

4 Bidder's Approach to Meeting Deliverables

REQUIREMENT: RFP Section 3.2.4, pg 16 and 1.3 Scope of Work, pg. 6

The bidder shall address each Deliverable that the successful contractor will perform as listed in Section 1.3 (Scope of Work) by first restating the Deliverable from the RFP and then explaining the bidder's planned approach to meeting each contractor Deliverable immediately after the restated text. Bid Proposals shall be fully responsive and must not merely repeat the Deliverable.

Bidders are given wide latitude in the degree of detail they offer or the extent to which they reveal plans, designs, examples, processes, and procedures. Bidders do not need to address any responsibilities that are specifically designated as Agency responsibilities.

The Agency benefits from a proven State Level Registry (SLR) solution that promotes provider participation and lessens administrative burdens to assist program members. ACS offers extensive experience supporting public healthcare programs to help Iowa capitalize on this opportunity.

The Iowa Department of Human Services (Agency) is on the threshold of a new era in provider service and healthcare management. By encouraging Iowa's healthcare community to adopt and use electronic health records (EHR), the Agency has the opportunity to improve healthcare quality while minimizing future costs.

The ACS Advantage

- Multi-state, turn-key SLR solution
- Experienced project resources
- SLR State Dashboard provides administrative review and reporting

ACS State Healthcare, LLC (ACS) is a leading vendor of health information technology (HIT) with more than eight years of experience developing HIT solutions and implementing SLRs, EHRs, and Health Information Exchange (HIE). We currently operate HIEs in Alabama (Together for Quality), Wyoming (The Total Health Record), Hawaii Pediatric EHR for Medicaid, Missouri (MO HealthNet), and Kentucky Health Information Exchange (KHIE). We successfully implemented our ACS SLR solution in Alaska, Alabama, Mississippi, Missouri, and New Mexico. We are implementing SLRs for Colorado and Montana for the fourth quarter of 2011 and are implementing a customized version of the ACS SLR for California in the fourth quarter of 2011. In addition, we provide operational support to our clients in Missouri and New Mexico and provide direct program support through our dedicated SLR product team to all clients.

Thanks to our proven track record with HIE, EHR, and SLR solutions, and our highly qualified implementation and project teams, ACS is ready to support Iowa with its initiative at a level unmatched by any other company. Our turn-key approach provides a low-risk software-as-a-service (SaaS) implementation, eliminating disruption to the Agency's operations. Our multi-state SLR solution allows the Agency to take advantage of a cost-effective approach that delivers product upgrades and process improvements that always meet CMS requirements.

A Multi-State Turn-key Solution

The ACS SLR is a multi-state SaaS application currently in active production in five states with two additional states in the implementation phase. States benefit from using the ACS SLR shared solution through the ability to collaborate on best practices and share information about auditing, outreach, and other issues. ACS works closely with CMS to make certain this application fits and fully complies with the CMS EHR Incentive Program.

The turn-key solution provides an application that is ready to go, right out of the box. The ACS SLR, a shared product solution, requires minimal customization to meet the Agency's requirements. The SLR is a fully Web-based solution requiring no additional software or licensing, other than a Web browser. We personalize the Web portal with Iowa branding, ensure that the application logic reflects Iowa-specific policies, and map data exchanges with the MMIS to create the Iowa SLR. Our proven project management methodology supports our approach and minimizes implementation risk to the Agency.

At the same time, a turn-key SaaS offering streamlines the impact to the Agency business and staff time and focuses the design and testing sessions wisely and efficiently—instead of solving implementation issues. As an experienced SLR vendor, ACS stands ready to effectively implement the Iowa SLR.

Established Relationship

ACS has a long history of working with the State of Iowa. We now have over 100 employees residing in the State supporting several contracts. In addition, our recent award for the Iowa Statewide Health Information Exchange (HIE) will provide synergies with the Iowa EHR Incentive Program, enabling access to Iowans' and providers' electronic health records at the point of care with the important goal of improving health outcomes. Highlights of our capabilities include:

- Partner to the State of Iowa with the Statewide HIE and EBT contracts
- Multi-state SLR
- Pioneered Medicaid technology solutions since 1972
- Emphasis on future program enhancements and mandates solution

The key to our effective relationship is ensuring that clear lines of communication exist, as well as the flexibility to develop effective and innovative solutions, in an ever-changing environment. ACS works proactively with the Agency on a continuous basis to identify new opportunities for improving program operations and outcomes. More than that, ACS combines the right people, processes, and technologies necessary for the Agency to achieve its program goals to administer a quality provider incentive program.

In the following proposal sections, we provide detailed narratives of our technical approach to performing each required task defined in the RFP:

- 4.1 Deliverables
 - 4.1.1 Web Portal for Provider Attestation
 - 4.1.2 EHR Program Administration Tools and Services
 - 4.1.3 Administrative Reports
 - 4.1.4 EHR Incentive Payment from MMIS
 - 4.1.5 Interfaces to CMS National Level Repository
 - 4.1.6 Data Extracts
 - 4.1.7 Application Support
 - 4.1.8 Project Implementation Planning Materials
 - 4.1.9 Provide Available Software Updates
 - 4.1.10 Security and Operational Standards
 - 4.1.11 Meets MITA Standards
 - 4.1.12 Monthly Reports
- 4.2 Agency Responsibilities

- 4.3 Performance Measures
- 4.4 Contract Payment Methodology

4.1 Deliverables

REQUIREMENT: RFP Section 1.3.1, pg. 6

The Contractor shall provide a system that will manage all aspects of the EHR incentive program. The Contractor will be obligated to provide the following, although the Contractor's obligations may not be limited to the following:

Iowa is one of the first states to disburse EHR incentive payments to the Iowa providers and is now seeking a multi-state systems solution to upgrade and support the administration of the EHR incentive program. From our experience in implementing and operating similar projects for other states, ACS understands the importance of Medicaid budgetary constraints and the need to deliver a solution to allow the Agency better management of fiscal resources. This valuable insight has helped in our design of a comprehensive Web-based system, the ACS State Level Registry (SLR), that addresses the needs and goals of both the Agency and its providers while streamlining processes and meeting CMS requirements.

Understanding of Services

We specialize in healthcare program administration for state government customers, offering a full spectrum of systems and complementary services as integrated solutions. We partner with our state customers to help solve complex healthcare issues; measure and improve program results; and identify policy and technology changes that reduce costs without compromising quality. Our deep and comprehensive understanding of the healthcare industry shapes our solutions and provides the insight necessary to successfully support the goals and operations of the Iowa SLR and Electronic Health Records Medicaid Incentive Payment Program.

As a trusted healthcare technology partner to state Medicaid programs across the country for 41 years, ACS has the experience needed to execute the Iowa SLR project on time and without disruption to normal agency and fiscal agent activities. Our comprehensive Web-based system handles the documentation, tracking, and attestation of providers' Meaningful Use of EHR—all of the administrative tasks that can distract resources from more important activities and programs. Moreover, we are positioned to partner with the Agency for a quick implementation and seamless move to active operations while eliminating risk and unnecessary disruption.

The ACS SLR solution supports the Agency's goal to upgrade the current EHR system by seeking a multi-state systems solution for the administration of the EHR incentive program as outlined in the Iowa Request for Proposal. Our SLR provides the Agency with the processes and appropriate interfaces with the CMS Registration and Attestation System (formerly known as the NLR) to support issuing and tracking of provider payments. We also bring our SLR expertise to benefit the Agency through economies of scale and by working with other clients that have adopted our multi-state solution.

In our proposal, we outline our approach to meeting RFP requirements ensuring a timely and low-risk implementation of our Software as a Service (SaaS) solution. Our proposal outlines our operational responsibilities and our focus on minimizing disruption to the Agency's operations and inconvenience to the provider community. The ACS SLR solution is fully operational today—we simply add Iowa as our newest client.

The ACS SLR solution meets the RFP requirements for the Agency including:

- Web-based portal for provider attestation, the ACS State Level Registry (SLR)
- EHR program administration tools and services
 - Demonstrating a thorough understanding of the regulations and processes to which the states must adhere
 - Validation and audit capabilities
 - Payment issuance and tracking
- Reports
- Interfaces with Iowa's Medicaid Management Information System (MMIS) for provider and claims information and payment issuance and tracking, and Agency's Data Warehouse
- Interfaces with the CMS Registration and Attestation System
- Interfaces with the Office of National Coordinator (ONC) Certified Health Information Technology (HIT) Product List (CHPL) website
- Provides the capacity to respond to provider inquiries and appeals

In the following sections we provide a high-level overview of our understanding of the scope of services and major service components as defined by the RFP.

Web-Based Portal—Turn-Key Solution. The ACS-proposed Iowa SLR is a multi-state Web application currently in production in five states, with two additional states currently implementing the SLR. This shared solution allows our customers using the SLR to collaborate (as members of the SLR User Group) and provide ACS direction on best practices and system enhancements. This client User Group also facilitates the sharing of information on auditing, outreach, and emergent issues. ACS' experience with our current clients include extensive testing with CMS interfaces; this will certainly be a benefit to Iowa in supporting the aggressive schedule in completing testing with the CMS Registration and Attestation System.

One of the primary advantages of ACS' turn-key SLR solution is that the system is ready for immediate deployment, which positions the Agency to process incentive payments very soon after go-live. As a shared solution, the Iowa SLR requires minimal customization to meet the Agency's requirements. We personalize the Web portal, ensure that application logic reflects all Iowa-specific policies, and map data exchanges with the existing MMIS sub-systems and Agency's Data Warehouse.

EHR Program Administration Tools and Services. The ACS solution provides the administrative tools and services needed to fully support the Agency with its incentive program that meet federal and state-specific requirements. While the Agency maintains complete authority over the incentive program, ACS provides the SLR expertise, business administration, and technical program management to effectively operate the program. With Medicaid operational experience spanning 37 states, ACS assures the Agency that we deliver and support the required tools and services.

Regulations and Processes. The SLR solution supports current CMS requirements and evolves according to future regulatory requirements established by CMS. ACS actively participates in regular calls with CMS for the Medicaid EHR Incentives Program and works closely with each state and CMS to ensure that the SLR achieves program goals. This work results in an established and continuous

professional rapport between ACS and CMS. We meet regularly with the federal organization to ensure that ACS products meet CMS guidelines—both today and for the future.

We understand the areas of the program that CMS allows state flexibility in policy-making and implementation, as well as those areas solely subject to CMS guidance. We work with each state customer to ensure that both state-specific requirements and CMS rules are incorporated into the SLR.

Validation and Audit. The ACS SLR State Dashboard enables the administrative user to review information for provider applications in one place, bringing together the data needed to conduct not only the initial review of an application, but also the investigation of fraud and abuse, audit analysis, reconsideration review, and appeal disposition as well. The SLR State Dashboard displays the data entered by the provider for the administrative user’s review, including all documentation attached by the provider during the attestation process.

Payment Issuance and Tracking. The SLR gathers the information necessary to calculate the appropriate incentive payment amount for each provider, including eligible hospitals (EHs), and enforces the rules related to issuing payments.

The Iowa SLR maintains a complete repository of incentive payment-related information. Payment information is posted to the record of the attesting provider, regardless of any payment assignment. Specific payment information recorded for each participation year includes:

- Payment amount
- Payment number
- Payment date
- Transaction type (check or EFT)
- Payee name
- Payee NPI
- Payee TIN
- Date reported to CMS
- Payment adjustments, if applicable

Reports. Reporting services are staffed by a team of highly experienced professionals, expert in analytics, data warehousing, reporting systems, and end-user presentation. ACS uses a variety of Microsoft tools to produce a robust reporting environment with extensive capabilities. Reports are accessible via the SLR State Dashboard with the applicable security controls and pass-through authentication in place to prevent unauthorized viewing. Reports can be transferred into a variety of formats including, but not limited to, Microsoft Excel and Adobe Acrobat PDF.

Interfaces with MMIS and Agency’s Data Warehouse. ACS’ dedicated Data Services team works closely with the Agency and its vendors to determine the required data sources, transactions, and file layouts needed to support the Iowa SLR solution. Detailed data analysis is performed to map required data elements from the source files to the target databases for integration into the Iowa SLR portal. File transfer protocols, batch filenames, and expected delivery schedules are a few of the items established during project implementation. Core MMIS interfaces included with the SLR product consist of the Provider Master File (PMF) interface from the MMIS, outbound payment files to the MMIS or other payment mechanism designated by the Agency, and the inbound payment information file from the MMIS once payment has been issued.

Up to four additional interfaces, such as claims data, death registry files, licensing board data or to/from data warehouses may be developed as part of the base contract.

Interfaces with CMS. ACS developed the required interfaces to accept and transmit files with the CMS Registration and Attestation System. These interfaces are currently used by the SLR to support five states that have active SLR programs, and have been fully tested and certified for an additional two states currently implementing their programs. Our testing process for the CMS interfaces ensures our clients using the SLR have certified interfaces well before the states' program launch dates.

Interface with ONC/CHPL. With five states using the SLR with active programs, our interface with the ONC/CHPL is delivered with the SLR application. The SLR uses the ONC-provided Web service to conduct verification that the providers are using certified EHR technology. The SLR process authenticates the EHR Certification ID on a real-time basis as part of the attestation process for the provider. Updates to the validation process to support changes to either Web service are considered to be mandatory changes from CMS and are included in the delivery of the ACS SLR.

Provider Inquiries and Appeals. The SLR State Dashboard application is designed as a flexible tool that allows the administrative user to select [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Summary of Solution

ACS presents a complete solution for meeting the technological guidelines as defined by the Agency, including the technological design, development, and implementation of the infrastructure and the staff necessary to support the Iowa EHR incentive program. A cornerstone to the solution is the Iowa SLR Web application, which serves as a gateway to the entire provider attestation process. ACS worked closely with CMS to make sure this application fits the CMS EHR Incentives Program requirements.

The SLR encompasses all aspects of the provider application process and is used by providers to apply for incentive funding. The SLR State Dashboard is the tool used by the state to review and process provider applications.

Functions and Features

Primary functions and features of the proposed ACS Web-based SLR solution includes the following:

- Interfacing seamlessly with the CMS Registration and Attestation System to receive enrollment data and to communicate eligibility determinations back to the CMS Registration and Attestation System.
- Validating that the eligible professional (EP) applying for incentives are properly licensed, non-sanctioned, and non-hospital based in accordance with the CMS Final Rule. The system calculates that the EP has met the minimum 30 percent Medicaid eligibility threshold. For pediatricians, the system validates this minimum threshold at 20 percent.
- Validating that eligible hospitals' (EH) CMS Certification Number (CCN) is within the acceptable range or is that of a children's hospital. The system calculates that the EH has met the minimum 10

- percent Medicaid eligibility threshold and has entered an average length of stay (ALOS) that is less than or equal to 25.
- Capturing and maintaining Adopt, Implement, and Upgrade (AIU) and Meaningful Use (MU) attestations for EPs and EHs in accordance with requirements.
- Collecting State-requested supporting information from the provider with the ability to attach documents within each major step of the attestation workflow. The Agency can define required documents that must be attached in order to allow an EP or EH to complete their attestation.

Provider Outreach and Education. The SLR Provider Outreach Web page is fully configurable to the Agency's requirements and contains additional website links for eligible professionals and hospitals to access important information from national organizations, like CMS and the ONC. A link to the CMS Registration and Attestation System allows providers to access the CMS registration website for initial registration or to update an existing registration.

As a part of the Iowa SLR, ACS offers the SLR Provider Outreach Web portal. The SLR supports eligible professionals and hospitals throughout this significant HIT transition. The SLR Provider Outreach Web page is a gateway to the entire provider attestation process and provides the following information:

- Real-time feeds of current HIT news and updates from other federal organizations, such as CMS and ONC
- Hyperlink to the CMS Registration and Attestation System website for national registration
- A link for users to create an SLR user account
- A login screen that connects users to the SLR application
- State and regional website links for local resources

Reconsideration and Appeals. Eligible professionals and hospitals have the right to request reconsideration of adverse decisions on participation eligibility, attestations, and incentive payment amounts. While ACS leverages its experience and operational processes administering reconsiderations and appeals on behalf of the Iowa Medicaid Enterprise (IME), the provider incentive program reconsideration process will be specific to this project and operationally distinct from other the Agency appeals activities. Furthermore, it has been designed to accurately and efficiently administer incentive program reconsiderations, complying with policy in their disposition in order to reduce inappropriate payments and unnecessary escalation (to the Agency) for appeal.

Reporting. Reporting services use a variety of Microsoft tools to deliver a reporting environment with extensive capabilities. The reports are accessible via the SLR portal with applicable security controls and pass-through authentication in place to prevent unauthorized viewing. Ad hoc reporting is supported through the SLR State Dashboard functionality, which is available to the Agency and users designated by the Agency. Users have a variety of queries for general or workflow steps to return provider lists in accordance with the Agency's request.

Fraud and Abuse Compliance. As an experienced fraud, waste, and abuse prevention/detection vendor, ACS is intimately familiar with the fraud and abuse requirements outlined by CMS. Our approach provides a comprehensive fraud and abuse compliance plan to ensure that procedures are in place to detect and investigate potential or actual fraud and abuse. Furthermore, staff receive detailed training on ethics, the detection of internal and external violations, and the process for reporting unusual or

potentially fraudulent activities. In turn, ACS staff are monitored for ethics violations and participation in fraudulent schemes.



Smooth Implementation. An overarching Agency objective under Iowa’s Electronic Health Records Medicaid Incentive Payment Program project is to ensure a smooth implementation with no disruption to program stakeholders by the operational start date. ACS offers a proven track record of success in implementing projects of similar scope and complexity to the Iowa SLR project. We use a standardized project management methodology (PMM), which provides the structured framework and tools to help control each phase of the project. Through the combined force of ACS’ experience and proven methodology, we meet the Agency’s expectations and requirements, keeping each phase of the project on schedule, within budget, and in conformance with requirements.

Included behind Tab 4, we submit our draft documents, including our proposed Work Plan. ACS provides our preliminary work plan as part of our proposal submission—which we review and finalize with the Agency after the contract award. Our PMM provides consistent progress reporting against the plan to ensure issues are identified immediately and the Electronic Health Records Medicaid Incentive Payment Program project remains on schedule.

4.1.1 Web Portal For Provider Attestation

REQUIREMENT: RFP Section 1.3.1, Q. 1, pg. 6

Provide a web portal for provider attestation. The portal must:

To support the new requirements for AIU, MU and incentive payments offered by the ARRA HITECH Act, ACS developed a Web-based solution—described throughout this proposal—known as the ACS State Level Registry (SLR) for the Medicaid Provider Incentive Program. To streamline the process of applying for these incentives, the SLR offers the following:

- A Web portal to centralize national, state and regional links, additional resources for a provider’s HIT transition, and detailed step-by-step instructions on the entire attestation process
- A secure portal to access the SLR solution manages the entire program workflow from validating the provider’s eligibility to capturing the final payment date and amount processed by the incentive program’s payer (typically the state’s MMIS.) Data is exchanged over a secure socket layer (SSL) via the secure HyperText Transfer Protocol (https) as illustrated in the application uniform resource locator (URL); for example, <https://mo.arraincentive.com/>

ACS SLR Web Portal

- Supports each stage of the EHR incentive program
- Provides secure access
- Manages entire program workflow
- Automates validations to ensure the validity of the provider’s application

- Automated validations throughout the entire process interfaces with various data repositories or data feeds to support the validity of a provider's application

This comprehensive but easy to use application supports each stage of the EHR incentive program.

Secure Authorization and Authentication

a. Allow for secure authorization and authentication of the provider.



Secure Socket Layer

- [Redacted]
- [Redacted]

The SLR uses the combination of the national provider identifier (NPI) and Tax ID as a unique identifier for the provider. The NPI and Tax ID number are required entry fields for an eligible professional (EP) or eligible hospital (EH) to create a user account to access the system. The NPI and Tax ID are verified against the Provider Master File (PMF) to determine if the provider is an eligible Medicaid provider before an account is created. To accommodate states that may not require providers to be enrolled Medicaid providers to participate in the program, a secondary validation is available where a user account can be created by matching the NPI and Tax ID number against the data received from the CMS Registration and Attestation System before allowing the creation of the user account. This approach requires additional validation of provider eligibility to participate in the program as the SLR may not be able to automatically validate eligibility data if the provider is not in the PMF.

Display Provider Identifier

b. Display a provider identifier on each screen and printed pages.

The SLR saves the data entry conducted by system users in a repository. Accordingly, log files capture the creation of records and any entry changes such as password and user profile changes. Data capture begins at the very start of the provider experience. By creating a new user account, the information captured and subsequently saved includes the following fields:

- Provider demographics such as name, address, email address, and phone number
- Provider identifiers such as the NPI and the tax identification number (TIN)
- Account set-up information such as a username, password, and a security question

Once the user account is created, the provider can log into the SLR to complete the registration process. Once the provider is in the system, the provider's name and address are listed in the banner that remains visible regardless of what step the provider accesses as shown in Exhibit 4-1. The NPI can be added to the banner to provide an additional identifier for the provider.

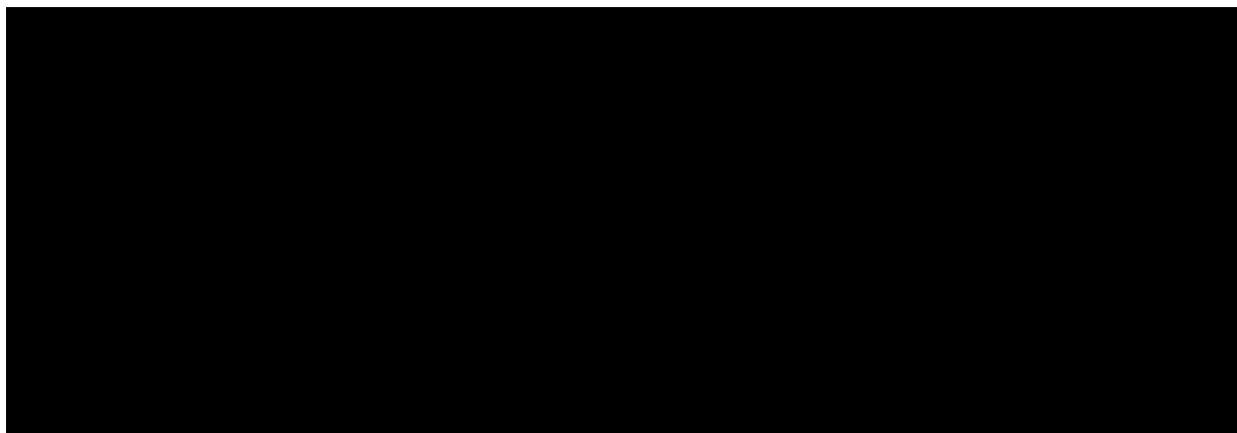


Exhibit 4-1. Provider Identifier – Homepage View

The provider's name and address as well as the last time they updated their attestation is included in the banner area and appears on every page of the SLR solution.

Provider-specific printable documents, such as the Provider SLR Application Report shown in Exhibit 4-2 and the Attestation Agreement shown in Exhibit 4-3 include the provider's name, NPI, and TIN/SSN.

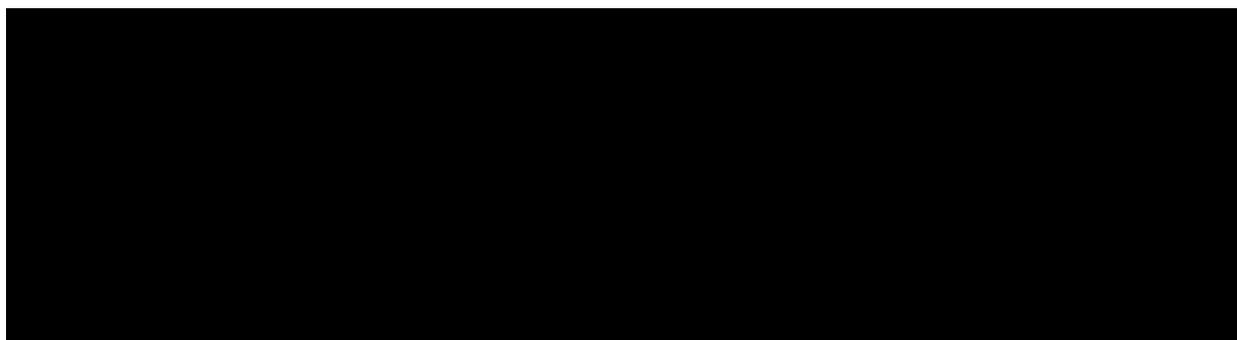


Exhibit 4-2. Provider Identifier – Provider SLR Application Information Report View

The provider's name appears on every page of the Provider SLR Application Information report.

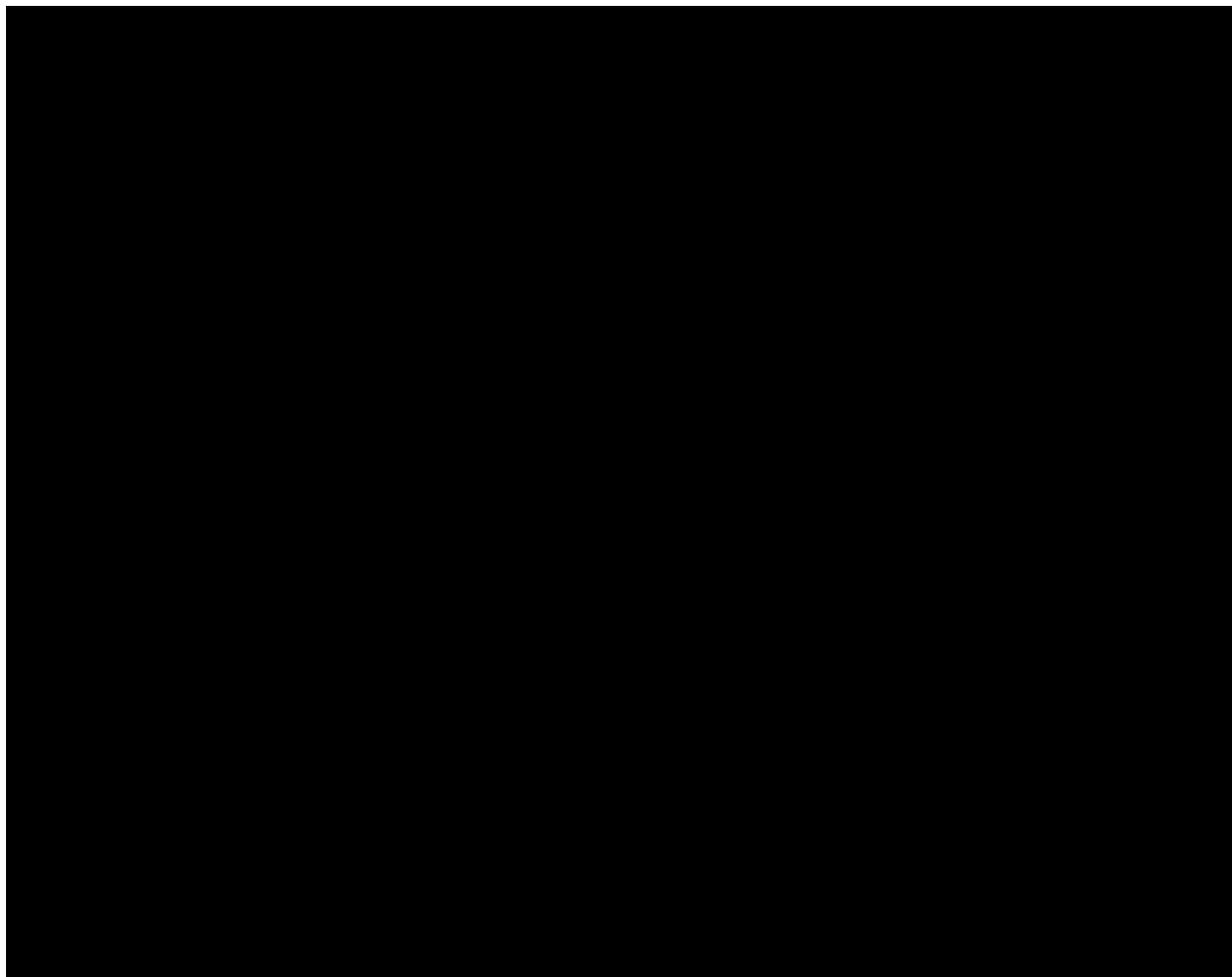


Exhibit 4-3. Provider Identifier – Provider Attestation Agreement

The provider’s name, NPI, and TIN appear on the Provider Attestation Agreement.

Pre-populate Information from CMS and Provider Directory

c. Pre-populate with information from the CMS national level repository (NLR) and the Medicaid Provider directory.

Data from the CMS Registration and Attestation System (formerly the NLR) is automatically associated with a provider’s SLR account when the provider first logs into the SLR. The provider has access to view their CMS information from within the SLR, but updates to their CMS application are made on the CMS Registration and Attestation System. The SLR also includes a validation in determining an EH’s eligibility by checking against the hospitals CMS Certification Number (CCN) on their CMS attestation to ensure the CCN is within the appropriate range for the incentive program.

The SLR is designed to use either the PMF from the MMIS application, or the information from the CMS Registration and Attestation site to accommodate providers not enrolled in the Medicaid program, to perform initial validations of an EP’s eligibility to participate in the program. The validations against the PMF are configurable in order to accommodate the requirements of the Agency. Examples of validations that may be performed include:

- Ensure the EP is a registered Medicaid provider by validating the Medicaid ID entered by the EP against the Medicaid ID defined in the PMF
- Ensure the EP is licensed, by validating the professional license number entered by the EP against the professional license number found in the PMF
- Ensure the EP is active based on their status in the Medicaid program

The PMF data is not displayed for the provider, but is actively used throughout the SLR application processing to support the provider's attestation and to validate that the provider meets the requirements for participation in the program as defined by CMS and the State of Iowa.

Allow Attestation Based on Provider Type and Year of Program Participation

d. Allow attestation, based upon the provider type and year of the program participation.

The core functions of the SLR Web application are categorized into the following four groups:

- Registration and viewing of CMS Registration and Attestation System data
- Medicaid eligibility
- Attestation for Adopt, Implement, or Upgrade (AIU) or Meaningful Use (MU)
- Payments

The initial step in the SLR process is the provider's state level registration through the SLR Web portal, which is accessed through the Provider Outreach Page. Information captured includes the information required for verification against the Agency's PMF to confirm the provider's eligibility to participate.

Additional checks are also performed against relevant databases, such as the death registry and the State's licensing board(s). Upon authentication from the Agency of the provider's credentials, providers further self-attest to their Medicaid eligibility by documenting patient volumes to demonstrate the provider meets the minimum requirements.

Once eligibility is confirmed, the provider then moves through the process of attestation. As required by CMS guidelines, the SLR allows the provider to complete attestation tasks including the documentation of the AIU of certified EHR technology, and the demonstration of Stage 1 "Meaningful Use" (MU) of said technology. Providers may select to attest to either AIU or MU for the first year of participation.

At the end of both the AIU and MU workflows, the providers are required to print an Attestation Agreement, sign it, upload the signed document into the SLR, and submit an acknowledgement of the attestation within the SLR application.

The information collected, provides the basis from which the administrative users can perform further validations and the SLR calculates the provider's incentive payment. Communication of the payment cycle is achieved through the following transactions and information exchanges:

- D-16 interface transmits the calculated payment file from the SLR to the CMS Registration and Attestation System to check for duplicate payments, etc.
- Responsive D-16 interface from the CMS Registration and Attestation System identifies for the SLR any processed or pending payments and exclusions from other states

- A payment file transmits the payment information to the designated payment system as the SLR issues a payment status notification to the provider
- Payment information such as the date, amount of the payment, and check number are sent to the SLR from the designated payment system
- Following receipt of the payment file from the designated payment system, the SLR transmits an update to the CMS Registration and Attestation System utilizing the D-18 file specification

Provider Type

The Iowa SLR solution, provided by ACS, looks at the provider type as provided in the B-6 interface from CMS to help ensure that the provider meets the eligibility requirements defined by CMS.

The SLR validates that EHs have a CCN that ends in the appropriate range defined by CMS, indicating that the hospital is an acute care, critical access, or children's hospital. If the hospital CCN does not end in the appropriate range as defined by CMS, the hospital does not meet the eligibility criteria.

The SLR receives the provider type for EPs in the B-6 interface. If desired, the provider type can be validated against data from the PMF to verify that the provider type is consistent with data contained in the PMF, such as provider specialty or provider taxonomy.

Additional validation is performed for pediatricians and physician assistants. Pediatricians have special rules for meeting the Medicaid volume percentage; the SLR must be able to identify pediatricians to apply the appropriate rules. If the PMF data can clearly indicate that the EP is a pediatrician based on specialty code or taxonomy code, the pediatricians are identified when the PMF data is loaded. If the PMF data cannot be used to determine that EPs are pediatricians, the SLR provides the ability for an EP to self-identify as a pediatrician, as part of the registration information. The Agency can elect to require the EP to provide supporting documentation, such as a copy of a board certification document, to prove status as a pediatrician.

Since physician assistants (PA) are only eligible to participate in the program if the EP practices in a PA-led Federally Qualified Healthcare Center (FQHC) or Rural Health Clinic (RHC), the SLR can perform validation to ensure any EP designated as a PA also selects the option of practicing predominantly in a FQHC or RHC. As with pediatricians, the PMF data can be used to determine that EPs are physician assistants based on specialty code or taxonomy code. The SLR also provides the ability for an EP to self-identify as a physician assistant as part of the registration information. The SLR can be configured to prevent a provider designated as a physician assistant from completing an application, if the practice option is not selected.

Participation Year

The Iowa SLR solution, provided by ACS, is designed to enforce the requirements for each participation year. The SLR only allows a provider to attest to AIU in the first year of participation; enforces the 90-day reporting period for MU in the second year of participation; and the full year of MU in the third year of participation. EHs that attest to MU in the Medicare program and are deemed as having met MU are required to attest to a full year of MU in the second participation year.

When the guidelines for Stage 2 of MU are finalized, the SLR will be updated to reflect the appropriate changes, enforcing compliance with the guidelines.

The SLR also enforces the appropriate payment amounts for the provider participation year, as described below.

Eligible Professional Payments by Participation Year

EP payment calculations are made based on the guidelines established by CMS in the Final Rule, subject to the amendment to remove the requirement to document expenses and other funding. The SLR distinguishes between EPs that qualify at 30 percent Medicaid or Needy Individual Patient volumes and pediatricians that are eligible for the reduced incentive payment amount at 20 percent Medicaid volumes. The SLR also enforces the guideline that pediatricians practicing predominantly in an FQHC or RHC must achieve the 30 percent Needy Individual Patient volume. Table 4-1 shows the payment amounts used by the SLR for each participation year.

Table 4-1. Eligible Professional Payment Amounts		
Participation Year	30% Patient Volumes	Pediatricians with 20% Patient Volumes
1	\$21,250	\$14,167
2	\$ 8,500	\$ 6,667
3	\$ 8,500	\$ 6,667
4	\$ 8,500	\$ 6,667
5	\$ 8,500	\$ 6,667
6	\$ 8,500	\$ 6,667

Based on the enactment of the Medicare and Medicaid Extenders Act of 2010 (Public Law No: 111-309) on December 15, 2010, which removed the net average allowable cost calculation and established the incentive payment for an EP at \$21,250 in the first year and \$8,500 in the second year, the SLR calculates the payments for the EP using the established amounts. The amounts established represent 85 percent of the maximum incentive payment allowable. If the EP meets the criteria for participating in the incentive program and achieves 30 percent Medicaid or Needy Individual Patient volumes, the appropriate payment amount is applied for each participation year. The payment amount is not available for editing by the EP. An administrative user for the Agency can make an adjustment to the payment amount in the event the EP was paid at the wrong amount; however, the SLR validates that the payment amount cannot exceed \$21,250 and does not allow the adjustment to be processed if the validation fails. The same logic applies to years two through five of the incentive program.

Eligible Hospital Payments by Participation Year

The SLR is configurable to allow the Agency to designate the number of years for disbursement of payments to EHS. Each client may designate a payment period of at least three years and not more than six years. Each state may also designate the percentage of the total payment to be disbursed in each of the years of the designated payment period. The SLR does not allow a percentage greater than 50 percent to

be entered in any one year, or payments equaling more than 90 percent of the total calculated payment in any two years.

Medicaid Volume Attestation

Enforcing the requirements around the Medicaid patient volumes is a key component of the overall attestation process. The SLR requires both EPs and EHs to attest to Medicaid volumes each year of the program to ensure the provider meets the specific criteria for participation for that year.

Eligible Professional Patient Volume

In the SLR, EPs provide information to determine if they meet the requirements for Medicaid eligibility for the incentive program. The SLR is configurable to match the way each state elects to configure their incentive program. For example, states that do not allow EPs to use volumes from multiple states can elect to disable that functionality in the SLR so that providers can only use volumes from their home state. For each year of the program, the SLR captures and retains information specific to the provider's eligibility, including:

- Start and end dates for the Medicaid eligibility reporting period
- Total patient encounters for the reporting period
- Total Medicaid encounters for the reporting period
- Total encounters from multiple states for the reporting period
- Total Medicaid encounters from multiple states for the reporting period
- Total panel members assigned
- Total Medicaid panel members assigned
- Predominant practice in an FQHC, RHC, or other similar practice setting designated by the State as meeting requirements for needy individual patient volumes
- Other Needy Individual Patient Encounters
- Selection of eligibility formula 1 or eligibility formula 2
- Documentation attached supporting patient volumes

All data entered by the EP is maintained in the database and is displayed in a read-only format in subsequent years.

Table 4-2 shows the exact calculations used by the SLR to determine eligibility.

Table 4-2. EP Patient Volume Calculations	
Formula	Calculation
Formula 1 Medicaid Only	Total Medicaid Encounters/Total Encounters
Formula 1 Needy Individual Patients	(Total Medicaid Encounters + Needy Individual Patient Encounters)/Total Encounters
Formula 2 Medicaid Only	(Total Medicaid Encounters + Total Medicaid Panel Members Assigned)/(Total Encounters + Total Panel Members Assigned)

Table 4-2. EP Patient Volume Calculations	
Formula	Calculation
Formula 2 Needy Individual Patients	(Total Medicaid Encounters + Total Medicaid Panel Members Assigned + Needy Individual Patient Encounters)/(Total Encounters + Total Panel Members Assigned)

The SLR can be configured to enforce state-specific rules for managing the application if the EP does not meet Medicaid eligibility. A “hard stop” or “soft stop” can be applied to determine if the EP is prevented from continuing with the application or if the application is flagged for further review. The SLR handles the eligibility for pediatricians to allow pediatricians to qualify at 20 percent Medicaid eligibility. Pediatricians that practice predominantly in an FQHC or RHC must qualify at the full 30 percent Needy Individual eligibility level.

Eligible Hospital Patient Volume

The SLR calculates the Medicaid eligibility for EHs according to the guidelines established by CMS. The SLR uses the formula established for calculating the eligibility for the hospitals by considering the Medicaid patient volume based on discharges, the average length of stay, and the CCN for the hospital. The system automatically enforces the requirement for acute care and critical access hospitals to have a minimum 10 percent Medicaid volume, average length of stay of 25 days or less, and a CCN that falls in the correct range and can either prevent the hospital user from continuing with the application, or can flag the application review while allowing the hospital user to continue with the application process. The SLR also uses the CCN to identify children’s hospitals, which are designated as eligible regardless of patient volumes and average length of stay.

For each year of the program, the SLR captures and retains information specific to the hospital’s eligibility, including:

- Start and end dates for the Medicaid eligibility reporting period
- Total discharges for the reporting period
- Total Medicaid discharges for the reporting period
- Total discharges from multiple states for the reporting period
- Average length of stay for the hospital
- Documentation attached supporting patient volumes

For 2011, the average length of stay is entered directly by the hospital. A report that calculates the average length of stay is available to verify that the data entered by the provider represents the correct calculation. For 2012, the SLR will be enhanced to calculate the average length of stay based on the total patient bed days divided by the total discharges.

All data entered by the EH is maintained in the database and is displayed in a read-only format in subsequent years.

As with the EP eligibility, a “hard stop” or “soft stop”, can be applied to determine if the EH is prevented from continuing with the application or if the application is flagged for further review.

Screen prints of the eligibility screens are included in Tab 4 Screen Shots.

Permit Attestation for Adoption, Implementation or Upgrade

e. Permit attestation for Adoption, Implementation or Upgrade to certified EHR products

The SLR allows both EPs and EHs to attest to AIU in the first year of participation. Based on CMS recommendations, MU attestation is not available in the SLR for 2011, but will be available January 1, 2012 for both EP and EH. In 2012, both EPs and EHs participating in the program for the first time will have the option to select either AIU or MU for the first year attestation. The integrated workflow for the AIU path is illustrated in Exhibit 4-4.

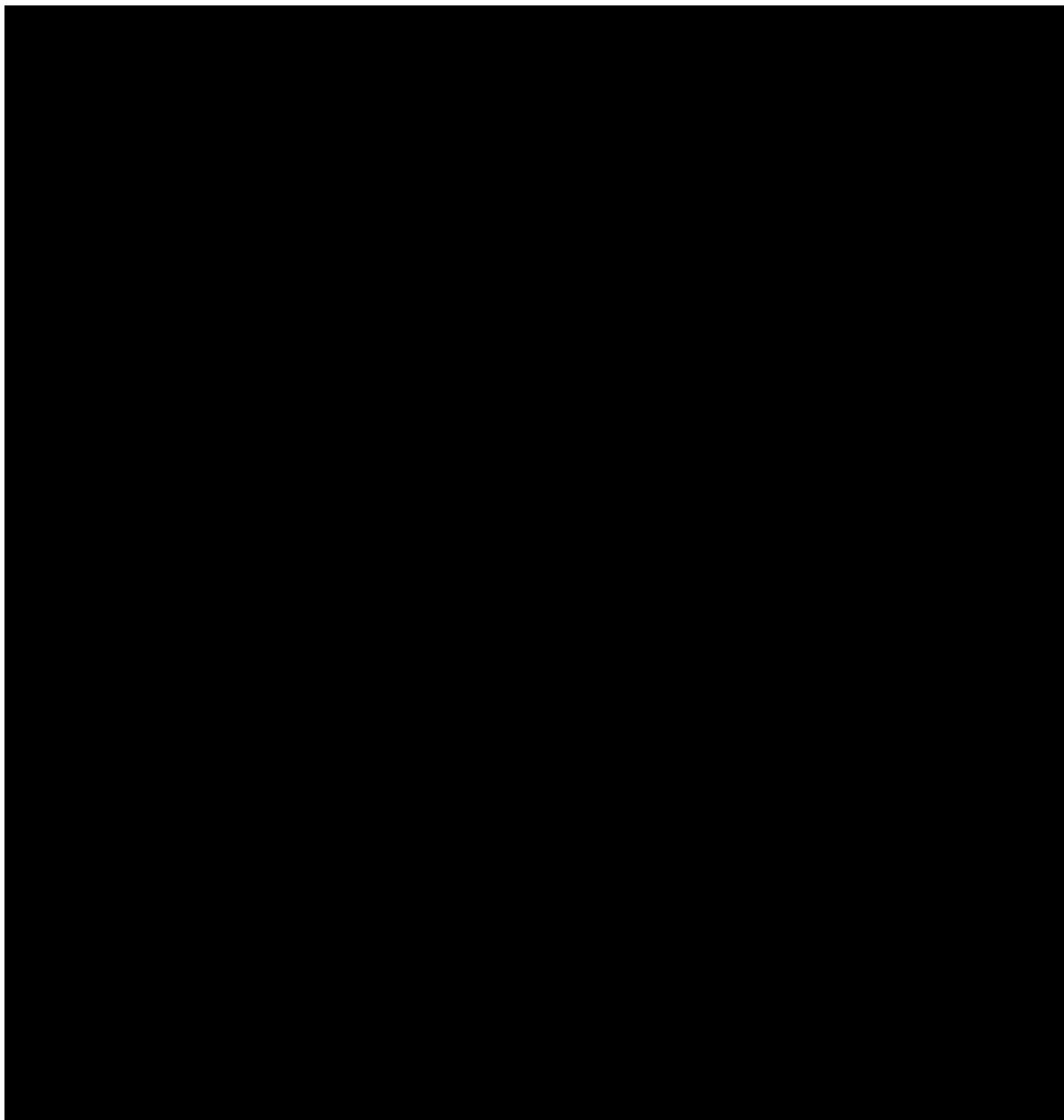


Exhibit 4-4. SLR Process Workflow Overview – AIU Path

The ACS solution includes the key aspects of the CMS Attestation process; this path shows the AIU attestation flow.

Attesting to AIU is a two-step process in the SLR. In the first step, the EP or EH is required to indicate if they are choosing to adopt, implement, or upgrade certified EHR technology, to provide a brief description of how they meet the requirements for AIU, and to attach any documentation that supports their attestation. The SLR is configurable to allow each state to provide help information defining the supporting documentation that is required by the state and to validate that the documentation has been attached, before allowing the provider to complete the first step.

In the second step, the EP or EH is required to enter the CMS EHR Certification ID that represents their complete EHR system or combination of modules. The SLR performs a real-time validation of the CMS EHR Certification ID, using the ONC Web service to verify that the number is valid. The EP and EH are required to indicate an understanding that it is their responsibility to ensure their CMS EHR Certification ID is listed with the ONC prior to submitting the attestation to the state. This understanding is in accordance with the CMS State Medicaid Director's Letter issued September 17, 2010.

Detailed instructions are provided on screen to assist the provider with generating the CMS EHR Certification ID and a link to the ONC Certified Health IT Product List (CHPL) is also available. The EP or EH has the ability to attach supporting documentation to this page. If desired, the Agency can mandate that specific documentation is attached before the provider can continue with the application.

Screen prints of the AIU attestation steps are included in Tab 4, Screen Shots.

Permit Attestation for Meaningful Use

f. Permit attestation for meaningful use.

The MU attestation in the SLR design is based on the screens provided by CMS from the Medicare attestation program. This common design provides a consistent look and feel with what CMS developed and uses the same descriptions and processes for capturing the data for the Medicaid program. The design of the MU functionality is flexible to work with the changing guidelines from CMS around the implementation of Stage 2 Meaningful Use. The integrated workflow for the MU path is illustrated in Exhibit 4-5.

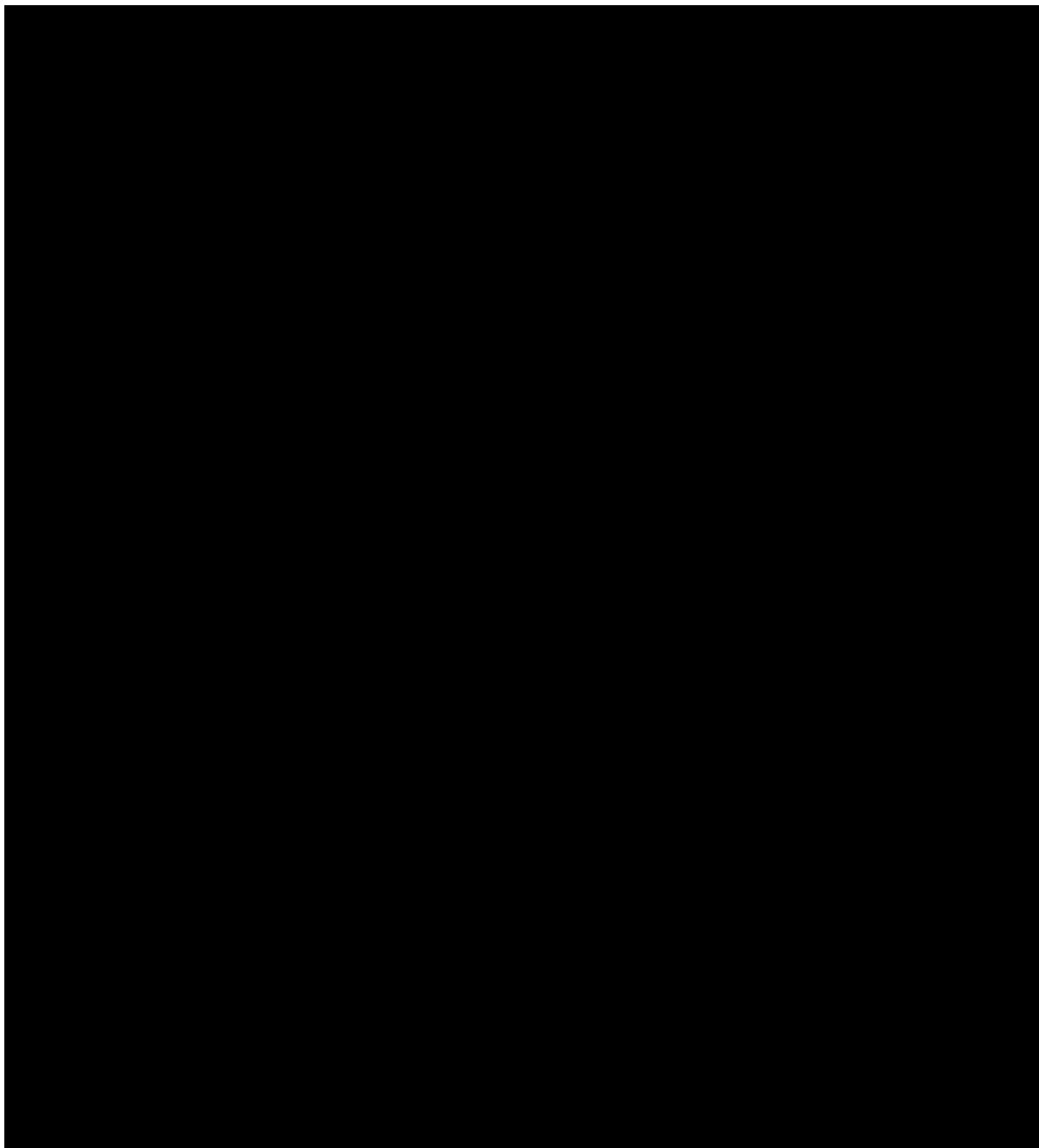


Exhibit 4-5. SLR Process Workflow Overview – MU Path

The ACS solution includes the key aspects of the CMS Attestation process; this path shows the MU attestation flow.

The core objectives for both EPs and EHs allow for entry of numerators and denominators where appropriate, exclusions where appropriate, and yes/no responses. The SLR calculates if the objective is met and displays a visual indicator to the provider that clearly shows if they have achieved the criteria for meaningful use of the objective.

The Menu Set Objectives for both EP and EH also allows for the entry of numerators and denominators where appropriate, exclusions where appropriate, and yes/no responses. Menu Set Objectives allow the

EP or EH to select five objectives to complete, and requires the selection of at least one public health measure. If the Agency elects to require any public health measures to be completed, that measure can be mandated for all EPs or EHs to complete. As with the Core Objectives, the SLR calculates whether or not the objective is met and displays a visual indicator to the provider that clearly shows if they have achieved the criteria for MU of the objective.

The Clinical Quality Measures for EHs allow for the entry of numerators, denominators, and exclusions where appropriate. While no calculations are performed on the Clinical Quality Measures for EHs, the SLR displays a visual indicator showing the measure is complete when all required fields have been completed.

The Clinical Quality Measures for EPs are designed to display the core measures initially and only require the EP to complete alternate core measures, if a denominator of zero is entered for at least one of the core measures. The number of alternate core measures the EP is required to complete is based on the number of core measures reported with a denominator of zero. The SLR allows the EP to select three additional measures to report as well. All EP Clinical Quality Measures allow for the entry of numerators, denominators, and exclusions where appropriate. No calculations are performed on the Clinical Quality Measures for EPs, however the SLR displays a visual indicator showing the measure is complete when all required fields have been completed.

As mandated by CMS, the SLR accepts electronic submission of clinical quality measures in 2012.

Screen prints of the MU attestation steps are included in Tab 4, Screen Shots.

Ability to Deem a Hospital as Meeting Meaningful Use for Medicare

g. Have the ability to deem a hospital as meeting meaningful use for Medicare.

The SLR includes the capability for dually eligible hospitals that attest to MU through the Medicare program to be deemed as meeting MU under the Medicaid program. When the EH representative selects the attestation step in the process, the SLR checks to see if the C-5 and D-17 interfaces have been received for the hospital, indicating that the hospital has met MU for the Medicare incentive program. If this information is found to be true, the user is not required to enter the attestation data for AIU or MU and is deemed as having met the MU criteria.

The MU attestation data from the C-5 interface is populated into the SLR database and is displayed in a read-only format for the user. Based on guidance from CMS, the payment is designated as an MU payment and reported as such to CMS, even if the EH was eligible to attest to AIU. The SLR then enforces the requirement that the EH meet MU for the full year MU reporting period for the second year attestation.

Provide Hospital Calculator

h. Provide a hospital calculator to determine EHR incentive payment amounts.

Eligible hospital (EH) payment calculations are made based on the formula prescribed by CMS. The calculation follows the approved payment calculation worksheets that each state has submitted to CMS as part of the State Medicaid HIT Plan (SMHP) and has been vetted by CMS.

As part of the first year application, each EH enters the pertinent hospital financial and demographic data required to calculate the aggregate EHR amount. Using this data, the SLR calculates the three year average growth rate, the discharge related amount, the overall EHR amount, the Medicaid share, and the aggregate EHR amount.

The SLR is configurable to allow states to designate the number of years for disbursement of payments to EHs. Each state may designate a payment period of at least three years and not more than six years. Each state may also designate the percentage of the total payment to be disbursed in each of the years of the designated payment period. The SLR does not allow a percentage greater than 50 percent to be entered in any one year, or payments equaling more than 90 percent of the total calculated payment in any two years.

Screen prints of the hospital payment calculator are included in Tab 4 Screen Shots.

Allow Provider to Upload Supporting Documentation

i. Allow the provider to upload supporting documentation

As part of the attestation process, EPs and EHs must upload documentation to support their attestation. Documentation may be attached to support registration, Medicaid eligibility, AIU attestation, MU attestation, and the CMS EHR Certification ID. The signed Attestation Agreement is a required attachment.

The SLR uses a standard tool, called Manage Files, for document attachments. The Manage Files function includes a subject list that the provider uses to indicate what sort of document is attached. The subject list is configurable to meet the needs of each client and contains documents required as supporting documentation. The subject list can be different for each step, requiring the provider to select documents appropriate to that step in the attestation process. After the subject is selected, the provider uses a standard function to search for a document on the local computer or network and attach the document. Individual attachments are limited to 10MB in size and each Manage Files function accepts up to 10 attachments. Supported file types include:

- Adobe PDF
- Microsoft Excel .XLS
- Microsoft Excel .XLSX
- Microsoft Word .DOC
- Microsoft Word .DOCX
- GIF
- JPG
- JPEG
- BMP
- PNG

The SLR also includes the capability to require that providers attach a specified number of documents, with specific subjects to complete the attestation process. The validation of the attachments can include a soft stop or hard stop. Examples of documents that the Agency may require include:

- Contracts
- Receipts
- Invoices
- Cost reports
- Practice management system reports
- Schedules
- Board certifications for pediatricians
- Eligibility workbooks

Application Status

j. Provide information about application status.

Once the user account is created, the provider can log into the SLR to complete the registration process. Once in the system, the Homepage display includes visual indicators as illustrated in Exhibit 4-6 that let the provider know which of the remaining items that needs to be completed.

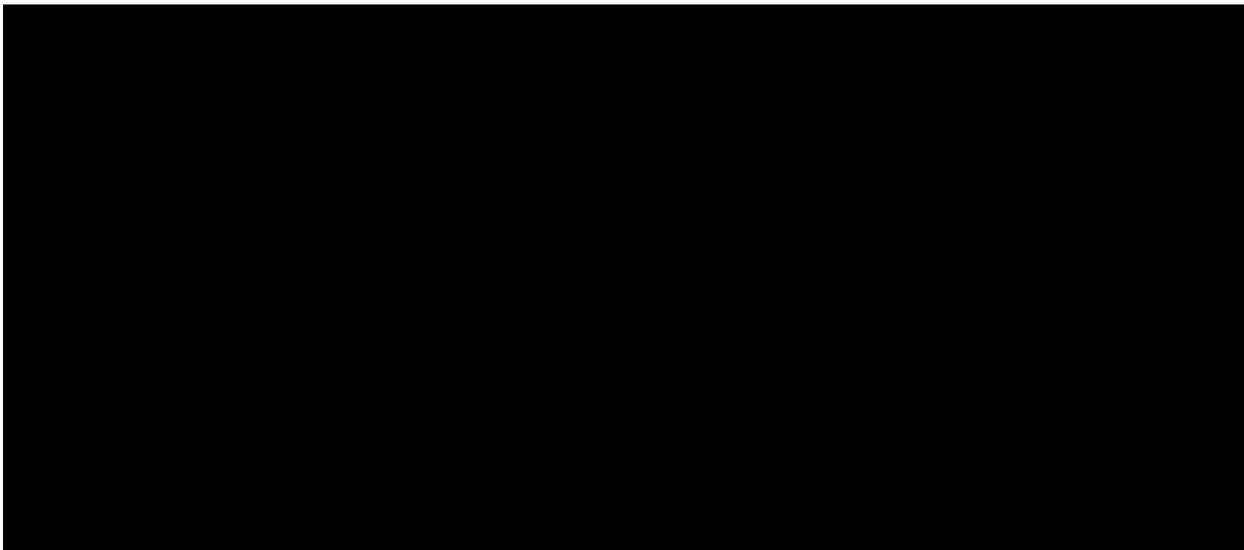


Exhibit 4-6. Provider Homepage View

Visual indicators let the providers know immediately upon log in as to the progress of their application.

The Agency also has the ability to track a provider's progress through the SLR State Dashboard and to send messages directly to assist the provider in the completion of their attestation.

Electronic Notices of Denial

k. Issue electronic notices of denial, with information on how the provider may re-apply.

The SLR includes the ability to automatically generate messages to providers when specific conditions are met, such as a failure to meet one of the program requirements during the provider's attestation process. These messages are customized to each client and include information the Agency wishes to

communicate to the provider. Messages may be pop-up on-screen to the provider, email notifications transmitted by the SLR to the provider, or both.

Additionally, the SLR State Dashboard can be configured to send notifications to the provider if the attestation is rejected or denied by the Agency during the review process. The SLR State Dashboard can send predefined, state-specific messages to the provider regarding the denial. Since, in many cases, there may be more than one reason for denial or a detailed explanation must be sent to the provider, the SLR State Dashboard also includes the ability to generate a custom message to the provider to fully explain the denial. These custom messages are generated using the SLR email account, protecting the email address of the Agency staff person rejecting the provider's attestation.

Provider Information on How to File an Appeal

I. Provide information to the provider of how to file an appeal with the Agency.

As each message in the SLR and SLR State Dashboard is designed to be configurable to meet the needs of each specific client, information on how to file an appeal is included in any of the notifications to the provider, when an appeal is warranted. This is performed by displaying detailed text in the message about how to file an appeal; attaching a document that describes the right to appeal, and the appeal steps to follow; or including a link to a website that contains the appeal related information. The custom messaging capability of the SLR State Dashboard also provides the Agency with the ability to create a detailed message to the provider regarding the specific situation and how to appeal, if desired.

Interface to Certified Health IT Product List (ONC/CHPL)

m. Interface to the Certified Health IT Product list (ONC/CHPL) web service for certification verification.

The SLR uses the ONC-provided Web service to conduct verification that the providers are using certified EHR technology. The SLR process authenticates the EHR Certification ID on a real-time basis as part of the attestation process for the provider. The agency determines if the provider should be allowed to continue the attestation process if the EHR Certification ID is not validated with the ONC. The verification process uses two separate services for authentication.

The first service is a logon service (enterprise.wsdl) that allows access to the services hosted by Salesforce.com. A username, provided by ONC, password, and token are provided by the ONC are provided to establish a unique session ID that is valid for two hours. All states share the same username to access the services.

The second service is a meaningful use identifier (MUID) validation service (CHPLVerificationWebService.wsdl) that is used once the unique session ID is established. The EHR Certification ID entered by the provider is passed via the Web service and validated. The Web service returns a response of 'valid' or 'invalid.' A 'valid' response indicates that the EHR Certification ID is found on the CHPL. An 'invalid' response indicates that the EHR Certification ID is not found on the CHPL.

Updates to the validation process to support changes to either Web service are considered to be mandatory changes from CMS and are included in the cost for the SLR.

Verify Provider with Medicaid

n. Verify the provider is an active provider with Medicaid.

The ACS SLR receives and stores current MMIS provider enrollment information obtained from the Agency's MMIS vendor. This information, at a minimum, contains a provider demographics table with information such as the provider's name, address, and identification number and a provider eligibility table with information such as the provider's status, date approved, and participation data span. This Medicaid provider data serves as a basis for the validation of information received from the CMS Registration and Attestation system and is referenced during the eligibility verification process.

The SLR registration process requires the provider to create a user account for the SLR. The provider must enter an NPI and TIN, which are validated against the PMF to determine if the provider is a registered Medicaid provider. If needed, the provider can be prevented from creating a user account if the NPI and TIN do not match a record in the PMF. However, to accommodate the situation commonly found in Medicaid Managed Care Organization (MCO) programs, where the MCO is the registered Medicaid provider and the individual provider rendering service is not required to be registered, the SLR allows providers to create a user account, based solely on having registered with the CMS Registration and Attestation System. This approach requires disabling the automated validation of registration information entered by the provider against the PMF; any providers who are not in the PMF are automatically marked for review by the administrative users, who must manually verify the provider meets the enrollment eligibility requirements.

After the user account has been created and the provider has logged into the SLR, the SLR requires the provider to enter additional registration information to help validate enrollment eligibility. Many of the data fields are configurable to allow states to select which fields are applicable for providers to complete, as well as the action to be taken if the provider's entered data does not match the PMF.

The data gathered in this section is used to validate the provider's eligibility to participate in the program. Where data is available, the validations are performed against the PMF to automatically confirm or deny a provider's eligibility. Specific validations against the PMF include:

- Validating the Medicaid ID entered by the provider matches the Medicaid ID in the PMF
- Validating the professional license number entered by the provider matches the license number in the PMF
- Validating the provider does not have a status of "deceased" or "suspended" in the PMF

When system validations are performed, there are two options to handle providers who fail the validation. A "hard stop" can be performed, which prevents the provider from continuing with the application as an enrollment eligibility requirement is not met. A hard stop triggers a reconsideration situation with the provider. Secondly, the system can also perform a "soft stop," which allows the provider to continue with the application and sets a flag on the provider record indicating that the validation step was failed. This requires the SLR State Dashboard user to review the provider information manually and determine if the provider meets the eligibility requirements.

Screen prints of the EP and EH registration screens are included in Tab 4, Screen Shots.

Help Screens

o. Provide help screens acceptable to the Agency

The EHR provider incentive program can be confusing to providers and the healthcare community. In order to minimize the level of frustration and maximize the provider's experience for a successful program, ACS designed the SLR portal with online help that includes a contact number for the Iowa call center, a link to "Contact Us", access to online manuals, and field-level help. The online help services used in other ACS healthcare solutions have proven successful in supporting adoption and usage, and decreasing the administrative burden for the providers.

The online help feature within ACS' SLR solution not only lists the number to the Iowa call center, but also has a "Contact Us" link that is configurable and includes:

- The ability to send secure messages directly to a specified help desk email account
- A number to contact the call center supporting the SLR

An online user manual is available for providers who require a single document covering the SLR portal application. This manual is available to providers as an Adobe PDF document and is downloaded from the SLR portal real-time by providers. Use of the "Help" button on the top navigation bar takes users to the appropriate section of the manual.

The most direct help is provided through field-level help. Drop-down lists of valid values and "more info" links show users an immediate description, definition, and direction for a specific element.

4.1.2 EHR Program Administration Tools and Services

REQUIREMENT: RFP Section 1.3.1, Q. 2, pg.7

Provide EHR program administration tools and services, which include but are not necessarily limited to:

While the Agency maintains complete authority over the incentive program, we handle the business administration and technical program management. This means less disruption to daily workflow and less involvement from Agency staff to perform the activities. Building on our extensive Medicaid operational experience, we provide the Agency with the solution and support for the required services. Our major responsibilities during the SLR operations phase include:

SLR State Dashboard. The ACS SLR State Dashboard provides the administrative user access to review the information for a provider's application in one place, bringing together all data needed to support not only the initial review of the provider's application, but also fraud and abuse investigations, audits, reconsiderations, and appeal requests. The SLR State Dashboard displays the documentation attached by the provider during the attestation process. In addition, the SLR State Dashboard supports ad hoc reporting; Agency-designated users can access a variety of standard queries or create new ones to meet user needs.

Reporting. Our reporting services team has a broad-based background in data analysis, data warehousing, reporting systems, and end-user presentation. ACS uses a variety of Microsoft tools to produce a robust reporting environment with extensive capabilities. Reports are accessible via the SLR Web portal with

applicable security controls and pass-through authentication in place to prevent unauthorized viewing. Reports are viewed into standard formats including Microsoft Excel and Adobe Acrobat PDF.

Reconsideration and Appeals. Eligible professionals and hospitals can request reconsideration of adverse decisions on participation eligibility, attestations, and incentive payment amounts. ACS maintains a reconsideration process that is separate from appeals to the Agency and occurs prior to the Agency appeal process, which we support through delivery of appropriate data and reports.

Email Notifications to Providers

a. Submitting e-mail notifications to providers with the information and requirements for eligibility upon receiving registration from the NLR.

The SLR solution supports the Agency's communication requirements by creating email notices to providers. Current email notifications are generated to providers for the following functions within the SLR solution:

- "Forgot Password?"
- "Forgot User ID?"
- Attestation Sent
- Provider Associated with a Group
- Provider Associate with multiple Groups
- Payment Status

ACS' solution supports the Agency's incentive payment program by generating automated email notifications to the provider and can easily accommodate additional messages upon receipt of a registration confirmation (B6 transaction) from the CMS Registration and Attestation system (formerly known as the NLR).

EHR Program Determination

b. Making all EHR program determination using a rules-based determination system.

One of the benefits of the SLR solution is its rules-based design. It provides a set of standard rules that apply to every application, which helps to ensure the consistency of the attestation process. Based on the final rule governing the program, standard checks include validations for the following components of the program:

- Eligible professional eligibility for the program
- Eligible hospital eligibility for the program
- Proof of ONC certified EHR system adoption, implementation, or upgrade
- Signed Attestation Agreement

The SLR also has the flexibility to allow for client configuration to meet the needs specific to the Agency's program, including establishing a consistent methodology for finalizing EHR incentive payment determinations into the SLR State Dashboard.

Tracking Payment Authorization

c. Tracking payment authorization.

The Iowa SLR system, provided by ACS, tracks payment authorizations and includes the following:

- Maintains a complete repository of incentive payment-related information
- Follows correct payment methodology based on CMS payment rules
- Exchanges payment information with the designated payment system
- Prevents issuing payments to providers when there are exclusions, sanctions, and/or other incentive payments
- Provides the functionality to pay assigned payees as designated by the provider

The Agency and its designees have access to the SLR State Dashboard, which allows users to monitor and track provider activity within the SLR application, including the status of payments.

Audit Support

d. Providing any required audit support.

The SLR solution centralizes the collection and maintenance of the components of the provider's incentive payment attestation throughout the years of the program. This feature makes it very easy to examine all aspects of a provider's application as well as track audit outcomes and items verified.

The SLR State Dashboard also includes a series of pre-defined Audit queries as shown in Exhibit 4-7 developed to help the Agency proactively identify specific groups of providers meeting certain criterion that are common audit flags as recommended by CMS.

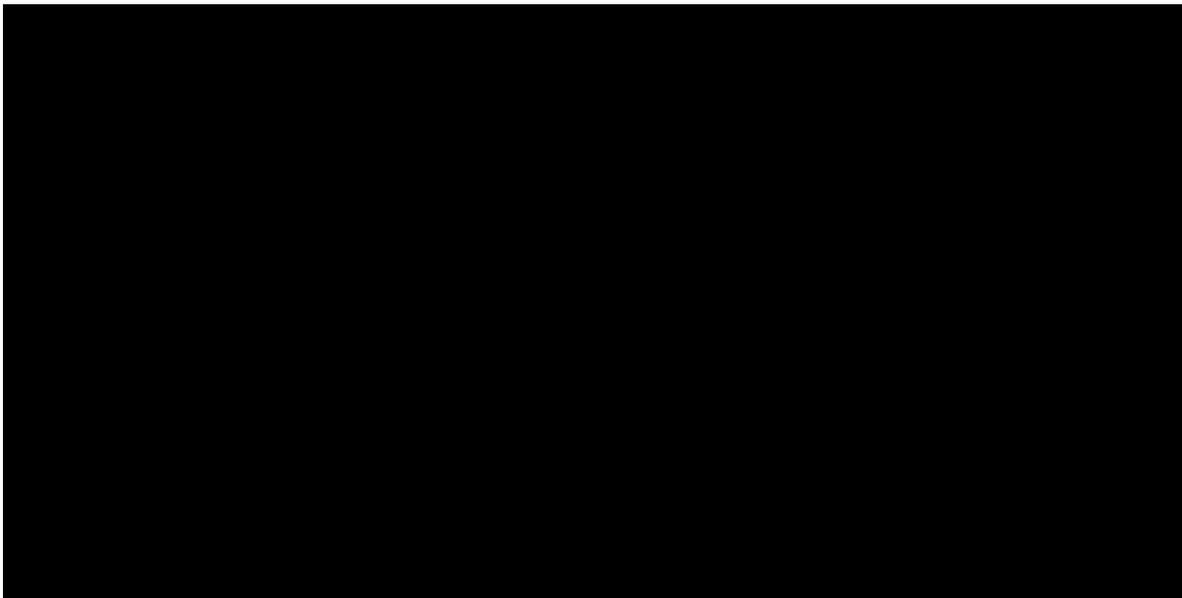


Exhibit 4-7. SLR State Dashboard Audit Queries

Pre-defined queries make it easy for the Agency and its designees to generate a list of providers that meet certain criterion identified by CMS as potential flags for audit.

Reports are accessible via the SLR State Dashboard with the applicable security controls and pass-through authentication in place to prevent unauthorized viewing. Reports can be transferred into a variety of formats including, but not limited to, Microsoft Excel and Adobe Acrobat PDF.

System Dashboard

f. Providing access to a system dashboard, with up-to-date information related to all registrations in the system.

To assist our clients in review of provider applications, we developed the ACS SLR State Dashboard. The SLR State Dashboard is a separate application that shares a database with the SLR product used to capture provider attestation data. As shown in Exhibit 4-9, the SLR State Dashboard displays data entered by the provider for the administrative user's review, including the documentation attached by the provider during the attestation process.

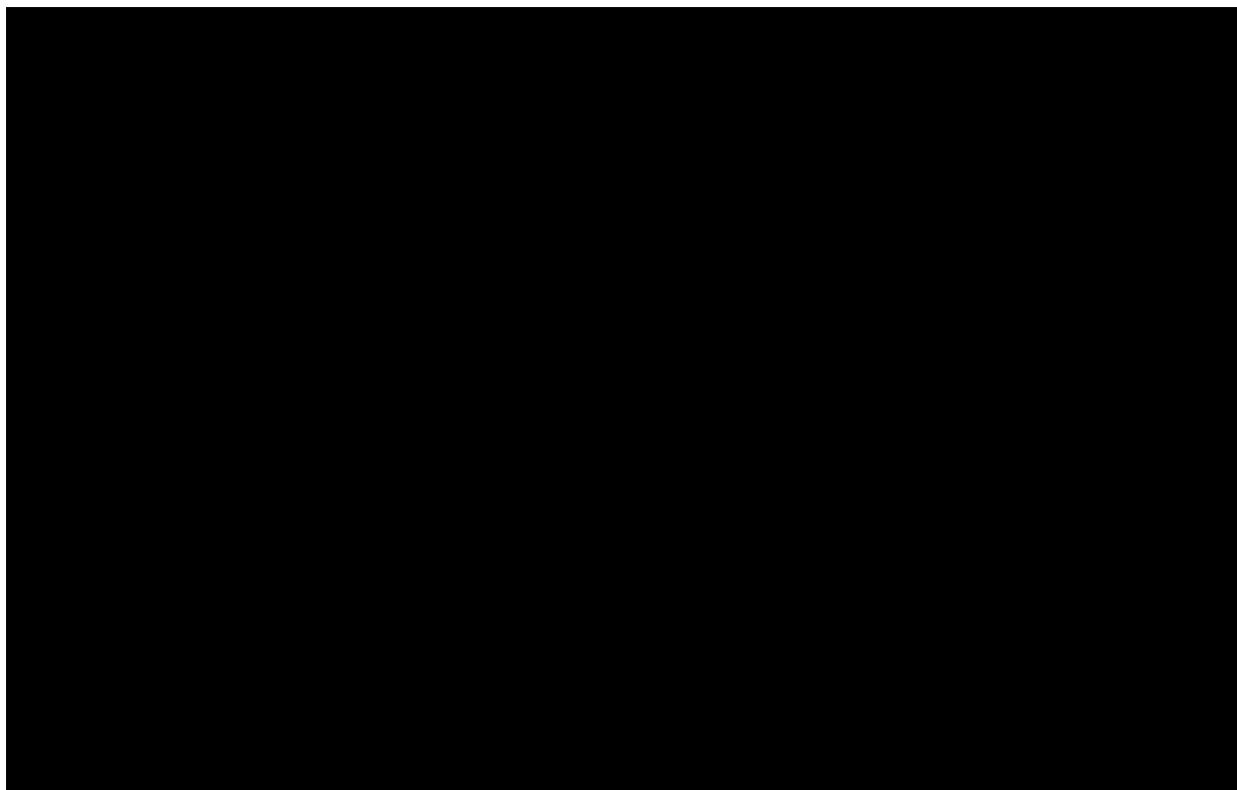


Exhibit 4-9. Provider Information View

The SLR State Dashboard allows the administrator the ability to review application details associated with the provider in one place.

The SLR State Dashboard application is designed to be a flexible tool that allows the administrative user to select [REDACTED]

Multiple user roles can be defined for the SLR State Dashboard, providing control over the application review and approval process.

Searching for Providers

The foundation of the SLR State Dashboard is the ability to search for providers to review. Users can search for providers [REDACTED], as shown in Exhibit 4-10, or by [REDACTED] as shown in Exhibit 4-11. This capability allows the administrative user to generate a dynamic list of providers and review each one without needing to print reports.

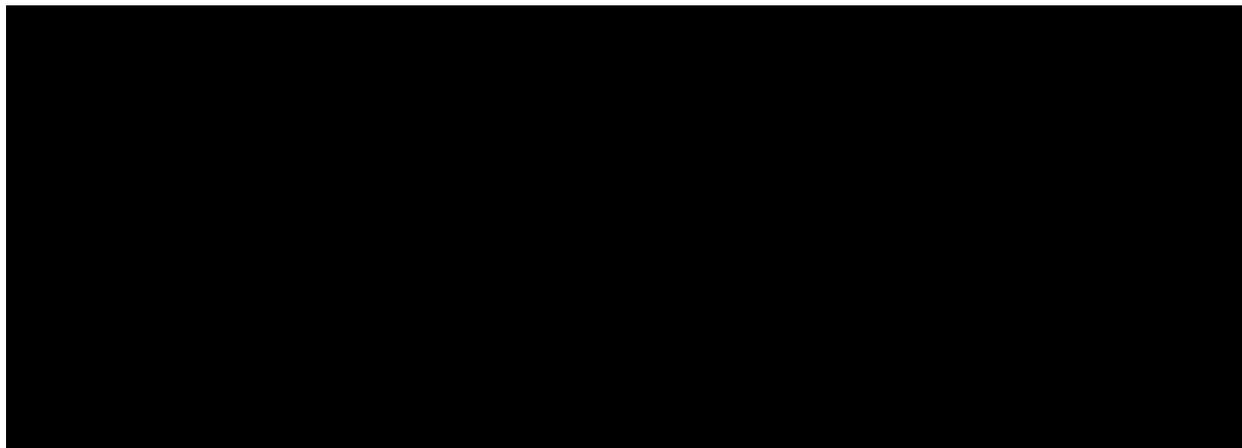


Exhibit 4-10. Individual Provider Search

The Individual Provider Search allows the user to search for a specific provider.

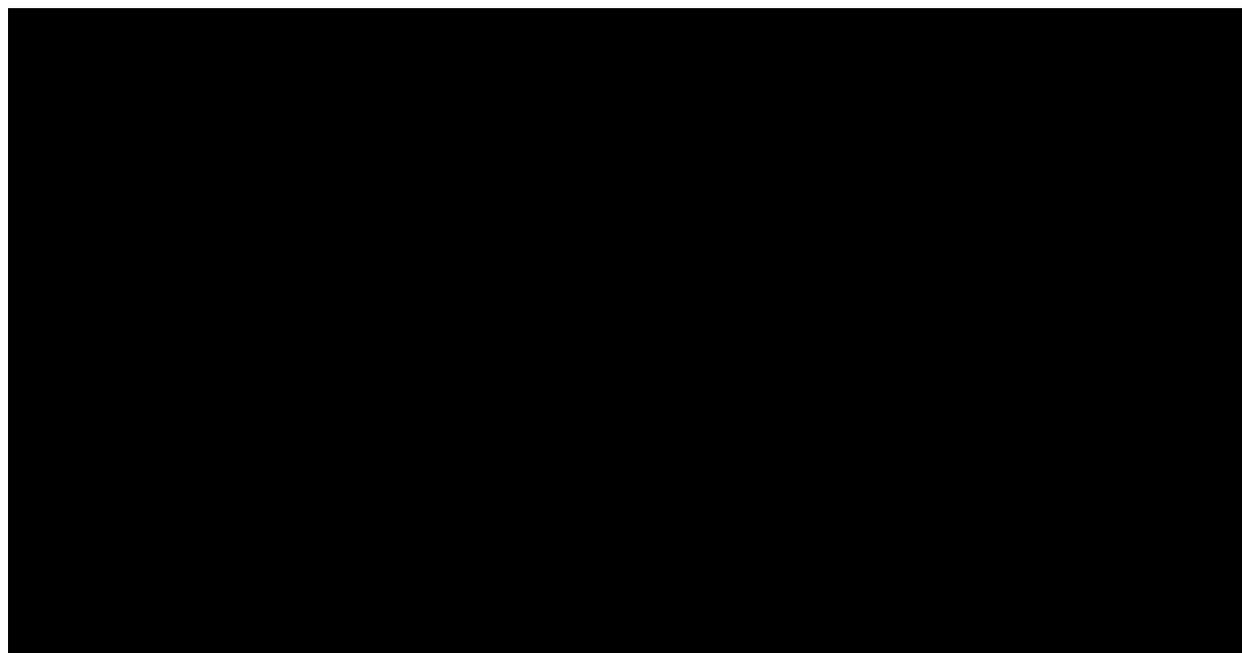


Exhibit 4-11. SLR State Dashboard Queries

The SLR State Dashboard queries allow the user to select a set of providers that match the criteria defined in the query.

The SLR State Dashboard includes multiple queries to provide flexibility in searching for providers who meet certain conditions. The queries are categorized to help focus the search on specific items, as shown in Table 4-3.

Table 4-3. SLR State Dashboard Queries	
Query Category	Types of Queries Included
Audits: General	Queries based on recommended audits by CMS or that states have included in their SMHPs. General audits apply to both EPs and EHs.
Audits: Eligible Professionals	Queries based on recommended audits by CMS or that states have included in their SMHPs. Eligible Professionals audits apply to only EPs.
Audits: Eligible Hospitals	Queries based on recommended audits by CMS or that states have included in their SMHPs. Eligible Hospital audits apply to only EHs.
Audits: Groups	Queries based on recommended audits by CMS or that states have included in their SMHPs. Group audits apply to only Groups.
Step 1	Queries to identify any providers that failed one of the validations performed in Step 1.
Step 2	Queries to identify any providers that failed one of the validations performed in Step 2.
Step 3-5	Queries to identify any providers that failed one of the validations performed in Step 3, Step 4, or Step 5.
Ready for Release	Queries to select providers to be included in one of the following interfaces: <ul style="list-style-type: none"> • B-7 with an ineligible status • D-16 • Payment file interface to MMIS

Provider List

When a query is processed, the result is displayed in a provider list that includes the providers matching the criteria defined in the query. As shown in Exhibit 4-12 the list provides an at-a-glance view of which providers are included. The query results may display on multiple pages if a large number of providers are returned in the search results.

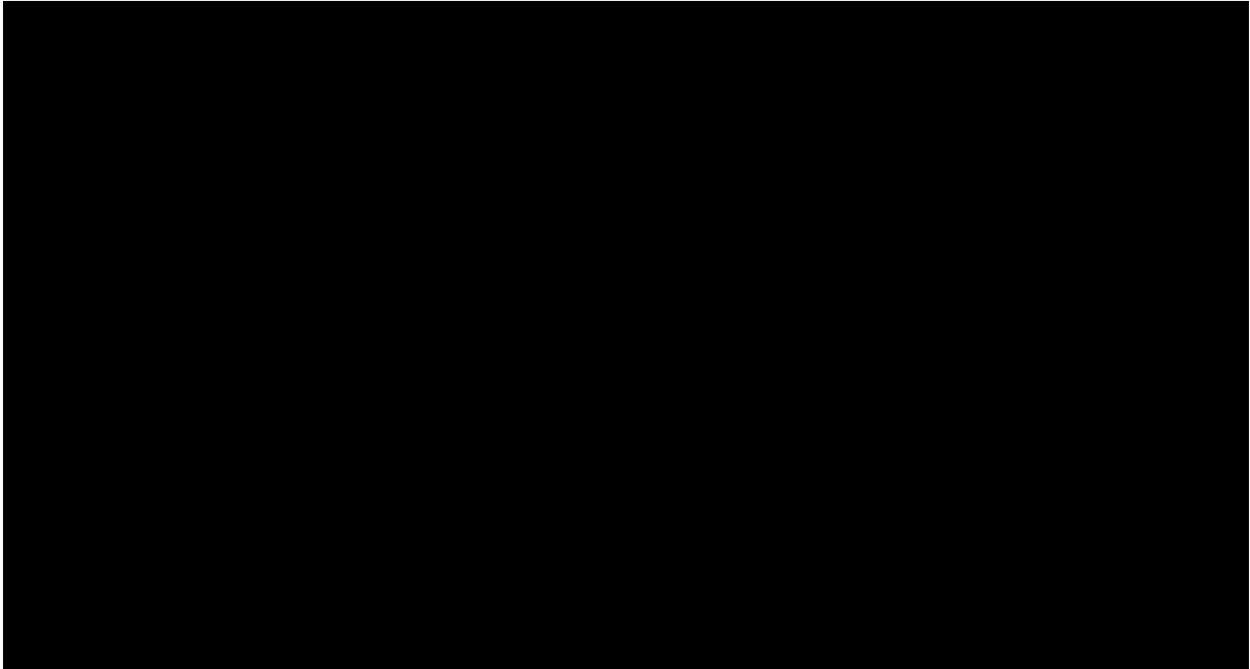


Exhibit 4-12. Provider List

The provider list displays providers matching the query criteria.

From the provider list, the administrative user can drill into the detail for any provider on the list.

Viewing Provider Data

Once a provider is selected for review, the administrative user can view the data entered by the provider during the attestation process. The data is organized in the same order it is entered by the provider for ease of review, and is displayed on separate tables that correspond to the individual steps of the provider workflow, as shown in Exhibit 4-13.

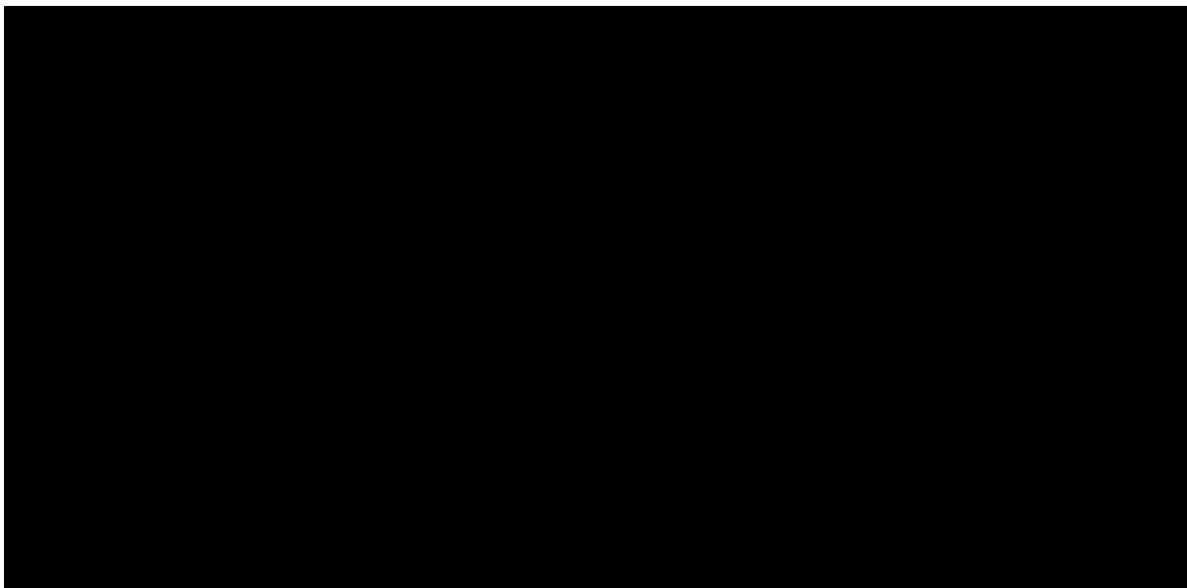


Exhibit 4-13. Provider Information View

Data entered by the provider is organized based on the steps in the provider workflow.

Additionally, the administrative user can view both the provider's data received from the CMS Registration and Attestation System, and the provider's PMF data. This data opens in a new window to allow the reviewer to compare the information to the provider's attestation data.

As shown in Exhibit 4-14, the administrative user can also view the attachments submitted as part of the provider's application. This is a key step in verifying the provider's eligibility to participate in the program.

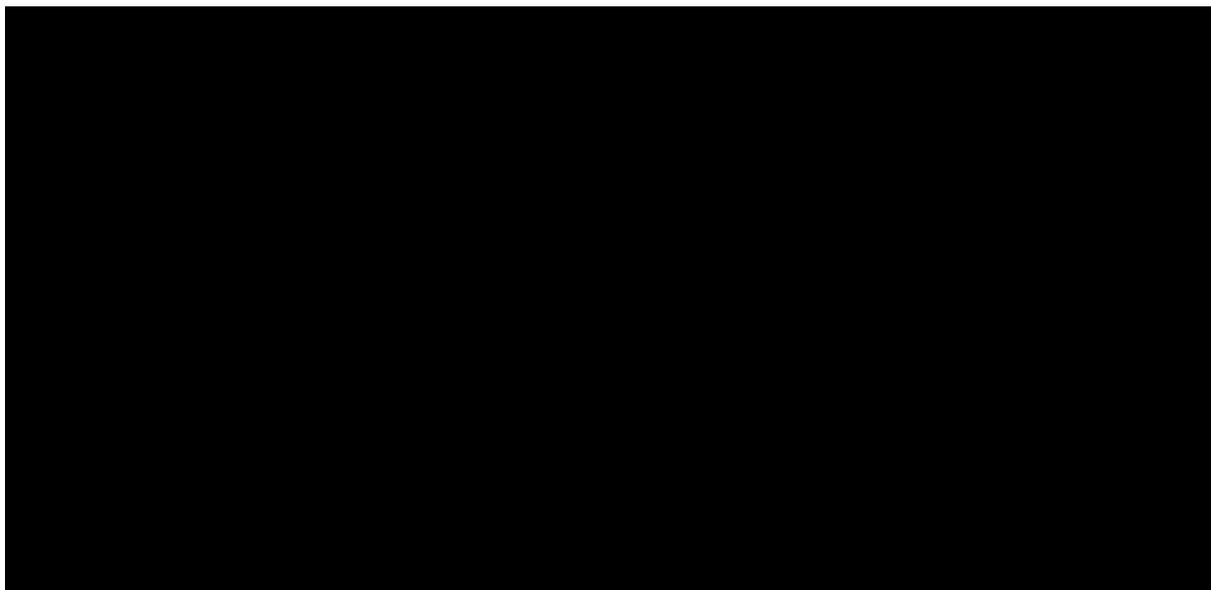


Exhibit 4-14. View Attachments

Documents submitted as part of the provider's attestation are available for review.

Verification

The SLR State Dashboard also allows the administrative user to document any verification of the provider's data at the individual field or attachment level. This capability supports the pre-payment verification processes defined by each state that is using the SLR for provider attestation. For each field or document, the administrative user can document notes relating to how the verification was performed, attach documentation that supports the verification, and indicate if the verification passed or failed. Additionally, the administrative user reviews any soft stop exceptions that the system recorded and determines if the provider's application is approved, rejected, or needs to be returned to the provider for correction or more information.

As states are learning more about the verification process and becoming more comfortable with reviewing provider applications, we are working to enhance the verification process in the SLR to support our customers. [REDACTED]

Appeals Tracking

The SLR State Dashboard contains the ability for the administrative user to document when a provider has filed an appeal specific to the incentive program and to record all activity related to the appeal. The appeals tracking function includes notes to track the progress of the appeal through the state process, and attaching supporting documentation. When the final appeal decision is made, the decision is documented in the SLR State Dashboard and the appropriate workflow is triggered based on the decision. If the provider's appeal is upheld, the provider's application is returned to an active status to continue through the review process. If the provider's appeal is overturned, the application remains rejected.

Each of the states currently using the SLR and the SLR State Dashboard have elected to minimize appeals in the first year of the incentive program, and have chosen to use an existing Medicaid appeals process for incentive program related appeals rather than using the SLR for providers to initiate appeals.

Audit Tracking

The SLR State Dashboard also contains the ability for the administrative user to document when a provider is selected for audit and to record the results of the audit. Using the verifications function, the administrative user can document detailed audit information at the specific field level in addition to documenting overall audit information for the provider. The audit tracking function includes notes and attaching supporting documentation.

Workflow Management

g. Providing workflow management (or interface to the Agency's OnBase workflow system).

The SLR State Dashboard is designed to be flexible to support the needs of administrative staff reviewing the provider applications and to allow the user to perform any action required to complete the review

process. This design eliminates the need for traditional work queues while still providing our clients the capability to identify providers at various stages in the review process. This also reduces the risk that a provider's application is not processed in a timely basis if it is assigned to the work queue of an administrative user that is on vacation or otherwise not keeping up with reviewing applications.

ACS stands ready to work with the Agency, after review of the SLR State Dashboard, if there is a need for more formalized workflow management, ACS works in partnership with the Agency to define any needed queues.

Online User Manual

h. Creating an on-line user manual.

The success of a project requires more than just implementing technology; the individuals using the technology must be sufficiently trained on how to use the tools effectively. Our primary objective in developing the user manual is to ensure ease of use of the SLR program. To accomplish this, we work closely with our own staff, and other stakeholders to develop training materials and methods based on the needs of our targeted audiences. We also ensure that online training considers various knowledge levels, connectivity, and software requirements.

A user manual is available for providers who require a single document covering the SLR portal application. This manual is available online to providers as an Adobe PDF document and can be downloaded from the SLR portal real-time by providers. Use of the "Help" button on the top navigation bar takes users to the appropriate section of the manual.

Distributing Training Materials

i. Creating and distributing training materials.

To ensure the success of the project, every effort is made to connect with all levels of users, whether that is via telephone, fax, email or Web portal. Training materials may take many forms, all in an effort to not only reach, but ensure ease of use of the incentive payment program.

ACS supports creating and distributing training materials using the SLR Web portal and includes a telephone number to contact the call center supporting the SLR for specific provider incentive program questions, the website, computer-based training (CBT) courses, and FAQs on the website. Materials can easily be downloaded by the provider community.

System Messaging to Internal Staff

j. Providing extensive system messaging to internal staff.

Inherent to the design of the SLR State Dashboard includes workflow and error alerts. Part of the configuration process for the Iowa SLR solution includes a variety of validations. As providers move through and complete their Attestations, SLR State Dashboard users are able to view the errors associated on a specific provider's application. The errors must be addressed and resolved before the provider can be considered for payment. System messages generated through the SLR can be distributed to both the

provider and the Agency staff, ensuring that internal staff receives notification related to validations and errors.

4.1.3 Administrative Reports

REQUIREMENT: RFP Section 1.3.1, Q.3, pg 7

Provide reports as required, including the following online administrative reports:

- a. Provider activity report.
- b. Registration summary.
- c. Attestation summary.
- d. Payment summary report(s).
- e. Dispute and appeals activity report.
- f. Aggregated meaningful use report identifying measures selected by providers.

The following online administrative reports are currently included as part of the Iowa SLR proposed solution:

Provider Activity Report

- a. Provider activity report.

Generated on a daily basis, the Agency receives multiple activity reports related to the provider activity within the Iowa SLR solution. Posted daily to the SharePoint site specifically designed for the SLR for Provider Incentive Payment with state-specific SLR State Project sites; the detailed NLR/SLR Report documents provider activity and progress on both the CMS Registration and Attestation site and the SLR solution, while the Daily SLR Data documents provider activity on the SLR solution. Sample reports are included in Tab 4, Sample Reports with provider-specific information deleted and some fields hidden for illustrative purposes.

The NLR/SLR Report, Report 17, documents information received from CMS and affiliates the CMS record to the provider's State Level Registry application (once created). This daily snapshot give insight as to a provider's progress both on the CMS Registration and Attestation site as well as progress within the SLR.

The Daily SLR Data Report, Report 18, documents every piece of data associated with the providers that have registered with the Iowa State Level Registry.

Registration Summary

- b. Registration summary.

Included as part of the NLR/SLR Report detail, the Workflow Status documents the provider's status; including an indicator that the provider has registered. Also included in this report are related registration details associated with the provider.

Attestation Summary

c. Attestation summary.

Also included as part of the NLR/SLR Report detail, the Workflow Status documents the provider's attestation status; including an indicator identifying the last step within the attestation completed by the provider.

Payment Summary Report(s)

d. Payment summary report(s).

As detailed in Proposal Section 4.1. 2, EHR Administrative Tools and Services, the core SLR solution currently includes two payment reports.

Dispute and Appeals Activity Report

e. Dispute and appeals activity report.

Part of the primary SLR State Dashboard functionality is the documentation of any and all appeals activity taken on a particular provider's application within the SLR solution including notes and attachments for reconsiderations and a log of outcomes on the primary page view. Should additional reporting be required, ACS will work with the Agency to develop an appeals report to further support this area.

Aggregate Meaningful Use Reports

f. Aggregated meaningful use report identifying measures selected by providers.

We are currently working with our clients to document requirements for Meaningful Use (MU) reporting and will create a robust set of MU reports to be delivered January 1, 2012 when our clients begin accepting MU attestations. All MU reports created will be delivered as part of the Iowa SLR implementation. If Iowa has additional reporting needs not covered by the initial set of delivered reports, additional reports can be developed according to the Agency's specifications.

ACS performs a thorough gap analysis between existing reports and the query functionality available in the SLR State Dashboard to determine if existing functionality meets the Agency's requirements or if a new report should be developed to meet the additional reports as listed in the requirements.

4.1.4 EHR Incentive Payment from MMIS

REQUIREMENT: RFP Section 1.3.1, Q. 4, pg. 7

Receive EHR incentive payment information from MMIS.

A dedicated ACS Data Services team works closely with the Agency and its vendors to determine the required data sources, transactions, and file layouts needed to support the Iowa SLR solution. Detailed data analysis is performed to map the required data elements from the source files to the target databases

for integration into the Iowa SLR portal. File transfer protocol, batch filenames, and expected delivery schedules are a few of the activities established during project implementation.

The ACS Data Services team requests test files for the data interfaces required. We perform detailed analysis on each test file to ensure it conforms to the layout provided, and that file contents meet expectations as well as ACS application requirements. Any anomalies found are resolved, working collaboratively with the Agency and the relevant vendor. The attention-to-detail during the analysis phase helps eliminate data-related issues once production files arrive.

Core interfaces included with the SLR include the interfaces with the CMS Registration and Attestation System, a provider master file (PMF) interface from the MMIS, outbound payment files to the MMIS or other payment mechanism designated by the State, and the inbound payment information file from the MMIS once payment has been issued. Up to four additional interfaces, such as claims data, death registry files, licensing board data, or data warehouses may be developed as part of the base contract.

Iowa MMIS

To facilitate the exchange of data between other information systems, including the MMIS, ACS uses the latest file transfer and encryption technologies to ensure secure, reliable data transmission. [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

To facilitate loading of EHR Incentive Payment information from the Iowa MMIS, we have developed a standard process and file format for this file.

Payment Confirmation Process

The SLR system receives the payment confirmation file from the State's MMIS, as scheduled and transmitted to SLR. The SLR system processes the received payment confirmation files daily if any payment confirmation files have been received.

The payment confirmation file is used to populate the appropriate database table and create a D18 interface file to CMS to confirm that the participant has been paid.

File Description

To support the SLR for the CMS Medicaid Provider Incentive Payment Process the participating state payment organizations will send payment information for all EPs and EHs who receive EHR incentive payments from the state Medicaid organization to the ACS SLR application in the form of a flat file extract as described below.

[REDACTED]

4.1.5 Interfaces to CMS National Level Repository

REQUIREMENT: RFP Section 1.3.1, Q. 5, pg. 7

Interfaces to the CMS National Level Repository, by:

Effectively managing government health solutions requires expertise in program development. Leveraging our experience managing transactions and developing interfaces is a core strength of ACS. To support the Iowa SLR solution for Iowa’s Medicaid Electronic Health Records Incentive Payment Program, ACS developed the following interfaces shown in Table 4-4 to receive and send files to the CMS Registration and Attestation System.

These interfaces are currently used by the SLR to support five states that have live programs, and have been fully tested and certified for an additional two states that are currently implementing their programs.

CMS Interface Certification

- Fully certified interface process for seven states
- Defined windows for consistent file transfer time

Table 4-4. Current Interfaces			
Interface	Title	Description	Purpose
B-6	Provider Registration Data	Incoming: CMS Registration and Attestation System to the SLR	To inform the Agency of new, updated, and cancelled Medicaid registrations. The CMS Registration and Attestation System sends the SLR batch feeds of new eligible professionals (EPs) and eligible hospitals (EHs) that signed up for HITECH and selected or switched to Medicaid. Also included in the data are any updates or changes to the EP or EH entries and any registration cancellations.
B-7	Registration Confirmation Data	Outgoing: SLR to CMS Registration and Attestation System	To update the CMS Registration and Attestation System regarding the final eligibility of EPs and EHs that opt-in to the Medicaid incentive program. The SLR sends the CMS Registration and Attestation System the eligibility of new, changed, or updated registrations.
C-5	Dually Eligible Hospital Attestation Data	Incoming: CMS Registration and Attestation System to the SLR	To send the SLR attestation information submitted by dually EHs via the CMS Attestation module.
D-16	Duplicate Payment/ Exclusion Check	Outgoing and Incoming: SLR to CMS Registration and Attestation System, CMS Registration and Attestation System to the SLR	To prevent duplicate payments for providers between Medicare and Medicaid. Also prevents duplicate payments between states.

Table 4-4. Current Interfaces			
Interface	Title	Description	Purpose
D-17	Dually Eligible Hospital Cost Report Data	Incoming: CMS Registration and Attestation System to the SLR	To send the SLR the cost report data elements utilized by CMS to determine Medicare hospital payments for dually eligible hospitals deemed eligible for the Medicare HITECH incentive payment.
D-18	Incentive Payment Data	Outgoing: SLR to CMS Registration and Attestation System	To update CMS Registration and Attestation System records indicating successful and unsuccessful incentive payments for Medicaid EPs and dually eligible hospitals. The data includes all registered EPs and dually eligible hospitals including those that did not meet Agency qualifications for payment.

At a high level, Exhibit 4-15 illustrates the typical data exchange process. CMS Registration and Attestation System batch files import into database tables by a database-stored procedure. GenTran, a point-to-point file transfer software, manages file transfer workloads with an extensive audit trail of data movement through statistic logs. The SQL Server Integration Services (SSIS) package imports job runs daily. It calls the import stored procedure for each incoming files. The stored procedure loads Extensible Markup Language (XML) files by a Structured Query Language (SQL) bulk load function and parses them using XML Path Language (XPath), while saving the data to the table.

Outgoing data is prepared in the database table to await transmission. An SSIS package export job schedules daily queries in the database for such outgoing batches. When found, the queries process one-by-one, generating XML for each batch and saving it to a file in an outgoing folder. As part of the back-end validation process, an error generates when imports of file content contain a file type code that is unexpected. Errors are tracked and saved along with the final import status to the service table for audit.

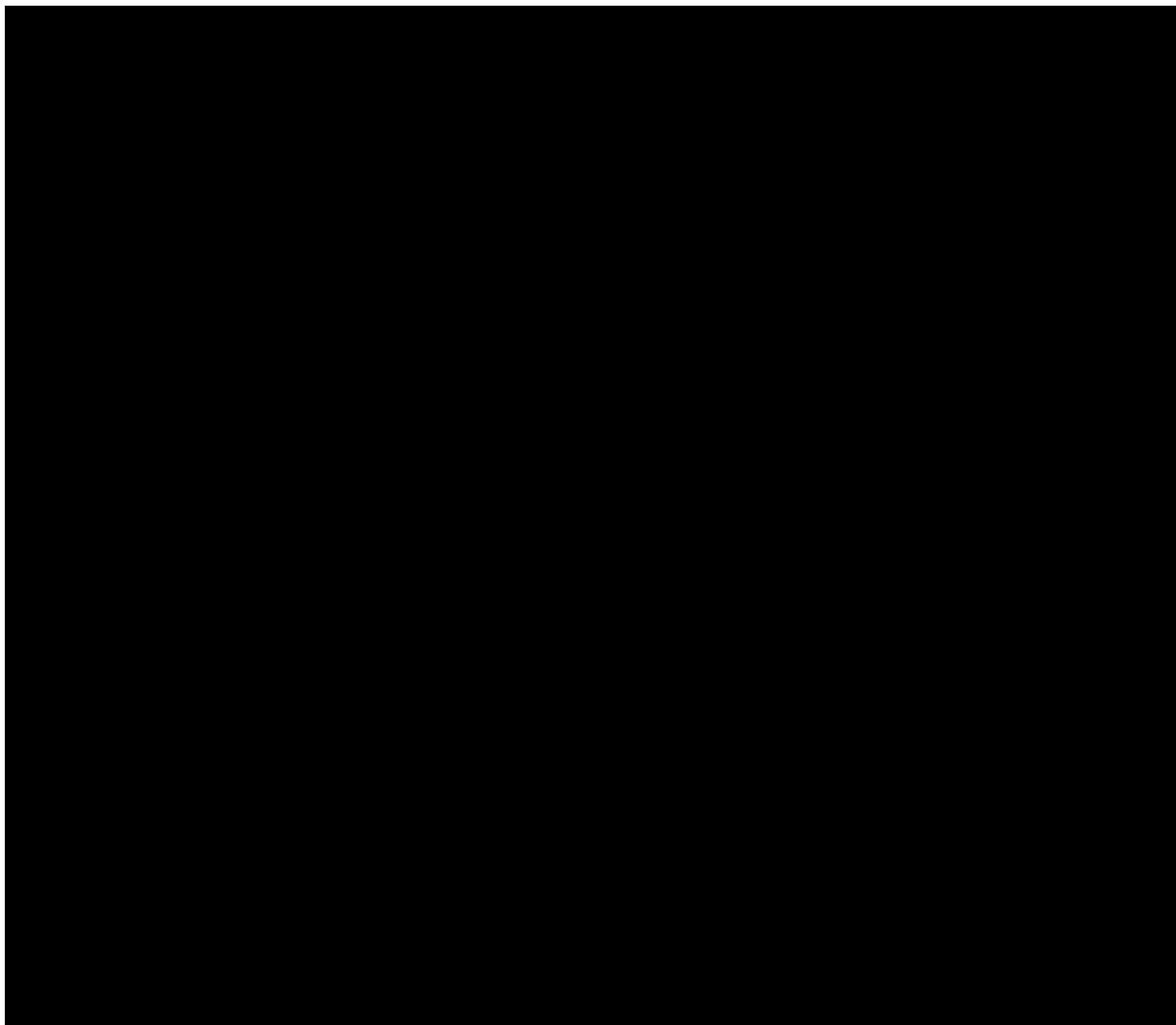


Exhibit 4-15. SLR System Architecture Outline

Technical schematic showing the data flow of Iowa SLR transactions being sent to and from the CMS Registration and Attestation System.

Interfaces are processed six days per week, in accordance with the CMS schedule. Based on feedback from CMS, the SLR is set up to automatically generate a positive B-7 confirmation response when a new or updated B-6 interface is sent for a provider. This updates the CMS Registration and Attestation System workflow immediately and ensures that the provider does not encounter any issues if they elect to change their registration information with CMS.

The SLR provides the Agency flexibility to determine when a negative B-7 response showing a provider is ineligible for the program is sent to CMS. The response can be sent automatically at any point a provider fails to meet the requirements of the program, or can be sent after the provider has completed their application and all efforts to help them qualify for the program are exhausted.

Transmission of the D-16 interface is controlled by the administrative user, allowing for as much or as little pre-payment verification as desired. The D-16 interface is the final step in the verification process

and the positive response from CMS starts the 45-day window in which the provider's payment must be issued.

The D-18 interface is triggered automatically when payment information is loaded back into the SLR.

The C-5 and D-17 interfaces are received together and loaded into the SLR. Receipt of these transactions for a dually eligible hospital may change the application process, if the hospital has not already completed the application in the Medicaid program. These interfaces are not a required part of the payment process and occur only when a dually eligible hospital successfully attests to Meaningful Use under the Medicare process. The data from these interfaces is used solely to designate that the eligible hospital is deemed as having met Meaningful Use through Medicare and is not required to re-enter the Meaningful Use data as part of the attestation.

Accepting Daily Feeds

a. Accepting a daily feed and applying that information to the State repository.

The ACS SLR system accepts daily feeds from CMS, six days per week, between 6:00 a.m. and 8:00 a.m. Eastern Standard Time (EST.) We receive inbound interface files from CMS for our clients in production during the established window. This includes:

- B-6 Interface – New and updated registrations, including cancellations
- C-5 Interface – Dually eligible hospital Meaningful Use attestation data
- D-16 Interface – Duplicate payment/exclusion check response
- D-17 Interface – Dually eligible hospital cost report data

Sending Updated Daily Feeds

b. Sending updated daily feeds to CMS.

The SLR solution sends updated daily feeds to CMS, six days per week between 10:00 p.m. and 11:00 p.m. EST. We send all outbound interface files for all states in production during the established window. This include:

- B-7 Interface – Registration confirmations, including ineligible providers
- D-16 Interface – Duplicate payment/exclusion check request
- D-18 Interface – Incentive payment information

4.1.6 Data Extracts

REQUIREMENT: RFP Section 1.3.1, Q. 6, pg. 7

Provide requested data extracts for the Agency's Data Warehouse.

We will work with the Agency to define the necessary SLR data to extract and send to the Agency's Data Warehouse in support of the Iowa Medicaid Electronic Health Records Incentive Payment Program. SLR database extracts are transmitted to the Agency's Data Warehouse according to a schedule using a secure transmission protocol.

Our ACS Data Services team works with the Agency to define required data sources, transactions, and file layouts needed to support the Iowa SLR solution. Early in the implementation phase, detailed data analysis is performed to map required data elements from the source files to the target databases for integration into the Iowa SLR portal. File transfer protocol, batch filenames, and expected delivery schedules are a few of the activities established during project implementation.

The following are some examples of current data transitions conducted for existing SLR clients:

- All communication to the Web tier from the outside is via 1024-bit secure sockets layer (SSL) encrypted communication.
- Communication to the Iowa MMIS is proposed to move through this tier via a full-time VPN connection. Both real-time TCP/IP and SFTP batch transfer traffic moves across this connection.
- Communication to the CMS Registration and Attestation System (formerly known as the NLR) moves through this tier via an on-demand connection secured by GenTran transfer application. GenTran is one of the three CMS-approved applications for integrating with the CMS Registration and Attestation System and has become the ACS selected standard.
- Details regarding the communication to the Office of the National Coordinator (ONC) service designed to validate certified EHR numbers are still being revised. ACS currently assumes this will be through a secure Web service. CMS requires all attestation requests attempt to use this service before submitting the eligible professional request to CMS.
- Data being received as secure file transfer protocol (SFTP) transfers from multiple outside sources. Updates are filtered/cleansed using SSIS (SQL Server Integration Studio-based ETL processes).

The ACS Data Services team will request test files for all data interfaces required. We perform detailed analysis on each test file to ensure it conforms to the layout provided; and that contents meet expectations as well as ACS application requirements. Any anomalies found will be resolved working collaboratively with the Agency and the relevant vendor. The attention to detail during the analysis phase helps eliminate data related issues once production files arrive.

4.1.7 Application Support

REQUIREMENT: RFP Section 1.3.1, Q. 7, pg. 7

Provide Application support for the life of the contract

ACS has unmatched experience providing healthcare solutions for Medicaid programs, such as Medicaid Management Information Systems (MMIS), Pharmacy Benefits Management (PBM), Prior Authorization Services, Case Management, and Health Information Exchange (HIE). Having experience in multiple states, ACS applies an understanding of the Iowa provider community and healthcare landscape to support the Agency for the overall success of Iowa's Medicaid Electronic Health Incentive Payment Program. ACS provides SLR application support to the Agency for the life of the contract and utilizes a structured change management approach to enhance and modify the application. The Agency and ACS work together to define modifications and prioritize enhancements. We describe our change management approach below.

Change Management Methodology

Change control is a process by which changes to an accepted work product are carefully proposed, assessed, conditionally accepted, and applied. Formal change control provides a measure of stability and safety beyond that of the underlying revision control tools in use. A specific change process is employed to ensure changes are appropriately captured, prioritized, and deployed in a controlled method. We work through our structured change management process to implement system updates or changes to the Iowa SLR.

User Group Review and Prioritization

[Redacted]

[Redacted]

Requesting Changes

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

Tracking Requested Changes

[Redacted]

Assessing Requested Changes Impact

[Redacted]

Approving or Rejecting Requested Changes

[Redacted]

[Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

With more than 40 years of experience spanning 36 states including the District of Columbia, we assure the Agency that ACS supplies and supports the required application support services for the life of the contract. We have established standard service level agreements with our clients to ensure we provide effective support of the application.

Service Level Agreements

ACS' standard service level agreements (SLA) currently used with other SLR states include the following key components:

- Hosted solution at an ACS site (hardware, software, etc.)
- Technical operations, maintenance, and support associated with the solution
- Any modifications or new requirements mandated by CMS as part of the Medicaid EHR Provider Incentive Program are implemented within CMS mandated timeframes
- "Train the Trainer" sessions for the state and/or fiscal agent employees for new system roll-out as well as any major changes
- Help desk support is provided during normal state working day hours

- [REDACTED]
- Application of critical security patches within 30 calendar days of general release and application of service packs within three months of general release
- Anti-virus software installed and kept current
- Intrusion detection software installed and kept current
- Utilization of operating system and network level firewalls to restrict access and communications to and from the hardware
- ACS employees accessing the hardware using accounts with administrator privileges must utilize complex passwords containing combinations of upper and lower-case letters, special characters, and numbers
- SLR hardware is maintained in a secure data center with physical access restricted to appropriate contractor staff.
- An effective backup/disaster recovery plan for periods of downtime due to regularly scheduled maintenance, power failure, or force majeure
- The system is available to providers and State agencies exceeding 97.5% of the specified period over any 30-day period. This measure excludes time the system is unavailable because of a condition within a provider's or State's computer system or network
- ACS provides notice to clients in the event the system is unavailable for a prolonged period (four hours or more)
- The system is accessible through a browser-based interface by providers and state agency employees from their regular desktop through a standard Internet connection. The system supports the use of Microsoft Internet Explorer Version 6.0 or greater. The system must support the use of the Windows XP, Vista, or Windows 7 operating systems with all generally released service packs
- The browser-based interface used by providers and state agency employees to access the system meets ADA standards for accessibility and use (508 compliant)

Additional SLA items are collaboratively discussed, evaluated, and added if items are needed to meet specific requirements. These additional items may apply globally, or only to the specific state that requests the additional item.

4.1.8 Project Implementation Planning Materials

REQUIREMENT: RFP Section 1.3.1, Q. 8, pg. 7

Provide project implementation planning materials for the Agency's approval no later than 15 days following execution of the contract, including:

With ACS' national leadership in Health Information Exchange and the multi-state SLR application, we offer the Agency the benefit of proven project management; an innovative, product-based approach to turn-key system deployment, and the ability to hit the ground running on the vitally important Iowa Medicaid Electronic Health Records Incentive Payment Program.

- Turn-key approach minimizes project start-up time
- Schedule based on previous successful implementations

We use a standardized Project Management Methodology (PMM) that provides the framework and tools to help control each phase of the incentive program project. Through the combined strength of ACS' experience and proven methodology, we meet the Agency's expectations and requirements, keeping each phase of the project on schedule, within budget, and in conformance with requirements. Our PMM results in the following benefits to the Agency:

- Limits project risk and increases project stability by identifying up-front tasks and associated activities for the project
- Responsive to changing business needs, particularly critical in light of potential changes associated with introducing new services and capabilities
- Effective communication between the Agency, its stakeholders, and ACS, keeping all parties informed about project status
- Addresses critical factors such as time or costs associated with project components openly and early on, avoiding unwanted surprises later in the project
- Fosters teamwork between the Agency, its stakeholders, and ACS, supporting mutual cooperation and success

In the following sections, we describe the project implementation planning materials that ACS submits to the Agency for approval no later than 15 days following execution of the contract. We also provide the following draft documents behind Tab 4:

- Project Work Plan
- Project Training Plan
- Project Timeline
- Application Screen Shots
- Sample Reports

Project Work Plan

a. A project work plan.

Our approach to the management of the proposed project work plan is part of our open and transparent philosophy, designed to keep the Agency informed at all times concerning the status of the Iowa SLR

Solution project. The work plan provides detailed descriptions of the major tasks and subtasks necessary for the successful implementation of the Iowa SLR project.

Planning, scheduling, and meeting project timelines requires two fundamental project management processes—effective project planning and consistent tracking and oversight. Created in Microsoft Project, our preliminary project work plan reflects the time and level of effort required to complete tasks, provide deliverables, and meet Agency-defined milestones. Features within our project management tools allow both the Agency and ACS to monitor project progress at the task and resource level, effectively keeping the project on track.

The work plan defines the hierarchical work breakdown structure (WBS) covering the entire project. The WBS identifies each task and subtask, with durations, planned start and end dates, estimated levels of effort, deliverable due dates, project milestones, and dependencies. Tasks are scheduled with predecessors, successors, types of dependency (such as finish to start or finish to finish), and lag time between tasks, if any.

ACS developed the proposed project work plan based on the dates, deliverables, and responsibilities outlined in the RFP. Our estimates are based on Iowa-defined requirements and our experience implementing the SLR solution. The work plan submitted with this proposal includes:

- The relationship between key staff and the specific tasks and assignments proposed to accomplish the scope of work
- A Gantt chart view that outlines the project timetable from beginning to end
- Key dates and key events relative to the project, including critical path of tasks

While we have used our experience with SLR implementations in developing the project work plan included in our proposal, the plan was developed without the benefit of direct interaction with the Agency. At the beginning of the project, ACS and the Agency will finalize the implementation project work plan by reviewing the project work plan submitted in ACS' proposal and updating as necessary. It is important that ACS and the Agency work together during the early weeks of the project to review (and reschedule, if necessary) the key activities in the implementation project work plan in order to best implement and then operate a successful Iowa SLR.

Initial Detailed Work and Resource Plan

From the outset of the project, ACS works with the Agency to evaluate the proposed work plan and make any adjustments recommended by the Agency. Frequent collaboration from the project start date is critical to review and revise any key activities in our work plan that need to be modified.

During the initial development of the work plan, ACS takes many considerations into account which are detailed in this proposal section. We realize that our proposed work plan is a preliminary document that is revised after contract execution. We finalize the work plan for the Agency's approval and use it as a baseline for monitoring the activities of the project. As the Agency and ACS work together throughout the contract start-up and transition activities, we may mutually agree to revise deliverable and milestone dates. In such cases, we request formal approval by the Agency for any change and will keep all historical versions of the work plan available for review as necessary. ACS delivers the updated work plan to the Agency within 15 days of contract execution.

Schedule Control

The work plan is updated and distributed weekly as part of the weekly implementation status review. Once the initial plan is finalized, a baseline of the plan is created. Changes to the plan takes place against this baseline.

The implementation manager meets weekly with internal team members to review progress against the work plan, determine and record percent complete, review accomplishments planned for the following period, and resolves discrepancies between the planned and actual/expected accomplishments. The implementation manager updates the work plan with the results of progress review. Percent complete is estimated and recorded as follows: five percent, when the task is started; 50 percent, when the task is substantially completed; and 100 percent, when the task is complete.

Project Training Plan

b. A project training plan.

ACS offers an innovative project training plan that addresses the individual's specific needs and characteristics, mirrors real-world conditions, and contains observation and feedback to help the individual meet and exceed project requirements. Emphasizing efficiency and flexibility, we use a blend of methodologies and online support to engage the individual, measure proficiency, and follow up on lessons learned once initial training is complete. Unlike knowledge-based training that focuses on whether individuals learn a set of basic facts, performance-based training emphasizes practical learning in which individuals learn the information they need to know as well as how to apply it successfully in their daily job performance and project activity.

ACS works with the Agency to finalize the project training plan for approval and uses it throughout the project to provide the comprehensive training needed during the SLR implementation. ACS delivers the updated project training plan to the Agency within 15 days of contract execution.

Project Timeline

c. A project timeline.

The project timeline as proposed by the Agency is a reasonable timeframe for implementation of an EHR Provider Incentive Program and is consistent with ACS' proposed implementation timeline. The timeline assumes contract execution completed on November 30, 2011 and program launch of April 2, 2012 as specified by the Agency. We will work with the Agency to finalize the implementation timeline based on the agreed work plan after contract award. Exhibit 4-16 shows the proposed implementation timeline.

Table 4-5. Key Project Task Areas		
Task Area	Description	Estimated Duration

Refer to the draft Iowa Project Work Plan behind Tab 4 for additional details on the work plan.

Application Screenshots

d. All application screen shots.

Application screen shots of both the SLR application and the SLR State Dashboard are included behind Tab 4. For the SLR, we have included screen shots of both the AIU (year 1) workflow and the MU (year 2) workflow. The screenshots represent an actual configuration selected by one of our clients that is actively using the SLR to manage their incentive program.

Sample Reports

e. All sample reports to be used.

ACS is staffed by a reporting team of highly experienced professionals with broad-based background in data analysis, data warehousing, reporting systems, and end-user presentation. Complex reports using sophisticated formulas across a vast amount of data are commonplace when trying to arrive at metrics within the healthcare services arena, and ACS provides many such reports to our clients. We have a wide array of standard sample report to meet the specific requirements of the Agency and have included a sample reports behind Tab 4 Sample Reports.

ACS works with the Agency to finalize the required SLR reports for approval and uses this list to finalize any modifications and enhancements. ACS delivers the updated list of sample reports to the Agency within 15 days of contract execution.

4.1.9 Provide Available Software Updates

REQUIREMENT: RFP Section 1.3.1, Q. 9, pg. 7

Provide all available updates to the software as they are released, as well as provide any updates required to meet attestation needs for future stages of meaningful use as defined by the federal government.

The solutions ACS develops and implements for its clients are not only informed by an exhaustive study of our clients' operating environments and requirements provided in RFPs, as ACS also takes an active and collaborative role at the federal level. Our staff regularly meets with CMS and other parties influencing policy development. Specifically applicable to this project, ACS worked closely with CMS and continues to maintain ongoing communication to make sure its systems and operating processes are fully compliant with CMS EHR Incentive Program directives. ACS is committed to enhancing the SLR solution to conform to future application requirements, as published by CMS.

Software releases and updates are defined and communicated well in advance to all our clients through our client User Group. The User Group is composed of representatives from each ACS SLR client organization and is designed to promote collaboration and provide ACS with direction on best practices and system enhancements. A key function of the user group is to review proposed system change requests and enhancements to ensure requests are implemented in a way that is timely and beneficial. Implementation of changes is scheduled for development, testing, and release in order of priority and schedule, system, and other common constraints. Releases are made to all clients at the same time, and each release cycle includes a client user acceptance testing (UAT) period to ensure the updates are of good quality and meet the specified business needs of our clients.

4.1.10 Security and Operational Standards

REQUIREMENT: RFP Section 1.3.1, Q. 10, pg. 8

Confirm, at all times, adequate security and operational standards to protect all information. All such standards must at all times meet with Agency approval.

HIPAA provides privacy and security standards designed to protect the data of both clients and providers who are part of the Iowa healthcare programs. Due to the dynamic nature of privacy and security needs, ACS continually provides employee training and ensures that all policies and procedures are up-to-date. We also conduct routine audits that go beyond HIPAA, to make certain we are in full compliance with best practices, and ensure we have full approval of the Agency.

ACS recognizes the importance of safeguarding the confidentiality of protected health information (PHI), sometimes referred to as individually identifiable health information (IIHI), entrusted to our care. Since the issuance of the HIPAA Privacy and Security rules, we have worked diligently to ensure that our policies and practices support the privacy and security requirements that would apply to our covered entity customers. ACS has also invested significant resources in providing HIPAA privacy and security training to our workforce and in developing automated tools to assist in monitoring, tracking, and reporting activities required by privacy and security rules.

ACS developed comprehensive physical and information security and privacy policy standards appropriate for the SLR operational organization. Our policy conforms to regulatory and industry standards as well as best practices for security, confidentiality, and auditing. We developed a standardized process for implementing our security and privacy plans that consists of a thorough analysis of the minimum necessary uses and disclosures of personal information, including PHI, development of local privacy procedures, provision of HIPAA awareness training at time of hire, and an annual provision of privacy and security training, documentation, and practice readiness review.

As a healthcare administrator for the Agency and other state Medicaid programs throughout the country, ACS offers a mature, developed, and complete approach to HIPAA. Additionally, we also comply with ACS security policies, the National Institute of Standards and Technology (NIST) guidelines, and industry practices for security, confidentiality, and auditing.

- Security approach based on Iowa and Agency standards, HIPAA, and FIPS/NIST guidance
- Authentication and Identification for all Iowa SLR components
- Role-based access definitions
- Monitoring and management of security infrastructure 24/7
- Stringent physical access control to facilities
- Security auditing and event management

Solution Security Framework

Our security architecture incorporates multiple security standards, protocols, and practices to ensure that data and access to data is protected and controlled at each layer of the Iowa SLR solution. These standards comply with Iowa and federal laws, regulations, and policies and can be configured to reflect variations in policies across states and localities – even within the same implementation. This flexibility is critical in a number of our existing HIE solutions that span multiple states.

Security measures exist at a number of levels to detect brute force attacks, other kinds of intrusions, and/or system breaches. Security measures include redundant Cisco firewalls, virtual firewalls, and a variety of monitoring tools, anti-virus software, application level alerts, and more. Should an attack be detected from a specific user account, the account is easily locked out or disabled from system access after a configured number of failed authentications (e.g., three failures will lead to an automated lock out). Similarly, interfaces to systems that are a source of HIE platform intrusion or attack may easily be disabled, through disabling interface connections and blocking the system out at the edge of the network. All servers and corresponding operating systems are “hardened” according to NIST specifications.

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Information Security Plan

To meet HIPAA security standards, ACS has developed a formal Security, Privacy, and Confidentiality (SPC) Plan. This SPC Plan, which is reviewed and updated annually, provides a comprehensive overview of and specific details on the many facets of operational security. It addresses dynamic security issues, details processes and procedures for dealing with critical elements of the SLR, and anticipates day-to-day security events. Our “defense-in-depth” approach to security combines state-of-the-art tools and best-practice techniques to form a solid outer perimeter and multiple layers of internal security.

ACS is committed to providing a safe and secure environment for all data, technology, and staff. Security plans, policies, and procedures are continually evaluated and updated as necessary. We conduct periodic physical security assessments at our facilities as well as periodic assessments of our networks and systems. We note any security issues and track the resolution of each issue to its completion. The security of the solution, affiliated staff, and facilities is always a top priority with ACS. This is demonstrated by our commitment to providing a thorough and detailed security risk analysis, security plan, ongoing training, assessment, and updates of our security policies and procedures.

ACS has developed comprehensive physical security and privacy policy standards appropriate for our MMIS and fiscal agent services that include equipment, sites, processing areas, mailrooms, and storage areas that are also applicable to the Iowa SLR project. Our policy conforms to regulatory standards and references as required by the Agency as well as to industry standard best practices for security, confidentiality, and auditing. Our current physical security plans for the shared multi-state SLR facilities and applications meet or exceed the requirements identified in the RFP.

ACS monitors security compliance of our facilities through internal audits, reviews, and key process control measurements. We work with the Agency as necessary to provide adequate physical access procedures and standards in accordance with contract requirements.

Security Training Program

ACS is committed to providing a safe and secure project operational and technical environment. We provide tools and resources to ensure staff are familiar with global data privacy laws. All employees are required to take a course that provides an overview of ACS' corporate policy for global data privacy and global data security. In addition, every employee with access to healthcare data must complete HIPAA awareness training.

Since all project employees play a vital role in maintaining a secure and safe environment, we provide comprehensive initial and ongoing security, privacy, and safety training for our workforce, including full- and part-time staff, consultants, and subcontractors. Structured training is part of a mature and complete awareness program that emphasizes maintaining continual vigilance regarding all aspects of security, privacy, and safety in our project facilities.

Comprehensive initial and ongoing security, privacy, and safety training is the foundation for ensuring all employees, onsite and remote, know, understand, and adhere to the SPC plan and safety policies, procedures, and standards. We comply with the HIPAA Security Final Rule 45 CFR §164.308 (a)(5)(i), Security Awareness and Training, by conducting HIPAA security and privacy based training for all new hires prior to their access IIIH, PHI, or electronic PHI. We use a formal briefing with facility tours to emphasize security and privacy elements from the briefing as well as fire exits and internal and external evacuation assembly areas.

Training includes instruction on applicable administrative, physical, and technical safeguards for protecting staff, data, and facilities; definition and examples of confidential information; other applicable federal and Iowa laws pertaining to confidential data (Information Practices Act, Welfare and Institutions Code section 14100.2, National Institute of Standards and Technology (NIST), etc. Employees sign certificates acknowledging receipt, understanding, and compliance with the SPC plan and safety procedures, and the security/privacy officer maintains these documents on file.

We perform random checks to ensure continuous adherence to the SPC plan and safety. To ensure ongoing security awareness, we conduct refresher security and privacy initiatives and training in the form of monthly security newsletters and email "security tip" reminders to employees in addition to formal initial and annual refresher training. We also place security awareness and safety posters within facilities to further reinforce project SPC and safety policies and procedures. These posters are changed periodically so employees do not become immune to the messages, but rather come to expect—and look for—new messages concerning privacy and security.

4.1.11 Meets MITA Standards

REQUIREMENT: RFP Section 1.3.1, Q. 11, pg. 8

Confirm, at all times, the solution meets MITA standards for SOA and interoperability.

The Centers for Medicare and Medicaid Services (CMS) recognized the need to dramatically reshape the systems that support government healthcare programs. CMS and various states have adopted the Medicaid Information Technology Architecture (MITA) initiative to foster information technology (IT) transformation across the healthcare enterprise and improve overall program administration capabilities and efficiency.

We have also embraced CMS' stated MITA mission, which is to, "establish a national framework of enabling technologies and processes that support improved program administration for the Medicaid enterprise and for stakeholders dedicated to improving healthcare outcomes and administrative procedures for Medicaid beneficiaries." In so doing, we offer solutions and services that meet Iowa's needs to provide the flexibility and adaptability necessary to meet the challenges of national healthcare reform, Iowa legislative initiatives, and other evolving requirements in the future.

As stated in the RFP, the Agency expects that the EHR incentive program solution meets MITA standards and interoperability at all times. With eight years of experience implementing MMIS and HIE/EHR solutions for state clients, ACS utilizes national data standards for health data exchange and open standards for technical solutions as they become available as accepted standards. Service Oriented Architecture (SOA) being the core of MITA technical architecture enables the ACS SLR to support higher maturity levels as the MITA model evolves. The ACS SLR version 2.0, scheduled for release January 3, 2012, is built on a standard platform using SOA, interchangeable components, and designed to meet MITA standards for SOA and interoperability. We will confirm that the Iowa SLR meets MITA standards throughout the life of the incentive program.

4.1.12 Monthly Reports

REQUIREMENT: RFP Section 1.3.1, Q. 12, pg. 8

Provide necessary monthly reports, including but not limited to:

- a. System availability and outages
- b. Activities completed and planned.

If the solution is dependent upon hardware, software, or systems support from the Agency, please state that in the proposal.

We provide scheduled weekly, monthly, quarterly, and annual reports on intervals specified by the RFP and agreed to by the Agency and ACS. Our standard reporting schedule meets the following reporting deliverable requirements:

- Weekly Reports – Delivered first business day of the following week
- Monthly Reports – Delivered by the 15th of the following month

ACS provides our SLR clients with a wide array of existing, standard reports that can be modified or expanded to meet their specific requirements and respond to report requests in a timely manner. Ad-hoc

reporting is provided to clients; we include 100 hours annually for designing, developing, and deploying new reports on request. We have included a sample reporting package in Tab 4 Sample Reports.

The ACS SLR State Dashboard provides a highly actionable reporting package to manage effectively the Iowa Medicaid Electronic Health Records Incentive Payment Program. All reports will be accessible via the SLR Portal, as shown in Exhibit 4-17, with all applicable security controls and pass-through authentication in place to prevent unauthorized viewing.

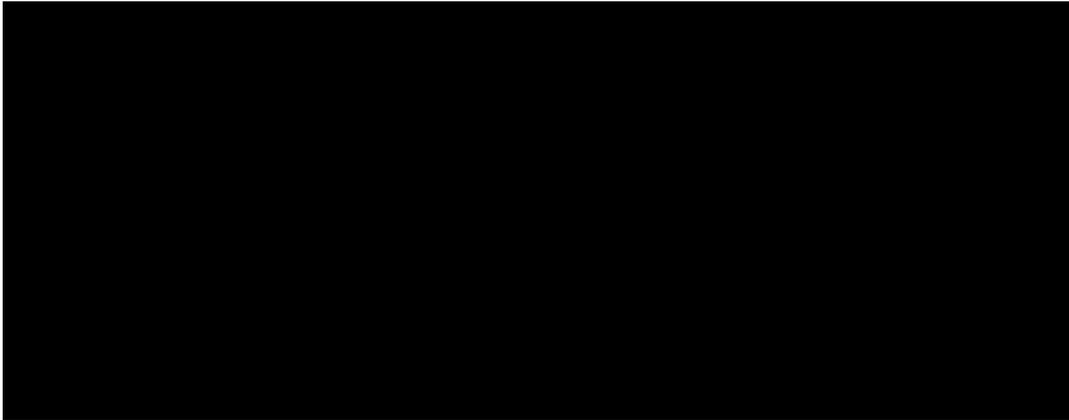


Exhibit 4-17. Dashboard Reports View

In addition to standard reports provided by the project manager, the Agency has access to a self-service reporting tool through the SLR Dashboard.

Reporting services within ACS is staffed by a team of highly experienced professionals with broad-based background in data analysis, data warehousing, reporting systems, and end-user presentation. Complex reports using sophisticated formulas across a vast amount of data are commonplace when trying to arrive at metrics within the healthcare services arena and ACS provides many such reports to our clients. ACS uses a variety of Microsoft tools to produce a robust reporting environment with extensive capabilities:

- **SQL Server Database Management System.** Provides high levels of performance, scalability, availability, and security for mission critical applications.
- **SQL Server Reporting Services.** Provides a complete, server-based platform designed to support a wide variety of reporting needs enabling organizations to deliver relevant information where needed across the entire enterprise.
- **SQL Server Business Intelligence Development Studio (BIDS).** Provides intuitive wizards for building integration, reporting, and analytic solutions in a unified environment.

In addition, ACS can provide key performance monitoring and reporting features, including reporting on system availability and outages.

Reporting Intervals

a. System availability and outages

Reports can be transferred into a variety of formats including, but not limited to, Microsoft Excel and Adobe Acrobat PDF.

Activities Completed and Planned

b. Activities completed and planned.

Ongoing system support and updates are an integral part of the Iowa SLR project to ensure continuing efficient operations. Staff support the operation and maintenance of the SLR using industry-leading tools to provide efficient and timely reporting of system activities, completed and planned.

ACS delivers accurate, timely, and comprehensive user and system documentation as part of our responsibilities to maintain the SLR. Change requests are not closed until the appropriate documentation is completed. User and system documentation is stored in SharePoint, our Web-based project document repository, for easy access by project stakeholders.

We include the status of new, in-progress, and implemented maintenance requests in our regular status reports to the Agency. Report content and frequency can be customized to meet the Agency's requirements.

Hardware, Software or Systems Support from the Agency

If the solution is dependent upon hardware, software, or systems support from the Agency, please state that in the proposal.

The ACS SLR solution is not dependent upon hardware, software, or systems support from the Agency.

4.2 Agency Responsibilities

REQUIREMENT: RFP Section 1.3.2, pg. 8

The Agency will provide:

1. Subject Matter Expertise on the Iowa Medicaid EHR Incentive program.
2. Policy and rules regarding the program.
3. Support for interfaces to and from the MMIS system.
4. Support for interfaces to and from the Data Warehouse.
5. Support for interfaces to and from the OnBase Workflow system.
6. Data on applications received from CMS and payments processed.
7. Provider data.
8. EHR Incentive Program Administration.

ACS is prepared to work collaboratively with the Agency to implement and operate the Iowa Medicaid EHR Incentive program. We understand the time constraints and demands placed on Agency staff due to reduced budgets and financial constraints and provide our SLR subject matter experts and knowledgeable staff to complement and assist operating and improving the program.

Our multi-state, production-ready Web solution eases the burden of designing a solution and instead presents the Agency with a turn-key system that meets RFP requirements with minor configuration and modifications. The Agency benefits working with a partner who delivers a personalized Web portal, ensures that application logic reflects Iowa-specific policies, and maps data exchanges with the existing MMIS sub-systems and Agency's Data Warehouse.

With our long running experience in the government sector, ACS understands the responsibilities as outlined above and will work with the Agency to ensure that we appropriately support the activities of the Agency and in turn use the data and processes set out.

4.3 Performance Measures

REQUIREMENT: RFP Section 1.3.3, pg. 8

1. The system will be fully functional by April 2, 2012.
2. The contractor will correct Deficiencies within two business days, or as agreed to by the Agency.
3. The system will have 97.5% availability. Availability does not include outages as agreed upon for scheduled maintenance activities.
4. Given a two business day notice, the contractor will be available for meetings 98% of the time.
5. The application will receive a satisfaction rate of 80% or higher on the annual provider surveys conducted by the IME.

With our experience as a national leader in health information exchange and state level registries, ACS offers the Agency the benefits of proven project management, turn-key system deployment, and exceptional customer service.

Our approach to performance management and measurement of Iowa's Medicaid Electronic Health Records Incentive Payment project is our open and transparent philosophy that is designed to keep the Agency informed at all times concerning the status of the project.

ACS' project management approach provides a low-risk strategy and solution for accomplishing objectives, seamlessly and on schedule. Part of our preparation includes the application of repeatable, consistent, and documented practices to the project. ACS brings to the Iowa SLR project our project management methodology (PMM), our system development methodology (SDM), and our training methodology.

Our PMM includes plans, procedures, and supporting tools. Our SDM provides a platform for system development life cycle (SDLC) processes and procedures that govern implementation of the Iowa SLR from requirements management through configuration, testing, implementation readiness and throughout operations.

1. The system will be fully functional by April 2, 2012.

ACS' proposed solution and project timeline provides that the Iowa SLR system is fully functional by April 2, 2012. ACS follows our structured project management and rigorous deployment methodology to ensure each deployment is verified carefully and follows the necessary quality validation steps to install a new customer into production using the SLR and SLR State Dashboard. Our work plan includes the necessary approvals and sign offs for production deployment, and is timed to coincide with the CMS requirement to launch a program on the first Monday of the month.

We aligned ACS' proposed implementation timeline with the Agency's project timeline for implementation of an EHR Provider Incentive Program as documented in the RFP. The timeline assumes

Delivering Outstanding Service

- PMM tailored to meet project specific needs
- Turn-key approach minimizes project start-up time
- Delivery based on previous successful implementations

contract execution completed on November 30, 2011 and program launch of April 2, 2012 as specified by the Agency.

2. The contractor will correct Deficiencies within two business days, or as agreed to by the Agency.

ACS works with the Agency to resolve any errors, issues or deficiencies within two business days, or as agreed by the Agency. ACS is confident in its Iowa SLR solution and its ability to satisfy the Agency's requirements. Whenever ACS encounters system or operational problems, we immediately notify the Agency and work toward documenting the correct course of action. We immediately initiate change requests to resolve non-critical issues.

Change Control

ACS maintains a System Modification and Change Management System to track system change requests. We adhere to defined and documented project management processes and work closely with the Agency to establish priorities, schedules and approvals for change requests. We conduct walk-throughs and demonstrations as needed or requested by the Agency to enhance the Agency's understanding of the change request solution and related documentation.

ACS uses a rigorous testing process as part of our development and implementation to ensure that we deliver quality software releases to our clients. ACS' quality assurance team performs tests of all programming logic to ensure the application functions according to the specified requirements. Defects identified during the testing process are remediated and retested. This testing occurs in a dedicated test environment. To ensure the timeliness, accuracy, and completeness of the SLR system at all times, we employ a range of quality management processes, including peer review, quality assurance review, and quality control.

Once our enhanced system passes the quality assurance testing, we deploy the updated SLR system into a user acceptance testing (UAT) environment for hands-on client testing. We define a dedicated UAT period and provide information on system modification for clients to test. If desired, we also make available the test cases used by our quality assurance team to conduct the system testing. Client feedback on the updated SLR is documented on the user group SharePoint site and discussed in regular user group meetings. If defects are found, we perform defect remediation and another cycle of UAT to allow our clients to confirm that the corrections have been made. We do not deploy updates to our production environments until all clients have completed UAT and agree that the changes are ready to move to production.

3. The system will have 97.5% availability. Availability does not include outages as agreed upon for scheduled maintenance activities.

System availability is of critical importance to the provider community as well as the Agency. ACS provides sufficient technical support service staff to ensure timely and accurate processing of system support, maintenance services, and reports and requests. Our ACS-owned data center in Tarrytown, New York has full-time staff performing data operations, network engineering, database administration, server administration, backup/recovery, network security, and disaster recovery to support the SLR. Our product development teams are located in our Richmond, Virginia SLR project office and provide client services including software development, software quality assurance, business analysis, project management, clinical outcome analytics, clinical plan support, claims auditing, and account management.

Iowa SLR maintains availability 97.5 percent or higher, of the operational schedule, except for planned system maintenance and upgrades. As with all production systems, the SLR system requires occasional maintenance. ACS submits a maintenance schedule for Agency approval and will not deviate from the plan without prior approval.

4. Given a two business day notice, the contractor will be available for meetings 98% of the time.

ACS provides for a smooth transition and effective ongoing operation of Iowa's Medicaid Electronic Health Records Incentive Payment Program. Proposed project director is located in our Richmond, Virginia SLR project office and provides oversight of this project. Our SLR product manager provides subject matter expertise for both the SLR and the CMS Medicaid EHR Incentive Program. Both are available during the implementation and ongoing operations to meet with the Agency given two business days notice. The Agency directly benefits from our staff's expertise by experiencing a more efficient implementation, expert guidance from ACS, less imposition on Agency time, fewer errors, and no disruption to the many existing projects the Agency is working on today.

5. The application will receive a satisfaction rate of 80% or higher on the annual provider surveys conducted by the IME.

Our primary responsibility is to ensure that the SLR system and any system enhancements and modifications as well as any operational changes are carefully analyzed, planned, controlled, documented, and approved, and that strict version control of artifacts is maintained.

Our SPARK-ITS System Development Methodology includes surveys that assess stakeholder satisfaction with the timeliness, communication, and accuracy of the change. We work with the Agency to initiate such a survey after the implementation of each change. Our goal is to ensure that 80 percent of submitted change requests are completed to the satisfaction of the submitter.

If any concerns are documented with the satisfaction level, we work with the submitters and with the Agency managers to determine and correct the causes of dissatisfaction. We provide a corrective action plan containing the steps needed to resolve the issue and the schedule on which the causes of dissatisfaction are remedied.

ACS brings a host of proven strategies for confirming requirements, analyzing, designing solutions, estimating, testing, and reviewing decisions and documentation with the Agency through each step of the change control process.

4.4 Contract Payment Methodology

REQUIREMENT: RFP Section 1.3.4, pg. 8

A payment will be made upon the completion of successful implementation and Agency acceptance. Thereafter, payments will be made during the operational phase on a monthly basis

ACS delivers an Iowa SLR proposed project work plan based on the dates, deliverables, and responsibilities outlined in the RFP. The implementation manager meets weekly with the Agency to review progress against the work plan, determine and record percent complete, and review accomplishments. Once all planned tasks for the SLR implementation are successfully completed and accepted, the Agency will generate a payment to ACS for the implementation task.

ACS acknowledges and understands that a payment will be made upon the completion of successful implementation and Agency acceptance; thereafter, payments will be made on a monthly basis during the operational phase.

The Work Plan on pages 88-95 has been redacted

The Training Plan on pages 96-105 has been redacted

The Project Timeline on page 106 has been redacted

The Screen Shots on pages 107-186 have been redacted

The Sample Reports on pages 187-204 have been redacted