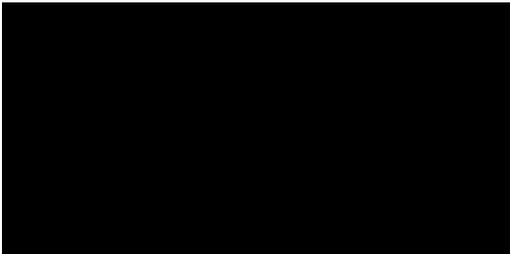
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5.2.3.2 Project Manager's Experience Managing Subcontractors

4.3.5.2.3 Information About Project Manager and Key Project Personnel.

- Include the project manager's experience managing subcontractor staff if the bidder proposes to use subcontractors.

Accenture's MMIS Project Manager, [REDACTED], brings 15 years of Medicaid Program project management experience, including subcontractor management experience. For the prior Iowa MIDAS Project, she managed subcontractors, such as S2Tech. Previously, Jelane led a combined Accenture-Avanade team through requirements, design, build, test, and deployment of a single sign-on solution for the eligibility systems used by the State of Kentucky Cabinet for Health and Family Services. She also facilitated cross-project coordination between the state's Department for Medicaid Services and two vendors providing Medicaid services: HP (formerly EDS) for MMIS and utilization management, and First Health for pharmacy benefit management, call center and provider credentialing. Jelane has often led project teams, which included subcontractors, through requirements analysis, design, build, test, and solution deployment efforts for various Medicaid Program initiatives.

5.2.3.3 Key Personnel Project Time Allocation

4.3.5.2.3 Information About Project Manager and Key Project Personnel.

- Include the percentage of time the project manager and key project personnel will devote to this project on a monthly basis.

The Agency needs a reliable vendor whose staff is not overcommitted to other projects. We plan to fill the key personnel leadership roles for the MIDAS Project with talented people who not only have the requisite experience and education germane to their positions, but have first-hand experience with the Iowa Medicaid environment as well. They comprehend the big picture, understanding individually and as a team how to deliver the MMIS. We have made a point to seek out and commit the most talented professionals to work with the Agency in undertaking this complex and critically important project.

Our experienced team represents decades of Medicaid and other healthcare and information technology experience. Each member is a proven leader and devoted professional who have demonstrated high-level performance throughout their career. Each person recognizes that while the MIDAS Project represents a major effort, it also represents a community for which they desire to be a part. Our assembled team stands ready to collaborate with the Agency and be available on day one to fully engage in their assigned roles. Table 5-15 gives the percentage of time the project manager and key project personnel will devote to the MIDAS Project on a monthly basis.

Table 5-15. Accenture's key staff is fully committed to the MIDAS Project.

Table with 2 columns: Key Personnel, % of Time to Project on Monthly Basis. Rows include roles like MIDAS Account Manager, Systems Implementation Manager, etc., all with 100% time allocation.