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Accenture LLP
11951 Freedom Drive
Reston, Virginia 20190
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September 16, 2011

Ms. Mary Tavegia, Issuing Officer
RFP MED-12-001
Contract Administrator
Iowa Department of Human Services
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Ms. Tavegia:

Accenture is pleased to submit our proposal in response to the Iowa Medicaid Enterprise System Services, RFP MED-12-001.

Accenture differentiates our offering for federally funded health and human services systems through our commitment to flawless project execution and we are known for conducting initiatives within the structure and rigor of our proprietary methodologies and our operating group's certification at CMMI Level 4. Accenture involvement in your MMIS replacement significantly increases the likelihood of an on-time, high quality, in-budget implementation with consistent and dependable outcomes with measurable metrics.

At Accenture, we do not do business as usual. We focus on our client's needs, cultivate teamwork, then employ innovation and creativity to a solution framework that will achieve your goals and realize your vision. We have relevant Medicaid integrations in Texas, California, Kentucky and Maryland. In addition, we have relevant large-scale health credentials in the commercial and federal space. This experience includes work across health care segments, including government health, payer, provider, and provider networks, and the development of complex, interagency systems similar in size and scope that is required by Iowa.

Once again, Accenture has a long and successful track record of delivering projects for public and private sector clients that meet or exceed expectations, and we are interested in doing the same for the state of Iowa. Please contact me at (703) 947-3496 should you have any questions regarding this submission or require additional information. We look forward to the opportunity to work with you.

a. The designated original copy of the Technical Proposal will include the original signed letter. A photocopy of the transmittal letter shall be included in each of the remaining copies of the Technical Proposal. The transmittal letter is evaluated as part of the screening for bid proposal mandatory submittal requirements and shall include:

The bidder's mailing address.

Accenture LLP
11951 Freedom Drive
Reston, VA 20190
Tel: (703) 947 2000
Fax: (703) 947 2002

b. Electronic mail address, fax number and telephone number for both the authorized signer and the point of contact designated by the bidder.

Accenture has designated the following senior executive of the company to be the authorized signer and point of contact for the IME System Services Project:

Mr. Christopher Deelsnyder
Accenture LLP
Managing Director, Health and Public Service
Tel: +1 703 947 2000
Fax: +1 703 947 2200

Email: chris.deelsnyder@accenture.com

c. A statement indicating that the bidder is a corporation or other legal entity.

Accenture LLP is an Illinois general partnership registered as a limited liability partnership that provides management and technology consulting services to primarily commercial customers.

1. All subcontractors should be identified and a statement included that indicates the exact amount of work to be done by the prime contractor and each subcontractor as measured by percentage of total contract price.

Accenture partners with S2Tech and Mainstream to continue its services to the Department on the IME Project. Following is the percentage of total price that each subcontractor represents of the total contract price.

**Percentage of Total Contract Price**

| Subcontractor | Roles / Responsibilities | Percentage |
|---|---|---|
| S2 Tech<br>720 Spirit 40 Park Drive<br>Chesterfield, MO 63005 | Subcontractor: project management, legacy mainframe and Web Platform Development and Maintenance, and Data Services; define business rules structures from current IA system for conversion. | • 7% |
| Mainstream Living<br>333 S.W. 9th Street<br>Des Moines, IA 50309 | Subcontractor: administrative support including stuffing envelopes and preparing for mass mailings. | • 1% |

2. The technical proposal must not include actual price information.

The Technical Proposal does not include actual price information.

d. A statement confirming that the prime contractor is registered or agrees to register to do business in Iowa and providing the corporate charter number (if currently issued), along with assurances that any subcontractor proposed is also licensed or will become licensed to work in Iowa.

Accenture LLP is registered to do business in the State of Iowa, effective January 1, 2001. Our corporate charter number is 246291. In accordance with the requirements in Tab 5, Corporate Qualifications, our Certificate of Authorization issued by the Iowa Secretary of State, is in Section 5.1.d.

We provide assurances that the subcontractors proposed in our response are licensed to work in Iowa. S2Tech's corporate charter number is 297665, and Mainstream's corporate charter number is 256158.

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e. A statement identifying the bidder's federal tax identification number.

The IRS Employee Identification Number (EIN) for Accenture LLP is 72-0542904.

f. A statement that the bidder will comply with all contract terms and conditions as indicated in this RFP and sample contract in Attachment O. If a bidder objects to any term or condition of the RFP or sample contract in Attachment O, specific reference to the RFP page and section number shall be identified. In addition, the bidder shall set forth in its bid proposal the specific language it proposes to include in place of the RFP or sample contract provision and cost savings to the Department should the Department accept the proposed language. Exceptions that materially change these terms or the requirements of the RFP may be deemed non-responsive by the Department, in its sole discretion, resulting in possible disqualification of the bid proposal. The Department reserves the right to either execute a contract without further negotiation with the successful bidder or to negotiate contract terms with the selected bidder if the best interests of the Department would be served.

Accenture LLP agrees in principle with the majority of the terms and conditions proposed by the State in connection with this RFP. Accenture is submitting its proposal on the understanding that the State and Accenture will have the opportunity to work together to negotiate the terms and conditions in the RFP in good faith to create a mutually acceptable services agreement. As required by the RFP, the table below contains the terms and conditions that Accenture would like to discuss with the State. As directed by the State in the Q&A, these exceptions are simply part of our Proposal and are not intended to skew the procurement in favor of Accenture. We are of course available to answer any questions that the State may have on any of these points. We have every confidence that we will be able to quickly enter into a mutually beneficial contract for this important project. We believe that you will find us to be reasonable and focused on solutions that recognize the issues that are critical to the State while fairly balancing risk. Note that we have only cited the sections in the main contract, although we would of course make consistent changes to the other agreements as a result of our negotiations.

Although we are unable to ascribe a particular reduction to each item individually in the table below, Accenture is willing to reduce its price by as much as $3,000,000 based on the outcomes of MMIS contract negotiations of scope, terms and payment schedule, with particular emphasis on Accenture's right to recover payment for work in progress in the event of a termination for convenience by the State. Notwithstanding this price-reduction potential, our offer and the provided bid bond is expressly conditioned on the opportunity to negotiate these items in good faith.

| No. | Section | Issue | Discussion Point/Accenture Proposal |
|---|---|---|---|
| 1 | Q&A 264 | Limitation of Liability | Accenture will only enter into an agreement that contains a reasonable limitation on liability. The parties' respective liability should be limited to direct damages equal to the contract value. The contract should include a mutual disclaimer of consequential and punitive damages. Such limitations are typical in the industry in public services contracts and allow both parties to appropriately manage their risk. |
| 2 | 3.3 | No Inconsistency | Delete.<br>The final negotiated terms (Contract) and scope (SOW) should supersede all prior documents. |
| 3 | 8 | Term and Termination | Either party should have the right to terminate for default if the other party commits a material breach and fails to cure within 30 days.<br>In the event of termination the Contractor should be paid for all compliant work performed prior to the termination date, including work in progress. If the Contract is terminated for convenience or the State's default, the Contractor should also be reimbursed for reasonable and substantiated demobilization costs and approved capital expenditures. |

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| No. | Section | Issue | Discussion Point/Accenture Proposal |
|---|---|---|---|
| 4 | 9.3 | Contractor Confidential Information | Except for disclosures under FOIA statutes, the State should be held to the same standards of confidentiality as the Contractor. |
| 5 | 10 | Change Control | Change orders and amendments to scope and price require mutual agreement.<br>Regulatory changes that impact the cost or schedule require a change order.<br>Accenture should only have liability for its performance and the performance of its subcontractors. If the failure of the State, its other contractors or a third party impacts Contractor's ability to perform or increases its costs, then the Contractor should be excused from performance until such failure is remedied and the Contractor should be entitled to an equitable adjustment to its fees and schedule through a change order. |
| 6 | 13 | Insurance | Accenture will provide certificates of insurance for the benefit of the State based on existing corporate policies, which meet or exceed the requirements of section 13 in most respects. Accenture will not agree to a waiver of subrogation, as it is not equitable to require our insurer to cover a liability that is legally determined to not be the fault of Accenture. |
| 7 | 15 | Indemnification | Accenture will indemnify the State against third party claims for bodily injury, death or property damage arising from Accenture's negligent or willful acts. The State's proposed infringement indemnity is acceptable to Accenture, subject to exceptions where the actions of the State cause the infringement. |
| 8 | 18.1, 18.2, 18.8, 18.11, 23.44 | Warranties | Accenture will warrant that deliverables materially conform to the approved design or specifications for 90 days from acceptance (subject to a defined acceptance process) and services are performed in a good and workmanlike manner (although support services will of course apply beyond the warranty period, as described in our Proposal). While we will perform defect resolution for material deficiencies in the configuration, customizations and Iowa-specific interfaces and reports during the warranty period, we will not warrant that software is error free.<br>The warranties in Section 18 are Contractors sole warranties and all other express or implied warranties, including, without limitation, warranties of merchantability and fitness, are expressly disclaimed.<br>For third party products Accenture will pass through the terms of the applicable third party agreement, including any warranties and indemnities, but will not have responsibility for such products greater than the terms of the applicable agreement. |
| 9 | 18.4 | Property Rights | Accenture agrees that the State should own the work product, subject to payment and an appropriate license back to Accenture. Each party's rights in its pre-existing and independently developed IP and residuals should be protected. |
| 10 | 23.11 | Knowledge of the Iowa Medicaid Program | Accenture acknowledges and agrees that it possesses the skills and experience described in our Proposal, and that the State is relying on same. Accenture does not provide legal advice and/or legal recommendations. The State retains responsibility for interpretation of policy and regulations, pursuant to its own legal resources, to establish specifications and procedures to ensure State compliance with applicable laws and regulations. |
| 11 | 23.22 | Conflict of Interest | Accenture does not believe that it has a conflict of interest and is committed to perform the Contract with transparency and integrity. |

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| No. | Section | Issue | Discussion Point/Accenture Proposal |
|---|---|---|---|
| | | | Accenture does have relationships with commercial payers and providers who work with various state Medicaid agencies in different capacities and we believe that our offerings in the commercial payer and provider space can be a value add that we can bring to the Department appropriately. Further, while we do not object to proposed provision on conflicts of interest, we would like to discuss its application to some of Accenture's business operations to ensure that both parties have a common understanding of the solution and associated controls. |
| 12 | 23.27 | Time is of the Essence | Accenture will agree to a time is of the essence standard for identified critical milestones/deliverables. |

g. A statement that no attempt has been made or will be made by the bidder to induce any other person or firm to submit or not to submit a proposal.

Accenture affirms that no attempt has been made nor will it be made to induce any other person or firm to submit or not to submit a proposal.

h. A statement of affirmative action that the bidder does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), gender, marital status, political affiliation, national origin or handicap.

Accenture believes in inclusion where equality is a component of our corporate culture. Accenture Global Policy 0078, Meritocracy, effective October 1, 2010 states:

"Accenture does not discriminate on the basis of race, religion, color, sex, age, non disqualifying physical or mental disability, national origin, sexual orientation, gender identity or expression, or any other basis covered by local law. All matters relating to employment with the Company are based on, and operate according to, the principle of merit. This means that all decisions related to recruitment and selection, career advancement, training and development, work assignments, compensation, benefits and any other aspect of Company employment policies and practices are based on factors relating to ability to perform workplace responsibilities, and the ability to develop in employment, such as qualifications, assessed performance, merit and business need.

All employees have the right to be treated equitably and to work in an environment that is free from discrimination. All employees also have the responsibility to respect the rights of fellow employees by supporting and promoting the principles of meritocracy. Failure to do so may render the Company, or individuals, liable to legal sanction or disciplinary measures. Discriminatory behavior is contrary to the Company's policy and is not acceptable.

This policy applies to job applicants and all current employees, both permanent and temporary. Each office shall comply with all applicable laws and regulations."

i. A statement that no cost or pricing information has been included in this letter or the Technical Proposal.

Accenture has not included cost or pricing information in either this letter or the Technical Proposal.

j. A statement identifying all amendments to this RFP issued by the state and received by the bidder. If no amendments have been received, a statement to that effect shall be included.

Accenture received the following IME System Services RFP Amendments issued by the State of Iowa:

Accenture LLP
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Reston, Virginia 20190
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- IME System Services RFP MED-12-001, Amendment 1
- IME System Services RFP MED-12-001, Amendment 2
- IME System Services RFP,MED-12-001, Amendment 3
- IME System Services RFP,MED-12-001, Amendment 4

k. A statement that the bidder certifies in connection with this procurement that:

1. The prices proposed have been arrived at independently, without consultation, communication or agreement as to any matter relating to such prices with any other bidder or with any competitor for the purpose of restricting competition; and

2. Unless otherwise required by law, the prices quoted have not been knowingly disclosed by the bidder prior to award, directly or indirectly, to any other bidder or to any competitor.

1. Accenture arrived at our proposed prices independently, without consultation, communication or agreement as to any matter relating to such prices with any other bidder or with any competitor for the purpose of restricting competition.
2. In addition, the prices quoted have not been knowingly disclosed prior to award, directly or indirectly, to any other bidder or to any competitor.

l. A statement that the person signing this proposal certifies that he or she is the person in the bidder's organization responsible for or authorized to make decisions regarding the prices quoted and that he or she has not participated and will not participate in any action contrary to item k.

Mr. Deelsnyder, Managing Director, Health and Public Service, certifies he is the person within Accenture responsible for and authorized to make decisions regarding the prices quoted. Mr. Deelsnyder has neither participated nor will he participate in any way contrary to this procurement's specifications and requirements.

m. If the use of subcontractors is proposed, a statement from each subcontractor must be appended to the transmittal letter signed by an individual authorized to legally bind the subcontractor stating:

1. The general scope of work to be performed by the subcontractor;

2. The subcontractor's willingness to perform the work indicated; and

3. The subcontractor's assertion that it does not discriminate in employment practices with regard to race, color, religion, age (except as provided by law), gender, marital status, political affiliation, national origin or handicap.

Accenture partners with S2Tech and Mainstream to continue its services to the Department on the IME Project. Appended to this Transmittal Letter are signed letters from each of our services subcontractors stating: the general scope of work, subcontractor's willingness to perform the work, and a statement on non-discriminatory employment practices of the subcontractor.

n. Any request for confidential treatment of information shall also be identified in the transmittal letter as well as the specific statutory basis supporting the request and an explanation why disclosure of the information is not in the best interest of the public. The bidder must mark conspicuously on the transmittal letter any bid proposal that contains confidential information, itemize all pages with confidential material under the above-referenced "request for confidential treatment of information" section of the transmittal letter, and conspicuously mark (in the footer) as containing confidential information each page upon which confidential information appears.

Accenture understands and acknowledges that this Proposal and any resulting contract are subject to applicable freedom of information statutes. There are portions of this Proposal that should be treated as confidential due to the content containing trade secrets pursuant to applicable statutory exceptions. Per Iowa Code Chapter 22, we have marked the "confidential" technical response pages appropriately and they include the following: Tab 9 Volume 2 Section 9-4 Pages 533-534 and all pages in the RTM reference tables that follow. These pages contain "trade secret" information on Accenture's APHP release schedule that is confidential and derives independent value from not being generally known. In addition, we respectfully request the Department honor common PII rules and not disclose any personal information of our personnel or are clients.

o. The name, address and telephone number of the individual authorized to respond to the Department about the confidential nature of the information.

Christopher Deelsnyder is authorized to respond to any inquiries regarding confidential information. Mr. Deelsnyder's contact information is listed below:

Mr. Christopher Deelsnyder
Accenture LLP
Managing Director, Health and Public Service
Tel: +1 703 947 2000
Fax: +1 703 947 2200

Email: chris.deelsnyder@accenture.com

p. A statement that the submitted Bid Proposal Security shall guarantee the availability of the services as described throughout the bid proposal.

Accenture has submitted the required Bid Proposal Security with this proposal response and guarantees the availability of the services as described, and on the conditions, in it.

q. A statement that the bidder acknowledges the acceptance of all term and conditions stated in the RFP including Attachment O Sample Contract.

Please refer to requirement f. for our response to this requirement.

We look forward to the procurement process and future interaction as part of this strategic initiative.

Sincerely,

Christopher Deelsnyder
Accenture LLP
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

S2Tech *Enabling Client Success*

September 16, 2011

Ms. Mary Tavegia, Issuing Officer
RFP MED-12-001
Contract Administrator
Iowa Department of Human Services
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Ms. Tavegia:

S2Tech's general scope of work includes all data conversion tasks for the Iowa Medicaid Enterprise System Services Project.

S2Tech is willing to perform the scope of work indicated in this Bid Proposal.

S2Tech does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap.

Sincerely,

Day Veerlapati

Day Veerlapati, President & CEO
S2Tech

720 Spirit 40 Park Drive Chesterfield, MO 63005 Phone: 636.530.9286 Fax: 314.754.9839 day@s2tech.com www.s2tech.com

Mainstream
LIVING INC

**MAINSTREAM LIVING EMPLOYMENT AND LEARNING CENTER**

September 16, 2011

Ms. Mary Tavegia, Issuing Officer
RFP MED-12-001
Contract Administrator
Iowa Department of Human Services
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Ms. Tavegia:

Mainstream's general scope of work includes the monthly mailing processing for the various groups in the building.

Mainstream is willing to perform the scope of work indicated in this Bid Proposal. A contract will be negotiated with Accenture if they get the contract.

Mainstream does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap.

Sincerely,

Steve Gehlsen

Steve Gehlsen, Employment Coordinator
Mainstream

**Tab 3 Checklist and Cross-References (9.2.3) ..... 1**

3.1 Bid Proposal Requirements Checklist (9.2.3.1) ..... 1

3.2 General Requirements Cross-Reference (9.2.3.2) ..... 6

3.3 MMIS Requirements Cross-Reference (9.2.3.3) ..... 8

# Tab 3 Checklist and Cross-References (9.2.3)

Bidders will complete three exhibits in each Technical Proposal to confirm their responsiveness to requirements:

## 3.1 Bid Proposal Requirements Checklist (9.2.3.1)

Bidders will complete a checklist of the submittal requirements. The Department will use this checklist to confirm that bidders have produced and submitted bid proposals according to Department specifications. The Bid Proposal Requirements Checklist form appears in RFP Attachment L.

| Bidder Check | | Requirement | Confirmed by the Department | |
|---|---|---|---|---|
| Yes | No | | Yes | No |
| √ | | 1. Did the issuing officer receive the bid proposal by 3:00 p.m., Central Time, on the date specified in RFP Section 2.1 Procurement Timetable? | | |
| √ | | 2. Does each bid proposal consist of three distinct parts?<br>a. Technical Proposal<br>b. Cost Proposal<br>c. Company Financial Information | | |
| √ | | 3. Is each bid proposal sealed in a box (or boxes), with the Cost Proposal and Company Financial Information volumes sealed in separate, labeled envelopes inside the same box or boxes? | | |
| √ | | 4. Are packing boxes numbered in the following fashion: 1 of 4, 2 of 4 and so forth for each bid proposal that consists of multiple boxes? | | |
| √ | | 5. Are all boxes containing bids labeled with the following information?<br>a. Bidder's name and address<br>b. Issuing officer name and delivery address as identified by RFP Section 9.1.d.2<br>c. RFP title (Iowa Medicaid Enterprise System Services Procurement) and RFP reference number (MED-12-001)<br>d. RFP for which the bid proposal is being submitted for consideration whether for the MMIS or POS | | |
| √ | | 6. Are separate boxes utilized for each bid proposal if submitting bid proposals for more than one of the individual contract awards? | | |
| √ | | 7. Are all bid proposal materials printed on 8.5" x 11" paper (two-sided)? | | |
| √ | | 8. Is Technical Proposal presented in a spiral, comb, or pasteboard binder separate from the sealed Cost Proposal and Company Financial Information volumes?<br>(Note: Technical Proposals in 3-ring binders will not be accepted.) | | |
| √ | | 9. Is each Cost Proposal in a spiral, comb or pasteboard binder separate from the sealed Technical Proposal and Company Financial Information volumes?<br>(Note: This status will be determined when Cost Proposals are opened after Technical Proposals have been evaluated. 3-ring binders will not be accepted.) | | |

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| Bidder Check | | Requirement | Confirmed by the Department | |
|---|---|---|---|---|
| √ | | 10. Is each Company Financial Information in a spiral binder, or comb or pasteboard binder separate from the sealed Technical Proposal and Cost Proposal volumes?<br>(Note: This status will be determined when Company Financial Information volumes are opened for the financial viability screening. 3-ring binders will not be accepted.) | | |
| √ | | 11. Is one sanitized copy of the proposal volumes and Company Financial Information included if any bid proposal information is designated as confidential?<br>(Note: Bidders cannot designate their entire proposal as confidential or proprietary.) | | |
| √ | | 12. Does each Technical Proposal package include:<br>a. One original<br>b. Ten copies<br>c. One sanitized copy (if applicable) in a separate binder (or set of binders)<br>d. Are the original, copies and sanitized copy correctly marked? | | |
| √ | | 13. Does each Cost Proposal package include:<br>a. One original<br>b. Ten copies<br>c. One sanitized copy of Cost Proposal in separate, sealed envelope<br>d. Are the original, copies and sanitized copy correctly marked? | | |
| √ | | 14. Does each Company Financial Information package contain one original and three copies of Company Financial Information (in a separate sealed envelope)?<br>(Note: This status will be determined when Company Financial Information volumes are opened for the financial viability screening.) | | |
| √ | | 15. Are all bid proposals also submitted on CD-ROM or DVD? | | |
| √ | | 16. Does one submitted CD-ROM or DVD contain one full version of the Technical Proposal and Cost Proposal and the other submitted CD-ROM or DVD contain one sanitized version of the Technical Proposal? | | |
| √ | | 17. Are all electronic files in read-only PDF format? | | |
| √ | | 18. Are all electronic files individually identified by:<br>a. Component name<br>b. Bid proposal volume title (technical or cost)<br>c. Status (original, copy or sanitized) | | |
| ***Technical Proposal Content*** | | | | |
| √ | | 19. Does each Technical Proposal consist of the following sections separated by tabs with associated documents and responses presented in the following order?<br>a. Table of Contents (Tab 1)<br>b. Transmittal Letter (Tab 2)<br>c. Checklists and Cross-References (Tab 3)<br>d. Executive Summary (Tab 4)<br>e. Corporate Qualifications (Tab 5) | | |

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| Bidder Check | | Requirement | Confirmed by the Department | |
|---|---|---|---|---|
| | | f. Project Management (Tab 6)<br>g. General Requirements(Tab 7)<br>h. Start-Up and Implementation Phases (Tab8)<br>i.. MMIS and POS System Requirements (Tab 9)<br>j. MMIS and POS Operational Requirements (Tab 10)<br>k. Certification Phase (Tab 11)<br>l. Turnover Phase (Tab 12) | | |
| √ | | 20. Does the Table of Contents in Tab 1 of the Technical Proposal identify all sections, subsections and corresponding page numbers? | | |
| √ | | 21. Does the Transmittal Letter in Tab 2 include the following?<br>a. The bidder's mailing address<br>b. Electronic mail address, fax number and telephone number for both the authorized signer and the point of contact designated by the bidder<br>c. A statement indicating that the bidder is a corporation or other legal entity<br>d. Identification of all subcontractors and a statement included that indicates the exact amount of work to be done by the prime contractor and each subcontractor, as measured by a percentage of the total work<br>e. Technical proposal must not include actual price information<br>f. A statement confirming that the prime contractor is registered or agrees to register to do business in Iowa and providing the corporate charter number (if currently issued), along with assurances that any subcontractor proposed is also licensed or will become licensed to work in Iowa<br>g. A statement identifying the bidder's federal tax identification number<br>h. A statement that the bidder will comply with all contract terms and conditions as indicated in this RFP<br>i. A statement that no attempt has been made or will be made by the bidder to induce any other person or firm to submit or not to submit a proposal<br>j. A statement of affirmative action that the bidder does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), gender, marital status, political affiliation, national origin or handicap<br>k. A statement that no cost or pricing information has been included in this letter or the Technical Proposal<br>l. A statement identifying all amendments to the RFP issued by the state and received by<br>the bidder. (Note: If no amendments have been received, a statement to that effect shall be included.)<br>m. A statement that the bidder certifies in connection with this procurement that:<br>1. The prices proposed have been arrived at independently, with consultation, communication or agreement, as to any matter relating to such prices with any other bidder or any competitor for the purpose of restricting competition; and<br>2. Unless otherwise required by law, the prices quoted have not been knowingly disclosed by the bidder prior to award, directly or indirectly, to any other bidder or to any competitor<br>3. A statement that the person signing this proposal certifies that he and or she is the person in the bidder's organization responsible for or authorized to make decisions regarding the prices quoted and that he and or she has not | | |

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| Bidder Check | | Requirement | Confirmed by the Department | |
|---|---|---|---|---|
| | | participated and will not participate in any action contrary to items 1, 2 and 3<br>n. A statement that the submitted Bid Proposal Security shall guarantee the availability of the services as described throughout the bid proposal<br>o. A statement that the bidder acknowledges the acceptance of all terms and conditions stated in the RFP | | |
| √ | | 22. If the use of subcontractors is proposed, a statement from each subcontractor must be appended to the transmittal letter signed by an individual authorized to legally bind the subcontractor stating:<br>a. The general scope of work to be performed by the subcontractor<br>b. The subcontractor's willingness to perform the work indicated; and<br>c. The subcontractor's assertion that it does not discriminate in employment practices with regard to race, color, religion, age (except as provided by law), gender, marital status, political affiliation, national origin or handicap | | |
| √ | | 23. Any request for confidential treatment of information shall also be identified in the transmittal letter, in addition to the specific statutory basis supporting the request and an explanation why disclosure of the information is not in the best interest of the public | | |
| √ | | 24. The name, address and telephone number of the individual authorized to respond to the Department about the confidential nature of the information (if applicable) | | |
| √ | | 25. Is a completed copy of the Checklist and Cross-References included in Tab 3?<br>a. Requirements Checklist<br>b. General Requirements Cross-Reference<br>c. MMIS and POS System Services Requirements Cross-Reference | | |
| √ | | 26. Is a General Requirements Cross-Reference in Tab 3 included for each Technical Proposal under consideration based upon the sample provided in RFP Section 5? | | |
| √ | | 27. Is a MMIS or POS System Services Requirements Cross-Reference in Tab 3 included for each Technical Proposal under consideration? | | |
| √ | | 28. Are requirements numbers listed above the paragraph or set of paragraphs for all addressed requirements in? | | |
| √ | | 29. Does information in Corporate Qualifications (Tab 5) include the following?<br>a. Description of the Corporate Organization (section 9.2.51)<br>b. Description of the Corporate Experience (section 9.2.5.2)<br>c. Corporate References (section 9.2.5.3)<br>d. A signed copy of each of Attachments B through J inclusive with signature from an individual authorized to bind the company (section 9.2.5.5)<br>e. Felony Disclosure (section 9.2.5.4) | | |
| √ | | 30. Does information in MMIS and POS System Requirements (Tab 9) include the following from Section 7:<br>a. Is each contract function addressed as referenced in section 7<br>b. Indication if each capability is an existing capability of the system being proposed<br>c. Indication if a requirement will be met with system modification (SM) or COTS solution. (Required entry for any Requirement with a "No" in Column | | |

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| Bidder Check | | Requirement | Confirmed by the Department | |
|---|---|---|---|---|
| | | B)<br>d. Estimated number of hours required to develop capability. (Required entry for any Requirement with a "No" in Column B) | | |
| ***Cost Proposal Content*** | | | | |
| √ | | 31. Does the Cost Proposal include the following sections:<br>a. Table of Contents (Tab 1)<br>b. Bid Proposal Security (Tab 2)<br>c. Pricing Schedules (Tab 3) | | |
| √ | | 32. Does Tab 1 include a Table of Contents of the Cost Proposal? | | |
| √ | | 33. Does the Table of Contents identify all sections, subsections and corresponding page numbers? | | |
| √ | | 34. Is a proposal bid bond or proposal guarantee in the form of a cashier's check, certified check, bank draft, treasurer's check, bond or a original letter of credit payable to the Department in an amount equal to five percent of the total implementation and operations costs identified by Pricing Schedule N of the Cost Proposal included in Tab 2? | | |
| √ | | 35. Are copies of the proposal bid bond included in Tab 2 in all other copies of the Cost Proposal submitted by the bidder? | | |
| √ | | 36. If a bond is used, is it issued by a surety licensed to do business in Iowa? | | |
| √ | | 37. Are pricing schedules as specified in the RFP included in Tab 3? | | |
| √ | | 38. Does the Company Financial Information include audited financial statements (annual reports) for the last 3 years? | | |
| √ | | 39. Does the Company Financial Information include at least three financial references (such as letters from creditors, letters from banking institutions, Dun & Bradstreet supplier reports)? | | |
| √ | | 40. Does the Company Financial Information include a description of other contracts or projects currently undertaken by the bidder? | | |
| √ | | 41. Does the Company Financial Information include a summary of any pending or threatened litigation, administrative or regulatory proceedings or similar matters that could affect the ability of the bidder to perform the required services? | | |
| √ | | 42. Does the Company Financial Information include a disclosure of any contracts during the preceding five year period, in which the bidder or any subcontractor identified in the bid proposal has defaulted? Does it list all such contracts and provide a brief description of the incident, the name of the contract, a contact person and telephone number for the other party to the contract? | | |
| √ | | 43. Does the Company Financial Information include a disclosure of any contracts during the preceding five-year period in which the bidder or any subcontractor identified in the bid proposal has terminated a contract prior to its stated term or has had a contract terminated by the other party prior to its stated term.? | | |
| √ | | 44. Does the Company Financial Information include the company's five-year business plan that would include the award of the state's contract as part of the work plan? | | |

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## 3.2 General Requirements Cross-Reference (9.2.3.2)

The Department requests that bidders complete a General Requirements Cross-Reference for each Technical Proposal under consideration using the sample RFP cross-reference form in RFP Attachment M Sample Cross-Reference. In Column A, bidders will list requirements by reference number from Section 5 General Requirements in the RFP (such as 5.2.1). In Column B, bidders will list the location within the Technical Proposal where the bidder's response to this requirement can be found (such as Tab 5, Page 5).

| RFP Requirement | Location of Response in Bid Proposal |
|---|---|
| 5.1 | Tab 7: Section 7.1 General Requirements for MMIS (5.1) - Page 2 |
| 5.2 | Tab 7: Section 7.2 Staffing (5.2) - Page 9 |
| 5.2.1 | Tab 7: Section 7.2.1 Named Key Personnel (5.2.1) - Page 10 |
| 5.2.2 | Tab 7: Section 7.2.2 Key Personnel Requirements (5.2.2) - Page 11 |
| 5.2.3 | Tab 7: Section 7.2.3 Key Personnel Resumes (5.2.3) - Page 12 |
| 5.2.4 | Tab 7: Section 7.2.4 Key Personnel References (5.2.4) - Page 13 |
| 5.2.5 | Tab 7: Section 7.2.5 Letter of Commitment (5.2.5) - Page 13 |
| 5.2.6 | Tab 7: Section 7.2.6 Department Approval of Key Personnel (5.2.6) - Page 15 |
| 5.2.7 | Tab 7: Section 7.2.7 Changes to Contractor's Key Personnel (5.2.7) - Page 16 |
| 5.2.8 | Tab 7: Section 7.2.8 Job Rotation (5.2.8) - Page 17 |
| 5.2.9 | Tab 7: Section 7.2.9 Coverage during Vacations for Sensitive Positions (5.2.9) - Page 19 |
| 5.2.10 | Tab 7: Section 7.2.10 User Access (5.2.10) - Page 20 |
| 5.2.11 | Tab 7: Section 7.2.11 Employees and Subcontractors (5.2.11) - Page 22 |
| 5.2.12 | Tab 7: Section 7.2.12 Residency and Work Status (5.2.12) - Page 22 |
| 5.2.13 | Tab 7: Section 7.2.13 Background Checks (5.2.13) - Page 23 |
| 5.2.14 | Tab 7: Section 7.2.14 Bonding (5.2.14) - Page 23 |
| 5.2.15 | Tab 7: Section 7.2.15 Subcontractors (5.2.15) - Page 24 |
| 5.3 | Tab 7: Section 7.3 Contract Management (5.3) - Page 26 |
| 5.3.1 | Tab 7: Section 7.3.1 Performance Reporting and Quality Assurance (5.3.1) - Page 27 |
| 5.3.2 | Tab 7: Section 7.3.2 State Responsibilities (5.3.2) - Page 36 |
| 5.3.3 | Tab 7: Section 7.3.3 Accenture Responsibilities (5.3.3) - Page 37 |
| 5.3.4 | Tab 7: Section 7.3.4 Performance Standards (5.3.4) - Page 43 |
| 5.4 | Tab 7: Section 7.4 Annual Performance Reporting (5.4) - Page 45 |
| 5.4.1 | Tab 7: Section 7.4.1 Reporting Deadline (5.4.1) - Page 46 |
| 5.5 | Tab 7: Section 7.5 General Documentation (5.5) - Page 47 |
| 5.6 | Tab 7: Section 7.6 Operational Procedures Documentation (5.6) - Page 50 |

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| RFP Requirement | Location of Response in Bid Proposal |
|---|---|
| 5.7 | Tab 7: Section 7.7 Knowledge Transfer (5.7) - Page 52 |
| 5.8 | Tab 7: Section 7.8 Security and Confidentiality (5.8) - Page 60 |
| 5.8.1 | Tab 7: Section 7.8.1 Security Staff (5.8.1) - Page 69 |
| 5.9 | Tab 7: Section 7.9 Accounting (5.9) - Page 70 |
| 5.10 | Tab 7: Section 7.1 Banking Policies (5.10) - Page 71 |
| 5.11 | Tab 7: Section 7.11 Payment Error Rate Measurement (PERM) Project (5.11) - Page 74 |
| 5.12 | Tab 7: Section 7.12 Subcontractors (5.12) - Page 76 |
| 5.13 | Tab 7: Section 7.13 Regulatory Compliance (5.13) - Page 77 |
| 5.14 | Tab 7: Section 7.14 Audit Support (5.14) - Page 79 |
| 5.15 | Tab 7: Section 7.15 No Legislative Conflicts of Interest (5.15) - Page 81 |
| 5.16 | Tab 7: Section 7.16 No Provider Conflicts of Interest (5.16) - Page 83 |

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# 3.3 MMIS System Services Requirements Cross-Reference (9.2.3.3)

The Department requests that bidders develop a System Services Requirements Cross-Reference for each Technical Proposal under consideration based upon the sample RFP cross-reference form in RFP Attachment M Sample Cross-Reference. In Column A, bidders will list requirements by reference number (such as 9.2.3.3). In Column B, bidders will list the location within the Technical Proposal where the bidder's response to this requirement can be found (such as Tab 3, page 32).

| RFP Requirement | Location of Response in Bid Proposal |
|---|---|
| 7.1 | Tab 9:Section 9.1 MMIS System Requirements, (7.1) - page 2 |
| 7.1.1 | Tab 9: Section 9.1.1 Member Management (7.1.1) - page 17 |
| 7.1.2 | Tab 9: Section 9.1.2 Provider Management (PR) (7.1.2) -page 57 |
| 7.1.3 | Tab 9: Section 9.1.3 Claims Receipt (CR)Section (7.1.3) - page 95 |
| 7.1.4 | Tab 9: Section 9.1.4 Claims Adjudication (CA) ( 7.1.4) -page 115 |
| 7.1.5 | Tab 9: Section 9.1.5 Prior Authorization (CA) (7.1.5) -page. 152 |
| 7.1.6 | Tab 9: Section Reference Data Management (RF) (7.1.6) -page. 190 |
| 7.1.7 | Tab 9: Section 9.1.7 Third-Party liability Management (TP) (7.1.7) -page 206 |
| 7.1.8 | Tab 9: Section 9.1.8 Health Insurance Premium Payment (HP) (7.1.8) -page 231 |
| 7.1.9 | Tab 9: Section 7.1.9 Program Management Reporting (PM) (7.1.9) -page 235 |
| 7.1.10 | Tab 9: Section 9.1.10 Federal Reporting (FR) (7.1.10) -page 266 |
| 7.1.11 | Tab 9: Section 9.1.11 Financial Management (FI) (7.1.11) -page 280 |
| 7.1.12 | Tab 9: Section 9.1.12 Program Integrity Management (PI) -page 328 |
| 7.1.13 | Tab 9: Section 9.1.12 Managed Care (MC, ME, MG) (7.1.13) -page 332 |
| 7.1.14 | Tab 9: Section 9.1.14 Waiver, Facility and Enhanced State Plan Services Management (WA) (7.1.14) -page 364 |
| 7.1.15 | Tab 9: Section 9.1.15 Optional Waiver, Facility and Enhanced State Plan Services Management for the ISIS Replacement System (OWA.SS) (7.1.15) - page 380 |
| 7.1.16 | Tab 9: Section 9.1.16 Immunization Registry Interface (RI) (7.1.16) -page 397 |
| 7.2 | Tab 9: Section 9.2 External Interfaces (9.2.10.1) (7.2) -page 401 |
| 7.3 | Tab 9: Section 9.3 MMIS and POS Infrastructure Requirements (9.2.10.2) (7.3) -page 410 |
| 7.3.1 | Tab 9: Section 9.3.1 Rules Engine System Requirements (RE) (7.3.1) -page 424 |
| 7.3.2 | Tab 9: Section 9.3.2 General Architectural Requirements (AR) (7.3.2) -page 432 |
| 7.3.3 | Tab 9: Section 9.3.3 HIPAA Transaction Requirements (HP) (7.3.3) -page 441 |
| 7.3.4 | Tab 9: Section 9.3.4 MITA Technical Requirements (MT) (7.3.4) -page 444 |
| 7.3.5 | Tab 9: Section 9.3.5 Service Oriented Architecture (SOA) Requirements |

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| RFP Requirement | Location of Response in Bid Proposal |
|---|---|
| | (7.3.5) -page 448 |
| 7.3.6 | Tab 9: Section 9.3.6 Programming Language Requirements (PL) (7.3.6) - page 453 |
| 7.3.7 | Tab 9: Section 9.3.7 Security & Privacy Requirements (SP) (7.3.7) -page 455 |
| 7.3.8 | Tab 9: Section 9.3.8 Software Licenses and Maintenance Requirements (SL) (7.3.8) - page 457 |
| 7.3.9 | Tab 9: Section 9.3.9 Data Quality Control Requirements (DQ) (7.3.9) -page 461 |
| 7.3.10 | Tab 9: Section 9.3.10 Environment Requirements (EV) (7.3.10) -page 464 |
| 7.3.11 | Tab 9: Section 9.3.11 Web Portal (WP) (7.3.11) -page 471 |
| 7.3.12 | Tab 9: Section 9.3.12 Workflow Requirements (WM) (7.3.12) -page 498 |
| 7.3.13 | Tab 9: Section 9.3.13 Electronic Data Management (ED) (7.3.13) -page 524 |
| 7.3.14 | Tab 9: Section 9.3.14 Automatic Letter Generation Requirements (ED) (7.3.14) -page 529 |
| 7.4 | Tab 9: Section 9.4 Requirements Traceability Matrix (7.4) -page 533 |
| 8.1 | Tab 10, Section 10.1 Core MMIS Operational Requirements (8.1) -page 7 |
| 8.1.1 | Tab 10, Section 10.1.1 Minimum Numbers of Categorized Staff (8.1.1) - page 26 |
| 8.1.2 | Tab 10, Section 10.1.1 Internal Quality Assurance (8.1.2) - page 31 |
| 8.1.3 | Tab 10, Section 10.1.3 Internal Quality Assurance (8.1.2) - page 47 |
| 8.1.4 | Tab 10, Section 10.1.4 System Remediation (8.1.4) - page 69 |
| 8.1.5 | Tab 10, Section 10.1.5 Mail and Courier Service (8.1.5) - page 72 |
| 8.1.6 | Tab 10, Section 10.1.6 Member Management (8.1.6) - page 78 |
| 8.1.7 | Tab 10, Section 10.1.7 Medically Needy (8.1.7) - page 98 |
| 8.1.8 | Tab 10, Section 10.1.8 Provider Management (8.1.8) - page 106 |
| 8.1.9 | Tab 10, Section 10.1.9 Claims Receipt Entry and Control (8.1.9) - page 123 |
| 8.1.10 | Tab 10, Section 10.1.10 Claims Adjudication (8.1.10) - page 139 |
| 8.1.11 | Tab 10, Section 10.1.11 Encounter Function (8.1.11) - page 162 |
| 8.1.12 | Tab 10 Section 10.1.12 Reference Data Management (8.1.12) - page 171 |
| 8.1.13 | Tab 10, Section 10.1.13 Prior Authorization Management (8.1.13) - page 195 |
| 8.1.14 | Tab 10, Section 10.1.14 Third-Party Liability Management (8.1.14) - page 203 |
| 8.1.15 | Tab 10, Section 10.1.15 Program Management Reporting (8.1.15) - page 219 |
| 8.1.16 | Tab 10, Section 10.1.16 Federal Reporting Management (8.1.16) - page 229 |
| 8.1.17 | Tab 10, Section 10.1.17 Financial Management (8.1.17) - page 238 |
| 8.1.18 | Tab 10, Section 10.1.18 Program Integrity Management (8.1.18) - page 254 |
| 8.1.19 | Tab 10, Section 10.1.19 Managed Care (8.1.19) - page 258 |
| 8.1.20 | Tab 10, Section 10.1.20 Waiver, Facility and Enhanced State Plan Services |

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| RFP Requirement | Location of Response in Bid Proposal |
|---|---|
| | Management (8.1.20) - page 271 |
| 8.1.21 | Tab 10, Section 10.1.21 Optional Waiver, Facility and Enhanced State Plan Services Management (8.1.21) - page 277 |
| 8.1.22 | Tab 10, Section 10.1.22 Interactive Voice Response System (IVRS) Management (8.1.22) - page 286 |
| 8.1.23 | Tab 10, Section 10.1.23 Web Services (8.1.23) - page 294 |
| 8.1.24 | Tab 10, Section 10.1.24 Workflow Management (8.1.24) - page 302 |
| 8.1.25 | Tab 10, Section 10.1.25 Rules Engine (8.1.25) - page 307 |
| 8.2 | Tab 10, Section 10.2 POS Operational Requirements (8.1) - page 316 |

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# Tab 4 Executive Summary (9.2.4)

Long before the invention of the computer, mechanical engineers discovered and practiced the principles of component-based design and standardized interfaces. For hundreds of years, machines have been built using component parts that can be replaced if broken, upgraded if improved or leveraged between multiple machines to create economy. In the world of machines, these principles are used every day, and in fact, are so commonplace, one barely recognizes them as significant. The ability to replace a blade on a cutting tool or tires on a vehicle and use different attachments on construction equipment are so engrained that we take these things for granted. Standards in machinery are also employed, such as the common threading used with nuts and bolts making them interchangeable, common voltages in electrical systems, standard connectors and interoperating parts. These and many other standards make it possible for components to work together and be easily exchanged or upgraded.

**Iowa Department of Human Services Vision Statement**

**"Make a positive difference in the lives of Iowans we serve through effective and efficient leadership, excellence and teamwork"**

Guiding Principles

- Customer Focus – respectful and responsive to the strength of individuals; promote meaningful connections
- Excellence – efficient, effective and responsible public service; communicate openly, honestly, ethically and professionally
- Accountability – maximize use of resources and data to evaluate performance and make informed decisions to improve results
- Teamwork – work collaboratively with customers, employees, public and private partners to achieve results

Software engineering is new compared to mechanical engineering. With the invention of the first computer at Iowa State University by John Vincent Atanasoff and Clifford Berry, the computer science industry was born. The Atanasoff-Berry Computer made its debut in 1942 and was the world's first electronic digital computer. It incorporated several major innovations, including the use of binary arithmetic, regenerative memory, parallel processing and separation of computing and memory functions. The instructions to make the Atanasoff-Berry Computer work were wired into the machine. Computer scientists quickly realized that the design was not flexible and they developed stored program architecture to address the issue. By the 1950's, the division between hardware and software began and abstraction, or a language written for the computer, was used to deal with the complexity of computing. In the 1960's, software engineering became a formal discipline in recognition of the rigor that was needed to design software that is of high quality, affordable, maintainable and fast to build.

Software engineering had the benefit of learning from mechanical engineering and the field advanced quickly. The concepts of component-based design and standard interfaces were embraced by software engineers and as the years went by, the concepts became reality. For software, this means loosely coupled applications that provide business functionality and flexibility for efficiency, effectiveness and change and standard interfaces allowed data communication to occur over networks.

# Engineering a Better Model

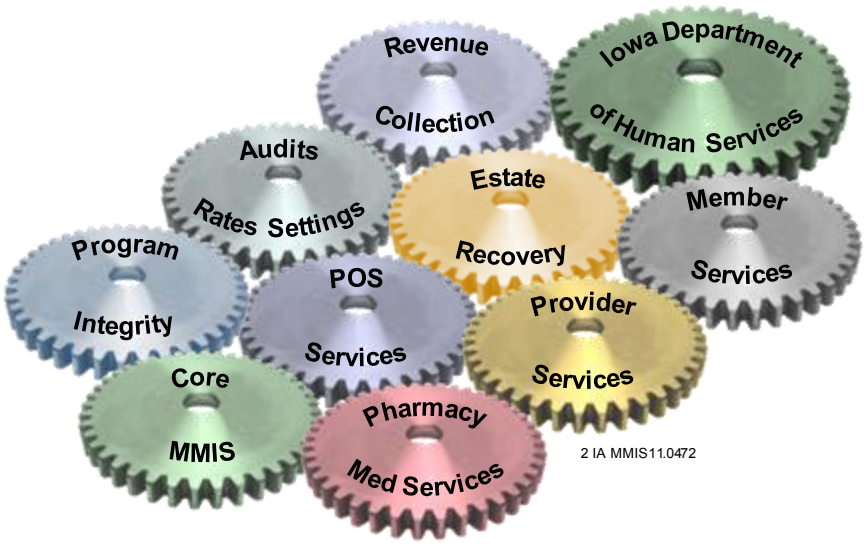
When the Centers for Medicare and Medicaid Services (CMS) began studying new guidelines for Medicaid technology, there was broad agreement between CMS and states that it was difficult for them to share data and meaningfully collaborate. It was also apparent that legacy Medicaid Management Information Systems (MMIS) would not be able to support the future of Medicaid, where a member-centric, enterprise-wide model, focused on healthy outcomes would replace the focus on technology. In 2001, CMS introduced the concept for new guidelines, which eventually became the Medicaid Information Technology Architecture (MITA). As the guidelines were developed, goals were added for adaptability, responsiveness to change, business process and technology alignment, coordination with entities outside of the traditional Medicaid boundaries, common standards, timely and accessible data and process maturity. The bigger MITA became, the more obvious it was that a dramatic change in Medicaid business process and technology was needed. Service-oriented architecture (SOA) moved to the front of the discussion, promoting more debate about the feasibility and practicality of positioning SOA as a goal for MMISs.

Service orientation requires loose coupling of business applications with operating systems and underlying technologies so that applications can be used by multiple services. Communication between applications occurs over a network by passing data in well defined, shared formats or by coordinating an activity between two or more services. For MITA to become a reality, where business requirements regulated technology direction and investment, SOA needed to become a requirement in new MMIS investments.

As CMS' agenda moved forward, the Iowa Department of Human Services (the Department) saw the significance of MITA and the new paradigm, where business drives technology. The Department analyzed its existing business model where there was almost singular control over the MMIS by a fiscal agent, who also had responsibility for operating the MMIS and all its core functions. The Department decided to be truly MITA-aligned, the business model, as well as the processes and technology, had to change. The Department conceptualized a new business model, where best-of-breed contractors work together in an integrated environment, operating a unified Medicaid program from a single location. In 2004, the Department started on its plan to replace its existing business model with a modular one to create the Iowa Medicaid Enterprise (IME), "an endeavor that unites state staff and best of breed contractors into a performance-based model for administration of the Medicaid program."

The Department began by determining which services it wanted to componentize and uncoupling the business processes from the core MMIS. The idea was that the MMIS would integrate and interoperate with the planned IME Professional Services Contractors' process and technology and all of the IME's assets, people, process and technology, would be guided and directed by the Department.

By the time MITA 2.0 was released in 2006, the Department was on its way toward MITA alignment. The IME business model itself is modular, allowing the Department to drive change in one component while not impacting performance in another. The Department was able to put integrated performance and reporting measures in place, giving it new visibility into the MMIS and operations. The resulting business model has nine components and makes the Department responsible for the enterprise.




The Department's leadership on ICD-10 exemplifies that the business model works. The Department and the IME Professional Services Team collaborated with full transparency to identify the actions needed to remediate the current MMIS for ICD-10 and assess the impact to other systems. The Department laid out a roadmap that meets the CMS-mandated timeframe, does not jeopardize the procurement of the replacement MMIS and actively manages issues to keep them from becoming risks. The Iowa ICD-10 plan has been held up as a model for other states as it takes an enterprise-wide view, exposes issues and actions across the enterprise and relies on collaboration to execute the plan.

The next segment of the Department's journey is to replace the current MMIS. In contrast to the Department's modular business model, the current MMIS is a customized system with tightly coupled applications. This makes it difficult to change one application without affecting many others; it restricts the Department's ability to respond rapidly to change and almost all change is costly.

## Engineering a Better MMIS

Accenture is a leading information technology provider to the healthcare market. Our services span consulting, systems integration and outsourcing, delivered to payers and providers, public and private. In September 2009, we merged the public and commercial healthcare practices into one global operating group, called Health and Public Service. We did this to more fully integrate, focus and expand our services to healthcare and government clients.

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

**Accenture's healthcare experience is well rounded and deep, providing the Department with a System Service and MMIS Operation contractor that brings insights and best practices from a composite of the healthcare market**

- More than 25 years' experience in Health and Public Sector
- We have served 30 US states and 26 countries in the health and public services domain.
- In 2010, Accenture Health BPO Services processed more than19 million claims, 2 million provider updates and $18.5 B in premium payments.
- We have provided systems integration and technical solutions to 21 of the top 25 healthcare plans in the US, including managed care, traditional insurance and non-profit plans.

Accenture has marketed and sold software for more than 20 years. With the advent of SOA, it became possible to develop products that have functionality out-of-the-box and can be used without customization, in contrast to custom or semi-custom systems that need more modification to function in the client's environment. Accenture formalized its strategy to build packaged software and launched a separate business unit, Accenture Software, in May 2010. Accenture Software has more than 60 software titles used across a range of verticals, including banking, consumer goods and services, freight and logistics, human capital management, health and public service and insurance.

Accenture's experience over the past eight years on the Texas MMIS, called the Texas Medicaid and Health Partnership, was instrumental to our decision to invest in a pre-packaged MMIS product. As the lead technology provider for the third largest Medicaid program in the nation, we saw the challenges associated with a legacy MMIS. We understood that a true SOA-based solution had to be more than just a commercial claims engine surrounded by commercial off-the-shelf (COTS) products. To bring the MITA model to life, we needed to integrate COTS components into a framework that delivers business services specific to Medicaid. In 2010, we began demonstrating prototypes of the Accenture Public Health Platform (APHP) to Medicaid Directors across the country. We asked for and received excellent feedback and refined APHP based on the insight gained during the demonstration cycle. We tightened the alignment with the MITA process areas and tested the expandability and extendability of the solution. Accenture is pleased to propose our commercial MMIS product, APHP, to the Department to be the solution for the IME MMIS.

## Accenture Public Health Platform

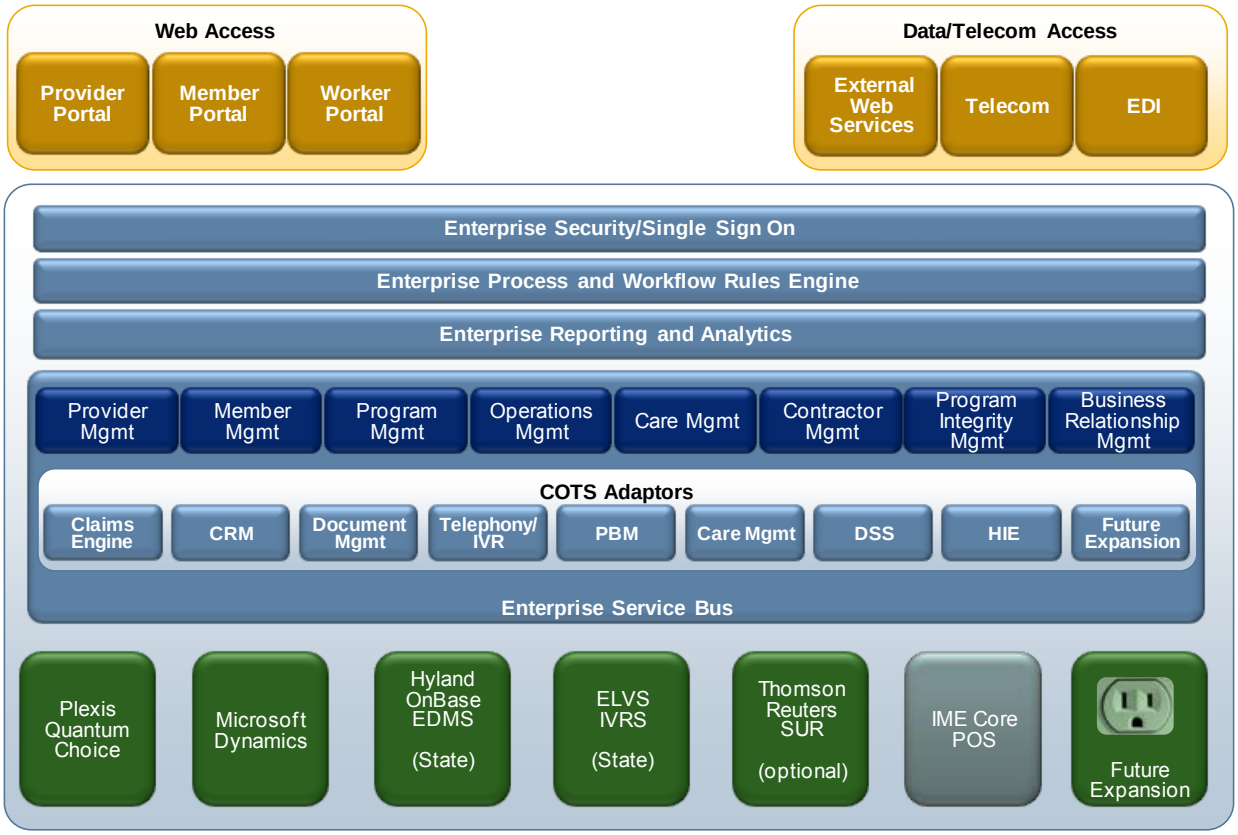
APHP is a MITA-aligned, SOA-based technical architecture, built on a .NET platform. It provides an integrated services structure to deliver business process functionality using COTS business software packages. APHP is highly configurable and flexible. COTS components can be added, upgraded, replaced or retired and set-up via configuration, rather than by long, expensive system development projects.

Some of the key features of APHP include:

- **Web user interface** for providers, members and workers to access the MMIS in a consistent and integrated way, allowing most functions to be completed in a single session on a single screen
- **External web services** that can be exposed externally, allowing the Department to share services and integrate without the need for custom interfaces
- **Electronic data interface** that manages X12 and non X12 transactions for all inbound and outbound data
- **Security service structure** using Microsoft Active Directory Federation to provide robust protection and control of data using role-based rules, compliant with HIPAA standards and the Department's and federal policies and regulations
- **Business process and workflow rules engine** to physically and virtually route transactions and data to the right queues
- **Distributed business rules management model** utilizing the native rules engine in each COTS component and Microsoft BizTalk's Enterprise Service Bus to make the connection between and among native business rules
- **Enterprise reporting and analytics** using Microsoft SQL Reporting Services to provide near real time and historical data for use in standard and custom reports, easily created using the APHP Worker portal

The APHP product is preconfigured with Title XIX mandatory and optional benefit structures, a full set of commonly used edits, audits and other business rules and robust program, operational and service level reporting. In addition, because many of the IME-specific requirements map to common requirements in the healthcare payer market, many of the state-specific requirements are met out-of-the-box as well. The remaining business rules need only to be configured to meet IME's requirements. Business process

workflows can be designed to user specifications, enabling the IME Professional Services contractors to design best practice operations. APHP has three architectural layers, as depicted in the figure below.




6 IA MMIS 11.0052

- The **Access** layer provides users with an entry point to the MMIS.
- The middle layer, **Business Integration and Services**, connects the business functionality from the COTS components to the business process areas and applies enterprise level rules.
- The **COTS Application** layer contains all the packaged applications that provide business functionality to the MITA service areas.

## Access Layer

The APHP Access Layer provides a consistent user interface and standards-based external services via the web portal. This layer abstracts the specific functions of the applications into common business services for the users. The APHP web portal is not just a browser enabled version of a legacy window or screen, it is the information hub for IME stakeholders.

### *Provider Portal*

The Provider portal gives providers an intuitive interface designed to make their interactions with the MMIS as easy as possible. Key functions available via Provider portal include:

- Applying for enrollment in the program
- Verifying member eligibility
- Submitting claims and prior authorizations
- Viewing upcoming payments and remittance advices

### *Member Portal*

The Member portal gives members access to their benefit plan, profile and transactions, allowing them to become stewards of their information and engaging them in the management of their health. Many functions are available to members, such as:

- Communicating with the member's Health Coach
- Checking claims history
- Obtaining benefit plan summaries

The Member portal is a key feature that helps the MMIS become more member-centric. Today, members have limited engagement with the MMIS and it is usually transactional, such as notification after a prior authorization decision is made. APHP's Member portal can serve members in ways meaningful to positive healthcare outcomes. For example, it can be used as a tool to manage the member's Medical Home and support Personal health Records for members.

**Accenture's experience at the Texas Medicaid and Health Partnership helped us develop a web portal that is intuitive and flexible**

- APHP's Access layer meets the business needs of the Department and the IME Professional Services contractors, providers and members
- CMS' MECT Checklists were used extensively in defining web portal requirements to confirm alignment with MITA process areas.
- Allows future expansion and extension, such as for statewide HIE/HIX

### *Worker Portal*

The Worker portal gives access to the Department, IME Professional Services contractors and other authorized users who rely on the MMIS, or information from it, to perform their job responsibilities. A wide range of functions is available via the Worker portal, including:

- Adjudicating provider enrollment applications
- Adjudicating suspended claims and prior authorizations
- Accessing business rules
- Managing workflow
- Updating third party liability information
- Monitoring operations via the APHP dashboard

Access to the APHP portal is strictly controlled through single sign-on and role-based security profiles. Each user is assigned a role and each role is assigned levels of access. Access is defined at the functional and data levels to prevent unauthorized transactions and exposure of sensitive or protected information to unauthorized users.

## Business Integration and Services Layer

The APHP Business Integration and Services layer is architected around the eight business process areas published in the MITA 2.1 Business Process Model. This layer acts as an integration engine and broker between the user interface in the Access layer and the individual COTS business applications.

APHP uses an adaptor design to link COTS applications to business services. These adaptors are well defined interfaces from the target applications to the business processes, providing a true service orientation. The adaptors provide the mechanism to isolate the applications from the business processes and enterprise services. This means that changes in COTS applications, whether new releases, upgrades, patches or retirement, do not affect the business and enterprise services.

The APHP framework delivers the capability for IME workers to view, change and audit business rules through a purpose-built graphic user interface. The Enterprise Service Bus orchestrates the conversations among all components so that the business rules are carried out in the correct order per the Department's approved configurations.

The enterprise-wide services in the Business Integration and Service layer are depicted in the table below.

| Role in APHP | Business Integration Service | COTS Product | Features and Functionality |
|---|---|---|---|
| **Secure and Protect** | Enterprise Security and Single Sign-on | Microsoft Active Directory Federation Service | • Central location for security protocols, role-based rules and synchronization of directory updates<br>• Single sign-on and identity management modules<br>• Multifunction product, widely installed, mature and proven<br>• Provides security that satisfies federal, state and Department requirements<br>• Native rules used to direct security services |
| **Transport and Integrate** | Enterprise Service Bus | Microsoft BizTalk | • Multi-platform adapters and messaging infrastructure<br>• Connects application components to business processes and services<br>• Distributed architecture<br>• Connects and mediates all communications and interactions between services<br>• Native rules developed for SOA-based systems |
| **Track and Manage** | Enterprise Process and Workflow Rules Engine | K2 blackpearl | • Enterprise-class product designed to work across multiple business processes and applications<br>• Predetermined process (logical) and workflow (physical) established to direct, assign, track and actively manage work<br>• Interactive user tool to model and define workflows<br>• Native rules used to direct business activity<br>• Integrates with OnBase EDMS and standard workflows |
| **Report and Plan** | Enterprise Reporting and Analytics | Microsoft SQL Reporting Service<br>Accenture Operational and Dimensional Data Stores | • Central repository for data from MMIS, IME Professional Services contractors and other source systems<br>• Near real time and historical data available in a single tool<br>• Produces standard and custom, user-designed reports without programming<br>• Dashboards for operational and service metrics<br>• Meets all CMS reporting requirements |

## COTS Application Layer

APHP components that provide business functionality reside in the COTS Application layer. APHP unifies the service structure and each component delivers specialized business functions. Each component is independently configurable; therefore, as changes are made to one component, the others are not impacted. When business requirements change, components can be changed to provide the functionality needed. For example, when the Department is ready to add Health Information Exchange (HIE), Accenture is able to add it to the APHP framework without interruption to other MMIS business processes.

### *Claims Processing Engine - Plexis Healthcare Systems Quantum Choice*

Quantum Choice was built from the ground-up using SOA principles and business services to provide operational efficiency, integrity and flexibility. Quantum Choice combines user-configurable rules-based processing engines, a .NET platform and a distributed architecture to deliver a powerful claims processing engine. It is aligned with MITA process areas, specifically Member, Provider, Operations and Care Management. The claims processing engine accepts, processes and adjudicates all standard claim types used by the Department for the IME. Should claim types change in the future, the Department receives the new functionality as part of a product release. The Quantum Choice product aligns with the Microsoft Connected Health and Human Services (HHS) Framework for interoperability across multiple program agencies. It was selected by Microsoft as one of the initial Connected-HHS Strategic Alliance Partners in 2008. Quantum Choice provides the ability to support multiple benefit plans and agencies and deliver comprehensive claims processing in a single application.

### *Customer Relationship Management (CRM) - Microsoft Dynamics*

Microsoft Dynamics is an application for end-to-end, enterprise-wide CRM. Calls are automatically logged and updated with inquiry and resolution information from initiation to closure. It supports guided process descriptions and scripted dialogues and has a built-in knowledge base, all to help representatives increase first call completion rates and customer satisfaction. We use Dynamics to track EDI help desk tickets. If the Department wants to make this tool available to the other IME Professional Services contractors, APHP can scale to accommodate additional users and user environments.

### *Electronic Document Management System (EDMS) - Hyland OnBase (State-supplied)*

The OnBase component in APHP's COTS Application layer preserves the workflows created by the Department and IME Professional Services contractors. Additionally, all imaged claims, prior authorizations and other documents are stored in OnBase and used in downstream processes. If the Department wishes to use APHP's Process and Workflow Rules Engine, APHP can accommodate workflows using both components. Regardless of COTS component used for workflow, the presentation of work and images to users is the same. The APHP framework insulates the user from the technology behind the business process.

### *Interactive Voice Response System - Electronic Eligibility and Verification System (State-supplied)*

The Department's Electronic Eligibility and Verification System (ELVS) is added to the COTS Application layer to give providers a telephonic solution for validating date-specific information, such as eligibility and managed healthcare participation. ELVS is configured on a standards-base application and fits into the APHP framework to deliver all the functionality available today.

### *Pharmacy Benefit Management (PBM) - IME Point of Sale (POS) Contractor*

Accenture is not submitting a proposal for the pharmacy POS scope of work; therefore, we show the integration of PBM data in the APHP framework as a placeholder. APHP is designed to interface with commercially available products in the healthcare domain, including pharmacy POS and PBM.

### *Surveillance and Utilization Review (SUR) - Thomson Reuters*

Accenture's SUR option is the Thomson Reuters J-SURS,CMS certified COTS component. Whether this or another product is selected, APHP is designed to interface with commercially available products in the healthcare domain, including SUR.

# Accenture's Credentials

To move from a legacy claims processing system to a modern, SOA-based, MITA aligned MMIS that is CMS-certifiable, the Department must be confident in the systems integrator's competency, resources and skill to actually deliver and then operate and optimize the new MMIS. Accenture's strongest competency is delivery. Our brand motto, *High Performance. Delivered*, did not come about by accident. We are intent on keeping our commitments and satisfying our customer's expectations. That drive has powered our company since its inception.

Accenture is a global technology provider, delivering services in consulting, systems integration and outsourcing. We have worked with public sector clients since our inception and over the years, our commitment to the government has strengthened. System Services and MMIS Operations are delivered by Accenture's Health and Public Service Operating Group, which has more than 600 clients worldwide. In the following table, we present high level summaries of six projects that are part of the Health and Public Service Operating Group. Proposal Section 5.0 contains detailed descriptions of these and additional referenced projects.

| Accenture Project | Relevancy to IME System Services and MMIS Operations |
|---|---|
| **Texas Medicaid and Health Partnership** | Texas Medicaid is the third largest Medicaid program in the nation, with more than 2.2 M members. Accenture is the lead technology provider, delivering data center operations, application outsourcing, network operations and project management. Accenture managed the transition from the incumbent contractor; cutover was accomplished ahead of schedule without disruption to technology services. Accenture introduced many performance improvements, including provision of a dashboard to give Texas Medicaid visibility into the operation, achievement of a PERM audit rate of zero and designing and deploying a self service provider portal. |
| **State of Georgia, Department of Human Services, Division of Family and Children Services** | Accenture is developing a Web-based interactive Case Management system that helps the agency deliver better service to children and families throughout the state. The functionality is to be deployed throughout the state. Accenture is responsible for the design, development and implementation of the system. The project has significant coordination responsibilities across a diverse vendor and contractor team. Accenture also works with counties to unify disparate processes into a statewide services framework. |
| **Kentucky Medicaid Operational Support Services (MOSS)** | The Commonwealth has several Medicaid initiatives and sought support and project management services to help coordinate and accomplish each of the initiatives. Accenture works with leadership from multiple agencies and departments to identify issues, develop recommendations, analyze trends and resolve challenges that inhibit completion of the initiatives. One of the main initiatives includes planning for a new MMIS and developing the roadmap to replace the current MMIS. |
| **Health Alliance Plan** | For this Michigan-based managed care plan covering more than 500,000 members through a network of more than 2,500 primary care providers, 5,000 specialists and 45 hospitals, Accenture implemented a COTS component solution to satisfy enrollment, billing, encounter processing capitation and other core processes. Accenture used packaged application development which accelerated the time-to-benefit for technology investment. Accenture developed and maintains the architecture for e-commerce and administrative applications using industry standard architectural standards and tools. |

| Accenture Project | Relevancy to IME System Services and MMIS Operations |
|---|---|
| **Highmark** | Accenture developed a "self-funded" five year technology transformation plan as part of Highmark's initiative to leverage technology to become more member-centric. The first phase of the plan called for Accenture to modernize claims processing Point of service claims adjudication, first pass adjudication rate and automation of mass adjustments all improved dramatically. The cost savings from the first phase funded the second phase, which called for the implementation of a web-based component framework for core business functions. The third phase, currently underway, introduces new products and services to Highmark's members based on the functionality added in phases one and two. |
| **CIGNA** | Accenture works with more than 10 contractors, each with a discrete role in CIGNA's vast healthcare payer operation. Accenture's Health BPO group was engaged to develop a strategic plan to streamline and improve business processes and technology. The plan started with the outsourcing of billing and accounts receivable for employer benefit plans and continued from there into claims processing. Collaborating with the client and contractor team, Accenture achieved significant reductions in operating costs and improvements in claims and payment accuracy. |

# Key Personnel and Staffing Approach

Our approach for staffing the IME System Service and MMIS Operation project was to select a key personnel team with the right mix of IME-specific experience, excellent knowledge of the proposed solution and specialized skill sets that blend Medicaid knowledge with specific domain experience. The key personnel team we assembled meets those objectives and takes it one step further. The proposed team developed the solution for this proposal. The technical and operational solutions, work plans and project management approach were developed by the team named below. In addition, our team is proposed solely for this engagement and is not bid, nor expected to support, delivery in any other state.

- **Account Manager: Patrick Dahlen** has responsibility for all project phases, from Start-up through Turnover. He is the direct interface with Department leadership and that of the IME Professional Services contractors. Patrick is a resourceful executive with 20 years' Medicaid experience. One of his core competencies is defining strategic objectives and applying leadership skills to achieve results. Patrick is a consensus builder when working with large teams, a necessary attribute for this project. He has more than six years' experience with IME systems and processes. He is a native Iowan, Iowa educated through to earning his MBA from Drake University, a Des Moines resident and eager to rejoin the IME with the Accenture Delivery Team.

- **Systems Implementation Manager: Robert Carrico** brings more than 18 years of technical project management experience with Medicaid systems and more than 21 years experience in the development and operation of large-scale data processing systems, most recently with the Texas Medicaid Health Partnership. He knows the APHP product intimately and architected the APHP solution and data conversion plan for the IME MMIS described in our proposal.

- **Project Manager for the Project Management Office: Jelane Johnson** brings more than four years' experience with Medicaid systems, most recently with the Kentucky Medicaid Operational and Support Services (MOSS) project. Jelane is a certified Project Management Professional and has 10 years of experience managing large scale technical projects.

- **Quality Assurance Manager: Lisa McNeil** has six years of quality assurance, claims processing and web content management experience, primarily with Medicare systems. She is a skilled business and

technical writer and has authored detailed standard operating procedures used to secure ISO: 9001 certification and was instrumental in establishing quality programs as part of the certification initiative.

- **Data Conversion Manager: Sean Hiatt** of S2Tech, an Accenture partner in Medicaid projects, brings 13 years of Medicaid knowledge gained through involvement in numerous MMIS data conversion projects in 10 different states. Sean's experience blends technical skills, including COBOL, CICS, PowerBuilder, Java, PLSQL, Informatica, Talend, Oracle Warehouse Builder, Oracle Data Integrator and Camouflage, with team building and expert management of data services.

- **Interface Manager: Pamela Gifford** has more than 30 years' experience in information technology across a wide range of areas. She has experience in legacy systems modernization, data warehousing, data conversion, system interfaces, systems integration and messaging. Pam's six years' experience with Medicaid includes developing and implementing several installations of electronic medication administration record systems.

- **Testing Manager: Zach Rasmussen** has 10 years' experience with large-scale health services systems. He has experience in requirements analysis, test planning, design and execution, issue and risk management, technical documentation and transition to operations. Zach is a native Iowan, a University of Iowa graduate and has deep family ties in Des Moines.

Accenture supplements the Delivery Team with **S2Tech** and **Mainstream Living.** S2Tech delivers technical services to Medicaid programs in more than 20 states. It has served the IME for more than seven years and has earned the reputation for delivering excellent results. S2Tech provides infrastructure support as part of the Accenture Delivery Team. Mainstream Living, a staffing company specializing in working with and placing special needs people, continues its mailing support services to the IME as part of the Accenture Delivery Team. The addition of both companies provides consistency and institutional knowledge instrumental to successful implementation and operation of the new MMIS.

**Accenture's Mobilization Techniques**

As a global IT provider, Accenture has a great deal of experience taking over projects and operations in our systems integration and outsourcing practices. Accenture prefers to hire incumbent staff. We recognize the value of institutional knowledge, intellectual capital, mature working relationships between individuals and teams and other "soft" factors that do not necessarily come across on paper when reviewing resumes.

**S2Tech and Accenture Partners in Medicaid**

*"S2Tech is pleased to be included in Accenture's proposal for IME System Services. As a national partner to Accenture for implementation and operations technical support for APHP, we are excited to have the opportunity to continue our services to the Department."*

Dayakar Veerlapati
President and CEO

Accenture has well practiced techniques for working with incumbent staff to encourage them to consider coming to work for Accenture and then making it appealing, advantageous and easy for them to do so. We call these our Mobilization techniques and they have tested successful. Ninety eight percent of incumbent personnel to whom we extend offers accept and after two years of employment, 95 percent are still with Accenture. We know of no other IT services provider that can claim better results. In fact, Robert Carrico, our proposed Systems Implementation Manager, joined Accenture in 2004 when we took over as the lead technical provider on the Texas Medicaid Health Partnership. .

Upon award, Accenture activates communication to address incumbent personnel questions and relieve anxiety about continued employment with the IME. Our objective during the initial communication period is to enhance individuals' sense of value to the continued success of the IME and MMIS operation. As the

project progresses, we interview incumbent personnel and provide job and career options for them to consider. Accenture provides Human Resources professionals dedicated to the IME Mobilization initiative for consistency of information and actions. When agreement between individuals and Accenture are reached, we extend formal offers.

Our plans for transitioning staff do not create gaps in the incumbent contractor's organization that might affect its ability to fulfill its responsibilities. During the Start-up and Implementation phases, our goal is to transition systems professionals that can add value to the first two phases of the project. By the time we prepare to cutover to the operations phase, most of the transition in technical positions has been made and our focus turns to transitioning operations personnel. The final focus is on transitioning the personnel that were deemed essential to the incumbent's turnover and contract close-out.

# Services Overview and Approach

We understand that the Department seeks a contractor to implement a replacement MMIS that meets the requirements defined in the IME System Services RFP. The scope of work includes six project phases: Start-up, Implementation, Transition to Operations, Operations, Certification and Turnover. Start-up is expected to begin on February 1, 2012 and operations, October 1, 2014. The contractor operates the MMIS for core claims processing functions. The IME Professional Services contractors depend on the MMIS in the performance of their responsibilities. The contractor is responsible for project management for its work throughout the life of the contract and for the IME Project Management office (PMO) in support of the enterprise.

Accenture has developed a comprehensive project work plan that identifies the tasks and dependencies needed to complete the implementation on time. We identify the major activities and decompose them into smaller, more manageable components so that all project activities are accounted for in the plan. The work plan incorporates a phase containment approach, meaning each phase is a complete unit of work activities, deliverables and milestones but integrated as part of the comprehensive work plan. This provides the Department and the IME Professional Services Team with transparency into the activities, progress, schedule and dependencies at micro and macro levels and helps improve coordination and collaboration.

## Systems Integration

Superior project management is essential to systems integration success. Accenture is committed to repeatable processes, consistently applied to deliver planned and measurable outcomes. Accenture Delivery Methods (ADM) is the repository for our comprehensive project management tools, processes, templates, artifacts and other resources to help our practitioners and clients plan and execute well. ADM is not single threaded; it has best practice delivery methods for all of the architectures and technologies represented in our company. We intersect our methods for architecting with a service-orientation with those for packaged development. We can further tailor the methods to include best practices for managing projects that have a diverse group of stakeholders. This means that the methods Accenture brings to the project have pinpoint relevancy to Department's needs.

Accenture's acumen in project management is validated by our assessment at Level 4 of the Capability Maturity Model Integration (CMMI) for our North American Public Service group. CMMI is a process improvement approach developed by Carnegie Mellon's Software Engineering Institute (SEI) and the software industry. There are five levels of maturity and in 2010, less than 3% of organizations assessed and reported to the SEI were at Level 4. Called Quantitatively Managed, Level 4 maturity means that the Department will see proactive issue management and problem correction, a reduced number of defects and change requests, improved quality of deliverable, continuous process improvement and better estimation of effort.

## MMIS Operations

Accenture's approach for the MMIS operation component of this project comes from our Health Business Process Outsourcing (BPO) practice. Accenture' outsourcing practice began almost two decades ago as add-on business to systems integration projects. As the amount of business grew, Accenture formalized an outsourcing strategy and created a BPO offering.

We have a full methodological suite to support the transition of business processes into Accenture without disruption to the operation. We manage operations using repeatable processes, consistently applied. We maximize the use of automation and provide real-time information and tools to workers and managers so that decisions are made and executed before performance issues become problems. Operational dashboards are provided to view near real-time operational and service information. Accenture and the Department have access to the same dashboard and the same categories of information. What we see, the Department sees. Dashboards support transparency and allow the Department and Accenture to analyze issues and trends and take timely corrective actions and improvements

## Certification

For more than 22 years, Accenture has provided health and human services agencies in the US and around the world with innovative, mission-critical solutions. We have helped agencies complete system integration projects and other large-scale change initiatives that are citizen-focused, outcome-oriented, and cost effective. We have successfully implemented more federally-certified child support systems for states than any other systems integrator.

To supplement our experience, Vince Cain, a well known subject matter expert, joins our team to support Iowa's CMS certification effort. Retired from CMS, Vince was the MMIS Certification Review Team Lead for well over a decade. Vince supports the Accenture Certification Manager as a key advisor to review our certification process at regular intervals from Start-up through the completion and achievement of CMS Certification. Vince’s guidance and input provide additional confidence to the certification process and we are excited to have him as part of our team.

In April, 2011, CMS published Enhanced Funding Requirements: Seven Conditions and Standards, Version 1.0. In this publication, CMS identifies attributes that must be present and certified before it approves enhanced federal funding for states' Medicaid technology investments. Having evaluated the relevancy of Accenture and APHP to support the Department as it seeks certification of the new MMIS, we present the ways in which we directly support each condition and standard in the following graphic.

| Seven Conditions* | Accenture and APHP Alignment |
|---|---|
| **Modularity** | • Mature SDLC for SOA and packaged development<br>• Integration of COTS products orchestrated using the Enterprise Service Bus<br>• Published web services, XML and API; open interfaces<br>• COTS products' native business rules engines<br>• Configurable business rules via Worker portal |
| **MITA** | • APHP architected specifically for MITA business processes<br>• SOA enables expandability extendability to support integration of clinical data, HIE, HIX, EHR, etc.<br>• Enables progression to higher MITA maturity levels, roadmap obligations<br>• ADM supports concept of operations, BPM, future state gap analysis |
| **Industry Standards** | • APHP supports current standards, including HIPAA X12 5010, ICD-10, NPI, 508(c)<br>• COTS vendors keep up with industry standards and meet functional and data exchange requirements<br>• Detailed product roadmaps and mature release methodology<br>• Helps meet CMS' dates for standards |
| **Leverage** | • SOA framework and web access provides multi-tenet environment at line of business level<br>• COTS-based solutions accessible via the cloud or hosted at State's data center<br>• Configuration, services and data exchange protocols (e.g., XML) are available for reuse across other health programs within or outside the state<br>• Product customization is the exception |
| **Business Results** | • Integration of commercial workflow product advances automation<br>• Process configuration exposed through web services for rapid change management<br>• Self service capabilities for providers and members<br>• Operational, service, system performance metrics/KPIs visible via dashboards that provide near real-time and drill-down information |
| **Reporting** | • APHP meets all federal reporting requirements, supports macro and micro program evaluation<br>• Provides a transparent view of IME performance<br>• Complete traceability and audit trail reporting for APHP configuration changes<br>• Custom reports created using drag and drop functionality |
| **Interoperability** | • SOA framework using web services extends IME's interoperability with state, federal, commercial and other authorized entities<br>• Interoperability with HIE/HIX and other initiatives<br>• Real time interaction over standard and custom interfaces |

***CMS Enhanced Funding Requirements: Seven Conditions and Standards, Version 1.0**

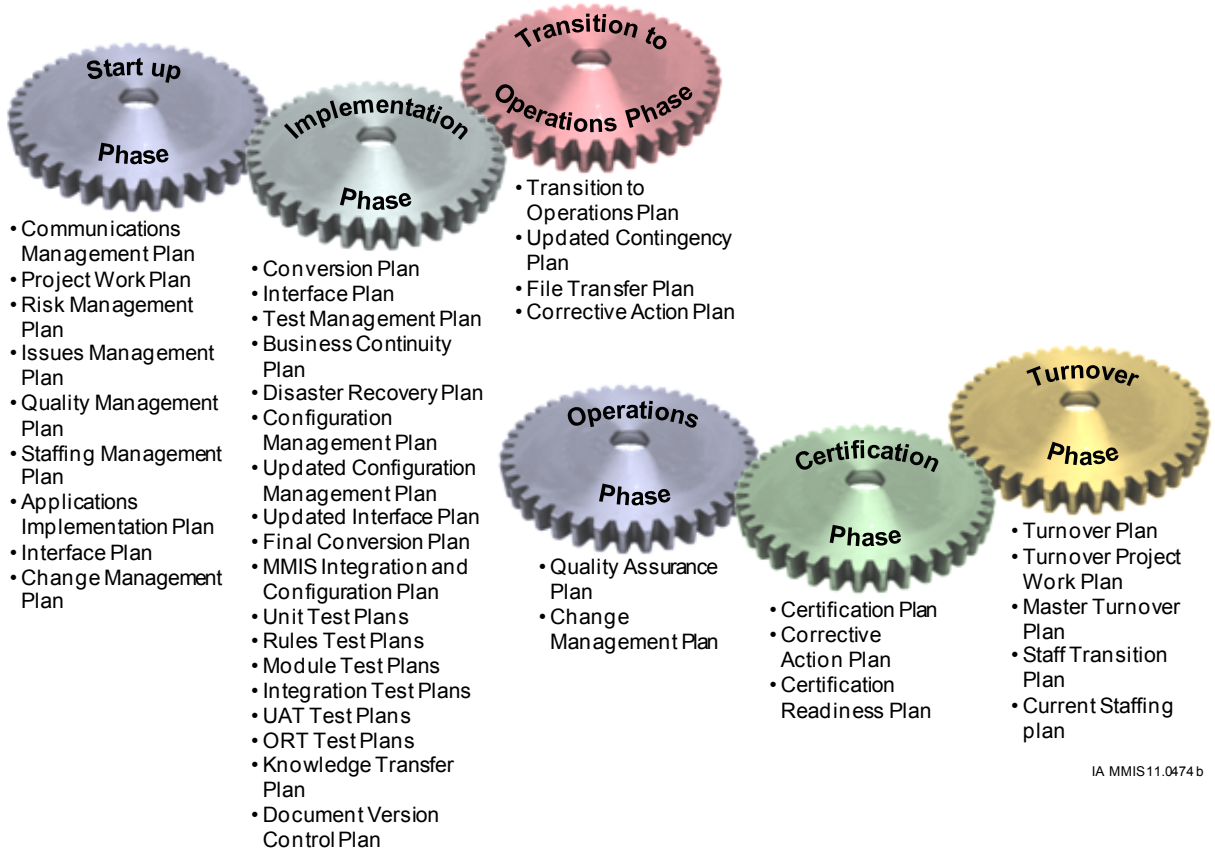
4 IA MMIS11.0473

## Management Approach

Transparency is fundamental to Accenture's management approach. The focus on transparency provides the Department and Independent Validation and Verification (IV&V) contractor with visibility into our progress and performance. Transparency provides the mechanism to develop a shared understanding of issues, risks and project activities. Information is pushed to the Department rather than the Department having to come and look for it. Transparency has numerous benefits for the project, as well as for the relationship between the Department, Accenture, the IV&V contractor and the IME Professional Services contractors. Transparency helps create a shared view of the world; stakeholders see the same things and work together to achieve goals. In the following sections we present a summary of our delivery team, Accenture's mobilization techniques that we use to transition incumbent staff, systems integration and operations excellence and a selection of projects that credential our experience.

### *Project Management Plans*

Accenture's project management plans for all contract phases were developed using ADM and are based on experience gained in projects of similar scope and complexity. The project management plans in each phase stand alone in that phase seamlessly integrate with plans in the other phases. The integration of plans and related activities provides a comprehensive, enterprise-wide vantage point that is maintained throughout the life of the contract. The project management plans for each phase are presented in the figure that follows.



### *Key Risks and Mitigation Strategies*

As we prepared our project management plans for the IME System Services Project, we identified three key risks. Based on the RFP requirements and the planning the Department put into the project, Accenture believes that the items presented in the table below are issues to be carefully monitored and not risks to be actively managed. Accenture is prepared to work with the IV&V contractor, other IME Professional Services contractors and the Eligibility System contractor, as needed by the Department, to prevent these issues from becoming risks.

| Key Risks | Mitigation Strategy |
|---|---|
| Customization of Product - When implementing a new MMIS, most states have experienced delays and cost overruns. While there are many factors that influence schedule and cost, one of the persistent reasons projects take longer and cost more is unplanned and unmanaged software customization requirements. | Accenture's project work plan has been developed using packaged development estimating tools. If customization beyond that identified in the Requirements Traceability Matrix is allowed, the project plan is at risk. To mitigate this risk, a strong governance structure is recommended to require any customization request to be accompanied by a business case justification, including the impact on schedule, dependencies and cost. Requests should be resolved quickly and if approved, project work plans updated, tracing the delay and budget impact to the specific customization requirement. |
| Conversion - Extracting, staging, mapping, transforming, and loading data from the legacy MMIS into the new MMIS has inherent risk. Data exists in many formats and some hard copy data converts to electronic with the new MMIS. | The Department's ongoing remediation of legacy system data to the HIPAA X12 5010 EDI standard reduces risk. Accenture engaged S2Tech to join our data conversion effort. S2Tech's knowledge and familiarity with the current MMIS data formats allows the Accenture Delivery Team to analyze data conversion requirements more quickly and develop comprehensive data conversion plans with lower conversion risk. Accenture proposes to load converted data in stages so that it is available during testing. This helps mitigate risk by identifying data inconsistencies early. |
| Eligibility System Replacement - Concurrent complex implementations require coordination of work plans and technology. | After award of the Eligibility System Replacement contract, Accenture proposes a full project review to coordinate the implementation of the new Eligibility System with the new MMIS. A well defined governance model should be used to define decision making roles and responsibilities and bring all stakeholders to a shared understanding of priorities, project plans and progress and issue management protocols. |

# Summary and Commitment

Creating value for our clients means more than delivering a set of requirements. It means identifying with the client and understanding its vision. It means bringing the best ideas, solutions and approaches to the engagement. If we create value for our clients, if our clients succeed, we succeed. Client Value Creation is one of Accenture's six core values and to our employees, it means:

*"Enabling clients to become high-performance businesses and creating long-term relationships by being responsive and relevant and by consistently delivering value".*

When the states, encouraged by CMS, began their journey toward MITA-aligned, SOA-based systems that are intended to support the delivery of better health outcomes for money spent, Accenture began its journey toward bringing the first of its kind system to the market. It is no small undertaking to develop a commercial product that has wide applicability in an industry vertical. For Medicaid, the undertaking is even more pronounced. The market is dominated by a few companies that have a strong hold on the majority of states. Our solution has to be better than those of the traditional MMIS contractors.

Unlike any MMIS on the market today, new or old, APHP is designed as a product, like a piece of machinery. The platform was purpose-built for Medicaid and public health programs. We used the principles of MITA to establish standards for modularity and interoperability. We designed the business integration and services around MITA business processes. We selected proven COTS products to create a path for sustaining future relevancy and enhancement. It is a true SOA-based framework that allows components to work together and be changed as necessary to meet business requirements.

The Department started a journey toward MITA alignment several years ago and has made many strides. Iowa is viewed as a leader in Medicaid administration for its modular and collaborative business model. With APHP as the framework and Accenture as the contractor, the Department obtains a total solution that helps transform the IME MMIS to a platform for creating value for its members, the ultimate goal for Medicaid.

To serve the IME and the Department's endeavors to improve health outcomes for Iowa's Medicaid members is one of the most important opportunities Accenture is pursuing today. The Medicaid market and Iowa Medicaid, specifically, are central to Accenture's strategy in the Health and Public Services Operating Group.

We realize that the Department is making an investment in the selected Systems Services and MMIS Operations contractor. The decision is more than just one of best value for the RFP requirements; it is one of long term value. Long term relationships between clients and technology services companies are important when vision drives change and change is executed over a multi-year period. The Department needs a partner who collaborates and innovates to find opportunities to improve the MMIS, health outcomes and the total cost of care for Iowans enrolled in Medicaid. Accenture is that partner.

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# Tab 5 Corporate Qualifications (9.2.5)

**The Department is an innovator among Medicaid program administrations, bringing together best of breed contractors to form a modular business model. Accenture is a recognized leader in systems integration, with a long history of delivering innovative solutions for the healthcare industry and providing expert project management services. We provide a SOA-based, MITA-aligned solution in our Accenture Public Health Platform (APHP), which meets the Department's requirements for core MMIS functionality and has the potential to expand and extend to meet future requirements. We propose an enthusiastic and experienced team to complement the Department's team of IME Professional Services contractors and deliver the new MMIS.**

Healthcare and human services agencies are under pressure to provide services for an increasing number of people in need while dealing with budgets that do not match the human need. In Medicaid, the solution to this challenge is to focus on health outcomes and use program funds for initiatives and benefits that support these outcomes. This cannot be done using systems that were built decades ago as claims processing and reporting monoliths. The Department has recognized the need for a new IME MMIS to meet the ever increasing demands for Medicaid to truly become member-centric and for MMISs to support the need for more relevant information, timely collaboration and technological response to changes in business need and direction. Accenture is up to the challenge.

**A Global Leader in SOA**

Accenture was the first major systems integrator to adopt SOA principles and institutionalize SOA-based disciplines in our methodologies. Today, we have more than 900 SOA projects in progress, employing over 41,000 people worldwide with SOA skills, training and industry experience. In 2007, Accenture committed $450 million to a three-year program to develop innovative delivery approaches for SOA solutions, the results of which were used to create SOA-specific project methods for use in the field.

We create Accenture Software to harness the intellectual capital of our industry specialists and develop innovative solutions that could be re-used across a market vertical. Accenture Software has more than 4,000 software professionals who work with our industry vertical groups to develop, maintain and extend our commercial products. Accenture Software has more than 60 software titles used across a range of verticals, including banking, consumer goods and services, freight and logistics, human capital management, health and public service, and insurance.

APHP is architected as a solution to provide today's MMIS functionality, support CMS' requirements for enhanced federal funding participation and serve as a framework to expand Medicaid in new directions and extend the MMIS to serve programs outside the traditional boundaries of Medicaid. Our solution, unlike legacy systems with tightly coupled applications, is a solution designed around business services with loosely coupled applications that provide flexibility, modularity, interoperability and responsiveness to changes in program requirements.

**Proven Medicaid and Healthcare Experience**

Implementing a new MMIS requires a systems integrator that has the breadth and depth to innovate and maintain its solutions so that they are continuously relevant to clients. It requires a project team that knows Medicaid, has experience with large-scale implementations and operations and has professional project management competencies. Accenture has both the corporate and project-level experience required for the IME System Services Project. Accenture is a leading information technology provider to the healthcare and human services industry with more than 5,000 professionals dedicated to the industry in North America alone. In addition to the collective experience of our company, our leadership team for

this project brings direct experience supporting the Medicaid and healthcare industries. Leading our team is Patrick Dahlen, the proposed Account Manager, who brings 20 years' experience with large-scale systems in medical and claims processing and six years operations, systems and account management experience specifically on Iowa Medicaid. Robert Carrico, the System Implementation Manager, has more than 18 years' project management experience with Medicaid claims processing systems, most recently with the Texas Medicaid and Health Partnership (TMHP). The Project Manager for the PMO, Jelane Johnson, a certified Project Management Professional, brings over 10 years of project management experience, including four years for Medicaid projects.

**Systems Integration Acumen to Manage Issues and Avoid Risks**
In recent years, Medicaid modernization programs have experienced implementation delays, increased design, development, and implementation costs and performance problems, including failure to pay claims or pay them incorrectly. The Department requires an experienced systems integrator that can develop thorough and achievable plans and successfully execute those plans. In addition, the Department needs a systems integrator that knows how to, proven through experience, cooperate and collaborate with other contractors and stakeholders to meet every milestone along the Project Work Plan.

Serving as a leader in systems integration, Accenture brings the ability to collaborate and work in a multi-vendor environment. We have demonstrated our ability to do this in the healthcare and human services industries and reference some of our experiences in this proposal section, including CIGNA, Health Alliance Plan (HAP), WellPoint, Highmark, Georgia SHINES, and Kentucky's Medicaid Operational Support Services (MOSS).

**Trusted Partner in Business Process Outsourcing**
The Department requires a contractor that can not only implement a SOA-based, MITA-aligned solution, but also assume and successfully provide Core MMIS operations. Accenture was ranked No. 1 on the International Association of Outsourcing Professionals' (IAOP) 2010 Global Outsourcing 100 list for the third consecutive year (2008-2010). We bring an established and proven transition methodology built over 17 years, which enables the operations team to deliver measurable, repeatable and predictable services. We use this methodology to successfully manage 600 unique SLAs and process over 15 million claims annually for WellPoint.

In the sections that follow, we provide additional details on our company, our history, our experiences, and our team.

# 5.1 Corporate Organization (9.2.5.1)

The bidder must provide an organization chart for the firm that is submitting the proposal. If the firm is a subsidiary of a parent company, the organization chart should be that of the subsidiary firm. The chart should display the firm's structure and the organizational placement of the oversight for the IME project. The bidder must identify the name of the person who will be responsible for signing the contract and indicate the signing person's relationship with the firm. The bidder must include the following information in the proposal:

a. History of the organization.

## Accenture's History

**The company's history has been more than 60 years in the making—from the earliest days as a pioneer in the new world of information technology in the 1950s to its position today as a Fortune Global 500 industry leader.**

**Accenture is a solid, stable partner that is ready to meet the challenges of the IME System Services Project**

- More than 223,000 employees globally and approximately 3,000 contractors in the U.S.
- More than 5,000 production environments installed each year
- Record of successful delivery on contracts

Continuous innovation and rapid transformation have been themes throughout Accenture's history, which the company traces to the 1950s with the installation of the first computer system for commercial use in the United States at General Electric's Appliance Park facility.

The company built its reputation primarily as a technology consultant and systems integrator. By the late 1980s, Accenture began offering a new breed of business integration solutions to clients—solutions that aligned organizations' technologies, processes and people with their strategies. Accenture has since evolved from a systems integrator to a global management consulting and technology services company, providing the full range of consulting, outsourcing and related technology services.

Throughout its history, Accenture expanded its offerings and capitalized on evolving management trends and technologies to benefit its clients. The company pioneered systems integration and business integration; led the deployment of enterprise resource planning, customer relationship management and electronic services; and has established itself as a leader in today's global marketplace.

**A New Name, A New Direction**

Initially called Andersen Consulting, Accenture was formally established in 1989 when a group of partners from the IT Consulting division of the various Arthur Andersen firms around the world formed a new organization focused on consulting and technology services related to managing large-scale systems integration and enhancing business processes.

By 2000, Accenture achieved more than a decade of tremendous growth, with net revenues exceeding US$9.5 billion and more than 70,000 professionals in 46 countries delivering to clients a broad range of consulting, technology and outsourcing services and solutions.

On Jan. 1, 2001, the company changed its name to Accenture (from Andersen Consulting) as the result of an arbitrator's decision in August 2000 that severed the contractual ties between Accenture and Andersen Worldwide Société Coopérative (AWSC). Accenture then launched one of the largest and most successful re-branding campaigns in corporate history. The new name reinforced Accenture's new positioning and reflected the organization's further growth and broadened set of capabilities.

Since its inception in 1989, Accenture operates as a group of locally owned independent partnerships or other entities in more than 40 countries. By 2001, it became apparent to Accenture's partners that

maintaining the organization's existing partnership structure would limit the company's ability to continue its growth. Therefore, the partners, more than half of whom were from countries other than the United States, decided to transition to corporate form, enabling Accenture to build and acquire the necessary capital to remain competitive and fuel its growth.

In April 2001, Accenture's partners voted overwhelmingly to pursue an initial public offering, and Accenture became a public company on July 19, 2001, when it listed on the New York Stock Exchange under the symbol ACN.

**Poised for Continued Success**

Today Accenture is a global management consulting, technology services and outsourcing company, with more than 223,000 people serving clients in more than 120 countries. Combining unparalleled experience, comprehensive capabilities across all industries and business functions, and extensive research on the world's most successful companies, Accenture collaborates with clients to help them become high-performance businesses and governments.

Our "high performance business" strategy builds on our expertise in consulting, technology and outsourcing to help clients perform at the highest levels so they can create sustainable value for their customers and shareholders. Using our industry knowledge, service-offering expertise and technology capabilities, we identify new business and technology trends and develop solutions to help clients around the world:

- Enter new markets.
- Increase revenues in existing markets.
- Improve operational performance.
- Deliver their products and services more effectively and efficiently.

We have extensive relationships with the world's leading companies and governments and work with organizations of all sizes—including 30 State Governments, 94 of the Fortune Global 100 and more than three quarters of the Fortune Global 500. Our commitment to client satisfaction strengthens and extends our relationships. For example, of our top 100 clients in fiscal year 2009, based on revenue, 99 have been clients for at least five years, and 91 have been clients for at least 10 years.

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

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

By enhancing our consulting and outsourcing expertise with alliances and other capabilities, we help move clients forward in every part of their businesses, from strategic planning to day-to-day operations.

## Corporate Organization

Accenture's corporate organization is shown below in Figure 5 - 1

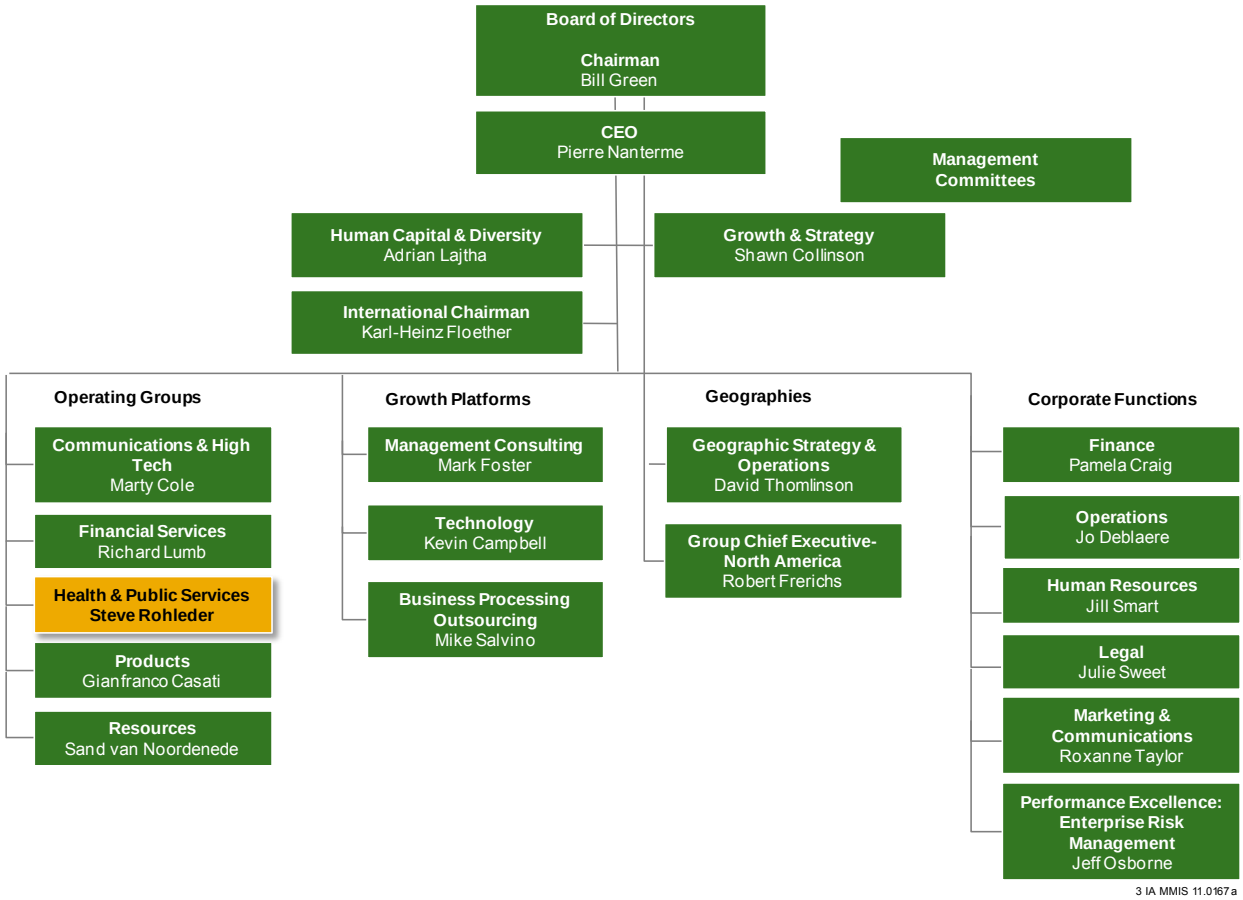



*Figure 5 - 1. Accenture LLP is guided by an innovative and experienced leadership team.*

In September 2009, we merged the public and commercial healthcare practices into one global operating group, called Health and Public Service. We did this to more fully integrate, focus and expand our services to health care and government clients. Through innovative consulting and technology solutions and services, Accenture helps enable healthcare and public service health organizations to deliver increased and improved services while containing costs and driving value for citizens and stakeholders. As one of the world's largest systems integration and managed services providers, we use leading practice insights to simplify administrative processes while maintaining or advancing the quality and safety of care delivered to citizens around the world. We apply our thought leadership, established assets, talent, and corporate citizenship agenda to impact the most pressing issues in health care.

Our Health & Public Service Operating Group (H&PS) helps public service organizations improve the social and economic conditions of the people they serve. Led by Steve Rohleder, H&PS integrates Accenture's capabilities into a continuum of offerings that address healthcare at all levels—from electronic medical records, clinical transformation and care management to health administration business process outsourcing and payer revenue-cycle management. Health & Public Service combines Accenture's formidable capabilities and expertise to serve a full range of public service and health care organizations. Today, we address the needs of defense, revenue, postal, human services, customs, border management, public safety and higher-education agencies, along with public sector healthcare

agencies, healthcare provider networks and healthcare payers. Every member of this team is focused on helping our clients become high-performing organizations.

We bring experienced members of this team to the critical mission of the IME System Services Project. We recognize the Department must have a solution delivered on time to continue serving its Medicaid-eligible population. Accenture also sees this project as fundamental to our Medicaid group within the North America Health and Public Services group. As such, Accenture gives the project priority within its organizational structure. Members of our dedicated Medicaid Community of Practice have worked together to develop the APHP framework and are eager to work with the Department to support a successful implementation. Figure 5 - 2 shows how the IME System Services Project fits into Accenture's business structure.

We selected individuals who have shown solid leadership in managing large public service projects and have experience with Medicaid or programs of similar size and scope to guide the implementation of the IME System Services Project. Our team includes native Iowans and individuals who are excited to move to Des Moines, and is led by Patrick Dahlen who has more than six years' experience with the IME.

Christopher Deelsnyder, Managing Director, Public Service Health, will serve in an oversight role as the Client Account Lead (CAL) on this project. He reports to the head of the North America Operating Unit while the Account Manager reports to him. Chris cultivates relationships with all stakeholders and monitor the IME System Services Project to verify that it has the required resources to meet its goals.

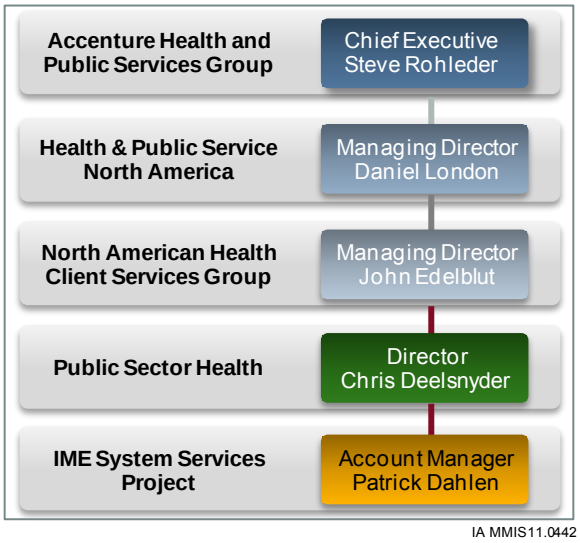



*Figure 5 - 2. Our Health and Public Service Operating Group is accountable for the IME System Services Project.*

Christopher Deelsnyder, Managing Director, Public Service Health will sign the IME System Services contract.

b. Description of the executive, management and any other staff assigned to oversight of this project, their roles on this project, their expertise and experience in providing the services described in the RFP and their tenure with the organization.

We realize that it takes a leadership team of qualified Medicaid specialists and trained high-performing support staff to deliver a groundbreaking MMIS that serves and meets the needs of Iowa's Medicaid members, providers and other stakeholders. Accenture teams with the right people who are competent and motivated to support the Department in its mission as shown in Table 5 - 1.

In addition to the key staff required in the RFP, our Executive Management Team includes our Client Account Lead (CAL) and independent Quality Assurance (QA) Directors. These executive advisory roles complement our project leadership team, providing thought leadership, advice, and access to additional knowledge capital as needed to address questions and risks that may occur during the project lifecycle. The CAL and QA Directors focus on the overall business objectives of the IME System Services Project and the Department when evaluating progress, making recommendations, and mitigating project risks and issues. The CAL and QA Directors are responsible for regularly providing quality assurance oversight for the project and conducting quality reviews with Department project leadership. This interaction provides the CAL and QA Directors with balanced insight and allows them to make informed recommendations that support the effective delivery of the IME System Services Project.

**Client Account Lead (CAL)**
Chris Deelsnyder will serve as our CAL and provides the Department and the Account Manager with the required support and leadership for this program. Mr. Deelsnyder knows how to build mutually beneficial relationships with our clients and has done so for over 10 years with State Government programs and with other companies like Citi, First Union Corp, and The Home Depot. The CAL's responsibilities include:

- Executive oversight for all business practices including management and operations
- Offering advice and guidance to the Project Leadership Team and the strategy for transition to operations
- Listening to and addressing Department questions about the project, including progress, staffing, scheduling, and contracting items
- Serves as the senior responsible officer of Accenture for this contract and accountable for delivery on our commitments and client satisfaction

**Quality Assurance Directors**
The primary purpose of the Quality Assurance process is to verify that work is proceeding in alignment with the Department and stakeholder expectations, and that risks are being identified and managed. Specifically, it is intended to improve the predictability of our results and increase the Department's satisfaction. The QA Director responsibilities include:

- Validate Department expectations of Accenture for the IME System Services Project
- Conduct formal reviews of project status and progress reports with the Accenture Account Manager, Project Manager for the PMO and Department leadership
- Confirm that the Department's perspective on project quality is clearly communicated and acted upon
- Verify that work is proceeding in alignment with client and stakeholder expectations, and that risks are being identified and managed
- Supplement the deep skills and experience of our key resources

Jonathan Andrews and Greg Anderson both serve as QA Directors for the IME System Services Project. Jonathan focuses on the implementation work and Greg focuses on the operations work. Both QA Directors have been involved during the procurement process in reviewing our solution and response for quality.

| Project Oversight | Experience | Years Relevant Experience | Tenure with Accenture |
|---|---|---|---|
| **Chris Deelsnyder**<br>Client Account Lead | Chris Deelsnyder joined Accenture in March 2010 and currently serves as Managing Director, Public Service Health. Prior to joining Accenture, Chris led a large healthcare solutions unit with a focus on Medicaid Management systems development and deployment, PBM, Health Information Exchange, Disease and Case Management and Population Health Management. In previous roles, Chris has had responsibility for industry operations, client care, and sales activities for a bioinformatics and IT services provider. Chris has also served in executive level client facing roles within the Financial, Public Sector and Retail industry segments working with clients such as Chase, First Union, Bank of America and The Home Depot. In other healthcare related roles he managed relationships with states including North Carolina, Georgia, Indiana and Wisconsin. | 17 years | 1.5 years |
| **Jonathan Andrews**<br>Quality Assurance Director | Jonathan Andrews has more than 21 years of Medicaid and Public Service Health experience, including more than seven years of executive level experience on a complex Medicaid Fiscal Agent operations account. Jonathan has led the implementation and operation of the large-scale Texas Medicaid & Healthcare Partnership (TMHP). He also has served as the lead for Accenture's North American Public Service Health Insurance Portability and Accountability Act (HIPAA) efforts, giving presentations throughout the country on the impacts of HIPAA to various state agencies and HIPAA coordinators. | 21 years | 17 years |
| **Greg Anderson**<br>Quality Assurance Director | Greg Anderson has more than 12 years experience in the outsourcing industry running complex, large-scale global operations and global accounts. Greg has deep knowledge of human resources, finance and administration, contact center, procurement and IT outsourcing, as well as Six Sigma & Lean capabilities as they apply to back-office processes. | 12 years | 5 years |
| **Patrick Dahlen**<br>Account Manager | Leading our team is Patrick Dahlen as Account Manager. A native Iowan, Patrick has lived in Des Moines for decades, earning both his BS and MBA at local universities. Patrick brings over 6 years account management experience specifically on Iowa Medicaid, and 20 years experience with large-scale enterprise wide systems in medical and claims processing. A seasoned, resourceful executive, Patrick is a strong leader, team builder and coach who has shared his knowledge by developing curriculum and teaching these skills through his role with both the William Penn and Upper Iowa Universities as Adjunct Professor. | 20 years | < 1 year |
| **Robert Carrico**<br>Systems Implementation Manager | Our Systems Implementation Manager, Robert Carrico, brings more than 18 years of technical project management experience with Medicaid processing systems and more than 21 years experience in the development and operation of large-scale data processing systems. His Medicaid background includes MMIS specific assignments with the states of Indiana, Wisconsin and Texas. Most recently, Robert supported Texas Medicaid, where he was responsible for development teams, led the Security and Interface Task Forces, acted as Technical Liaison in transitioning the | 21 years | 8 years |

| Project Oversight | Experience | Years Relevant Experience | Tenure with Accenture |
|---|---|---|---|
| | Compass21 claims processing system to TMHP, and served as Project Adviser for the transitioning of the Texas Medicaid contract from an insured arrangement to a Fiscal Agent contract. With Robert, the Department project will have a proven, dedicated veteran as a leader in the delivery of the new IME MMIS. | | |
| **Jelane Johnson**<br>Project Manager, PMO | Accenture's Project Manager for the PMO, Jelane Johnson, has more than five years experience with Medicaid systems, including serving as Project Manager for the Kentucky Medicaid Operational Support Services (MOSS) PMO. Jelane is an experienced project manager with a 10-year background in technical architecture design and implementation, including nine years in developing and operating large-scale data processing systems. A certified project management professional (PMP), Jelane's diverse background also includes projects with both the U.S. Air Force and financial services clients. | 10 years | 13 years |
| **Lisa McNeil**<br>Quality Assurance Manager | Accenture's proposed Quality Assurance Manager, Lisa McNeil, offers a strong background in quality assurance and website copywriting combined with excellent academic training and technical certifications in the IT field. Lisa brings six years quality assurance experience with Medicare systems to her overall direction to the quality and quality assurance of the new IME MMIS. During her career, she has consistently been recognized for technical troubleshooting as well as authoring detailed Standard Operating Procedures used to secure ISO:9001 certification for a large Medicare claims contractor for the state of North Carolina. A Certified Professional Coder (CPC), Lisa is currently pursuing a BS in Health Informatics. | 8 years | <1 year |
| **Sean Hiatt**<br>Data Conversion Manager | As our Data Conversion Manager, Sean Hiatt's broadly based experience brings a unique capability to the IME Key Personnel team. Sean joins our team as part of S2Tech who has been working with IME for eight years. An executive level IT manager and certified PMI Project Management Professional, Sean Hiatt brings 13 years of Medicaid knowledge gained through involvement in numerous MMIS implementations across 10 different states. Sean has led teams responsible for the creation, initiation, staffing development, and ongoing management of comprehensive Data Services groups. Sean's expertise includes COBOL, CICS, PowerBuilder, Java, PLSQL, Informatica, Talend, Oracle Warehouse Builder, Oracle Data Integrator, and Camouflage. More recently, he designed and developed the time entry and tracking system currently in use through the Government Healthcare line of business. | 13 years | < 1 year<br>(S2Tech) |
| **Pamela Gifford**<br>Interface Manager | Pamela Gifford, our proposed Interface Manager, has over 30 years experience in mainframe legacy systems modernization, IMS, ETL, and DSS warehouses. She has more than 22 years experience developing and operating large-scale data processing systems, including system interfaces. Pam's more than 6 years experience with Medicaid includes developing and implementing several installations of Electronic Medication Administration Record (EMAR) for New Hampshire and Wyoming. These projects included developing data mapping, | 30 years | 4 years |

| Project Oversight | Experience | Years Relevant Experience | Tenure with Accenture |
|---|---|---|---|
| | business rules, technical specifications, use cases, system flows, interface mappings, and delivery documents. Ms. Gifford has more than six years of experience in data conversion, more than three years of experience with systems integration, and nearly seven years of experience with messaging. Her experience is augmented with a Master of Healthcare Administration, a Master of Business Administration, and a Project Management Professional certification. | | |
| **Zachary Rasmussen**<br>Testing Manager | Another native Iowan, Zach Rasmussen has deep family ties in the Des Moines area. With a BS in Computer Science/Mathematics from the University of Iowa, Zach Rasmussen brings over 10 years experience with large scale government health services systems, including TMHP, to his role as Testing Manager for the new IME MMIS. His experience includes system wide requirements analysis, test planning and execution, systems implementation, issue/risk management, technical documentation, and project planning. | 10 years | 10 years |

*Table 5 - 1. Our team brings the Medicaid industry and systems knowledge, systems implementation experience, and project management oversight to deliver our innovative APHP solution as the IME MMIS on time and within budget.*

c. Legal structure of the organization, names and credentials of the owners, executives and state in which the organization is registered.

Accenture LLP, a U.S.-based entity of Accenture, is a global management consulting, technology services and outsourcing company. Accenture LLP, registered in the State of Illinois, is the primary Accenture operating entity in the U.S. that executes and performs U.S. contracts. This is the legal entity submitting and certifying the response to the Iowa Medicaid Enterprise Systems Services Procurement RFP. The complete Accenture organization and ownership structure is below, in Figure 5 - 3

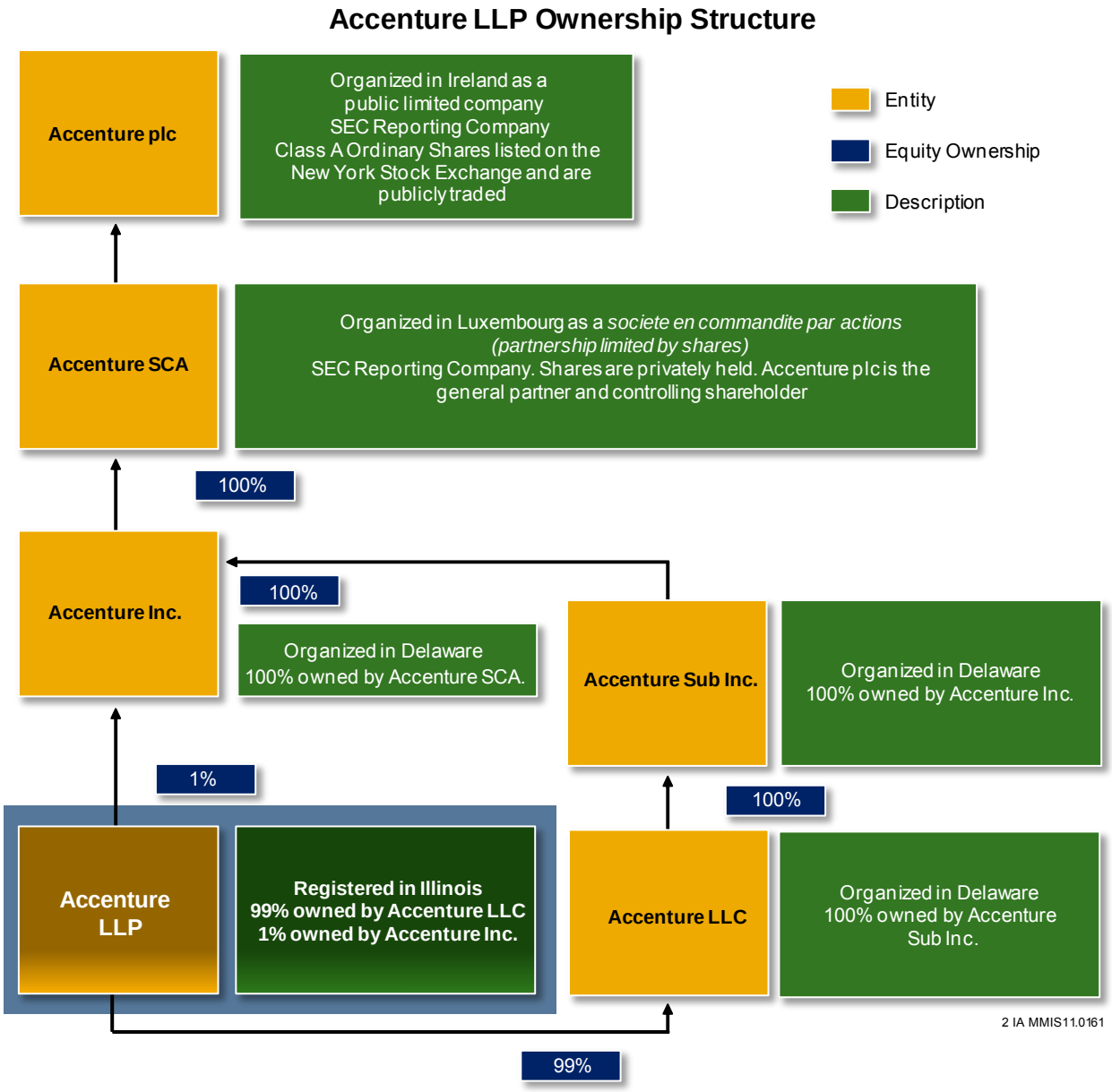



*Figure 5 - 3. Accenture Ownership Structure.*

d. Evidence of an Iowa business license and any necessary applicable professional license required by law.

As shown in Figure 5 - 4, Accenture is licensed in the State of Iowa. Our corporate license number is 486-AFL-246291 and our certificate ID is CS57707.

**IOWA SECRETARY OF STATE**
**MATT SCHULTZ**

Date: 8/16/2011

**CERTIFICATE OF AUTHORIZATION**

Name: ACCENTURE LLP (486AFL - 246291)
Date of Qualification: 1/1/2001
State of Incorporation: ILLINOIS

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability partnership named on this certificate is authorized to transact business in this state, that all fees required by the Iowa Uniform Partnership Act have been paid by the limited liability partnership and that cancellation of qualification has not been filed.

Certificate ID: **CS57707**
To validate certificates visit:
**www.sos.state.ia.us/ValidateCertificate**

Matt Schultz
Iowa Secretary of State

IA MMIS 11.0269

*Figure 5 - 4. Accenture LLP is authorized to conduct business in the state of Iowa.*

e. Any established partnership relationships with the community.

The principles of corporate social responsibility are fundamental to Accenture's character and the way we run our business. Accenture's Corporate Citizenship commitments are anchored in our core values, our Code of Business Ethics and, ultimately, reflected in the actions of our people. From Skills to Succeed to environmental stewardship, Accenture and our people work to make a sustainable difference in the long-term vibrancy and vitality of people and communities around the world.

Accenture people demonstrate energy, enthusiasm and passion for making a difference in the lives of others and communities around the world. Through individual fundraising, giving and volunteer efforts, they continue to find new ways to contribute to the communities in which they live and work, as well as to people and communities in need of support.

Accenture people organize and participate in programs designed to benefit our local communities. Our engagements form committees that provide outlets for project team members to participate in and serve our local communities. These activities include supporting local charities, local public school programs, food kitchens and meals programs, and ongoing mentorship activities. Accenture has been recognized for these local-based efforts, being named a recipient of the Twin Cities Business Journal's Jefferson Awards honoring companies that excel at engaging their employees in the community through volunteerism and selected as one of the Silicon Valley/San Jose Business Journal's top 50 Corporate Philanthropists in Silicon Valley in 2009.

Our Accenture Team also includes Mainstream Living. Mainstream Living has provided community-based services for Central Iowans with disabilities since 1975, including the following services provided today:

- Employment and Learning Center
- Home and Community Based Services
- Supervised Living Apartments
- Supported Community Living Program
- Residential Care Facility for Persons with Mental Illness
- Transition Age Youth Program
- Remedial Services

Our collective Accenture Team would continue their existing work in the community and establish project-wide opportunities using similar approaches to our previous engagements to give back to the communities and citizens of Iowa.

f. Other projects in which the bidder is currently providing or has provided services similar to the services described in this RFP with names and contact information for the client's contract administrators.

Accenture provides leadership in the healthcare industry and works with organizations around the globe to identify trends affecting healthcare worldwide, including issues related to standardization, common records and identifiers, and patient-centric health care perspectives. We have more than 6,000 professionals in our healthcare consulting practices, with 4,600 professionals in North America.

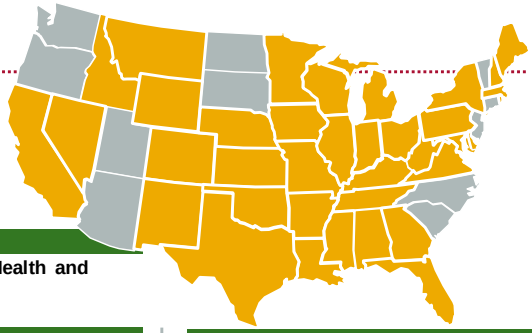
Accenture's Health practice, consisting of provider, payer and public health industry groups, has assisted more than 800 different healthcare clients within the last five years (more than 200 of those clients are in North America). Our clients include State Medicaid programs, health insurers, managed care organizations, biotechnology companies and medical products companies.

A summary of some of our health care clients, including Medicaid projects in the U.S., is provided in Figure 5 - 5, Health and Public Service Client Summary.

**Our Health & Public Service industry experience sets us apart**

- As a part of Texas Medicaid and Healthcare Partnership (TMHP) Accenture maintains over 300 applications and approximately $13 billion worth of Medicaid claims per year
- At Health Alliance Plan (HAP), Accenture implemented and now operates a commercial health COTS product. Productivity increased by 40 percent and the claims auto-adjudication rates exceed 92 percent
- Accenture collaborated with the California Consortium to develop the C-IV system to manage public assistance and employment programs and to achieve the outcomes required by U.S. welfare reform mandates.

## Health and Public Services Client Summary



**Alabama**
**Baptist Health**

**Arkansas**
**Department of Human Services**
- SACWIS Application Maintenance
- Welfare management system support

**California**
**Merced County Human Services Agency**
- Welfare eligibility automation

**C-IV Consortium**
- Welfare management

**CA KIDZ Consortium**
- Child Support Enforcement

**California Health and Human Services Data Center**
- SACWIS IV&V

**Children's Hospital of Los Angeles**
**Children's Hospital of Orange County**
**Stanford Hospital and Clinics**

**Colorado**
**Department of Human Services**
- Child welfare, Youth corrections, Business process reengineering

**Department of Social Services and Department of Institutions**
- Strategic planning

**District of Columbia**
**Office of Paternity and Child Support Enforcement**
- Child Support Enforcement

**Georgia**
**Department of Human Services**
- Child Welfare

**Florida**
**Department of Labor and Employment Security**
- Workforce, UI Tax, BPC

**Department of Children and Families**
- Food stamps, Medicaid, Child support

**Department of Management Services**
- Workforce development

**Idaho**
**Department of Health and Welfare**
- Benefits Eligibility System

**Illinois**
**Department of Employment Security**
- Benefits and wage records, Strategic planning

**Illinois**
**Department of Public Aid**
- System requirements

**Department of Children and Family Services**

**Kansas**
**Department of Human Resources**
- Workforce development
- Unemployment Insurance (Tax, Appeals, Benefits)
- UI call center solution feasibility study

**Kentucky**
**Kentucky Cabinet for Health and Family Services**
- Medicaid

**Louisiana**
**Department of Labor**
- Workforce development plan

**Department of Social Services**
- Louisiana Automated Information Management System, Welfare eligibility, Food stamps

**Maryland**
**Department of Human Services**
- Welfare management, Child Support Enforcement

**Department of Health and Mental Hygiene**
- Medicaid

**Massachusetts**
**Dana Farber Cancer Institute**

**Michigan**
**Family Independence Agency**
- Child Support Enforcement

**Department of Community Health**
**Health Alliance Plan**
**Ascension Health**

**Mississippi**
**Mississippi Department of Human Services**
- Welfare Management and Child Support Enforcement

**Montana**
**Department of Public Health and Human Services**
- Welfare Management

**Nebraska**
**Department of Health and Human Services**
- Welfare Management

**New Mexico**
**Department of Labor**
- Child Support Enforcement

**New York**
**Office of Children and Family Services**
- SACWIS

**New York City Administration for Children's Services**
- Child welfare, management/ outcome-focused reporting

**New York City Department of Information Technology**
- Integrated Human Services System (IHSS)

**New York**
**Bureau of Workers' Compensation**
- Workers' compensation

**Department of Job & Family Services**
- Welfare reform strategy

**Oklahoma**
**Employment Security Commission**
- UI tax and benefits

**Department of Human Services**
- Child Support Enforcement (design)

**Rhode Island**
**Department of Children, Youth and Families**

**Tennessee**
**Department of Human Services**
- Child Support Enforcement

**TennCare** - Medicaid

**Texas**
**Texas Workforce Commission**
- Workforce development, UI benefits

**Office of the Attorney General**
- Child Support Enforcement

**Department of Family and Protective Services**
- Integrated Statewide Administrative System (ISAS)
- Information Management Protecting Adults and Children in Texas (IMPACT)

**Texas Health and Human Services Commission**
- Medicaid

**Baylor College of Medicine**
**MD Anderson Cancer Center**
**University of Texas Southwestern Medical Center**

**West Virginia**
**West Virginia University Hospital**
**West Virginia Health Information Network**

**Wisconsin**
**Department of Workforce Development**
- Unemployment Insurance

**Wyoming**
**Department of Family Services**
- Child Support Enforcement

2 IA MMIS 11.0003

*Figure 5 - 5. United States Health and Public Service Client Summary.*

Table 5 - 2 identifies clients we are currently serving or recently assisted in a capacity similar to the services requested by this RFP. These current and recent clients have agreed to be contacted by Iowa officials to discuss Accenture's role and performance in their large-scale projects similar to, or with similar elements of the IME System Services Project.

| Project Name | Contract Administrator and Contact Information |
|---|---|
| **Texas Medicaid & Healthcare Partnership (TMHP)** | Jennifer Stansbury<br>Deputy Director for Claims Administrator Operations at Texas Health & Human Services Commission<br>12357 Riata Trace Parkway<br>Austin, TX 78727<br>Phone: (512) 506-3524<br>Email: jennifer.stansbury@hhsc.state.tx.us |
| **State of Kansas, Statewide Management Accounting & Report Tool (SMART)** | Kent E. Olson, Director<br>Division of Accounts & Reports<br>Department of Administration<br>900 SW Jackson, Room 351-South<br>Topeka, KS 66612-1248<br>Phone: (785) 296-2314<br>Fax: (785) 296-6841<br>Email: kent.olson@da.ks.gov |
| **California Statewide Automated Welfare System (SAWS) Consortium IV, C-IV Solution** | John Boule, Project Director<br>California SAWS Consortium IV Joint Powers Authority<br>11290 Pyrites Way, Suite 150<br>Rancho Cordova, CA 95670-6338<br>Phone: (916) 851-3226<br>Email: bouleJ@c-iv.org |
| **Kentucky Cabinet for Health and Family Services (CHFS)**<br>**Department for Medicaid Services (DMS)** | Rob Edwards, Director, Strategic Initiatives, UK HealthCare and Former Chief of Staff & Chief Financial Officer<br>Kentucky Cabinet for Health & Family Services<br>900 S. Limestone<br>Lexington, KY 40536<br>Phone: (859) 323-3193<br>Fax (859) 323-1939<br>Email: rob.edwards@uky.edu |
| **Highmark Blue Cross Blue Shield Legacy Modernization - Large Claims Processing System Development** | Matthew Ray<br>CIO & Executive Vice President<br>120 Fifth Avenue<br>Pittsburgh, PA 15222-3099<br>Phone: (412) 544-7000<br>Email: matthew.ray@highmark.com |

| Project Name | Contract Administrator and Contact Information |
|---|---|
| **Idaho Department of Health and Welfare Idaho Benefits Eligibility System (IBES)** | Greg Kunz<br>Deputy Administrator<br>Idaho Department of Health and Welfare<br>450 West State Street, Boise ID, 83702<br>Phone: (208) 863.2044<br>Email: kunzg@dhw.idaho.gov |

*Table 5 - 2. We have and continue to assist clients deliver higher quality healthcare services more efficiently and effectively.*

g. Other contracts or projects currently undertaken by the bidder information for the clients' contract administrators with names and contact.

Table 5 - 3 provides contact information for our current clients that have agreed to be contacted by Iowa officials to discuss Accenture's role and performance in their large-scale projects similar to, or with similar elements of the IME System Services Project.

| Project Name | Contract Administrator and Contact Information |
|---|---|
| **Texas Medicaid & Healthcare Partnership (TMHP)** | Jennifer Stansbury<br>Deputy Director for Claims Administrator Operations at Texas Health & Human Services Commission<br>12357 Riata Trace Parkway<br>Austin, TX 78727<br>Phone: (512) 506-3524<br>Email: jennifer.stansbury@hhsc.state.tx.us |
| **State of Kansas, Statewide Management Accounting & Report Tool (SMART)** | Kent E. Olson, Director<br>Division of Accounts & Reports<br>Department of Administration<br>900 SW Jackson, Room 351-South<br>Topeka, KS 66612-1248<br>Phone: (785) 296-2314<br>Fax: (785) 296-6841<br>Email: kent.olson@da.ks.gov |
| **California Statewide Automated Welfare System (SAWS) Consortium IV, C-IV Solution** | John Boule, Project Director<br>California SAWS Consortium IV Joint Powers Authority<br>11290 Pyrites Way, Suite 150<br>Rancho Cordova, CA 95670-6338<br>Phone: (916) 851-3226<br>Email: bouleJ@c-iv.org |

*Table 5 - 3. Accenture implements and operates healthcare and human services systems allowing our clients to provide critical services to their citizens faster, at lower cost, and with higher quality.*

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# 5.2 Corporate Experience (9.2.5.2)

Bidders will describe all relevant experience within the last five years, including all Medicaid contracts. As appropriate, bidders also will specify their participation as primary contractor or subcontractor on each project. Bidders will include projects that demonstrate at a minimum:

a. Relevant governmental experience with the functional areas and proposed requirements of the RFP considered by the bid proposal.

b. Relevant commercial experience with the functional areas and proposed requirements of the RFP component considered by the bid proposal.

c. Other experience with governmental healthcare programs.

**Accenture is a leading provider of technology and business process service to the public sector and healthcare industry; Medicaid is at the intersection of the two. Accenture has a 360 degree view of the external forces affecting Medicaid, as well as the business vision and strategic objectives driving change in Medicaid programs across the country.**

**Accenture has the experience to deliver for the IME**

- 25+ years successful delivery of Health and Human Services Solutions
- Served 30 US states and 26 countries in the health and public services domain
- 14,000 professionals focused on Health and Human Service projects, and approximately 223,000 employees worldwide
- More than 330 current SOA projects worldwide
- More than 40,000 employees with demonstrated design and delivery skills in SOA/Enterprise integration

In September, 2009, Accenture launched a new operating group called Health and Public Service. This move was made to better integrate, focus and expand services to our government and healthcare clients. By bringing the public and private sector portions of our healthcare practices together, we use evidence-based insights to dramatically improve our clients' performance and outcomes.

In the Medicaid market, this means much more than reducing administrative costs, which are already some of the lowest as a percentage of total spending in the healthcare market. It means delivering technology solutions that allow our clients to administer Medicaid with member-centricity, focused on health outcomes and best value. With state budgets becoming increasingly strained, making best use of resources and delivering better health outcomes is a sustaining value proposition. Accenture brings the Department the experience and practical application of it to the IME.

To further strengthen our team, we are teaming with S2Tech and Mainstream Living. S2Tech delivers technical services to Medicaid programs in more than 20 states. It has served the IME for more than seven years and has earned the reputation for delivering excellent results. S2Tech continues to provide infrastructure support as part of the Accenture Delivery Team. Mainstream Living, a staffing company specializing in working with and placing special needs people, continues its mailing support services to the IME as part of the Accenture Delivery Team. The addition of both companies provides consistency and institutional knowledge instrumental to successful implementation and operation of the new MMIS

## 5.2.1 Relevant Government Experience

Accenture has served public sector clients since our inception. We have a rich heritage of delivering consulting, systems integration and outsourcing services to federal, state and local clients. The experience most relevant to the Department is that from our Health and Public Service Operating Group. We have many projects of size and scope similar to that of the IME System Service Project and MMIS.

Operations. We present an overview of four projects selected for similarity with the IME System Service and MMIS Operation scope of work. In Proposal Section 5.2.4, we present these projects in a format suitable for checking references.

**TMHP Similarity to IME System Services**

- Lead technology provider for third largest MMIS in the nation
- Maintain MMIS, operate data center and network and procure hardware and software for the TMHP
- Serve as PMO for TMHP and oversee projects performed by other contractors
- More than five years of continuous performance improvements and cost reductions
- Delivered new reporting and metrics to provide transparency and near real time visibility into operations

### Texas Medicaid and Healthcare Partnership (TMHP)

The state of Texas administers the third largest Medicaid program in the United States which covers more than 2.2 million members in 254 counties. TMPH selected Accenture for our proven excellence in deriving maximum value from technology with practical, cost-effective solutions that drive high performance. In 2004, Accenture assumed responsibility for the applications that support the administration of Medicaid claims.

Higher levels of performance and cost savings were realized during the transition of Project responsibilities. Those include seamless on-time transition of Project services from the incumbent contractor, building an entire data center from scratch, testing over 800 system interfaces, and installing 13,000 pieces of software on 1,000 PCs over a four-day period. Accenture delivered an on-time cut over with a day 1 cost savings of 20% to 25%.

- The Texas Medicaid program was operational January 1, 2004, a full four days ahead of schedule, Accenture was instrumental in the realization of a number of significant transition milestones and results:
  - Scheduled to begin processing claims January 5, 2004, began processing four days early on January 1st eliminating the electronic claims backlog within a week versus a month.
  - The website, scheduled to be fully operational on January 5, 2004, began limited operations on December 18, 2003. By 5pm on the 5th, the site had already received 37,000 plus user hits and over 500 claims status inquiry and eligibility verification transactions.
  - Processed claims on an average of 3 times more quickly than was possible in 2003.
  - Produced the largest financial cycle on schedule on January 9th, processed over 1.9m claims and paid over $183 million.

During the operations of the Project program, Accenture has established client trust and open working relationship and communication. Performance indicators include processing claims three times faster and paying more claims in our first cycle than the incumbent, processing 1.6 million claims in the first financial cycle (the largest ever), and deploying a new Portal that created a self service channel for claims status and eligibility verification transactions. Improved quality indicators included achieving CMMI level 4 compliance 9 months early, reducing average defect rate by over 40% during first 8 months of operations and reducing level of effort required for application maintenance by 50% during same time while meeting all Service Levels. Accenture achieved average system uptime of greater than 99% against target service level of 95% with same resource levels as the incumbent and reduced the backlog of outstanding maintenance items by 23%.

After delivering continuous cost reductions and performance improvements, Texas Medicaid exercised the option to extend the contract through 2009.

| **Project Name:** | **Texas Medicaid & Healthcare Partnership (TMHP)** | | |
|---|---|---|---|
| **Client Organization:** | Texas Health and Human Services Commission | | |
| **Client Reference Contact Info:** | Jennifer Stansbury<br>Deputy Director for Claims Administrator Operations at Texas Health & Human Services Commission<br>12357 Riata Trace Parkway<br>Austin, TX 78727<br>PH: (512) 506-3524<br>Email: jennifer.stansbury@hhsc.state.tx.us | | |
| **Start Date:**<br>**Original Contract**<br>**New Contract:** | <br>February 2003<br>September 2010 | **End Date:**<br>**Original Contract**<br>**New Contract** | <br>August 2010<br>July 2011 |
| **Total Contract Value to Accenture:** | $658,836,501 | **Average Staff Hours in FTEs During Operations:** | 415 |
| **Workload Statistics:** | • The Accenture team maintains over 300 applications that are responsible for claims edits, audits, approval and rejection of approximately $13 billion worth of Medicaid claims per year.<br>• In 2004, Accenture assumed responsibility for the applications that support the administration of Medicaid claims.<br>• Following five years of continuing cost reductions and performance improvements, in 2007 Texas Medicaid exercised the option to extend the contract through 2009.<br>• Accenture managed the overall project transition from the incumbent service provider and supports overall program management and metrics reporting | | |

**Brief Description of Scope of Work:**

Led by Affiliated Computer Services (ACS), Accenture is the lead technology provider to the TMHP. Among the services Accenture provides are data center operations, hardware and software procurement, application management, network operations, overall program management and implementation phase management for technology projects. The Accenture team maintains over 300 applications used in claims processing, provider management, federal reporting and other MMIS functional requirements. Accenture also fulfills PMO responsibilities for the TMHP which include comprehensive project management reporting, quality control and assurance and operational and service reporting.

Accenture also provides Texas Medicaid with anytime-access to near real time key performance indicators. Program management and metrics dashboards give leadership near real-time information for claim management:

- A performance management dashboard provided concise, up-to-date claims processing information for managing daily operations for the program. More than 60 performance indicators and reports display daily metrics, as well as alerts to metrics that fall outside of established acceptable thresholds of performance.
- An analytical dashboard uses business intelligence tools for analyzing historic claims, client eligibility and provider data. Viewing this data at a macroscopic level demonstrates trends in health care services utilization and expenditures, reveals potential data relationships and supports predictive analytics.
- Higher levels of performance were realized during the transition of Medicaid responsibilities to TMHP from the previous contractor. Those included seamless on-time transition of Medicaid services from the incumbent contractor, building an entire data center from scratch, testing over 800 system interfaces, and installing 13,000 pieces of software on 1,000 PCs over a four-day period.

The Accenture solution provides Texas Medicaid with clear visibility into activities and risks to help ensure that technology investments deliver the value expected. The reliability of this information has been demonstrated during bimonthly audits of change order costs versus hours. This level of visibility gives Texas Medicaid the insight and information it needs to evaluate our performance and collaborate to continuously improve the operation.

| Project Name: | Texas Medicaid & Healthcare Partnership (TMHP) |
|---|---|

The following examples demonstrate specific results and benefits of Accenture's ongoing maintenance and management of the MMIS and integrated applications.

- Achieved a 99.85% MMIS system and network availability supporting increased electronic and manual transaction processing.
- Meet or exceed SLAs for transaction processing despite transaction volumes in excess of 30 million a week.
- Maintain a production data center supporting the Texas Medicaid MMIS processing with four 16 Processor HP Non-Stop Kernel (NSK) servers, 445 Windows Servers (258 physical and 191 virtual) with a combined SAN storage capacity in excess of 356TB of data.
- Maintain MMIS systems and transaction processing accuracy reflected in a PERM audit result of zero out of the 826 randomly selected claims found to contain processing errors.

Texas Health and Human Services Commission got a solution that:

- Saved them 20 percent on outsourcing costs through improved organizational structure and reduced rework
- Achieved cost savings and efficiencies by transitioning 40 percent of their applications to the Microsoft platform
- Processed claims three times more quickly than was possible in 2003
- Met or exceeded phone, network, and application support call center SLAs
- Included a self service web portal for providers
- Reaped $40 million annually in savings

## Kentucky Medicaid Operational Support Services (MOSS)

The Accenture Medicaid Operational Support Services (MOSS) team worked with the Kentucky Cabinet for Health and Family Services (CHFS) to help support, monitor and manage various initiatives including a state of the art Medicaid Management Information System (MMIS). Accenture MOSS team members worked side-by-side with senior staff from the Kentucky Department for Medicaid Services (DMS) and the Office of Administrative and Technology Services (OATS). The Accenture MOSS team helped Kentucky Medicaid staff identify issues, develop recommendations for resolving system and policy challenges, and analyze performance trends across initiatives.

**Kentucky MOSS Similarity to IME System Services**

- Helped the Commonwealth transition to member-centric administration of benefits
- Cross border collaboration of technology with care management and benefit management to create transparency among efforts and effective working relations.
- Raised PM maturity level by institutionalizing new governance model and defining roles, responsibilities and processes for managing projects.

| Project Name: | Kentucky Medicaid Operational Support Services (MOSS) | | |
|---|---|---|---|
| Client Organization: | Kentucky Cabinet for Health and Family Services (CHFS)<br>Department for Medicaid Services (DMS) | | |
| Client Reference Contact Info: | Rob Edwards, Director, Strategic Initiatives, UK HealthCare and Former Chief of Staff & Chief Financial Officer<br>Kentucky Cabinet for Health & Family Services<br>900 S. Limestone<br>Lexington, KY 40536<br>PH: 859-323-3193<br>FX: 859-323-1939<br>Email: rob.edwards@uky.edu | | |
| Start Date: | July 13, 2007 | End Date: | July 14, 2010 |

| **Project Name:** | **Kentucky Medicaid Operational Support Services (MOSS)** | | |
|---|---|---|---|
| **Total Contract Value to Accenture:** | $6,734,000 | **Average Staff Hours in FTEs During Operations:** | 8.5 |
| **Workload Statistics:** | Program management and coordination across four projects and four vendors | | |

**Brief Description of Scope of Work:**

For the Commonwealth of Kentucky, Accenture provided the program management functions across risk management, issue management, status/performance reporting, communications, schedule management, quality, governance, and PMO processes and oversight. The Accenture MOSS team engaged Kentucky CHFS to support, monitor, and manage multiple modernization initiatives including the MMIS, Utilization Management, Call Center and Provider Credentialing Management, and Pharmacy Benefit Management. Accenture MOSS team members worked side-by-side with senior staff from the Kentucky Department for Medicaid Services (DMS) and the Office of Administrative and Technology Services (OATS) to establish a cohesive governance model, release management process, and defect management approach. The Accenture team helped DMS staff develop recommendations for resolving system and policy challenges, and analyze performance trends. The team also provided design facilitation and documentation support and training management for the MMIS modernization effort. In 2006, Accenture achieved a successful implementation of the Medicaid Enterprise User Provisioning System on-time, within budget, with the staff and key external stakeholders fully enabled to utilize the new system.

Ultimately the MOSS effort provided enabled DMS staff to focus more on running the day-to-day business of each Kentucky Medicaid initiative by providing:

- Increased visibility and understanding of how each initiative is really performing against requirements
- Quicker identification and resolution of issues
- Better communication both within CHFS and between Kentucky Medicaid vendors
- More overall CHFS control of the performance and priorities for each initiative

In Kentucky, Accenture worked with Medicaid staff to coordinate the pre-certification review activities across their staff and their MMIS vendor. As part of this effort, Accenture:

- Created a Microsoft project plan specifically for the activities needed to prepare for the certification review
- Compiled a central library of all documentation related to the MMIS implementation effort from initial contract documents through requirements, design, and testing deliverables
- Coordinated regular planning meetings across all stakeholders to track progress of pre-certification tasks and identify and resolve issues
- Brought in a Medicaid SME from our Texas account to support a dry-run of the certification review using the CMS checklists
- Supported KY staff during the review by providing additional information requested by CMS and meeting with CMS staff on an ad hoc basis
- Tracked post-review action items through to closure
- Provided a weekly status report on post-review action items to KY for the CMS certification reviews

## State of Georgia Department of Human Services and the Division of Family & Children Services (DFCS)

Accenture teamed with the Georgia Department of Human Services and the Division of Family & Children Services to develop a robust, Web-based case management application that helps the agency and its caseworkers enhance service delivery to children and families throughout the state.

**Georgia SHINES Similarity to IME System Services**

- Design, development, and implementation of a complex web-based case management system
- Cooperative, collaborative environment with 159 counties and a number of vendors including Oracle/Sun and Software AG (Web Methods)
- Work performed for the Department of Human Services, the same department that Medicaid is under

As one of the largest agencies in the state, the Georgia Department of Human Services draws upon 10,000 employees and a budget of $1.8 billion to manage human service programs in all 159 counties throughout the state. Under the Department of Human Services, the Division of Family & Children Services (DFCS) investigates child abuse, finds foster homes for abused and neglected children, and provides support services and programs to help troubled families. Case managers investigated approximately 28,000 reports of child maltreatment in state fiscal year 2009, and more than 7,000 children are in the legal custody of DFCS each month. These case managers encounter numerous challenges on a daily basis and provide customized and comprehensive services to improve safety, permanency and well-being.

DFCS case managers spent considerable amounts of time in the field visiting clients as well as attending court and medical appointments, which results in the collection of large amounts of information. For years, case managers had been serving children and families using a number of legacy systems and paper records. These practices resulted in inefficiencies such as duplicate data entry, conflicting data and the need to wait for hard copies of case files to arrive via mail or fax. The dependency on a paper-intensive system also meant a greater administrative burden for case managers and hampered information sharing across county offices and between agencies. Georgia recognized that in order to achieve its goal of high performance, the development of a statewide, automated child welfare system would serve as a comprehensive case management support tool for the agency's more than 3,700 users.

In 2007, the State launched Georgia SHINES, a Web-based statewide automated child welfare information system, designed to integrate child welfare case management information into one system for case workers to more effectively manage, track and share case information. Accenture was responsible for the design, development, and implementation of the new system serving as primary contractor and collaborating with a host of vendors including Oracle/Sun and Software AG (Web Methods). The State of Georgia had faced many challenges trying to implement a statewide system; the joint efforts of the state and Accenture team enabled implementation of the system in less than 20 months. The effort included bringing together system functionality from multiple county-based systems into a single statewide system. Working together with county leadership and State Project Leadership, the Accenture team implemented a system that provides standard statewide processes and customizable workflows that meet state and county requirements. The new system also provides case managers with remote access to case files, reducing the need to complete tasks in the office. Through SHINES, case managers can complete major functional areas of their work, including intakes, investigations, placements, foster case eligibility determinations, reunifications, adoptions, financial management, resource management and reporting. SHINES also improves integration across related social services programs through automated interfaces with the courts, Medicaid eligibility, financial processes and child support.

## State of Kansas Statewide Management, Accounting and Reporting Tool (SMART)

Following a competitive procurement for a qualified systems integrator, The State of Kansas awarded Accenture a three year, $30 million fixed price contract to design and implement a new statewide financial system. Under the contract, Accenture was tasked with implementing 25 modules of PeopleSoft version 9.0 in areas including financials, procurement, projects, grants and data warehousing. The new system replaced a 25 year old financial system and was integrated with PeopleSoft HCM, which was implemented for Kansas by Accenture in the 1990s.

**Kansas SMART Similarity to IME System Services**

- COTS based solution replacing legacy systems throughout the state
- Redesigned business processes with a diverse stakeholder group
- Extensive use of ADM and governance model for PMO responsibilities
- Project implemented on time within budget

SMART provides the State of Kansas a new, state-of-the art, integrated Financial Management System (FMS), and consisted of all planning, designing, developing, testing and implementing activities to launch a statewide FMS. SMART replaces Statewide Accounting and Reporting System (STARS), State Of Kansas Interactive Internet Interfunds (SOKI3+), and Procurement Manager Plus in addition to a number of other systems. SMART consolidates the functionalities of approximately 65 agency systems into a single platform. Approximately 50 additional agency systems will interface with SMART.

The resulting benefits delivered to the client are a new statewide financial management system; reduction if not elimination in multiple data entries into various systems; flexible reports and queries required for decision making; comprehensive transaction history and audit trail that shows who made a transaction, when it was made, and how it was made; manage multiple funding sources; instant and accurate snapshots of current financial conditions; and manage multiple funding sources.

| **Project Name:** | **State of Kansas, Statewide Management, Accounting & Report Tool (SMART)** | | |
|---|---|---|---|
| **Client Organization:** | State of Kansas | | |
| **Client Reference Contact Info:** | Kent E. Olson, Director<br>Division of Accounts & Reports<br>Department of Administration<br>900 SW Jackson, Room 351-South<br>Topeka, KS 66612-1248<br>PH: (785)-296-2314<br>FX: (785)-296-6841<br>Email: kent.olson@da.ks.gov | | |
| **Start Date:** | October 2008 | **End Date:** | July 1, 2010 |
| **Total Contract Value to Accenture:** | $30 million | **Average Staff Hours in FTEs During Operations:** | N/A, Operations not in scope |
| **Workload Statistics:** | Standardized operations across 105 agencies<br>25 PeopleSoft modules<br>105 Agencies<br>50+ legacy systems replaced | | |
| **Brief Description of Scope of Work:** | | | |
| The State of Kansas has engaged Accenture to design and implement a new statewide financial system aptly named SMART – Statewide Management, Accounting and Reporting Tool. Accenture is tasked with implementing 25 | | | |

| Project Name: | State of Kansas, Statewide Management, Accounting & Report Tool (SMART) |
|---|---|

modules of PeopleSoft version 9.0 in areas including financials, procurement, projects, grants, and data warehousing. SMART will replace a 25-year-old financial system and be integrated with PeopleSoft HCM, which was implemented for Kansas by Accenture in the 1990s.

The PeopleSoft solution - including PeopleSoft's Public Sector Financial and Public Sector Enterprise Performance Management (EPM) applications - integrated the state's financial, procurement, asset management, capital improvement, and labor distribution functions into a single automated system. SMART modernized the State's central accounting system, and replaced over 50 agency legacy systems that performed a wide variety of financial and cost allocation functions that were not integrated and were increasingly expensive to maintain.

The project went live on July 1, 2010. At its peak, the project team comprised approximately 100 resources, including 52 state employees. Other team members included resources from Oracle Consulting and CedarCrestone. The deployment was on time and on budget, representing the largest single go-live of functionality for any statewide ERP implementation.

Outcomes:

The SMART system was delivered on time for the July 1, 2010 go-live date. Accenture delivered the system under budget, at go-live, money remained in the modification bucket for the state to use on post-go-live activities. The SMART system transitioned the approval process from largely paper based to automated workflow in the system.

The SMART system introduced statewide Asset Management and Travel and Expense systems. The Asset Management system allowed the state to more easily comply with legislative requests to report on state owned assets. The Travel and Expense system enabled personnel to record and process travel authorizations, cash advances, and expense reports.

Three central and over 60 agency legacy systems were decommissioned when SMART went live. This optimization allows the agencies to redeploy resources for other uses.

Accenture provided a stabilization period of production support before transitioning operations to the state. They collaboratively managed transition to key State of Kansas personnel.

## 5.2.2 Relevant Commercial Experience

Accenture's experience in the commercial healthcare market is well-rounded. On the healthcare payer side, 21 of the top 25 healthcare plans in the US have engaged Accenture for systems integration projects. On the provider side, more than 50 hospitals have worked with Accenture as they transform to Accountable Care Organizations. We also count clinical and research organizations and healthcare consumer product companies as clients. The projects most relevant to the Department are those with our healthcare payer clients. We present an overview of five projects selected for similarity with the IME System Service and MMIS Operation scope of work. In Proposal Section 5.2.5, we present these projects in a format suitable for checking references.

### Health Alliance Plan

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

**HAP Similarity to IME System Services**

- Design, development, implementation, and operations of a complex COTS based health payer system
- Cooperative, collaborative environment with separate system operations vendor and data center vendor
- Increased auto-adjudication rate and reduced cost to operate

Accenture has provided rapid development of applications to build and strengthen Health Alliance Plan's Internet presence. For the first two years of the outsourcing contract, online volume grew, on average, more than 50 percent annually. The steady uptake in portal acceptance has helped Health Alliance Plan take advantage of a relatively low-cost delivery channel, and get closer to customers.

| **Project Name:** | **Health Alliance Plan (HAP)** | | |
|---|---|---|---|
| **Client Organization:** | Health Alliance Plan (HAP) | | |
| **Client Reference Contact Info:** | Client has requested contact through the Accenture client senior executive to arrange additional reference, client interview or site visit.<br>Daniel W. Darland, Client Senior Executive<br>3000 Town Center<br>Suite 2400<br>Southfield, MI 48075<br>Phone: (313) 887 2323<br>Fax: (313) 887 2050<br>Email: daniel.w.darland@accenture.com | | |
| **Start Date:**<br>**Original**<br>**Extension** | <br>2001<br>2009 | **End Date:** | <br>2009<br>2015 |
| **Total Contract Value to Accenture:** | Estimated $60M annually | **Average Staff Hours in FTEs During Operations:** | 25 |

| Project Name: | Health Alliance Plan (HAP) |
|---|---|
| **Workload Statistics:** | • Provided rapid development of applications and Web portals that handle millions of online transactions and interactions each year.<br>• In the first two years, on an average, the online volume grew more than 50 percent annually.<br>• In 80 percent of cases, standard referrals for specialty care are approved automatically.<br>• Increased productivity by 40 percent in IT development and maintenance. |

**Brief Description of Scope of Work:**

Health Alliance Plan (HAP) is southeastern Michigan's largest managed-care plan, with $1.7 billion in revenues, 790 employees and approximately 500,000 members. Struggling to attract a strong team of full-time IT employees with the right blend of skills and experience, in 2001 HAP outsourced the design, development, maintenance and support of most of its e-commerce applications and administrative applications to Accenture.

The Business Challenge

- Provide a reliable source of highly skilled IT professionals for application development, maintenance and support.
- Strengthen the organization's online offerings in support of HAP's efforts to reduce operating costs and enhance member, employer-customer, provider and agent satisfaction.
- Provide assistance in identifying potential IT pitfalls as well as business acumen to align IT with business strategy to maintain quality and contain administrative costs.

How Accenture Helped

- Accenture has developed and maintains the entire architecture for both the e-commerce and administrative applications. Both use industry-standard architectures and tools.
- An Accenture team of 10 develops and maintains e-commerce applications that provide members, employer-customers, providers and agents with online, anytime access to information and resources.
- An Accenture team of 19 maintains and supports HAP's administrative systems, which include enrollment, billing, claims processing, membership, provider pricing, capitation, and authorizations.
- All development work is provided through Accenture Delivery Centers in Atlanta and Denver, as well as on-site at the client.
- An Accenture team provides maintenance support work onsite at HAP's Detroit offices.

High Performance Delivered

- Accenture has provided rapid development of applications and Web portals that handle millions of online transactions and interactions each year.
- For the first two years of the outsourcing contract, online volume grew, on average, more than 50 percent annually.
- The website offers lower-cost interactions compared to telephone or in-person service. In 80 percent of cases, standard referrals for specialty care are approved automatically online, and the remainder reviewed within one business day.
- IT Outsourcing has improved support of Health Alliance Plan's core business applications. Productivity in IT development and maintenance has increased by 40 percent.
- New development activities on the core application exceed 55 percent, well above the industry average.
- Claims auto-adjudication rates exceed 92 percent with the implementation of several authorization matching and pricing/adjudication modules.
- Pleased with Accenture's support on its journey to high performance, HAP extended the five-year application outsourcing contract for an additional 6 years to 2015.

## Highmark

**Highmark Similarity to IME System Services**

- Highly complex SOA based health claims processing
- Increased claims auto-adjudication rates
- Cooperative, collaborative work environment
- Project implemented on time within budget

Working in collaboration, Highmark and Accenture are positioning Highmark through new architectures and business processes to reduce costs and respond to continuous, fast-paced changes in the market. Highmark already has improved the speed and accuracy of claims processing resulting in:

- Adjudicating claims at point of service in approximately seven seconds through real-time processing
- Increasing the claims first pass rate to more than ninety percent
- Automating up to eighty-five percent of claims mass adjustments

**Experience with implementing SOA technology:** Highmark recognized the need to improve its operational efficiency and to develop more information-driven services for its consumers. Highmark sought to renew its legacy applications, move to an updated service-oriented architecture and transform business processes. With uncertainties around health care reform, the company also wanted to be prepared with adaptable assets that could support a rapid response to market changes.

Accenture worked with Highmark to develop a five-year transformation program that spanned three phases. The program's scope encompasses claims processing and customer service, member enrollment, case installation and setup, product configuration, billing and finance, and provider management systems. Together, these systems serve more than five thousand users daily; contain over six thousand programs (representing more than four and a half million lines of code); and span mainframe, client server and portal technologies.

| **Project Name:** | **Highmark Legacy Modernization** | | |
|---|---|---|---|
| **Client Organization:** | Highmark Blue Cross Blue Shield | | |
| **Client Reference Contact Info:** | Matthew Ray<br>CIO & Executive Vice President<br>120 Fifth Avenue<br>Pittsburgh, PA 15222-3099<br>Phone: (412) 544-7000<br>Email: matthew.ray@highmark.com | | |
| **Start Date:** | July 2007 | **End Date:** | May 2012 |
| **Total Contract Value to Accenture:** | $147.55 million | **Average Staff Hours in FTEs During Operations:** | 2,080 |
| **Workload Statistics:** | +5,000 users daily<br>+6,000 programs | | |
| **Brief Description of Scope of Work:** | | | |
| The first phase of the project ran for 14 months and included three releases focused on modernizing claims processing functions. As a result of the changes, Highmark achieved savings by increasing claims auto-adjudication rates and further automating claims adjustments. This work laid the foundation for phase two objectives: real-time claims processing, business service management, and service-oriented architecture and component-based software development.<br>Using redesign and wrapper techniques in phase one allowed a smooth transition into phase two. Phase two included seven releases over thirty-six months and focused on:<br>• Increasing the flexibility of core systems to enable quicker and easier system changes<br>• Migrating custom-built systems and aging platforms to new technologies and industry standards<br>• Increasing automation of core business functions | | | |

| Project Name: | Highmark Legacy Modernization |
|---|---|

- Providing real-time validation, estimation and settlement of insurance claims
- Implementing consumer-level processing to allow consumers to be recognized as individuals distinct from their employers and distinct from the contract holder
- Delivering through modular benefits to increase the flexibility and reduce the cost of product development and maintenance

Phase three is in progress and will support the introduction of new products and services to the market based on the functionality introduced in phases one and two.

## Cigna

This major health benefit provider's complex processes and information systems stood in the way of greater flexibility and productivity. The company teamed with Accenture Health Administration Business Process Outsourcing (BPO) Services to develop a two-year strategic outsourcing plan starting with outsourcing billing and accounts receivables for its employer services operations.

With Accenture's provider data management, Accenture Health Administration BPO Services is increasing claims payment accuracy, reducing transaction cycle time, minimizing internal rework, and improving overall customer service.

Accenture is producing similar results for the health plan's claims processing operation--99.5 percent financial accuracy was achieved once the operation was turned over to Accenture. In addition to improved service levels, the company is has recorded:

- 30% annual cost savings
- 30+ consecutive months of claim financial and payment accuracy above target
- 5% reduction in reassign rate in core claim though focused rework effort
- 5% increase in Provider data quality through introduction of additional process controls
- 30% increase in Medicare EDI claim submission through targeted provider outreach
- Eligibility workflow tool implemented to support electronic assignment of work ,improved reporting, and access to documentation required by customer-facing functions
- Single digit, historical record for Days Sales Outstanding while managing increases in billed and collected revenue
- Scaled operations over two month period to support a 5x unexpected increase in Membership.

**CIGNA Similarity to IME System Services**

- Design, development, implementation, and operations of a complex COTS, SOA based health payer system
- Cooperative, collaborative work environment with more than 10 contractors
- Increase in Medicare EDI claim submission through targeted provider outreach

## WellPoint

Accenture has been one of WellPoint's primary consulting partners since 2001 serving WellPoint through all three of our growth platforms. Our work has focused on realizing M&A related synergies, improving operational performance and driving cost reduction. Accenture's contributions to WellPoint over the last 12 months include the following: In outsourcing, we currently have more than 1500 Accenture professionals from our Manila and India Delivery Centers providing BPO services in claims processing, enrollment and membership processing, provider correspondence and provider data management.

**WellPoint Similarity to IME System Services**

- Large scale, complex claims operations
- Cooperative, collaborative work environment with several outsourcing contractor
- Successfully migrated over 800 FTEs with over 50 unique transitions, using the same transition methodology we propose to use with IME incumbent staff

Our technology footprint includes application development, testing and outsourcing services to support WellPoint's e-Business, contact center, CRM, pricing and core claims systems. Finally, our consulting engagements have focused on regulatory compliance management, strategic sourcing, sales and marketing, IT strategy, system migration planning and performance measurement.

| **Project Name:** | **WellPoint Health Administration BPO Services** | | |
|---|---|---|---|
| **Client Organization:** | WellPoint | | |
| **Client Reference Contact Info:** | David Finkel<br>Senior Vice President, Service Operations<br>Client has requested all contact be executed through Accenture representative: Ginger Dusek, Accenture Senior Executive<br>Phone: (312) 693-3882<br>Fax: (312) 652-3882<br>Email: ginger.dusek@accenture.com | | |
| **Start Date:** | January 2004 | **End Date:** | August 2014 |
| **Total Contract Value to Accenture:** | Confidential, available upon request | **Average Staff Hours in FTEs During Operations:** | over 800 FTEs |
| **Workload Statistics:** | • Managing over 600 unique SLAs, with targets of 99.5% payment accuracy and 99% timeliness targets.<br>• Process over 15 million claims annually | | |
| **Brief Description of Scope of Work:** | | | |
| Accenture's Health Administration BPO Services is improving claims payment accuracy, reducing transaction turnaround time, minimizing internal rework, and improving overall customer service. We have successfully migrated over 800 FTEs with over 50 unique transitions and is meeting/exceeding service level agreements of turnaround time and claim accuracy, including:<br>Managing over 600 unique SLAs, with targets of 99.5% payment accuracy and 99% timeliness targets.<br>Claims paid within 1-3 days depending on claim type<br>Process over 15 million claims annually<br>Accenture has also successfully driven productivity improvement and process improvements of WellPoint's retained organization through implementing best practices from our claims process experience. | | | |

## Excellus Health Plan

Excellus Health Plan BlueCross BlueShield (EHP), headquartered in Rochester, NY, is part of a $5 billion family of companies that finances and delivers health care services across upstate New York and long-term care insurance nationwide. Collectively, the enterprise provides health insurance to nearly 2 million people and employs more than 7,000 New Yorkers.

**Excellus Similarity to IME System Services**

- Project Management for large, complex health insurance plan
- Reduce Admin PMPM cost by 10%
- Transformation programs targeted to save $80M per year

Excellus is involved in a multi-year Business and Systems transformation effort that includes all systems, processes and organization utilizing Trizetto's Facets application as the core system for Membership, Billing, Provider, Customer Service, Claims, Product, and financial reporting.

The program is intended to, through consolidation of EHP's core administrative platforms, standardize processes, simplify products and reduce annual Admin PMPM costs by 10% (or approximately $50M per year). In addition, while medical cost reduction is not a primary focus of this program, there is expected to be another $30M in annual medical costs for a combined $80M per year run rate savings.

| **Project Name:** | **Excellus Business and Systems Transformation** | | |
|---|---|---|---|
| **Client Organization:** | Excellus Health Plan BlueCross BlueShield | | |
| **Client Reference Contact Info:** | Client has requested all contact be executed through Accenture representative:<br>Michael Einig, Senior Executive<br>211 N. Broadway<br>Suite 2950<br>St. Louis, Missouri 63102<br>Phone: (314) 345-3191<br>Fax: (314) 3505<br>Email: michael.j.einig@accenture.com | | |
| **Start Date:** | July 2007 | **End Date:** | Ongoing |
| **Total Contract Value to Accenture:** | $20,000,000 | **Average Staff Hours in FTEs During Operations:** | 15 |
| **Workload Statistics:** | 3,000 users across 6 Core Admin platforms | | |

**Brief Description of Scope of Work:**

Accenture has supported the transformation effort in the following capacities:

**Transformation Strategy:** Assisted with the original strategy formulation to simply products, standardize processes and consolidate applications to a single platform. Also included was formulation of the Transformation Business Case and Roadmap and attainment of Board Approval and Funding.

**Program Management Office:** All program management tools, processes, reports, staffing, executive and board reporting, roadmap, developing integrated plan and Earned Value management were developed and implemented by Accenture

**Transformation Methodology:** Team organization, reporting, deliverables, estimating elements, work break-down structure and individual roles and responsibilities

**Program metrics:** Program and process metrics, transformation business case, and individual releases

**Business Process Engineering:** Established overall method and approach. Accenture is individually responsible for Sales & Marketing, Provider, and Membership and Billing business areas.

**Web Assessment:** Evaluation and strategy formulation or Web Portals to support current and future improvements an alignment with the Transformation impacts on self service

**Organization Readiness:** established and ran the activities to prepare the organization for the Transformation Program impacts including aspects of organization design, job design, training, communications, stakeholder impact and readiness, culture value assessment

**Facets Report Development:** Critical financial reports including the business requirements, functional specifications, technical specifications, application construction, unit and system testing. (Cognos 6.0, Oracle 10g, HPXR, Facets core tables)

## 5.2.3 Other Experience with Governmental Healthcare Programs

Accenture has helped agencies complete eligibility determination projects and other large-scale change initiatives that are citizen-focused, outcome-oriented, and cost effective. We help public administrators apply field-tested technology to critical operations and service challenges, and we develop innovative strategies to align people and business processes with the demands of a constantly changing environment. Our experience working on eligibility systems is directly relevant to the Department for the IME System Services Project. We present summaries of two projects in the following sections. In Proposal Section 5.1.6, we present these projects in a format suitable for reference checking.

### State of California Consortium IV (C-IV)

In 2001, Accenture was awarded the contract to build the new Statewide Automated Welfare Systems (SAWS) and maintain it for 10 years. With more than 20 years of health and human services experience, Accenture proposed a Web-based solution, demonstrated the ability to apply established technology, and offered a flexible spectrum of application outsourcing services. Accenture custom built a single, automated, online system—application and infrastructure—to replace more than 40 legacy systems. The system, called C-IV, is the main vehicle for more than 6,800 caseworkers and administrators to determine recipient eligibility and calculate benefits.

The new system was designed to speed through thousands of eligibility criteria in seconds. Using laptops or desktop computers, caseworkers enter the facts of a case and the system determines the program and calculates the level of eligible benefits. An imaging system allows documents like earnings statements to be scanned and become part of a customer's case history. C-IV also offers monitoring and reporting capabilities. The system was designed to interface with more than 80,000 service providers, employers and other collaborators in the C-IV System Resource Database.

**C-IV Similarity to IME System Services**

- Implementation and maintenance of large scale eligibility system
- Redesigned business processes with a diverse stakeholder group
- Program Management and metrics dashboards give leadership new real-time visibility for claim management

Accenture designed many aspects of the solution to be reconfigurable for other jurisdictions. In late 2004, each of the 35 counties in California's Interim Statewide Automated Welfare System (ISAWS) consortium unanimously selected the C-IV solution as its preferred system.

The counties cited several reasons for their choice: the C-IV System is more user-friendly and intuitive, it provides greater efficiency in case maintenance and processing, is easy to learn, facilitates interactive interviews, provides more efficient collection of program-specific data and uses Interactive Voice Response technology. From a technical perspective, C-IV is more easily maintained, requires a shorter learning curve for developers, centralizes complexity while simplifying local configurations, its architecture is in the mainstream adoption phase—as opposed to declining technology. The additional 35 California counties are scheduled to adopt C-IV from 2009 to 2010, an expansion that will increase the number of benefit recipients served by C-IV to an estimated 1.8 million, boosting the number of users to more than 12,000, and accommodating approximately 200,000 service providers.

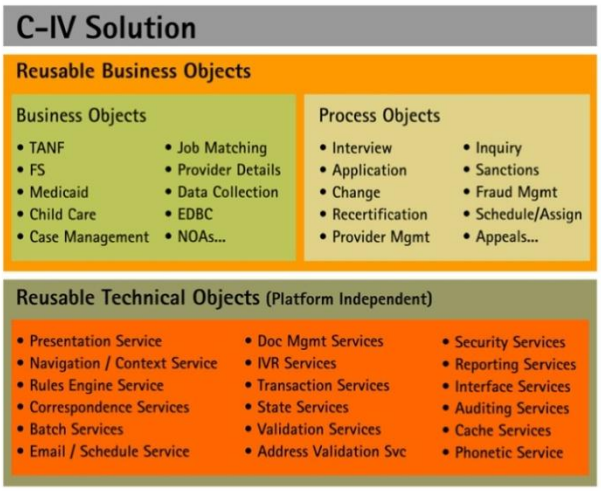
| **Project Name:** | **C-IV Statewide Automated Welfare System (SAWS)** | | |
|---|---|---|---|
| **Client Organization:** | Consortium IV (C-IV) | | |
| **Client Reference Contact Info:** | John Boule, Project Director<br>California SAWS Consortium IV Joint Powers Authority<br>11290 Pyrites Way, Suite 150<br>Rancho Cordova, CA 95670-6338<br>PH: 916-851-3226<br>Email: bouleJ@c-iv.org | | |
| **Start Date:** | March 1, 2001 | **End Date:** | October 13, 2013 |
| **Total Contract Value to Accenture:** | $965 Million | **Average Staff Hours in FTEs During Operations:** | 100 |
| **Workload Statistics:** | • This system includes more than 500 pages, 300 reports, 200 interfaces, 10,000 batch jobs, 300 forms and data from 50 legacy systems that were converted to C-IV.<br>• The C-IV System is used by more than 13,000 workers across 39 counties.<br>• C-IV processes more than 5 million transactions daily, with peak loads of over 160 transactions per second. | | |

**Brief Description of Scope of Work:**

The C-IV Solution was born out of an initiative between Accenture and a consortium of counties in California that are part of the Statewide Automated Welfare System (SAWS). The Consortium-IV (C-IV) Project mission was to implement a new business model to transform welfare processes into a dynamic, outcome-oriented system. The project designed the C-IV System to be an integrated, user friendly, automated system to manage public assistance and employment programs and to achieve the outcomes required by welfare reform.

The C-IV System uses open technologies and standards such as SOA (for C4Yourself®), Java 2 Enterprise Edition (J2EE), EJB, JSP, HTML and XML. The system supports horizontal and vertical scalability to provide cost-effective and reliable high-performance processing. The browser-based user interface provides access to the system for caseworkers and service providers from offices and remote locations.

The C-IV System is used by more than 13,000 workers across 39 counties. The system is used in 250 offices and is supported by two data centers and a 200-seat development facility. The technical solution includes more than 10,000 managed workstations, 150 Microsoft servers, and more than 40 Sun Enterprise servers. The browser-based user interface utilizes an Apache Web Server, WebLogic Application Server, and Oracle RDBMS, all running on a Solaris Operating System. The solution also includes an ILOG JRules Business Rules Engine that is fully integrated within the application, and has secure integration between the C-IV and County networks. The C-IV Solution includes C4Yourself® web-based self-service portal where recipients can apply for benefits electronically. C4Yourself® is SOA compliant, and integrates with several state and county agencies to facilitate electronic applications across the state. Integration with external systems is done using file transfer over FTP or XML over HTTP. C-IV processes more than 5 million transactions daily, with peak loads of over 160 transactions per second. We also developed a library of reusable business and technical objects (Figure).



| Project Name: | C-IV Statewide Automated Welfare System (SAWS) |
|---|---|

Accenture's responsibilities included: program management, design, development, testing, infrastructure build, change management, business strategy, end-user training, implementation, and maintenance services. The design of the system is shown in Figure 10.2.9.1. The project's original timeframes included 3.5 years in design, development, and implementation, and 10 years for maintenance and operations.

Accenture provides a tightly integrated maintenance and operations organization to support the C-IV users and production and development environments effectively: SLA-based management; common infrastructure and desktop; managed desktop and server configuration with remote control capability; monthly release management; coordinated scheduling of maintenance and change deployment; use of a centralized service desk; integration of Consortium provided support resources; integrated enterprise monitoring and management framework; Level 3 C-IV Application Help Desk; and technology refresh.

The C-IV system is the only web-based integrated eligibility system that is fully operational for the key public assistance programs of TANF, SNAP, Medicaid, Child Care and Employment Services. This system includes more than 500 pages, 300 reports, 200 interfaces, 10,000 batch jobs, 300 forms and data from 50 legacy systems that were converted to C-IV. From the development and implementation phase and now in the maintenance and operations phase, Accenture has delivered – on time, on budget and with high quality.

Accenture designed many aspects of the solution to be reconfigurable for other jurisdictions. In late 2004, each of the 35 counties in California's Interim Statewide Automated Welfare System (ISAWS) consortium unanimously selected the C-IV solution as its preferred system.

Since November of 2004, Accenture has been responsible for providing ongoing maintenance and operations services to support the C-IV users and environments through 2011. This encompasses end-to-end application outsourcing services, including application development and maintenance, application testing, training, database administration, production operations and help desk.

- More than 40 legacy systems were retired when the C-IV System was deployed, eliminating an estimated $20 million in infrastructure costs through consolidation. Other significant metrics include:
- Meeting or exceeding 13 existing contract service level agreements (SLAs) reported on a monthly basis. Responding to more than 1,500 service requests per month.
- Processing up to 2 million transactions per day with an average of below 1 second.
- Calculating thousands of eligibility criteria and benefits with an average response time of less than 4 seconds.

## State of Idaho Benefits Eligibility System (IBES)

The Idaho Department of Health and Welfare (DHW) enlisted Accenture for help with replacing the state's obsolete human service benefits eligibility system. Accenture teamed with DHW to implement a flexible, cost-effective case management system that equipped the department to manage its caseload growth without the need for additional staff. The new capabilities delivered through the Idaho Benefits Eligibility System meant employees could focus more attention on their clients, and the department now has the tools to achieve high performance.

The Idaho Department of Health and Welfare provides welfare services for about 18 percent of the state's population in the form of Food Stamps, cash assistance and Medicaid. The Food Stamp caseload doubled in just two years and the existing system could not keep pace with citizen demand. DHW was using a 23-year-old human service benefits eligibility system that was outdated, expensive to maintain and that struggled to support the department's changing business needs. DHW had multiple workarounds, yet the system was no longer able to support efficient operations. As a result, Idaho could not consistently meet federal compliance standards. It was sanctioned for Food Stamp error rates in 2005 and 2006 and its staff was challenged to make accurate and consistent eligibility decisions with growing caseloads and staff reductions.

**IBES Similarity to IME System Services**

- Large scale eligibility system
- Adjusted solution and approach used on one of the largest states to fit the needs of the department
- Cost-effective maintenance and quick implementation of policy changes

The Idaho legislature took action by deciding to fund a system replacement program at $30 million over three years, rather than fund headcount increases. Soon after, the economic downturn and mounting budget pressures began to manifest and the need for a new system was more apparent than ever.

| **Project Name:** | **Idaho Benefits Eligibility System (IBES)** | | |
|---|---|---|---|
| **Client Organization:** | Idaho Department of Health and Welfare (DHW) | | |
| **Client Reference Contact Info:** | Greg Kunz<br>Deputy Administrator<br>Idaho Department of Health and Welfare<br>450 West State Street, Boise ID, 83702<br>Phone: (208) 863.2044<br>Email: kunzg@dhw.idaho.gov | | |
| **Start Date:** | April 2008 | **End Date:** | January 2010 |
| **Total Contract Value to Accenture:** | $9 Million | **Average Staff Hours in FTEs During Operations:** | N/A Operations Not In Scope |
| **Workload Statistics:** | • This system includes more than 500 pages, 300 reports, 200 interfaces, 300 forms<br>• Idaho has had one of the highest food stamp caseload growths in the country at the same time they were experiencing office closures and reduction and staff. The IBES system helped them keep up with the new demand and continue to issue over 85% of benefits same day. | | |

**Brief Description of Scope of Work:**

Accenture worked with DHW to design, build and deploy the new Idaho Benefits Eligibility System (IBES). IBES is a large-scale, statewide transfer system that offers rich functionality and other value-added features including:

- A business rules engine that includes a set of TANF, Food Stamps, CHIP and Medicaid rules that were and are easily adapted for state requirements.
- Componentized construction, which means that Idaho is not bound by specific technology.
- Cost-effective maintenance and quick implementation of policy changes. Not only was the IBES implementation low cost, but its maintenance is also low cost compared to other major eligibility systems.
- DHW was strongly positioned to implement IBES since the organization had recently undergone a Lean Six Sigma transformation. The department reengineered business processes using Lean principles. By implementing Lean principles prior to system implementation, the department was able to define system requirements based the new improved business model.
- Idaho was committed to making only critical and necessary changes to transfer the system. The state was able to implement a new case management system with minimal productivity and performance declines.

IBES was designed to enable easy updates when policy and operational requirements change. It also facilitates a more efficient benefits interview process that will help the state handle increasing caseloads without adding new staff. The new benefits eligibility system has delivered a host of benefits, including:

- Maintainability—The rules engine and component structure allow for easy, cost-effective updates.
- Usability—The intuitive interface makes the system easy to use. Formal training on the system occurred department-wide over just three days.
- Independence—Because the system is not software independent, functionality enhancements can be added to keep the system modern without inflating the total cost of ownership.
- Savings—This project has been the cheapest and quickest post-welfare-reform transfer implementation in the history of the program, for any state, anywhere.

The seamless launch was an indicator of the system's flexibility and usability. On the day the system went live:

- All interfaces with third-party users were operational.
- The help desk reported fewer calls than usually received with the legacy system.
- Interview times did not increase

With the IBES system, Idaho citizens relying on benefit programs receive accurate benefits quickly, and Idaho

| Project Name: | Idaho Benefits Eligibility System (IBES) |
|---|---|

taxpayers are well served as this is the lowest cost implementation of an eligibility system in the United States in the last 20 years.

**Building and configuring batch and interfaces**

The IBES system has an SOA-based design and allows users to access applications through a web portal. The IBES Solution enables state and local jurisdictions to administer the right benefit, at the right time, to the right people. This results in low error rates, a motivated workforce and satisfied customers. As new policies go into effect, the flexibility and maintainability of the IBES Solution helps to minimize arduous and potentially error-prone workarounds.

The IBES is highly flexible and reusable. The IBES System was built with tools that can facilitate the transfer and customization to fit the specific needs of various states and support additional human services programs. The business rules engine, reference tables, XML-based application logic, and many other design concepts make the IBES Solution easy to update and maintain.

The IBES Solution also uses extensive reference tables to capture information that is variable either over time or across jurisdictions. Rules and web pages utilize these easily modifiable tables to accurately and consistently apply policy. They contain different types of information, such as policy age limits, income limits, and variable text displayed on Notices of Action.

The system collects a large volume of customer information. The Eligibility Determination & Benefit Calculation (EDBC) rules engine processes non-financial and financial information to determine if all required data is present. If all required data is present, the EDBC rules calculate the benefits and automatically generate notifications to customers and workers.

The seamless launch was an indicator of the system's flexibility and usability. Additionally interview times have decreased since implementing the system.

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## 5.3 Corporate References (9.2.5.3)

The bidder shall provide letters of reference from three existing or previous clients knowledgeable of the bidder's performance in providing services similar to the services described in this RFP and a contact person and telephone number for each reference.

Letters from the following clients are included:

- Kentucky Cabinet for Health and Family Services (CHFS), Department for Medicaid Services (DMS)
- Highmark Blue Cross Blue Shield
- WellPoint
- Consortium IV (C-IV)
- Idaho Department of Health and Welfare (DHW)
- Health Alliance Plan (HAP)

Texas Health and Human Services Commission prefers not to submit letters of reference but is happy to discuss their satisfaction with the work Accenture has performed. Contact information for Texas Health and Human Services Commission is included in section 5.2.1.

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UKHealthCare

September 8, 2011

Mr. Stephen Hinz
Senior Executive
Accenture
11951 Freedom Drive
Reston, VA 20190

Dear Steve:

I am writing to express my appreciation for Accenture's efforts related to the Kentucky Medicaid Operational Support Services (MOSS) contract. Accenture performed project management functions in a complex business environment, including four vendor teams who previously did not coordinate activities effectively. Accenture MOSS team members worked side-by-side with senior staff from the Kentucky Department for Medicaid Services and the Office of Administrative and Technology Services. The Accenture MOSS team helped Kentucky Medicaid staff identify issues, develop recommendations for resolving system and management challenges, and analyze performance trends across initiatives.

We are proud of the accomplishments of our Medicaid program and we wish to recognize Accenture for being a key factor in our success. Our modernization contracts included new initiatives for a Medicaid Management Information System, Utilization Management function, Pharmacy Benefits Management program, and Provider Credentialing services. Needless to say, given the various vendor scopes of work and subject matter involved, the duties performed by the your team took a great deal of knowledge, commitment, focus, and balance. We received feedback that you and your team maintained positive relationships across all stakeholder groups, and your services were fair, equitable, and beneficial across all vendors.

As a trusted contractor of the Commonwealth of Kentucky, the Accenture team did an excellent job of "industrializing" program management methods, providing us standards and efficiencies across contractors who previously had used disparate management and reporting methods. In particular, you brought leading edge tools used to track status across the entire program to provide us with the level transparency and reporting that our leadership team needed to improve our administrative and operational functions. The Commonwealth achieved additional benefits during the course of the MOSS contract: increased visibility and understanding of how each initiative really performed against requirements; quicker identification and resolution of risks/issues; better communication within our agency and between vendors; tighter control of the performance and priorities for each initiative; and, an enhanced ability for our team to focus on running the day-to-day business of our Medicaid program.

My experience working with your firm has been a very positive one. You continuously found ways to address our needs and creatively work through stubborn issues. You and your staff exhibited a professional and pragmatic approach, and I would welcome the opportunity to work with you again.

Sincerely,

Mark D. Birdwhsitell
Chief of Staff, UK HealthCare

Fmr. Secretary & Under Secretary of Health
Kentucky Cabinet for Health & Family Services

Rob Edwards, MBA
Director, Strategic Initiatives, UK HealthCare

Fmr. Chief of Staff & Chief Financial Officer
Kentucky Cabinet for Health & Family Services

**Office of the Executive Vice President for Health Affairs**

University of Kentucky • 317 Wethington Building • 900 South Limestone • Lexington, Kentucky 40536-0200
Phone: (859) 323-5126 • Fax: (859) 323-1918 • www.ukhealthcare.uky.edu

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HIGHMARK

Matthew V. Ray
*Executive Vice President and*
*Chief Information Officer*
Information Technology

September 12, 2011

Ms. Ginger Dusek
Senior Executive
Accenture
161 Clark St
Suite 2400
Chicago, Illinois 60601

Dear Ms. Dusek:

This letter is in reference to the work performed by your company in the Legacy Modernization program. As a result of the work performed by Accenture, Highmark achieved savings by increasing claims auto-adjudication rates and by automating claims adjustments. Your staff contributed significantly to the overall success of this important transformation program. Major milestones were met and the program was able to adjust effectively to changing business requirements and needs.

We were impressed with the hard work and dedication of the Accenture staff. They consistently made efforts to resolve issues and work through problems. They stayed focused on the project through distractions maintaining their professionalism and working toward a successful outcome.

The overall effort to successfully transform operations and increase efficiencies takes a great deal of commitment and focus. We are proud of the accomplishments of the entire team and we wish to recognize Accenture for being a key factor in our success.

Sincerely,

Matthew V. Ray

MVR/bas

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WELLPOINT

370 Bassett Rd.
North Haven, CT 06473
Tel (203) 985-7863
Fax (203) 234-5082

**Daniel P. McCoy**
Senior Vice President
Service Operations
Enterprise Business Services

September 12, 2011

Ms. Ginger Dusek
Senior Executive
Accenture
161 Clark St
Suite 2400
Chicago, Illinois 60601

Dear Ms. Dusek:

I am writing to express my appreciation for Accenture's efforts related to the work they have done with WellPoint. Accenture's more than 1800 professionals providing BPO services in claims processing, enrollment and membership processing, provider correspondence and provider data management have consistently delivered high quality work while meeting service level agreements (SLAs).

My experience with working with your firm has been a very positive one. You have continuously found ways to address our needs and creatively worked around stubborn issues. Your staff has always exhibited a professional and pragmatic approach to problem solving. This certainly has allowed us to create efficiencies in our administrative and IT functions which allow us to better manage our overall organization.

I take this opportunity to thank Accenture, you and your staff for consistently supporting and encouraging our efforts.

Sincerely,

Dan McCoy
Senior Vice President
WellPoint

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**California Statewide Automated Welfare Systems (SAWS)**
**C-IV Project**
11290 Pyrites Way, Suite 150
Rancho Cordova, CA 95670-4481
Telephone: (916) 851-3100 FAX: (916) 638-4367

September 13, 2011

Mr. Seth Richman
Senior Executive
Accenture
1800 3rd Street
Suite 215
Sacramento, CA 95811

Dear Mr. Richman:

I am writing to express my appreciation for Accenture's efforts related to the California Statewide Automated Welfare System (SAWS) Consortium IV (C-IV) Project. Over the last 10 years Accenture has planned, designed, developed, delivered, and maintained the complex C-IV System. The Accenture team has consistently delivered high quality work on schedule and continues to meet their service level agreements (SLAs). Your staff contributed significantly to the overall success of this important program.

Building teams that integrate Consortium, County, and Accenture staff is one of the keys that make the C-IV Project a continued success. Your staff has embraced this concept from the beginning, and they have dedicated themselves to the success of the project. We are also impressed with the hard work and dedication of the Accenture staff and their overall attitude. They consistently make efforts to resolve issues and work through problems. They stay focused on the project through distractions and maintain their professionalism while working toward a successful outcome.

The overall effort to successfully transform operations and increase efficiencies takes a great deal of commitment and focus. We are proud of the accomplishments of the entire team and we wish to recognize Accenture for being a key factor in our success.

Sincerely,

Karen Rapponotti

for John Boule, C-IV Project Director
California SAWS Consortium IV Project
11290 Pyrites Way, Suite 150
Rancho Cordova, CA 95670

100% recycled paper

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IDAHO DEPARTMENT OF
# HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

Russell S. Barron - Administrator
STATEWIDE SELF RELIANCE PROGRAMS
450 West State Street, 2nd Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-5815
FAX 208-334-5817

September 12, 2011

Ms. Debora Morris
Senior Executive
Accenture
1501 S. MoPac, Suite 300
Austin, Texas 78746

Dear Ms. Morris:

This letter is in reference to the work performed by your company on the Idaho Benefits Eligibility System (IBES) project. This was a critical project for the Department of Health and Welfare as our old system could not be easily adapted to address policy changes or new business processes. With a limited budget and aggressive time frame we selected the transfer of the C-IV system from California as our solution and contracted with Accenture to accelerate the transfer and customization of C-IV for Idaho. Together we were able to implement the lowest cost implementation of a transfer eligibility system in the United States in the last 20 years. The Accenture team helped us take the C-IV solution and approach from a county administered State and modify it to meet the business design and program policies unique to Idaho.

The Accenture team consistently delivered high quality work on schedule. The team members were a pleasure to work with and really stepped up to the challenge for the Department of Health and Welfare and the citizens of Idaho. I wouldn't hesitate to recommend Accenture for similar work and hope that we get the opportunity to work with the Accenture team again.

Sincerely,

Russell S. Barron

Russell S. Barron
Administrator

RSB/rsp

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September 8, 2011

Mr. Daniel Darland
Senior Executive
Accenture
3000 Town Center
Suite 2400
Southfield, Michigan 48075

Dear Mr. Darland:

Over the last 14 years, Health Alliance Plan (HAP) has worked with the Accenture Team to configure, maintain and operate our core administrative applications that are critical to efficient operation of our business. Accenture has provided high-quality solutions that meet and exceed our business and technical needs. As a result of the work Accenture has done, HAP has seen an increase in productivity in IT development and maintenance. HAP has been very pleased with Accenture's support on its journey to high performance and extended the second five-year application outsourcing contract for an additional five years to 2015.

My experience with working with your firm has been a very positive one. You have continuously found ways to address our needs and creatively worked around issues. Your staff has always exhibited a professional and pragmatic approach to problem solving. This certainly has allowed us to create efficiencies in our administrative and IT functions which allow us to better manage our overall organization.

I take this opportunity to thank Accenture, you and your staff for consistently supporting and encouraging our efforts.

Sincerely,

Michael A Elinski

Michael Elinski
Associate Vice President, Technology and eBusiness Development

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## 5.4 Felony Disclosures (9.2.5.4)

The bidder must state whether it or any owners, officers or primary partners have ever been convicted of a felony. Failure to disclose such matters may result in rejection of the bid proposal or in termination of any subsequent contract. This disclosure must continue for the life of the contract. Any such matter commencing after submission of a bid proposal and with respect to the successful bidder after the execution of a contract, must be disclosed in a timely manner in a written statement to the Department.

Neither Accenture, nor any of our owners, officers or primary partners has ever been convicted of a felony. We understand that failure to disclose such matters may result in rejection of the bid proposal or in termination of any subsequent contract. Our commitment to disclosure must continue for the life of the contract. Any such matter commencing after submission of a bid proposal and with respect to the successful bidder after the execution of a contract, will be disclosed in a timely manner in a written statement to the Department.

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# 5.5 Certifications and Guarantees (9.2.5.5)

The bidder must include signed copies of Attachments B through J. Signature must be from an individual authorized to bind the company.

The following documents are signed by Chris Deelsnyder, who is authorized to bind the company. Each attachment is included with our RFP response.

| | |
|---|---|
| **Attachment B** | Bid Proposal Certification |
| **Attachment C** | Certification of Independence and No Conflict of Interest |
| **Attachment D** | Certification Regarding Debarment Suspension Ineligibility and Voluntary Exclusion |
| **Attachment E** | Authorization to Release Information |
| **Attachment F** | Certification Regarding Registration, Collection and Remission of State Sales and Use Taxes |
| **Attachment G** | Certification of Compliance with Pro-Children Act of 1994 |
| **Attachment H** | Certification Regarding Lobbying |
| **Attachment I** | Business Associate Agreement |
| **Attachment J-1** | Bid Proposal Certification of Available Resources |
| **Attachment J-2** | Bid Proposal Drug Free Workplace Certification |
| **Attachment J-3** | Primary Bidder Detail Form & Certification |
| **Attachment J-4** | Subcontractor Disclosure Form |

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# Attachment B: Bid Proposal Certification

**By signing below, Bidder certifies that:**

Bidder accepts and will comply with all Contract Terms and Conditions contained in the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail Form & Certification.

Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein.

Bidder does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), gender, marital status, political affiliation, national origin, or handicap;

No cost or pricing information has been included in the Bidder's Technical Proposal;

Bidder has received any amendments to this RFP issued by the Department;

Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP;

The person signing this Bid Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anticompetitive agreements outlined above;

Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail Form & Certification. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal;

Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Department to substitute staff;

Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Department in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Department and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract.

Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier; and,

Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Department may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at: http://www.state.ia.us/tax/business/business.html

## BIDDERS - SIGN AND SUBMIT CERTIFICATION WITH PROPOSAL.

I certify that I have the authority to bind the bidder indicated below to the specific terms, conditions and technical specifications required in the Department's Request for Proposal (RFP) and offered in the bidder's proposal. I understand that by submitting this bid proposal, the bidder indicated below agrees to provide services described in the Iowa Medicaid Enterprise System Services Procurement RFP which meet or exceed the requirements of the Department's RFP unless noted in the bid proposal and at the prices quoted by the bidder.

I certify that the contents of the bid proposal are true and accurate and that the bidder has not made any knowingly false statements in the bid proposal.

| **Accenture** | **September 14, 2011** |
|---|---|
| Name of Bidder Organization | Date |

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment C: Certification Of Independence And No Conflict Of Interest

## CERTIFICATION OF INDEPENDENCE AND NO CONFLICT OF INTEREST

By submission of a bid proposal, the bidder certifies (and in the case of a joint proposal, each party thereto certifies) that:

a. the bid proposal has been developed independently, without consultation, communication or agreement with any employee or consultant of the Department who has worked on the development of this RFP, or with any person serving as a member of the evaluation committee;
b. the bid proposal has been developed independently, without consultation, communication or agreement with any other bidder or parties for the purpose of restricting competition;
c. unless otherwise required by law, the information in the bid proposal has not been knowingly disclosed by the bidder and will not knowingly be disclosed prior to the award of the contract, directly or indirectly, to any other bidder;
d. no attempt has been made or will be made by the bidder to induce any other bidder to submit or not to submit a bid proposal for the purpose of restricting competition;
e. no relationship exists or will exist during the contract period between the bidder and the Department that interferes with fair competition or is a conflict of interest.

**Accenture** — Name of Bidder Organization

**September 14, 2011** — Date

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment D: Certification Regarding Debarment Suspension Ineligibility and Voluntary Exclusion

## CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION -- LOWER TIER COVERED TRANSACTIONS

By signing and submitting this Proposal, the bidder is providing the certification set out below:

1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the bidder knowingly rendered an erroneous certification, in addition to other remedies available to the federal government the Department or agency with which this transaction originated may pursue available remedies, including suspension and or debarment.
2. The bidder shall provide immediate written notice to the person to whom this Proposal is submitted if at any time the bidder learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
3. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principle, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this Proposal is submitted for assistance in obtaining a copy of those regulations.
4. The bidder agrees by submitting this Proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department or agency with which this transaction originated.
5. The bidder further agrees by submitting this Proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. A participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the Department or agency with which this transaction originated may pursue available remedies, including suspension and or debarment.

## CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND OR VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS

1. The bidder certifies, by submission of this Proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2. Where the bidder is unable to certify to any of the statements in this certification, such bidder shall attach an explanation to this Proposal.

| **Accenture** | **September 14, 2011** |
| --- | --- |
| Name of Bidder Organization | Date |

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment E: Authorization to Release Information

## AUTHORIZATION TO RELEASE INFORMATION

Accenture (name of bidder) hereby authorizes any person or entity, public or private, having any information concerning the bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Department.

The bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Department or may otherwise hurt its reputation or operations. The bidder is willing to take that risk. The bidder agrees to release all persons, entities, the Department, and the Department of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

The bidder agrees to release all persons, entities, the Department, and the Department of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

| **Accenture** | **September 14, 2011** |
|---|---|
| Name of Bidder Organization | Date |

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment F: Certification Regarding Registration, Collection and Remission of State Sales and Use Taxes

## CERTIFICATION REGARDING REGISTRATION, COLLECTION, AND REMISSION OF STATE SALES AND USE TAX

By submitting a proposal in response to this Request for Proposal (RFP), the undersigned certifies the following: (check the applicable box):

☐ **Accenture** is registered or agrees to become registered if awarded the contract, with the Iowa Department of Revenue, and will collect and remit Iowa Sales and use taxes as required by Iowa Code chapter 423: or

☐ **Accenture** is not a "retailer" or a "retailer maintaining a place of business in the state" as those terms are defined in Iowa Code §§ 423.1(42) & (43) (2005).

Accenture also acknowledges that the Department may declare the Vendor's bid or resulting contract void if the above certification is false. The Vendor also understands that fraudulent certification may result in the Department or its representative filing for damages for breach of contract.

| **Accenture** | **September 14, 2011** |
|---|---|
| Name of Bidder Organization | Date |

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment G: Certification of Compliance with Pro-Children Act Of 1994

## CERTIFICATION OF COMPLIANCE WITH PRO-CHILDREN ACT OF 1994

The Contractor must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed.

The Contractor further agrees that the above language will be included in any subawards that contain provisions for children's services and that all subgrantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to $1000 per day.

| **Accenture** | **September 14, 2011** |
|---|---|
| Name of Bidder Organization | Date |

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment H - Certification Regarding Lobbying

**CERTIFICATION REGARDING LOBBYING**
The undersigned certifies, to the best of his or her knowledge and belief, that:

f. No federal appropriated funds have been paid or will be paid on behalf of the Sub-Grantee to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of the Congress, an officer or employee of the Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan or cooperative agreement.
g. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of the Congress, or an employee of a Member of Congress in connection with this Contract, grant, loan, or cooperative agreement, the applicant shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
h. The Contractor shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C.A. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

**Accenture** — Name of Bidder Organization

**September 14, 2011** — Date

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment I: Business Associate Agreement

The following pages provide the Business Associate Agreement.

## ADDENDUM: Business Associate Agreement

THIS ADDENDUM supplements and is made a part of the Iowa Department of Human Services ("Agency") Contract (hereinafter, the "Underlying Agreement") between the Agency and the Contractor ("the Business Associate").

**1. Purpose.**
The Business Associate performs certain services on behalf of or for the Agency pursuant to the Underlying Agreement that require the exchange of information that is protected by the Health Insurance Portability and Accountability Act of 1996, as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act") and the federal regulations published at 45 C.F.R. parts 160 and 164 (collectively "HIPAA"). The Agency is a hybrid "Covered Entity" as that term is defined in HIPAA. For purposes of this agreement, the portion of the Agency that fall under the purview of HIPAA shall be referred to as the "Covered Entity". The parties to the Underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding Protected Health Information and to bring the Underlying Agreement into compliance with HIPAA.

**2. Definitions.**
Unless otherwise provided in this Addendum, capitalized terms have the same meanings as set forth in HIPAA.

**3. Obligations of Business Associate.**
*a. Security Obligations.* Sections 164.308, 164.310, 164.312 and 164.316 of title 45, Code of Federal Regulations, apply to the Business Associate in the same manner that such sections apply to the Covered Entity. The Business Associate's obligations include but are not limited to the following:

- Implementing administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic Protected Health Information that the Business Associate creates, receives, maintains, or transmits on behalf of the Covered Entity as required by HIPAA;
- Ensuring that any agent, including a subcontractor, to whom the Business Associate provides such information agrees to implement reasonable and appropriate safeguards to protect the data; and
- Reporting to the Covered Entity any security incident of which it becomes aware.

*b. Privacy Obligations.* To comply with the privacy obligations imposed by HIPAA, Business Associate agrees to:

- Not use or further disclose information other than as permitted or required by the Underlying Agreement, this Addendum, or as required by law;
- Abide by any Individual's request to restrict the disclosure of Protected Health Information consistent with the requirements of Section 13405(a) of the HITECH Act;
- Use appropriate safeguards to prevent use or disclosure of Protected Health Information other than as provided for by the Underlying Agreement and this Addendum;
- Report to the Covered Entity any use or disclosure of Protected Health Information not provided for by the Underlying Agreement of which the Business Associates becomes aware;
- Ensure that any agents, including a subcontractor, to whom the Business Associate provides Protected Health Information received from the Agency or created or received by the Business Associate on behalf of the Covered Entity agrees to the same restrictions and conditions that apply to the Business Associate with respect to such information;

- Make available to the Covered Entity within thirty (30) days Protected Health Information to comply with an Individual's right of access to their Protected Health Information in compliance with 45 C.F.R. § 164.524 and Section 13405(f) of the HITECH Act;
- Make available to the Covered Entity within thirty (30) days Protected Health Information for amendment and incorporate any amendments to Protected Health Information in accordance with 45 C.F.R. § 164.526;
- Make available to the Covered Entity within fifteen (15) days the information required to provide an accounting of disclosures in accordance with 45 C.F.R. § 164.528 and Section 13405(c) of the HITECH Act;
- Make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from the Covered Entity, or created or received by the Business Associate on behalf of the Covered Entity, available to the Secretary for purposes of determining the Covered Entity's compliance with HIPAA;
- To the extent practicable, mitigate any harmful effects that are known to the Business Associate of a use or disclosure of Protected Health Information in violation of this Addendum;
- Use and disclose an Individual's Protected Health Information only if such use or disclosure is in compliance with each and every applicable requirement of 45 C.F.R. § 164.504(e);
- Refrain from exchanging any Protected Health Information with any entity of which the Business Associate knows of a pattern of activity or practice that constitutes a material breach or violation of HIPAA;
- To comply with Section 13405(b) of the HITECH Act when using, disclosing, or requesting Protected Health Information in relation to this Addendum by limiting disclosures as required by HIPAA;
- Refrain from receiving any remuneration in exchange for any Individual's Protected Health Information unless (1) that exchange is pursuant to a valid authorization that includes a specification of whether the Protected Health Information can be further exchanged for remuneration by the entity receiving Protected Health Information of that Individual, or (2) satisfies one of the exceptions enumerated in Section 13405(e)(2) of the HITECH Act or HIPAA regulations; and
- Refrain from marketing activities that would violate HIPAA, specifically Section 13406 of the HITECH Act.

*c. Permissive Uses.* The Business Associate may use or disclose Protected Health Information that is disclosed to it by the Covered Entity under the following circumstances:

- Business Associate may use the information for its own management and administration and to carry out the legal responsibilities of the Business Associate.
- Business Associate may disclose the information for its own management and administration and to carry the legal responsibilities of the Business Associate if (1) the disclosure is required by law, or (2) the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

*d. Breach Notification.* In the event that the Business Associate discovers a Breach of Unsecured Protected Health Information, the Business Associate agrees to take the following measures within 30 calendar days after the Business Associate first discovers the incident:

- To notify the Covered Entity of any Breach. Such notice by the Business Associate shall be provided without unreasonable delay, except where a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. For purposes of this Addendum, the Business Associate is deemed to have discovered the Breach as of the first day on which such Breach is known to the Business Associate or by exercising reasonable diligence, would have been known to the Business Associate, including any person, other than the individual committing the Breach, that is a workforce member or agent of the Business Associate;
- To include to the extent possible the identification of the Individuals whose Unsecured Protected Health Information has been, or is reasonably believed to have been, the subject of a Breach;

- To complete and submit the Breach Notice form to the Covered Entity (see Exhibit A); and
- To include a draft letter for the Covered Entity to utilize to notify the Individuals that their Unsecured Protected Health Information has been, or is reasonably believed to have been, the subject of a Breach. The draft letter must include, to the extent possible:

1. A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
2. A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as full name, Social Security Number, date of birth, home address, account number, disability code, or other types of information that were involved);
3. Any steps the Individuals should take to protect themselves from potential harm resulting from the Breach;
4. A brief description of what the Covered Entity and the Business Associate are doing to investigate the Breach, to mitigate losses, and to protect against any further Breaches; and
5. Contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.

**4. Addendum Administration.**

*a. Termination.* The Covered Entity may terminate this Addendum for cause if the Covered Entity determines that the Business Associate or any of its subcontractors or agents has breached a material term of this Addendum. Termination of either the Underlying Agreement or this Addendum shall constituted termination of the corresponding agreement.

*b. Effect of Termination.* At termination of the Underlying Agreement or this Addendum, the Business Associate shall return or destroy all Protected Health Information received or created in connection with this Underlying Agreement, if feasible. If such return or destruction is not feasible, the Business Associate will extend the protections of this Addendum to the Protected Health Information and limit any further uses or disclosures. The Business Associate will provide the Covered Entity in writing a description of why return or destruction of the information is not feasible.

*c. Compliance with Confidentiality Laws.* Business Associate acknowledges that it must comply with all laws that may protect the Protected Health Information received and will comply with all such laws, which include but are not limited to the following:

- Medicaid applicants and recipients: 42 U.S.C. § 1396a(a)(7); 42 C.F.R. §§ 431.300 - .307; Iowa Code § 217.30;
- Mental health treatment: Iowa Code chapters 228, 229;
- H1V/AIDS diagnosis and treatment: Iowa Code § 141A.9; and
- Substance abuse treatment: 42 U.S.C. § 290dd-3; 42 U.S.C. § 290ee-3; 42 C.F.R. part 2; Iowa Code §§ 125.37, 125.93.

*d. Indemnification for Breach Notification.* Business Associate shall indemnify the Covered Entity for costs of an action required to be taken under any law or regulation as a result of any Breach by the Business Associate or any subcontractor in a manner not permitted under 45 C.F.R. part E.

*e. Amendment.* The Covered Entity may amend the Addendum from time to time by posting an updated version of the Addendum on the Agency's website at :
http://www.dhs.state.ia.us/Consumers/Health/HIPAA/Home.html, and providing the Business Associate electronic notice of the amended Addendum. The Business Associate shall be deemed to have accepted the amendment unless the Business Associate notifies the Covered Entity of its non-acceptance in accordance with the Notice provisions of the Contract within 30 days of the Covered Entity's notice referenced herein. Any agreed alteration of the then current Covered Entity Addendum shall have no force or effect until the agreed alteration is reduced to a Contract amendment and signed by the Contractor, Agency Director, and the Agency Security and Privacy Officer.

*f. Survival.* The obligations of the Business Associate shall survive this Addendum's termination.

*g. No Third Party Beneficiaries.* There are no third party beneficiaries to this agreement between the parties. The Underlying Agreement and this Addendum are intended to only benefit the parties to the agreement.

*h. Effective Date.* This Addendum is effective as of the Underlying Agreement's Effective Date.

## EXHIBIT A: NOTIFICATION TO THE AGENCY OF BREACH OF UNSECURED PROTECTED HEALTH INFORMATION

NOTE: The Business Associate must use this form to notify the Covered Entity of any Breach of Unsecured Protected Health Information. Immediately provide a copy of this completed form to (1) the Contract Manager, in compliance with the Notice Requirements of the Underlying Agreement, and (2) the Agency Security and Privacy Officer at:

Iowa Department of Human Services
Attn: Security & Privacy Officer
1305 E. Walnut, 1st Floor, DDM
Des Moines, IA 50319

| **Contract Information** | |
|---|---|
| Contract Number | Contract Title |
| | |
| ***Contractor Contact Information*** | |
| Contact Person for this Incident: | |
| Contact Person's Title: | |
| Contact's Address: | |
| Contact's E-mail: | |
| Contact's Telephone No.: | |

Business Associate hereby notifies the Covered Entity that there has been a Breach of Unsecured (unencrypted) Protected Health Information that Business Associate has used or has had access to under the terms of the Business Associate Agreement, as described in detail below:

| **Breach Details** | | |
|---|---|---|
| Date of Breach | Date of Discovery of Breach | |
| | | |
| Detailed Description of the Breach | | |
| | | |
| Types of Unsecured Protected Health Information involved in the Breach (such as full name, SSN. Date of Birth. Address. Account Number. Disability Code. etc). | | |
| | | |
| What steps are being taken to investigate the breach, mitigate losses, and protect against any further breaches? | | |
| | | |
| Number of Individuals Impacted | If over 500. do individuals live in multiple states? | |
| | YES | NO |

| **Accenture** | **September 14, 2011** |
| --- | --- |
| Name of Bidder Organization | Date |

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment J-1: Bid Proposal Certification of Available Resources

## CERTIFICATION OF AVAILABLE RESOURCES

I certify that the bidder organization indicated below has sufficient personnel resources available to provide all services proposed by this Bid Proposal. I duly certify that these personnel resources for the contract awarded will be available on and after November 28, 2011.

In the event that we, the bidder, have bid more than one contract specified by this RFP, my signature below also certifies that the personnel bid for this Bid Proposal are not personnel for any other Bid Proposal. If my organization is awarded more than one contract, I understand that the State may agree to shared resource allocation if the bidder can prove feasibility of shared resource.

| **Accenture** | **September 14, 2011** |
|---|---|
| Name of Bidder Organization | Date |

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment J-2: Bid Proposal Drug Free Workplace Certification

## CERTIFICATION OF DRUG FREE WORKPLACE

1. **Requirements for Contractors Who are Not Individuals.** If the bidder is not an individual, by signing below bidder agrees to provide a drug-free workplace by:
   a. publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
   b. establishing a drug-free awareness program to inform employees about:
   - the dangers of drug abuse in the workplace;
   - the person's policy of maintaining a drug- free workplace;
   - any available drug counseling, rehabilitation and employee assistance programs; and
   - the penalties that may be imposed upon employees for drug abuse violations;

   c. making it a requirement that each employee to be engaged in the performance of such contract be given a copy of the statement required by subparagraph (a);
   d. notifying the employee in the statement required by subparagraph (a), that as a condition of employment on such contract, the employee will:
   - abide by the terms of the statement; and
   - notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction;

   e. notifying the contracting agency within 10 days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction,
   f. imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by 41 U.S.C. § 703; and
   g. making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (a), (b), (c), (d), (e) and (f).
2. **Requirement for Individuals.** If the bidder is an individual, by signing below the bidder agrees to not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of the contract.
3. **Notification Requirement.** The bidder shall, within 30 days after receiving notice from an employee of a conviction pursuant to 41 U.S.C. § 701(a)(1)(D)(ii) or 41 U.S.C. § 702(a)(1)(D)(ii):
   a. take appropriate personnel action against such employee up to and including termination; or
   b. require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

I certify that I have the authority to bind the bidder indicated below to the terms and conditions related to the Drug Free Workplace requirements.

| **Accenture** | **September 14, 2011** |
| --- | --- |
| Name of Bidder Organization | Date |

Christopher Deelsnyder
Managing Director, Health and Public Service
11951 Freedom Drive
Reston, Virginia 20190

# Attachment J-3: Primary Bidder Detail Form & Certification

**PRIMARY DETAIL FORM AND CERTIFICATION**

*(Return this completed form behind Tab 5 of the Proposal. If a section does not apply, label it "not applicable".)*

| Primary Contact Information (individual who can address issues re: this Bid Proposal) | |
|---|---|
| **Name:** | Christopher Deelsnyder |
| **Address:** | 11951 Freedom Drive, Reston, Virginia 20190 |
| **Tel:** | (703) 947-3496 |
| **Fax:** | (703) 947-2200 |
| **E-mail:** | chris.deelsnyder@accenture.com |

| Primary Bidder Detail | |
|---|---|
| **Business Legal Name ("Bidder"):** | Accenture LLP |
| **"Doing Business As" names, assumed names, or other operating names:** | N/A |
| **Parent Corporation, if any:** | Accenture Sub, Inc. |
| **Form of Business Entity (i.e., corp., partnership, LLC, etc.):** | LLP |
| **State of Incorporation/organization:** | Delaware |
| **Primary Address:** | 11951 Freedom Drive, Reston, Virginia 20190 |
| **Tel:** | (703) 947-2000 |
| **Fax:** | (703) 947-2002 |
| **Local Address (if any):** | 505 5th Avenue, Suite 729, Des Moines, Iowa 50309 |
| **Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:** | |
| **Number of Employees:** | 223,000 |
| **Number of Years in Business:** | 22 years as Accenture |
| **Primary Focus of Business:** | Consulting, technology services and outsourcing |
| **Federal Tax ID:** | 41-2048319 |
| **Bidder's Accounting Firm:** | KPMG |
| **If Bidder is currently registered to do business in Iowa, provide the Date of Registration:** | 2001 |
| **Do you plan on using subcontractors if awarded this Contract? {If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.}** | Yes |

| | |
|---|---|
| **Signature:** | Christopher W. Deelsnyder |
| **Printed Name/Title:** | Christopher Deelsnyder<br>Managing Director, Health and Public Service<br>11951 Freedom Drive<br>Reston, Virginia 20190 |
| **Date:** | September 14, 2011 |

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# Attachment J-4: Subcontractor Disclosure Form

*(Return this completed form behind Tab 5 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)*

| | |
|---|---|
| **Primary Bidder ("Primary Bidder"):** | Accenture |
| **Subcontractor Contact Information (individual who can address issues re: this RFP)** | |
| **Name:** | Mike Spangler |
| **Address:** | 18664 Kenwood Trail, Lakewood, MN 55044 |
| **Tel:** | 952.373.0654 |
| **Fax:** | |
| **E-mail:** | mikes@s2tech.com |

| **Subcontractor Detail** | |
|---|---|
| **Subcontractor Legal Name ("Subcontractor"):** | Seven Seas Technologies, Inc. |
| **"Doing Business As" names, assumed names, or other operating names:** | S2Tech |
| **Form of Business Entity (i.e., corp., partnership, LLC, etc.)** | Corporation |
| **State of Incorporation/organization:** | Missouri |
| **Primary Address:** | 720 Spirit 40 Park Dr. Chesterfield, MO 63005 |
| **Tel:** | 636.530.9286 |
| **Fax:** | 314.754.9839 |
| **Local Address (if any):** | 100 Army Post Road, Des Moines, IA 50315 |
| **Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:** | 720 Spirit Park Drive<br>Chesterfield, MO 63005 |
| **Number of Employees:** | 100+ |
| **Number of Years in Business:** | 14 |
| **Primary Focus of Business:** | Medicaid systems DDI / maintenance and operations |
| **Federal Tax ID:** | 43-1778118 |
| **Subcontractor's Accounting Firm:** | Schmersahl Treloar & Co., PC |
| **If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:** | July 23, 2004 |
| **Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.** | 7% |

| Subcontractor Detail |
|---|
| **General Scope of Work to be performed by this Subcontractor** |
| **All data conversion tasks for the Iowa Medicaid Enterprise System Services Project** |
| **Detail the Subcontractor's qualifications for performing this scope of work** |
| **Since 1999, S2Tech has provided Medicaid system development, modification and enhancement services to 26 state Medicaid programs. We have also provided technical services to a number of private and public companies. Today, we support legacy MMIS operations; HIPAA, NPI, 5010, ICD-10 and MITA assessment and remediation projects; and the evolving Jave and .Net service-oriented MMIS projects providing both supplemental staffing and SOW-based (fixed statement-of-work) support. In today's Medicaid marketplace, few technical services companies can match S2Tech's MMIS applications experience.** |

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement.
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications.
3. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.
4. Subcontractor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive obligations agreements outlined above.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

| | |
|---|---|
| **Signature for Subcontractor:** | Day Veerlapati |
| **Printed Name/Title:** | Day Veerlapati / President & CEO |
| **Date:** | September 13, 2011 |

# Attachment J-4: Subcontractor Disclosure Form

*(Return this completed form behind Tab 5 of the Bid Proposal. Fully complete a form for each proposed subcontractor. If a section does not apply, label it "not applicable." If the bidder does not intend to use subcontractor(s), this form does not need to be returned.)*

| | |
|---|---|
| **Primary Bidder ("Primary Bidder"):** | Accenture |
| **Subcontractor Contact Information (individual who can address issues re: this RFP)** | |
| **Name:** | Steve Gehlsen |
| **Address:** | 2012 E 13th St Ames, Iowa |
| **Tel:** | 515.232.3591 |
| **Fax:** | 515.232.2405 |
| **E-mail:** | sgehlsen@mainstreamliving.org |

| **Subcontractor Detail** | |
|---|---|
| **Subcontractor Legal Name ("Subcontractor"):** | Workstream, Inc. |
| **"Doing Business As" names, assumed names, or other operating names:** | Mainstream |
| **Form of Business Entity (i.e., corp., partnership, LLC, etc.)** | C Corporation |
| **State of Incorporation/organization:** | Iowa |
| **Primary Address:** | 2012 E 13th St Ames, Iowa |
| **Tel:** | 515.232.3591 |
| **Fax:** | 515.232.2405 |
| **Local Address (if any):** | Same As Above |
| **Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:** | Same As Above |
| **Number of Employees:** | 65 |
| **Number of Years in Business:** | 5 |
| **Primary Focus of Business:** | Employment Training |
| **Federal Tax ID:** | 20-5125919 |
| **Subcontractor's Accounting Firm:** | xxxxxxx |
| **If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:** | July of 2005 |
| **Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.** | 1% |

| Subcontractor Detail |
| --- |
| **General Scope of Work to be performed by this Subcontractor** |
| **Our group consists of 8 workers and one supervisor. We process monthly mailings the various groups in the building need done. We process about 70,000 pieces of mail each month. Our supervisor works with the groups to make sure the material needed to complete each job.** |
| **Detail the Subcontractor's qualifications for performing this scope of work** |
| |

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning bidder in this procurement.
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications.
3. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this contract, if required to do so by Iowa law.
4. Subcontractor does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap;

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor's organization responsible for or authorized to make decisions regarding the prices quoted and he/she has not participated, and will not participate, in any action contrary to the anti-competitive obligations agreements outlined above.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

| | |
| --- | --- |
| **Signature for Subcontractor:** | Steve Gehlsen |
| **Printed Name/Title:** | Steve Gehlsen / Employment Coordinator |
| **Date:** | September 13, 2011 |

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# Tab 6 Project Management (9.2.6)

The Department requires that bidders produce a project management methodology which includes the project work plans for each phase of the contract: Start-Up and Implementation Phases, Operational Phase, Certification and Turnover Phase.

Bidders should include their proposed approach for communication management, quality management, risk management and time management as part of their overall project plan. The Department will need to consider this approach in determining the overall master project plan for the IME.

In addition to task lists and corresponding start and end dates, the project plans for each phase will include a calendar-year-based schedule for all tasks (including operational tasks), specify the allocation of resources by job for those tasks and identify the timeframes in which the tasks will occur (expressed in weeks during transition and turnover and in quarters during operations). The bidder must be capable of updating and maintaining this information systematically throughout the contract.

The project work plan and schedules required for Implementation, Certification and Turnover phases must include a detailed project work plan broken down by tasks and subtasks and a schedule for the performance of each task included in each phase of the contract. The schedule should allow fifteen (15) business days for the Department approval of each submission or re-submission of each deliverable. The work plan to be proposed must include all responsibilities, milestones and deliverables outlined previously in this RFP. This section shall cover:

a. Person-weeks of effort for each task or subtask, showing contractor personnel and the Department personnel efforts separately.

b. A network diagram, showing the planned start and end dates for all tasks and subtasks, indicating the interrelationships of all tasks and subtasks and identifying the critical path.

c. A Gantt chart showing the planned start and end dates of all tasks and subtasks.

d. A discussion of how the project work plan provides for handling of potential and actual problems.

e. A schedule for all deliverables, with a minimum of 10 business days for the Department to review.

Project work plan requirements are described in Section 6 Start-Up and Implementation Phases of this RFP.

**Accenture brings to the Department, a proven Project Management Methodology, a project delivery team with global public healthcare services experience and extensive knowledge in implementing systems of similar complexity and size.**

**Accenture is a premier Systems Integrator**

- Multiple third party groups including Gartner and International Data Corporation (IDC) recognize Accenture as one of the world's leading system integrators. According to IDC, Accenture surpassed IBM in 2005 as the worldwide leader in system integration revenue.
- PMI aligned project management methods, refined over 30 years, have helped us deliver projects for more than 600 current Health and Human Service clients
- Independently assessed CMMI Level 4 in North America Health and Public Services organization, underscoring Accenture's commitment to process, consistency and repeatability
- Accenture's Global Operating Groups, including Health and Public Service, are ISO 9001:2008 certified by the British Standards Institution (BSI)
- Deliverable templates from over 5,000 previous Accenture government projects are available as a basis for project deliverables

## Accenture's Project Management Methodology

The Department requires a comprehensive project management approach that delivers the IME System Services Project on time and minimizes the impact from risks associated with a complex large-scale MMIS implementation. Accenture's project management methodology and approach meets the challenges of implementing a complex system within scope and satisfies the Department's expectations for each phase of work. Our Project Management Office (PMO) approach establishes and enforces disciplined, repeatable and consistent methodologies and practices.

Management of the IME System Services Project requires close collaboration between the Department and the Accenture Team. Strong collaborative Project Management is an essential element to the success of our IME System Services Project. We organize the Accenture Team for success and are

ready to help the Department achieve its objectives. We provide the Department with the most appropriate project management approach and we dedicate to the Department a seasoned and experienced project implementation team from our Health and Public Service industry. Our integrated project management methodology brings to the Department a set of proven project management tools as well as Communications, Quality, Risk and Time Management processes.

**"Accenture's project management methodology was critical to our ability to marshal the appropriate resources and to focus them where and when they were needed most. The system of work plans, timelines, and status reporting tools enabled us to maintain control and ensure accountability throughout the project."**

*Matthew W. Frymire*
*Chief Information Officer*
*Riverside County, CA*

## Accenture Delivery Suite

Our North American Health and Public Services project management methodology is assessed at CMMI Level 4 in our Medicaid projects today and provides the Department and IME business partners with disciplined and repeatable project management practices and processes. Our Accenture Team applies standard proven methods, tools, and metrics to promote predictable and repeatable project delivery through the entire IME System Services Project. We provide the Department and the IME business partners an environment engaged in a shared purpose with our proposed program governance model. Our shared purpose and vision of success fosters collaboration between Accenture Team, the Department and the IME business partners.

Creating visibility and building quality into tasks, critical paths, deliverables, milestones and dependencies are fundamental attributes of our approach to project management. The Accenture Delivery Suite (ADS) is our comprehensive framework we use to deliver solutions and services, consistently and in close collaboration with our clients. ADS provides the methods, tools, architectures and metrics we apply to all of our projects. The utilization of our project management methodology results in a predictable and reliable implementation delivery. It also provides a standardized approach deployed across the entire IME System Services Project. Our joint project team, Accenture and the Department can together achieve greater efficiencies in all project phases.

Our project management approach and our use of the Accenture Delivery Suite (ADS) provides the Department necessary structure, visibility and flexibility required for the Department to achieve an on time, within budget new MMIS implementation. While this methodology applies across the IME System Services Project lifecycle, this section focuses on how ADS supports the Project Management Office (PMO) with monitoring, measuring, and improving the results of the IME System Services Project.

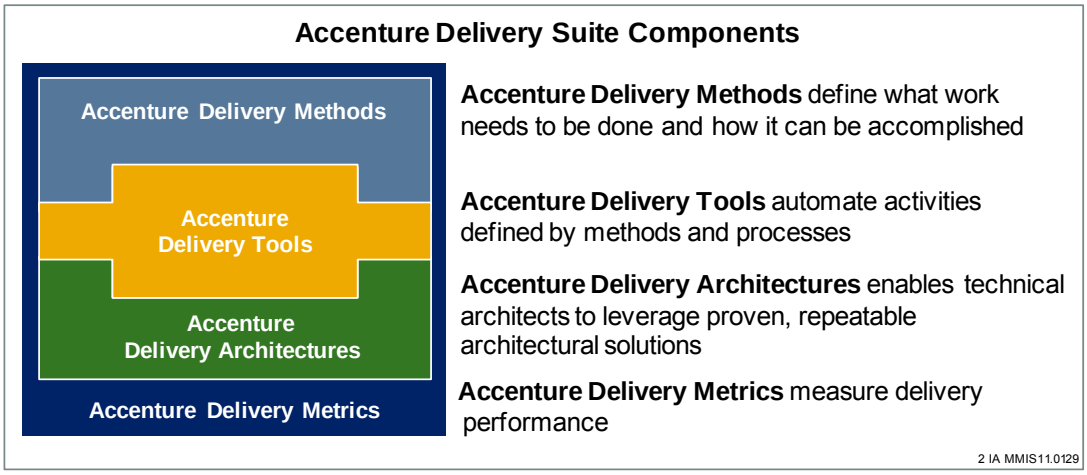


*Figure 6 - 1. Our ADS components provide the Department with a structured, reliable and repeatable project management approach to support a timely and successful Iowa Core MMIS implementation.*

**Accenture Delivery Methods(ADM)** – Proven processes, deliverables, roles, techniques and estimators that support the delivery of high-performance business solutions by defining what work to do and how to do it based on particular solutions. Methods focus on key components of the APHP solution including Change Management, Project Management and Technology operations and delivery. The value to the Department is that we bring methods and frameworks specifically focused on complex MMIS implementations.

**Accenture Delivery Tools (ADT)** – An integrated suite of market leading tools supplemented by Accenture's industry and functional skills: The tools enable and automate ADM, which provides ease of use and control in our management processes. Accenture employs COTS tools, readily available in the market, and brings proven configuration and integration techniques to get our projects kicked off in a fast and consistent manner. The value to the Department is that the PMO is to stand up a suite of project management tools that are components of our Project Management Web Portal necessary to support a complex project like the IME System Services Project. We use these tools on Accenture implementation projects similar to the Department's including the Georgia SHINES child welfare project where we mobilized the PMO in a matter of days and deployed tools to provide necessary controls over key management processes.

**Accenture Delivery Architecture** – Structured frameworks, patterns and re-usable components that guide the building of successful solutions: Templates of our management plans come from our ADM architecture and allow our team to quickly develop and implement project management processes as well as technical processes. The value to the Department is that Accenture's delivery architectures help to stabilize the project lifecycle and point out critical areas of focus. For example, the DPW project in New York City leveraged Accenture's SOA delivery architecture to reduce delivery time and mitigate project risk.

**Accenture Delivery Metrics** – Core delivery metrics that enable quantitative project management control. The metrics give insight into the project's progress to drive more predictable outcomes and continuous improvement. Metrics enable us to measure achievement of project outcomes across the breadth of project functions. The value to the Department is that Accenture Delivery Metrics help the project improve delivery performance and longer-term support the improvement of key delivery processes. For example, on the California C-IV project, analysis of project metrics confirm that rigorous project management processes are consistently applied and do not degrade over time which promotes continued high quality service delivery.

Our philosophy is to collaborate with the Department in planning and executing projects. While managing our resources, we routinely execute team building and communications activities so that the Accenture Team and the Department together act with a one-team philosophy - we win only when you win. Accenture's PMO team is experienced in successfully delivering complex system implementations and innovative solutions. Such knowledge and experience is vital to deploy a project management approach that focuses on the Department's unique operating environment and requirements.

According to a Gartner Research survey published in CIO Trenches: "Why Some Projects Fail and Others Succeed", of the top five reasons for project failure, the top two are: 1) Undisciplined Project Management Practices and 2) Poorly functioning Governance. Accenture brings to the Department a highly disciplined, structured project management practices housed within our ADS and a long history of using a governance model that supports and enforces the application of our methodology in all Accenture projects. The top two reasons for project success, according to the Gartner Research survey published in CIO Trenches are sound project planning methods and competent project management.

## Iowa MMIS Governance Model

A clear governance model enables the Accenture Team, the Department's contractors and IV&V to join a unified cohesive project team. The Accenture Team proposes a model in which collaboration is institutionalized. Among the four tenets that comprise business relationships: tradition, self-interest, affinity, and shared purpose, the most compelling and successful tenet is shared purpose. A shared purpose environment is at the heart of the Accenture methodology. This approach cultivates collaboration and flexibility. Figure 6 - 2 represents the flow of our governance model engaging the Department and supporting the discipline application of project management methodology. We recommend that the governance model be included in the final contracts to promote efficient communications, common understanding and prompt resolution of issues before they become disputes.

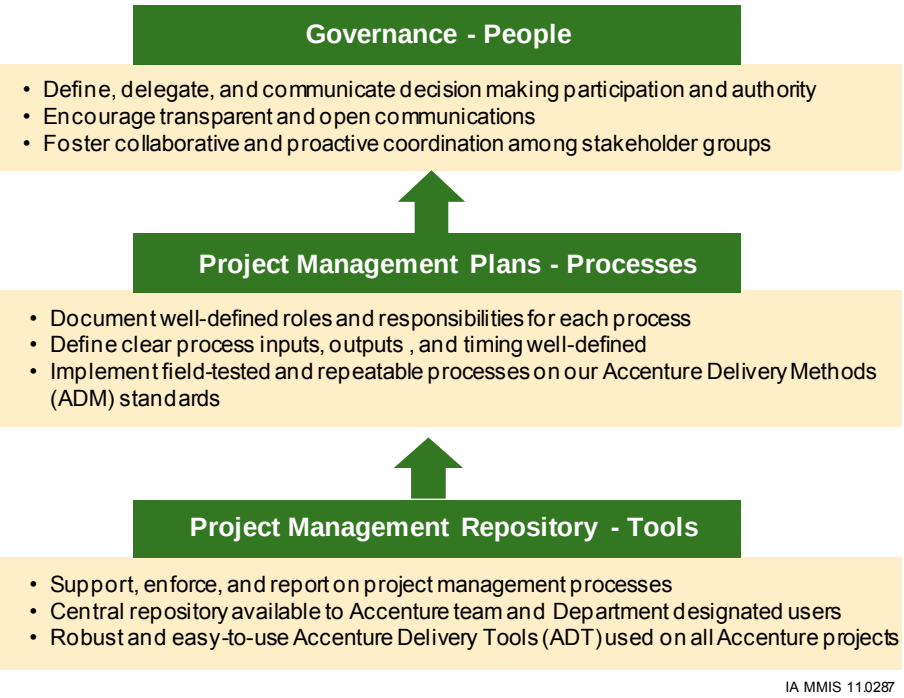


*Figure 6 - 2. We provide the Department with an effective project management approach that brings together the people, processes, and tools needed to reduce risk and deliver the new MMIS on time and on budget.*

The proposed governance model, documented in Section 8.2.1, aligns itself with three inherent components of our project management methodology: people, processes and tools. We address the people by working with the Department in identifying and focusing on the vision and strategic direction of the Department. Our governance model with its shared purpose and vision of success promotes a joint commitment among all stakeholders and the Department's business partners. By promoting joint commitment and instituting interdependent process management, the Department, IME business partners, and Accenture can prioritize MMIS improvement initiatives during the APHP solution implementation and after go live.

In order to achieve our defined success through our shared purpose, we recommend engaging the Department, other business partners and the Accenture Team in new and innovative approaches to create a joint infrastructure in which engagement and collaboration is valued. Our critical mission, shared among all stakeholders, is to advance the shared purpose. The vision of success is a description of what everyone within the teams tries to do, avoiding individual efforts of any one entity.

The project governance model also includes an operational component in our project issue and risks management. Through the governance model, our approach is to manage issues and risks collaboratively with the Department's leadership team in a well-defined, centralized, and proactive manner. This includes actively addressing, tracking and escalating issues and risks across the project throughout all phases through interdependent process management. Proactive management of issues and risks is essential to achieve a successful project. Our approach begins by closely tracking potential issues and regularly seeking root causes, owners, next steps and ultimately, resolution.

## Accenture Approach to Project Management

Accenture's project management methodology and approach provides the Department the following practices and core values:

- Adherence to industry standards and experience in using formal methods and tools
- Experience delivering results to multiple Government agencies
- Demonstrated capability to manage a large project that covers multi-business unit implementations
- Proven track record of managing projects to be on-time and on-budget
- Extensive experience managing to scope and schedule constraints
- Practices, Tools and Methods to complete large statewide public health and service projects
- Proven experience mitigating risks and issues that can arise with large-scale government projects
- Track record of standing by its work and delivering what we promise

### Accenture Delivery Methods

Our ADM incorporates our experience from past projects and continually evolves over time to incorporate the latest methods and practices. It is important to note that ADM is not strictly Accenture-centric; it leverages project management industry preferred practices from external sources as well. For example, it incorporates industry standards from the Project Management Institute's Body of Knowledge (PMBOK), Institute of Electrical and Electronics Engineers (IEEE), and the Software Engineering Institute's (SEI) Capability Maturity Model Integrated (CMMI). Our Project Management Methodology and approach applies across the project life.

Our comprehensive project management methodology provides the practices, methods and tools we will use in managing the IME System Services Project on time and within budget. Figure 6 - 3 is a snapshot of our ADM practices, methods and tools and presents the components of our ADM project management methodology:

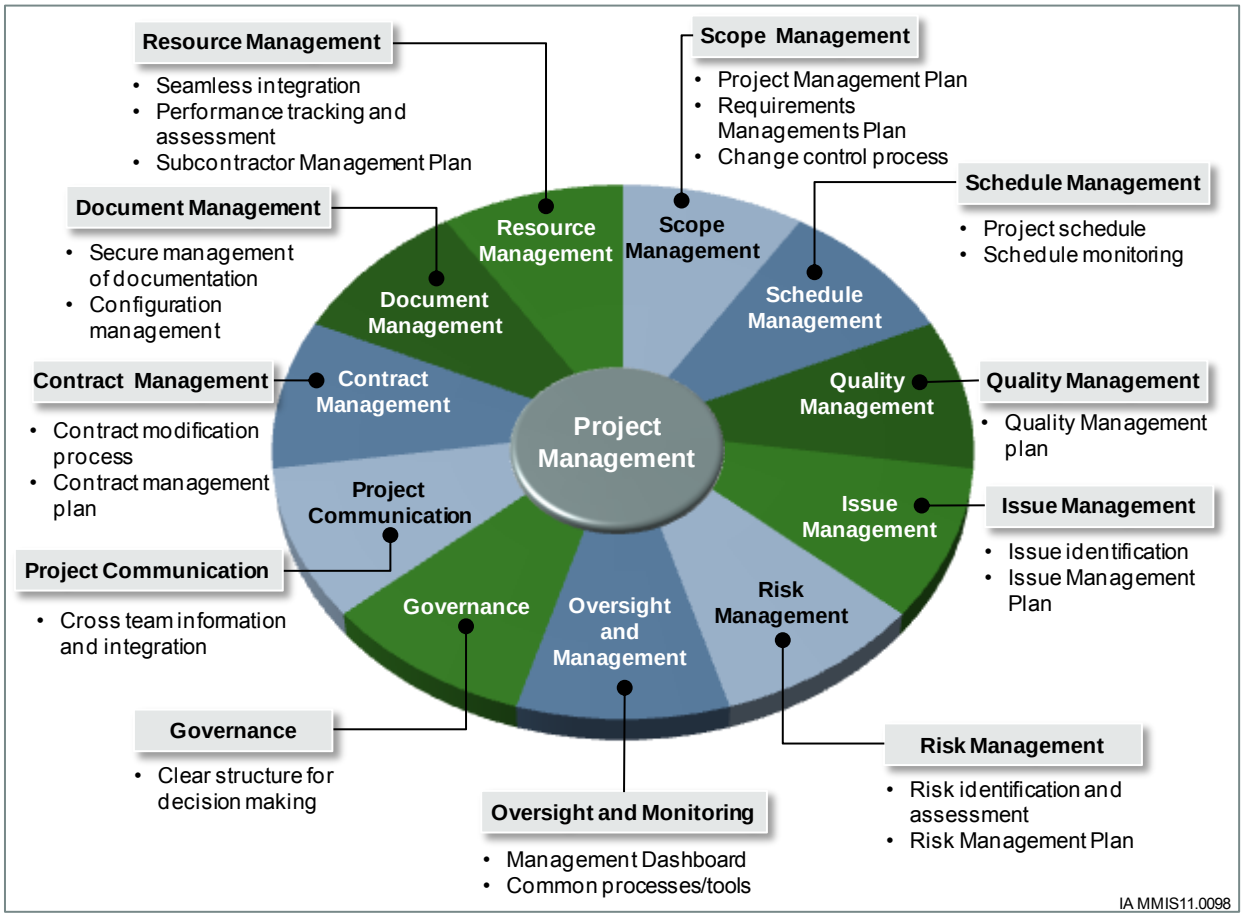


*Figure 6 - 3. Project Management Office (PMO) Functions - Our comprehensive project management methodology provides the Department with field-tested practices and lowers the overall project risks.*

**Tailoring Project Plan Templates**

While we bring a standard set of processes, we also want to emphasize the flexibility of our approach. These project management plans are not set in stone. The plans we start with are templates that provide a robust starting point. We work with the Department to tailor our processes to the overall IME initiative. The tailoring process involves confirming the following information:

- **Inputs and Outputs**
  Every process has an input or trigger that is effectively "step 1" in that process. That input could be a change request to the system, a risk to be mitigated, or a deliverable ready to be submitted. Outputs from a process can be an approval of a scope change, a resolution to an issue, or acceptance of a deliverable. We identify the inputs and outputs for each one of the project management plans.

- **Process Flow and Decision Points**
  The overall process flow for most project management plans is very straightforward. Each of our plans starts with a template process flow that shows the typical decision points in the process. We review and adjust these template process flows based on input from the Department to tailor the plans to for the IME System Services Project environment.

- **Roles and Responsibilities**
  Building on the approved Governance Model for the project, we document the roles for each process

and the specific responsibilities for each role. The roles encompass the entire IME team so that we account for the integration and communication needed across the team.

This approach to tailoring provides two key benefits:

- The tailoring process is straightforward and uncomplicated. The Accenture Team follows these plans to deliver on their day-to-day responsibilities. Therefore, they should be formalized and accepted as quickly as possible at the beginning of the project.
- The tailoring process enables Accenture to identify when and how information is shared across the overall IME team. Each IME stakeholder group has clear expectations, essentially activities and outputs that they must produce in order to support the Medicaid business. The plans let everyone know when information is generated, how it is documented, and where it is stored.

**Scope Management**

Scope Management embodies the process steps, assumptions and work products necessary to perform the review, authorization and prioritization of scope modification requests and conduct regular change control meetings.

Projects that effectively manage change reduce delivery and operation risks, especially risks associated with schedule, quality and scope. The Department's complexity demands an effective change management approach. While many system implementation providers talk about their strong adherence to a methodology built on the principles of the Project Management Institute's Project Management Body of Knowledge (PMBOK®), they often let the scope of their projects change without formal change control. True adherence to the PMBOK® and our Accenture Delivery Methods (ADM) requires a rigorous change control process. We can achieve this rigor when the process is integrated into a strong tool set which is discussed later in this section.

**Schedule Management**

The Department needs to be able to measure the progress of the project at any given time. We also address Time Management in more detail in Section 6.5 in response to the Department's RFP requirement. Readily available schedule metrics that can provide statistics on utilization, variances, risks and earned value allow the Department and the Accenture Team as a whole to effectively respond to potential project gaps and avoid project delays. Our schedule management process combines well-defined planning and communication processes across the organizational entities that are responsible for completing interdependent project tasks – the Department, the Accenture Team and IME business partners. Our process includes schedule reviews with all parties to gain acceptance to the baseline schedule and commitment to executing against the agreed upon baseline schedule.

We perform ongoing schedule management to identify variances and to initiate mitigating actions to preserve the schedule. We use our schedule management tools to monitor and control the detailed IME System Services Project schedule. The PMO tracks the completion of tasks, milestones and deliverables by receiving input from the various team leads. If completion of any task is delayed, we assess possible schedule impacts and make the necessary action plans.

As the project progresses, it may be necessary to modify the schedule, for example, to address priorities, or any unforeseen issues that arise. We carefully track possible schedule changes and include them in the baseline schedule based on mutual agreement pursuant to the change control process.

**Quality Management**

We have incorporated our quality philosophy and concepts into our standard methodology and processes. Our comprehensive Quality Management Approach, tailored to each client’s needs, monitors quality, schedule, and budget. We address Quality Management in more detail in section 6.3 in response to the Department's RFP requirement. Should we detect deviations from plan, we take corrective action to achieve successful delivery of the IME System Services Project. We work with your project management team to create a Quality Management Plan during the Start-Up Phase of the project to promote a quality-

focused project environment. The purpose of quality activities (e.g. quality reviews, testing, and validation) is to verify that we provide business value, meet agreed expectations and deliver quality products for the IME System Services Project.

A key component of our methods is planning for and then managing the quality program implementation and activities for the project. The plan identifies the stakeholders and key participants in the quality process and their respective roles and responsibilities. The plan supports our efforts to deliver a quality solution by outlining the project approach and criteria for performing quality reviews at all project levels as well as defining the approach for verifying and validating product quality throughout the project lifecycle.

Our Quality Management activities include:
- Quality Training
- Peer Reviews
- Verification and Validation Activities
- Process and Product Quality Assurance (PPQA) Reviews
- Independent Quality Assurance (QA) Reviews
- Client Satisfaction Surveys
- Expectations Management
- Stage/Phase Reviews
- Performance Management
- A dedicated Quality Assurance team during Operations to monitor claims processing

The Quality Management Plan also includes a schedule of the quality assurance activities. The Quality Management Plan is required reading for each project team member so that the quality approach is understood by all team members. This helps us to deliver a consistent quality approach for the Department.

We treat the Quality Management Plan as a living document and keep it updated throughout the project lifecycle. It is a mechanism for us - the Department and Accenture - to work together.

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

**Risk Management**
Our risk management approach is also a part of our Accenture Delivery Methods. We address Risk Management in more detail in Section 6.4 in response to the Department's RFP requirement. Our approach identifies risks early, assesses the potential impact and defines clear, actionable mitigation strategies to reduce their probability and impact. These proven risk management processes are an integral part of the Accenture Team’s ability to support the control and execution of the IME System Services Project. Accenture has successfully used both Microsoft Excel and Rational ClearQuest as tools to document and track risks and risk action plans on other complex projects similar to the IME System Services Project. We use the reporting capabilities of the selected Risk Management tool to report status on project risks.

Accenture brings risk metric calculation techniques to measure the effectiveness of our risk process. Our risk assessment and analysis techniques focus project resources on the most critical project risks. A key to the success of our risk management process is the ability and willingness of leadership to review and

address risks and of team members to accept and understand the process and participate in it effectively to include the timely documentation and review of risks. Our risk management approach provides a simple methodology, a user-friendly toolset, and the training to implement an effective and proactive risk and mitigation process.

**Oversight and Monitoring**
Our metrics tools provide the department and all stakeholders' day-to-day insight into the progress of the project. In a landmark study by the Standish Group of Information Technology (IT) project failures, its Chaos Report has shown that over that past 15 years that only about 30 percent of IT projects are completed successfully. The report concluded that out of a multiplicity of reasons, that the single most critical cause was a failure in metrics management. Critical to all stakeholders, the Department, IME business partners, IV&V and the provider community as well as the Medicaid members is that through our proposed governance model we make informed decisions. Accenture's Communication Management that we address later in section 6.2 provides additional tools to communicate through multiple media channels and innovative practices to bring credence to our shared purpose.

**Project Communication**
We view communication as an overarching strategy and vital component of our governance board. We address Communication Management in more detail in Section 6.2 of our response to the Department's RFP requirement. Our primary communication management objective is to establish a routine communication approach that keeps the Department, stakeholders, and Accenture team members informed about IME System Services Project status, activities, direction, expectations, risks, and issues.

The PMO develops, delivers, maintains and executes the Communication Management Plan for all phases of the IME System Services Project. This plan is based on our comprehensive communication plan template that is part of ADM. We start with this foundation and customize the approach to meet the Department's needs. In this way, our communication plan provides a framework for information exchange, both internally and externally, that accommodates project communication needs and stakeholder information needs. Our internal project communications are tightly aligned with our supporting Project Management Web Portal in the SharePoint tool, and we use a variety of ways to reach out to the stakeholders.

**Governance**
Governance establishes the guiding principles for system and operational enhancement projects. Governance provides the teams with the high-level rules for initiating and executing projects. It also establishes key metrics, such as priority, success criteria and return on investment. Figure 6 - 4 depicts the depth of relational engagements that occur on a complex project similar to the IME System Services Project with strong governance.

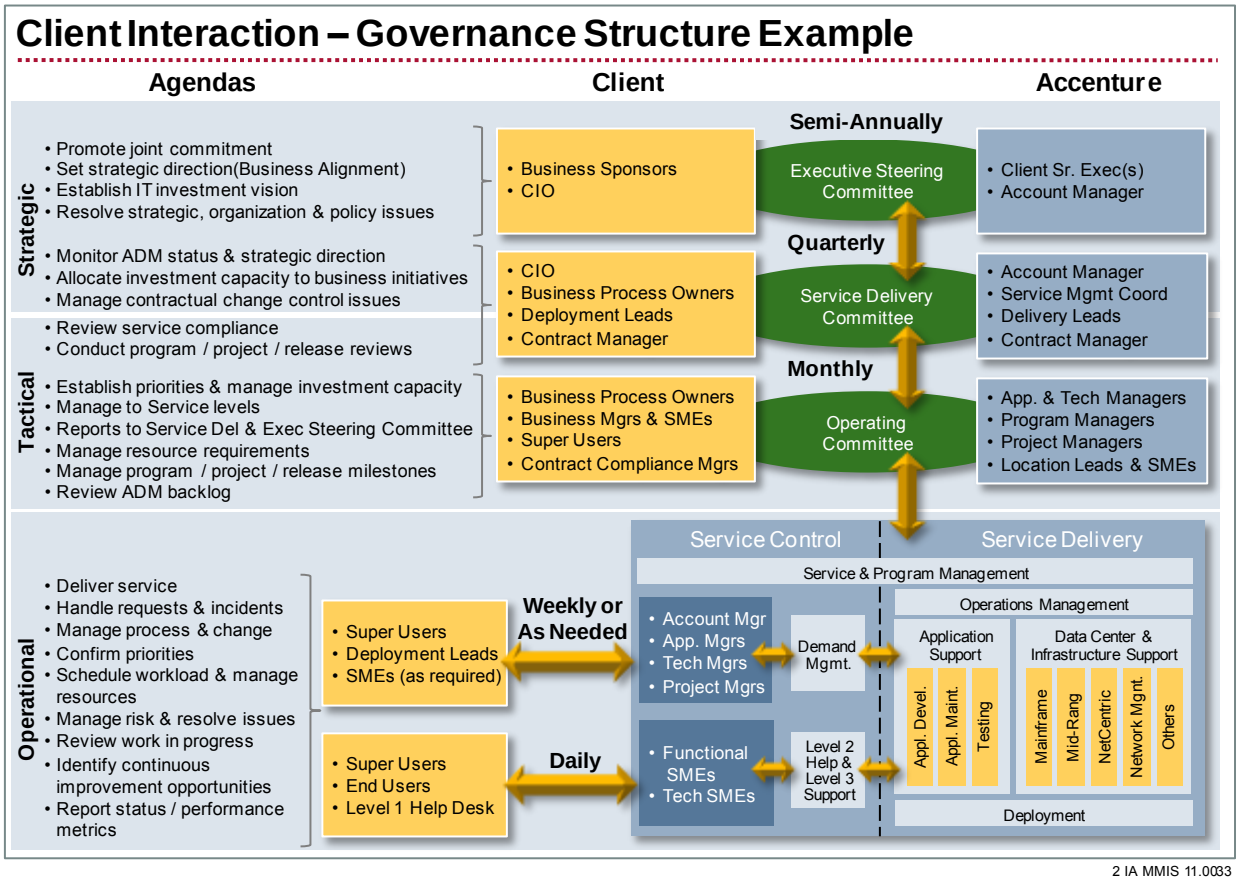


*Figure 6 - 4. The graphic shown above reflects the interdependent relationships and communication model necessary to establish and maintain a strong governance model.*

**Contract Management**

Contract management embodies the process steps, assumptions and work products necessary to perform the review, authorization and prioritization of contract modification requests and conducting regular contract review meetings. We establish non-disclosure agreements, teaming agreements, licensing agreements and a contract management plan. During project delivery, we verify performance of our contract against the defined requirements and service agreements. We produce and validate reports and apply continuous improvement to our process.

**Document Management**

Our document management provides the Department with a comprehensive and clear documentation procedure, allowing the Department staff a shortened learning curve to learn system functionality, business processes. We conduct checkpoints after each test phase and within our overall project lifecycle to confirm that documentation stays current. This provides the Department with consistent, up to date reference information over the life of the solution, allowing the documentation to stay current and accurate after initial development and validation. The Department receives accessible, user-friendly documentation from our documentation solution. Our document repository will store all documents electronically in a common, accessible and easily searchable database in formats such as Word, Excel, PDF and HTML. This stored information in electronic format allows the use of an online search tool. In addition, our design replicates the integrity, security and disaster recovery requirements inherent in our overall solution components.

**Resource Management**

Our methodology encompasses the process for management of the IME System Services Project resources. This process is critical to the IME System Services Project and focuses on putting in place the right project team with the appropriate staffing levels with the right skills positioned to work successfully with the team and deliver a successful MMIS solution. Our resource management plan guides the resource management activities of the team during the project lifecycle. Over thirty years experience and more than 600 current Health and Human Service clients provides the Department a depth of experience in recognizing the appropriate skills and talent required for a successful IME System Services Project Implementation and Operations.

Our ongoing objectives throughout the life of the project will continuously strive to meet the following objectives:

- Provide coaching and support so team members can perform effectively.
- Motivate and challenge team members and clarify the importance of their roles in the IME System Services Project.
- Manage integrated teams and help confirm that members are performing effectively as a team.
- Manage physical resources, including configuring hardware and software, managing licenses and planning for training on specific software.

Table 6 - 1 shows the steps and processes we use to provide the Department with skilled, knowledgeable and talented people to support a successful implementation.

| IME System Services Project Resource Management | |
|---|---|
| **Action** | **Activities** |
| **Recruit** | Attract the right people with the right skill sets base on Accenture's deep experience in hiring the best talent. |
| **On-board** | Confirm Accenture processes are strictly adhered to enable an efficient and professional on-boarding experience. |
| **Train** | Knowledge transfer is fundamental to Accenture's philosophy of hiring the best talent and provides growth through education and training; Orient and train team members as they join the IME System Services Project and as they change roles within the project. |
| **Deploy** | ADM project schedule management and time management promotes staffing and timing in a cost effective manner. |
| **Manage** | The day-to-day management of project performance is tracked and measure to provide the Department an efficient and quality driven IME System Services Project performance. |
| **Evaluate** | Measuring resource performance and effectiveness is critical to keep the project on time. |
| **Release** | After certain project milestones are met and specific deliverables are complete, then an appropriate reduction in project staffing will occur. |

*Table 6 - 1. People make projects happen successfully and Accenture's systematic approach to hiring the right people at the right time brings to the Department a successful project team*

Our resource management addresses the use of the Project Staffing plan for planning and forecasting of resource needs. We will continually update this staffing plan with changes to resource requirements because it is critical to providing resources to the project teams at the appropriate times. This will involve forecasting the needs, staffing/assigning full-time and part-time personnel, and managing changes to resource needs. We document resource requests with information on required skills, start date and level. The PMO reviews this data to confirm that we achieve the desired staffing mix of State and Accenture team resources to provide knowledge sharing, build capability and achieve the project work.

## The Benefits of Accenture's Approach

Table 6 - 2 describes the Benefits of each of our ADM project management processes.

| Project Management | Benefits |
|---|---|
| ***Scope Management*** | • Robust Change Control process that makes and communicates decisions on changes in a timely manner<br>• Active management of requirements and related changes to prevent scope creep or cost over runs |
| ***Schedule Management*** | • Early identification of tasks that could delay schedule and hurt cost control measures<br>• Flexibility and ease of adjusting staffing to drive on-time completion of scheduled transformation tasks |
| ***Quality Management*** | • Vigorous internal Accenture measures that facilitates quality in work completed and deliverables created<br>• Enhances existing quality infrastructure across the organization<br>• Independent assessment of the project progress and risk through periodic quality reviews by an Accenture quality director |
| ***Issue Management*** | • Tight control, monitoring, escalation, and resolution of issues<br>• New ideas for resolving existing organizational issues |
| ***Risk Management*** | • Assessment of risks<br>• Tight control, monitoring, escalation and active mitigation of risks<br>• Bring new ideas to mitigating existing organization risks to decrease issue realization ratio<br>• Focus on critical path activities and phase containment |
| ***Oversight and Monitoring*** | • Allows for real-time analysis and decision making via a dashboard for centralized management data<br>• Augments the State's existing Program Management Office<br>• Provides common processes / tools |
| ***Project Communications*** | • Promotes cross-team awareness and integration<br>• Encourages knowledge transfer and collaboration |
| ***Governance*** | • Defines a clear structure for decision making and escalation of risks and issues<br>• Drives collaboration between all key stakeholders |
| ***Contract Management*** | • Rigorous process to set up and track to service agreements<br>• Transparency provided through operational dashboards |
| ***Document Management*** | • Secure storage and easy retrieval of artifacts generated on project<br>• Strong foundation artifact storage and retrieval that support training and knowledge transfer services<br>• Configuration management of contractual documents |
| ***Resource Management*** | • Highly qualified subcontractors that complement our delivery of services<br>• Virtually seamless integration; Successful history of past working experience together |

*Table 6 - 2. The Accenture Team brings a robust set of project management plan templates that we tailor to Iowa's specific environment and stakeholder groups.*

Understanding the Departments goals and objective is integral to Accenture's project management approach, we are especially aware that the Department's goal is to bring in an on time and within budget project, that meets all of the Department's expectations. Table 6 - 3represents Accenture's focus on the critical success factors for the department and our alignment between the attributes of each objective and the features of our approach.

| Department Objectives | Attributes required to obtain exceptional value | Solution Features |
|---|---|---|
| ***On Time*** | • Keeping the IME System Services Project on time enable the Department to have a MMIS solution in place as planned<br>• Keeping the project on time reduces expenditures for the Department | • Our ADM estimators are proven for accuracy through over thousands of projects. We have specific subsets of our estimators for projects similar to the new MMIS implementation.<br>• Our recent experience with the States of Ohio, Kansas, and New York provides confidence in our assessment for how long tasks, activities, and phases require for proper implementation.<br>• Our rigorous schedule monitoring uses schedule performance reports to identify schedule risks proactively. Our Accenture Delivery Suite of Tools, allows an automated way to monitor the project throughout the project lifecycle thereby supporting proactive monitoring of the schedule. |
| ***On Budget*** | • Keeping the IME System Services Project within the defined scope and on time helps enable the project to be on budget | • We bring a proactive CMMI Level 4 rated PM approach<br>• We use existing management plans from our ADM to get a quick start on developing IME System Services Project plans and deliverables.<br>• We have a solid record of accomplishment in managing requirements using traceability tools. We provide transparent access to this information to improve collaboration and efficiency.<br>• We have extensive experience with managing change control and configuration management on large projects that serve multiple agencies and are implemented in multiple waves.<br>• We bring built-in Quality Assurance (QA) measures to keep the project on time and on budget. |
| ***The Accenture Project Management approach - complements and integrates - Department's existing Project Management Methodology*** | • Integration of the Department's Project Team and the Accenture Team:<br>– Increases project efficiency<br>– Leverages the solid processes the Department already has underway<br>– Reduces costs by using successfully demonstrated Systems Integrator and Department practices<br>– Lowers project risk | • We tailor our ADM Project Management plans for the IME System Services Project.<br>• ADM map to and align with the PMBOK® methodology. |

*Table 6 - 3. The Department gains a proven successful systems integrator and processes with the Accenture Team and Accenture Delivery Methods (ADM) for project management.*

## Project Management Tools

Accenture Delivery Tools automates project activities defined by the Accenture Delivery Methods and processes. Accenture Delivery Metrics captures the key process indicators (KPI) from the project and provides the right tools for the right task across the IME System Services Project lifecycle. Governance, while purposely pushing decision-making to the lowest common denominator, is also a process of decision-making and on large complex projects such as the IME System Services Project be in the hands of many rather than the few. The flexibility of the Accenture Delivery Tools promotes many to one or one to many models, so that the resourcing of project teams becomes a lean pull approach rather than a push resource constraint. This means that Accenture manages the project according to strict timelines and through our schedule management, we understand what the resource needs are at any point in the project. Consequently, we bring resources onto the team as needed. This allows the Department the ability to reduce the stress that can occur from pulling staff from their job functions until necessary. This lies at the heart of the value add for IME business partners as well as the Department project team staff.

Figure 6 - 5 shows our Project Management Web Portal, which provides the Department access to all key indicators and a "pulse" check on the status of the IME System Services Project.

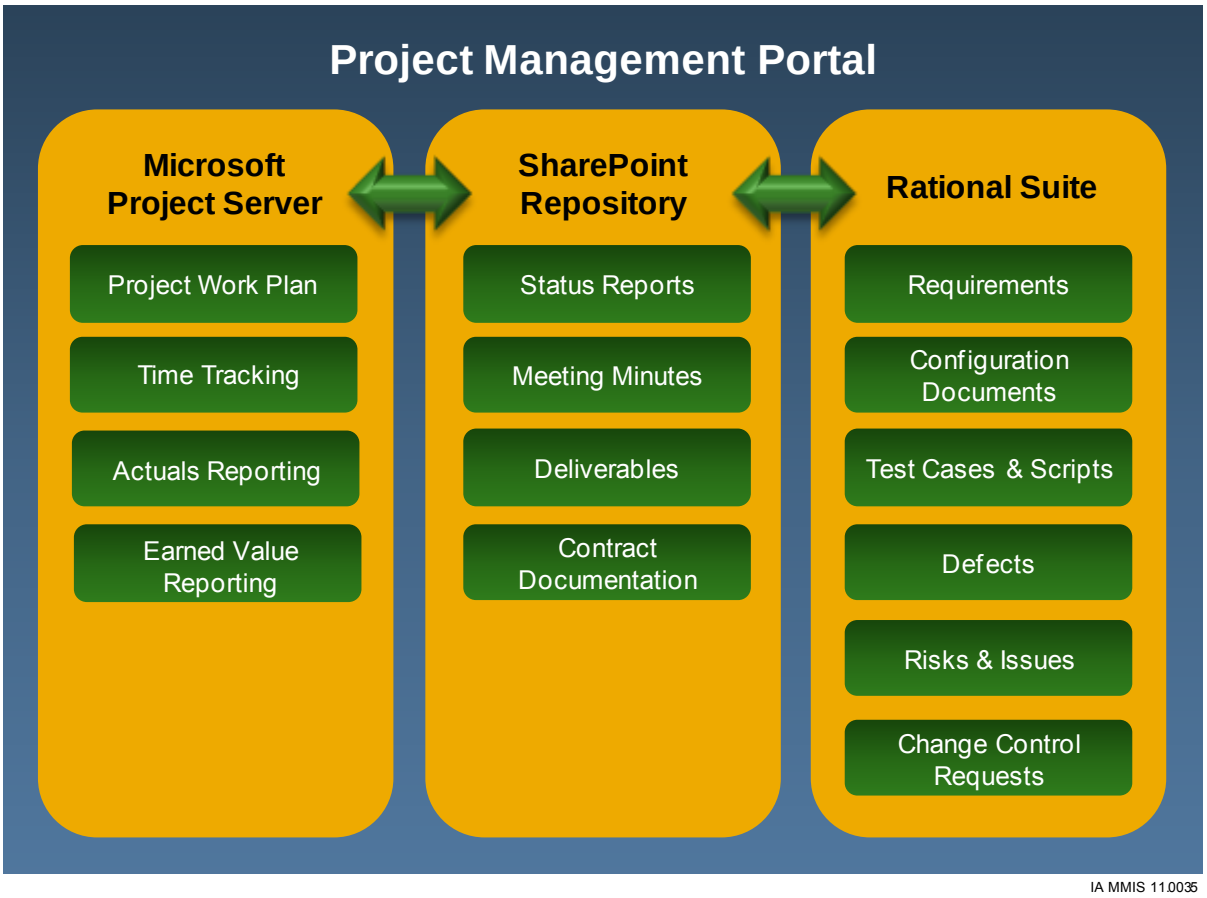


*Figure 6 - 5. Our project management portal is part of Accenture's standard delivery tools configured for the Department and the Iowa MMIS implementation.*

## Earned Value Management

Accenture applies Earned Value Management (EVM) methodology to estimate work completed and measure progress. These methods help eliminate traditional problems created by overly optimistic estimates of percent complete and/or estimate to complete. Our processes and tools objectively measures progress on a schedule basis dictated by the focus on knowing what the project's status is at any time. Our project monitoring and control methodology incorporates EVM to determine project completion estimates based on status and trends. The power of earned value management is that it transforms our perspective of deliverables planned, deliverables completed and funds expended to a perspective of the value of the work planned, the value of the work done and the funds expended. This transformation to an all-economic basis provides insight to all stakeholders to compare each to the other value in ways that allows the most effective control of the IME System Services Project.

Our selection of metrics and the high performance levels in our ADM reflect our emphasis on Performance and Deliverable Management. We enhance performance management processes with the introduction of the Performance Management Dashboard. This tool will include performance level tracking against key performance indicators (KPI) and continued cost and schedule monitoring with Earned Value Management statistics.

Each component of the Accenture's Delivery Methods and Accenture Delivery Tools provides effective value in a cost effective manner. Standard estimators generate work plans in Microsoft Project. Methodology templates and samples are embedded in the tools. Detailed procedures are standardized across work types and automated in the tools. Our Standard metrics pre-populate templates used, for example, in our Time Management methods. Our Tools automate the collection of project metrics without additional effort required from the Department project team staff members. Another benefit of the Accenture Delivery Tools, which permits the many to one and one to many approach to allow resources to be deployed in a cost effective manner.

A critical element of our collection and compilation of critical project metrics feeds the quality and continuous improvement programs for our intensive lessons learned studies. Our work products, such as sample deliverables, are derived from our methodology and housed in our ADM repository. They serve as valuable data in our continuous self-assessment. Continuous improvement efforts of our ADS through harvesting the data and information from our lessons learned self-assessment from every project allows continuous innovation in bringing leading practices to the IME System Services Project. Table 6 - 4 shows the benefits of our overall project management approach.

| Features | Benefits |
|---|---|
| Accenture standards and procedures include interim checkpoints, deliverables, and quantitative metrics for on-going analysis and measurement. | • Provides objective data for management evaluation and decision<br>• Enhances flexibility to adapt to changing implementation conditions |
| Collaborative, up-front expectation and impact analysis identifies the issues, concerns, and unique goals of each stakeholder organization. | • Maximizes use of existing positive communications methods<br>• Minimizes false starts and stakeholder backlash |
| Standard processes are used for all change types – requirements, non-requirements, and change orders. | • Standardization simplifies and controls the change process |
| Quality management procedures are institutionalized across Accenture and project personnel to confirm proper reviews, validations, and standards are followed. | • Increases efficiency throughout the project<br>• Reduces risk for the State |

*Table 6 - 4. The controls, standards, tools and procedures that we apply throughout the IME System Services Project validate the quality of project deliverables.*

## Estimator Tools

The project schedule serves as the basis for executing project tasks, achieving milestones and hitting the committed dates on deliverables. Figure 6 - 6 illustrates the relationships and integration between the ADM, the estimator, staffing plan and Project Schedule as well as our use of the Accenture Delivery Methods accelerators (templates, job aids, and tools). We will work with the Department to finalize the Project Schedule and customize the status reporting generated by this integrated set of Project Management tools.

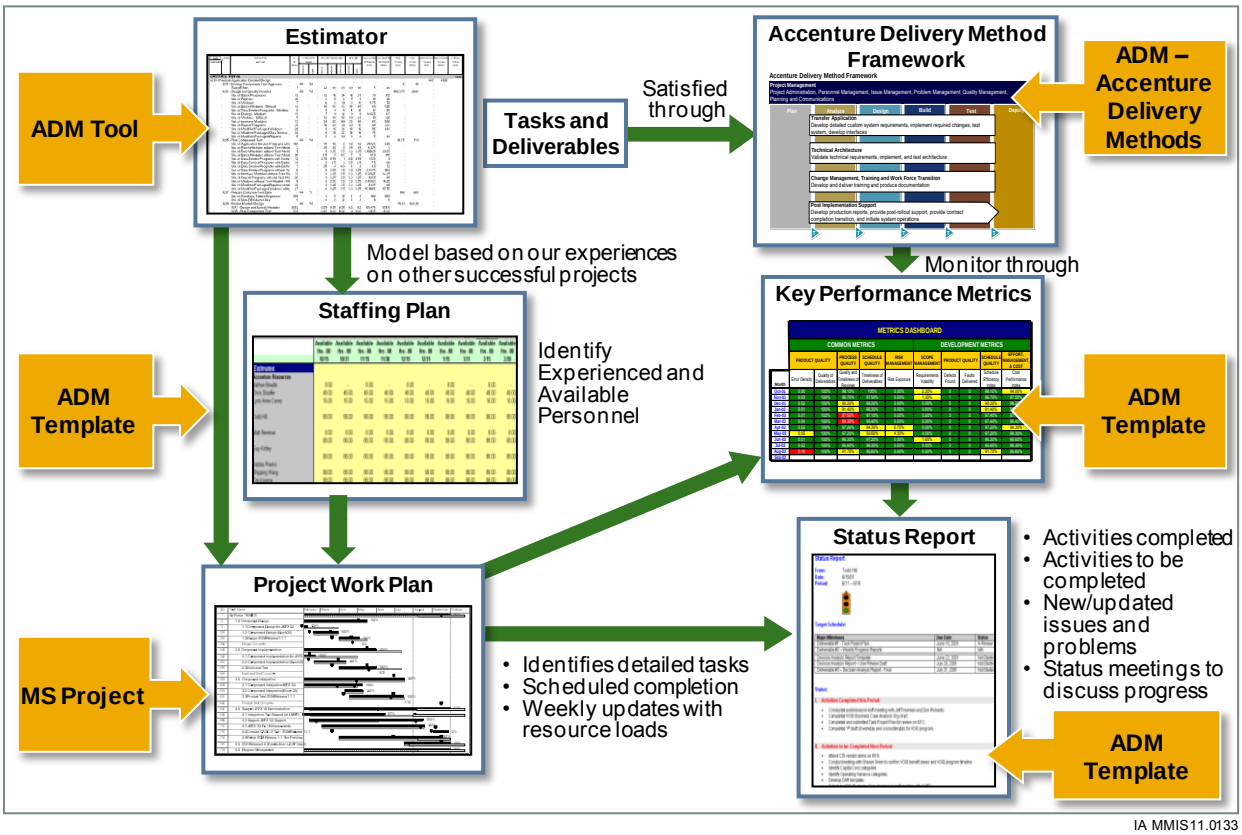


*Figure 6 - 6. We use a suite of customizable accelerators (templates, job aids, and tools) to reduce the time and effort required to estimate, plan, and mobilize the IME System Services Project.*

Table 6 - 5 describes our specific project management tools that make up our Project Management portal.

| Tools/Processes | Description |
|---|---|
| ***ADM Estimator*** | We use our ADM Estimator, a component within the ADS tools, to identify necessary project tasks, work effort and resources required. |
| *Microsoft Project (MSP)* | For work plan creation and maintenance. MSP would allow team leads to distribute tasks to the project team members to direct their work, and with the time tracking in Project Server, monitor the progress of the project using the reports run on the Project Server database. MS Project will be used to collect metrics such as Schedule Performance Index (SPI) and Cost Performance Index (CPI) in order to obtain Earned Value Management (EVM) metrics. |
| *Microsoft Project Server (MSPS)* | Data source for time tracking based on schedules provided in the work plans. database that can be used for standard Project Management progress and status reporting. |
| *Rational RequisitePro* | RequisitePro provides configuration management of requirements and maintains a bi-directional traceability within the hierarchy or analysis, design and test requirements. This enables project teams to capture business and application requirements and maintain the Requirements Traceability Matrix (RTM). It also helps us manage the RTM, and provides automatic traceability from requirements to test conditions, so that we can verify requirements are met. |
| *Rational ClearQuest* | Used for defect tracking, the power of this tool comes from the tight integration with Rational RequisitePro and Rational Quality Manager, enabling status reports to be created real-time regarding the impact of outstanding defects on test scripts and business requirements. Project Management uses it across the application lifecycle and has the ability to add Issue, Risk and enhanced Defect and Change tracking to the tool. |
| *Rational Functional Tester* | This automated testing tool supports both Functional Testing and Regression Testing by enabling test script execution, and tracking test script results for both manual and automated tests. |
| *Rational Quality Manager* | Used for effective test management, this tool manages manual test scripts, maintains traceability between test scripts and requirements, supports manual test script execution, and tracks test script results for both manual and automated tests. |
| *Rational Performance Tester* | Used for predicting response time and capacity processing ability of browser-based application, Rational Performance Tester uses limited hardware resources to create a high magnitude of load on an application by emulating multiple, simultaneous users. This tool provides testers with automated performance testing capabilities to validate the scalability of applications - providing for time efficiencies. |

*Table 6 - 5. Accenture's ADS tools, practices, and methods provide the Department a predictive model for a successful on time project delivery.*

Delivery Tools brings development rigor and management oversight to projects. The tools standardize and optimize our project delivery and provide a framework for innovation continuously improving our delivery capability. Accenture Delivery Tools provides the Accenture Team and the Department with the following:

- Management oversight throughout the IME System Services Project
- Workflow and project management
- Complete software life cycle coverage from planning through testing and deployment
- Traceability across software life cycle stages to verify integrity and coverage
- Integration of business process modeling into the design process
- Integration of the Accenture Delivery Methods and automation of the Accenture Delivery Methods Procedures
- Framework for standard metrics capturing and reporting
- Foundation for  quality initiatives
- Platform for harvesting and innovation

Our methodology provides a framework for performing, reporting and measuring the work throughout the life of the project. Benefits of using the same methods and tools from development through Operations and Maintenance include increases in efficiency over the life of the project and it reduces the need to train team members on new tools and processes. We train the Department project team members on how to use these tools. The Department receives access to these tools throughout the project for greater visibility into the progress and operations of the project. This access creates a core value of trust and supports our shared purpose value emanating from our governance structure.

In addition, an important part of our Project Management Methodology approach is to integrate with the Department project processes and tools. We work together during the Start-up Phase of the project to evaluate each of the tools that we use for similar complex implementation projects. In collaboration with the Department and at your direction, we determine what tools should be used to compliment the Department's project management tools or if the Department project team's tool alone is most effective for the intended purpose.

## Establishing the Project Management Office - PMO

Accenture understands the importance of creating a nimble and flexible PMO for complex implementation projects. The PMO has responsibility for organizing and guiding the delivery of the required APHP solution across multiple work streams and business partners while maintaining alignment with the overall project's objectives. The purpose of the PMO is to effectively plan and manage the schedule and resources for each phase, risks, issues, quality, scope and financials of the IME System Services Project. In addition, the PMO creates and maintains project standards; controls project work; measures progress; and provides timely project performance status reports. The figure below depicts the steps and flow of setting up the PMO and start-up of the IME System Services Project.

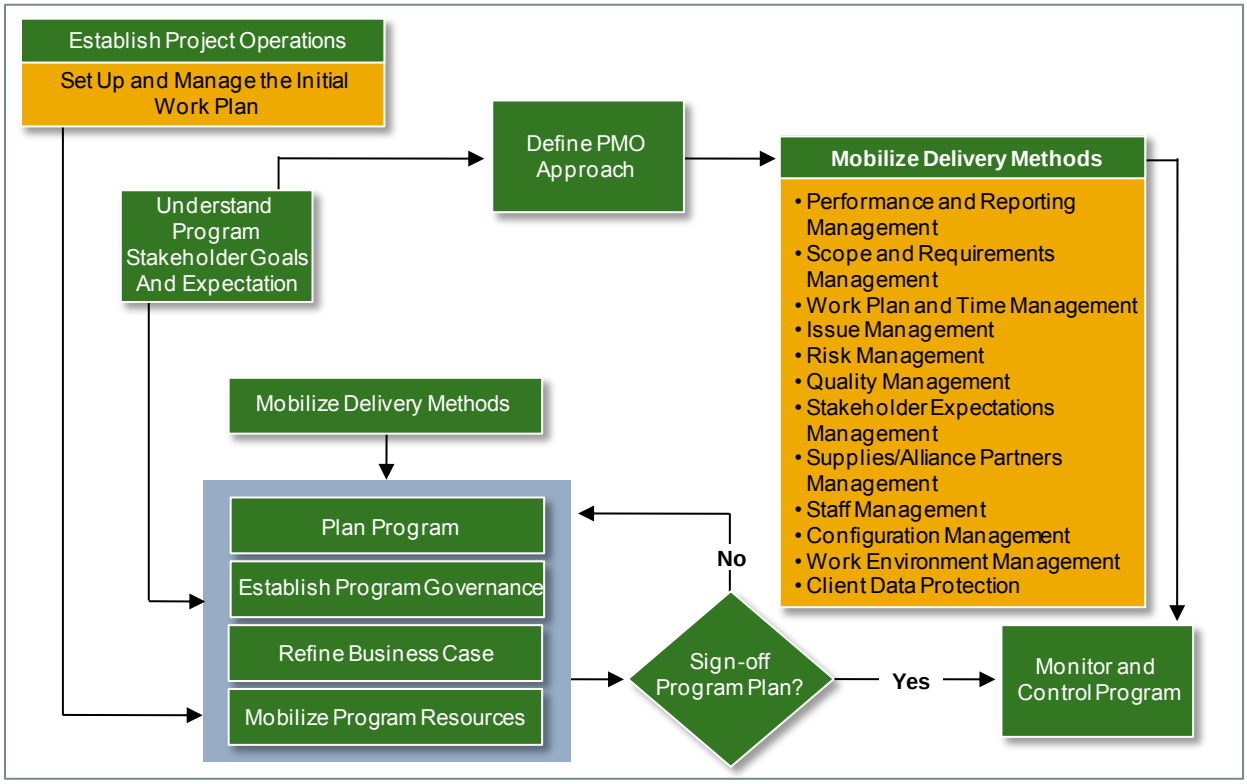


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*Figure 6 - 7. From establishing the PMO to the execution of our practices, methods and tools, Accenture brings to the Department a systematic, disciplined and repeatable project management approach.*

## Accenture's CMMI Capability

Our project management methodology, assessed at CMMI Level 4, is the result of our mature processes—refined over 25 years with successful delivery on over 5,000 government projects. Our field-tested project management approach, including our project controls and methodologies provide the Department the capability to work together in guiding and directing our APHP implementation team. Figure 6 - 6 depicts Accenture's assessed CMMI Level 4 rating on a scale of one through five based upon the rating scale from the Software Engineering Institute (SEI).

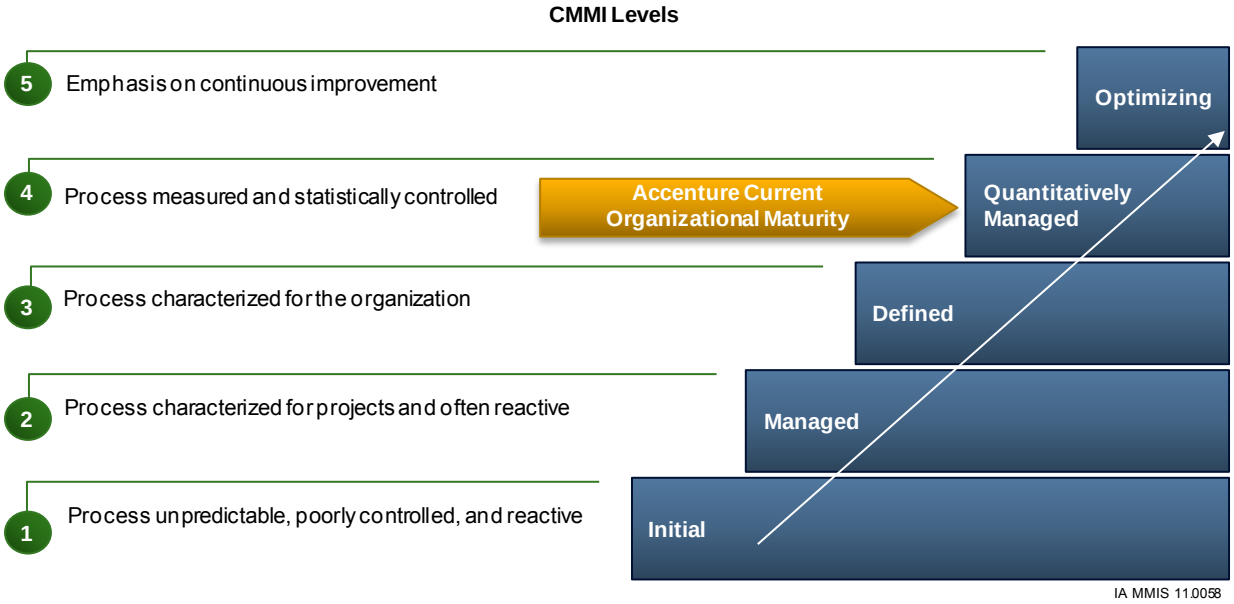


*Figure 6 - 8. CMMI Levels - Accenture's CMMI Level 4 capabilities can reduce the Department's overall IME System Services Project delivery risk.*

Figure 6 - 9 shows the remarkable impact that an organization with a CMMI level 4 ranking has on the performance results. These statistics will be critical to the Department throughout the project. It means that Accenture provides the Department a solid project management approach and methodology. Accenture's independent rating at Level 4 brings to the Department credibility in our commitment to bringing a solid project team, predictive for a successful implementation.

## PMBOK Alignment

In addition to our assessment of CMMI Level 4, our ADM is based on industry best practices such as the Project Management Institute's (PMI) PMBOK®. Our ADM maps to the following nine PMBOK knowledge areas:

- Project Integration Management
- Project Scope Management
- Project Time Management
- Project Cost Management
- Project Quality Management
- Project Human Resource Management
- Project Communications Management
- Project Risk Management
- Project Procurement Management

Figure 6 - 10 shows the alignment between Accenture's Delivery Methods and PMBOK®. Accenture not only aligns with PMBOK but also offers the Department a library of methods, tools and processes in addition to PMBOK.

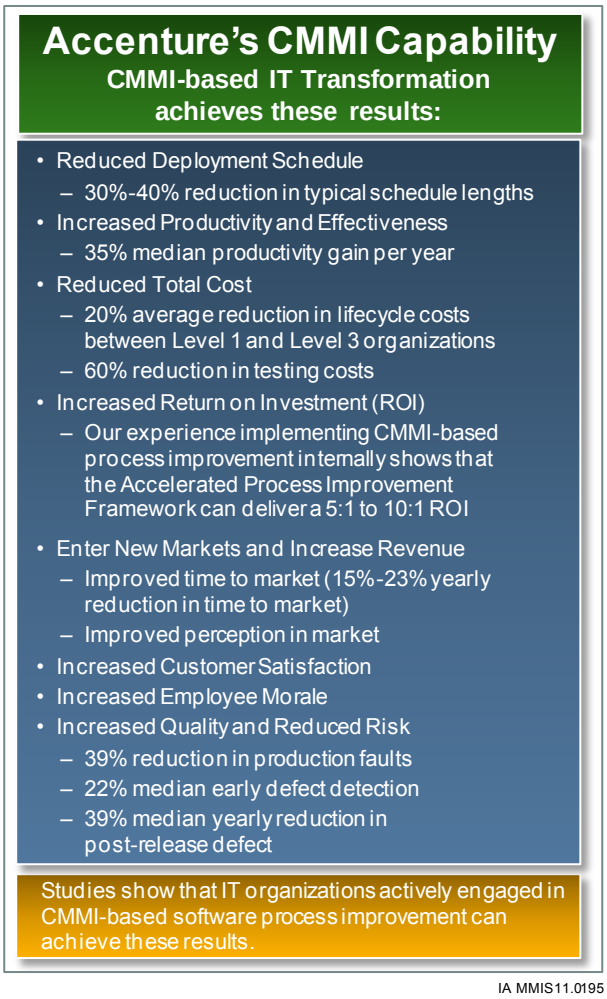


*Figure 6 - 9. Solid and compelling evidence that Accenture's CMMI Level 4 brings to the Department a creditable commitment of delivering a project on time and meeting the expectation of the Department.*

## PMBOK & Accenture Delivery Methods

| | |
|---|---|
| Understand Stakeholders Expectations & Satisfaction | • Confirm stakeholder groups<br>• Assess stakeholder values & expectations<br>• Obtain consensus & communication expectation |
| Establish Capability for Continuous Improvement | • Develop Quality Management Plan<br>• Mobilize Iowa DHS project team and Accenture APHP Team |
| Manage Quality Program | • Manage improvement programs<br>• Analyze & respond to key performance metrics<br>• Report Quality Program status & results |
| Manage Knowledge Capitol | • Maintain knowledge management infrastructure<br>• Publish & communicate knowledge management information |
| Perform Quality Management Assessment Reviews | • Conduct reviews<br>• Perform project customer satisfaction feedback<br>• Document & approve feedback<br>• Resolve action items resulting from review |
| Identify, Plan & Implement New Improvement Initiatives | • Maintain Quality Knowledge Plan<br>• Design improvements & implementation plan<br>• Communicate initiative details<br>• Train personnel<br>• Support new initiatives |

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*Figure 6 - 10. Accenture Delivery Methods aligns, meets and exceeds the Project Management Body of Knowledge PMBOK® Guide.*

Accenture is a Corporate Council Member of the Project Management Institute (PMI) project management's leading global professional association. This membership establishes a strong tie between PMI and Accenture and enables Accenture to stay abreast of advances in the field of Project Management. Our active participation on the Corporate Council enforces ongoing consistency between the PMBOK® and ADM. Advantages of this consistency include the ability to use the tools from each of the methodologies to accomplish the project in a coordinated fashion and a common language for discussing project activities.

The consistent and repeatable application of our ADM tools provides the Department with a full service Health and Public Services Systems Integrator that can deliver large scale, complex projects. Using ADM reduces execution risk to the Department by driving consistency across the project through proven processes, work products, performance measures and guidelines. Our methods include quality assurance processes, integrating quality into everyday program functions. All Accenture personnel are trained in our methods so we work together using a common language, toolset and approach to delivering on time and on budget to clients.

# 6.1 Communication Management Approach

**A well defined and executed communication plan is a cornerstone for a successful implementation project. Recurring internal project communications and frequent stakeholder communication supports a shared understanding of project execution status and results.**

Accenture recognizes the need for open, complete, and recurring communication during all project cycles. We develop and implement a comprehensive communication plan that addresses the needs of the Department, IME business partners, IV&V and all project stakeholders.

**Comprehensive communications plan that includes all Department stakeholders**

- Broad experience in developing effective communication strategies for Departmental agencies, members, providers, and community organizations
- Multiple communication media, including electronic, paper, and face-to-face
- Stakeholder groups receive unique messages based on specific needs

The Department is faced with multiple, concurrent efforts during the upcoming months, including the replacement oversight of and the possible transition of the Medicaid eligibility enrollment function. This complex reengineering of the support structure for the Medicaid Program requires comprehensive and consistent communications among all stakeholders, including providers and members. In addition, other CMS and Federal mandated programs such as ARRA, HITECH, Affordable Care Act, HIPAA, SMHP, MCI, ICD-10, HIE and MITA requires substantial and frequent communication between the Department, IME business partners and multiple other stakeholders.

Our Accenture project team develops, delivers, maintains and executes a Communication Management Plan for all phases of the IME Project. This plan is based on our comprehensive communication plan template which is part of our Accenture Delivery Methodology (ADM).

We start all Accenture projects with this foundation of methods and tools and then customize our communication management approach to meet the Department's needs. Our communication management plan provides a framework for information exchange, both internally and externally, that accommodates project communication needs of the Department and stakeholder information needs. Our internal project communications are tightly aligned with our supporting SharePoint™ tool within our Accenture Delivery Tools (ADT) and we use a variety of methods to reach out to the stakeholders.

We do this up front by establishing a governance model as part of our project management approach. We view communication as an overarching strategy and vital component of our governance model. Our primary communication management objective is to establish a routine communication approach that keeps the Department, stakeholders, and IME Project team members informed about IME Project status, activities, direction, expectations, risks, and issues.

The scope of communications management addresses IME project performance throughout the life of the project. Business communication with the provider and member communities is conducted on a frequent and routine schedule.

**Communication Needs**

We recognize two broad types of communication needs: 1.) Internal communications for project information exchange, status reporting, decision-making and Department agency reviews and 2.) External communications with stakeholder organizations, such as providers, members, other government agencies, advocacy groups, IME business partners and managed care plans. Our Communications Management Plan addresses all of these information needs.

In our North American Health and Public Service contracts, Accenture has worked effectively with providers, members, advocates, nonprofits, other contractors, and related state agencies. During that time, we have learned valuable lessons about the importance of communicating with and involving these groups early in the process and continuing this communication through operations and turnover processes. Stakeholders who remain well informed throughout the life of the contract are much more likely to have a positive view of the transition process. This provides the Department the ability to promote continued participation in the Iowa Medicaid program going forward. In particular, we have learned that keeping advocacy groups such as member coalitions and physician, hospital, and nursing home associations well informed during early project phases can gain their input and early involvement. An additional benefit is reducing concerns that stakeholders may have during design, development, implementation, and operations.

In collaboration with the Department, we design appropriate strategies and means for communicating with advocacy groups. Possible approaches include presentations at regularly scheduled association meetings, focus groups, electronic or hard-copy surveys, webcasts, and/or e-mails. In particular, we intend to leverage existing channels with which stakeholders are familiar such as the IME Endeavors monthly newsletter. We work with the Department to design and develop regular communication processes.

We note the importance of communicating early and often with other IME contractors, provider and member advocacy groups, community-based organizations and non-profit corporations. We provide overviews to these organizations so they have an understanding of the program changes before implementation. We explain how it would affect their members and where to find more information if necessary. In addition to our significant Health and Public Service experience, we are the only MMIS vendor with broad experience in the development and support of the operations of Medicaid programs, such as the Texas Medicaid health Partnership in which we developed state-wide provider networks and performed member enrollment functions. Consequently, we know that there are cultural and linguistic sensitivities that must be considered in all communications. We provide comprehensive training for providers and other stakeholders to facilitate a smooth transition.

Medicaid members and other health program members with whom we interact must be treated with the utmost respect, their needs must be met, and they must come away with a sense that the interaction was responsive, easy and not overly time consuming. Providers must feel that the fiscal agent understands the importance of the commitment they are making to the public good by agreeing to serve Medicaid and other health program members. They must also feel that we make a special effort to meet their needs.

The Department has cultivated long-standing relationships in Iowa and through Department guidance we select the appropriate communications tactics and forums. For example, a focus of our Communications Management Plan is to address any provider apprehension concerning changing the MMIS system. The provider community may be concerned about change, even when service improvements are delivered. Accenture welcomes the opportunity to work with the Department to develop new and innovative approaches to this challenge.

Table 6 - 6 below identifies key stakeholders for the project, their project role, and our plans for effectively communicating with each. These proposed methods are documented and described in our Communications Management Plan, which is subject to the Department's approval and acceptance.

| Stakeholder | Program Involvement | Communication method |
|---|---|---|
| **Providers** | Provide services to members | Communication occurs through the functions of the Customer Service Center. |
| **Members** | Access health care services | Communication occurs through the functions of Member Services and APHP Web Portal. |

| Stakeholder | Program Involvement | Communication method |
|---|---|---|
| **Department Agencies** | We anticipate the Department agencies | As directed by the Department, we provide Department designees with monthly or bi-weekly briefings, with more frequent briefings as major decision points near.<br>These organizations receive regular communications through our internal project website and external web site monthly updates. As necessary, they may also receive e-mails and electronic newsletters. |
| **Other Iowa Departments** | Office of the Attorney General – The Medicaid Fraud Unit<br>Office of the Medicaid Inspector General<br>Office of the State Comptroller<br>Division of the Budget<br>The close involvement of these departments is crucial to our success in performing project activities, in reviewing documentation and deliverables, reviewing system and acceptance testing results, and being involved in training and user interaction as appropriate. | At the determination of the Department, these organizations may have representation on the Project Governance Board and therefore would use this forum to carry out their review and participation responsibilities.<br>These organizations also receive regular communications through our internal project website. They may receive information through web site monthly updates, blast e-mails, and electronic newsletters. |
| **Other Government Agencies** | Other State and federal governmental agencies, such as the following, will have a direct relationship with the program:<br>Legislative advisory bodies, which makes recommendations to the Legislature on budget matters<br>The State Comptroller Audits is the oversight component of State governments that examine ways to improve efficiency and monitors projects for both the Legislature and the Governor's Office.<br>CMS is responsible for MMIS certification and for conducting audits of providers and Fiscal Agent operations for proper use of federal funds. | These organizations receive access to the web page to be added to the Department's external web site. We can also provide communications, such as e-mail updates or electronic newsletters, at the discretion of the Department. Our Communications Management Plan represents the Department direction on maintaining communication relationships with these important oversight organizations. |
| **Local Government** | Close cooperation with these agencies supports administration of the Department's programs. Both have a major stake in the Department program policies. | We would periodically inform these organizations on the status of our operations activities, through e-mail or electronic newsletters. |
| **Advocacy Groups** | Private non-profit advocacy groups represent both providers and members on policy issues related to the Iowa's Medicaid Program and other health care programs. | We periodically provide updates to member and general advocacy groups on issues related to the stakeholders they represent in order to assure them that we actively address the needs of their members and patients. We use tactics such as blast e-mail or electronic newsletters. |

| Stakeholder | Program Involvement | Communication method |
|---|---|---|
| **Legislature and Legislative Committees** | As a stakeholder, the Legislature receives the business case for the project as well as the request for expenditure authority. It also approves the Department's approach and expenditures for the contract. | We understand that we will not communicate directly with any member of the Legislature unless we are specifically requested to do so by the Department. Our communications team is available to work with Department staff on developing project content for legislative communications. |
| **IME Contractors** | Other IME contractors require coordination for interrelated activities, risks, and issues. The current IME contractors need to be kept informed of transition status. | We meet regularly with the IME contractors and the Department to promote coordination of our interrelated activities. We provide the current MMIS contractor with access to all appropriate status information and project documentation and request that the MMIS contractor provide us with the same level of information. |

*Table 6 - 6. The engagement of key stakeholders displayed in the table above is part of the communication network that contributes to a successful project.*

Our communication plans are designed around the communication and information needs of the key stakeholder groups and identified as audiences in the Communications Management Plan. We identify the messages and information needs of each audience, the most effective channels for delivering content, the frequency of communication and the responsible communicator. The messages and content are dynamic throughout the life of the project, but the stakeholder audiences would continue to have interest in the project and need regular communications to become educated about and invested in the success of the program. Figure 6 - 11 below shows the variety of stakeholder groups and different strategic approaches.

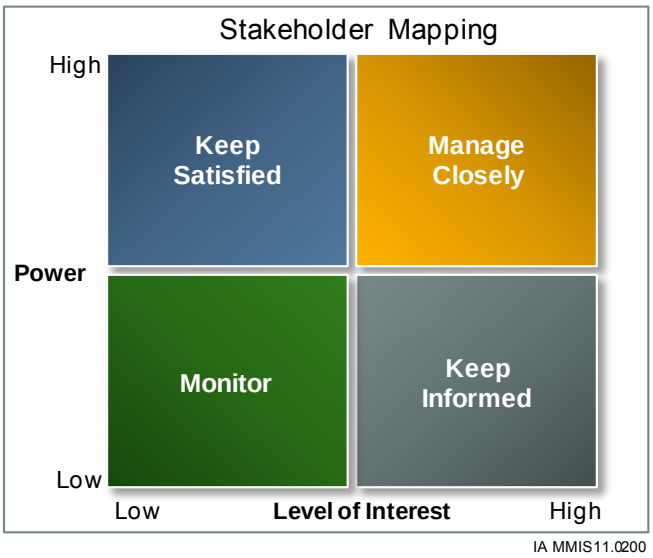


*Figure 6 - 11. Stakeholder mapping guides strategy in reaching out to the stakeholder community.*

Our stakeholder analysis produces a set of matrices that are central to our final Communication Management Plan. The Plan shows the approach presented as formal communication and status reporting protocols. We group the audiences to be reached with a single communication approach—for example, a single electronic newsletter might meet the needs of several key audiences. This provides a cost effective way for the Department to reach multiple stakeholders and interest groups.

**Internal Communications Channels**

We use a range of channels for internal communications. Our Accenture Delivery Suite of tools and SharePoint™ site would be the primary channel for internal communication. We set permissions on this site at detailed levels to allow different levels of visibility appropriate for a user's project role. The SharePoint™ site has both a repository and interaction function. It contains the project documents but it also facilitates project workflow and offers numerous communication features. We use the site's workflow functions for document review, comment and approval, as well as for tracking issues, risks and change requests. The site also offers capability to pursue discussion threads and participate in wikis (sites that

allow users to collaboratively create and edit web pages using a web browser). SharePoint™ can integrate Office Communicator if this used by the Department.

The IME Project team SharePoint™ site is our means to create and share status reports in addition to the regular distribution that we establish with the Department. For internal communications, we have a focus on timely and accurate status reporting to provide a common understanding of project progress. We report on completed and planned activities and specify issues, risks and mitigations as a key topic of status reporting. We also report progress against the planned schedule, explain variances and associated mitigation plans. As required, we provide weekly, month and quarterly status reports, each summarizing the contents of the detailed reports at the lower level.

As a means to graphically represent the progress of the project schedule and any issues and risks, the PMO uses ADT to generate a graphical status. It provides the Department, IME Project team and the governance board with a view to effectively manage issues and risks. In addition, the progress status reports show schedule activities that must be performed, driving management focus and escalation on the issues that have impact on the schedule. The PMO uses extracts from the Microsoft Project Schedule in Project Server and SharePoint™ to provide status to communicate the schedule activities, the status of activities, risks and issues.

Other channels of internal communications include e-mails, electronic newsletters and web pages on Department's web site. These channels are carefully defined in the Communications Management Plan after consultation with the Department. For all project stakeholders who participate in the internal communications program as communicators or recipients, we offer training during project startup on the new communication management tools and processes.

**Status Meetings**
Meetings are important forums for internal communication. We schedule, support and prepare for standing status meetings and other meetings that may arise as a result of project tasks. We develop agendas and record meeting minutes, distributing them as the Department directs. When appropriate to the phase of project delivery, the PMO organizes and manages the required daily operational meeting with the same requirements for meeting support as provided for project status meetings. For the broader circle of internal communications, we would conduct quarterly status user group meetings for each user group identified by the Department. This is an important change management forum and we begin these meetings within the first three months of the project.

**External Communications Channels**
For external communications, we employ web site monthly updates, e-mails and electronic newsletters such as the IME Endeavors Monthly Medicaid Update. As appropriate, we participate in association meetings to offer project briefings in a public forum. For all potential communication channels, we confirm with the Department all protocols for information sharing and document them in our Plan.

We acknowledge that formal communications, such as press releases or newsletters, must not be released without prior Department approval, although both parties should be free to defend themselves against any public or media allegations. Our Communication Management Plan addresses formal communications and define the protocols for obtaining prior approval to ensure we adhere to Department policy.

**Informal and Open Communications**
While our Communications Management Plan provides a framework for consistent communication processes, it does not replace the daily informal communication that would occur between the IME project team and the Department. Accenture commits to an "open door" approach. We firmly believe that for the IME Project success, we would always be available to the Department to discuss requirements, deliverables, solutions and needs.

In the early stages of the IME Project, we develop a mutual understanding in establishing an agreement on goals, objectives, requirements, approach and forming a vision for long-term success. As the project progresses, communication provides more of a front end to knowledge management—so that affected audiences can understand where to get more information on the Department's overall plans for the Medicaid program.

**Communications and the PMO**

The PMO is responsible for developing and managing the overall Communication Management Plan. The PMO actively manages communications between all parties as a central hub, assisting in the coordination of internal and external status meetings, and assisting in assignment of meeting roles of facilitator and scribe and disseminating information as required. It tracks communication such as letters, white papers, briefings, meeting minutes between the Department and Accenture. It sets standards for how communications are conducted, how information is collected, where action items are captured and distributed, who follows-up, how meetings are scheduled, how issues are communicated and how risks are communicated. The PMO also confirms the project repository is maintained and project documentation is retained throughout the life of the project. The Communication Management approach manages many external stakeholder communications, using the project internal communications as an information source and employing all the external channels earlier described. Table 6 - 7 below shows the high level roles and their respective responsibilities.

| Role | Responsibility |
|---|---|
| ***Executive Project Team*** | The executive project team is responsible for communicating project goals, objectives, and expectations to all team members and for communicating project status and information to senior external stakeholders. |
| ***Governance Board*** | The Governance Board is responsible for setting and communicating overall direction to the project team and for confirming that goals and objectives are fully understood. It also communicates the resolution of key issues to the project team. |
| ***Project Management and Control*** | Inside the PMO, this team is responsible for effectively developing and maintaining communication with project team resources. The team collects and reviews project status on a defined frequency and participates in status meetings. It also identifies and develops rapport with project counterparts and actively participates in sharing and managing project information. |
| ***Communication Management Team*** | Inside the PMO, this team is responsible for stakeholder communications that extend beyond the joint project team. |
| ***Account Executive*** | The Account Executive is Department's primary day-to-day contact for the project. He represents our organization with the Department, IME Business Partners, IV&V and other stakeholders. Communication responsibilities include:<br>Confirming the Communication Management Plan is in place to manage communication through the life of the project.<br>Communicating status and issues to Department on the schedule identified in the Communication Management Plan. |

*Table 6 - 7. Depicts Project Communications Roles and their responsibilities.*

**Communications Roles beyond the PMO**

Because of the complex stakeholder environment for the IME project, we place special focus on the larger stakeholder community and links communications tightly to our governance model. The PMO provides external stakeholder communications services in support of project management governance throughout the life of the project.

**Supporting Tools**
E-mail, project plans, presentations and other project artifacts are created using the Accenture Delivery Suite of tools. The project SharePoint™ site is a primary channel for all internal communications audiences across the project. This communication is customized as necessary, as SharePoint™ provides role-based security permissions to allow different levels of visibility appropriate for an audience's project role. Additionally, we support a SharePoint™ web page for regular project updates and we use SharePoint™ as a repository for retaining documents and other communications that have been distributed to project stakeholders.

## Quality Management

**Our Quality Management approach provides the Department with a quality management plan, based on the Department's IME goals and performance standards, proactively verifies quality and responsiveness objectives are met, minimizing potential performance issues for efficient, effective IME Project delivery**

**Quality Requires Management**

- Quality guidelines and standards used by all of Accenture's projects and professionals
- CMMI Level 4 assessment rating provides the Department with focus on quantitative measurement and quality management.
- Robust deliverable review process used by Accenture and the Department members

Quality Management and delivery excellence are essential components of Accenture's project management methodology. The complexity of the Iowa MMIS Implementation requires quality management practices that decrease re-work and implement a new MMIS solution on time and on budget.

Accenture's U.S. North American Health and Public Service Capability Maturity Model Integration (CMMI) Maturity Level 4 assessment rating provides focus on quantitative management of performance measures that drive on-time delivery of the IME Project and promotes process improvement.

### *Approach*

Our Quality Management approach combines leading industry practices with internal proprietary practices that provide:

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

For the IME Systems Services Project, we apply our established Quality Management processes, based on Accenture Delivery Methods (ADM). Our approach includes layers of quality review, assessed at CMMI Maturity Level 4, client satisfaction surveys and adherence to quality guidelines and standards.

During the Start-up Phase, we work with the State to refine the IME Project Quality Plan, to include our Quality Management approach. Our approach is focused on prevention and detection so we deliver a solution that achieves Department's desired business outcomes. Our focus on quality helps us to address your business objectives through the implementation of industry standard models such as CMMI, use of ADM, multiple levels of quality reviews and project performance management.

In Accenture's view, quality management means more than just ensuring that IME Project requirements are met. We recognize the need for an ongoing "review, analyze and report" function that fosters enhanced performance throughout the life of the contract. Our ADM offers a comprehensive quality

management system supported by a library of plans, procedures, and templates designed to support building in quality throughout project implementation and operations.

In addition, we are invested in the notion of independent quality assurance, to provide review of compliance with quality standards and review of operational results to further reinforce the Department's quality requirements. Our dedicated Quality team provides an open line of communication between the Department and Accenture.

The Department is given access to all the quality processes, tools, and activities to ensure active involvement in and transparency of contract monitoring, status, and reporting. Every aspect of our quality design—from organizational structure to software tools—promotes collaboration with Department and supports Department's ability to review, comment on, and request modifications as necessary.

The Accenture Team addresses quality with an overall approach with two distinct areas of

Responsibility: quality management and quality assurance. Figure 6 - 12 shows the flow of our quality reviews and process of management verification and validation to identify any issues.

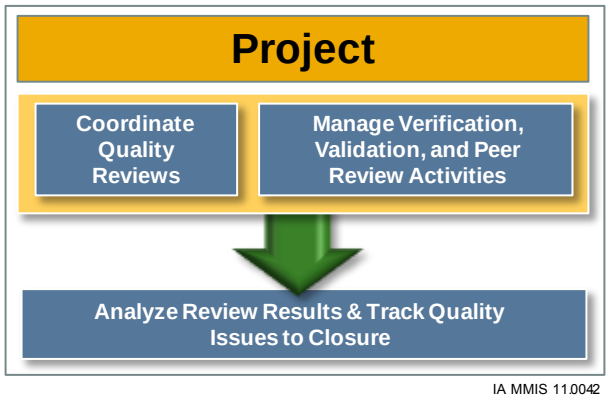


*Figure 6 - 12. Accenture Quality Management approach provides the Department with real time monitoring, verification, validation bring quality issues to high visibility, and resolution*

Quality Management is a proactive function of the PMO and is responsible for supporting the continuous use of quality processes in development, implementation, and ongoing operational services. This includes training of all team members on ADM methods, practices, processes and tools; regular advisory services to project team members; regular deliverable and work product quality review; and collaboration with the Quality Management team to ensure continuous improvement of standards and processes are built into future plans.

Quality Management is responsible for establishing and evaluating the processes that produce the work products or system. Quality Assurance is the set of support activities (including auditing, facilitation, training, measurement, and analysis) needed to provide adequate confidence that processes are established and continuously improved to produce products, related services and deliverables that meet both specifications and Department needs.

Quality is supported and embedded quality management through execution of ADM during delivery, and quality assurance verifies that appropriate practices are consistently followed.

Each of the Quality Management Team's major responsibilities are described in Table 6 - 8.

| Function | Description |
|---|---|
| ***Quality Management*** | Quality Management is a proactive function of the PMO and is responsible for supporting the continuous use of quality processes in development, implementation, and ongoing operational services. |
| ***Process Assurance*** | Process Assurance focuses on the systematic review, monitoring and evaluation of processes and procedures developed for business, operational, and technical areas of the project.<br>Proper planning activities are undertaken to ensure appropriate Quality Management steps are performed to ensure that standards and procedures comply with Departmental requirements. Process Quality Management continues through the life of the project, including the Turnover Phase. |
| ***Data Assurance - Client Data Protection Plan*** | Data Assurance is the systematic review, monitoring and evaluation of processes and procedures developed for the data management areas of the project. Data Assurance is responsible for the data quality related to conversion projects as well as on-going data feeds and creation.<br>The Data Assurance activities throughout the lifecycle of the project are to verify the appropriate steps are performed to ensure data integrity is maintained, security is not compromised, and data is properly utilized during data creation, transmission, retrieval, processing, warehousing and conversion. |
| ***Quality Assurance*** | Quality Assurance performs internal audit reviews and supports Department during reviews by outside stakeholders, such as the IV&V Contractor, CMS, and the Iowa Office of the State Comptroller. Quality Assurance addresses financial auditing, information technology auditing and general auditing.<br>To support contract compliance tracking, the Quality Assurnace team uses Accenture Delivery Suite of Tools Metrics Manager, a commercial off-the-shelf business intelligence solution. |

*Table 6 - 8. Quality Functions for Project Management defined.*

Based on the Department's needs as identified in the RFP and our understanding of quality concerns on typical MMIS projects, we have developed the following quality objectives:

- Establish an organizational Quality Management Plan and Quality Assurance Procedures that define quality expectations for the IME System Services Project.
- Continuously improve the overall level of quality in our processes, procedures, services, and products that are delivered to all IME stakeholders.
- Develop data quality assurance methods, procedures, and tools to ensure services and deliverables meet all RFP requirements for data quality.
- Prepare quality assurance checklists to ensure the project is ready for all reviews, including Center for Medicare & Medicaid Services (CMS) audit and Medicaid Information Technology Architecture (MITA) certification.
- Verify that all deliverables are of high quality and are approved by Department.
- Monitor documentation and processes to ensure that if actions and deliverables result in expected project benefits.

By achieving and working to fulfill these objectives, Accenture is able to provide superior service to the Department and meet the Department's expectations.

## Quality Management Methodology

The Quality Management approach being proposed for the IME System Services Project is a five-step process of Tailor, Monitor, Analyze, Improve, and Control. Each step of the five-step Quality Management process builds from the previous step in a methodical manner that fosters continuous improvement. The table below displays the steps and activities related to each Quality Management process.

| Steps | Related Activities |
|---|---|
| ***Tailor*** | • Accenture Project team defines quality by identifying, tailoring and documenting the quality criteria.<br>• The quality criteria consist of standards and metrics based on compliance with RFP requirements and our internal ADM standards.<br>• The establishment of quality criteria sets the quality expectations for contract processes and products.<br>• The Quality Management Plan and Quality Assurance Procedures document, produced and maintained by the Quality Management team, is subject to the Department's approval. |
| ***Monitor*** | • The Quality Management Team monitors quality throughout the life of the project to confirm that processes, products, and procedures adhere to the contract requirements.<br>• Monitoring involves identifying, collecting, analyzing, and reporting on quality metrics.<br>• The specific metrics and data items may vary, depending on the project phase.<br>• Metrics are based on work product characteristics (e.g., timeliness and accuracy of claims processing).<br>• Process metrics are based on defined objectives and are used to improve process execution and operational efficiency.<br>• The use of metrics has the beneficial effect by making quality visible to all project stakeholders. It reduces subjectivity in the assessment and control of quality by providing a quantitative basis for making decisions. |
| ***Analyze*** | • Quality Management staff use the metrics produced to conduct analysis and identify trends (both positive and negative).<br>• Root cause analysis is conducted on defects to determine how to prevent the same and similar errors from recurring. The remedies might include training, recommendations for system modifications, or similar actions to prevent a recurrence of the findings. |
| ***Improve*** | • Quality Management staff work together to evaluate the results of the analysis to identify opportunities for quality and continuous improvement.<br>• We develop corrective action plans to address quality or process deficiencies.<br>• We develop and examine potential improvement strategies to determine the value of each strategy with respect to Iowa Department objectives. Evaluation includes factors such as time to recover the cost of the improvement, expected level of improvement in performance, and the ability to respond to the changes.<br>• We review recommended quality improvement strategies with Department.<br>• We implement Department's' approved strategies using established change control processes.<br>• We review and select activities for continuous process improvement efforts on a priority basis in collaboration with Department. |
| ***Control*** | • Quality Management staff implements the process improvement changes to the appropriate plans, standards, procedures, job aids, and training materials using the version control features inside of SharePoint™. Project staff determine what aspects of quality management must be controlled to ensure a standard approach is implemented.<br>• The Configuration Management Plan identifies the control processes for project environments as well as work product templates, standards, job aids, and checklists.<br>• The updated project documentation and controls become the new defined standard on which Quality Management is conducted. |

*Table 6 - 9. Our five-step Quality Management process builds from the previous step in a methodical manner that fosters continuous improvement.*

**Tailoring**
The Accenture Delivery Methods (ADM) and Accenture Delivery Suite of Tools (ADT) begins every project with a library of plans, processes and tools that are continuously developed by subject matter experts with access to ever changing industry standards. By starting the IME System Services Project with a baseline set of processes and procedures in place, Quality Management can effectively plan out its approach analyzing and assessing the quality and accuracy of performance across the project. There are clear advantages to establishing a Quality Management schedule and framework:

- Work and schedule are predictable
- Risks are known and managed
- Governance is effective
- Project teams are high performing
- Scope, schedule, and budget are aligned
- Organization is prepared
- Benefits are linked to design

**Monitor**
Our Quality Management approach focuses on two key areas when monitoring quality:

**Product Quality** - Product quality focuses on contract deliverables and work products. We confirm the completeness and accuracy of every deliverable through our five-step process described above.

**Process Quality** - Process quality focuses on how we develop, monitor and evaluate contract activities, work products and deliverables. We ensure that internal processes produce the desired result of achieving compliance with contract requirements.

As process improvements are implemented throughout the IME System Services Project, the changes are monitored and metrics are analyzed to evaluate process performance as well as overall effectiveness of the improvement.

In addition to monitoring project activities, we implement preventive and corrective action plans to address anticipated or identified gaps that could jeopardize project success. We pride ourselves on being proactive, so that we can anticipate and adapt to evolving the project execution and the Department needs. The approach focuses on the early identification, monitoring and management of the project's critical success factors.

**Analyze**
A critical success factor to analyzing the output of process and product quality is confirming that the controlled and defined standards remain relevant for the current environment. By working closely with the Department, Quality Management can quickly identify areas for process improvement and diagnose low impact defects and how they can be avoided in the future.

The Quality Management team looks at all metrics to identify trends and conducts root cause analysis on defects that have a high impact on the Department and adversely affect the IME System Services Project. Quality Management can help the overall project by understanding and determining the root cause of defects that are identified. We identify and eliminate root causes of errors, defects, and other obstacles to maintaining high levels of quality through the following activities:

We review and research processes used to determine the cause of errors and develop systematic means to reduce the source of defects. This includes reviewing any of the manual, clerical, and operating process or procedures used by staff that may result in incorrect entries or processes. As a basic practice, this is also done annually for setting accuracy and error levels for compliance monitoring.

We collaborate with the Department, CMS and IV&V to confirm that agreed audit findings and recommendations are incorporated into the quality improvement process. This includes developing and implementing corrective action plans.

We recommend areas for audit on an as-needed basis but at a minimum of annually, reporting on areas selected for review and reporting on each audit's ongoing status through completion.

The Quality Management team works closely with the PMO to review the project schedule analyzing Earned Value Management (EVM). This allows Quality Management to be proactive in its approach to analyzing and assessing project work that is under way as well as planned future activities. Quality Management confirms that inputs to work streams are fulfilled, detailed steps are followed and documented, and exit criteria are met by a formal review and sign-off from all stakeholders.

By being active during the development of work streams, Quality Management would help to promote quality and accuracy of performance across all phases of the IME MMIS System Services Project.

**Improve**
Process improvement is conducted throughout the life of the contract and includes all phases of the IME System Services Project. All Accenture team members have the responsibility for reporting opportunities for improvement to their management staff.

Inputs to this process include the following:

- Weekly Change Control Board (CCB) meeting reports
- Change Requests
- Process reviews
- Quality Management review findings and corrective action plans
- Internal surveys with Accenture
- Quarterly external surveys with the APHP provider community
- Lessons learned artifacts
- Training evaluation forms
- Metrics analysis
- Department and stakeholder recommendations
- Performance evaluation forms
- Government regulatory requirements and legislation
- Technological advancements

Approved process improvement initiatives are logged as process change requests in SharePoint™ to track the impacted documents, processes, procedures and products.

After improvements are documented, a new version of the document, process, procedure and product is published. The Quality Management team communicates the changes to project members.

The new controlled versions of work products are managed using SharePoint™. All controlled documents outlined in the Configuration Management plan contain a revision history table. Inside the revision history table project members can trace updates to specific process change requests.

The Accenture Team works with a new tailored, defined and documented set of processes and procedures. The Quality Management team continues to monitor project processes, including recently updated ones, to identify further opportunities for improvement.

**Meeting Project Objectives**
To promote a seamless transition from the current MMIS vendor and compliance with service levels and performance standards, we use our ADM, which is composed of our standard processes, tools, and templates.

ADM is based upon industry standard best practices, with a focus on repeatable processes, rigorous controls and continuous communication. To promote the smooth administration of the Project, we apply our proven Project Management Methodology, ADM, and deploy our Accenture Delivery Suite of Tools

throughout all phases of the project. Through our ADM and our experience as global leaders in system integration the Department can expect a low risk and high quality for the new MMIS Project.

**Managing Deliverables to Meet Expectations**

Providing accurate, complete, timely deliverables is a visible indication of Accenture's commitment to producing a quality solution and a precursor to project success. Our approach—an effective, proven, and documented process—takes into account the premium placed on the Department's time and resources in partnering with Accenture in developing and approving deliverables. The term "deliverables" includes all work products contractually scheduled for delivery to Department. Accenture may optionally send additional work products to Department for review and understanding. While these additional work products are not contractual obligations, Accenture believes it is important to share the processes and decisions within such documents with Department to strengthen the partnership and set the stage for the project's success. Formal deliverables as well as these additional work products sent to the Department are held to very stringent review and quality standards. Our approach places a high degree of importance on producing high-quality deliverables consistently and predictably.

To support this strategy, the Quality Management monitors and controls stringent internal quality review and sign-off of all draft deliverables prior to submission to Department, with any revised deliverables subject to the same internal review process as the original deliverables.

We value reviews as a tool to create high quality deliverables and we work closely with the Department using walkthroughs of draft and final deliverables. Our goal is to build a participatory working relationship with the Department. Early review would help achieve this goal by gathering immediate feedback on processes and decisions, avoiding misunderstandings, simplifying the deliverable approval process and accelerating the design, configuration and implementation life cycle. We accomplish these activities within agreed upon timeframes and formats.

All deliverable and walkthrough due dates, as well as Department deliverable review periods, are based on the Department's requirements and identified during project initiation and documented in the Deliverables Expectations Document (DED). The DED is a standard communications document that is a companion to our Communication Management Plan. Early review of the Deliverables Expectations Document facilitates mutual understanding of your expectations from Accenture regarding format, content, layout, and schedule for contractual deliverables. When the DED is signed off, it becomes the acceptance criteria and compliance standard for the applicable deliverable.

Our structured sign-off procedures and project Stakeholder Analysis is also part of the deliverables process to confirm appropriate parties from Accenture and the Department are identified to review and approve deliverables. The Department has further visibility into the deliverables completion process through the weekly status report, which details deliverable status to date and upcoming tasks toward the completion of deliverables. Figure 6 - 13 below shows the visibility and lines of communication between the department and Accenture Quality Management Team.

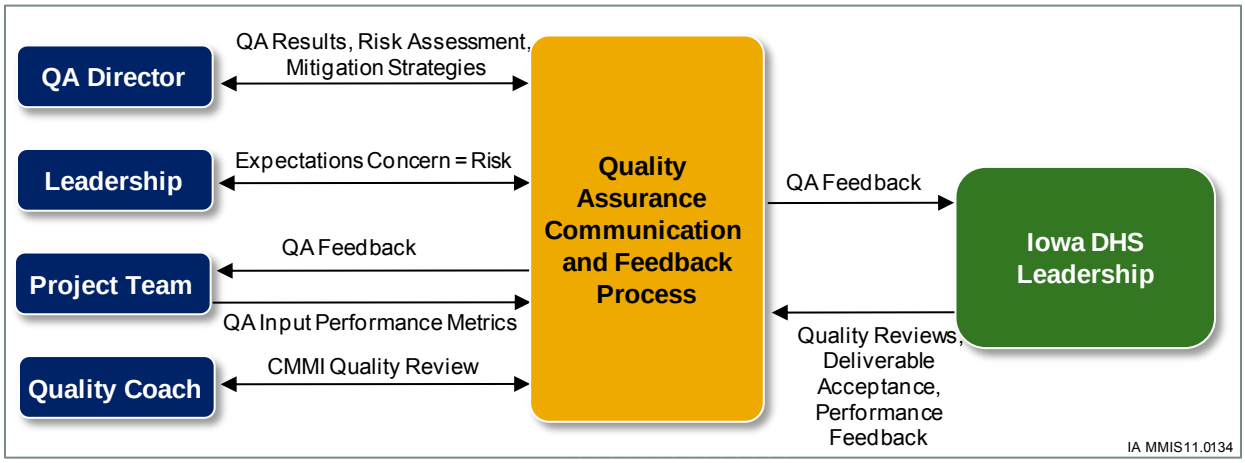


*Figure 6 - 13. Accenture promotes open lines of communication between the client, the project team, and independent reviewers.*

To provide evidence of quality activities, we offer specialized workflow capabilities in our SharePoint™ tool. SharePoint™ workflows are mechanisms to assign reviewers or approvers to documents and gain feedback from each review or approver in order to move the document to the next stage in the deliverable process. The workflows provide a way for the Quality Management team to automatically track the execution of all required reviews before formally delivering a product to the Department. Document owners run workflows on their documents and invite internal and external stakeholders to review contents. Feedback is tracked via the SharePoint™ workflow. The Quality Management team tracks aging of workflow tasks and identifies reviews that have not been completed on time.

**Process and Product Quality Assurance (PPQM) Reviews**
We conduct monthly Process and Product Quality Assurance (PPQM) reviews to assess our ADM deployment, our defined project processes, and delivery quality leading practices, just as we have done on other successful Public Service projects. Topic areas for review include project planning, project management, quality management, system development lifecycle phases, staffing, configuration management and peer reviews. In each area, the Quality Coach reviews project materials and conducts project team interviews to verify that the key CMMI and delivery quality principles are being implemented. If compliance issues are noted during the review, the Quality Coach works with the project team to devise a process improvement plan to address the issues.

**Document Review Process**
The deliverables development process includes internal and Department reviews to promote high quality documentation. Accenture and the Department jointly discuss the level of detail necessary before work on the deliverables begins.

The workflows provide these benefits:
- Clear communication of review process and schedule
- Evidence of quality activities
- The ability to invite participants to review deliverables
- A means to automatically track the execution of all required reviews before formally delivering a product to Department
- The ability for the Quality Management team to track aging of workflow tasks

**Document Management at a Glance**
- Development of templates for documentation
- Standard document repository structure
- Document naming conventions and standards
- Project documents stored in a repository that is readily accessible

Workflows built into the SharePoint™ document repository provide the means for assigning, promoting, and tracking required reviews prior to the delivery of work products to Department. Users begin new workflows in SharePoint™ to initiate the deliverables review process. Workflows are built into Accenture document repository to support the deliverables approval workflow.

This is one example of how the baseline SharePoint™ functionality supports transparency of deliverables, establishes processes to continuously check quality, and supplies workflow to help Accenture and Department manage work products.

**Quality Management Throughout the Project**

The PMO is used throughout the project to ensure standards adherence, quality and continuity at every step in the project. The Monitor and Control ADM processes ensure the activities conducted by the PMO and Quality Management Team continually monitor the progress, quality and other metrics of planned and un-planned work. It includes the corrective actions taken to avoid or resolve performance problems that may endanger the business objectives of the project. Appropriate ADM processes are executed across the project's life cycle to confirm that each activity is fully and continually documented, performed, and monitored for quality.

To support the PMO and all facets of the IME System Services Project, the Quality Management Team executes its Department approved Quality Management procedures on a regular and monthly basis. This allows for continuous oversight of all project activities. All deficiencies are reported to Department.

Accenture follows a highly structured delivery process as part of our Accenture Delivery Methods to allow on-time and accurate completion of regular and ad-hoc tasks.

The Table 6 - 10 shows how our ADM impacts quality of the IME System Services Project.

| Process | How it impacts quality |
|---|---|
| ***Communication Management*** | Documented standards for communications media, methods, and frequency confirm all project stakeholders are properly informed and can contribute their knowledge and experience to produce a high-quality solution. |
| ***Configuration, Change, and Release Management*** | Changes to all configuration items, such as documents and software code, are monitored and controlled to confirm the product aligns with requirements, design, and testing and that updates to the solution are released in a formal and controlled manner. |
| ***Schedule, Resource, and Scope Management*** | Often referred to as the "Project Management Triangle," ADM' schedule, resource, and scope management processes acknowledge that, in order to maintain sufficient levels of quality, project management must balance the three factors of schedule, resources, and scope. |
| ***Issue and Risk Management*** | Standard processes to manage issues, action items, and risks ensure ownership, accountability, tracking, reporting, and closure of all exceptions on the project so problems are identified before they negatively impact the project schedule or quality of deliverables. |
| ***Requirements Management*** | ADM design management process confirm that the final technical configuration aligns with Department requirements, as evidenced by the Traceability Matrix. |
| ***Time Management*** | The ADM Time management process requires development of a predictive and effort-driven schedule that can indicate to project management when deliverables and milestones are in danger of delay. By proactively managing the project schedule, Accenture validates that quality remains at the forefront rather than be pushed aside to meet slipping deadlines. |

*Table 6 - 10. Our ADM processes contribute to high-quality solutions.*

The ADM Quality Management System incorporates industry-recognized standards for measuring quality and performance, advanced monitoring and auditing tools and techniques, and standardized sampling strategies and algorithms.

Accenture offers and provides quality technologies and proven processes in every aspect of our technical solutions; performance standards for both our hardware and software are truly world class. But in the end, it is service and customer satisfaction provided via these systems—to providers, to members, IME business partners and the Department that is most critical.

Lisa McNeil our Quality Assurance Manager, has the responsibility to perform regular reviews and on-going audits of our business processes and procedures. The purpose of these reviews and audits is to identify and define quality issues related to the manual, automated financial and data facets of the IME System Services Project.

Audit procedures are developed and documented during the Start-Up Phase and refined in the Implementation Phase. Our Quality Assurance team design audits programs that describe the frequency, statistical samples and the reporting standards that meet the requirements of the IME System Services Project. The Quality Assurance team work closely with the Department to confirm that our audit programs are compliant. Figure 6 - 14 below shows the rigorous approach that we take in all projects to promote the highest levels of quality.

| Quality Technique | ADM | Peer Review | Supervisor Review | Process Product QA | Quality Assurance Review |
|---|---|---|---|---|---|
| Quality Technique Description | • Stage Containment Entry/Exit Criteria<br>• Testing V-Model<br>• Requirements Traceability | • Examination of deliverables against requirements, development standards and approval criteria | • Examination of deliverables against requirements & quality standards | • Examination of deliverables management & development processes and day-to-day activities against established standards | • Review of project performance & related metrics to verify that the project is on track with the client expectations and targeted results |
| Frequency | • Once per life cycle | • At least once per deliverable | • At least once per deliverable | • Monthly | • Quarterly |
| Participating Resources | • Integrated Project Team Members | • IME Project Team<br>• Team Leads | • Project Management<br>• Integrated Project Team Members | • Project Management<br>• Quality Process Liaison | • QA Director<br>• Department |
| Date Collection System and Tools | • Accenture Delivery Tools<br>• Deliverable Approval Criteria | • Quality Process Liaison Interview Inspection<br>• Quality Project Dashboard Tool | • Supervisory review feedback form | • CMMI Compliance Matrix | • Client satisfaction survey<br>• Program Risk Assessment Tool |
| | Communication and Continuous Improvement | | | | |

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*Figure 6 - 14. Accenture's Quality checkpoints and tollgates provide the Department with value add stringent quality review processes.*

## Process Steps - Quality Management

Quality Management provides project management with appropriate visibility into the compliance of processes and procedures being used by the project and of the products or deliverables being developed. The focus is to confirm Quality Management activities are embraced and performed on the project and is producing quality results. Quality Management involves reviewing the products and activities to verify that they comply with the applicable procedures and standards, and providing the managers with the results of these reviews.

The Project uses metrics to drive long term improvement of the development process, and we design a set that would provide the information needed to identify successes and areas for improvement in a consistent way across the project. The metrics collected are grouped into the categories below.

**Quality Metrics** - The Quality Metrics are designed to promote sufficient prevention and removal of defects. They help confirm that sufficient resources are in place to manage defects. They also suggest needs for improvement in many aspects of the lifecycle such as requirements development, design processes and test case development.

**Size Metrics** - Size metrics are used to measure the amount of functionality delivered and to normalize other metrics. 'Normalize' means to adjust metrics from projects of different sizes so that the metrics are comparable. It also makes it possible to compare metrics within a project, such as defects per component.

**Earned Value Metrics** - The EV Metrics measure the amount of time in staff-hours needed for the different activities of the project. In order to measure effort metrics in the required level of detail, the project uses a Microsoft Project Server Solution. MPS records estimates and actuals for the staff executing delivery tasks. The metrics from MPS are used to optimize staffing, measure financial performance and to improve future estimates.

**Other Metrics** - Accenture collects many metrics that do not fall into the categories above: for example, results of Department approved surveys administered to the provider community.

The Communication Management Plan defines the protocols, including method and frequency, for quality issue reporting and other communications, such as meetings and formal and informal communications, between Accenture and Department and all other project stakeholders. Throughout the project, Accenture would leverage various communication mediums to communicate quality issues within 24 hours of discovery to Department and other appropriate project stakeholders. However, SharePoint™ is the official repository of record for all quality issues.

Solid, continual communication of quality issues, risks, documentation and status is critical to the success of the project.

All quality issues are logged into the Rational ClearQuest issues log according to type. A summary of quality issues is included in the monthly Quality Management report that is submitted to Department. We review the content and format of this report with Department to confirm it meets project needs. Information provided in the report includes the following:

- Overall summary of the status of quality activities
- Quality review and audit documentation
- Incident reports/defect tracking
- Summary reports
- Ongoing trend analysis, including historical information identifying the frequency of errors, recurring problems, as well as identifying areas for improvement

The Accenture Quality Management team uses the e-mail notification feature within Rational ClearQuest to communicate quality issues to the Department and other appropriate stakeholders as issues are discovered and logged. All quality issues are logged and communicated within 24 hours of discovery.

As part of the project management approach, the ADM Project Management Plan and Controls, the PMO identifies the IME System Services Project management plan components, which includes the Quality Management plan. The Quality Management plan is considered one of the key plan components and therefore is integrated into the overall PM approach. This provides a check and balance across Quality Management team.

Other process improvement and general research tasks may be completed by the Quality Management team at the request of management and/or the Department. One example might be surveying the provider community with regard to a proposed new tool that would help improve overall efficiency across the Department. Specific corrective action plans are put in place to address quality issue findings and input received from the Department.

## Data Quality Framework

The complexity of this program demands that all IME business partners are aware of priorities, can interact successfully with each other and are accountable for meeting established deadlines. Accenture sets expectations early and actively engages participants to promote data quality awareness. This strengthens common goals of high quality data, respect for complementary tasks, and speed of responsiveness.

### *Data Profiling*

Data profiling is the process in which Accenture analyzes data files looking for any erroneous data, valid values, obtains data statistics, and determines if data is missing. We work with Department to identify trends that need immediate attention. Data profiling activities continue with ongoing APHP operations. Any data issues found are reviewed with Department in order to make a decision on the approach to correct the erroneous data.

### *Data Quality Reporting*

As part of the weekly project status meetings and the Monthly Project Status Report, Accenture reports on the status of data quality and data delivery performance. The data quality report includes metrics about Accenture's progress and informs Department of any issues encountered. As discussed earlier all issues would be logged into Rational ClearQuest and communicated to the appropriate Department stakeholders within 24 hours of discovery.

### *Data Quality Assessment, Issues Management*

With the data quality framework in place, we implement our data quality assessment process. Our data quality team follows a well-defined process for data collection, access to data, review and analysis, and feedback.

Accenture uses two primary methods to identify data quality issues: 1) proactive (identified by Accenture) and 2) responsive (identified through reported issues). In the analysis section below, we describe each in more detail.

We continuously compare current data against measured, grouped and trended data. Throughout the lifecycle, we use business intelligence tools developed specifically for data quality management to assist in gathering information. We use trending techniques to look for patterns and trouble areas. Data outside the parameters of the established measures are subject to additional analysis.

### *Data Quality Continuous Improvement*

Through our own investigation or by engaging project stakeholders, we determine root causes and recommend the best methods to correct deficiencies. We continue our work until the data quality issues are corrected and considered resolved.

Recognizing that continual improvement is part of the data quality goal, providing feedback to all entities is a critical part of that process. We may recommend systemic changes and might include adjustments in policies, procedures, or applications that may prevent issues from arising in the future. As a final step, our data analysts document outcomes in order to provide a complete picture of data quality efforts.

### *Data Quality Monitoring and Measurement*

A final piece of the foundational work is to establish metrics to define quality targets and goals. For this, we confirm baseline metrics for file transport validation, acceptable ranges for content values and other jointly identified metrics. During the information architecture review, we work with Department to define the goals, confirm priorities and determine what needs to be measured. At this time, we establish measurement methodologies and develop supporting tools to assist with the data analysis. This includes examination that helps identify data trends to highlight quality issues. Part of the configuration process is establishing business rules to help identify, report, and summarize data errors residing in the system.

### *Data Quality Testing and Validation*

We create a Data Quality Test Plan for each component area. The test plans are verified by the component area teams during the component area design sessions. Additionally, the plans document a standard conversion testing approach and should include any specific testing that needs to be performed beyond what is done for every component area.

### *Data Quality Operational Procedures*

We understand the importance of having sound and practical procedures when addressing data quality for the IME System Services Project.

The Data Assurance team is engaged in the Start-Up Phase and follows quality assurance procedures to promote a defect free delivery. Testing activities are performed at various program levels. The Data Assurance team closely works with all the project stakeholders and with the Department subject matter experts (SMEs) to seek information and to review comments and sign-offs to confirm all the deliverables are in line with the contract requirements.

We have a long history of leveraging tools from our Accenture Delivery Suite of Tools and recognize the importance of data quality. Figure 6 - 15 below shows the process and benefits of our quality management approach that can contribute to our Accenture team providing high quality deliverables.

## Quality and Deliverables Management

Quality management is the process of defining stakeholder expectations, quality metrics, implementing, and overseeing the execution of quality reviews and improvement activities in order to meet expectations and quality objectives.

| Direct Quality and Expectations Management Activities | Analyze Quality Issues | Identify Improvement Initiatives | Prioritize Improvement Initiatives | Implement Improvement Initiatives | Monitor Improvement Results |
|---|---|---|---|---|---|

### Leading Practices

ADM Process: Quality Management and Configuration Management Templates and Samples:

- Quality Management plan, Configuration Management Plan
- Deliverables Management

### Tools

- Rational ClearQuest
- Quality Center
- SharePoint

### Benefits

1. Project gating and deliverable quality focus will reduce costs and minimize delivery delays, as defects are isolated and quality is built into early development stages.
2. Reduce change request and production maintenance frequency, as initiatives are delivered 'first time right' and exceed LOB expectations.
3. Standardized deliverable documentation will reduce time spent developing document formats and increase adherence to the process.
4. Defined version control, base lining and code promotion ensure integrity of deliverables.
5. Centralized repository will allow projects to leverage previous work in similar areas, gather lessons learned, and maintain version control.

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*Figure 6 - 15. Accenture's ADM brings to the Department a disciplined repeatable approach to confirming quality in our deliverables.*

## Risk Management Approach

**Risk management involves the recognition, assessment and mitigation of uncertainties that, if unaddressed, may result in schedule delays, cost overruns, performance problems or other undesired consequences. Managing such risks is a key component of Accenture's overall project management methodology.**

### *Risk Management*

Risk management involves the recognition, assessment and mitigation of uncertainties that, if unaddressed, may result in schedule delays, cost overruns, performance problems or other undesired consequences. Managing such risks is a key component of Accenture's overall project management methodology. Active risk management allows the IME System Services Project to prevent or mitigate the impacts of potential risks. We base our approach on informed decisions and analysis of potential outcomes.

**Risk Management**

- Identification and assessment process tracks and manages all identified risks, assessed at CMMI Level 4
- Preliminary risk watch list is based on prior experience from similar engagements
- Proactive risk mitigation planning reduces risk impact and priority
- On-going risk identification and management by the project team during the project life cycle helps to mitigate risk
- Risk metrics measure risk impact and exposure

Throughout its lifecycle, the IME System Services Project may face many operational, technical and managerial challenges. Major business transformation projects of this kind involve inherent risks. We are experienced with the risks faced on these types of projects and know how to help the Department aggressively manage the known risks and efficiently address the unexpected ones. We work with the Department's project leadership team to mitigate foreseeable risk by managing risks at each level of the project and escalating risks to the proper project stakeholders, the Department and IME business partners, when necessary. From our public health and services sector experience, Table 6 - 11 outlines examples of those types of risks to be aware of and areas that require ongoing monitoring throughout the project duration.

| Risk Category | Potential Associated Risks |
|---|---|
| ***Operational*** | Risks related to project organizational or business processes (business cycle, resource availability, etc.) |
| ***Schedule*** | Risks focused on ability of team to meet project plan and scope (out-of-scope change requests, issue resolution, etc.) |
| ***Financial/Cost*** | Risks that impact cost of project or business operations (such as schedule extensions) |
| ***Resources*** | Risks due to skill set necessary to deliver the project (such as subject matter advisor availability and knowledge) |
| ***External*** | Risks due to external project factors (legislation, stakeholder buy-in, funding) |
| ***Technical*** | Risks stemming from technology such as connectivity, system availability, and performance |
| ***Political/ Organizational*** | Risks related to conflicts on strategic direction and priorities |

*Table 6 - 11. Types of risks to be aware of and areas that require ongoing monitoring throughout the project.*

We identify all risk categories as shown above and create a Risk Management Plan during the Start-Up Phase of the project. The plan outlines the approach we use to identify, assess, monitor and report risks. Once the Department management has reviewed and approved the Risk Management Plan, we make the plan required reading for all IME System Services Project team members. This coordination enables us to follow a consistent process when monitoring and managing project risks. We create the plan at the onset of the project and treat risk management as an ongoing and repeatable process: revisiting the plan throughout the project lifecycle to verify it outlines identified improvement activities and reflects the current IME System Services Project structure. Figure 6 - 16 below shows our approach to identifying risks and where they occur.

*Figure 6 - 16. The process involved in identifying risks.*

### *Our approach*

Successful risk management requires a clear and comprehensive approach that includes a successfully demonstrated methodology, detailed planning, comprehensive business solutions and disciplined follow-through. Our risk management approach includes:

- Review of each risk to assess its importance and likelihood so we can prioritize available resources
- Regular reviews of risk matrices to review results of mitigation plan, and to understand trends in risks and to plan appropriate actions
- Establish clear communication with senior management to keep them informed of risk with recommended correction action

As depicted below the circular risk management approach is an ongoing process throughout the life of the IME System Services Project. Figure 6 - 17 below shows our ADM risk management methods that include assessing, evaluating, managing and continuous monitoring and measuring potential risk impacts.

*Figure 6 - 17. Our ADM risk management methods and tools include assessing, evaluating, managing and continuously monitoring and measuring potential risk impacts*

Our ADM risk management methodology identifies risks, quantify exposure and develop mitigation strategies as early as possible in the IME System Services Project lifecycle. Our approach identifies risks early, assesses the potential impact and defines clear, actionable mitigation strategies to reduce their probability and impact. These issue and risk management processes are an integral part of our Public Health and Services Group practice's ability to maintain Capability Maturity Model Integration (CMMI) Level 4 assessment, and to support the control and execution of the IME System Services Project.

## Risk Identification and Assessment

All too often, undocumented risks blind-side projects because risk management only occurs at the beginning of a project. We believe that risk management and identification occurs every day, throughout the life of the project. Much like for issues, we emphasize to all project team members that they need to watch for risks and encourage them to document risks as they observe them. Proactive and continuous risk management can reduce the likelihood of unexpected bumps along the road, providing an early warning system if a risk factor begins to occur.

**Our Risk Management approach provides a proactive method to identify, track, and mitigate risks**

- Identification and assessment process tracks and manages all identified risks, compliant with CMMI Level 4
- Preliminary risk watch list is based on prior experience from similar engagements
- Proactive risk mitigation planning reduces risk impact and priority
- On-going risk identification and management by the project team during the project life cycle helps to mitigate risk
- Risk metrics measure risk impact and exposure

If a risk might affect the achievement of the IME System Services Project dates, the project leadership team works to identify and evaluate potential courses of action as well as pros and cons associated with each. Accenture performs impact and probability analysis to determine if redirecting resources from other activities can efficiently mitigate risk. The Department and Accenture work together to identify the appropriate action and implementation of the selected action steps. Applying mitigation techniques to identified risks provides a more focused level of monitoring to minimize the potential effect of the high impact risks. The result of this process is an ordered list of risks the project uses to develop mitigation strategies.

The Figure 6 - 18 below depicts our ADM processes and methodology for risk management.

We assign ownership for tracking the mitigation and status of each risk. We capture a mitigation strategy for each risk in the Risk Tracking Document, conduct weekly updates, and communicate the risks to the Department as part of the PMO Project reporting. In addition, we develop a detailed description of responses we plan to take for each risk. We review the mitigation strategy for each risk with the Department and assess the effect on cost, schedule and resources.

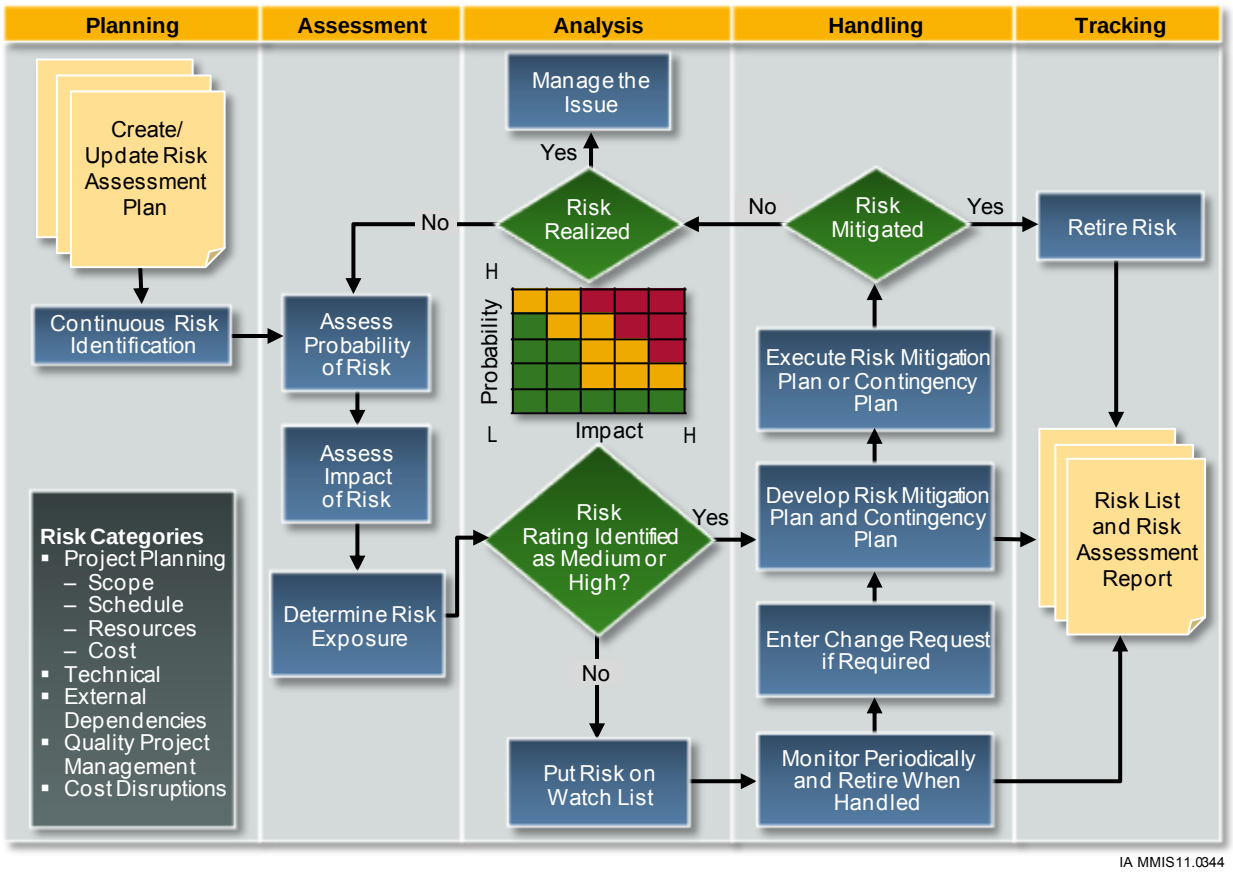


*Figure 6 - 18. Accenture's risk management process continuously monitors, assesses, and implements risk mitigation, lowering overall program risk and minimizing operational impact.*

Figure 6 - 19 shows how we qualify identified risks by assigning to each a probability of occurrence and impact. Impacts may be in one of five areas: cost, schedule, business performance, acceptance and sustainability. A risk may affect more than one area so it is qualified in the area of greatest impact. We combine the two scores to give each risk an overall risk exposure score of high, medium or low. These scores accompany risks as part of our status reporting process to keep team members clearly informed about risks and their potential impact.

**Risk Radar and Assessment**

Probability of Occurrence (low, medium, high)

| | | |
|---|---|---|
| 3 | 6 | 9 |
| 2 | 4 | 6 |
| 1 | 2 | 3 |

Severity of Impact (low, medium, high)

| Factor | Level | Management Attention | Impact |
|---|---|---|---|
| 6-9 | High | Management intervention required | Significant disruption to schedule and cost over medium to long term |
| 3-4 | Medium | Management attention required | Progress disrupted with moderate impact on schedule and cost in short to medium term |
| 1-2 | Low | Normal monitoring by team lead | Marginal impact with little or no impact on schedule and cost |

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*Figure 6 - 19. Risk assessment and classification leads to effective issue resolution.*

Based on the risk rating, we develop a corresponding risk mitigation plan to prevent the risk from occurring, if possible, or to reduce the severity of its impact. Mitigation actions for risks need to be tangible. We assign each risk to an owning team or individual and closely monitor it. To help mitigate large-impact risks, we incorporate into the IME System Services Project work plan specific tasks to reduce or avoid the risk. Examples of various risks tracked early on at our social services clients in other states, include tracking State budget related risks that may impact scope or timelines. In addition, risks related to the availability of resources to complete required technical updates of existing systems or functionality in order to enable a new capability.

One component of our risk mitigation plan is to develop a Risk Tracking document that we use to determine the magnitude of known risks and identify new potential risks. Risks include items of concern that require management involvement to enable project success by preventing issues from occurring.

## *Tools and Techniques Used to Manage Risk*

Good risk management is proactive, not reactive. Risks are an inevitable part of any project. We bring the following to the IME System Services Project to help manage risk.

- Rational ClearCase as the repository we use to record, update, and report risk
- Microsoft Excel
- Quality management tools within our Accenture Delivery Tools (ADT) to manage and mitigate risks

We develop our Risk Management Plan early in the Start-Up Phase and continue to manage risk throughout the entire project lifecycle. As part of the monthly project management responsibilities, the project managers review and update the Risk Tracking Document and mitigating strategies to reflect any changes.

## *Risk Reporting*

Our team's leadership works closely with your leads to keep risks visible, teams accountable, and escalate when necessary. Risk reporting creates project visibility and would engage executive leadership towards an acceptable mitigation strategy. We associate each risk to specific work streams to integrate

risk management into our project execution fabric. This strategy limits the impact of realized risks on the project's schedule and cost baseline through timely information flow and mitigation.

We provide your leadership visibility into high-exposure risks including a three-month view to assess schedule risks. We report risks and associated metrics to the APHP Implementation Project Team management in weekly, monthly and quarterly status reports. This process would lower the likelihood project risks are realized by proactively identifying potential issues at each stage of the project and by analyzing execution metrics to identify areas for improvement.

We also monitor and track an Average Risk Exposure metric. This metric would measure the average level of risk exposure for all active risks and assesses our effectiveness at mitigating them. We report this metric monthly in our project's measurement tool and implement corrective actions as necessary.

As part of the quarterly project reporting, we work with Department Project Director to provide updated project risk information via the Risk Assessment Model (RAM) Summary. Figure 6 - 20 below shows our ADM approach in monitoring, assessing and managing risks.

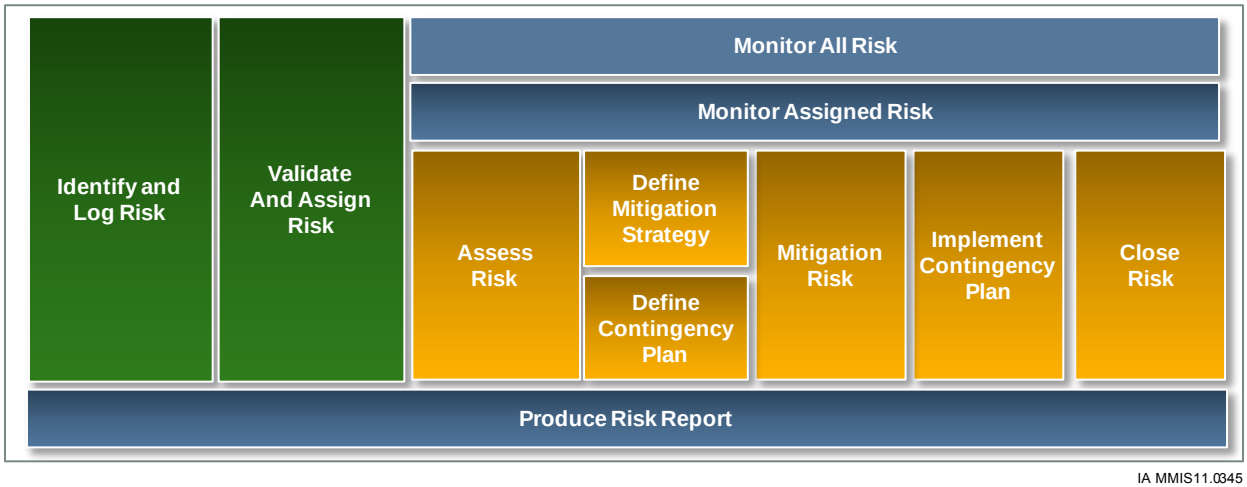



*Figure 6 - 20. From our Accenture Delivery Methods, our process to capture, monitor, and resolve risks.*

## Benefits to the Department

- Helps the Department act on threats to delivery promptly, before they become issues
- Provides clear ownership of risk handling and mitigation
- Provides clear escalation paths for serious risks
- Documents decisions to help avoid similar risks
- Allows mitigation progress to be monitored, to help promote timely documentation of an issue if the risk becomes realized
- Allows cumulative effects of risks to be reviewed and monitored

The key to the success of our risk management process is the ability and willingness of all team members to accept and understand the process and participate in it effectively to include the timely documentation and review of risks. Our risk management approach provides a simple methodology, a user-friendly toolset, and the training to implement an effective and proactive risk and mitigation process.

## Time Management

**Like our other project management areas, we bring a robust and disciplined time management approach and process. Our team will track each task's progress against the work plan and evaluate progress toward deadline and budget expectations.**

**Accenture Time Management**

- Tools, approaches and leading practices that lower implementation risk and total lifecycle costs
- Focus on metrics provides objective, accurate project status
- Accenture CMMI Level 4 Assessed
  - 30%-40% reduction in typical schedule lengths for CMMI assessed organizations

We understand the complexities of projects like this: coordinating the efforts of a large team, multi-tiered and with parallel work streams. Our rigorous management approach based on Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) provides the Department with the processes and tools for effectively guiding the IME Project team to deliver the outcomes and high performance the Department requires. Our proposed project management processes, standards, and practices are based on the proprietary Accenture Delivery Methods (ADM). This methodology along with our Capability Maturity Model Integration (CMMI) Level 4 assessment for our project management approach ensures that Accenture projects adhere to the CMMI process areas. Based on our ADM, we manage the detailed project plan for each phase including timelines, resources, activities, durations, milestones, dependencies, and deliverables in an open, collaborative, and transparent manner to successfully deploy the APHP Solution.

### *Approach to Time Management*

Using successfully demonstrated tools from our ADT, such as Microsoft Project Server, we establish and communicate a strict and clear process to team members for tracking time and properly managing to our work plans. However, we go beyond just having a great methodology; we actually use it. We use these same processes globally and consistently.

Accenture uses MS Project Server to capture and report time for the IME Project resources. Our approach integrates with MS Project to support the project plan. Accenture's Program Control Services (PCS) hosts MS Project and manages the time reporting processes, providing the essential data to the project manager via the weekly reports.

**Accenture's integrated project management tools automate complex PMO functions**

- Our Project management toolset provides the foundation for delivery on thousands of our global projects for both our clients and our own company
- Provides key metrics across the project including Planned Value (PV) Earned Value (EV) to monitor SI delivery health.

Formal work plans allow the project team to proactively identify cross-team dependencies and to manage resource allocation and utilization. This monitoring encompasses scheduling and balancing of the work assignments for State staff taking into consideration the need to support concurrent work streams. We establish a comprehensive and base-lined plan with The Department at the beginning of a project, carefully monitoring and maintaining through the lifecycle, and continuing to be granular enough to track time at the task level and address significant variances. Firm project baselines enable our PMO teams to track and report milestone achievements and variances. Our work plan management also tracks cost and schedule metrics.

The steps we would follow to manage work plans and time effectively include:

- Establish time tracking/reporting policies
- Establish submission schedule
- Enter and submit time in time-tracking tool – time sheets would identify name of individual performing work and number of hours worked by project work plan task

- Project management reviews and approvals – time sheets indicating effort expended and work performed would be provided on a monthly basis accompanying the monthly status report to Department project management
- Update project work plan

Figure 6 - 21 below shows our Time Reporting Process.

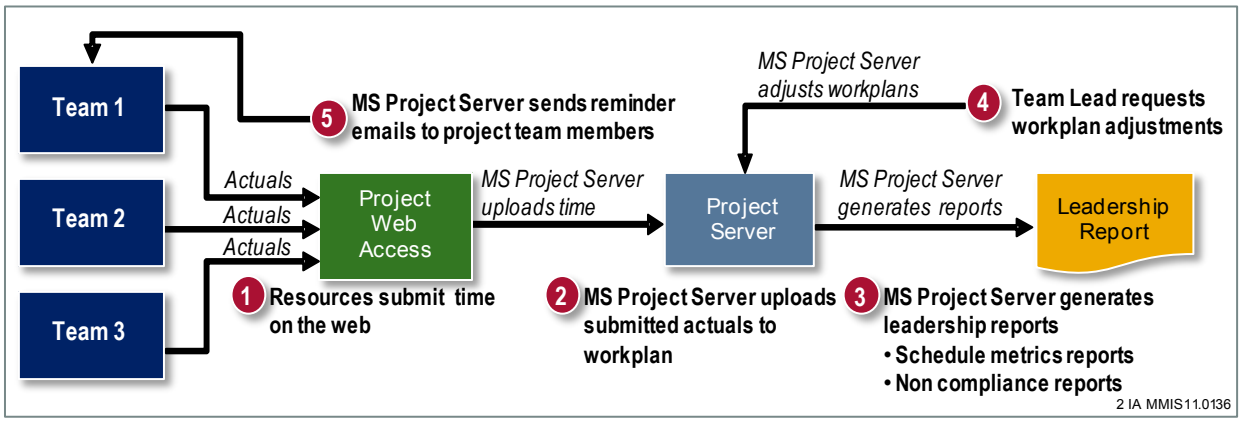



*Figure 6 - 21. We use MS Project Server to capture all project team member's time and provide consolidated time management reports efficiently, without the need for multiple points of data entry.*

As part of our time reporting process, Figure 6 - 22 shows how we analyze, manage and report the overall project schedule, including milestones, deliverables and critical path dependencies. With our approach, project team members enter their weekly time using Project Web Access. This tool eliminates the need for manual dual entry. Project team members receive training on how to record their project time as part of the on boarding process and IME Project team orientation.

We manage the project budget and schedule to keep the project on course with the proposed schedule. We organize the work plan schedule into a Work Breakdown Structure (WBS) that describes the planned deliverables, tasks and activities. Estimates and budgets would be included in the WBS and accessible through the project management tool suite. Team members enter their time on a weekly basis to the specific tasks performed for a particular week. Reports produced by the PMO allow project management to review project progress status on a regular basis.

Continuous timekeeping against the work plan provides up-to-date project status and feeds into key metrics. This approach facilitates transparency for The Department and the Accenture project management teams to identify and respond to at-risk areas helping to decrease overall project risk and promote on-time delivery. This also helps the joint management team to quickly and proactively implement corrective actions to address schedule slippages and make necessary adjustments to stay on schedule.

In a landmark study by the Standish Group of Information Technology (IT) project failures, its Chaos Report has shown that over that past 15 years that only about 30 percent of IT projects are completed successfully. The report concluded that out of a multiplicity of reasons, that the single most critical cause was a failure in metrics management. Figure 6 - 22 below shows the application of our ADM estimator tools critical to precise estimation of what it takes to accomplish a given task.

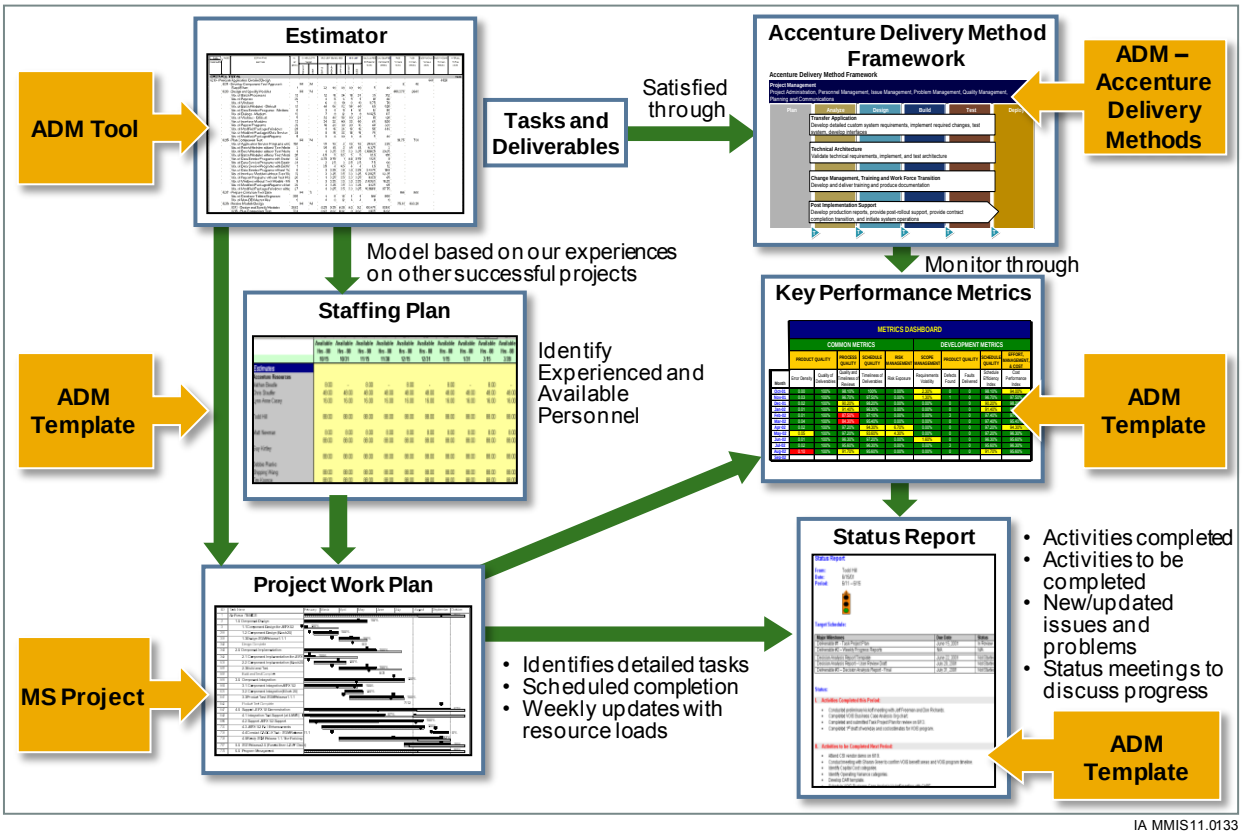



*Figure 6 - 22. Comprehensive Time Management - We use a suite of customizable accelerators (templates, job aids, and tools) to reduce the time and effort required to estimate, plan, and mobilize the IME Project.*

Work plans are available with full resource loading, including a three-month view into the future allowing the Department's project team visibility into the current project progress and assess schedule risks. We update work plans on a regular basis to reflect updated or adjusted project tasks, activities and resources including estimated start and completion dates, actual start and completion dates, estimated and actual task hours and completion percentage for in-process tasks.

Our dynamic, proactive project management processes help us maintain the project schedule. Time Management forms an integral part of Accenture Delivery Methods (ADM) project management methodology. ADM provides a structured framework for our Time development and monitoring activities. It provides a set of activities and tasks to guide our teams in delivering large-scale, client-focused solutions. ADM incorporates our experience from past projects and includes industry standards from:

- Project Management Institute's Body of Knowledge (PMBOK®)
- Institute of Electrical and Electronics Engineers (IEEE)
- Software Engineering Institute's (SEI) Capability Maturity Model Integration (CMMI)

Time management is an integral component of our overall project planning and monitoring activities. It is integrated with a variety of Project Management Office (PMO) activities such as work plan development, staffing, project metrics reporting and status reporting. Time management is one component of the broader Project Management Plan deliverable. The Project Time is tightly coupled with the Project Work Plan, which is one of the primary vehicles through which scope is managed. Figure 6 - 23 below depicts the process and flow of our work planning and time management methodology.

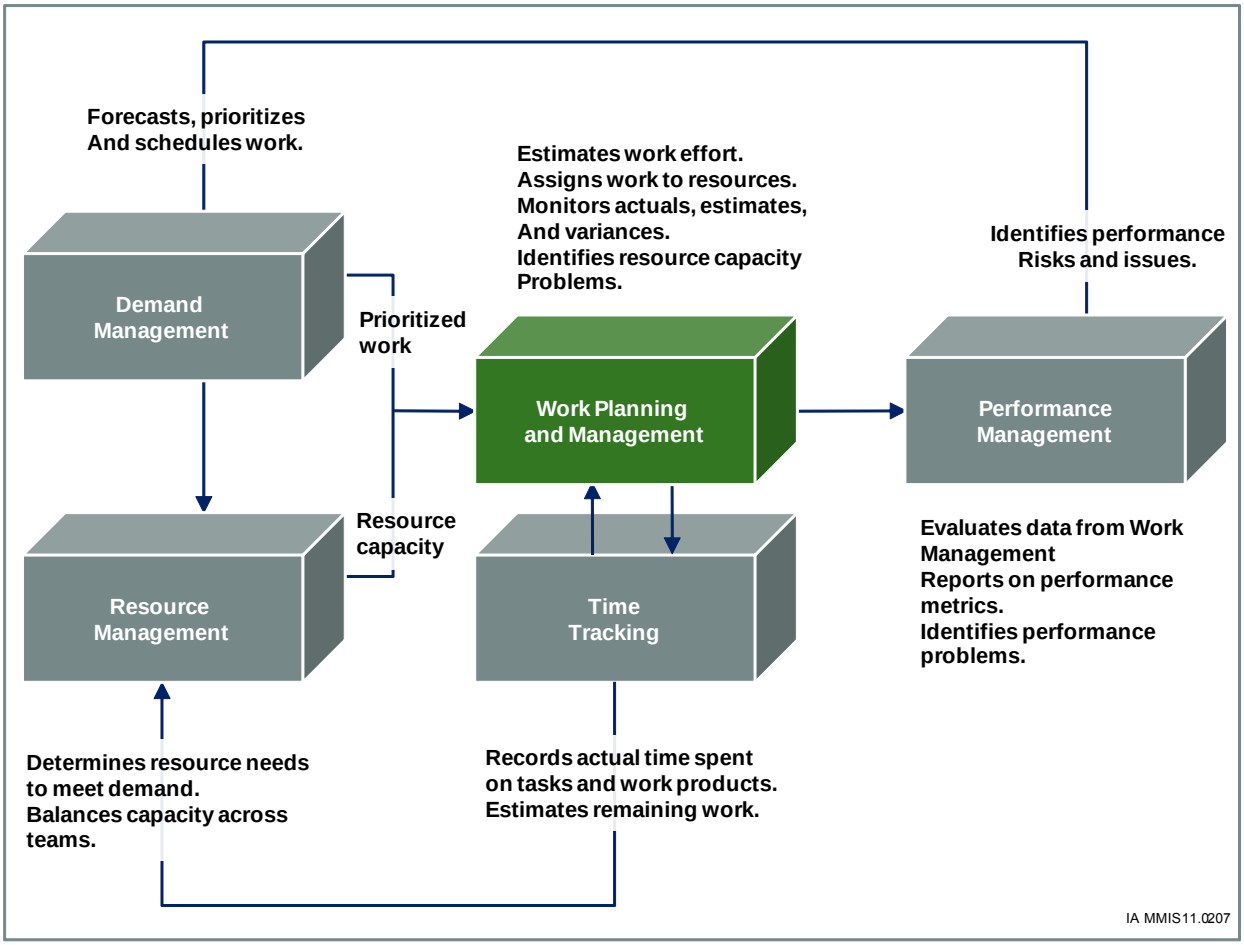



*Figure 6 - 23. Work Planning and Management structures the flow of our time management process.*

Our Time management process combines well-defined planning and communication processes across the organizational entities that are responsible for completing interdependent project tasks which include the Department and the Accenture Project team. Before finalizing the initial project plan, we review the proposed project plan with the Department to gain acceptance and approval.

We perform ongoing time management analysis to identify variances and to initiate mitigating actions to promote adherence to the project schedule. We use our Time management tools to monitor and control the detailed Project Plan. Our PMO tracks the completion of tasks, milestones and deliverables by receiving input from the various team leads. If completion of any task is delayed, PMO assesses possible schedule impacts, evaluate remaining capacity and executes the required action plans to get back on track.

There are several approaches we use to monitor and control the Project Plan. One measure we use is the Schedule Performance Index (SPI). SPI indicates how well the project is performing with regard to the Project schedule. It compares planned tasks with those tasks that were completed. We also use dependencies across tasks to derive the critical path for the project. Dependencies may be internal to the IME System Services Project, or may be external with other projects and events within the Department. As the project progresses, we monitor milestones and dependencies on internal and external projects,

and evaluate any delays in completing activities or meeting milestones, to see if the delay impacts the overall critical path.

During the project lifecycle, it may be necessary to modify the Project Plan for example, to address changing priorities or unforeseen issues that arise. We carefully track possible Schedule changes to key milestones and include them in the baseline schedule only after state review and approval of the change.

In addition, we use Earned Value Management (EVM) from our Accenture Delivery Suite of Tools to bring precision and discipline to our time management approach. We determine the Budgeted Cost of Work Performed (BCWP) using planned hours and compare this measure against the Budgeted Cost of Work Scheduled (BCWS). We then use the actual cost of the work completed to determine the Actual Cost of Work Performed (ACWP).

We use this information to calculate two key ratios, Schedule Performance Index (SPI) and Cost Performance Index (CPI). These ratios trigger “get well” plans. For example, if SPI is less than 90%, “get well” activities may include reassessing task timeframe estimates, prioritizing or re-working task sequence, and adding additional experienced personnel. If CPI is less than 95%, “get well” activities may include reviewing budget allocation, reassessing cost estimates or reviewing work scope to determine if the deviation is a result of scope creep.

## 6.1.1 Project Management Work Plan

The Department requires that bidders produce a project management methodology which includes the project work plans for each phase of the contract: Start-Up and Implementation Phases, Operational Phase, Certification and Turnover Phase.

Bidders should include their proposed approach for communication management, quality management, risk management and time management as part of their overall project plan. The Department will need to consider this approach in determining the overall master project plan for the IME.

In addition to task lists and corresponding start and end dates, the project plans for each phase will include a calendar-year-based schedule for all tasks (including operational tasks), specify the allocation of resources by job for those tasks and identify the timeframes in which the tasks will occur (expressed in weeks during transition and turnover and in quarters during operations). The bidder must be capable of updating and maintaining this information systematically throughout the contract.

The project work plan and schedules required for Implementation, Certification and Turnover phases must include a detailed project work plan broken down by tasks and subtasks and a schedule for the performance of each task included in each phase of the contract. The schedule should allow fifteen (15) business days for the Department approval of each submission or re-submission of each deliverable. The work plan to be proposed must include all responsibilities, milestones and deliverables outlined previously in this RFP. This section shall cover:

a. Person-weeks of effort for each task or subtask, showing contractor personnel and the Department personnel efforts separately.

b. A network diagram, showing the planned start and end dates for all tasks and subtasks, indicating the interrelationships of all tasks and subtasks and identifying the critical path.

c. A Gantt chart showing the planned start and end dates of all tasks and subtasks.

d. A discussion of how the project work plan provides for handling of potential and actual problems.

e. A schedule for all deliverables, with a minimum of 10 business days for the Department to review.

Project work plan requirements are described in Section 6 Start-Up and Implementation Phases of this RFP.

**Combining our innovative APHP solution with our world-class implementation capabilities provides the Department with a clear path to a successful project. The Accenture Team's structured schedule management approach promotes predictability, productivity, and quality in our work plan estimates and delivery. We provide a plan to implement and certify the new MMIS on time so that the Department can meet current and future benefit delivery challenges.**

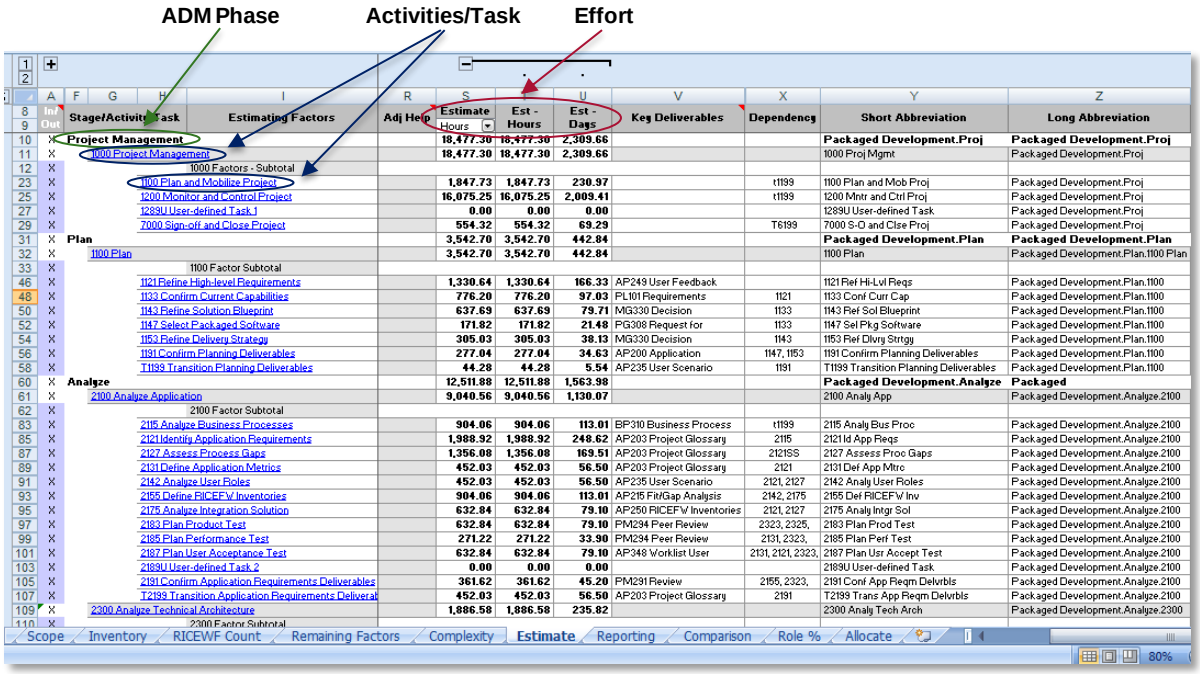
One of the best ways to identify and mitigate IME MMIS schedule risk is by building a comprehensive project work plan that identifies the tasks and dependencies needed to complete the implementation. As we developed our overall solution for the Iowa MMIS, we identified the major activities and decomposed them into smaller, more manageable components so that all project activities are accounted for in the plan.

The Accenture Team work plan incorporates a phase containment approach and is focused on efficiently and effectively delivering the Iowa MMIS. In this section, we provide the project work plan for the services required in the RFP. Specifically, we describe our approach to developing the plan and highlight the key activities within the Plan, Analyze, Design, Build, Test, Transition to Operations, and Certification phases including associated key deliverables and milestones, and critical dependencies.

**Our work plan reflects Accenture Delivery Methods standards, the IME project timeline and the MMIS requirements for a low-risk, on-time implementation**

- We have provided systems integration and technical solutions to 21 of the top 25 health care plans in the US, including managed care, traditional insurance and non-profit plans
- Jelane Johnson, our PMO Project Manager, developed and maintained the 3500 line project plan for the Kentucky MMIS takeover and the 7500 line implementation project plan for the new KY MMIS
- Fortune Magazine rates Accenture as the Number 1 Technology Service Company.
- Ranked #1 System Integrator by IDC for 2 years running

One of the underpinnings of successful delivery for a project of this scope and complexity is a robust, sustainable approach to estimating the work effort that can be adapted to the specific client environment. In developing our work plan, Accenture carefully studied the RFP requirements and appendices, and utilizing our experience with the APHP solution developed a detailed estimate for the effort required. This estimate was developed using our Accenture Delivery Methods (ADM) Estimating Tools. We used a multi-step process to develop the estimates that drove our work-breakdown structure. Several ADM Estimators, example shown in Figure 6 - 24, were used to address the technology and capability requirements of the Department for the Iowa MMIS. The five main integrated estimating models leveraged include: ADM for Packaged Delivery, ADM for Enterprise Integration, ADM for Data Conversion and ADM for Training and Business Process Change Management (BPCM).




| Stage/Activity | Task | Estimating Factors | Adj Help | Estimate Hours | Est - Hours | Est - Days | Key Deliverables | Dependency | Short Abbreviation | Long Abbreviation |
|---|---|---|---|---|---|---|---|---|---|---|
| Project Management | | | | 18,477.30 | 18,477.30 | 2,309.66 | | | Packaged Development.Proj | Packaged Development.Proj |
| | 1000 Project Management | | | 18,477.30 | 18,477.30 | 2,309.66 | | | 1000 Proj Mgmt | Packaged Development.Proj |
| | | 1000 Factors - Subtotal | | | | | | | | |
| | 1100 Plan and Mobilize Project | | | 1,847.73 | 1,847.73 | 230.97 | | t1199 | 1100 Plan and Mob Proj | Packaged Development.Proj |
| | 1200 Monitor and Control Project | | | 16,075.25 | 16,075.25 | 2,009.41 | | t1199 | 1200 Mntr and Ctrl Proj | Packaged Development.Proj |
| | 1289U User-defined Task 1 | | | 0.00 | 0.00 | 0.00 | | | 1289U User-defined Task | Packaged Development.Proj |
| | 7000 Sign-off and Close Project | | | 554.32 | 554.32 | 69.29 | | T6199 | 7000 S-O and Clse Proj | Packaged Development.Proj |
| Plan | | | | 3,542.70 | 3,542.70 | 442.84 | | | Packaged Development.Plan | Packaged Development.Plan |
| | 1100 Plan | | | 3,542.70 | 3,542.70 | 442.84 | | | 1100 Plan | Packaged Development.Plan.1100 Plan |
| | | 1100 Factor Subtotal | | | | | | | | |
| | 1121 Refine High-level Requirements | | | 1,330.64 | 1,330.64 | 166.33 | AP249 User Feedback | | 1121 Ref Hi-Lvl Reqs | Packaged Development.Plan.1100 |
| | 1133 Confirm Current Capabilities | | | 776.20 | 776.20 | 97.03 | PL101 Requirements | 1121 | 1133 Conf Curr Cap | Packaged Development.Plan.1100 |
| | 1143 Refine Solution Blueprint | | | 637.69 | 637.69 | 79.71 | MG330 Decision | 1133 | 1143 Ref Sol Blueprint | Packaged Development.Plan.1100 |
| | 1147 Select Packaged Software | | | 171.82 | 171.82 | 21.48 | PG308 Request for | 1133 | 1147 Sel Pkg Software | Packaged Development.Plan.1100 |
| | 1153 Refine Delivery Strategy | | | 305.03 | 305.03 | 38.13 | MG330 Decision | 1143 | 1153 Ref Dlvry Strtgy | Packaged Development.Plan.1100 |
| | 1191 Confirm Planning Deliverables | | | 277.04 | 277.04 | 34.63 | AP200 Application | 1147, 1153 | 1191 Confirm Planning Deliverables | Packaged Development.Plan.1100 |
| | T1199 Transition Planning Deliverables | | | 44.28 | 44.28 | 5.54 | AP235 User Scenario | 1191 | T1199 Transition Planning Deliverables | Packaged Development.Plan.1100 |
| Analyze | | | | 12,511.88 | 12,511.88 | 1,563.98 | | | Packaged Development.Analyze | Packaged |
| | 2100 Analyze Application | | | 9,040.56 | 9,040.56 | 1,130.07 | | | 2100 Analy App | Packaged Development.Analyze.2100 |
| | | 2100 Factor Subtotal | | | | | | | | |
| | 2115 Analyze Business Processes | | | 904.06 | 904.06 | 113.01 | BP310 Business Process | t1199 | 2115 Analy Bus Proc | Packaged Development.Analyze.2100 |
| | 2121 Identify Application Requirements | | | 1,988.92 | 1,988.92 | 248.62 | AP203 Project Glossary | 2115 | 2121 Id App Reqs | Packaged Development.Analyze.2100 |
| | 2127 Assess Process Gaps | | | 1,356.08 | 1,356.08 | 169.51 | AP203 Project Glossary | 2121SS | 2127 Assess Proc Gaps | Packaged Development.Analyze.2100 |
| | 2131 Define Application Metrics | | | 452.03 | 452.03 | 56.50 | AP203 Project Glossary | 2121 | 2131 Def App Mtrc | Packaged Development.Analyze.2100 |
| | 2142 Analyze User Roles | | | 452.03 | 452.03 | 56.50 | AP235 User Scenario | 2121, 2127 | 2142 Analy User Roles | Packaged Development.Analyze.2100 |
| | 2155 Define RICEFW Inventories | | | 904.06 | 904.06 | 113.01 | AP215 Fit/Gap Analysis | 2142, 2175 | 2155 Def RICEFW Inv | Packaged Development.Analyze.2100 |
| | 2175 Analyze Integration Solution | | | 632.84 | 632.84 | 79.10 | AP250 RICEFW Inventories | 2121, 2127 | 2175 Analy Intgr Sol | Packaged Development.Analyze.2100 |
| | 2183 Plan Product Test | | | 632.84 | 632.84 | 79.10 | PM294 Peer Review | 2323, 2325, | 2183 Plan Prod Test | Packaged Development.Analyze.2100 |
| | 2185 Plan Performance Test | | | 271.22 | 271.22 | 33.90 | PM294 Peer Review | 2131, 2323, | 2185 Plan Perf Test | Packaged Development.Analyze.2100 |
| | 2187 Plan User Acceptance Test | | | 632.84 | 632.84 | 79.10 | AP348 Worklist User | 2131, 2121, 2323, | 2187 Plan Usr Accept Test | Packaged Development.Analyze.2100 |
| | 2189U User-defined Task 2 | | | 0.00 | 0.00 | 0.00 | | | 2189U User-defined Task | Packaged Development.Analyze.2100 |
| | 2191 Confirm Application Requirements Deliverables | | | 361.62 | 361.62 | 45.20 | PM291 Review | 2155, 2323, | 2191 Conf App Reqm Delvrbls | Packaged Development.Analyze.2100 |
| | T2199 Transition Application Requirements Deliverat | | | 452.03 | 452.03 | 56.50 | AP203 Project Glossary | 2191 | T2199 Trans App Reqm Delvrbls | Packaged Development.Analyze.2100 |
| | 2300 Analyze Technical Architecture | | | 1,886.58 | 1,886.58 | 235.82 | | | 2300 Analy Tech Arch | Packaged Development.Analyze.2300 |
| | | 2300 Factor Subtotal | | | | | | | | |

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*Figure 6 - 24. Our estimators use a platform that is tightly integrated with Accenture Delivery Methods and with Accenture-proprietary and off-the-shelf planning and management tools.*

## *Project Work Plan Creation*

With the input from our ADM estimators, we built our work plan using the RFP requirements and our Accenture Delivery Methods (ADM) methodology. ADM incorporates over 30 years of systems implementation and project management experience. It incorporates industry standards from the Project Management Institute's Body of Knowledge (PMBOK), Institute of Electrical and Electronics Engineers (IEEE), and the Software Engineering Institute's (SEI) Capability Maturity Model Integrated (CMMI) as shown in Figure 6 - 25

All Accenture projects use ADM. For example, at Texas Medicaid Health Partnership (TMHP) we have used this methodology to estimate and implement thousands of enhancements to the MMIS, ranging in size from 40 hours to over 100,000 hours. We also use ADM estimators and methods to implement large-scale technical solutions for all of our commercial healthcare payor clients. The benefits of using the ADM include:

- Reducing risk by employing a consistent set of test planning, development and maintenance processes for configurable COTS solutions.

- Using repeatable processes combined with quality, schedule and scope metrics that can help our team measure and improve delivery results against established baselines.
- Continuously refining the methodology and tools with successive project updates and team-member experiences.

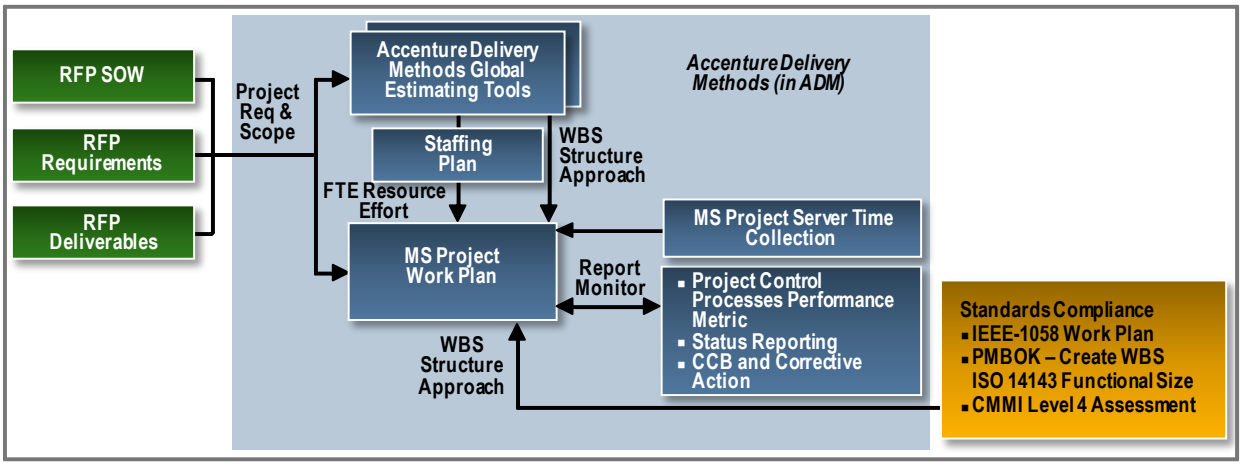



*Figure 6 - 25. The Accenture Team work plan ties together the RFP requirements, estimator details, ADM processes and industry standards to provide the Department with a robust, accurate, and comprehensive plan for implementing the Iowa MMIS.*

## *IIME System Services Draft Project Work Plan*

The draft work plan included with this proposal lays outs all the activities to deliver on the implementation of the IME System Services Project. We have summarized the schedule for these activities in the Gantt chart shown in Figure 6 - 26..

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

Establishing task dependencies also helps us identify and handle actual problems as we move through the project lifecycle. Change is inevitable in a project this since. We must have the tools and processes in place to assess and handle those changes effectively. The project work plan is the primary tool for identifying schedule and contingency issues as tasks are added or changed. For example, if a new policy must be implemented near a critical milestone in the plan, we add the tasks to account for the change and assess the impact to the successive tasks and milestones. In this way, we can proactively identify ways to mitigate the impact as much as possible.

We developed the draft project work plan in Microsoft Project 2007. We have placed a grouping of the Milestones and Deliverables identified throughout the plan at the top of the work plan layout for easy reference. Following the Milestones and Deliverables, we lay out the following logical phases of work:
- Plan
- Analyze
- Design
- Build

- Test
- Transition to Operations
- Certification

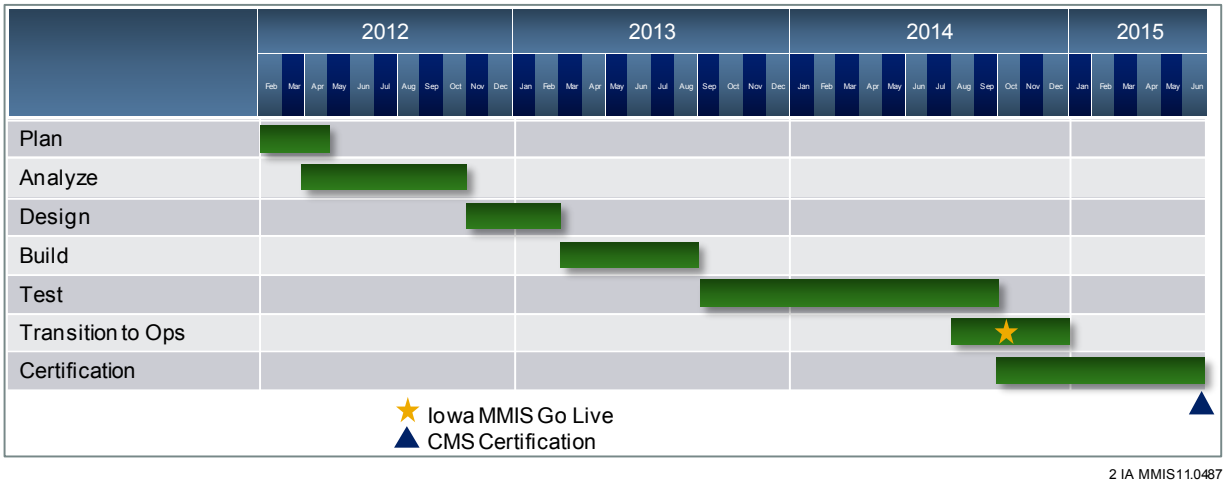



*Figure 6 - 26. Our IME Core System work plan and schedule provides the Department with a reality-based plan that lowers risk and sets the stage for a successful implementation.*

## *Phase Overview*

We propose a phase contained approach for the Iowa MMIS implementation. This provides the Department with the visibility and control over project progress from one phase to the next. Key milestones for each phase are listed in Table 6 - 12 and we provide an overview of the activities in each phase below.

### *Plan*

During the planning phase we mobilize the project. Mobilization activities include establishing the Project Management Office (PMO), submitting the project management plans, standing up project hardware/software environments, including the project management repository. We also finalize the project Governance Model and conduct the project Kick-Off meeting during the planning phase of the project. We also stand up the packaged APHP solution and perform an initial configuration based on the RFP requirements.

### Analyze

In the Analyze phase we conduct three waves of JAD/Conference Room Pilot sessions to walk through the detailed requirements and demonstrate how they are met in the system. We have broken these sessions up by functional area and business process. We also conduct sessions for the system and operational technical requirements such as security, performance, and MITA architecture requirements. We also start test planning during this phase.

### Design

During the Design phase we update the solution configuration based on the JAD/Conference Room Pilot sessions conducted during the Analyze phase. We then conduct additional sessions to walk through the updated requirements and solution configuration. Test planning continues throughout this phase.

### Build

In the Build phase we focus on configuring and developing the RICEFW solution components. RICEFW stands for Reports, Interfaces, Conversion, Extensions, Forms, and Workflow. During this phase we also configure the rules engine and benefit plans for the solution. As the team performs the build activities,

they also execute unit, module, and rules testing. During this phase the test team develops the test cases and scripts that will be used beginning in system test.

**Test**
The Test phase encompasses several distinct testing phases including System Test, Integration Test, Conversion Test, and User Acceptance Testing (UAT). In System Test we execute multiple passes of the test scripts for the solution to confirm that it functions as expected. During Integration Test we hook up all of the interfaces and exchange real data with our interface partners. We conduct conversion testing to confirm the appropriateness of the converted data. In UAT the Department staff and the Accenture operations staff execute testing against the system to confirm that is functions as expected.

**Transition to Operations**
In the Transition to Operations phase we have planned out the final tasks needed to confirm that the system is ready to go live such as Operational Readiness Testing (ORT). ORT encompasses parallel test, stress test, and load test to confirm that the system is ready to handle production data and volumes. This phase also contains the tasks for a final countdown set of tasks leading up to go live including sending out pre-go live communications. Finally, the Deploy phase contains all of the tasks we perform to actually take the system live in the production environment and confirm initial operations.

**Certification**
The Certification phase covers the initial period of post-implementation support through CMS certification of the operational system. It includes the planning activities we perform to prepare for the CMS certification review such as finalizing system documentation updates, completing draft versions of the MECT checklists, preparing the facility and network access for CMS staff, and conducting a certification dry-run.

| Phase | Key Milestones | Date |
|---|---|---|
| **Analyze** | Wave 1 JAD / Conference Room Pilots Complete | 07/02/2012 |
| | Wave 2 JAD / Conference Room Pilots Complete | 08/01/2012 |
| | Wave 3 JAD / Conference Room Pilots Complete | 10/02/2012 |
| **Design** | Design Configuration Complete | 01/31/2013 |
| | Unit Test Planning Complete | 02/28/2013 |
| | Business and Technical Design Complete | 02/28/2013 |
| **Build** | Configure and Test Application Components | 07/26/2013 |
| | Release Application / Configuration Components | 08/28/2013 |
| **Test** | Comprehensive Test Plan Complete | 03/29/2013 |
| | System Test Complete | 04/26/2013 |
| | UAT Complete | 08/29/2014 |
| **Deploy** | Deployment Plan Complete | 08/22/2014 |
| | Migration to Production Complete | 09/29/2014 |
| | MMIS Implementation Complete | 09/30/2014 |
| **Certification** | Certification Document Complete | 05/04/2015 |
| | Certification of MMIS Complete | 06/30/2015 |

*Table 6 - 12. We track key milestones and the detailed tasks to complete them to provide a comprehensive picture of project planning and actual progress.*

### *Project Deliverables*

Formal deliverables make up a large number of the key inputs into the project plan and our proposed phase containment process. Our deliverable development process includes multiple checks to confirm that we are aligned to approval criteria at each step. In this way, we interface smoothly with the Department review requirements and processes. We formalize our peer and supervisor reviews through detailed checklists and sign-offs, requirements verification, and adherence to configuration/development standards. This helps isolate errors to the earliest stage, where they are easier and less costly to fix. This process also reduces the number of issues found by Department reviewers during the deliverable review and approval process.

The deliverable list for the project is shown in Table 6 - 13. We have incorporated Department review and approval times in the draft project work plan in accordance with the timelines identified in the RFP. Final completion dates for each deliverable are representative of the final approval dates for the deliverable. To allow for the Approval Management Process we allow a duration of ten business days from the time of deliverable submission for Department review.

| Deliverable Name | Submission Date |
|---|---|
| Communications Management Plan | 03/12/2012 |
| Project Work Plan | 03/12/2012 |
| Risk Management Plan | 03/12/2012 |
| Issues Management Plan | 03/12/2012 |
| Quality Management Plan | 03/12/2012 |
| Staffing and Resource Management Plan | 03/12/2012 |
| Applications Implementation Plan | 03/12/2012 |
| Interface Plan | 03/12/2012 |
| Change Management Plan | 03/12/2012 |
| Weekly Status Reports Template | 03/12/2012 |
| Monthly Status Reports Template | 03/12/2012 |
| Quarterly Status Reports Template | 03/12/2012 |
| Joint Application Design (JAD) Results | 010/2/2012 |
| Architectural and System Requirements | 01/31/2013 |
| Development Methodology Document | 01/31/2013 |
| Develop Requirements Specification Document (RSD) | 10/02/2012 |
| Develop Requirements Traceability Matrix (RTM) | 10/02/2012 |
| Develop Detailed System Design (DSD) Document | 01/31/2013 |
| Develop Conversion Plan | 040/3/2012 |
| Interface Plan | 06/28/2012 |
| Test Management Plan | 06/28/2012 |
| Business Continuity Plan (BCP) | 06/28/2012 |
| Disaster Recovery Plan (DRP) | 06/28/2012 |
| Configuration Management Plan (CMP) | 06/28/2012 |

| Deliverable Name | Submission Date |
|---|---|
| Final Data Conversion Plan | 02/28/2012 |
| Data Conversion Checklist | 02/28/2012 |
| Data Reconciliation Procedures | 03/04/2012 |
| Data Conversion Test Results | 03/26/2014 |
| Data Conversion Reports | 03/26/2014 |
| UAT Conversion Test Results | 09/05/2014 |
| Updated CMP | 08/28/2013 |
| Documentation of All Rules in Rule Engine | 08/28/2013 |
| Updated Use Cases | 08/28/2013 |
| Standard Output Reports | 08/28/2013 |
| Updated Interface Plan | 08/28/2013 |
| User Documentation Manuals | 08/28/2013 |
| Test Plans | 06/28/2012 |
| Test Cases and Scripts - Unit | 07/26/2013 |
| Test Cases and Scripts - Rules and Modules | 05/28/2013 |
| Test Cases and Scripts - Integration | 07/26/2013 |
| Test Cases and Scripts - UAT | 08/28/2013 |
| Test Cases and Scripts - ORT | 08/28/2013 |
| Test Results - Unit | 07/26/2013 |
| Test Results - Rules and Modules | 02/28/2014 |
| Test Results - Integration | 05/30/2014 |
| Test Results - UAT | 09/5/2014 |
| Test Results - ORT | 09/18/2014 |
| Test Tracking | 02/28/2014 |
| Performance Tuning Document | 09/18/2014 |
| Letter Certifying that UAT Data Has Been Provided | 04/30/2014 |
| Final Testing Reports | 09/4/2014 |
| Operational Readiness Test Report | 09/18/2014 |
| Knowledge Transfer Plan and Schedule, Train-the-trainer Plan and Schedule | 05/29/2014 |
| Electronic Knowledge Transfer Documentation | 05/29/2014 |
| Knowledge Transfer Database and Application Software | 05/29/2014 |
| Letter Certifying the Knowledge Transfer Database is Built and Software is Operational | 08/28/2014 |
| Document Version Control Plan | 05/29/2014 |
| Knowledge Transfer Schedule and Conduct Knowledge Transfer | 08/28/2014 |
| Letter Certifying Completion of Knowledge Transfer | 08/28/2014 |

| Deliverable Name | Submission Date |
|---|---|
| Evaluation Survey Tools | 05/29/2014 |
| Knowledge Transfer Reports | 08/21/2014 |
| Implementation Report | 11/26/2014 |
| Updated Contingency Plan | 10/03/2014 |
| Production Schedule | 08/08/2014 |
| Backup and Recovery Procedures | 09/12/2014 |
| Hardware, Software and Facility Security Manual | 07/25/2014 |
| Final Implementation Checklist | 09/11/2014 |
| File Transfer Plan | 09/11/2014 |
| Final Implementation Report | 12/29/2014 |
| Implementation Certification Letter | 09/26/2014 |
| All Required Corrective Action Plans | 12/31/2014 |
| CMS Certification Documentation | 05/04/2015 |
| System Documentation | 07/21/2014 |
| User Documentation | 07/21/2014 |
| Updated CMS Certification Checklists | 03/30/2015 |
| CMS Certification Readiness Checklists | 03/30/2015 |
| Required information and documentation | 03/30/2015 |
| Revised system documentation resulting from system remediation | 03/30/2015 |
| Schedule of Turnover Activities | 08/16/2018 |
| Turnover Plan | 08/16/2018 |
| Non-proprietary source code | 09/30/2019 |
| Proprietary source code letter | 09/30/2019 |
| Current staffing plan | 09/30/2019 |
| Facility and resource statement | 09/30/2019 |
| The Department data, files and user and operations documentation in hard and soft copy format | 09/30/2019 |
| All reports associated with the contract(s) created during the Operations portion of the contract | 09/30/2019 |
| Turnover Results | 09/30/2019 |

*Table 6 - 13. All deliverables identified by the Department are identified and tracked in the project work plan to provide predictability and transparency.*

### *State Involvement in Draft Project Work Plan Tasks*

State involvement during the IME Core System project will be critical to its success. In our draft project work plan identifies those tasks that require IME staff participation. Involving Department staff throughout the project allows us to understand expectations and avoid surprises throughout the project lifecycle. However, we recognize that the demands of an ever-changing Medicaid business mean that Department staff are constantly in high demand. We have developed our draft work plan to make the most efficient use of Department staff time.

### *Finalizing the Project Work Plan*

One of the first activities we perform as part of project mobilization is to finalize the project work plan for the entire project. The activities we perform to finalize the work plan is also included in our draft project work plan. The process we use to finalize the work plan includes:

- Meeting with the Department to review the draft work plan and make additions, deletions, and adjustments as needed.
- Adjusting dates and task durations based on changes that have occurred between proposal submission and project start.
- Confirming Department and IME stakeholder involvement with tasks.

Once finalized, we submit the plan to the Department for approval. Upon approval, we create a baseline of the work plan and move into the process executing and tracking against the plan. Our Accenture Team tracks actual hours against the work plan. We use those actuals to track progress and produce status reports for the Department as shown in Figure 6 - 27.

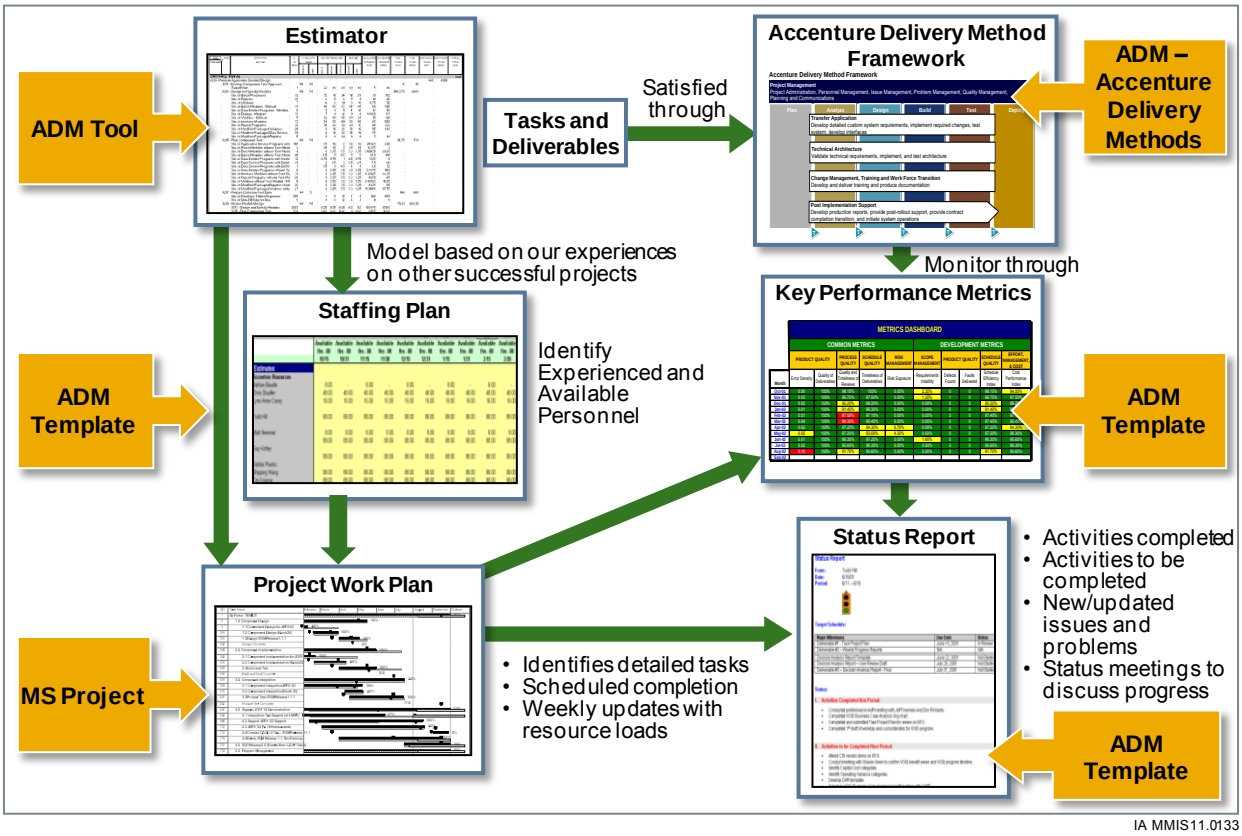



*Figure 6 - 27. The approved project work plan drives project activities, progress monitoring, and reporting which provides a central, transparent tool for the Department to know where the project truly stands.*

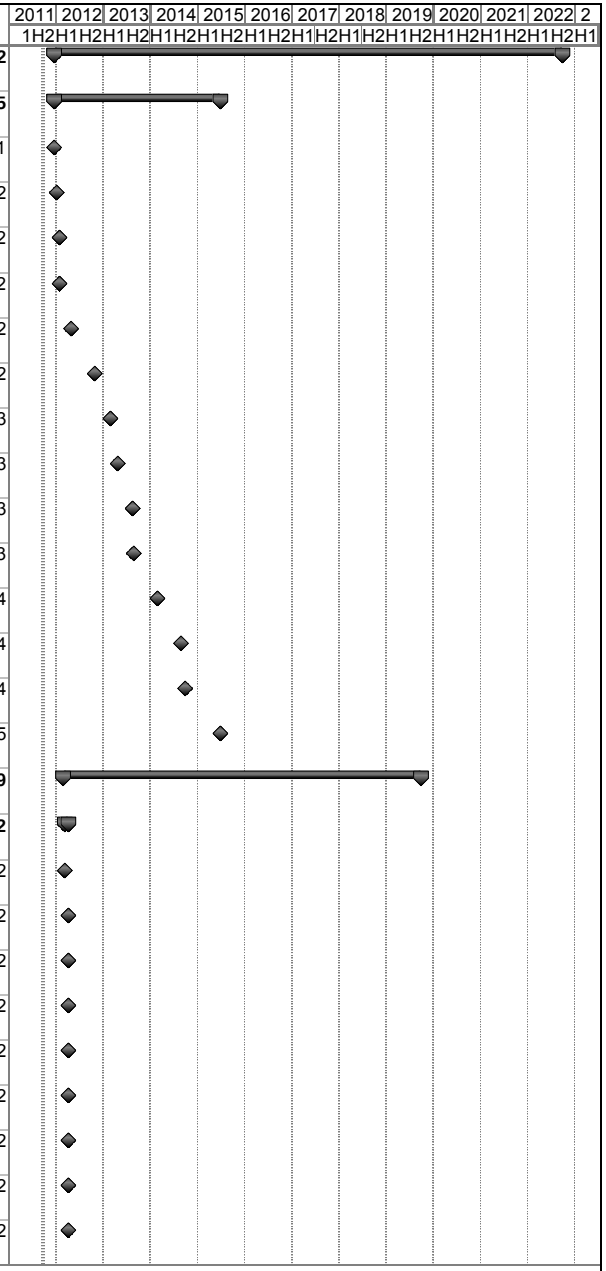
Our schedule management process combines well-defined planning and communication processes across the organizational entities that are responsible for completing interdependent project tasks. We include the appropriate IME stakeholder groups in the work plan and schedule reviews to building understanding and acceptance of the final plan.

We perform ongoing schedule management to identify variances and to initiate mitigating actions to preserve the schedule. As with all project schedules and plans, challenges will arise during the project that result in modifications to the original plan. As our team reports actual progress against the plan, we carefully monitor for possible schedule impacts. We share this information with the Department and update the work plan as needed so that it remains current.

In summary, the Department needs a solution that provides a planned, predictable, coordinated delivery of the new MMIS. Our plan meets that need, provides a coordinated approach, and enables the Department to focus on improving health outcomes for the citizens of Iowa as shown in the following work plan.

**MS Project Workplan Pages To Be Inserted Here**

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1 | **Iowa Medicaid Enterprise System Services - DRAFT Project Plan** | | | **Wed 12/21/11** | **Fri 9/30/22** |
| 2 | **Milestones** | | | **Wed 12/21/11** | **Tue 6/30/15** |
| 3 | Notice of intent to award contract | | | Wed 12/21/11 | Wed 12/21/11 |
| 4 | Contract Award | | | Tue 1/10/12 | Tue 1/10/12 |
| 5 | **Effective Start Date of Base Contract** | | | Wed 2/1/12 | Wed 2/1/12 |
| 6 | Start Start-Up Phase | | | Wed 2/1/12 | Wed 2/1/12 |
| 7 | Project Initiation Activities Complete | | | Mon 4/30/12 | Mon 4/30/12 |
| 8 | Requirements Analysis Complete | | | Tue 10/30/12 | Tue 10/30/12 |
| 9 | Business and Technical Design Complete | | | Thu 2/28/13 | Thu 2/28/13 |
| 10 | Comprehensive Testing Plan Complete | | | Fri 4/26/13 | Fri 4/26/13 |
| 11 | Conversion Activities Complete | | | Tue 8/20/13 | Tue 8/20/13 |
| 12 | Development Activities Complete | | | Wed 8/28/13 | Wed 8/28/13 |
| 13 | System Testing Complete | | | Fri 2/28/14 | Fri 2/28/14 |
| 14 | Acceptance Testing Complete | | | Fri 8/29/14 | Fri 8/29/14 |
| 15 | MMIS Implementation Complete | | | Tue 9/30/14 | Tue 9/30/14 |
| 16 | Certification of MMIS Complete | | | Tue 6/30/15 | Tue 6/30/15 |
| 17 | **Deliverables by Phase** | | | **Tue 2/28/12** | **Mon 9/30/19** |
| 18 | **Start-Up Phase Deliverables** | | | **Mon 3/12/12** | **Mon 4/9/12** |
| 19 | PMO Overview Document | | | Mon 3/12/12 | Mon 3/12/12 |
| 20 | Communications Management Plan | | | Mon 4/9/12 | Mon 4/9/12 |
| 21 | Project Work Plan | | | Mon 4/9/12 | Mon 4/9/12 |
| 22 | Risk Management Plan | | | Mon 4/9/12 | Mon 4/9/12 |
| 23 | Issues Management Plan | | | Mon 4/9/12 | Mon 4/9/12 |
| 24 | Quality Management Plan | | | Mon 4/9/12 | Mon 4/9/12 |
| 25 | Staffing and Resource Management Plan | | | Mon 4/9/12 | Mon 4/9/12 |
| 26 | Applications Implementation Plan | | | Mon 4/9/12 | Mon 4/9/12 |
| 27 | Interface Plan | | | Mon 4/9/12 | Mon 4/9/12 |

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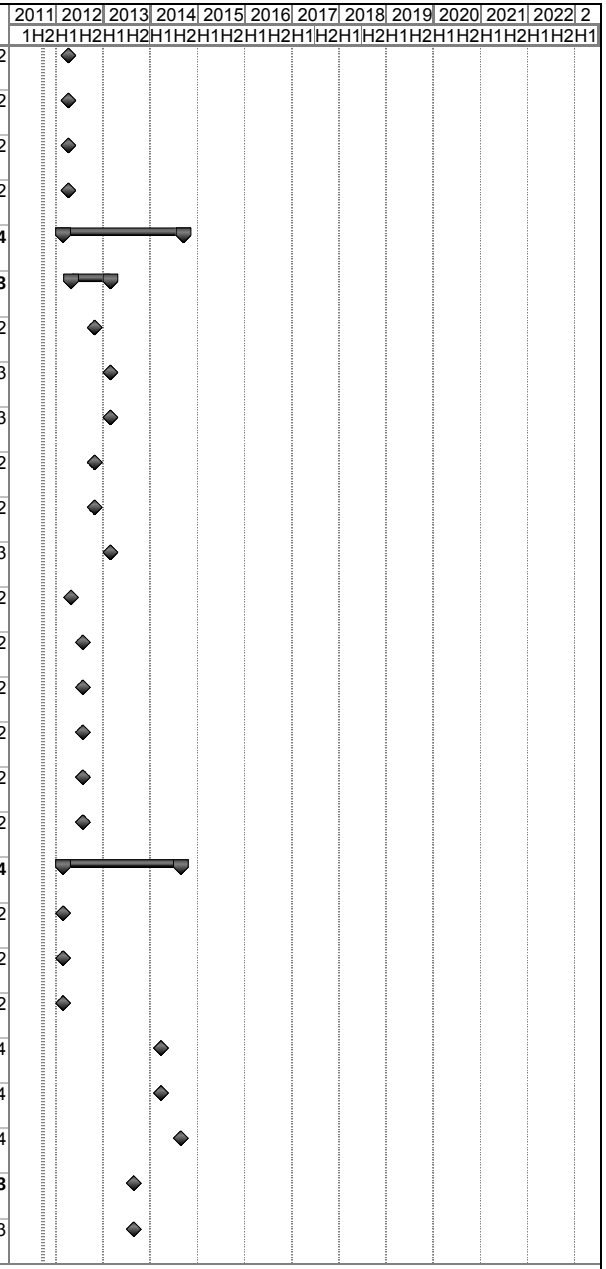
| | | | |
|---|---|---|---|
| Task | Summary | Rolled Up Progress | Project Summary |
| Progress | Rolled Up Task | Split | Group By Summary |
| Milestone | Rolled Up Milestone | External Tasks | Deadline |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 28 | Change Management Plan | | | Mon 4/9/12 | Mon 4/9/12 |
| 29 | Weekly Status Reports | | | Mon 4/9/12 | Mon 4/9/12 |
| 30 | Monthly Status Reports | | | Mon 4/9/12 | Mon 4/9/12 |
| 31 | Quarterly Status Reports | | | Mon 4/9/12 | Mon 4/9/12 |
| 32 | **Implementation Phase Deliverables** | | | **Tue 2/28/12** | **Thu 9/18/14** |
| 33 | **Analysis and Design Deliverables** | | | **Mon 4/30/12** | **Thu 2/28/13** |
| 34 | Joint Application Design (JAD) Results | | | Tue 10/30/12 | Tue 10/30/12 |
| 35 | Architectural and System Requirements | | | Thu 2/28/13 | Thu 2/28/13 |
| 36 | Development Methodology Document | | | Thu 2/28/13 | Thu 2/28/13 |
| 37 | Develop Requirements Specification Document (RSD) | | | Tue 10/30/12 | Tue 10/30/12 |
| 38 | Develop Requirements Traceability Matrix (RTM) | | | Tue 10/30/12 | Tue 10/30/12 |
| 39 | Develop Detailed System Design (DSD) Document | | | Thu 2/28/13 | Thu 2/28/13 |
| 40 | Develop Conversion Plan Implementation for Business and Techn | | | Mon 4/30/12 | Mon 4/30/12 |
| 41 | Interface Plan | | | Tue 7/31/12 | Tue 7/31/12 |
| 42 | Test Management Plan | | | Tue 7/31/12 | Tue 7/31/12 |
| 43 | Business Continuity Plan (BCP) | | | Tue 7/31/12 | Tue 7/31/12 |
| 44 | Disaster Recovery Plan (DRP) | | | Tue 7/31/12 | Tue 7/31/12 |
| 45 | Configuration Management Plan (CMP) | | | Tue 7/31/12 | Tue 7/31/12 |
| 46 | **Development Deliverables** | | | **Tue 2/28/12** | **Thu 8/28/14** |
| 47 | Final Data Conversion Plan | | | Tue 2/28/12 | Tue 2/28/12 |
| 48 | Data Conversion Checklist | | | Tue 2/28/12 | Tue 2/28/12 |
| 49 | Data Reconciliation Procedure | | | Tue 2/28/12 | Tue 2/28/12 |
| 50 | Data Conversion Test Results | | | Wed 3/26/14 | Wed 3/26/14 |
| 51 | Data Conversion Reports | | | Wed 3/26/14 | Wed 3/26/14 |
| 52 | UAT Conversion Test Results | | | Thu 8/28/14 | Thu 8/28/14 |
| 53 | **Configuration And Rules Engine Deliverables** | | | **Wed 8/28/13** | **Wed 8/28/13** |
| 54 | Updated CMP | | | Wed 8/28/13 | Wed 8/28/13 |

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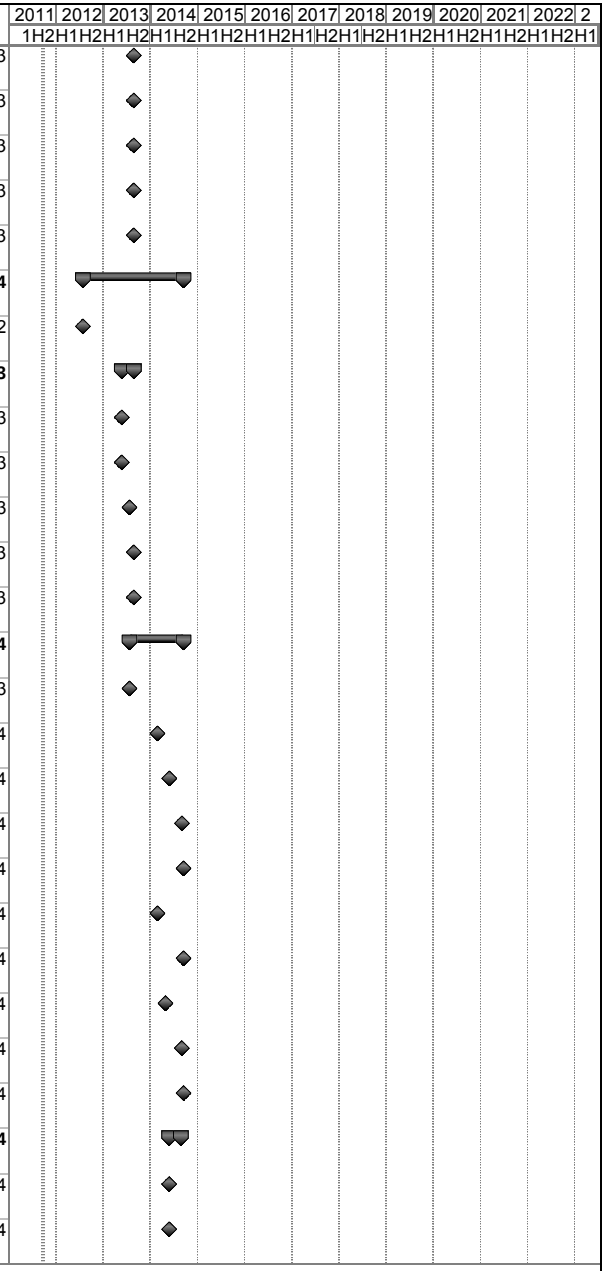
|---|---|---|---|
| Task | Summary | Rolled Up Progress | Project Summary |
| Progress | Rolled Up Task | Split | Group By Summary |
| Milestone | Rolled Up Milestone | External Tasks | Deadline |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 55 | Documentation of All Rules in Rule Engine | | | Wed 8/28/13 | Wed 8/28/13 |
| 56 | Updated Use Cases | | | Wed 8/28/13 | Wed 8/28/13 |
| 57 | Standard Output Reports | | | Wed 8/28/13 | Wed 8/28/13 |
| 58 | Updated Interface Plan | | | Wed 8/28/13 | Wed 8/28/13 |
| 59 | User Documentation Manuals | | | Wed 8/28/13 | Wed 8/28/13 |
| 60 | **Testing Deliverables** | | | **Tue 7/31/12** | **Thu 9/18/14** |
| 61 | Test Plans | | | Tue 7/31/12 | Tue 7/31/12 |
| 62 | **Test Cases and Scripts** | | | **Tue 5/28/13** | **Wed 8/28/13** |
| 63 | Unit | | | Tue 5/28/13 | Tue 5/28/13 |
| 64 | Rules and Modules | | | Tue 5/28/13 | Tue 5/28/13 |
| 65 | Integration | | | Fri 7/26/13 | Fri 7/26/13 |
| 66 | UAT | | | Wed 8/28/13 | Wed 8/28/13 |
| 67 | ORT | | | Wed 8/28/13 | Wed 8/28/13 |
| 68 | **Test Results** | | | **Fri 7/26/13** | **Thu 9/18/14** |
| 69 | Unit | | | Fri 7/26/13 | Fri 7/26/13 |
| 70 | Rules and Modules | | | Fri 2/28/14 | Fri 2/28/14 |
| 71 | Integration | | | Fri 5/30/14 | Fri 5/30/14 |
| 72 | UAT | | | Fri 9/5/14 | Fri 9/5/14 |
| 73 | ORT | | | Thu 9/18/14 | Thu 9/18/14 |
| 74 | Test Tracking | | | Fri 2/28/14 | Fri 2/28/14 |
| 75 | Performance Tuning Document | | | Thu 9/18/14 | Thu 9/18/14 |
| 76 | Letter Certifying that UAT Data Has Been Provided | | | Wed 4/30/14 | Wed 4/30/14 |
| 77 | Final Testing Reports | | | Thu 9/4/14 | Thu 9/4/14 |
| 78 | Operational Readiness Test Report | | | Thu 9/18/14 | Thu 9/18/14 |
| 79 | **Knowledge Transfer Plan Deliverables** | | | **Thu 5/29/14** | **Thu 8/28/14** |
| 80 | Knowledge Transfer Plan and Schedule, Train-the-trainer Plan an | | | Thu 5/29/14 | Thu 5/29/14 |
| 81 | Electronic Knowledge Transfer Documentation | | | Thu 5/29/14 | Thu 5/29/14 |

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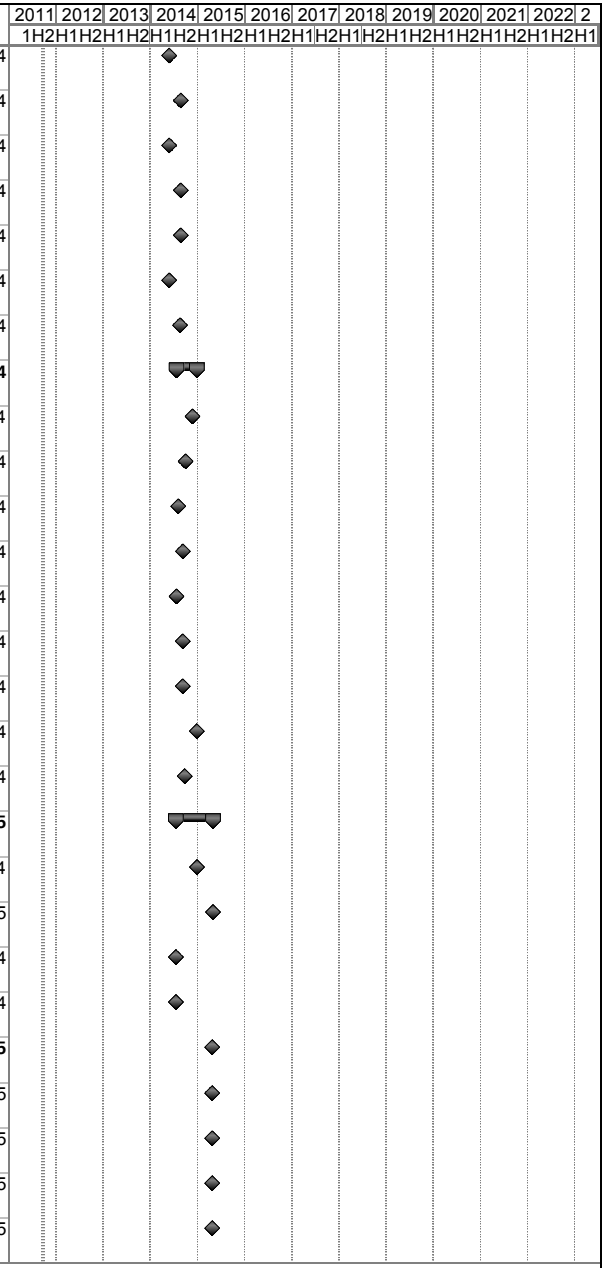
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 82 | Knowledge Transfer Database and Application Software | | | Thu 5/29/14 | Thu 5/29/14 |
| 83 | Letter Certifying the Knowledge Transfer Database is Built and So | | | Thu 8/28/14 | Thu 8/28/14 |
| 84 | Document Version Control Plan | | | Thu 5/29/14 | Thu 5/29/14 |
| 85 | Knowledge Transfer Schedule and Conduct Knowledge Transfer | | | Thu 8/28/14 | Thu 8/28/14 |
| 86 | Letter Certifying Completion of Knowledge Transfer | | | Thu 8/28/14 | Thu 8/28/14 |
| 87 | Evaluation Survey Tools | | | Thu 5/29/14 | Thu 5/29/14 |
| 88 | Knowledge Transfer Reports | | | Thu 8/21/14 | Thu 8/21/14 |
| 89 | **Transition to Operations Phase Deliverables** | | | **Fri 7/25/14** | **Mon 12/29/14** |
| 90 | Implementation Report | | | Wed 11/26/14 | Wed 11/26/14 |
| 91 | Updated Contingency Plan | | | Fri 10/3/14 | Fri 10/3/14 |
| 92 | Production Schedule | | | Fri 8/8/14 | Fri 8/8/14 |
| 93 | Backup and Recovery Procedures | | | Fri 9/12/14 | Fri 9/12/14 |
| 94 | Hardware, Software and Facility Security Manual | | | Fri 7/25/14 | Fri 7/25/14 |
| 95 | Final Implementation Checklist | | | Thu 9/11/14 | Thu 9/11/14 |
| 96 | File Transfer Plan | | | Thu 9/11/14 | Thu 9/11/14 |
| 97 | Final Implementation Report | | | Mon 12/29/14 | Mon 12/29/14 |
| 98 | Implementation Certification Letter | | | Fri 9/26/14 | Fri 9/26/14 |
| 99 | **Post Implementation Deliverables** | | | **Mon 7/21/14** | **Mon 5/4/15** |
| 100 | All Required Corrective Action Plans | | | Wed 12/31/14 | Wed 12/31/14 |
| 101 | CMS Certification Documentation | | | Mon 5/4/15 | Mon 5/4/15 |
| 102 | System Documentation | | | Mon 7/21/14 | Mon 7/21/14 |
| 103 | User Documentation | | | Mon 7/21/14 | Mon 7/21/14 |
| 104 | **Certification Phase Deliverables** | | | **Mon 4/27/15** | **Mon 4/27/15** |
| 105 | Updated CMS Certification Checklists. | | | Mon 4/27/15 | Mon 4/27/15 |
| 106 | CMS Certification Readiness Checklists. | | | Mon 4/27/15 | Mon 4/27/15 |
| 107 | Required information and documentation. | | | Mon 4/27/15 | Mon 4/27/15 |
| 108 | Revised system documentation resulting from system remediation. | | | Mon 4/27/15 | Mon 4/27/15 |

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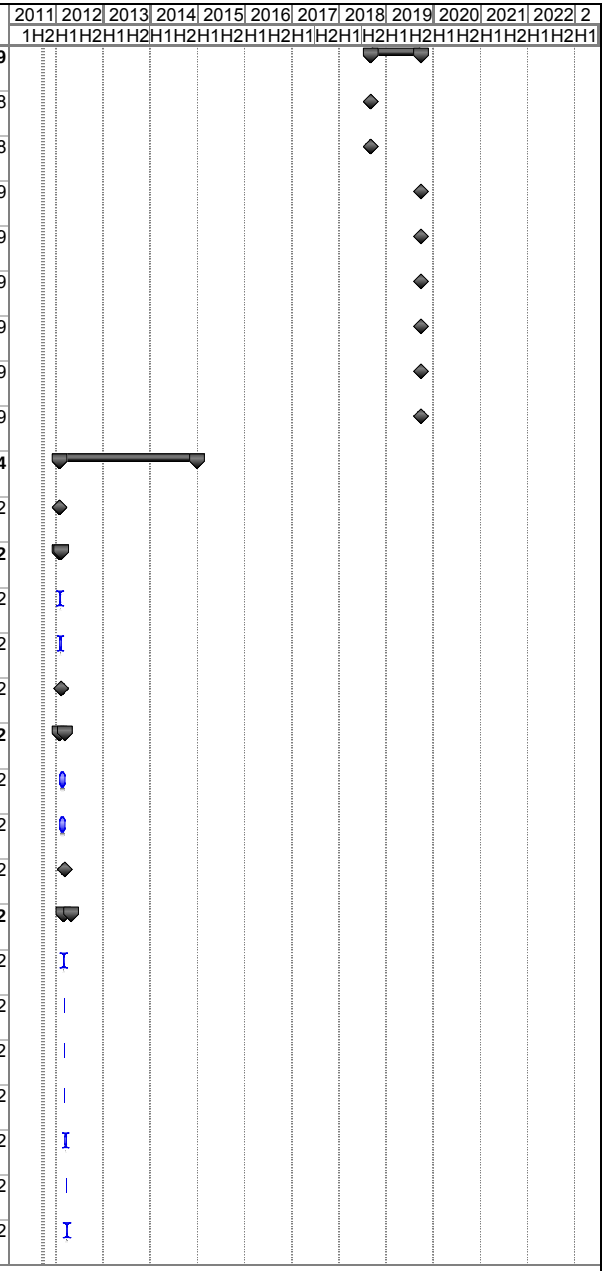
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 109 | **Turnover Phase Deliverables** | | | **Thu 9/6/18** | **Mon 9/30/19** |
| 110 | Schedule of Turnover Activities | | | Thu 9/6/18 | Thu 9/6/18 |
| 111 | Turnover Plan. | | | Thu 9/6/18 | Thu 9/6/18 |
| 112 | Non-proprietary source code | | | Mon 9/30/19 | Mon 9/30/19 |
| 113 | Proprietary source code letter | | | Mon 9/30/19 | Mon 9/30/19 |
| 114 | Current staffing plan | | | Mon 9/30/19 | Mon 9/30/19 |
| 115 | Facility and resource statement | | | Mon 9/30/19 | Mon 9/30/19 |
| 116 | The Department data, files and user and operations documentation in h | | | Mon 9/30/19 | Mon 9/30/19 |
| 117 | All reports associated with the contract(s) created during the Operation | | | Mon 9/30/19 | Mon 9/30/19 |
| 118 | **Start-Up Phase** | | | **Wed 2/1/12** | **Wed 12/31/14** |
| 119 | Start of Start-Up Phase | | | Wed 2/1/12 | Wed 2/1/12 |
| 120 | **Project Kick-Off Meeting** | | | **Wed 2/1/12** | **Mon 2/13/12** |
| 121 | Prepare Project Kick-Off Meeting Agenda | %],Project Manager[5%] | | Wed 2/1/12 | Tue 2/7/12 |
| 122 | Prepare Project Kick-Off Meeting Materials | ess Analyst (Lead)[25%] | | Wed 2/1/12 | Mon 2/13/12 |
| 123 | Conduct Project Kick-Off Meeting with IME | ess Analyst (Lead)[25%] | 80 | Mon 2/13/12 | Mon 2/13/12 |
| 124 | **Temporary Facilities** | | | **Wed 2/1/12** | **Mon 3/12/12** |
| 125 | Establish Temporary Project Site in Des Mones, Iowa | t Manager (PMO)[52%] | | Wed 2/1/12 | Mon 3/12/12 |
| 126 | Establish Testing Facility | t Manager (PMO)[52%] | | Wed 2/1/12 | Mon 3/12/12 |
| 127 | Obtain State Approval of Facitlities | ect Manager (PMO)[4%] | 16 | Mon 3/12/12 | Mon 3/12/12 |
| 128 | **Develop Conversion Plan Implementation for Business and Technical I** | | | **Fri 3/2/12** | **Mon 4/30/12** |
| 129 | Conversion Plan - Develop Deliverable Expectation Document (DED) | ess Analyst (Lead)[13%] | | Fri 3/2/12 | Mon 3/5/12 |
| 130 | Conversion Plan - Walkthrough DED with IME | ,Business Analyst[25%] | 1 | Tue 3/6/12 | Tue 3/6/12 |
| 131 | Conversion Plan - Finalize DED | ess Analyst (Lead)[25%] | | Wed 3/7/12 | Wed 3/7/12 |
| 132 | Conversion Plan - Develop Outline | ess Analyst (Lead)[13%] | | Thu 3/8/12 | Fri 3/9/12 |
| 133 | Conversion Plan - Develop Deilverable | ess Analyst (Lead)[25%] | | Mon 3/12/12 | Fri 3/23/12 |
| 134 | Conversion Plan - Walkthrough Draft with IME | ess Analyst (Lead)[25%] | 1 | Mon 3/26/12 | Mon 3/26/12 |
| 135 | Conversion Plan - Update Draft | ess Analyst (Lead)[21%] | | Tue 3/27/12 | Thu 3/29/12 |

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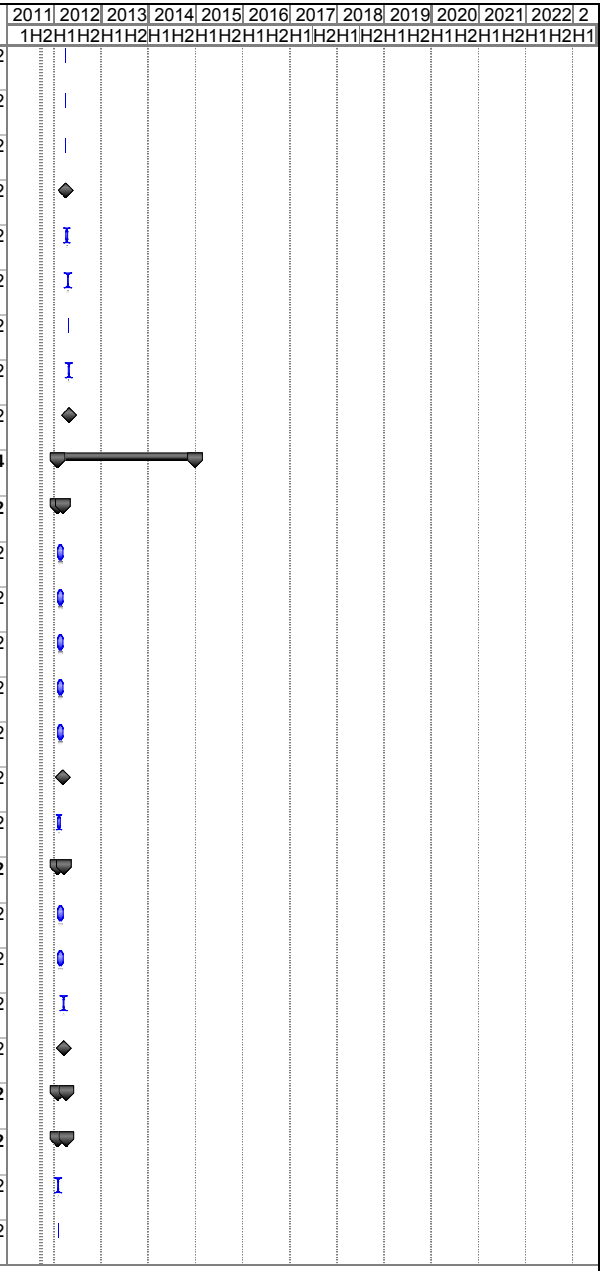
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 136 | Conversion Plan - Conduct Peer Review | ess Analyst (Lead)[25%] | | Fri 3/30/12 | Fri 3/30/12 |
| 137 | Conversion Plan - Finalize Deliverable | ess Analyst (Lead)[25%] | | Mon 4/2/12 | Mon 4/2/12 |
| 138 | Conversion Plan - Print and Package Deliverable | ess Analyst (Lead)[25%] | | Tue 4/3/12 | Tue 4/3/12 |
| 139 | Conversion Plan - Submit Deliverable | ess Analyst (Lead)[13%] | | Tue 4/3/12 | Tue 4/3/12 |
| 140 | Conversion Plan - IME Deliverable Review | ness Analyst (Lead)[3%] | 40 | Wed 4/4/12 | Tue 4/17/12 |
| 141 | Conversion Plan - Update Deliverable | ess Analyst (Lead)[25%] | | Wed 4/18/12 | Fri 4/20/12 |
| 142 | Conversion Plan - Print, Package, and Resubmit Deliverable | ess Analyst (Lead)[25%] | | Mon 4/23/12 | Mon 4/23/12 |
| 143 | Conversion Plan - IME Resubmission Review | ess Analyst (Lead)[13%] | 20 | Tue 4/24/12 | Mon 4/30/12 |
| 144 | Conversion Plan - Deliverable Approved | ess Analyst (Lead)[13%] | | Mon 4/30/12 | Mon 4/30/12 |
| 145 | **Project Management** | | | **Wed 2/1/12** | **Wed 12/31/14** |
| 146 | **Project Management Office (PMO)** | | | **Wed 2/1/12** | **Mon 3/12/12** |
| 147 | Deploy PMO Resources | Project Manager[52%] | | Wed 2/1/12 | Mon 3/12/12 |
| 148 | PMO Processes, Policies, and Procedures | Project Manager[17%] | | Wed 2/1/12 | Mon 3/12/12 |
| 149 | Provide Orientation for Staff | Project Manager[52%] | | Wed 2/1/12 | Mon 3/12/12 |
| 150 | Define PMO tools | Project Manager[52%] | | Wed 2/1/12 | Mon 3/12/12 |
| 151 | Establish Contract Management | Project Manager[7%] | | Wed 2/1/12 | Mon 3/12/12 |
| 152 | PMO Created in Des Moines, Iowa | | | Mon 3/12/12 | Mon 3/12/12 |
| 153 | Provide Resumes of Key Personnel to IME | Project Manager | | Wed 2/1/12 | Mon 2/20/12 |
| 154 | **Project Management (PMO) Portal** | | | **Wed 2/1/12** | **Tue 3/20/12** |
| 155 | Stand up Project Web Access (PWA) | ct[21%],Developer[21%] | | Wed 2/1/12 | Tue 3/13/12 |
| 156 | Set Up PWA User Accounts and Access | nfiguration Analyst[21%] | | Wed 2/1/12 | Tue 3/13/12 |
| 157 | Populate Initial Project Documents | nfiguration Analyst[21%] | | Tue 3/13/12 | Tue 3/20/12 |
| 158 | Project Portal Created | | | Tue 3/20/12 | Tue 3/20/12 |
| 159 | **Project Management Plans** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 160 | **Project Communications Plan** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 161 | Project Communication Plan - Develop Deliverable Expectati | surance Specialist[25%] | | Wed 2/1/12 | Tue 2/7/12 |
| 162 | Project Communication Plan - Walkthrough DED with IME | t Manager (PMO)[25%] | 1 | Wed 2/8/12 | Thu 2/9/12 |

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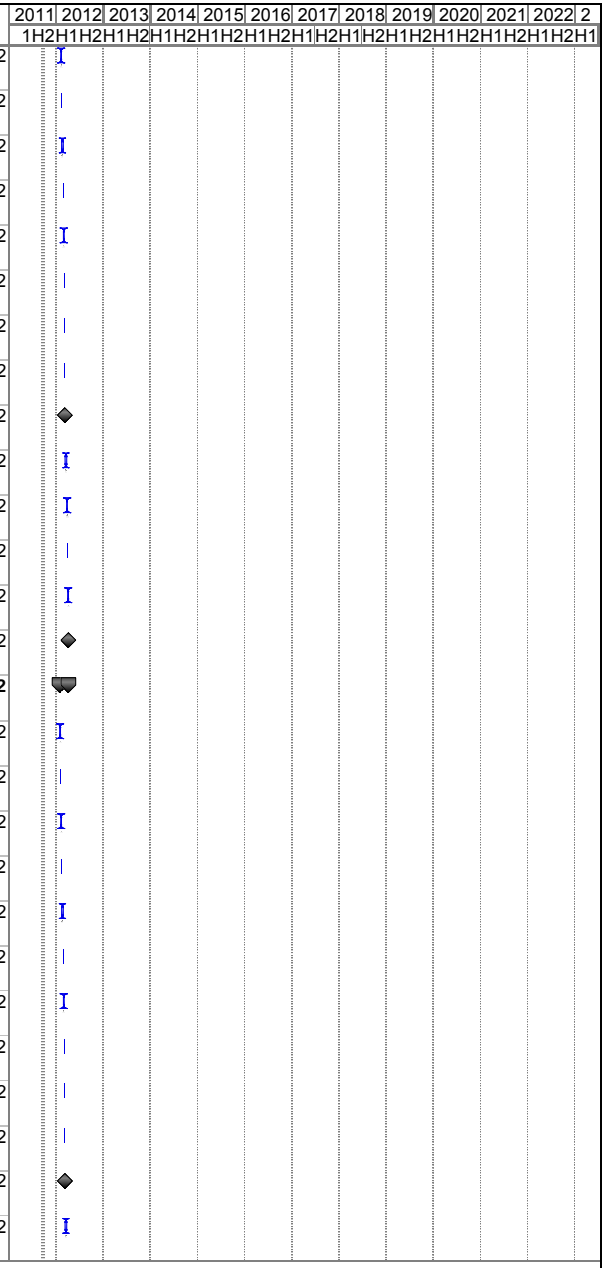
|---|---|---|---|
| Task | Summary | Rolled Up Progress | Project Summary |
| Progress | Rolled Up Task | Split | Group By Summary |
| Milestone | Rolled Up Milestone | External Tasks | Deadline |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 163 | Project Communication Plan - Finalize DED | :t Manager (PMO)[25%] | | Fri 2/10/12 | Tue 2/14/12 |
| 164 | Project Communication Plan - Develop Outline | :t Manager (PMO)[25%] | | Wed 2/15/12 | Wed 2/15/12 |
| 165 | Project Communication Plan - Develop Deilverable | :t Manager (PMO)[25%] | | Thu 2/16/12 | Tue 2/28/12 |
| 166 | Project Communication Plan - Walkthrough Draft with IME | :t Manager (PMO)[25%] | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 167 | Project Communication Plan - Update Draft | :t Manager (PMO)[25%] | | Thu 3/1/12 | Mon 3/5/12 |
| 168 | Project Communication Plan - Conduct Peer Review | :t Manager (PMO)[25%] | | Tue 3/6/12 | Wed 3/7/12 |
| 169 | Project Communication Plan - Finalize Deliverable | :t Manager (PMO)[25%] | | Thu 3/8/12 | Fri 3/9/12 |
| 170 | Project Communication Plan - Print and Package Deliverable | :t Manager (PMO)[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 171 | Project Communication Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 172 | Project Communication Plan - IME Deliverable Review | :t Manager (PMO)[50%] | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 173 | Project Communication Plan - Update Deliverable | :t Manager (PMO)[25%] | | Tue 3/27/12 | Fri 3/30/12 |
| 174 | Project Communication Plan - Print, Package, and Resubmit | :t Manager (PMO)[25%] | | Mon 4/2/12 | Mon 4/2/12 |
| 175 | Project Communication Plan - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 176 | Project Communication Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 177 | **Project Work Plan and WBS** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 178 | Project Work Plan - Develop Deliverable Expectation Docum | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 179 | Project Work Plan - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 180 | Project Work Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 181 | Project Work Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 182 | Project Work Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 183 | Project Work Plan - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 184 | Project Work Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 185 | Project Work Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 186 | Project Work Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 187 | Project Work Plan - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 188 | Project Work Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 189 | Project Work Plan - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |

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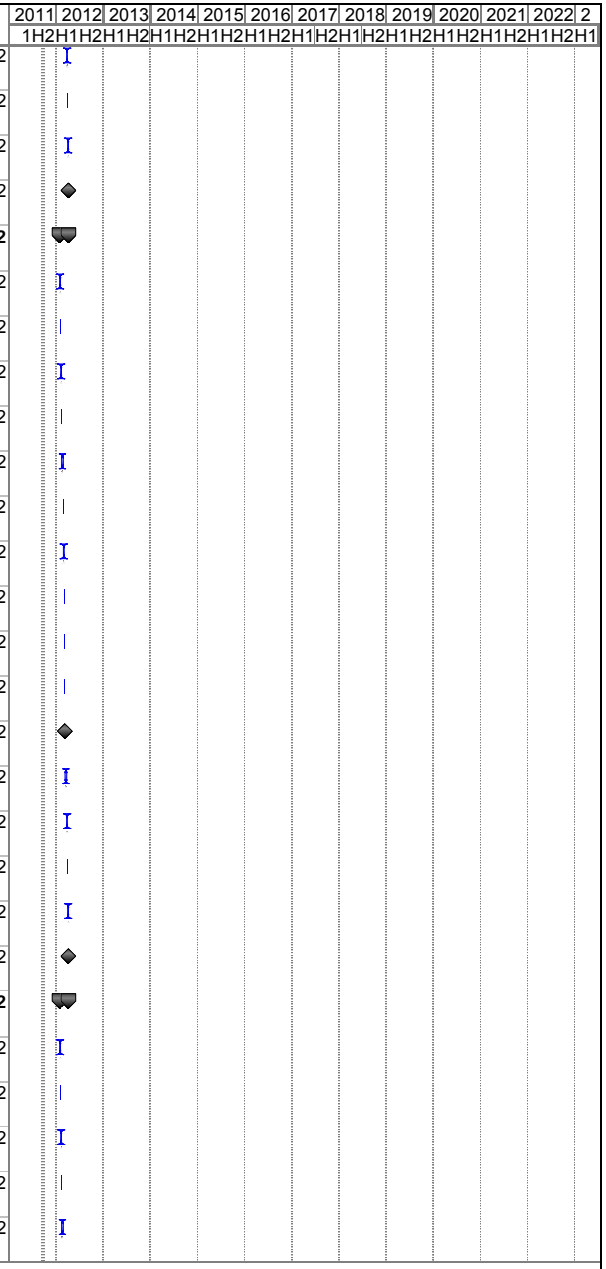
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 190 | Project Work Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 191 | Project Work Plan - Print, Package, and Resubmit Deliverabl | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 192 | Project Work Plan - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 193 | Project Work Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 194 | **Risk Management Plan** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 195 | Risk Management Plan - Develop Deliverable Expectation Dc | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 196 | Risk Management Plan - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 197 | Risk Management Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 198 | Risk Management Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 199 | Risk Management Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 200 | Risk Management Plan - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 201 | Risk Management Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 202 | Risk Management Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 203 | Risk Management Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 204 | Risk Management Plan - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 205 | Risk Management Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 206 | Risk Management Plan - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 207 | Risk Management Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 208 | Risk Management Plan - Package and Resubmit Deliverable | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 209 | Risk Management Plan - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 210 | Risk Management Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 211 | **Issues Management Plan** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 212 | Issues Management Plan - Develop Deliverable Expectation I | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 213 | Issues Management Plan - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 214 | Issues Management Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 215 | Issues Management Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 216 | Issues Management Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |

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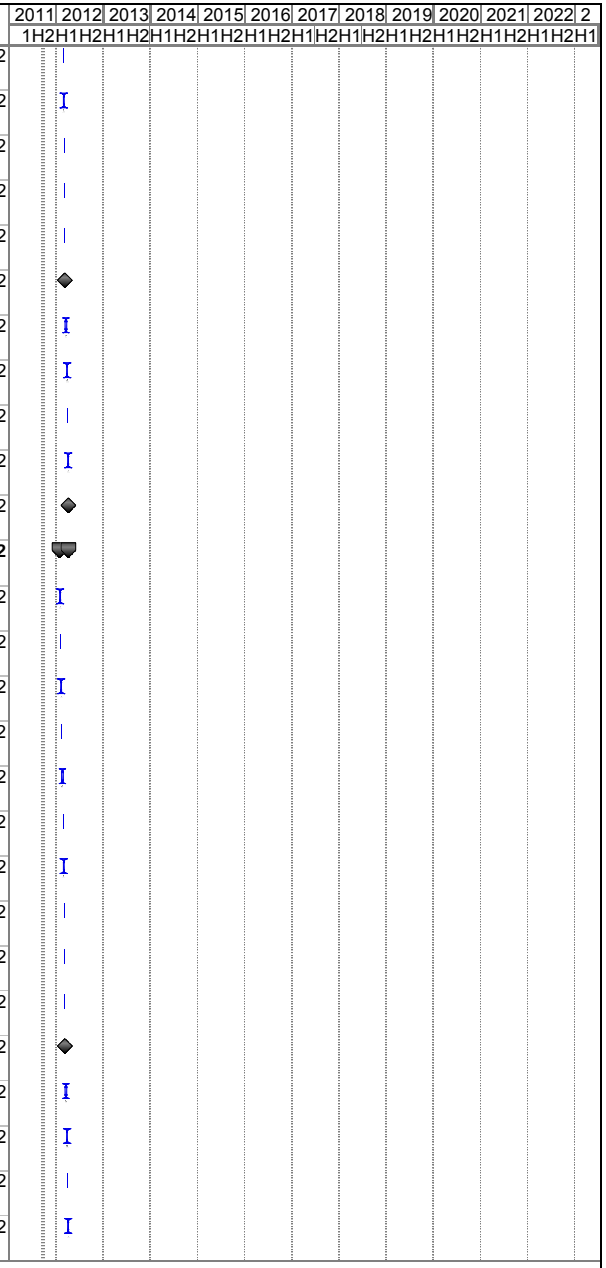
|---|---|---|---|
| Task | Summary | Rolled Up Progress | Project Summary |
| Progress | Rolled Up Task | Split | Group By Summary |
| Milestone | Rolled Up Milestone | External Tasks | Deadline |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 217 | Issues Management Plan - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 218 | Issues Management Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 219 | Issues Management Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 220 | Issues Management Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 221 | Issues Management Plan - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 222 | Issues Management Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 223 | Issues Management Plan - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 224 | Issues Management Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 225 | Issues Management Plan - Package and Resubmit Deliverab | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 226 | Issues Management Plan - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 227 | Issues Management Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 228 | **Quality Management Plan** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 229 | Quality Assurance (QA) Plan - Develop Deliverable Expectati | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 230 | Quality Assurance (QA) Plan - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 231 | Quality Assurance (QA) Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 232 | Quality Assurance (QA) Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 233 | Quality Assurance (QA) Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 234 | Quality Assurance (QA) Plan - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 235 | Quality Assurance (QA) Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 236 | Quality Assurance (QA) Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 237 | Quality Assurance (QA) Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 238 | Quality Assurance (QA) Plan - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 239 | Quality Assurance (QA) Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 240 | Quality Assurance (QA) Plan - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 241 | Quality Assurance (QA) Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 242 | Quality Assurance (QA) Plan - Package and Resubmit Delive | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 243 | Quality Assurance (QA) Plan - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |

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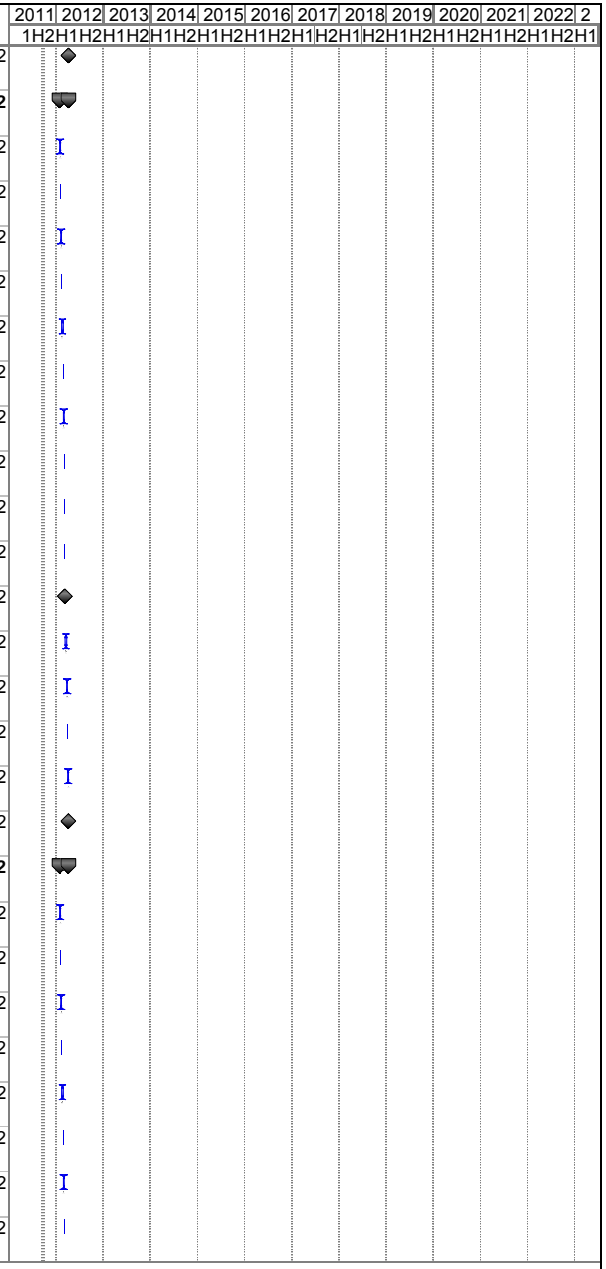
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 244 | Quality Assurance (QA) Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 245 | **Staffing Management Plan** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 246 | Staffing Management Plan - Develop Deliverable Expectation | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 247 | Staffing Management Plan - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 248 | Staffing Management Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 249 | Staffing Management Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 250 | Staffing Management Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 251 | Staffing Management Plan - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 252 | Staffing Management Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 253 | Staffing Management Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 254 | Staffing Management Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 255 | Staffing Management Plan - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 256 | Staffing Management Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 257 | Staffing Management Plan - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 258 | Staffing Management Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 259 | Staffing Management Plan - Package and Resubmit Deliveral | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 260 | Staffing Management Plan - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 261 | Staffing Management Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 262 | **Applications Implementation Plan** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 263 | Applications Implementation Plan - Develop Deliverable Expe | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 264 | Applications Implementation Plan - Walkthrough DED with IM | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 265 | Applications Implementation Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 266 | Applications Implementation Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 267 | Applications Implementation Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 268 | Applications Implementation Plan - Walkthrough Draft with IM | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 269 | Applications Implementation Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 270 | Applications Implementation Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |

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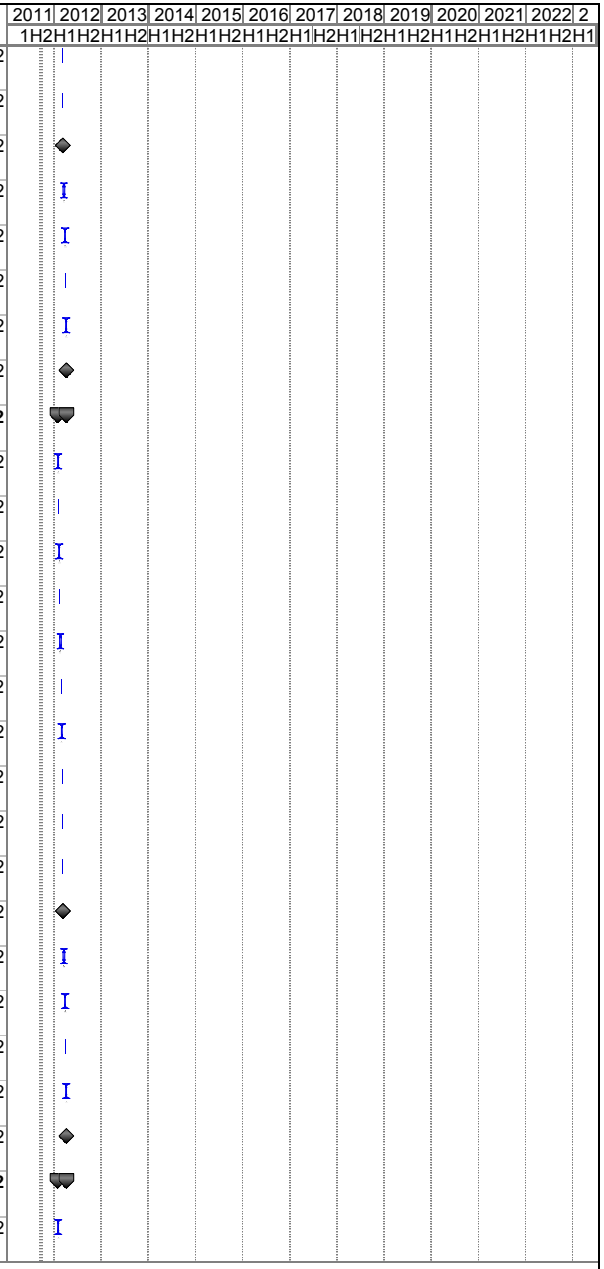
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 271 | Applications Implementation Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 272 | Applications Implementation Plan - Print and Package Deliver | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 273 | Applications Implementation Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 274 | Applications Implementation Plan - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 275 | Applications Implementation Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 276 | Applications Implementation Plan - Package and Resubmit D | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 277 | Applications Implementation Plan - IME Resubmission Revie | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 278 | Applications Implementation Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 279 | **Interface Plan** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 280 | Interface Plan - Develop Deliverable Expectation Document ( | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 281 | Interface Plan - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 282 | Interface Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 283 | Interface Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 284 | Interface Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 285 | Interface Plan - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 286 | Interface Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 287 | Interface Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 288 | Interface Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 289 | Interface Plan - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 290 | Interface Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 291 | Interface Plan - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 292 | Interface Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 293 | Interface Plan - Package and Resubmit Deliverable | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 294 | Interface Plan - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 295 | Interface Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 296 | **Change Management Plan** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 297 | Change Management Plan - Develop Deliverable Expectatior | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |




Project: Iowa Proposal Project Plan Dr
Date: Thu 9/15/11

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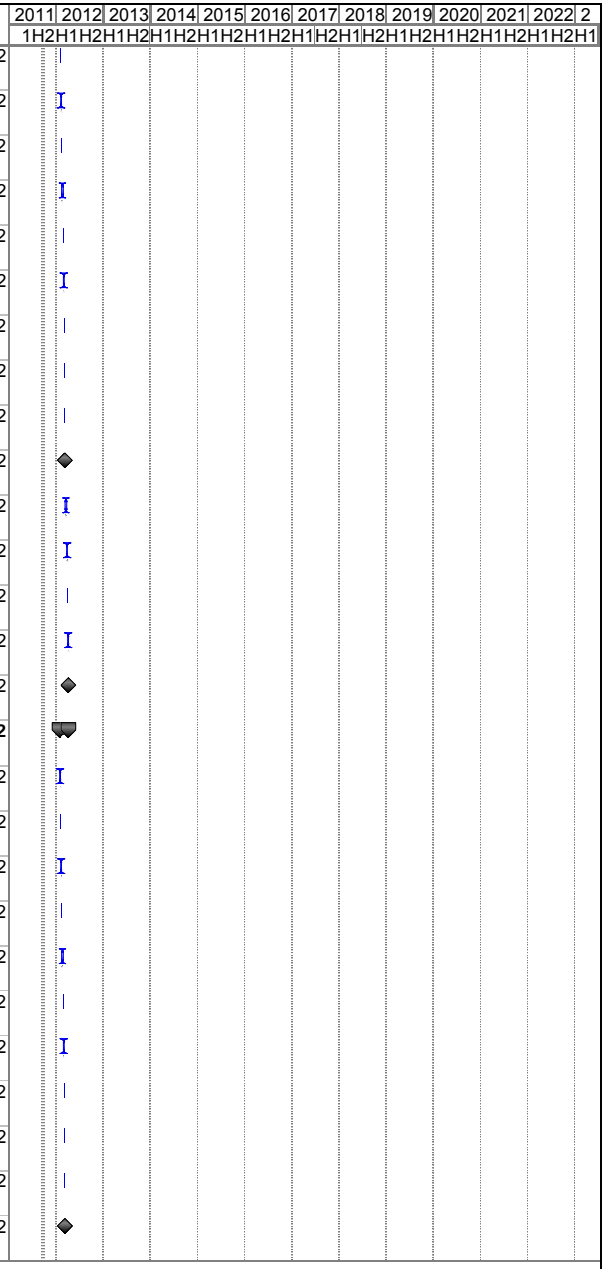
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 298 | Change Management Plan - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 299 | Change Management Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 300 | Change Management Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 301 | Change Management Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 302 | Interface Plan - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 303 | Interface Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 304 | Change Management Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 305 | Change Management Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 306 | Change Management Plan - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 307 | Change Management Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 308 | Change Management Plan - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 309 | Change Management Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 310 | Change Management Plan - Package and Resubmit Delivera | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 311 | Change Management Plan - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 312 | Change Management Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 313 | **Configuration Management Plan - Develop Deliverable Ex** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 314 | Configuration Management Plan - Develop Deliverable E | t Manager (PMO)[20%] | | Wed 2/1/12 | Tue 2/7/12 |
| 315 | Configuration Management Plan - Walkthrough DED wit | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 316 | Configuration Management Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 317 | Configuration Management Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 318 | Configuration Management Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 319 | Interface Plan - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 320 | Interface Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 321 | Configuration Management Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 322 | Configuration Management Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 323 | Configuration Management Plan - Print and Package De | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 324 | Configuration Management Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |




Project: Iowa Proposal Project Plan Dr
Date: Thu 9/15/11

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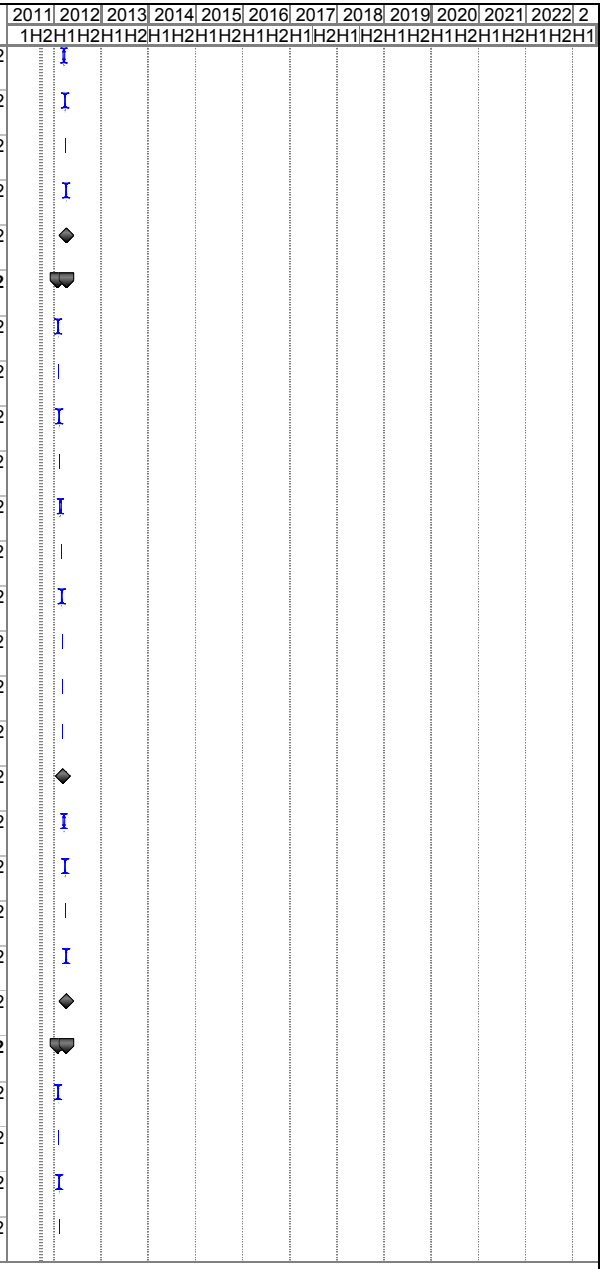
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 325 | Configuration Management Plan - IME Deliverable Revie | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 326 | Configuration Management Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 327 | Configuration Management Plan - Package and Resubm | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 328 | Configuration Management Plan - IME Resubmission Re | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 329 | Configuration Management Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 330 | **Knowledge Transfer Plan** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 331 | Project Training Plan - Develop Deliverable Expectation Docu | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 332 | Project Training Plan - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 333 | Project Training Plan - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 334 | Project Training Plan - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 335 | Project Training Plan - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 336 | Project Training Plan - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 337 | Project Training Plan - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 338 | Project Training Plan - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 339 | Project Training Plan - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 340 | Project Training Plan - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 341 | Project Training Plan - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 342 | Project Training Plan - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 343 | Project Training Plan - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 344 | Project Training Plan - Package and Resubmit Deliverable | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 345 | Project Training Plan - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 346 | Project Training Plan - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 347 | **Weekly Status Report** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 348 | Weekly Status Report - Develop Deliverable Expectation Doc | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 349 | Weekly Status Report - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 350 | Weekly Status Report - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 351 | Weekly Status Report - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |

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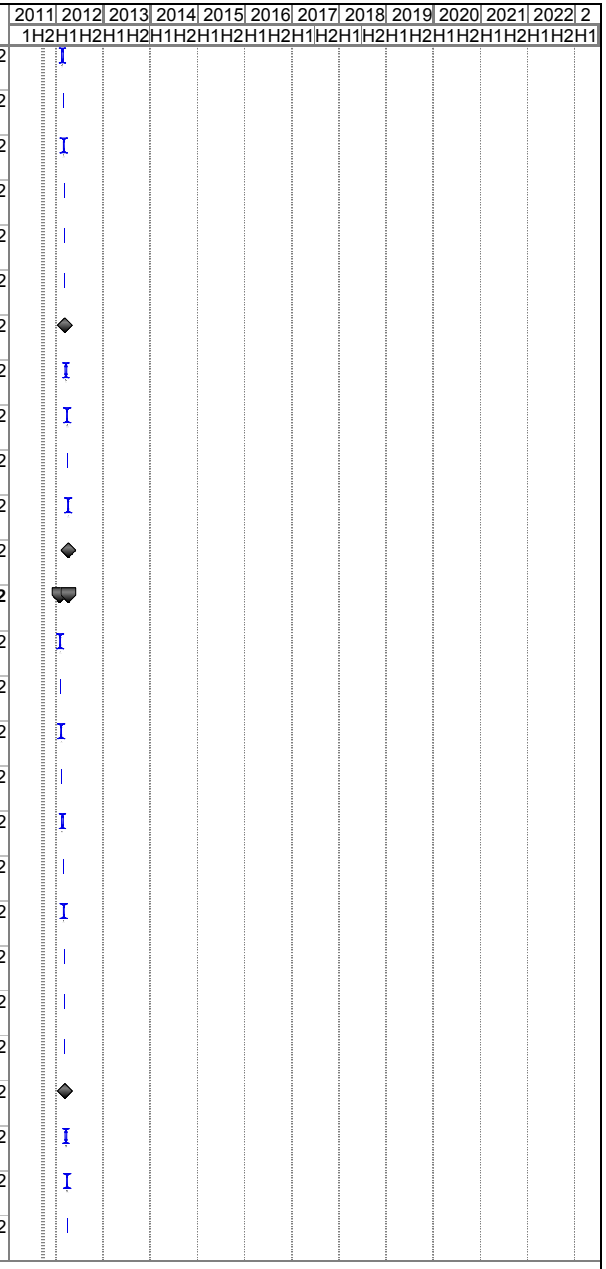
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 352 | Weekly Status Report - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 353 | Weekly Status Report - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 354 | Weekly Status Report - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 355 | Weekly Status Report - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 356 | Weekly Status Report - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 357 | Weekly Status Report - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 358 | Weekly Status Report - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 359 | Weekly Status Report - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 360 | Weekly Status Report - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 361 | Weekly Status Report - Package and Resubmit Deliverable | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 362 | Weekly Status Report - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 363 | Weekly Status Report - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 364 | **Monthly Status Report** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 365 | Monthly Status Report - Develop Deliverable Expectation Doc | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 366 | Monthly Status Report - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 367 | Monthly Status Report - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 368 | Monthly Status Report - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 369 | Monthly Status Report - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 370 | Monthly Status Report - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 371 | Monthly Status Report - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 372 | Monthly Status Report - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 373 | Monthly Status Report - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 374 | Monthly Status Report - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 375 | Monthly Status Report - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 376 | Monthly Status Report - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 377 | Monthly Status Report - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 378 | Monthly Status Report - Package and Resubmit Deliverable | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |

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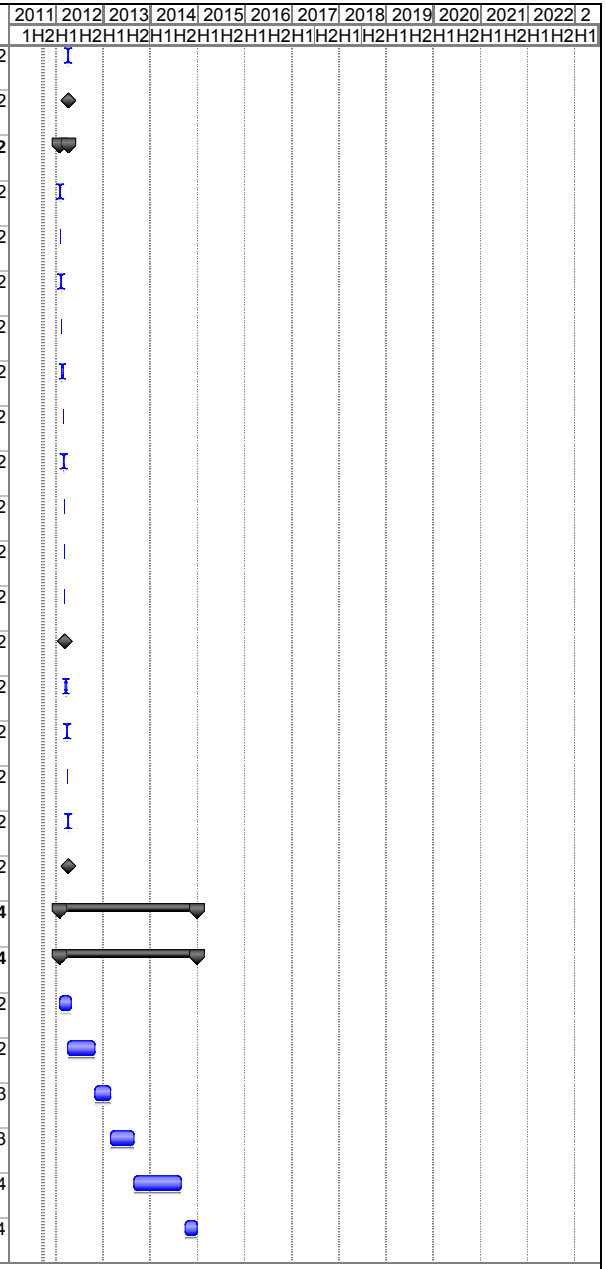
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 379 | Monthly Status Report - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 380 | Monthly Status Report - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 381 | **Quarterly Status Report** | | | **Wed 2/1/12** | **Mon 4/9/12** |
| 382 | Quarterly Status Report - Develop Deliverable Expectation Do | Project Manager (PMO) | | Wed 2/1/12 | Tue 2/7/12 |
| 383 | Quarterly Status Report - Walkthrough DED with IME | Project Manager (PMO) | 1 | Wed 2/8/12 | Thu 2/9/12 |
| 384 | Quarterly Status Report - Finalize DED | Project Manager (PMO) | | Fri 2/10/12 | Tue 2/14/12 |
| 385 | Quarterly Status Report - Develop Outline | Project Manager (PMO) | | Wed 2/15/12 | Wed 2/15/12 |
| 386 | Quarterly Status Report - Develop Deilverable | Project Manager (PMO) | | Thu 2/16/12 | Tue 2/28/12 |
| 387 | Quarterly Status Report - Walkthrough Draft with IME | Project Manager (PMO) | 1 | Wed 2/29/12 | Wed 2/29/12 |
| 388 | Quarterly Status Report - Update Draft | Project Manager (PMO) | | Thu 3/1/12 | Mon 3/5/12 |
| 389 | Quarterly Status Report - Conduct Peer Review | Project Manager (PMO) | | Tue 3/6/12 | Wed 3/7/12 |
| 390 | Quarterly Status Report - Finalize Deliverable | Project Manager (PMO) | | Thu 3/8/12 | Fri 3/9/12 |
| 391 | Quarterly Status Report - Print and Package Deliverable | Project Manager (PMO) | | Mon 3/12/12 | Mon 3/12/12 |
| 392 | Quarterly Status Report - Submit Deliverable | surance Specialist[25%] | | Mon 3/12/12 | Mon 3/12/12 |
| 393 | Quarterly Status Report - IME Deliverable Review | | 40 | Tue 3/13/12 | Mon 3/26/12 |
| 394 | Quarterly Status Report - Update Deliverable | Project Manager (PMO) | | Tue 3/27/12 | Fri 3/30/12 |
| 395 | Quarterly Status Report - Package and Resubmit Deliverable | Project Manager (PMO) | | Mon 4/2/12 | Mon 4/2/12 |
| 396 | Quarterly Status Report - IME Resubmission Review | | 20 | Tue 4/3/12 | Mon 4/9/12 |
| 397 | Quarterly Status Report - Deliverable Approved | | | Mon 4/9/12 | Mon 4/9/12 |
| 398 | **Project Management Support** | | | **Wed 2/1/12** | **Wed 12/31/14** |
| 399 | **Project Administration and Support** | | | **Wed 2/1/12** | **Wed 12/31/14** |
| 400 | Startup | nagement Team[117%] | | Wed 2/1/12 | Mon 4/30/12 |
| 401 | Analyze | nagement Team[119%] | | Mon 4/2/12 | Tue 10/30/12 |
| 402 | Design | nagement Team[269%] | | Thu 11/1/12 | Thu 2/28/13 |
| 403 | Build | nagement Team[353%] | | Fri 3/1/13 | Wed 8/28/13 |
| 404 | Test | nagement Team[210%] | | Thu 8/29/13 | Fri 8/29/14 |
| 405 | Deploy | nagement Team[174%] | | Tue 9/30/14 | Wed 12/31/14 |

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Date: Thu 9/15/11

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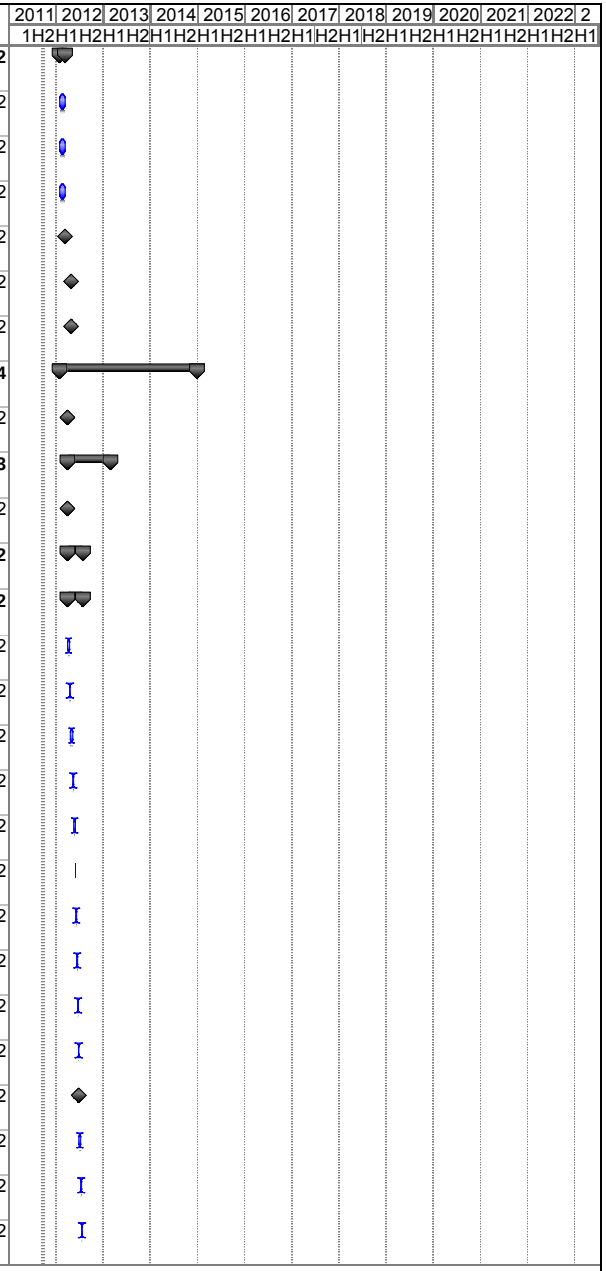
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | ◆ | Rolled Up Milestone | ◇ | External Tasks | | Deadline | ⇩ |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 406 | **Establish System Environments** | | | **Wed 2/1/12** | **Tue 3/13/12** |
| 407 | Development Environment | frastructure Staff[417%] | | Wed 2/1/12 | Tue 3/13/12 |
| 408 | Test / Conversion Environment | frastructure Staff[417%] | | Wed 2/1/12 | Tue 3/13/12 |
| 409 | Training Environment | frastructure Staff[417%] | | Wed 2/1/12 | Tue 3/13/12 |
| 410 | MILESTONE: Development, Test, Converstion, Training, Environments Setu | | | Tue 3/13/12 | Tue 3/13/12 |
| 411 | MILESTONE: Project Initiation Activities Complete | | | Mon 4/30/12 | Mon 4/30/12 |
| 412 | End of Start-Up Phase | | | Mon 4/30/12 | Mon 4/30/12 |
| 413 | **Implementation Phase** | | | **Wed 2/1/12** | **Wed 12/31/14** |
| 414 | Start of Implementation Phase | | | Mon 4/2/12 | Mon 4/2/12 |
| 415 | **Analysis and Design** | | | **Mon 4/2/12** | **Thu 2/28/13** |
| 416 | Start Analysis and Design | | | Mon 4/2/12 | Mon 4/2/12 |
| 417 | **Analysis and Design Plans** | | | **Mon 4/2/12** | **Tue 7/31/12** |
| 418 | **Interface Plan** | | | **Mon 4/2/12** | **Tue 7/31/12** |
| 419 | Interface Plan - Develop Deliverable Expectation Document (I | ,Business Analyst[14%] | | Mon 4/2/12 | Tue 4/17/12 |
| 420 | Interface Plan - Walkthrough DED with IME | ,Business Analyst[22%] | 1 | Wed 4/18/12 | Fri 4/20/12 |
| 421 | Interface Plan - Finalize DED | 6],Business Analyst[7%] | | Mon 4/23/12 | Fri 5/11/12 |
| 422 | Interface Plan - Develop Outline | 6],Business Analyst[7%] | | Mon 5/14/12 | Fri 5/18/12 |
| 423 | Interface Plan - Develop Deilverable | ,Business Analyst[30%] | | Mon 5/21/12 | Fri 6/1/12 |
| 424 | Interface Plan - Walkthrough Draft with IME | ,Business Analyst[33%] | 1 | Mon 6/4/12 | Mon 6/4/12 |
| 425 | Interface Plan - Update Draft | ,Business Analyst[20%] | | Tue 6/5/12 | Mon 6/11/12 |
| 426 | Interface Plan - Conduct Peer Review | ,Business Analyst[13%] | | Tue 6/12/12 | Mon 6/18/12 |
| 427 | Interface Plan - Finalize Deliverable | ,Business Analyst[13%] | | Tue 6/19/12 | Mon 6/25/12 |
| 428 | Interface Plan - Print and Package Deliverable | ,Business Analyst[11%] | | Tue 6/26/12 | Thu 6/28/12 |
| 429 | Interface Plan - Submit Deliverable | | | Thu 6/28/12 | Thu 6/28/12 |
| 430 | Interface Plan - IME Deliverable Review | | 40 | Fri 6/29/12 | Thu 7/12/12 |
| 431 | Interface Plan - Update Deliverable | ,Business Analyst[27%] | | Fri 7/13/12 | Thu 7/19/12 |
| 432 | Interface Plan - Package and Resubmit Deliverable | ,Business Analyst[11%] | | Fri 7/20/12 | Tue 7/24/12 |

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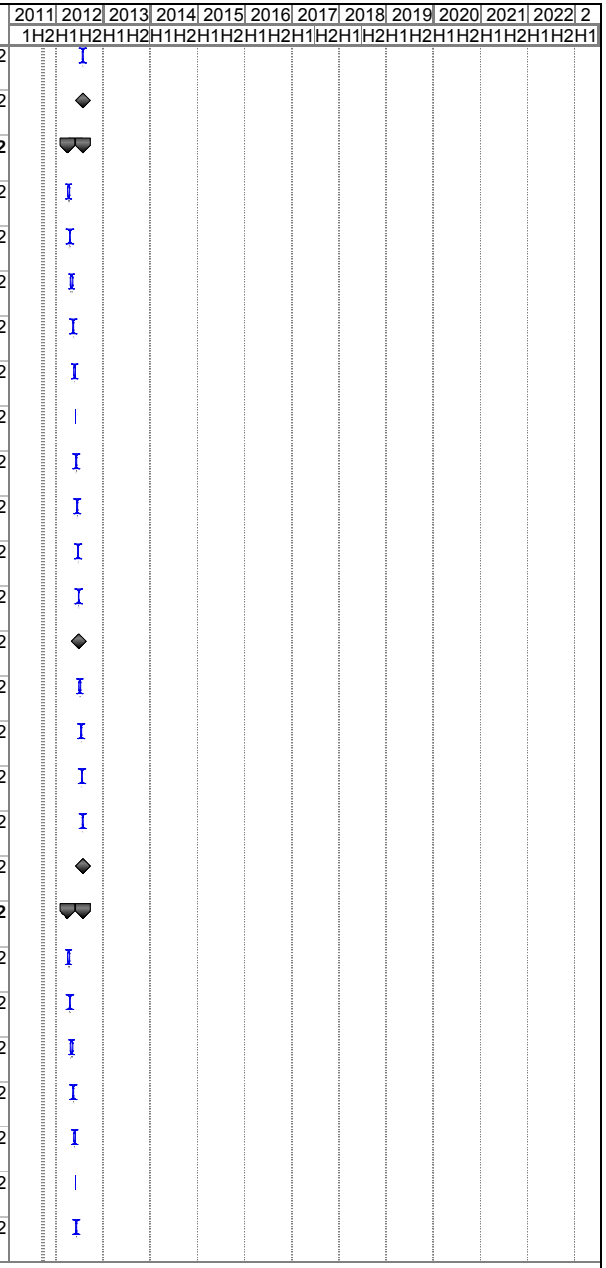
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 433 | Interface Plan - IME Resubmission Review | | 20 | Wed 7/25/12 | Tue 7/31/12 |
| 434 | Interface Plan - Deliverable Approved | | | Tue 7/31/12 | Tue 7/31/12 |
| 435 | **Test Management Plan** | | | **Mon 4/2/12** | **Tue 7/31/12** |
| 436 | Test Management Plan - Develop Deliverable Expectation Dc | onfiguration Analyst[2%] | | Mon 4/2/12 | Tue 4/17/12 |
| 437 | Test Management Plan - Walkthrough DED with IME | onfiguration Analyst[3%] | 1 | Wed 4/18/12 | Fri 4/20/12 |
| 438 | Test Management Plan - Finalize DED | onfiguration Analyst[1%] | | Mon 4/23/12 | Fri 5/11/12 |
| 439 | Test Management Plan - Develop Outline | onfiguration Analyst[1%] | | Mon 5/14/12 | Fri 5/18/12 |
| 440 | Test Management Plan - Develop Deilverable | onfiguration Analyst[5%] | | Mon 5/21/12 | Fri 6/1/12 |
| 441 | Test Management Plan - Walkthrough Draft with IME | onfiguration Analyst[5%] | 1 | Mon 6/4/12 | Mon 6/4/12 |
| 442 | Test Management Plan - Update Draft | onfiguration Analyst[3%] | | Tue 6/5/12 | Mon 6/11/12 |
| 443 | Test Management Plan - Conduct Peer Review | onfiguration Analyst[2%] | | Tue 6/12/12 | Mon 6/18/12 |
| 444 | Test Management Plan - Finalize Deliverable | onfiguration Analyst[2%] | | Tue 6/19/12 | Mon 6/25/12 |
| 445 | Test Management Plan - Print and Package Deliverable | onfiguration Analyst[2%] | | Tue 6/26/12 | Thu 6/28/12 |
| 446 | Test Management Plan - Submit Deliverable | | | Thu 6/28/12 | Thu 6/28/12 |
| 447 | Test Management Plan - IME Deliverable Review | | 40 | Fri 6/29/12 | Thu 7/12/12 |
| 448 | Test Management Plan - Update Deliverable | onfiguration Analyst[3%] | | Fri 7/13/12 | Thu 7/19/12 |
| 449 | Test Management Plan - Package and Resubmit Deliverable | onfiguration Analyst[1%] | | Fri 7/20/12 | Tue 7/24/12 |
| 450 | Test Management Plan - IME Resubmission Review | | 20 | Wed 7/25/12 | Tue 7/31/12 |
| 451 | Test Management Plan - Deliverable Approved | | | Tue 7/31/12 | Tue 7/31/12 |
| 452 | **Business Continuity Plan (BCP)** | | | **Mon 4/2/12** | **Tue 7/31/12** |
| 453 | Business Continuity Plan (BCP) - Develop Deliverable Expect | ,Business Analyst[14%] | | Mon 4/2/12 | Tue 4/17/12 |
| 454 | Business Continuity Plan (BCP) - Walkthrough DED with IME | ,Business Analyst[22%] | 1 | Wed 4/18/12 | Fri 4/20/12 |
| 455 | Business Continuity Plan (BCP) - Finalize DED | ],Business Analyst[7%] | | Mon 4/23/12 | Fri 5/11/12 |
| 456 | Business Continuity Plan (BCP) - Develop Outline | ],Business Analyst[7%] | | Mon 5/14/12 | Fri 5/18/12 |
| 457 | Business Continuity Plan (BCP) - Develop Deilverable | ,Business Analyst[30%] | | Mon 5/21/12 | Fri 6/1/12 |
| 458 | Business Continuity Plan (BCP) - Walkthrough Draft with IME | ,Business Analyst[33%] | 1 | Mon 6/4/12 | Mon 6/4/12 |
| 459 | Business Continuity Plan (BCP) - Update Draft | ,Business Analyst[20%] | | Tue 6/5/12 | Mon 6/11/12 |

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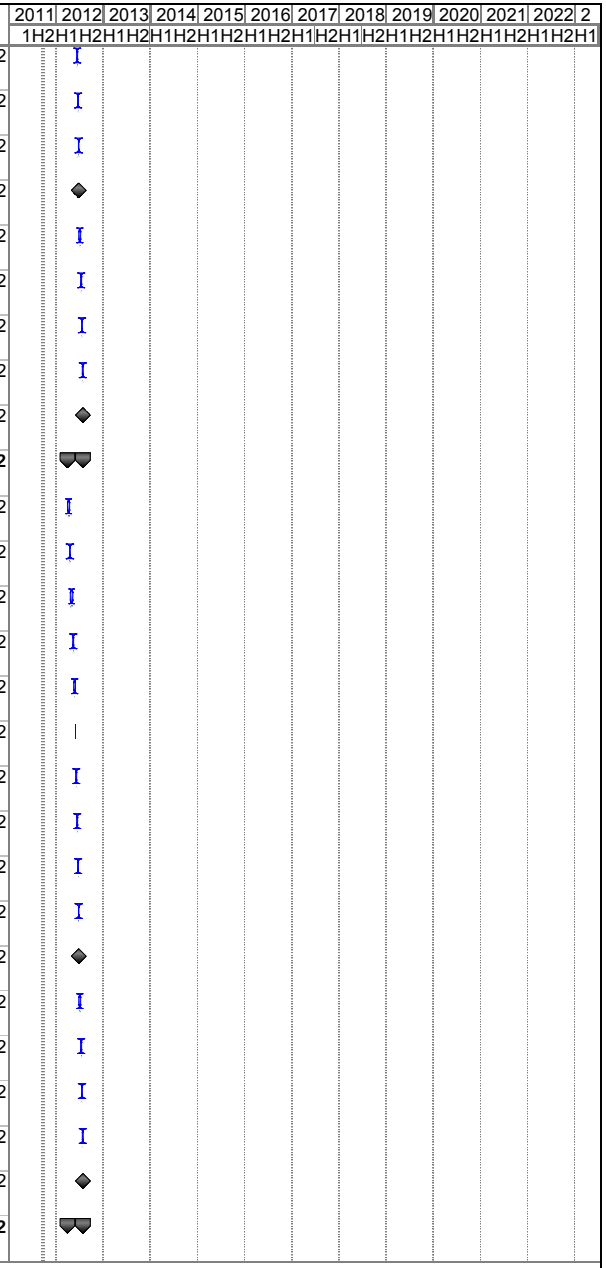
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 460 | Business Continuity Plan (BCP) - Conduct Peer Review | ,Business Analyst[13%] | | Tue 6/12/12 | Mon 6/18/12 |
| 461 | Business Continuity Plan (BCP) - Finalize Deliverable | ,Business Analyst[13%] | | Tue 6/19/12 | Mon 6/25/12 |
| 462 | Business Continuity Plan (BCP) - Print and Package Delivera | ,Business Analyst[11%] | | Tue 6/26/12 | Thu 6/28/12 |
| 463 | Business Continuity Plan (BCP) - Submit Deliverable | | | Thu 6/28/12 | Thu 6/28/12 |
| 464 | Business Continuity Plan (BCP) - IME Deliverable Review | | 40 | Fri 6/29/12 | Thu 7/12/12 |
| 465 | Business Continuity Plan (BCP) - Update Deliverable | ,Business Analyst[27%] | | Fri 7/13/12 | Thu 7/19/12 |
| 466 | Business Continuity Plan (BCP) - Package and Resubmit Del | ,Business Analyst[11%] | | Fri 7/20/12 | Tue 7/24/12 |
| 467 | Business Continuity Plan (BCP) - IME Resubmission Review | | 20 | Wed 7/25/12 | Tue 7/31/12 |
| 468 | Business Continuity Plan (BCP) - Deliverable Approved | | | Tue 7/31/12 | Tue 7/31/12 |
| 469 | **Disaster Recovery Plan (DRP)** | | | **Mon 4/2/12** | **Tue 7/31/12** |
| 470 | Disaster Recovery Plan (DRP) - Develop Deliverable Expecta | ,Business Analyst[14%] | | Mon 4/2/12 | Tue 4/17/12 |
| 471 | Disaster Recovery Plan (DRP) - Walkthrough DED with IME | ,Business Analyst[22%] | 1 | Wed 4/18/12 | Fri 4/20/12 |
| 472 | Disaster Recovery Plan (DRP) - Finalize DED | ],Business Analyst[7%] | | Mon 4/23/12 | Fri 5/11/12 |
| 473 | Disaster Recovery Plan (DRP) - Develop Outline | ],Business Analyst[7%] | | Mon 5/14/12 | Fri 5/18/12 |
| 474 | Disaster Recovery Plan (DRP) - Develop Deilverable | ,Business Analyst[30%] | | Mon 5/21/12 | Fri 6/1/12 |
| 475 | Disaster Recovery Plan (DRP) - Walkthrough Draft with IME | ,Business Analyst[33%] | 1 | Mon 6/4/12 | Mon 6/4/12 |
| 476 | Disaster Recovery Plan (DRP) - Update Draft | ,Business Analyst[20%] | | Tue 6/5/12 | Mon 6/11/12 |
| 477 | Disaster Recovery Plan (DRP) - Conduct Peer Review | ,Business Analyst[13%] | | Tue 6/12/12 | Mon 6/18/12 |
| 478 | Disaster Recovery Plan (DRP) - Finalize Deliverable | ,Business Analyst[13%] | | Tue 6/19/12 | Mon 6/25/12 |
| 479 | Disaster Recovery Plan (DRP) - Print and Package Deliverab | ,Business Analyst[11%] | | Tue 6/26/12 | Thu 6/28/12 |
| 480 | Disaster Recovery Plan (DRP) - Submit Deliverable | | | Thu 6/28/12 | Thu 6/28/12 |
| 481 | Disaster Recovery Plan (DRP) - IME Deliverable Review | | 40 | Fri 6/29/12 | Thu 7/12/12 |
| 482 | Disaster Recovery Plan (DRP) - Update Deliverable | ,Business Analyst[27%] | | Fri 7/13/12 | Thu 7/19/12 |
| 483 | Disaster Recovery Plan (DRP) - Package and Resubmit Deliv | ,Business Analyst[11%] | | Fri 7/20/12 | Tue 7/24/12 |
| 484 | Disaster Recovery Plan (DRP) - IME Resubmission Review | | 20 | Wed 7/25/12 | Tue 7/31/12 |
| 485 | Disaster Recovery Plan (DRP) - Deliverable Approved | | | Tue 7/31/12 | Tue 7/31/12 |
| 486 | **Configuration Management Plan (CMP)** | | | **Mon 4/2/12** | **Tue 7/31/12** |

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Date: Thu 9/15/11

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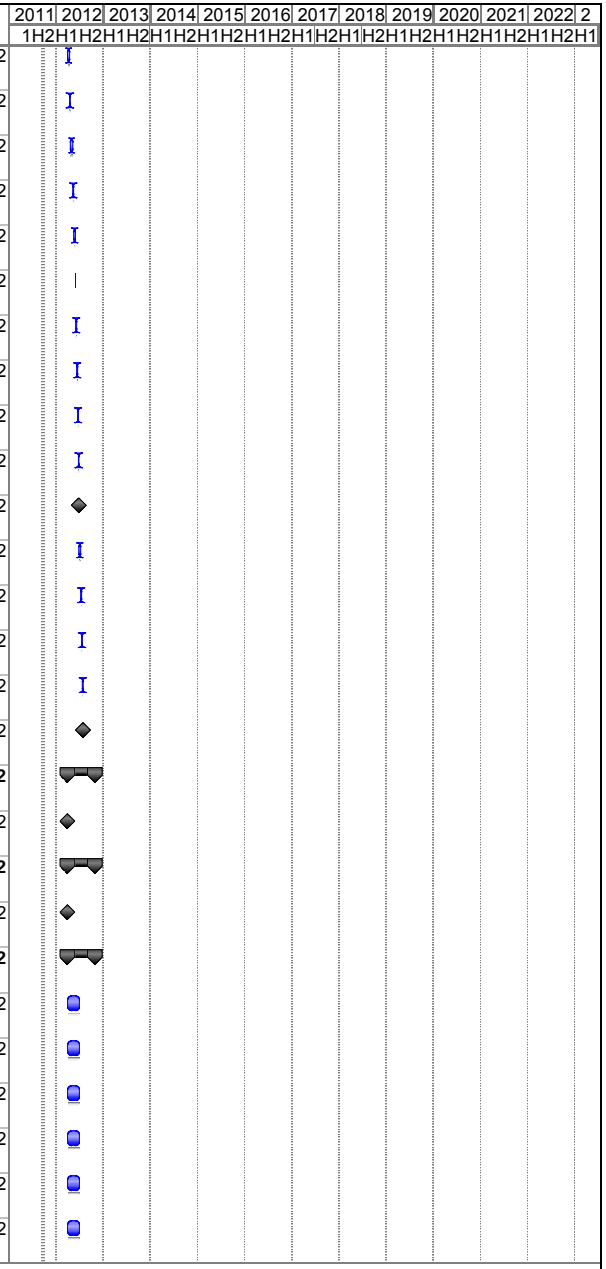
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 487 | Configuration Management Plan (CMP) - Develop Deliverable | ,Business Analyst[14%] | | Mon 4/2/12 | Tue 4/17/12 |
| 488 | Configuration Management Plan (CMP) - Walkthrough DED v | ,Business Analyst[22%] | 1 | Wed 4/18/12 | Fri 4/20/12 |
| 489 | Configuration Management Plan (CMP) - Finalize DED | ],Business Analyst[7%] | | Mon 4/23/12 | Fri 5/11/12 |
| 490 | Configuration Management Plan (CMP) - Develop Outline | ],Business Analyst[7%] | | Mon 5/14/12 | Fri 5/18/12 |
| 491 | Configuration Management Plan (CMP) - Develop Deilverable | ,Business Analyst[30%] | | Mon 5/21/12 | Fri 6/1/12 |
| 492 | Configuration Management Plan (CMP) - Walkthrough Draft v | ,Business Analyst[33%] | 1 | Mon 6/4/12 | Mon 6/4/12 |
| 493 | Configuration Management Plan (CMP) - Update Draft | ,Business Analyst[20%] | | Tue 6/5/12 | Mon 6/11/12 |
| 494 | Configuration Management Plan (CMP) - Conduct Peer Revie | ,Business Analyst[13%] | | Tue 6/12/12 | Mon 6/18/12 |
| 495 | Configuration Management Plan (CMP) - Finalize Deliverable | ,Business Analyst[13%] | | Tue 6/19/12 | Mon 6/25/12 |
| 496 | Configuration Management Plan (CMP) - Print and Package I | ,Business Analyst[11%] | | Tue 6/26/12 | Thu 6/28/12 |
| 497 | Configuration Management Plan (CMP) - Submit Deliverable | | | Thu 6/28/12 | Thu 6/28/12 |
| 498 | Configuration Management Plan (CMP) - IME Deliverable Re | | 40 | Fri 6/29/12 | Thu 7/12/12 |
| 499 | Configuration Management Plan (CMP) - Update Deliverable | ,Business Analyst[27%] | | Fri 7/13/12 | Thu 7/19/12 |
| 500 | Configuration Management Plan (CMP) - Package and Resub | ,Business Analyst[11%] | | Fri 7/20/12 | Tue 7/24/12 |
| 501 | Configuration Management Plan (CMP) - IME Resubmission | | 20 | Wed 7/25/12 | Tue 7/31/12 |
| 502 | Configuration Management Plan (CMP) - Deliverable Approve | | | Tue 7/31/12 | Tue 7/31/12 |
| 503 | **Analysis** | | | **Mon 4/2/12** | **Tue 10/30/12** |
| 504 | Start Analysis | | | Mon 4/2/12 | Mon 4/2/12 |
| 505 | **Wave One Analysis** | | | **Mon 4/2/12** | **Tue 10/30/12** |
| 506 | Start Wave One | | | Mon 4/2/12 | Mon 4/2/12 |
| 507 | **Wave One Analysis - Recipient Function** | | | **Mon 4/2/12** | **Tue 10/30/12** |
| 508 | Anaylze Business Process | ,Solution Architect[10%] | | Mon 4/2/12 | Mon 7/2/12 |
| 509 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[3%] | 120 | Mon 4/2/12 | Mon 7/2/12 |
| 510 | Identify Application Requirements | ],Solution Architect[8%] | | Mon 4/2/12 | Mon 7/2/12 |
| 511 | Confirm Process Gaps | ],Solution Architect[3%] | | Mon 4/2/12 | Mon 7/2/12 |
| 512 | Confirm Reports, Interfaces, Workflows | ],Business Analyst[3%] | | Mon 4/2/12 | Mon 7/2/12 |
| 513 | Analyze Integration Solution | ness Analyst (Lead)[5%] | | Mon 4/2/12 | Mon 7/2/12 |

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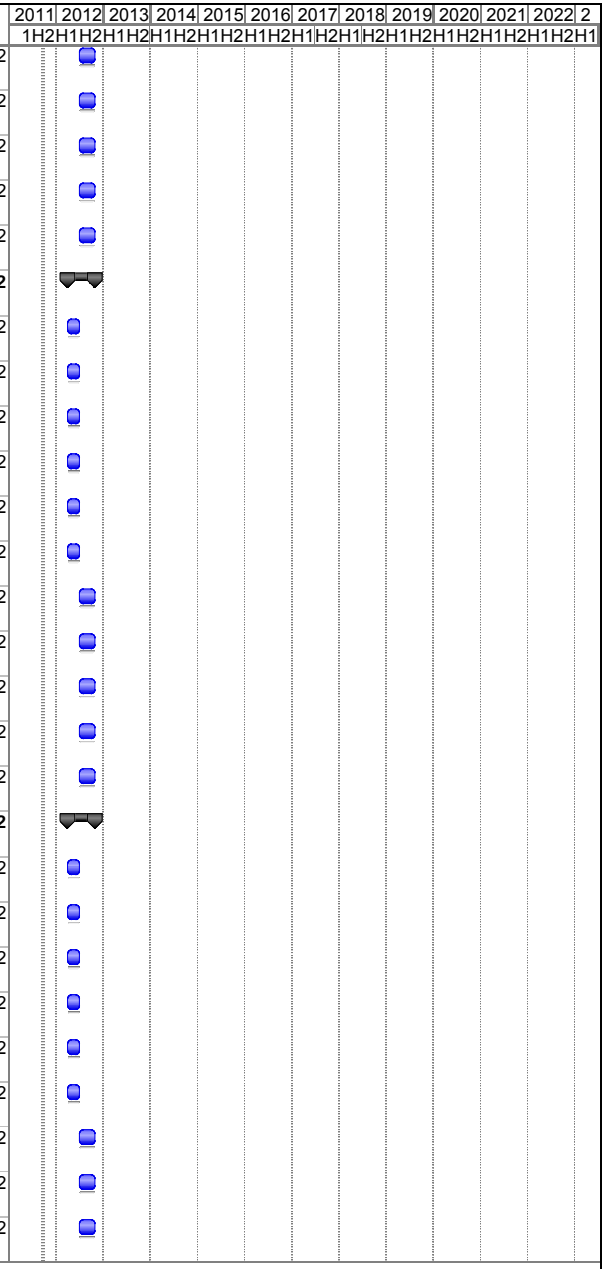
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 514 | Additional JAD / Conference Room Pilot, as needed | ness Analyst (Lead)[2%] | | Tue 7/3/12 | Tue 10/30/12 |
| 515 | Update Application Requirements as needed | ness Analyst (Lead)[2%] | | Tue 7/3/12 | Tue 10/30/12 |
| 516 | Plan Rule and Module Test | %],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 517 | Plan User Acceptance Test | %],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 518 | Review Recipient Section of RSD | %],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 519 | **Wave One Analysis - Provider Function** | | | **Mon 4/2/12** | **Tue 10/30/12** |
| 520 | Anaylze Business Process | r. Developer (Lead)[4%] | | Mon 4/2/12 | Mon 7/2/12 |
| 521 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[2%] | 120 | Mon 4/2/12 | Mon 7/2/12 |
| 522 | Identify Application Requirements | ],Solution Architect[8%] | | Mon 4/2/12 | Mon 7/2/12 |
| 523 | Confirm Process Gaps | ],Solution Architect[3%] | | Mon 4/2/12 | Mon 7/2/12 |
| 524 | Confirm Reports, Interfaces, Workflows | %],Business Analyst[3%] | | Mon 4/2/12 | Mon 7/2/12 |
| 525 | Analyze Integration Solution | ness Analyst (Lead)[5%] | | Mon 4/2/12 | Mon 7/2/12 |
| 526 | Additional JAD / Conference Room Pilot, as needed | %],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 527 | Update Application Requirements as needed | ],Solution Architect[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 528 | Plan Rule and Module Test | %],Business Analyst[1%] | | Mon 7/2/12 | Tue 10/30/12 |
| 529 | Plan User Acceptance Test | %],Business Analyst[1%] | | Mon 7/2/12 | Tue 10/30/12 |
| 530 | Review Provider Section of RSD | %],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 531 | **Wave One Analysis - Reference Function** | | | **Mon 4/2/12** | **Tue 10/30/12** |
| 532 | Anaylze Business Process | r. Developer (Lead)[7%] | | Mon 4/2/12 | Mon 7/2/12 |
| 533 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[3%] | 120 | Mon 4/2/12 | Mon 7/2/12 |
| 534 | Identify Application Requirements | ],Solution Architect[9%] | | Mon 4/2/12 | Mon 7/2/12 |
| 535 | Confirm Process Gaps | ],Solution Architect[3%] | | Mon 4/2/12 | Mon 7/2/12 |
| 536 | Confirm Reports, Interfaces, Workflows | ],Solution Architect[3%] | | Mon 4/2/12 | Mon 7/2/12 |
| 537 | Analyze Integration Solution | ],Solution Architect[3%] | | Mon 4/2/12 | Mon 7/2/12 |
| 538 | Additional JAD / Conference Room Pilot, as needed | %],Business Analyst[2%] | | Tue 7/3/12 | Tue 10/30/12 |
| 539 | Update Application Requirements as needed | ],Solution Architect[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 540 | Plan Rule and Module Test | %],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |

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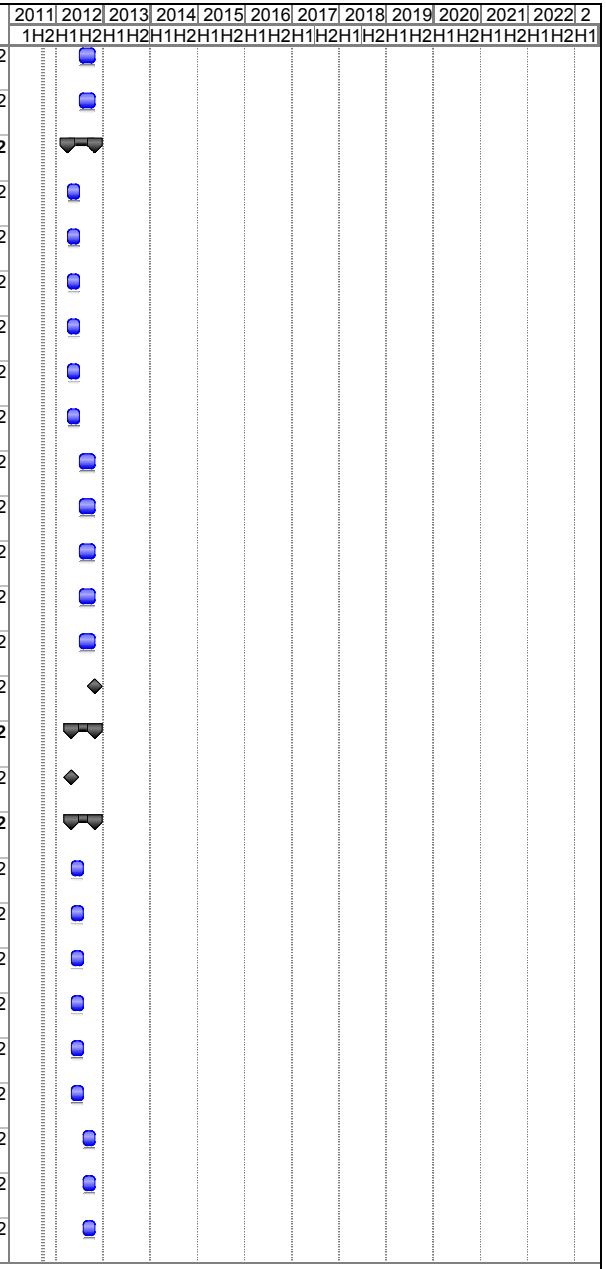
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | ◆ | Rolled Up Milestone | ◇ | External Tasks | | Deadline | ⇩ |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 541 | Plan User Acceptance Test | 6],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 542 | Review Reference Section of RSD | 6],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 543 | **Wave One Analysis - Prior Authorization Function** | | | **Mon 4/2/12** | **Tue 10/30/12** |
| 544 | Anaylze Business Process | r. Developer (Lead)[4%] | | Mon 4/2/12 | Mon 7/2/12 |
| 545 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[2%] | 90 | Mon 4/2/12 | Mon 7/2/12 |
| 546 | Identify Application Requirements | ],Solution Architect[8%] | | Mon 4/2/12 | Mon 7/2/12 |
| 547 | Confirm Process Gaps | ],Solution Architect[3%] | | Mon 4/2/12 | Mon 7/2/12 |
| 548 | Confirm Reports, Interfaces, Workflows | 6],Business Analyst[3%] | | Mon 4/2/12 | Mon 7/2/12 |
| 549 | Analyze Integration Solution | ness Analyst (Lead)[5%] | | Mon 4/2/12 | Mon 7/2/12 |
| 550 | Additional JAD / Conference Room Pilot, as needed | 6],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 551 | Update Application Requirements as needed | ],Solution Architect[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 552 | Plan Rule and Module Test | 6],Business Analyst[1%] | | Mon 7/2/12 | Tue 10/30/12 |
| 553 | Plan User Acceptance Test | 6],Business Analyst[1%] | | Mon 7/2/12 | Tue 10/30/12 |
| 554 | Review Prior Authorization Section of RSD | 6],Business Analyst[1%] | | Tue 7/3/12 | Tue 10/30/12 |
| 555 | End Wave One | | | Tue 10/30/12 | Tue 10/30/12 |
| 556 | **Wave Two Analysis** | | | **Tue 5/1/12** | **Tue 10/30/12** |
| 557 | Start Wave Two | | | Tue 5/1/12 | Tue 5/1/12 |
| 558 | **Wave Two Analysis - Claims Processing Function** | | | **Wed 5/2/12** | **Tue 10/30/12** |
| 559 | Anaylze Business Process | r. Developer (Lead)[9%] | | Wed 5/2/12 | Wed 8/1/12 |
| 560 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[8%] | 180 | Wed 5/2/12 | Wed 8/1/12 |
| 561 | Identify Application Requirements | ,Solution Architect[23%] | | Wed 5/2/12 | Wed 8/1/12 |
| 562 | Confirm Process Gaps | ],Solution Architect[5%] | | Wed 5/2/12 | Wed 8/1/12 |
| 563 | Confirm Reports, Interfaces, Workflows | ],Solution Architect[5%] | | Wed 5/2/12 | Wed 8/1/12 |
| 564 | Analyze Integration Solution | ],Solution Architect[5%] | | Wed 5/2/12 | Wed 8/1/12 |
| 565 | Additional JAD / Conference Room Pilot, as needed | 6],Business Analyst[5%] | | Thu 8/2/12 | Tue 10/30/12 |
| 566 | Update Application Requirements as needed | ],Solution Architect[5%] | | Thu 8/2/12 | Tue 10/30/12 |
| 567 | Plan Rule and Module Test | 6],Business Analyst[2%] | | Thu 8/2/12 | Tue 10/30/12 |

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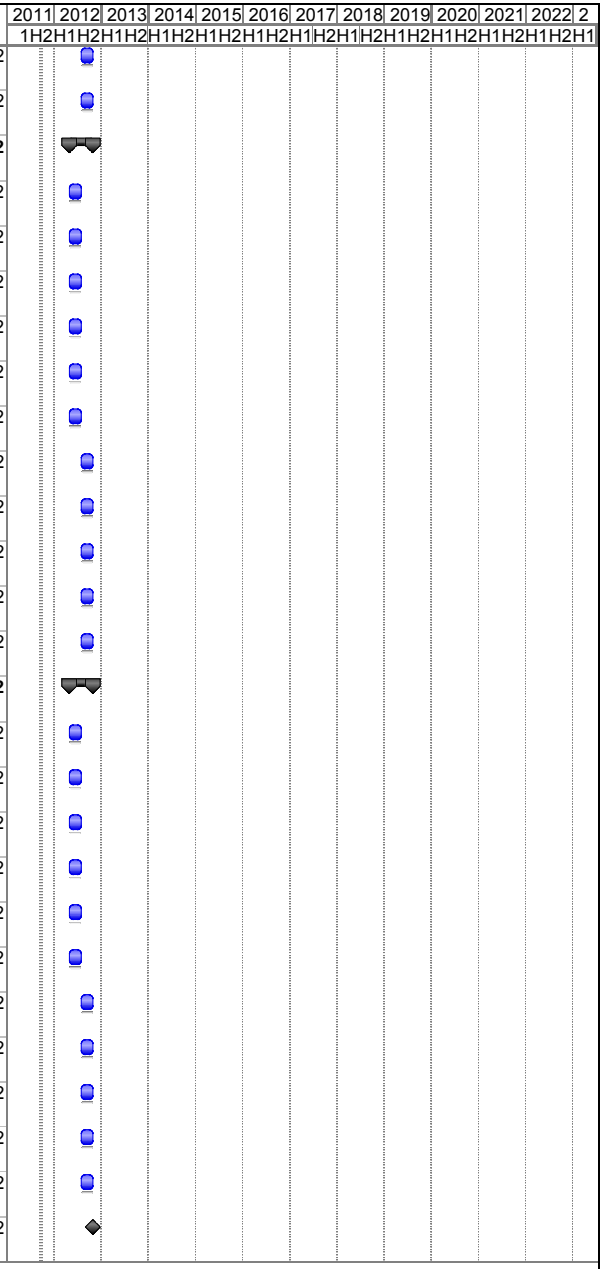
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 568 | Plan User Acceptance Test | 6],Business Analyst[2%] | | Thu 8/2/12 | Tue 10/30/12 |
| 569 | Review Claims Processing Section of RSD | 6],Business Analyst[2%] | | Thu 8/2/12 | Tue 10/30/12 |
| 570 | **Wave Two Analysis - EDI** | | | **Tue 5/1/12** | **Tue 10/30/12** |
| 571 | Anaylze Business Process | r. Developer (Lead)[4%] | | Wed 5/2/12 | Wed 8/1/12 |
| 572 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[2%] | 90 | Wed 5/2/12 | Wed 8/1/12 |
| 573 | Identify Application Requirements | ],Solution Architect[8%] | | Wed 5/2/12 | Wed 8/1/12 |
| 574 | Confirm Process Gaps | ],Solution Architect[3%] | | Tue 5/1/12 | Wed 8/1/12 |
| 575 | Confirm Reports, Interfaces, Workflows | ],Solution Architect[3%] | | Wed 5/2/12 | Wed 8/1/12 |
| 576 | Analyze Integration Solution | ],Solution Architect[3%] | | Wed 5/2/12 | Wed 8/1/12 |
| 577 | Additional JAD / Conference Room Pilot, as needed | 6],Business Analyst[1%] | | Thu 8/2/12 | Tue 10/30/12 |
| 578 | Update Application Requirements as needed | ],Solution Architect[1%] | | Thu 8/2/12 | Tue 10/30/12 |
| 579 | Plan Rule and Module Test | 6],Business Analyst[1%] | | Wed 8/1/12 | Tue 10/30/12 |
| 580 | Plan User Acceptance Test | 6],Business Analyst[1%] | | Wed 8/1/12 | Tue 10/30/12 |
| 581 | Review EDI Section of RSD | 6],Business Analyst[1%] | | Thu 8/2/12 | Tue 10/30/12 |
| 582 | **Wave Two Analysis - Medically Needy Function** | | | **Tue 5/1/12** | **Tue 10/30/12** |
| 583 | Anaylze Business Process | r. Developer (Lead)[5%] | | Wed 5/2/12 | Wed 8/1/12 |
| 584 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[5%] | 90 | Wed 5/2/12 | Wed 8/1/12 |
| 585 | Identify Application Requirements | ,Solution Architect[13%] | | Wed 5/2/12 | Wed 8/1/12 |
| 586 | Confirm Process Gaps | ],Solution Architect[4%] | | Wed 5/2/12 | Wed 8/1/12 |
| 587 | Confirm Reports, Interfaces, Workflows | ],Solution Architect[4%] | | Tue 5/1/12 | Wed 8/1/12 |
| 588 | Analyze Integration Solution | ],Solution Architect[3%] | | Tue 5/1/12 | Wed 8/1/12 |
| 589 | Additional JAD / Conference Room Pilot, as needed | 6],Business Analyst[3%] | | Thu 8/2/12 | Tue 10/30/12 |
| 590 | Update Application Requirements as needed | ],Solution Architect[3%] | | Thu 8/2/12 | Tue 10/30/12 |
| 591 | Plan Rule and Module Test | 6],Business Analyst[3%] | | Thu 8/2/12 | Tue 10/30/12 |
| 592 | Plan User Acceptance Test | 6],Business Analyst[2%] | | Thu 8/2/12 | Tue 10/30/12 |
| 593 | Review Medically Needy Section of RSD | 6],Business Analyst[2%] | | Thu 8/2/12 | Tue 10/30/12 |
| 594 | End Wave Two | | | Tue 10/30/12 | Tue 10/30/12 |

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Date: Thu 9/15/11

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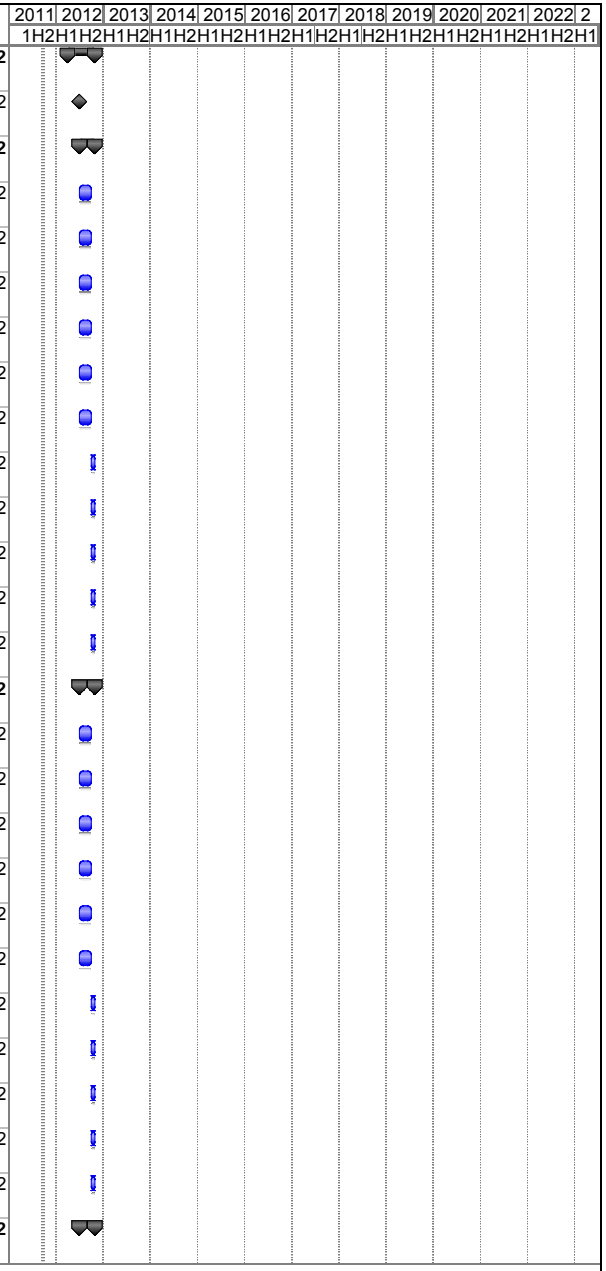
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 595 | **Wave Three Analysis** | | | **Mon 4/2/12** | **Tue 10/30/12** |
| 596 | Start Wave Three | | | Mon 7/2/12 | Mon 7/2/12 |
| 597 | **Wave Three Analysis - Early and Periodic Screening, Diag** | | | **Tue 7/3/12** | **Tue 10/30/12** |
| 598 | Anaylze Business Process | r. Developer (Lead)[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 599 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[1%] | 90 | Tue 7/3/12 | Tue 10/2/12 |
| 600 | Identify Application Requirements | ],Solution Architect[4%] | | Tue 7/3/12 | Tue 10/2/12 |
| 601 | Confirm Process Gaps | ],Solution Architect[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 602 | Confirm Reports, Interfaces, Workflows | ],Solution Architect[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 603 | Analyze Integration Solution | ],Solution Architect[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 604 | Additional JAD / Conference Room Pilot, as needed | ],Business Analyst[3%] | | Wed 10/3/12 | Tue 10/30/12 |
| 605 | Update Application Requirements as needed | ],Solution Architect[3%] | | Wed 10/3/12 | Tue 10/30/12 |
| 606 | Plan Rule and Module Test | ],Business Analyst[1%] | | Wed 10/3/12 | Tue 10/30/12 |
| 607 | Plan User Acceptance Test | ],Business Analyst[1%] | | Wed 10/3/12 | Tue 10/30/12 |
| 608 | Review EPSDT Section of RSD | ],Business Analyst[2%] | | Wed 10/3/12 | Tue 10/30/12 |
| 609 | **Wave Three Analysis - Management and Administrative F** | | | **Tue 7/3/12** | **Tue 10/30/12** |
| 610 | Anaylze Business Process | r. Developer (Lead)[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 611 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[1%] | 90 | Tue 7/3/12 | Tue 10/2/12 |
| 612 | Identify Application Requirements | Business Process[15%] | | Tue 7/3/12 | Tue 10/2/12 |
| 613 | Confirm Process Gaps | ference Room Pilot[8%] | | Tue 7/3/12 | Tue 10/2/12 |
| 614 | Confirm Reports, Interfaces, Workflows | ation Requirements[8%] | | Tue 7/3/12 | Tue 10/2/12 |
| 615 | Analyze Integration Solution | nfirm Process Gaps[8%] | | Tue 7/3/12 | Tue 10/2/12 |
| 616 | Additional JAD / Conference Room Pilot, as needed | %],Confirm Reports[4%] | | Wed 10/3/12 | Tue 10/30/12 |
| 617 | Update Application Requirements as needed | ntegration Solution[13%] | | Wed 10/3/12 | Tue 10/30/12 |
| 618 | Plan Rule and Module Test | ference Room Pilot[3%] | | Wed 10/3/12 | Tue 10/30/12 |
| 619 | Plan User Acceptance Test | rements as needed[6%] | | Wed 10/3/12 | Tue 10/30/12 |
| 620 | Review Management and Admin Reporting Section of R | le and Module Test[6%] | | Wed 10/3/12 | Tue 10/30/12 |
| 621 | **Wave Three Analysis - Document Scanning / EDMS** | | | **Tue 7/3/12** | **Tue 10/30/12** |

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Date: Thu 9/15/11

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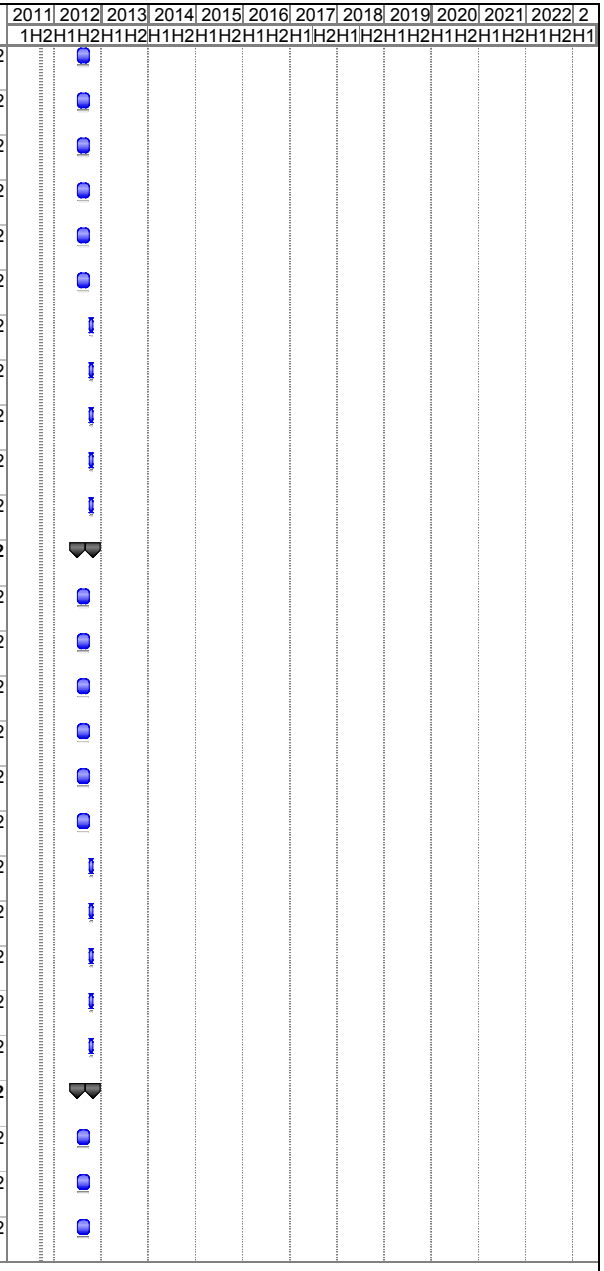
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 622 | Anaylze Business Process | nt Section of RSD[23%] | | Tue 7/3/12 | Tue 10/2/12 |
| 623 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[2%] | 90 | Tue 7/3/12 | Tue 10/2/12 |
| 624 | Identify Application Requirements | ],Solution Architect[4%] | | Tue 7/3/12 | Tue 10/2/12 |
| 625 | Confirm Process Gaps | ],Solution Architect[3%] | | Tue 7/3/12 | Tue 10/2/12 |
| 626 | Confirm Reports, Interfaces, Workflows | ],Solution Architect[3%] | | Tue 7/3/12 | Tue 10/2/12 |
| 627 | Analyze Integration Solution | ],Solution Architect[3%] | | Tue 7/3/12 | Tue 10/2/12 |
| 628 | Additional JAD / Conference Room Pilot, as needed | ],Business Analyst[6%] | | Wed 10/3/12 | Tue 10/30/12 |
| 629 | Update Application Requirements as needed | ess Analyst (Lead)[11%] | | Wed 10/3/12 | Tue 10/30/12 |
| 630 | Plan Rule and Module Test | ],Business Analyst[3%] | | Wed 10/3/12 | Tue 10/30/12 |
| 631 | Plan User Acceptance Test | ],Business Analyst[3%] | | Wed 10/3/12 | Tue 10/30/12 |
| 632 | Review Document Scanning/EDMS Section of RSD | ],Business Analyst[3%] | | Wed 10/3/12 | Tue 10/30/12 |
| 633 | **Wave Three Analysis - Surveillance and Utilization Revie** | | | **Tue 7/3/12** | **Tue 10/30/12** |
| 634 | Anaylze Business Process | r. Developer (Lead)[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 635 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[1%] | 90 | Tue 7/3/12 | Tue 10/2/12 |
| 636 | Identify Application Requirements | ],Solution Architect[4%] | | Tue 7/3/12 | Tue 10/2/12 |
| 637 | Confirm Process Gaps | ],Solution Architect[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 638 | Confirm Reports, Interfaces, Workflows | ],Solution Architect[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 639 | Analyze Integration Solution | ],Business Analyst[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 640 | Additional JAD / Conference Room Pilot, as needed | ness Analyst (Lead)[5%] | | Wed 10/3/12 | Tue 10/30/12 |
| 641 | Update Application Requirements as needed | ],Business Analyst[3%] | | Wed 10/3/12 | Tue 10/30/12 |
| 642 | Plan Rule and Module Test | ],Business Analyst[2%] | | Wed 10/3/12 | Tue 10/30/12 |
| 643 | Plan User Acceptance Test | ],Business Analyst[2%] | | Wed 10/3/12 | Tue 10/30/12 |
| 644 | Review SURS Section of RSD | ],Business Analyst[1%] | | Wed 10/3/12 | Tue 10/30/12 |
| 645 | **Wave Three Analysis - Third Party Liability Function (TPL** | | | **Tue 7/3/12** | **Tue 10/30/12** |
| 646 | Anaylze Business Process | r. Developer (Lead)[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 647 | Conduct JAD / Conference Room Pilot | r. Developer (Lead)[1%] | 90 | Tue 7/3/12 | Tue 10/2/12 |
| 648 | Identify Application Requirements | ],Solution Architect[4%] | | Tue 7/3/12 | Tue 10/2/12 |

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Date: Thu 9/15/11

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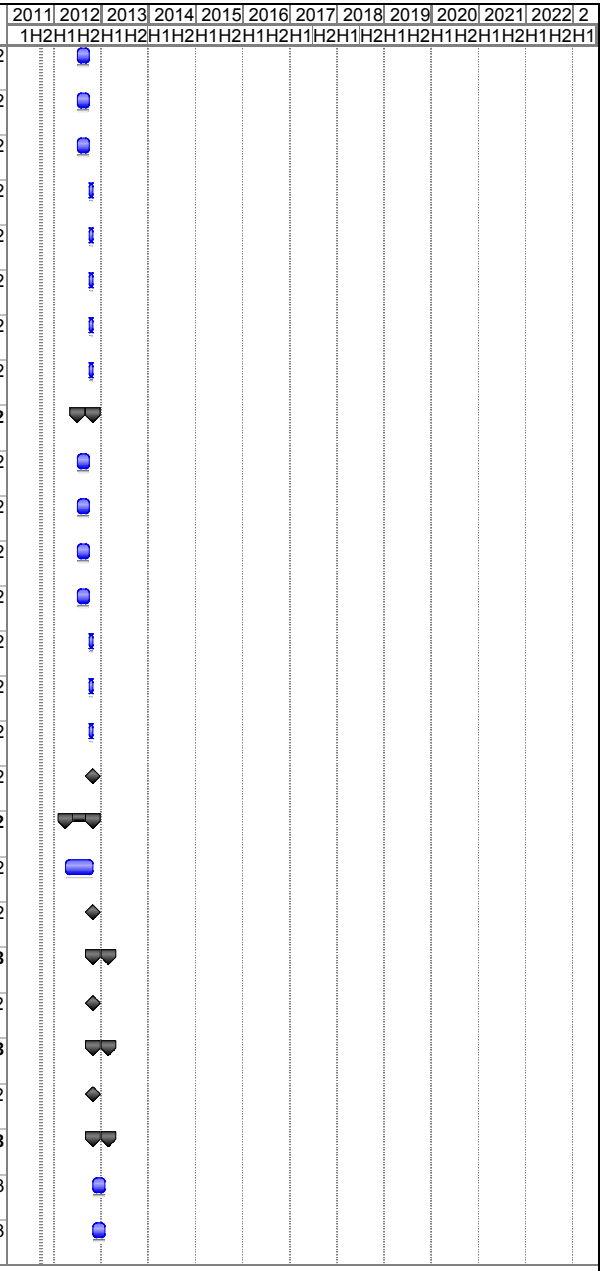
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 649 | Confirm Process Gaps | ],Solution Architect[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 650 | Confirm Reports, Interfaces, Workflows | ],Solution Architect[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 651 | Analyze Integration Solution | ],Solution Architect[2%] | | Tue 7/3/12 | Tue 10/2/12 |
| 652 | Additional JAD / Conference Room Pilot, as needed | ],Business Analyst[3%] | | Wed 10/3/12 | Tue 10/30/12 |
| 653 | Update Application Requirements as needed | ess Analyst (Lead)[5%] | | Wed 10/3/12 | Tue 10/30/12 |
| 654 | Plan Rule and Module Test | ],Business Analyst[2%] | | Wed 10/3/12 | Tue 10/30/12 |
| 655 | Plan User Acceptance Test | ],Business Analyst[2%] | | Wed 10/3/12 | Tue 10/30/12 |
| 656 | Review TPL Section of RSD | ],Business Analyst[1%] | | Wed 10/3/12 | Tue 10/30/12 |
| 657 | **Wave Three Analysis - Technical and System Requiremer** | | | **Tue 7/3/12** | **Tue 10/30/12** |
| 658 | Identify Technical and System Requirements | r. Developer (Lead)[1%] | | Tue 7/3/12 | Tue 10/2/12 |
| 659 | Document Technical and System Requirements | r. Developer (Lead)[1%] | | Tue 7/3/12 | Tue 10/2/12 |
| 660 | Review Technical and System Requirements with the IM | ],Solution Architect[0%] | | Tue 7/3/12 | Tue 10/2/12 |
| 661 | Update and Finalize Technical and System Requirement | ],Solution Architect[1%] | | Tue 7/3/12 | Tue 10/2/12 |
| 662 | Plan Test | ],Business Analyst[6%] | | Wed 10/3/12 | Tue 10/30/12 |
| 663 | Plan User Acceptance Test | ],Business Analyst[6%] | | Wed 10/3/12 | Tue 10/30/12 |
| 664 | Review Technical and System Requirements Section of | ],Business Analyst[3%] | | Wed 10/3/12 | Tue 10/30/12 |
| 665 | End Wave Three | | | Tue 10/30/12 | Tue 10/30/12 |
| 666 | **Support Environments** | | | **Mon 4/2/12** | **Tue 10/30/12** |
| 667 | Environment Support | nfrastructure Staff[23%] | | Mon 4/2/12 | Tue 10/30/12 |
| 668 | MILESTONE: Requirements Analysis Complete | | | Tue 10/30/12 | Tue 10/30/12 |
| 669 | **Design** | | | **Wed 10/31/12** | **Thu 2/28/13** |
| 670 | Start Design | | | Wed 10/31/12 | Wed 10/31/12 |
| 671 | **Wave One Design** | | | **Wed 10/31/12** | **Thu 2/28/13** |
| 672 | Start Wave One | | | Wed 10/31/12 | Wed 10/31/12 |
| 673 | **Wave One Design - Recipient Function** | | | **Thu 11/1/12** | **Thu 2/28/13** |
| 674 | Design Initial Configuration | ],Solution Architect[4%] | | Thu 11/1/12 | Thu 1/31/13 |
| 675 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[4%] | 90 | Thu 11/1/12 | Thu 1/31/13 |

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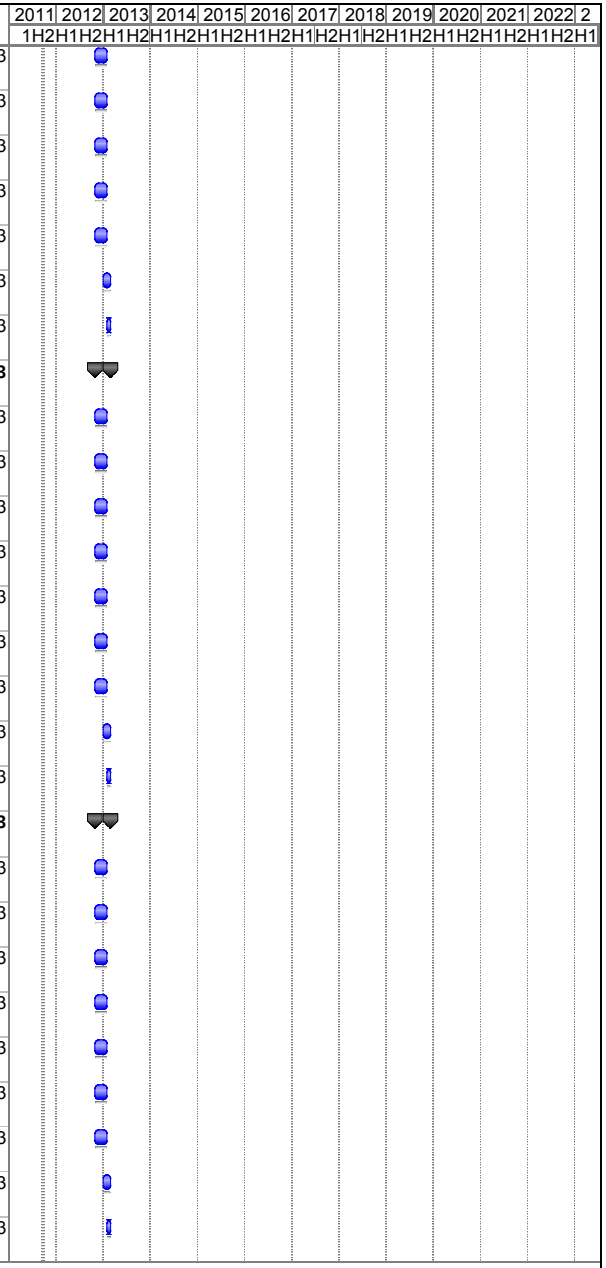
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 676 | Design Web Portal Configuration | r. Developer (Lead)[2%] | | Thu 11/1/12 | Thu 1/31/13 |
| 677 | Design Configuration - Workflows | ],Solution Architect[2%] | | Thu 11/1/12 | Thu 1/31/13 |
| 678 | Design Configuration - Reports and Forms | ],Solution Architect[2%] | | Thu 11/1/12 | Thu 1/31/13 |
| 679 | Design Extensions | ],Solution Architect[3%] | | Thu 11/1/12 | Thu 1/31/13 |
| 680 | Design Interfaces | ],Solution Architect[3%] | | Thu 11/1/12 | Thu 1/31/13 |
| 681 | Plan Unit Test | ],Solution Architect[1%] | | Thu 1/3/13 | Thu 2/28/13 |
| 682 | Review Recipient Section of DSD | ,Business Analyst[18%] | | Fri 2/1/13 | Thu 2/28/13 |
| 683 | **Wave One Design - Provider Function** | | | **Thu 11/1/12** | **Thu 2/28/13** |
| 684 | Design Configuration | ],Solution Architect[4%] | | Thu 11/1/12 | Thu 1/31/13 |
| 685 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[4%] | 90 | Thu 11/1/12 | Thu 1/31/13 |
| 686 | Design Web Portal Configuration | r. Developer (Lead)[2%] | | Thu 11/1/12 | Thu 1/31/13 |
| 687 | Design Configuration - Workflows | ],Solution Architect[2%] | | Thu 11/1/12 | Thu 1/31/13 |
| 688 | Design Configuration - Reports and Forms | ],Solution Architect[2%] | | Thu 11/1/12 | Thu 1/31/13 |
| 689 | Design Extensions | ],Solution Architect[3%] | | Thu 11/1/12 | Thu 1/31/13 |
| 690 | Design Interfaces | ],Solution Architect[3%] | | Thu 11/1/12 | Thu 1/31/13 |
| 691 | Plan Unit Test | ],Solution Architect[1%] | | Thu 1/3/13 | Thu 2/28/13 |
| 692 | Review Provider Section of DSD | ,Business Analyst[18%] | | Fri 2/1/13 | Thu 2/28/13 |
| 693 | **Wave One Design - Reference Function** | | | **Thu 11/1/12** | **Thu 2/28/13** |
| 694 | Design Configuration | ],Solution Architect[8%] | | Thu 11/1/12 | Thu 1/31/13 |
| 695 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[8%] | 90 | Thu 11/1/12 | Thu 1/31/13 |
| 696 | Design Web Portal Configuration | r. Developer (Lead)[4%] | | Thu 11/1/12 | Thu 1/31/13 |
| 697 | Design Configuration - Workflows | ],Solution Architect[4%] | | Thu 11/1/12 | Thu 1/31/13 |
| 698 | Design Configuration - Reports and Forms | ],Solution Architect[4%] | | Thu 11/1/12 | Thu 1/31/13 |
| 699 | Design Extensions | ],Solution Architect[7%] | | Thu 11/1/12 | Thu 1/31/13 |
| 700 | Design Interfaces | ],Solution Architect[7%] | | Thu 11/1/12 | Thu 1/31/13 |
| 701 | Plan Unit Test | ],Solution Architect[1%] | | Thu 1/3/13 | Thu 2/28/13 |
| 702 | Review Reference Section of DSD | ,Business Analyst[35%] | | Fri 2/1/13 | Thu 2/28/13 |

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Date: Thu 9/15/11

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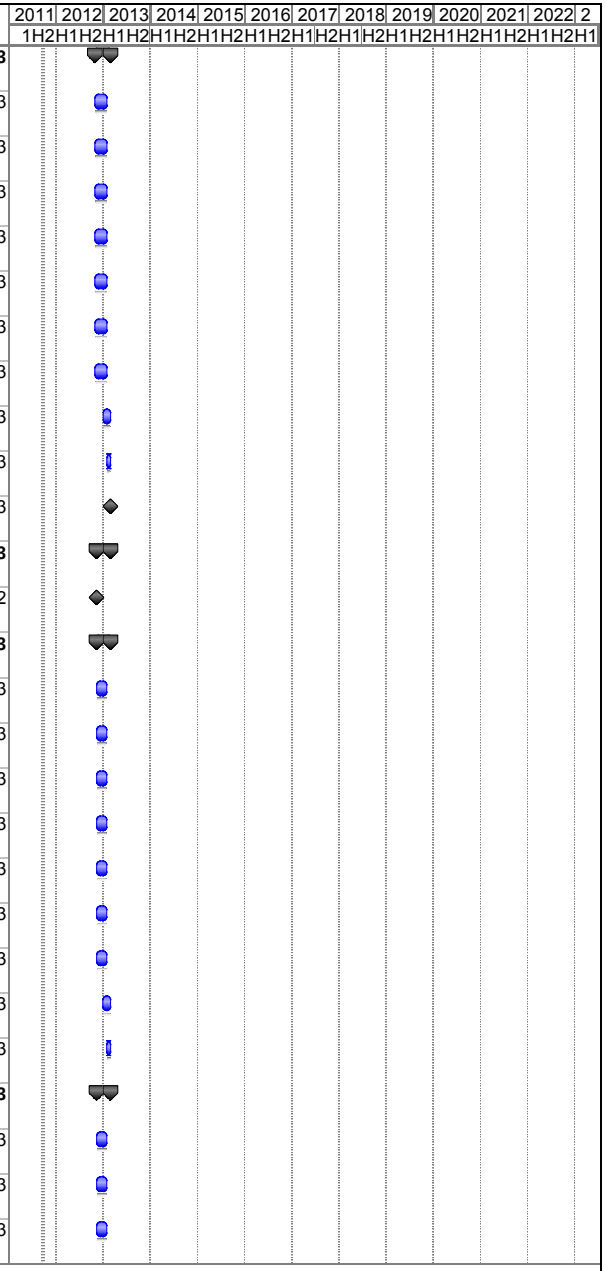
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 703 | **Wave One Design - Prior Authorization Function** | | | **Thu 11/1/12** | **Thu 2/28/13** |
| 704 | Design Configuration | ],Solution Architect[4%] | | Thu 11/1/12 | Thu 1/31/13 |
| 705 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[4%] | 90 | Thu 11/1/12 | Thu 1/31/13 |
| 706 | Design Web Portal Configuration | r. Developer (Lead)[2%] | | Thu 11/1/12 | Thu 1/31/13 |
| 707 | Design Configuration - Workflows | ],Solution Architect[2%] | | Thu 11/1/12 | Thu 1/31/13 |
| 708 | Design Configuration - Reports and Forms | ],Solution Architect[2%] | | Thu 11/1/12 | Thu 1/31/13 |
| 709 | Design Extensions | ],Solution Architect[3%] | | Thu 11/1/12 | Thu 1/31/13 |
| 710 | Design Interfaces | ],Solution Architect[3%] | | Thu 11/1/12 | Thu 1/31/13 |
| 711 | Plan Unit Test | ],Solution Architect[1%] | | Thu 1/3/13 | Thu 2/28/13 |
| 712 | Review Prior Authorization Section of DSD | ,Business Analyst[18%] | | Fri 2/1/13 | Thu 2/28/13 |
| 713 | End Wave One | | | Thu 2/28/13 | Thu 2/28/13 |
| 714 | **Wave Two Design** | | | **Mon 11/12/12** | **Thu 2/28/13** |
| 715 | Start Wave Two | | | Mon 11/12/12 | Mon 11/12/12 |
| 716 | **Wave Two Design - Claims Processing Function** | | | **Tue 11/13/12** | **Thu 2/28/13** |
| 717 | Design Configuration | ,Solution Architect[10%] | | Tue 11/13/12 | Tue 1/29/13 |
| 718 | Continue JAD / Conference Room Pilot | Developer (Lead)[10%] | 90 | Tue 11/13/12 | Tue 1/29/13 |
| 719 | Design Web Portal Configuration | r. Developer (Lead)[5%] | | Tue 11/13/12 | Tue 1/29/13 |
| 720 | Design Configuration - Workflows | ],Solution Architect[5%] | | Tue 11/13/12 | Tue 1/29/13 |
| 721 | Design Configuration - Reports and Forms | ],Solution Architect[5%] | | Tue 11/13/12 | Tue 1/29/13 |
| 722 | Design Extensions | ],Solution Architect[8%] | | Tue 11/13/12 | Tue 1/29/13 |
| 723 | Design Interfaces | ],Solution Architect[8%] | | Tue 11/13/12 | Tue 1/29/13 |
| 724 | Plan Unit Test | ],Solution Architect[2%] | | Tue 1/1/13 | Thu 2/28/13 |
| 725 | Review Claims Processing Section of DSD | ,Business Analyst[16%] | | Wed 1/30/13 | Thu 2/28/13 |
| 726 | **Wave Two Design - EDI** | | | **Tue 11/13/12** | **Thu 2/28/13** |
| 727 | Design Configuration | ],Solution Architect[4%] | | Tue 11/13/12 | Tue 1/29/13 |
| 728 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[4%] | 90 | Tue 11/13/12 | Tue 1/29/13 |
| 729 | Design Web Portal Configuration | r. Developer (Lead)[2%] | | Tue 11/13/12 | Tue 1/29/13 |

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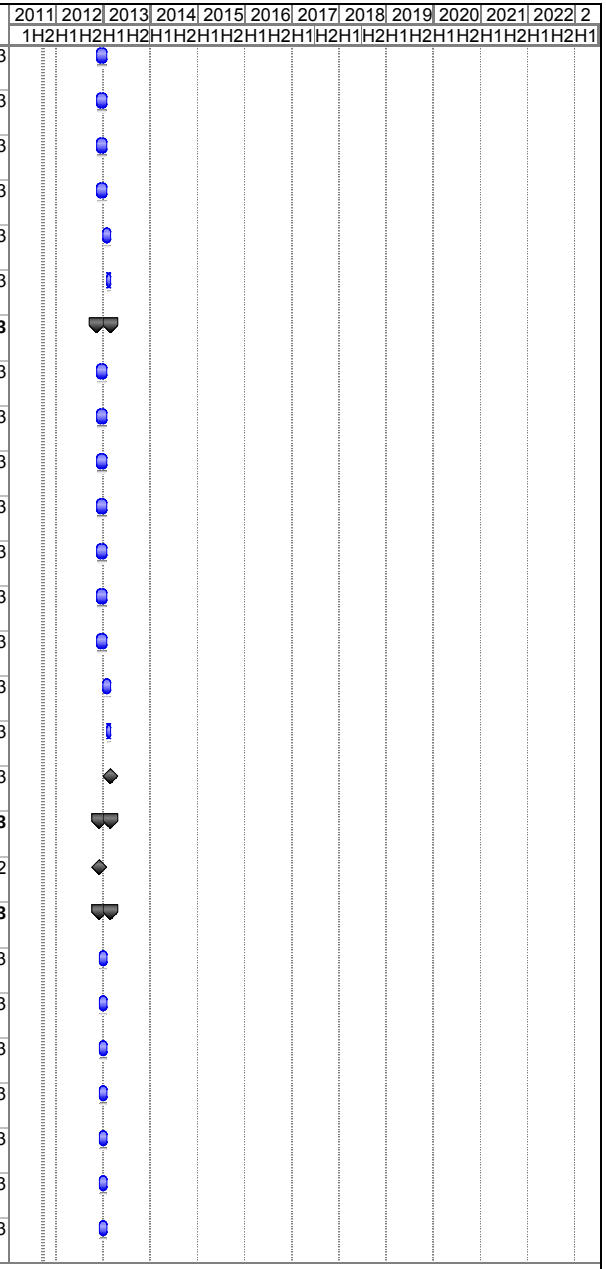
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 730 | Design Configuration - Workflows | ],Solution Architect[2%] | | Tue 11/13/12 | Tue 1/29/13 |
| 731 | Design Configuration - Reports and Forms | ],Solution Architect[2%] | | Tue 11/13/12 | Tue 1/29/13 |
| 732 | Design Extensions | ],Solution Architect[4%] | | Tue 11/13/12 | Tue 1/29/13 |
| 733 | Design Interfaces | ],Solution Architect[6%] | | Tue 11/13/12 | Tue 1/29/13 |
| 734 | Plan Unit Test | ],Solution Architect[1%] | | Tue 1/1/13 | Thu 2/28/13 |
| 735 | Review EDI Section of DSD | ,Business Analyst[16%] | | Wed 1/30/13 | Thu 2/28/13 |
| 736 | **Wave Two Design - Medically Needy Function** | | | **Tue 11/13/12** | **Thu 2/28/13** |
| 737 | Design Configuration | ],Solution Architect[6%] | | Tue 11/13/12 | Tue 1/29/13 |
| 738 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[6%] | 90 | Tue 11/13/12 | Tue 1/29/13 |
| 739 | Design Web Portal Configuration | r. Developer (Lead)[4%] | | Tue 11/13/12 | Tue 1/29/13 |
| 740 | Design Configuration - Workflows | ],Solution Architect[4%] | | Tue 11/13/12 | Tue 1/29/13 |
| 741 | Design Configuration - Reports and Forms | ],Solution Architect[4%] | | Tue 11/13/12 | Tue 1/29/13 |
| 742 | Design Extensions | ],Solution Architect[4%] | | Tue 11/13/12 | Tue 1/29/13 |
| 743 | Design Interfaces | ],Solution Architect[4%] | | Tue 11/13/12 | Tue 1/29/13 |
| 744 | Plan Unit Test | ],Solution Architect[2%] | | Tue 1/1/13 | Thu 2/28/13 |
| 745 | Review Medically Needy Section of DSD | ,Business Analyst[24%] | | Wed 1/30/13 | Thu 2/28/13 |
| 746 | End Wave Two | | | Thu 2/28/13 | Thu 2/28/13 |
| 747 | **Wave Three Design** | | | **Mon 12/3/12** | **Thu 2/28/13** |
| 748 | Start Wave Three | | | Mon 12/3/12 | Mon 12/3/12 |
| 749 | **Wave Three Design - Early and Periodic Screening, Diagr** | | | **Tue 12/4/12** | **Thu 2/28/13** |
| 750 | Design Configuration | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 751 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[2%] | 90 | Tue 12/4/12 | Wed 1/30/13 |
| 752 | Design Web Portal Configuration | r. Developer (Lead)[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 753 | Design Configuration - Workflows | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 754 | Design Configuration - Reports and Forms | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 755 | Design Extensions | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 756 | Design Interfaces | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |

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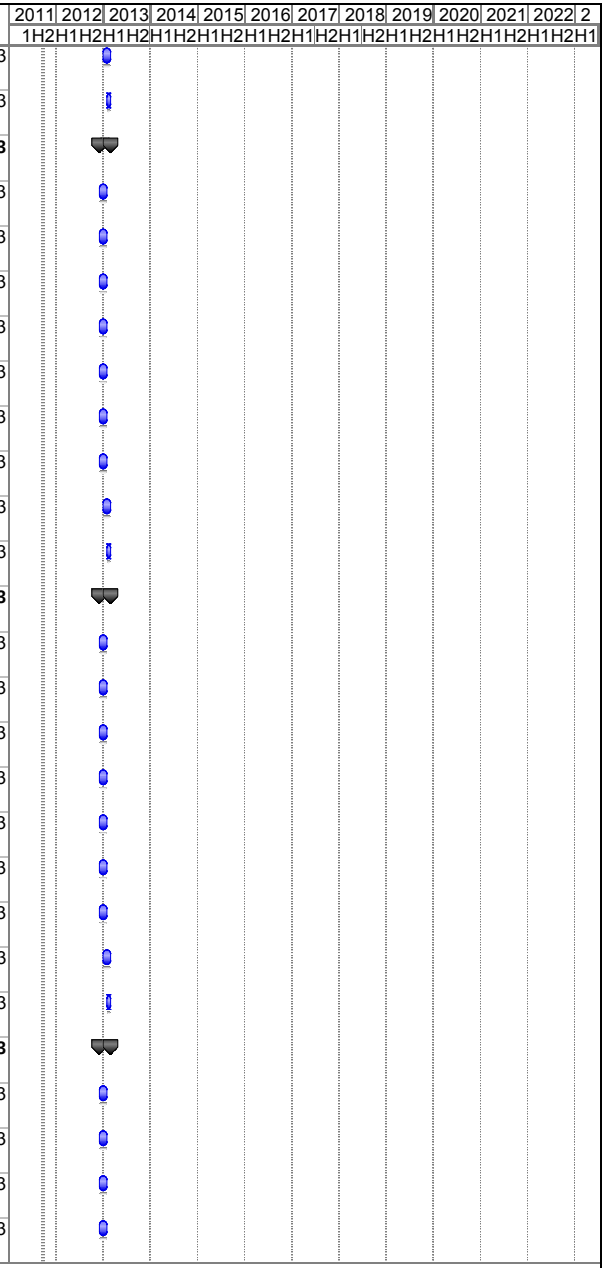
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 757 | Plan Unit Test | ],Solution Architect[1%] | | Wed 1/2/13 | Thu 2/28/13 |
| 758 | Review EPSDT Section of DSD | %],Business Analyst[8%] | | Thu 1/31/13 | Thu 2/28/13 |
| 759 | **Wave Three Design - Management and Administrative Re** | | | **Tue 12/4/12** | **Thu 2/28/13** |
| 760 | Design Configuration | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 761 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[2%] | 90 | Tue 12/4/12 | Wed 1/30/13 |
| 762 | Design Web Portal Configuration | r. Developer (Lead)[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 763 | Design Configuration - Workflows | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 764 | Design Configuration - Reports and Forms | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 765 | Design Extensions | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 766 | Design Interfaces | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 767 | Plan Unit Test | ],Solution Architect[1%] | | Wed 1/2/13 | Thu 2/28/13 |
| 768 | Review Management and Admin Reporting Section of D | %],Business Analyst[8%] | | Thu 1/31/13 | Thu 2/28/13 |
| 769 | **Wave Three Design - Document Scanning / EMDS** | | | **Tue 12/4/12** | **Thu 2/28/13** |
| 770 | Design Configuration | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 771 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[3%] | 90 | Tue 12/4/12 | Wed 1/30/13 |
| 772 | Design Web Portal Configuration | r. Developer (Lead)[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 773 | Design Configuration - Workflows | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 774 | Design Configuration - Reports and Forms | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 775 | Design Extensions | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 776 | Design Interfaces | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 777 | Plan Unit Test | ],Solution Architect[1%] | | Wed 1/2/13 | Thu 2/28/13 |
| 778 | Review Document Scanning/EMDS Section of DSD | ,Business Analyst[13%] | | Thu 1/31/13 | Thu 2/28/13 |
| 779 | **Wave Three Design - Surveillance and Utilization Review** | | | **Tue 12/4/12** | **Thu 2/28/13** |
| 780 | Design Configuration | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 781 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[2%] | 90 | Tue 12/4/12 | Wed 1/30/13 |
| 782 | Design Web Portal Configuration | r. Developer (Lead)[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 783 | Design Configuration - Workflows | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |

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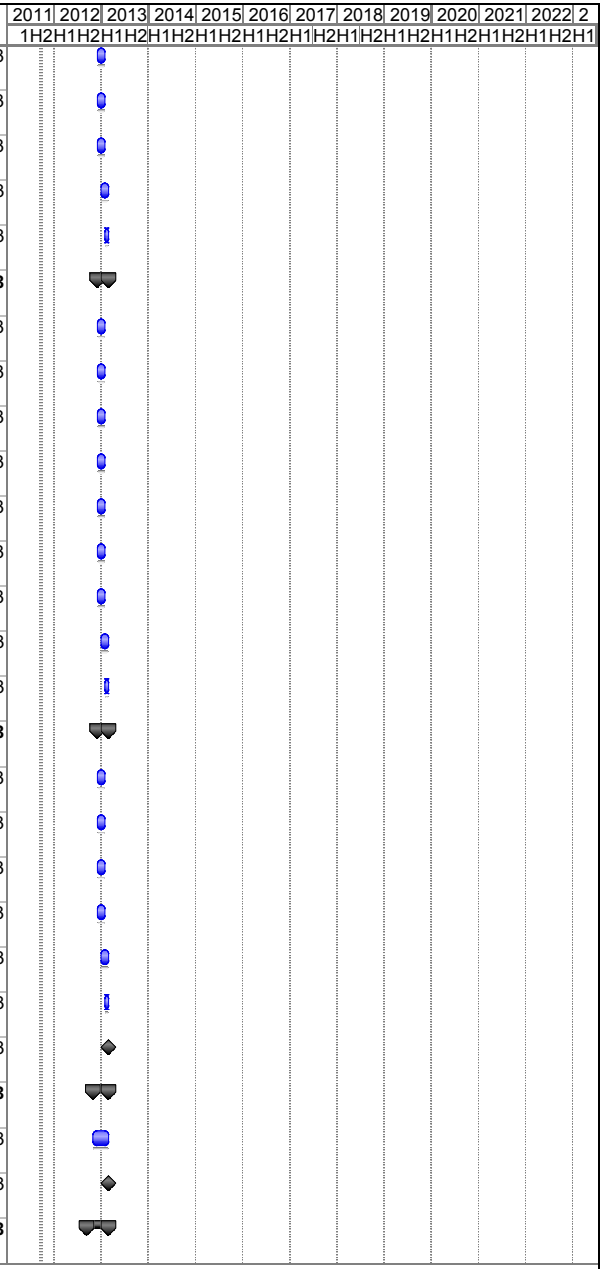
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | ◆ | Rolled Up Milestone | ◇ | External Tasks | | Deadline | ⇩ |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 784 | Design Configuration - Reports and Forms | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 785 | Design Extensions | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 786 | Design Interfaces | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 787 | Plan Unit Test | ],Solution Architect[1%] | | Wed 1/2/13 | Thu 2/28/13 |
| 788 | Review SURS Section of DSD | ],Business Analyst[8%] | | Thu 1/31/13 | Thu 2/28/13 |
| 789 | **Wave Three Design - Third Party Liability Function (TPL)** | | | **Tue 12/4/12** | **Thu 2/28/13** |
| 790 | Design Configuration | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 791 | Continue JAD / Conference Room Pilot | r. Developer (Lead)[2%] | 90 | Tue 12/4/12 | Wed 1/30/13 |
| 792 | Design Web Portal Configuration | r. Developer (Lead)[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 793 | Design Configuration - Workflows | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 794 | Design Configuration - Reports and Forms | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 795 | Design Extensions | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 796 | Design Interfaces | ],Solution Architect[3%] | | Tue 12/4/12 | Wed 1/30/13 |
| 797 | Plan Unit Test | ],Solution Architect[1%] | | Wed 1/2/13 | Thu 2/28/13 |
| 798 | Review TPL Section of DSD | ],Business Analyst[8%] | | Thu 1/31/13 | Thu 2/28/13 |
| 799 | **Wave Three Design - Technical and System Requirement** | | | **Tue 12/4/12** | **Thu 2/28/13** |
| 800 | Design Technical and System Requirements | ],Solution Architect[2%] | | Tue 12/4/12 | Wed 1/30/13 |
| 801 | Document Technical and System Design | r. Developer (Lead)[1%] | | Tue 12/4/12 | Wed 1/30/13 |
| 802 | Review Technical and System Design with the IME | r. Developer (Lead)[0%] | | Tue 12/4/12 | Wed 1/30/13 |
| 803 | Update and Finalize Technical and System Design | ],Solution Architect[1%] | | Tue 12/4/12 | Wed 1/30/13 |
| 804 | Plan Unit Test | ],Solution Architect[1%] | | Wed 1/2/13 | Thu 2/28/13 |
| 805 | Review Technical and System Design Section of DSD | ],Business Analyst[4%] | | Thu 1/31/13 | Thu 2/28/13 |
| 806 | End Wave Three | | | Thu 2/28/13 | Thu 2/28/13 |
| 807 | **Support Environments** | | | **Thu 11/1/12** | **Thu 2/28/13** |
| 808 | Environment Support | nfrastructure Staff[42%] | | Thu 11/1/12 | Thu 2/28/13 |
| 809 | MILESTONE: Business and Technical Design Complete | | | Thu 2/28/13 | Thu 2/28/13 |
| 810 | **Analysis and Design Deliverable Documents** | | | **Wed 9/12/12** | **Thu 2/28/13** |

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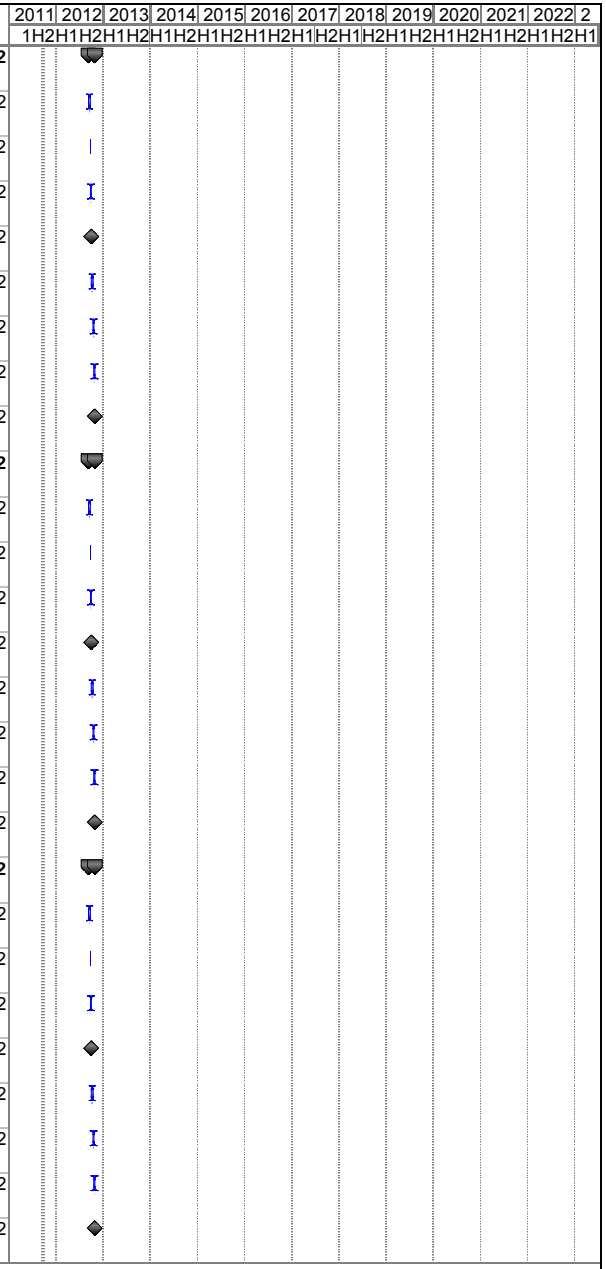
Task | Progress | Milestone | Summary | Rolled Up Task | Rolled Up Milestone | Rolled Up Progress | Split | External Tasks | Project Summary | Group By Summary | Deadline

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 811 | **Joint Application Design (JAD) Results** | | | **Wed 9/12/12** | **Tue 10/30/12** |
| 812 | JAD - Compile JAD Result Document from Waves | ,Business Analyst[17%] | | Wed 9/12/12 | Tue 9/25/12 |
| 813 | JAD - Review with IME | %],Business Analyst[8%] | 2 | Wed 9/26/12 | Wed 9/26/12 |
| 814 | JAD - Finalize JAD Result Document | ,Business Analyst[33%] | | Thu 9/27/12 | Tue 10/2/12 |
| 815 | JAD - Submit Deliverable | | | Tue 10/2/12 | Tue 10/2/12 |
| 816 | JAD - IME Deliverable Review | | 40 | Wed 10/3/12 | Tue 10/16/12 |
| 817 | JAD - Update Deliverable | ,Business Analyst[33%] | | Wed 10/17/12 | Tue 10/23/12 |
| 818 | JAD - IME Resubmission Review | | 20 | Wed 10/24/12 | Tue 10/30/12 |
| 819 | JAD - Deliverable Approved | | | Tue 10/30/12 | Tue 10/30/12 |
| 820 | **Develop Requirements Specification Document (RSD)** | | | **Wed 9/12/12** | **Tue 10/30/12** |
| 821 | RSD - Compile Document from Waves | ,Business Analyst[17%] | | Wed 9/12/12 | Tue 9/25/12 |
| 822 | RSD - Review with IME | %],Business Analyst[8%] | 2 | Wed 9/26/12 | Wed 9/26/12 |
| 823 | RSD - Finalize Document | ,Business Analyst[33%] | | Thu 9/27/12 | Tue 10/2/12 |
| 824 | RSD - Submit Deliverable | | | Tue 10/2/12 | Tue 10/2/12 |
| 825 | RSD - IME Deliverable Review | | 40 | Wed 10/3/12 | Tue 10/16/12 |
| 826 | RSD - Update Deliverable | ,Business Analyst[33%] | | Wed 10/17/12 | Tue 10/23/12 |
| 827 | RSD - IME Resubmission Review | | 20 | Wed 10/24/12 | Tue 10/30/12 |
| 828 | RSD - Deliverable Approved | | | Tue 10/30/12 | Tue 10/30/12 |
| 829 | **Develop Requirements Traceability Matrix (RTM)** | | | **Wed 9/12/12** | **Tue 10/30/12** |
| 830 | RTM - Compile Document from Waves | ,Business Analyst[17%] | | Wed 9/12/12 | Tue 9/25/12 |
| 831 | RTM - Review with IME | %],Business Analyst[8%] | 2 | Wed 9/26/12 | Wed 9/26/12 |
| 832 | RTM - Finalize Document | ,Business Analyst[33%] | | Thu 9/27/12 | Tue 10/2/12 |
| 833 | RTM - Submit Deliverable | | | Tue 10/2/12 | Tue 10/2/12 |
| 834 | RTM - IME Deliverable Review | | 40 | Wed 10/3/12 | Tue 10/16/12 |
| 835 | RTM - Update Deliverable | ,Business Analyst[33%] | | Wed 10/17/12 | Tue 10/23/12 |
| 836 | RTM - IME Resubmission Review | | 20 | Wed 10/24/12 | Tue 10/30/12 |
| 837 | RTM - Deliverable Approved | | | Tue 10/30/12 | Tue 10/30/12 |

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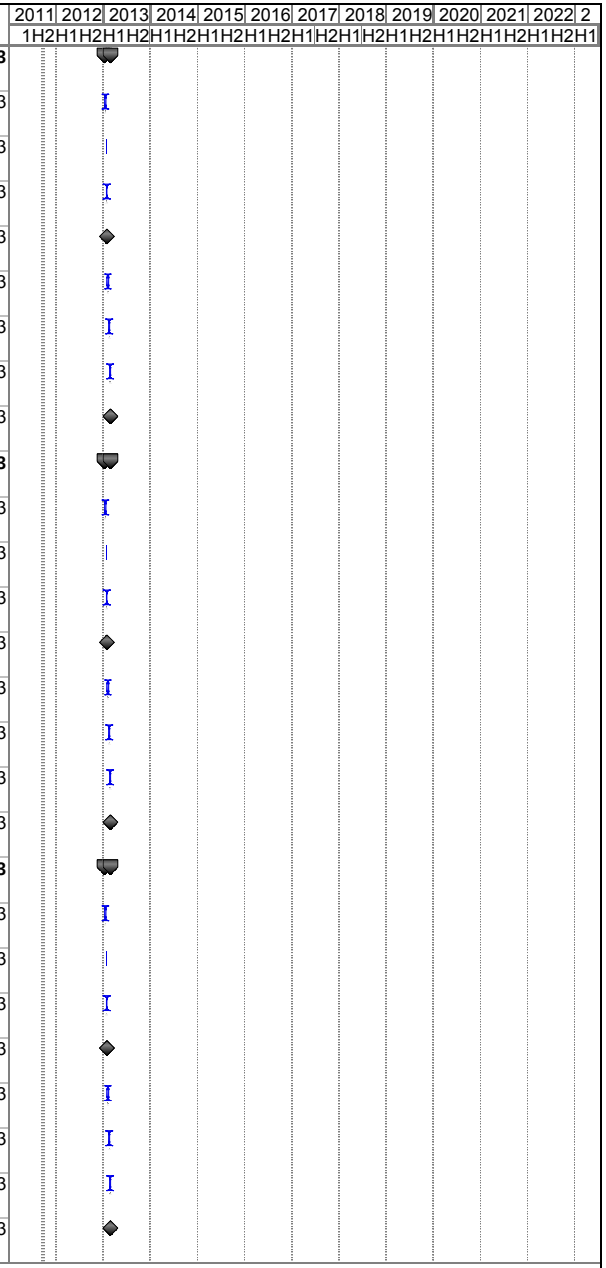
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 838 | **Architectural and System Requirements** | | | **Mon 1/14/13** | **Thu 2/28/13** |
| 839 | Compile Document from Waves | ,Business Analyst[19%] | | Mon 1/14/13 | Thu 1/24/13 |
| 840 | Review with IME | %],Business Analyst[8%] | 2 | Fri 1/25/13 | Fri 1/25/13 |
| 841 | Finalize Document | ,Business Analyst[33%] | | Mon 1/28/13 | Thu 1/31/13 |
| 842 | Submit Deliverable | | | Thu 1/31/13 | Thu 1/31/13 |
| 843 | IME Deliverable Review | | 20 | Fri 2/1/13 | Thu 2/14/13 |
| 844 | Update Deliverable | ,Business Analyst[33%] | | Fri 2/15/13 | Thu 2/21/13 |
| 845 | IME Resubmission Review | | 40 | Fri 2/22/13 | Thu 2/28/13 |
| 846 | Deliverable Approved | | | Thu 2/28/13 | Thu 2/28/13 |
| 847 | **Development Methodology Document** | | | **Mon 1/14/13** | **Thu 2/28/13** |
| 848 | Compile Document from Waves | ,Business Analyst[19%] | | Mon 1/14/13 | Thu 1/24/13 |
| 849 | Review with IME | %],Business Analyst[8%] | 2 | Fri 1/25/13 | Fri 1/25/13 |
| 850 | Finalize Document | ,Business Analyst[33%] | | Mon 1/28/13 | Thu 1/31/13 |
| 851 | Submit Deliverable | | | Thu 1/31/13 | Thu 1/31/13 |
| 852 | IME Deliverable Review | | 40 | Fri 2/1/13 | Thu 2/14/13 |
| 853 | Update Deliverable | ,Business Analyst[33%] | | Fri 2/15/13 | Thu 2/21/13 |
| 854 | IME Resubmission Review | | 20 | Fri 2/22/13 | Thu 2/28/13 |
| 855 | Deliverable Approved | | | Thu 2/28/13 | Thu 2/28/13 |
| 856 | **Develop Detailed System Design (DSD) Document** | | | **Mon 1/14/13** | **Thu 2/28/13** |
| 857 | Compile Document from Waves | ,Business Analyst[19%] | | Mon 1/14/13 | Thu 1/24/13 |
| 858 | Review with IME | %],Business Analyst[8%] | 2 | Fri 1/25/13 | Fri 1/25/13 |
| 859 | Finalize Document | ,Business Analyst[33%] | | Mon 1/28/13 | Thu 1/31/13 |
| 860 | Submit Deliverable | | | Thu 1/31/13 | Thu 1/31/13 |
| 861 | IME Deliverable Review | | 20 | Fri 2/1/13 | Thu 2/14/13 |
| 862 | Update Deliverable | ,Business Analyst[33%] | | Fri 2/15/13 | Thu 2/21/13 |
| 863 | IME Resubmission Review | | 40 | Fri 2/22/13 | Thu 2/28/13 |
| 864 | Deliverable Approved | | | Thu 2/28/13 | Thu 2/28/13 |

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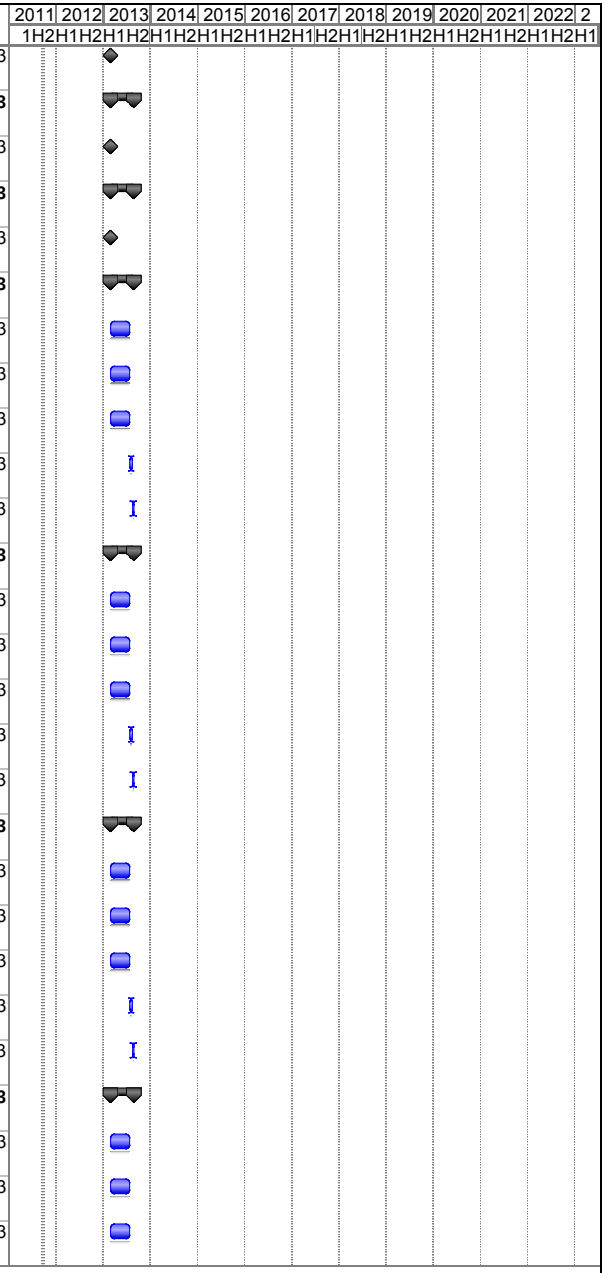
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 865 | End Analysis and Design | | | Thu 2/28/13 | Thu 2/28/13 |
| 866 | **Development** | | | **Thu 2/28/13** | **Wed 8/28/13** |
| 867 | Start Development | | | Thu 2/28/13 | Thu 2/28/13 |
| 868 | **Rules Configuration and Build** | | | **Thu 2/28/13** | **Wed 8/28/13** |
| 869 | Start Build | | | Thu 2/28/13 | Thu 2/28/13 |
| 870 | **Build - Recipient Function** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 871 | Build Master Configuration | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 872 | Configure and Test Application Components | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 873 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[2%] | | Fri 3/1/13 | Fri 7/26/13 |
| 874 | Confirm Requirements Traceability | ,Interface Manager[4%] | | Mon 7/29/13 | Fri 8/16/13 |
| 875 | Release Application / Configuration Components | ,Interface Manager[6%] | | Mon 8/19/13 | Wed 8/28/13 |
| 876 | **Build - Provider Function** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 877 | Build Master Configuration | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 878 | Configure and Test Application Components | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 879 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[2%] | | Fri 3/1/13 | Fri 7/26/13 |
| 880 | Confirm Requirements Traceability | ,Interface Manager[4%] | | Mon 7/29/13 | Fri 8/16/13 |
| 881 | Release Application / Configuration Components | ,Interface Manager[6%] | | Mon 8/19/13 | Wed 8/28/13 |
| 882 | **Build - Reference Function** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 883 | Build Master Configuration | ,Interface Manager[7%] | | Fri 3/1/13 | Fri 7/26/13 |
| 884 | Configure and Test Application Components | ,Interface Manager[7%] | | Fri 3/1/13 | Fri 7/26/13 |
| 885 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 886 | Confirm Requirements Traceability | ,Interface Manager[8%] | | Mon 7/29/13 | Fri 8/16/13 |
| 887 | Release Application / Configuration Components | nterface Manager[15%] | | Mon 8/19/13 | Wed 8/28/13 |
| 888 | **Build - Prior Authorization Function** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 889 | Build Master Configuration | ,Interface Manager[4%] | | Fri 3/1/13 | Fri 7/26/13 |
| 890 | Configure and Test Application Components | ,Interface Manager[4%] | | Fri 3/1/13 | Fri 7/26/13 |
| 891 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |

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| Task | | Summary | | Rolled Up Progress | | Project Summary | |
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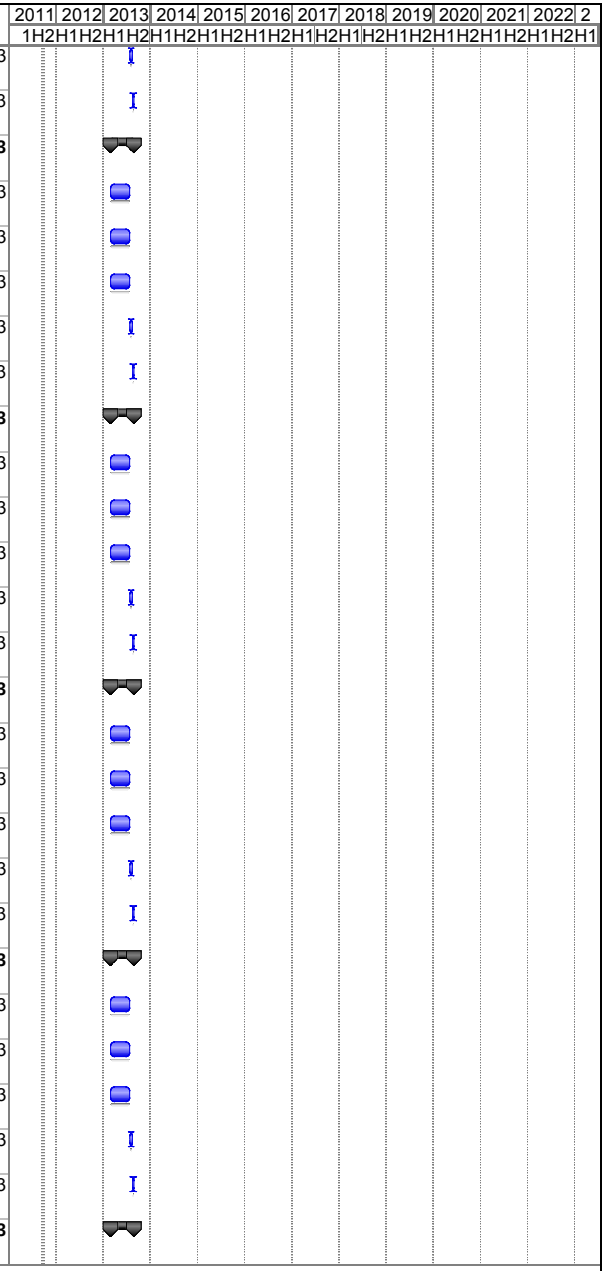
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 892 | Confirm Requirements Traceability | ,Interface Manager[6%] | | Mon 7/29/13 | Fri 8/16/13 |
| 893 | Release Application / Configuration Components | nterface Manager[11%] | | Mon 8/19/13 | Wed 8/28/13 |
| 894 | **Build - Claims / Benefit Plans** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 895 | Build Master Configuration | nterface Manager[11%] | | Fri 3/1/13 | Fri 7/26/13 |
| 896 | Configure and Test Application Components | nterface Manager[11%] | | Fri 3/1/13 | Fri 7/26/13 |
| 897 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[7%] | | Fri 3/1/13 | Fri 7/26/13 |
| 898 | Confirm Requirements Traceability | nterface Manager[16%] | | Mon 7/29/13 | Fri 8/16/13 |
| 899 | Release Application / Configuration Components | nterface Manager[30%] | | Mon 8/19/13 | Wed 8/28/13 |
| 900 | **Build - EDI** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 901 | Build Master Configuration | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 902 | Configure and Test Application Components | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 903 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[2%] | | Fri 3/1/13 | Fri 7/26/13 |
| 904 | Confirm Requirements Traceability | ,Interface Manager[4%] | | Mon 7/29/13 | Fri 8/16/13 |
| 905 | Release Application / Configuration Components | ,Interface Manager[6%] | | Mon 8/19/13 | Wed 8/28/13 |
| 906 | **Build - Medically Needy Function** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 907 | Build Master Configuration | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 908 | Configure and Test Application Components | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 909 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[2%] | | Fri 3/1/13 | Fri 7/26/13 |
| 910 | Confirm Requirements Traceability | ,Interface Manager[4%] | | Mon 7/29/13 | Fri 8/16/13 |
| 911 | Release Application / Configuration Components | ,Interface Manager[6%] | | Mon 8/19/13 | Wed 8/28/13 |
| 912 | **Build - Management and Administrative Reporting Function (M** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 913 | Build Master Configuration | ,Interface Manager[8%] | | Fri 3/1/13 | Fri 7/26/13 |
| 914 | Configure and Test Application Components | ,Interface Manager[8%] | | Fri 3/1/13 | Fri 7/26/13 |
| 915 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[4%] | | Fri 3/1/13 | Fri 7/26/13 |
| 916 | Confirm Requirements Traceability | ,Interface Manager[8%] | | Mon 7/29/13 | Fri 8/16/13 |
| 917 | Release Application / Configuration Components | nterface Manager[15%] | | Mon 8/19/13 | Wed 8/28/13 |
| 918 | **Build - Surveillance and Utilization Review Subsystem Functi** | | | **Fri 3/1/13** | **Wed 8/28/13** |

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| Task | | Summary | | Rolled Up Progress | | Project Summary | |
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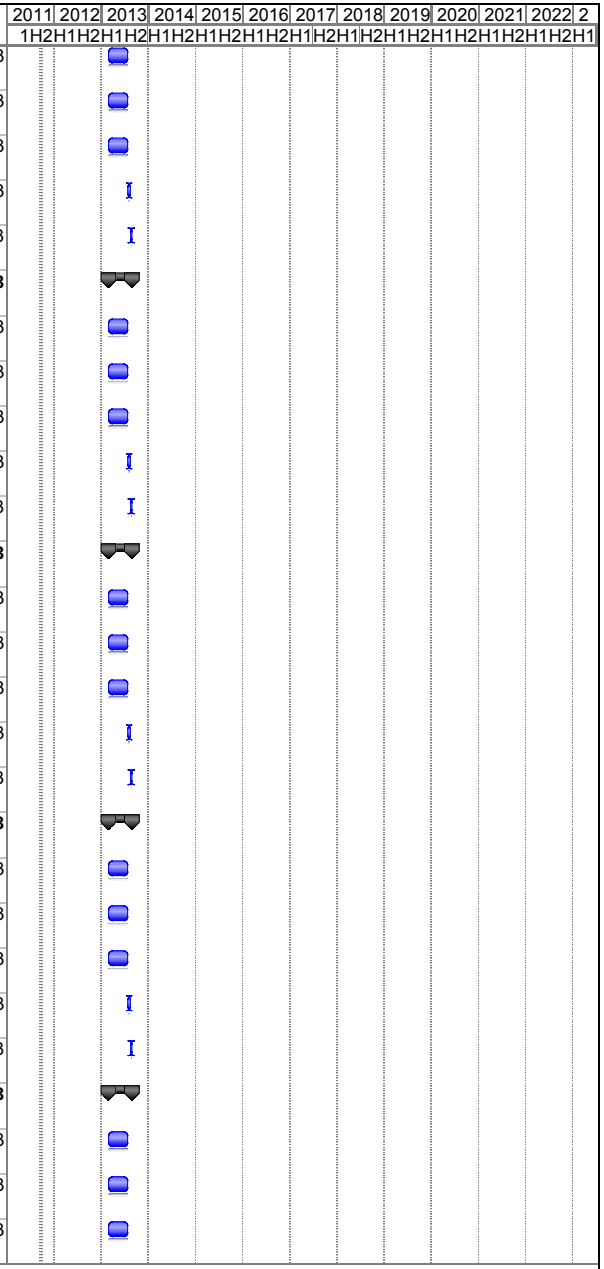
| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 919 | Build Master Configuration | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 920 | Configure and Test Application Components | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 921 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[2%] | | Fri 3/1/13 | Fri 7/26/13 |
| 922 | Confirm Requirements Traceability | ,Interface Manager[4%] | | Mon 7/29/13 | Fri 8/16/13 |
| 923 | Release Application / Configuration Components | ,Interface Manager[6%] | | Mon 8/19/13 | Wed 8/28/13 |
| 924 | **Build - Document Scanning / EDMS** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 925 | Build Master Configuration | ,Interface Manager[4%] | | Fri 3/1/13 | Fri 7/26/13 |
| 926 | Configure and Test Application Components | ,Interface Manager[4%] | | Fri 3/1/13 | Fri 7/26/13 |
| 927 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[2%] | | Fri 3/1/13 | Fri 7/26/13 |
| 928 | Confirm Requirements Traceability | ,Interface Manager[4%] | | Mon 7/29/13 | Fri 8/16/13 |
| 929 | Release Application / Configuration Components | ,Interface Manager[7%] | | Mon 8/19/13 | Wed 8/28/13 |
| 930 | **Build - Early and Periodic Screening, Diagnosis and Treatmer** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 931 | Build Master Configuration | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 932 | Configure and Test Application Components | ,Interface Manager[3%] | | Fri 3/1/13 | Fri 7/26/13 |
| 933 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[2%] | | Fri 3/1/13 | Fri 7/26/13 |
| 934 | Confirm Requirements Traceability | ,Interface Manager[4%] | | Mon 7/29/13 | Fri 8/16/13 |
| 935 | Release Application / Configuration Components | ,Interface Manager[6%] | | Mon 8/19/13 | Wed 8/28/13 |
| 936 | **Build - Third Party Liability Function (TPL)** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 937 | Build Master Configuration | ,Interface Manager[6%] | | Fri 3/1/13 | Fri 7/26/13 |
| 938 | Configure and Test Application Components | ,Interface Manager[6%] | | Fri 3/1/13 | Fri 7/26/13 |
| 939 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[4%] | | Fri 3/1/13 | Fri 7/26/13 |
| 940 | Confirm Requirements Traceability | ,Interface Manager[8%] | | Mon 7/29/13 | Fri 8/16/13 |
| 941 | Release Application / Configuration Components | nterface Manager[15%] | | Mon 8/19/13 | Wed 8/28/13 |
| 942 | **Build - Technical and System Requirements** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 943 | Build Master Configuration | ,Interface Manager[2%] | | Fri 3/1/13 | Fri 7/26/13 |
| 944 | Configure and Test Application Components | ,Interface Manager[2%] | | Fri 3/1/13 | Fri 7/26/13 |
| 945 | Confirm Application Configuration / Quality Reviews | ,Interface Manager[1%] | | Fri 3/1/13 | Fri 7/26/13 |

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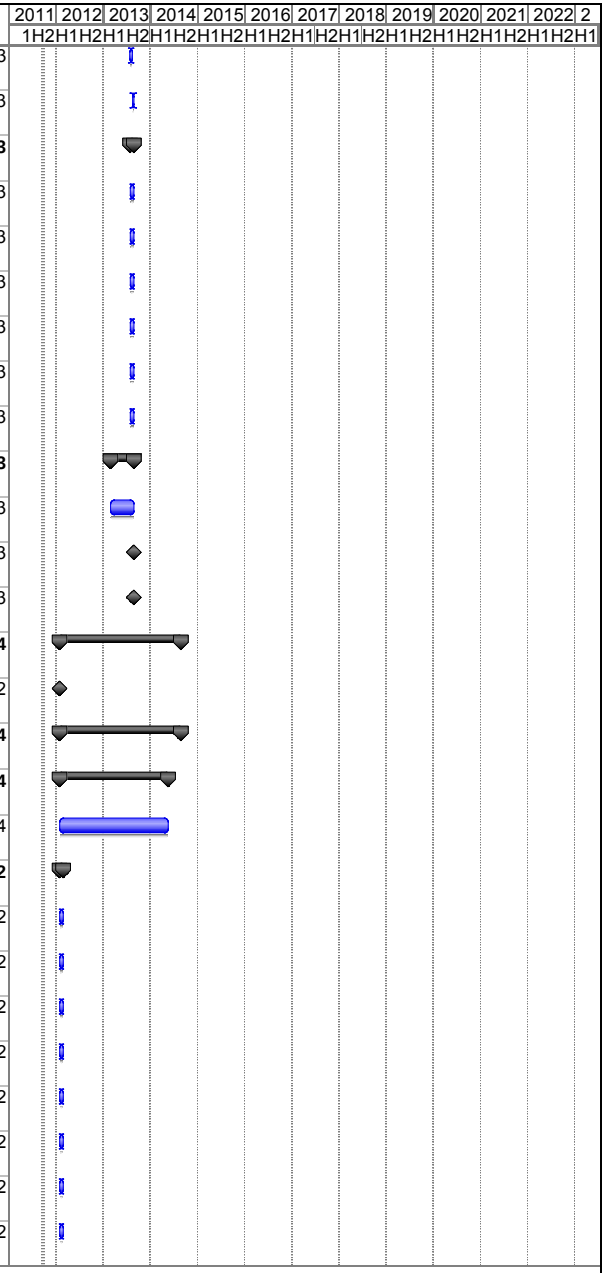
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | ◆ | Rolled Up Milestone | ◇ | External Tasks | | Deadline | ⇩ |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 946 | Confirm Requirements Traceability | ],Interface Manager[3%] | | Mon 7/29/13 | Fri 8/16/13 |
| 947 | Release Application / Configuration Components | ],Interface Manager[6%] | | Mon 8/19/13 | Wed 8/28/13 |
| 948 | **Configuration and Rules Engine Deliverable Updates** | | | **Thu 8/1/13** | **Wed 8/28/13** |
| 949 | Update CMP | ],Interface Manager[2%] | | Thu 8/1/13 | Wed 8/28/13 |
| 950 | Update Documentation of all Rules in the Rules Engine | ],Interface Manager[2%] | | Thu 8/1/13 | Wed 8/28/13 |
| 951 | Update Use Cases | nterface Manager[12%] | | Thu 8/1/13 | Wed 8/28/13 |
| 952 | Prepare (Draft) Standard Output Reports | ],Interface Manager[2%] | | Thu 8/1/13 | Wed 8/28/13 |
| 953 | Update Interface Plan | ],Interface Manager[2%] | | Thu 8/1/13 | Wed 8/28/13 |
| 954 | Update MMIS Documentation and User Documentation Manu | ],Interface Manager[2%] | | Thu 8/1/13 | Wed 8/28/13 |
| 955 | **Support Environments** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 956 | Environment Support | frastructure Staff[134%] | | Fri 3/1/13 | Wed 8/28/13 |
| 957 | End Build | | | Wed 8/28/13 | Wed 8/28/13 |
| 958 | MILESTONE: Development Activities Complete | | | Wed 8/28/13 | Wed 8/28/13 |
| 959 | **Data Conversion** | | | **Wed 2/1/12** | **Thu 8/28/14** |
| 960 | Start Data Conversion | | | Wed 2/1/12 | Wed 2/1/12 |
| 961 | **Start Data Conversion** | | | **Wed 2/1/12** | **Thu 8/28/14** |
| 962 | **Data Conversion Project Management** | | | **Wed 2/1/12** | **Tue 5/20/14** |
| 963 | Project Data Conversion Support | Deployment Lead[19%] | | Wed 2/1/12 | Tue 5/20/14 |
| 964 | **Data Conversion Startup** | | | **Wed 2/1/12** | **Tue 2/28/12** |
| 965 | Create Data Conversion Checklists | ],Deployment Lead[2%] | | Wed 2/1/12 | Tue 2/28/12 |
| 966 | Maintain Create Data Conversion Checklists | ],Deployment Lead[3%] | | Wed 2/1/12 | Tue 2/28/12 |
| 967 | Develop Data Reconciliation Procedures | ],Deployment Lead[1%] | | Wed 2/1/12 | Tue 2/28/12 |
| 968 | Maintain Data Reconciliation Procedures | ],Deployment Lead[3%] | | Wed 2/1/12 | Tue 2/28/12 |
| 969 | Create Architecture Design Document | Deployment Lead[25%] | | Wed 2/1/12 | Tue 2/28/12 |
| 970 | Create Iteration Plan | Deployment Lead[38%] | | Wed 2/1/12 | Tue 2/28/12 |
| 971 | Create RTM | Deployment Lead[50%] | | Wed 2/1/12 | Tue 2/28/12 |
| 972 | Create WBS and Schedule | Deployment Lead[13%] | | Wed 2/1/12 | Tue 2/28/12 |

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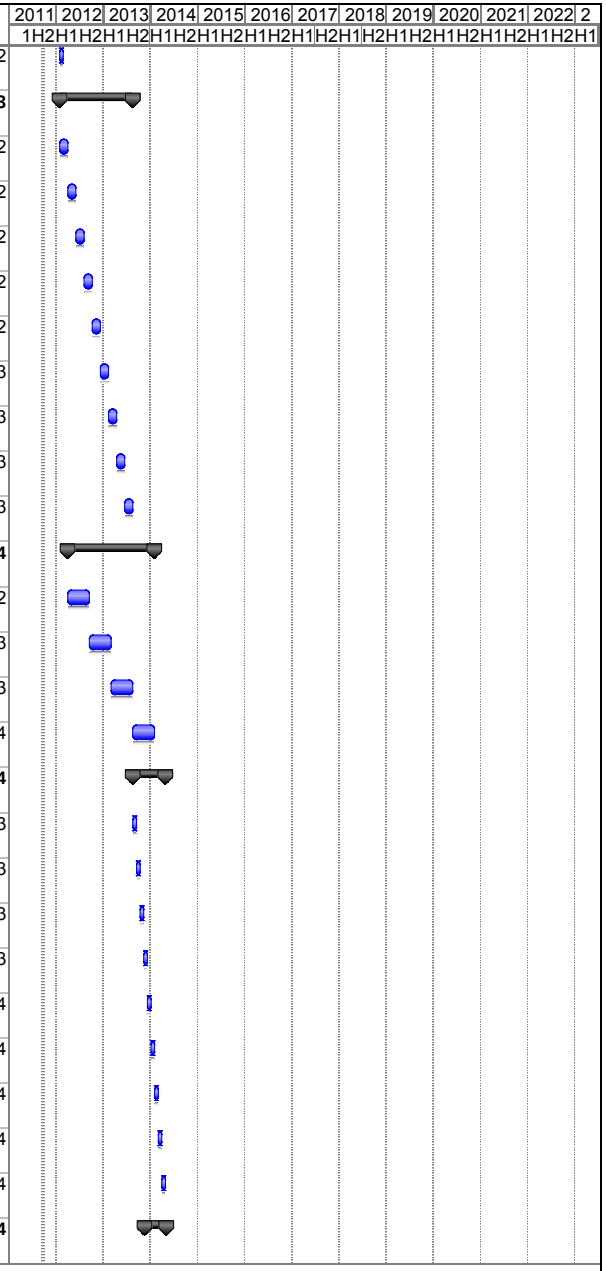
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 973 | Validate Conversion Plan | ],Deployment Lead[5%] | | Wed 2/1/12 | Tue 2/28/12 |
| 974 | **Core Conversion** | | | **Wed 2/1/12** | **Tue 8/20/13** |
| 975 | Architecture and Approach | Deployment Lead[17%] | | Wed 2/1/12 | Tue 4/3/12 |
| 976 | Data Quality Analysis | Deployment Lead[17%] | | Wed 4/4/12 | Tue 6/5/12 |
| 977 | Data Cleansing | )eployment Lead[167%] | | Wed 6/6/12 | Tue 8/7/12 |
| 978 | Key Entity Analysis | Deployment Lead[33%] | | Wed 8/8/12 | Tue 10/9/12 |
| 979 | Table Mapping Analysis | Deployment Lead[56%] | | Wed 10/10/12 | Tue 12/11/12 |
| 980 | Field Mapping Analysis | Deployment Lead[56%] | | Wed 12/12/12 | Tue 2/12/13 |
| 981 | Balancing and Reconciliation Planning | Deployment Lead[28%] | | Wed 2/13/13 | Tue 4/16/13 |
| 982 | Development and Unit Test | Deployment Lead[33%] | | Wed 4/17/13 | Tue 6/18/13 |
| 983 | Balancing and Reconciliation Development | Deployment Lead[22%] | | Wed 6/19/13 | Tue 8/20/13 |
| 984 | **Core Conversion Support** | | | **Tue 4/3/12** | **Mon 2/3/14** |
| 985 | Integration Testing | Deployment Lead[21%] | | Tue 4/3/12 | Mon 9/17/12 |
| 986 | Post Conversion Data Quality Analysis | Deployment Lead[21%] | | Tue 9/18/12 | Mon 3/4/13 |
| 987 | Data Validation Testing | Deployment Lead[31%] | | Tue 3/5/13 | Mon 8/19/13 |
| 988 | Defect Resolution | Deployment Lead[21%] | | Tue 8/20/13 | Mon 2/3/14 |
| 989 | **Custom Conversion** | | | **Wed 8/21/13** | **Tue 4/29/14** |
| 990 | Architecture and Approach | Deployment Lead[38%] | | Wed 8/21/13 | Tue 9/17/13 |
| 991 | Data Quality Analysis | Deployment Lead[38%] | | Wed 9/18/13 | Tue 10/15/13 |
| 992 | Data Cleansing | )eployment Lead[375%] | | Wed 10/16/13 | Tue 11/12/13 |
| 993 | Key Entity Analysis | Deployment Lead[75%] | | Wed 11/13/13 | Tue 12/10/13 |
| 994 | Table Mapping Analysis | )eployment Lead[125%] | | Wed 12/11/13 | Tue 1/7/14 |
| 995 | Field Mapping Analysis | )eployment Lead[125%] | | Wed 1/8/14 | Tue 2/4/14 |
| 996 | Balancing and Reconciliation Planning | Deployment Lead[63%] | | Wed 2/5/14 | Tue 3/4/14 |
| 997 | Development and Unit Test | Deployment Lead[75%] | | Wed 3/5/14 | Tue 4/1/14 |
| 998 | Balancing and Reconciliation Development | Deployment Lead[50%] | | Wed 4/2/14 | Tue 4/29/14 |
| 999 | **Custom Conversion Support** | | | **Thu 11/21/13** | **Wed 5/7/14** |

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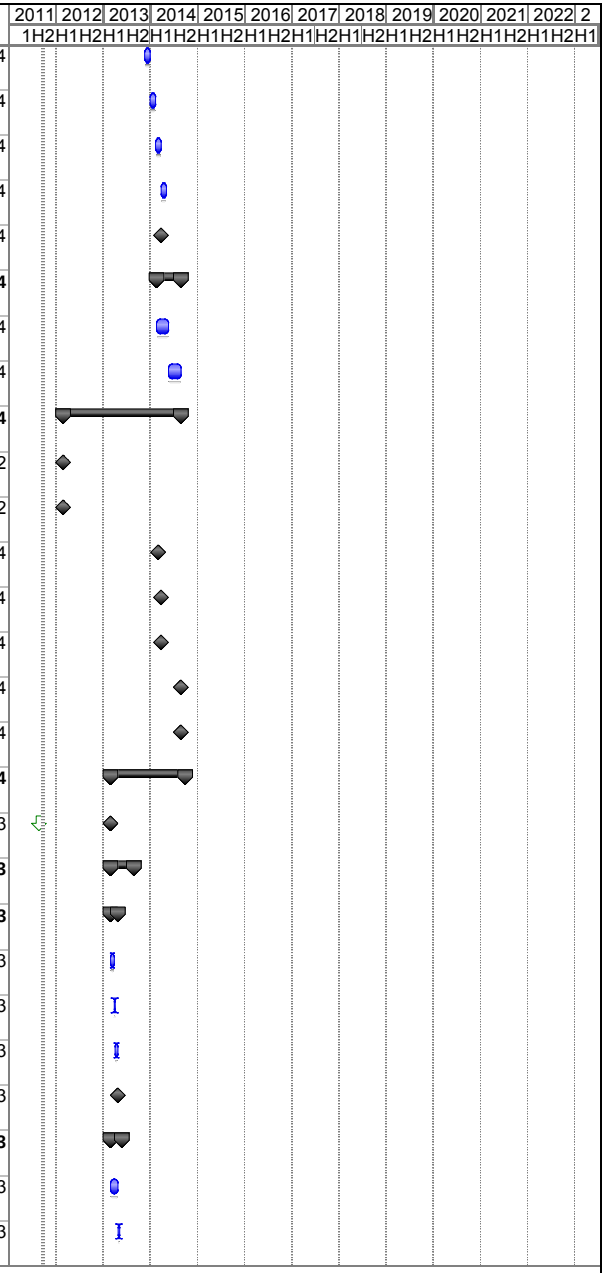
| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1000 | Integration Testing | Deployment Lead[83%] | | Thu 11/21/13 | Wed 1/1/14 |
| 1001 | Post Conversion Data Quality Analysis | Deployment Lead[83%] | | Thu 1/2/14 | Wed 2/12/14 |
| 1002 | Data Validation Testing | )eployment Lead[125%] | | Thu 2/13/14 | Wed 3/26/14 |
| 1003 | Defect Resolution | Deployment Lead[83%] | | Thu 3/27/14 | Wed 5/7/14 |
| 1004 | MILESTONE: Data Conversion Activities Complete | | | Wed 3/26/14 | Wed 3/26/14 |
| 1005 | **Go Live Preparation** | | | **Fri 2/21/14** | **Thu 8/28/14** |
| 1006 | Go Live Preparation | Deployment Lead[58%] | | Fri 2/21/14 | Thu 5/22/14 |
| 1007 | Final Conversion | Deployment Lead[54%] | | Fri 5/23/14 | Thu 8/28/14 |
| 1008 | **Data Conversion Deliverables** | | | **Tue 2/28/12** | **Thu 8/28/14** |
| 1009 | Final Conversion Plans | | | Tue 2/28/12 | Tue 2/28/12 |
| 1010 | Data Conversion Checklists | | | Tue 2/28/12 | Tue 2/28/12 |
| 1011 | Develop Data Reconciliation Procedures | | | Tue 3/4/14 | Tue 3/4/14 |
| 1012 | Conversion Test Results | | | Wed 3/26/14 | Wed 3/26/14 |
| 1013 | Conversion Reports | | | Wed 3/26/14 | Wed 3/26/14 |
| 1014 | UAT Conversion Test Results | | | Thu 8/28/14 | Thu 8/28/14 |
| 1015 | End Data Conversion | | | Thu 8/28/14 | Thu 8/28/14 |
| 1016 | **Testing Tasks** | | | **Thu 2/28/13** | **Tue 9/30/14** |
| 1017 | Start System / Integration Testing | | | Thu 2/28/13 | Thu 2/28/13 |
| 1018 | **Test Preparation and Planning** | | | **Fri 3/1/13** | **Wed 8/28/13** |
| 1019 | **Comprehensive Test Plan** | | | **Fri 3/1/13** | **Fri 4/26/13** |
| 1020 | Draft Test Plan | onfiguration Analyst[2%] | | Fri 3/1/13 | Thu 3/28/13 |
| 1021 | Peer Review Test Plan | onfiguration Analyst[2%] | | Fri 3/29/13 | Thu 4/4/13 |
| 1022 | Finalize Test Plan | onfiguration Analyst[2%] | | Fri 4/5/13 | Fri 4/26/13 |
| 1023 | MILESTONE: Comprehensive Test Plan Complete | | | Fri 4/26/13 | Fri 4/26/13 |
| 1024 | **System Test Cases and Test Scripts** | | | **Fri 3/1/13** | **Tue 5/28/13** |
| 1025 | Draft Test Cases and Test Scripts | nfiguration Analyst[45%] | | Fri 3/1/13 | Fri 4/26/13 |
| 1026 | Peer Review Test Cases and Test Scripts | nfiguration Analyst[31%] | | Mon 4/29/13 | Fri 5/10/13 |

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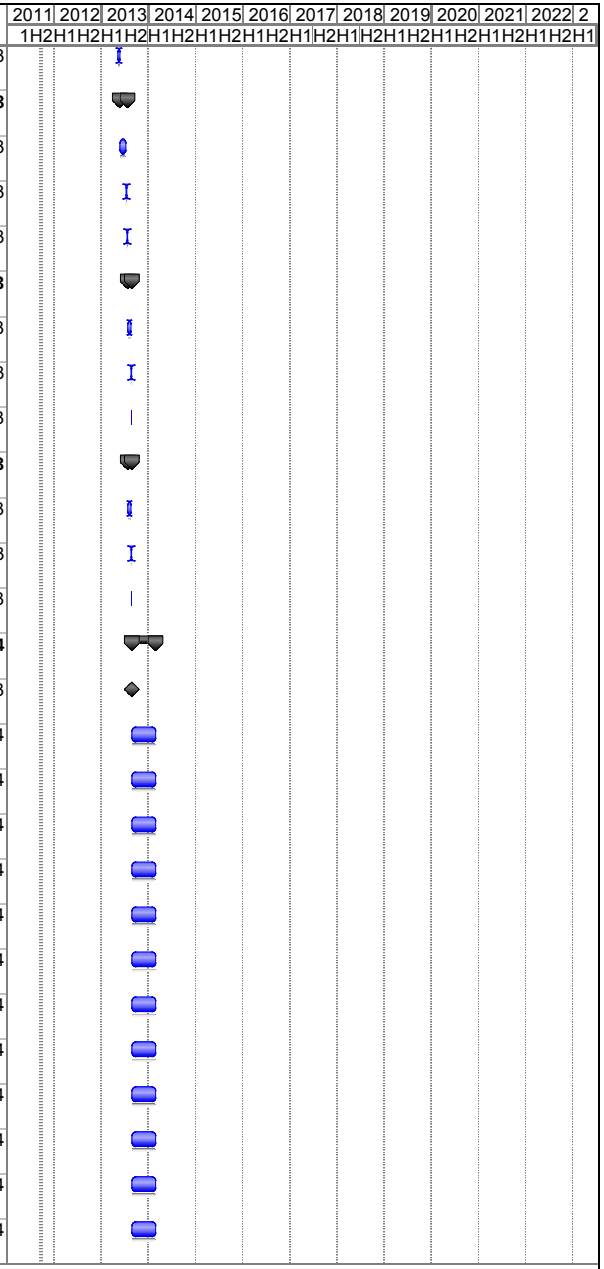
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1027 | Finalize Test Cases and Test Scripts | nfiguration Analyst[26%] | | Mon 5/13/13 | Tue 5/28/13 |
| 1028 | **Integration Test Cases and Test Scripts** | | | **Wed 5/29/13** | **Fri 7/26/13** |
| 1029 | Draft Test Cases and Test Scripts | nfiguration Analyst[37%] | | Wed 5/29/13 | Fri 7/12/13 |
| 1030 | Peer Review Test Cases and Test Scripts | nfiguration Analyst[37%] | | Mon 7/15/13 | Fri 7/19/13 |
| 1031 | Finalize Test Cases and Test Scripts | nfiguration Analyst[37%] | | Mon 7/22/13 | Fri 7/26/13 |
| 1032 | **UAT Test Cases and Test Scripts** | | | **Mon 7/29/13** | **Wed 8/28/13** |
| 1033 | Draft Test Cases and Test Scripts | nfiguration Analyst[17%] | | Mon 7/29/13 | Wed 8/21/13 |
| 1034 | Peer Review Test Cases and Test Scripts | nfiguration Analyst[20%] | | Thu 8/22/13 | Mon 8/26/13 |
| 1035 | Finalize Test Cases and Test Scripts | nfiguration Analyst[31%] | | Tue 8/27/13 | Wed 8/28/13 |
| 1036 | **ORT Test Cases and Test Scripts** | | | **Mon 7/29/13** | **Wed 8/28/13** |
| 1037 | Draft Test Cases and Test Scripts | nfiguration Analyst[17%] | | Mon 7/29/13 | Wed 8/21/13 |
| 1038 | Peer Review Test Cases and Test Scripts | nfiguration Analyst[20%] | | Thu 8/22/13 | Mon 8/26/13 |
| 1039 | Finalize Test Cases and Test Scripts | nfiguration Analyst[31%] | | Tue 8/27/13 | Wed 8/28/13 |
| 1040 | **Perform System Test (Rules and Module Testing)** | | | **Wed 8/28/13** | **Fri 2/28/14** |
| 1041 | Start Test Cases and Script | | | Wed 8/28/13 | Wed 8/28/13 |
| 1042 | Perform Test Cases and Script for Recipient Function | onfiguration Analyst[4%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1043 | Perform Test Cases and Script for Provider Function | onfiguration Analyst[4%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1044 | Perform Test Cases and Script for Reference Function | nfiguration Analyst[10%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1045 | Perform Test Cases and Script for Prior Authorization Function | onfiguration Analyst[4%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1046 | Perform Test Cases and Script for Claims Function | nfiguration Analyst[18%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1047 | Perform Test Cases and Script for EDI Function | onfiguration Analyst[3%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1048 | Perform Test Cases and Script for Medical Needy Function | onfiguration Analyst[3%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1049 | Perform Test Cases and Script for MAR Function | nfiguration Analyst[10%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1050 | Perform Test Cases and Script for SUR Function | onfiguration Analyst[2%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1051 | Perform Test Cases and Script for EDMS Function | onfiguration Analyst[4%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1052 | Perform Test Cases and Script for EPSDT Function | onfiguration Analyst[2%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1053 | Perform Test Cases and Script for TPL Function | onfiguration Analyst[2%] | | Thu 8/29/13 | Fri 2/28/14 |

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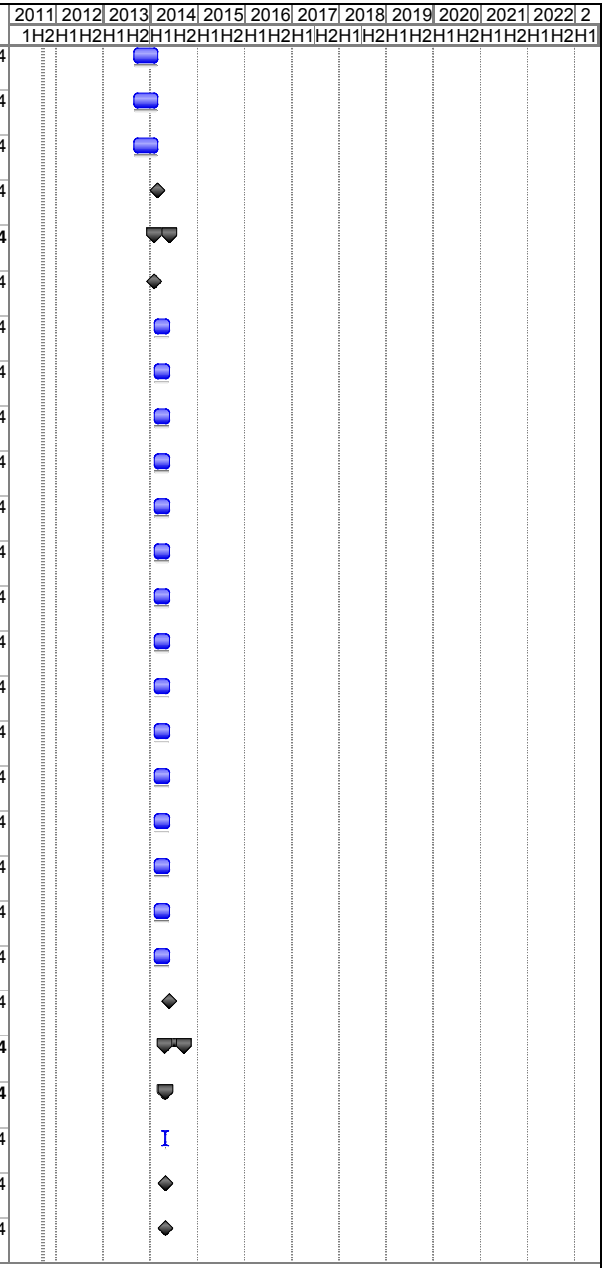
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1054 | Perform Test Cases and Script for Technical and System Requirer | onfiguration Analyst[2%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1055 | Generate Defect Tracking Report | onfiguration Analyst[1%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1056 | Generate Test Execution Report | onfiguration Analyst[1%] | | Thu 8/29/13 | Fri 2/28/14 |
| 1057 | MILESTONE: System Testing Complete | | | Fri 2/28/14 | Fri 2/28/14 |
| 1058 | **Perform Integration Test** | | | **Mon 2/3/14** | **Fri 5/30/14** |
| 1059 | Start Test Cases and Script | | | Mon 2/3/14 | Mon 2/3/14 |
| 1060 | Perform Test Cases and Script for Recipient Function | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1061 | Perform Test Cases and Script for Provider Function | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1062 | Perform Test Cases and Script for Reference Function | onfiguration Analyst[4%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1063 | Perform Test Cases and Script for Prior Authorization Function | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1064 | Perform Test Cases and Script for Claims Function | onfiguration Analyst[7%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1065 | Perform Test Cases and Script for EDI Function | onfiguration Analyst[2%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1066 | Perform Test Cases and Script for Medical Needy Function | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1067 | Perform Test Cases and Script for MAR Function | onfiguration Analyst[2%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1068 | Perform Test Cases and Script for SUR Function | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1069 | Perform Test Cases and Script for EDMS Function | onfiguration Analyst[2%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1070 | Perform Test Cases and Script for EPSDT Function | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1071 | Perform Test Cases and Script for TPL Function | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1072 | Perform Test Cases and Script for Technical and System Requirer | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1073 | Generate Defect Tracking Report | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1074 | Generate Test Execution Report | onfiguration Analyst[1%] | | Mon 2/3/14 | Fri 5/30/14 |
| 1075 | Complete: System and Integration Test | | | Fri 5/30/14 | Fri 5/30/14 |
| 1076 | **User Acceptance Test (UAT)** | | | **Thu 4/24/14** | **Fri 9/19/14** |
| 1077 | **Data Certification Letter** | | | **Thu 4/24/14** | **Wed 4/30/14** |
| 1078 | Prepare UAT Certification Letter | onfiguration Analyst[4%] | | Thu 4/24/14 | Wed 4/30/14 |
| 1079 | Provide UAT Certification Letter | | | Wed 4/30/14 | Wed 4/30/14 |
| 1080 | Start UAT | | | Wed 4/30/14 | Wed 4/30/14 |

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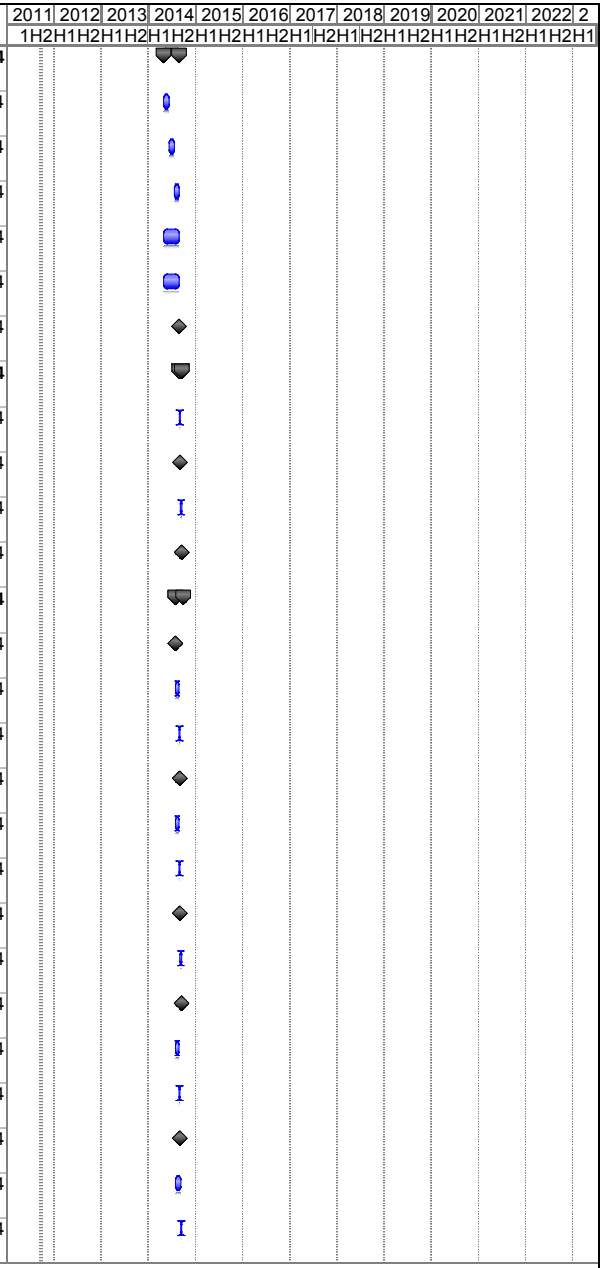
Task | Progress | Milestone | Summary | Rolled Up Task | Rolled Up Milestone | Rolled Up Progress | Split | External Tasks | Project Summary | Group By Summary | Deadline

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1081 | **Perform Test Cases and Script for UAT** | | | **Thu 5/1/14** | **Fri 8/29/14** |
| 1082 | Cycle 1 | nfiguration Analyst[26%] | | Thu 5/1/14 | Wed 6/11/14 |
| 1083 | Cycle 2 | nfiguration Analyst[19%] | | Thu 6/12/14 | Wed 7/23/14 |
| 1084 | Cycle 3 | nfiguration Analyst[14%] | | Thu 7/24/14 | Fri 8/29/14 |
| 1085 | Generate Defect Tracking Report | onfiguration Analyst[1%] | | Thu 5/1/14 | Fri 8/29/14 |
| 1086 | Generate Test Execution Report | onfiguration Analyst[1%] | | Thu 5/1/14 | Fri 8/29/14 |
| 1087 | MILESTONE: Acceptance Testing Complete | | | Fri 8/29/14 | Fri 8/29/14 |
| 1088 | **UAT Test Results** | | | **Mon 9/1/14** | **Fri 9/19/14** |
| 1089 | Prepare Test Results | nfiguration Analyst[43%] | | Mon 9/1/14 | Fri 9/5/14 |
| 1090 | Provide Test Results to IME | | | Fri 9/5/14 | Fri 9/5/14 |
| 1091 | IME Review Test Results | | 40 | Mon 9/8/14 | Fri 9/19/14 |
| 1092 | IME Approval of Test Results | | | Fri 9/19/14 | Fri 9/19/14 |
| 1093 | **Operational Readiness Testing (ORT)** | | | **Fri 8/1/14** | **Tue 9/30/14** |
| 1094 | Start ORT | | | Fri 8/1/14 | Fri 8/1/14 |
| 1095 | Conduct Parallel Test | onfiguration Analyst[8%] | | Fri 8/1/14 | Thu 8/28/14 |
| 1096 | Prepare Parallel Test Report | onfiguration Analyst[4%] | | Fri 8/29/14 | Thu 9/4/14 |
| 1097 | Provide Parallel Test Report | | | Thu 9/4/14 | Thu 9/4/14 |
| 1098 | Conduct Load and Stress Test | onfiguration Analyst[8%] | | Fri 8/1/14 | Thu 8/28/14 |
| 1099 | Prepare Load and Stress Test Report | onfiguration Analyst[4%] | | Fri 8/29/14 | Thu 9/4/14 |
| 1100 | Provide Load and Stress Test Report | | | Thu 9/4/14 | Thu 9/4/14 |
| 1101 | Prepare Performance Tuning Document | onfiguration Analyst[4%] | | Fri 9/5/14 | Thu 9/18/14 |
| 1102 | Provide Performance Tuning Document | | | Thu 9/18/14 | Thu 9/18/14 |
| 1103 | Conduct Disaster Recovery and Business Continuity Test | onfiguration Analyst[8%] | | Fri 8/1/14 | Thu 8/28/14 |
| 1104 | Prepare Disaster Recovery and Business Continuity Test Report | onfiguration Analyst[4%] | | Fri 8/29/14 | Thu 9/4/14 |
| 1105 | Provide Disaster Recovery and Business Continuity Test Report | | | Thu 9/4/14 | Thu 9/4/14 |
| 1106 | Conduct Operational Readiness Test (ORT) | nfiguration Analyst[32%] | | Fri 8/1/14 | Thu 9/11/14 |
| 1107 | Prepare Operational Readiness Test Report | nfiguration Analyst[15%] | | Fri 9/12/14 | Thu 9/18/14 |

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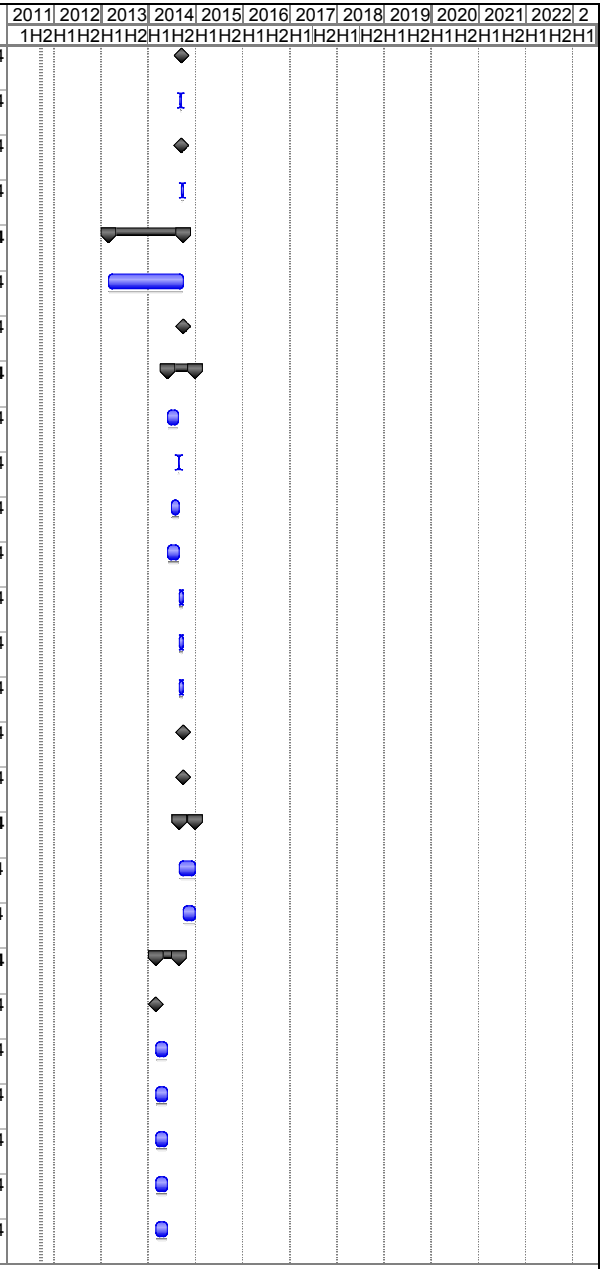
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1108 | Provide Operational Readiness Test Report | | | Thu 9/18/14 | Thu 9/18/14 |
| 1109 | Prepare Implementation Certification Letter | nfiguration Analyst[10%] | | Fri 9/5/14 | Tue 9/16/14 |
| 1110 | Provide Operational Readiness Certification | | | Tue 9/16/14 | Tue 9/16/14 |
| 1111 | IME Approval of Go-Live | | | Wed 9/17/14 | Tue 9/30/14 |
| 1112 | **Support Environments** | | | **Fri 3/1/13** | **Tue 9/30/14** |
| 1113 | Environment Support | nfrastructure Staff[42%] | | Fri 3/1/13 | Tue 9/30/14 |
| 1114 | End of Testing | | | Tue 9/30/14 | Tue 9/30/14 |
| 1115 | **Deploy** | | | **Mon 6/2/14** | **Wed 12/31/14** |
| 1116 | Plan for Deployment | Infrastructure Staff[4%] | | Mon 6/2/14 | Fri 8/22/14 |
| 1117 | Assess Deployment Readiness | nfrastructure Staff[75%] | | Mon 8/25/14 | Fri 8/29/14 |
| 1118 | Prepare for Migration | nfrastructure Staff[17%] | | Wed 7/2/14 | Fri 8/29/14 |
| 1119 | Setup Production and Disaster Recovery Environment | Infrastructure Staff[8%] | | Mon 6/2/14 | Fri 8/29/14 |
| 1120 | Refresh Production Data | nfrastructure Staff[11%] | | Mon 9/1/14 | Mon 9/29/14 |
| 1121 | Migrate to Production | nfrastructure Staff[30%] | | Mon 9/1/14 | Mon 9/29/14 |
| 1122 | Fine Tune Application | nfrastructure Staff[11%] | | Mon 9/1/14 | Mon 9/29/14 |
| 1123 | Go Live | | | Tue 9/30/14 | Tue 9/30/14 |
| 1124 | MILESTONE: MMIS Implementation Complete | | | Tue 9/30/14 | Tue 9/30/14 |
| 1125 | **Support Environments** | | | **Mon 9/1/14** | **Wed 12/31/14** |
| 1126 | Environment Support | frastructure Staff[157%] | | Mon 9/1/14 | Wed 12/31/14 |
| 1127 | Post Go Live Support | iguration Analyst[142%] | | Wed 10/1/14 | Wed 12/31/14 |
| 1128 | **Knowledge Transfer** | | | **Mon 3/3/14** | **Thu 8/28/14** |
| 1129 | Start Knowledge Transfer | | | Mon 3/3/14 | Mon 3/3/14 |
| 1130 | Update Knowledge Transfer Plan | ecialist[2%],Trainer[2%] | | Mon 3/3/14 | Thu 5/29/14 |
| 1131 | Document Version Control Plan | ecialist[2%],Trainer[2%] | | Mon 3/3/14 | Thu 5/29/14 |
| 1132 | Conduct Knowledge Transfer Needs Accessment | ecialist[2%],Trainer[2%] | | Mon 3/3/14 | Thu 5/29/14 |
| 1133 | Module Design and Update Knowledge Transfer Materials | ialist[15%],Trainer[15%] | | Mon 3/3/14 | Thu 5/29/14 |
| 1134 | Develop Training Environment | er[10%],Developer[17%] | | Mon 3/3/14 | Thu 5/29/14 |

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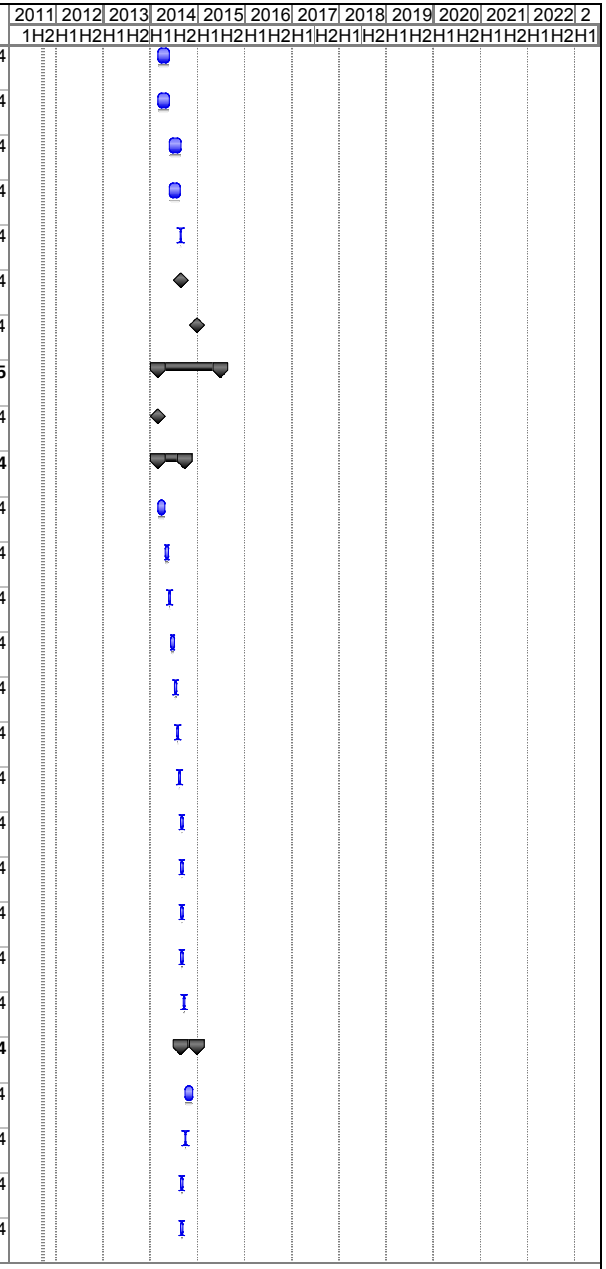
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1135 | Complete Knowledge Transfer Schedule | ecialist[2%],Trainer[2%] | | Mon 3/3/14 | Thu 5/29/14 |
| 1136 | Prepare Evaluation Tool | ialist[15%],Trainer[15%] | | Mon 3/3/14 | Thu 5/29/14 |
| 1137 | Conduct Knowledge Transfer Sessions | ialist[15%],Trainer[15%] | | Fri 5/30/14 | Thu 8/28/14 |
| 1138 | Knowledge Transfer Reports | ecialist[6%],Trainer[6%] | | Fri 5/30/14 | Thu 8/21/14 |
| 1139 | Prepare Letter Certifying the Knowledge Transfer Database is Built anc | ialist[25%],Trainer[25%] | | Fri 8/22/14 | Thu 8/28/14 |
| 1140 | Certificate of Completed Knowledge Transfer | ialist[13%],Trainer[13%] | | Thu 8/28/14 | Thu 8/28/14 |
| 1141 | End Implementation Phase | | | Wed 12/31/14 | Wed 12/31/14 |
| 1142 | **Transition to Operations Phase** | | | **Mon 3/3/14** | **Tue 6/30/15** |
| 1143 | Start of Transition to Operations Phase | | | Mon 3/3/14 | Mon 3/3/14 |
| 1144 | **Activities** | | | **Mon 3/3/14** | **Fri 9/26/14** |
| 1145 | Develop Transition to Operations Plan | %],Project Manager[9%] | | Mon 3/3/14 | Fri 4/25/14 |
| 1146 | Develop Back-out Strategy | ],Business Analyst[2%] | | Mon 4/28/14 | Fri 5/23/14 |
| 1147 | Obtain IME Approval of Back-out Strategy | %],Operations Lead[5%] | 8 | Mon 5/26/14 | Fri 6/6/14 |
| 1148 | Produce and Distribute Report Distribution Schedule | Business Analyst[9%] | | Mon 6/9/14 | Tue 7/8/14 |
| 1149 | Establish Hardware, Software, and Facility Security Procedures | nfrastructure Staff[58%] | | Wed 7/9/14 | Fri 7/25/14 |
| 1150 | Develop Production Schedule | nfrastructure Staff[30%] | | Mon 7/28/14 | Fri 8/8/14 |
| 1151 | Obtain IME Approval of Production Schedule | %],Operations Lead[3%] | 4 | Mon 8/11/14 | Fri 8/22/14 |
| 1152 | Develop and Implement Backup and Recovery Procedures | ],Operations Lead[33%] | | Mon 8/25/14 | Fri 9/12/14 |
| 1153 | Complete Knowledge Transfer to All IME Staff and Units | Project Manager[208%] | 100 | Mon 8/25/14 | Fri 9/12/14 |
| 1154 | Ensure Communication Systems have been Established and Meet Perf | ],Project Manager[11%] | | Mon 8/25/14 | Fri 9/12/14 |
| 1155 | Establish and Begin all Ancillary Operations | Operations Lead[25%] | | Mon 8/25/14 | Fri 9/12/14 |
| 1156 | Obtain Approval of IME to Start Operations | %],Project Manager[3%] | 8 | Mon 9/15/14 | Fri 9/26/14 |
| 1157 | **Documentation** | | | **Mon 8/25/14** | **Mon 12/29/14** |
| 1158 | Prepare Implementation Report | %],Operations Lead[4%] | | Mon 9/29/14 | Wed 11/26/14 |
| 1159 | Prepare Updated Contingency Plan | ],Operations Lead[33%] | | Mon 9/29/14 | Fri 10/3/14 |
| 1160 | Prepare Final Implementation Checklist | ],Operations Lead[12%] | | Mon 8/25/14 | Thu 9/11/14 |
| 1161 | Prepare File Transfer Plan | nfiguration Analyst[14%] | | Mon 8/25/14 | Thu 9/11/14 |

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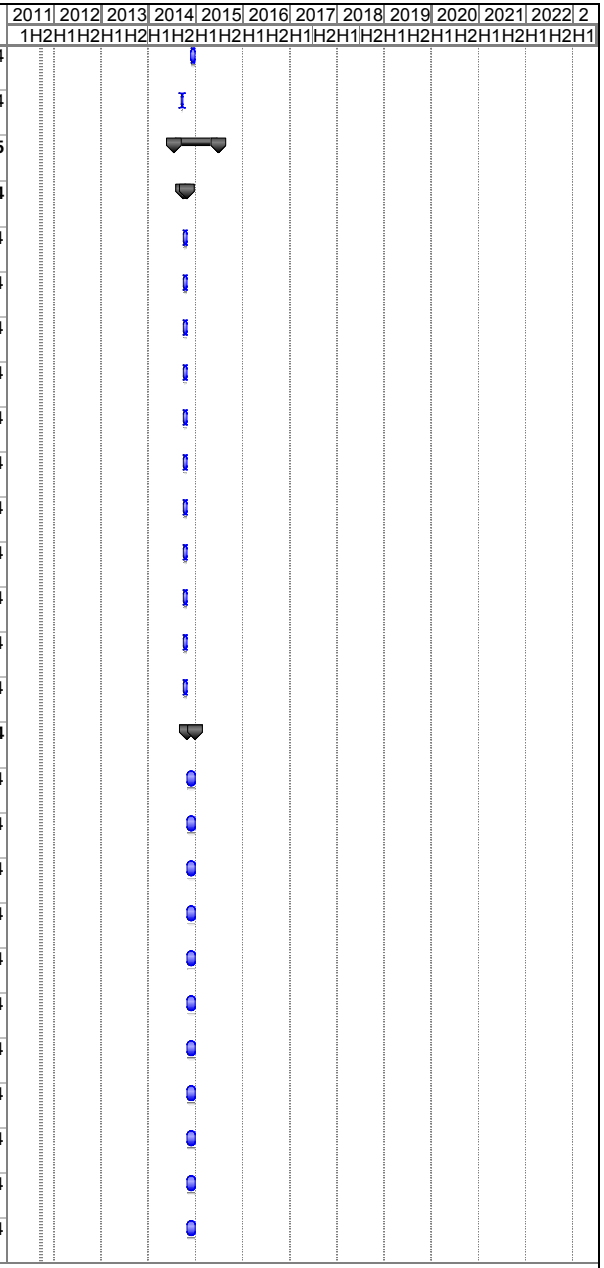
Task | Progress | Milestone | Summary | Rolled Up Task | Rolled Up Milestone | Rolled Up Progress | Split | External Tasks | Project Summary | Group By Summary | Deadline

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1162 | Prepare Final Implementation Report | %],Operations Lead[4%] | | Thu 11/27/14 | Mon 12/29/14 |
| 1163 | Prepare Implementation Certification Letter | %],Operations Lead[2%] | | Mon 9/15/14 | Fri 9/26/14 |
| 1164 | **Post Implementation Activities** | | | **Mon 7/21/14** | **Tue 6/30/15** |
| 1165 | **Systems Documentation** | | | **Wed 10/1/14** | **Wed 10/29/14** |
| 1166 | Product Roadmap | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1167 | Product Business Rules and Controls | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1168 | Product Graphical User Interface (GUI), Features and Functions | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1169 | Product Hardware (Optimal Performance) Specifications | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1170 | Product Software Components / Third Party Components | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1171 | Product Training Curricula / Services | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1172 | Product Technical Services | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1173 | Product Definition of Terms / Glossary | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1174 | Product Desktop / Browser Specifications | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1175 | Product Operating System Specifications | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1176 | Product Crosswalk to Documentation Base | %],Operations Lead[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1177 | **Complete Assessment Reports** | | | **Thu 10/30/14** | **Wed 12/31/14** |
| 1178 | Architectural Design | mentation Manager[2%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1179 | System Functional Design | mentation Manager[2%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1180 | Detailed Program Design. | mentation Manager[2%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1181 | Detail Program Specifications. | %],Operations Lead[3%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1182 | Data Descriptions. | %],Operations Lead[3%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1183 | Data Element Dictionaries. | %],Operations Lead[3%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1184 | Database Descriptions. | %],Operations Lead[3%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1185 | Job and Process Scheduling. | ],Deployment Lead[3%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1186 | Computer Operations Procedures. | %],Operations Lead[3%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1187 | User and System Documentation. | %],Operations Lead[2%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1188 | Master List of all MMIS manuals. | %],Project Manager[2%] | | Thu 10/30/14 | Wed 12/31/14 |

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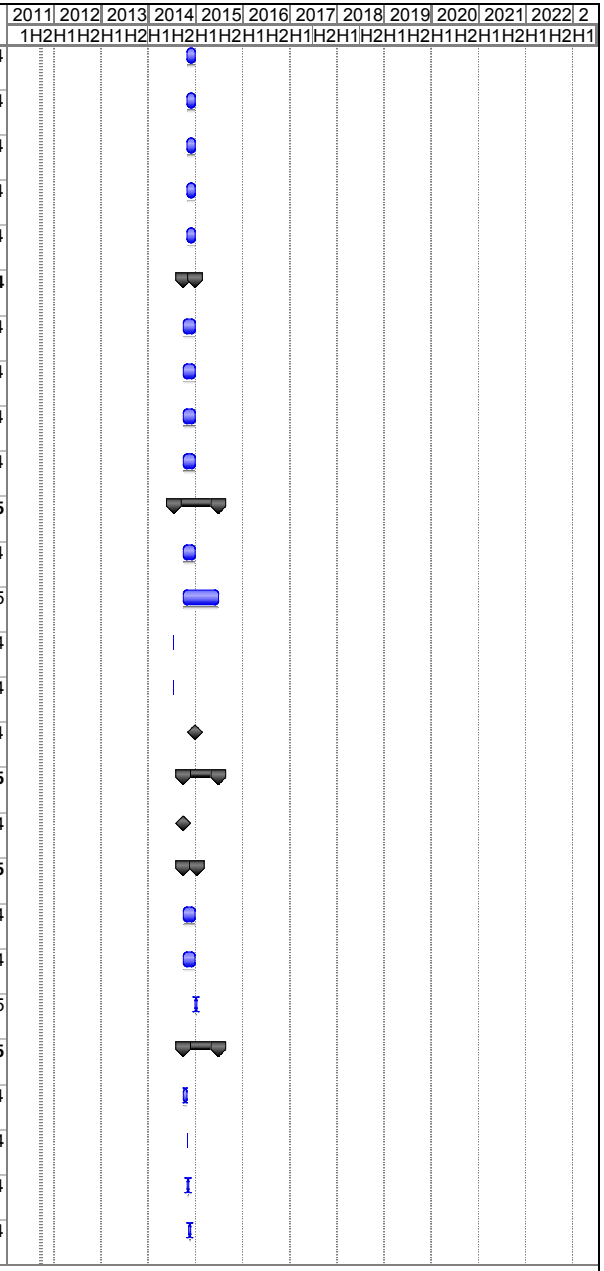
Task | Progress | Milestone | Summary | Rolled Up Task | Rolled Up Milestone | Rolled Up Progress | Split | External Tasks | Project Summary | Group By Summary | Deadline

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1189 | An assessment of all system software. | %],Project Manager[2%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1190 | Other Documentation | %],Operations Lead[3%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1191 | Master Index | ect Manager (PMO)[6%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1192 | List of all Cost Reimbursed Expenses | Financial Analyst[6%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1193 | List of addresses, phone numbers, fax numbers | ect Manager (PMO)[6%] | | Thu 10/30/14 | Wed 12/31/14 |
| 1194 | **User Documentation and Materials** | | | **Wed 10/1/14** | **Wed 12/31/14** |
| 1195 | Updated Web-published Materials | oject Manager (SI)[11%] | | Wed 10/1/14 | Wed 12/31/14 |
| 1196 | Updated Program Materials | %],Project Manager[8%] | | Wed 10/1/14 | Wed 12/31/14 |
| 1197 | Updated Procedure Updates | Project Manager[23%] | | Wed 10/1/14 | Wed 12/31/14 |
| 1198 | Updated EDI Billing Instructions | echnical Architect[23%] | | Wed 10/1/14 | Wed 12/31/14 |
| 1199 | **Post Implementation Documentation** | | | **Mon 7/21/14** | **Tue 6/30/15** |
| 1200 | Prepare All Required CAPs | %],Operations Lead[8%] | | Wed 10/1/14 | Wed 12/31/14 |
| 1201 | Prepare CMS Certification Documentation | %],Operations Lead[4%] | | Wed 10/1/14 | Tue 6/30/15 |
| 1202 | Deliver System Documentation | ],Operations Lead[33%] | | Mon 7/21/14 | Mon 7/21/14 |
| 1203 | Deliver User Documentation | ],Operations Lead[50%] | | Mon 7/21/14 | Mon 7/21/14 |
| 1204 | End of Transition to Operations Phase | | | Wed 12/31/14 | Wed 12/31/14 |
| 1205 | **Certification Phase** | | | **Tue 9/30/14** | **Tue 6/30/15** |
| 1206 | Start of Certification Phase | | | Tue 9/30/14 | Tue 9/30/14 |
| 1207 | **Performance Verification Period** | | | **Wed 10/1/14** | **Tue 1/13/15** |
| 1208 | Monitor System Performance | Infrastructure Staff[2%] | | Wed 10/1/14 | Tue 12/30/14 |
| 1209 | Verify System Performance | Infrastructure Staff[2%] | | Wed 10/1/14 | Tue 12/30/14 |
| 1210 | Report System Performance | nfrastructure Staff[13%] | | Wed 12/31/14 | Tue 1/13/15 |
| 1211 | **CMS Certification** | | | **Wed 10/1/14** | **Tue 6/30/15** |
| 1212 | Certification Readiness Plan and Review Package - Develop Deliverab | Infrastructure Staff[3%] | | Wed 10/1/14 | Wed 10/29/14 |
| 1213 | Certification Readiness Plan and Review Package - Walkthrough DED | nfrastructure Staff[13%] | 2 | Thu 10/30/14 | Thu 10/30/14 |
| 1214 | Certification Readiness Plan and Review Package - Finalize DED | Infrastructure Staff[3%] | | Fri 10/31/14 | Wed 11/12/14 |
| 1215 | Certification Readiness Plan and Review Package - Develop Outline | Infrastructure Staff[3%] | | Thu 11/13/14 | Wed 11/26/14 |

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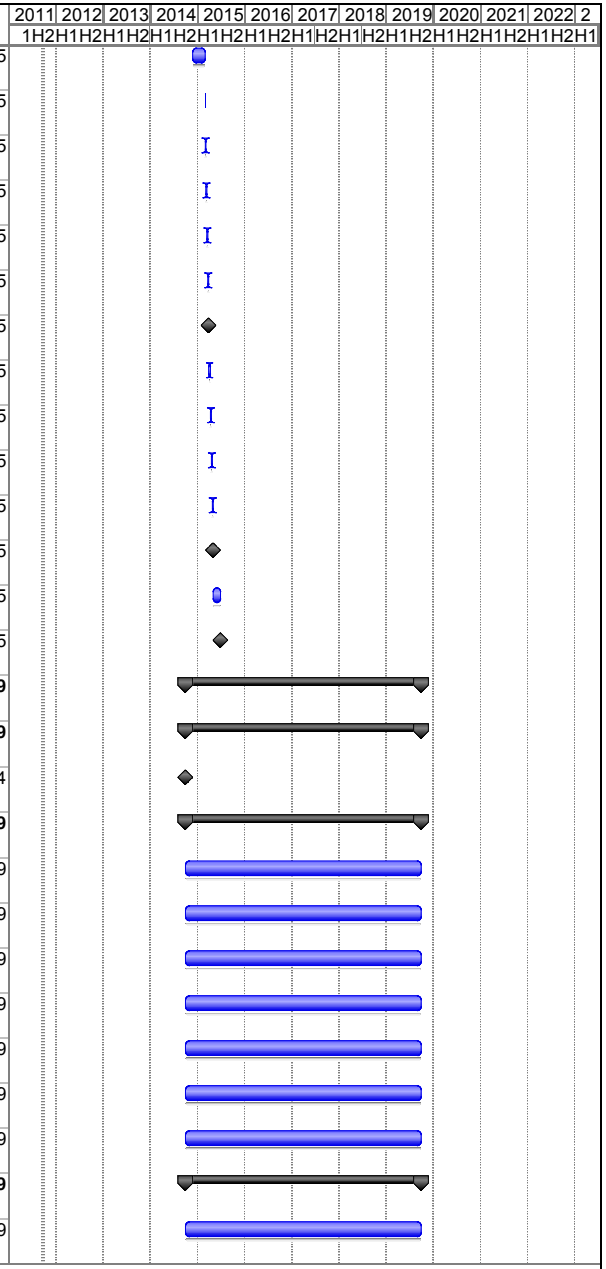
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1216 | Certification Readiness Plan and Review Package - Develop Deilverab | nfrastructure Staff[28%] | | Thu 11/27/14 | Mon 3/2/15 |
| 1217 | Certification Readiness Plan and Review Package - Walkthrough Draft | nfrastructure Staff[13%] | 4 | Tue 3/3/15 | Tue 3/3/15 |
| 1218 | Certification Readiness Plan and Review Package - Update Draft | nfrastructure Staff[16%] | | Wed 3/4/15 | Mon 3/9/15 |
| 1219 | Certification Readiness Plan and Review Package - Conduct Peer Rev | nfrastructure Staff[13%] | | Tue 3/10/15 | Mon 3/16/15 |
| 1220 | Certification Readiness Plan and Review Package - Finalize Deliverabl | nfrastructure Staff[13%] | | Tue 3/17/15 | Mon 3/23/15 |
| 1221 | Certification Readiness Plan and Review Package - Print and Package | nfrastructure Staff[13%] | | Tue 3/24/15 | Mon 3/30/15 |
| 1222 | Certification Readiness Plan and Review Package - Submit Deliverable | Infrastructure Staff[2%] | | Mon 3/30/15 | Mon 3/30/15 |
| 1223 | Certification Readiness Plan and Review Package - IME Deliverable R | Infrastructure Staff[2%] | 40 | Tue 3/31/15 | Mon 4/13/15 |
| 1224 | Certification Readiness Plan and Review Package - Update Deliverable | nfrastructure Staff[13%] | | Tue 4/14/15 | Mon 4/20/15 |
| 1225 | Certification Readiness Plan and Review Package - Package and Resu | nfrastructure Staff[13%] | | Tue 4/21/15 | Mon 4/27/15 |
| 1226 | Certification Readiness Plan and Review Package - IME Resubmission | | 20 | Tue 4/28/15 | Mon 5/4/15 |
| 1227 | Certification Readiness Plan and Review Package - Deliverable Approv | | | Mon 5/4/15 | Mon 5/4/15 |
| 1228 | CMS Submission and Review Process | | | Tue 5/5/15 | Tue 6/30/15 |
| 1229 | MILESTONE: Certification of MMIS Complete | | | Tue 6/30/15 | Tue 6/30/15 |
| 1230 | **Operations Phase** | | | **Wed 10/1/14** | **Mon 9/30/19** |
| 1231 | **Start of Operations Phase** | | | **Wed 10/1/14** | **Mon 9/30/19** |
| 1232 | Start Operations | | | Wed 10/1/14 | Wed 10/1/14 |
| 1233 | **Project Management** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1234 | Maintain Operations Quality Plan and Outputs | %],PMO Manager[14%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1235 | Maintain Project Management Plans | %],PMO Manager[14%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1236 | Conduct cross Contractor quality review meetings | %],PMO Manager[14%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1237 | Submit quarterly quality reports | %],PMO Manager[14%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1238 | Conduct quality root cause analysis | %],PMO Manager[14%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1239 | Document and maintain quality based corrective action plan | %],PMO Manager[14%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1240 | Analyze configured workflows for quality, accuracy, and potential i | %],PMO Manager[14%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1241 | **Defect Management and Change Control** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1242 | Compile Defects & Change Controls | ssurance Manager[19%] | | Thu 10/2/14 | Mon 9/30/19 |

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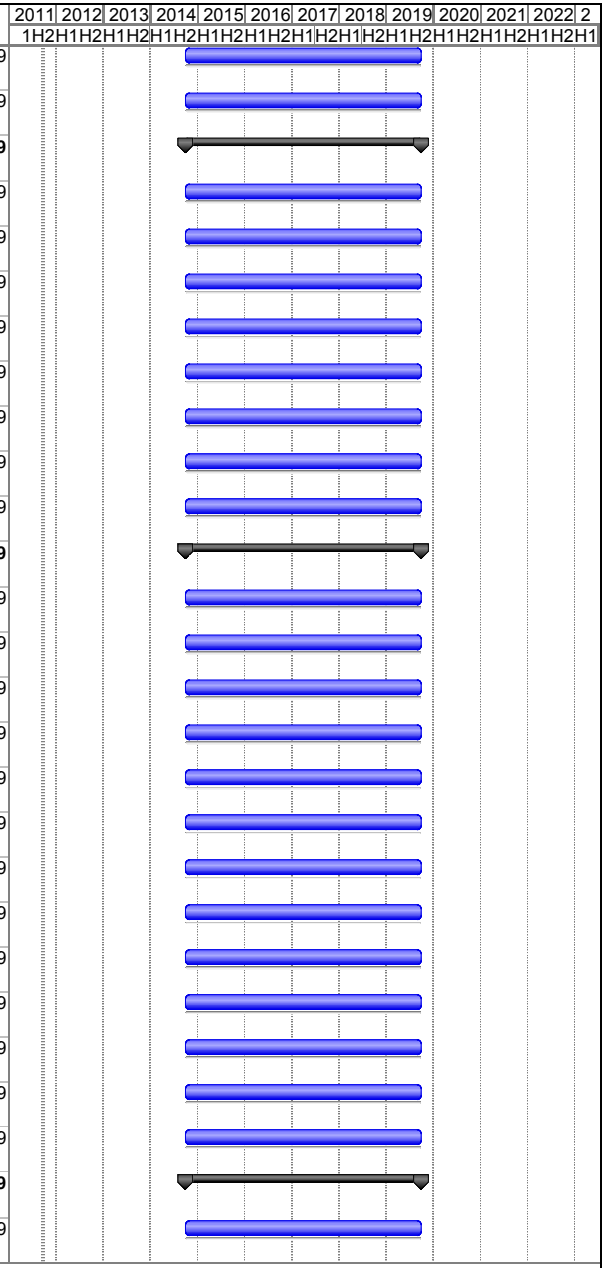
| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1243 | Conduct Change Conrol / Defect Weekly Meetings | %],PMO Manager[19%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1244 | Resolve Outstanding Defects / Change Controls | loper[38%],Tester[19%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1245 | **Mail and Courier Service** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1246 | Operate and Maintain small outbound mailings | ct[30%],Mail Scan[12%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1247 | Develop and maintain screening instructions for each claim type. | ct[30%],Mail Scan[12%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1248 | Date-stamp the claims. | ct[30%],Mail Scan[12%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1249 | Sort and batch the claims. | ct[30%],Mail Scan[12%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1250 | Screen the claims. | ct[30%],Mail Scan[12%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1251 | Assign claim control numbers. | ct[30%],Mail Scan[12%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1252 | Scan and image the claims. | ct[30%],Mail Scan[12%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1253 | Accept and maintain eligibility and demographic information | ct[30%],Mail Scan[12%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1254 | **Member Management** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1255 | Process updates to member eligibility data transferred by the Depa | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1256 | Support research inquiries including contacting providers and assi | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1257 | Identify individuals eligible under the Medicaid program and who a | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1258 | Load presumptive eligibility records from the Department and add | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1259 | Ensure that the most current updated member eligibility file is used | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1260 | Perform quarterly reconciliation of eligibility file records with the De | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1261 | Archive eligibility data. | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1262 | Maintain all member data elements as specified by the Departmen | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1263 | Update the POS and member eligibility verification applications rea | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1264 | Send a file to Medicare contractors identifying individuals as dual e | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1265 | Educate contractors and the Department users in the creation and | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1266 | Maintain a minimum of 60 months of eligibility history including ben | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1267 | Notify the medically needy program manager and other parties des | ],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1268 | **Medically Needy** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1269 | Set up certification periods with spend down amounts according to | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |

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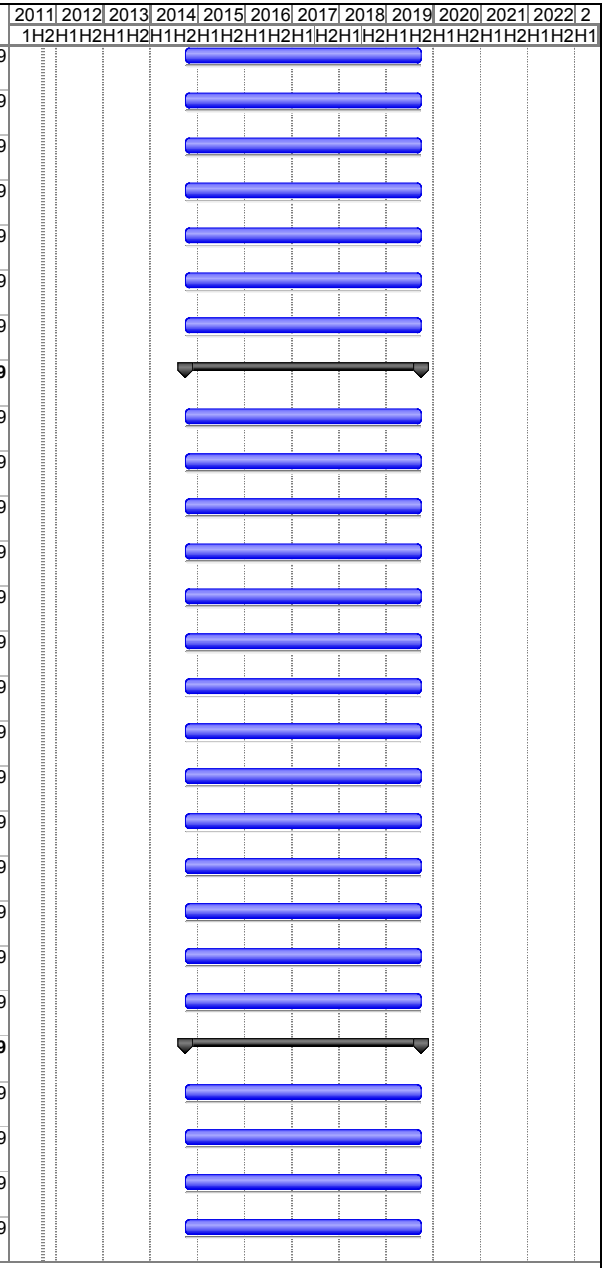
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | ◆ | Rolled Up Milestone | ◇ | External Tasks | | Deadline | ⇩ |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1270 | Enter claims in the medically needy module (in MMIS) to meet spe | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1271 | Prioritize medical expenses that have been submitted according to | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1272 | Apply verified medical expenses against the unmet spend down ol | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1273 | Send the file to issue medical eligibility cards to the Online Card R | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1274 | Ensure that eligibility verification applications are updated once sp | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1275 | Process the medically needy add-ons and changes that are sent fr | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1276 | Maintain Provider data on providers in an acceptable format. | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1277 | **Provider Management** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1278 | Produce the provider file audit report | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1279 | Produce the provider file audit report | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1280 | Produce annual 1099s on federally approved forms and distribute | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1281 | Produce provider-mailing labels | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1282 | Produce and mail notifications to providers due for re-certification ( | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1283 | Provide a complete provider file to the Department | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1284 | Provide a complete provider file to the POS system | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1285 | Accept retroactive rate changes to the provider file. | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1286 | Support provider reenrollment. | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1287 | Update the provider file with Occupational Licensing updates | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1288 | Maintain reference data related to valid provider attributes | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1289 | Support provider data synchronization with the Health Information | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1290 | Support member identification with the Health Information Network | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1291 | Pick up mail twice a day and make courier runs to various organiz | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1292 | **Claims Receipt Entry and Control** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1293 | Screen all hard copy claims upon receipt. | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1294 | Return claims not meeting required criteria to the provider | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1295 | Process all claims through the front-end claims editing functionality | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1296 | Screen all claims to ensure they are submitted on the correct claim | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |

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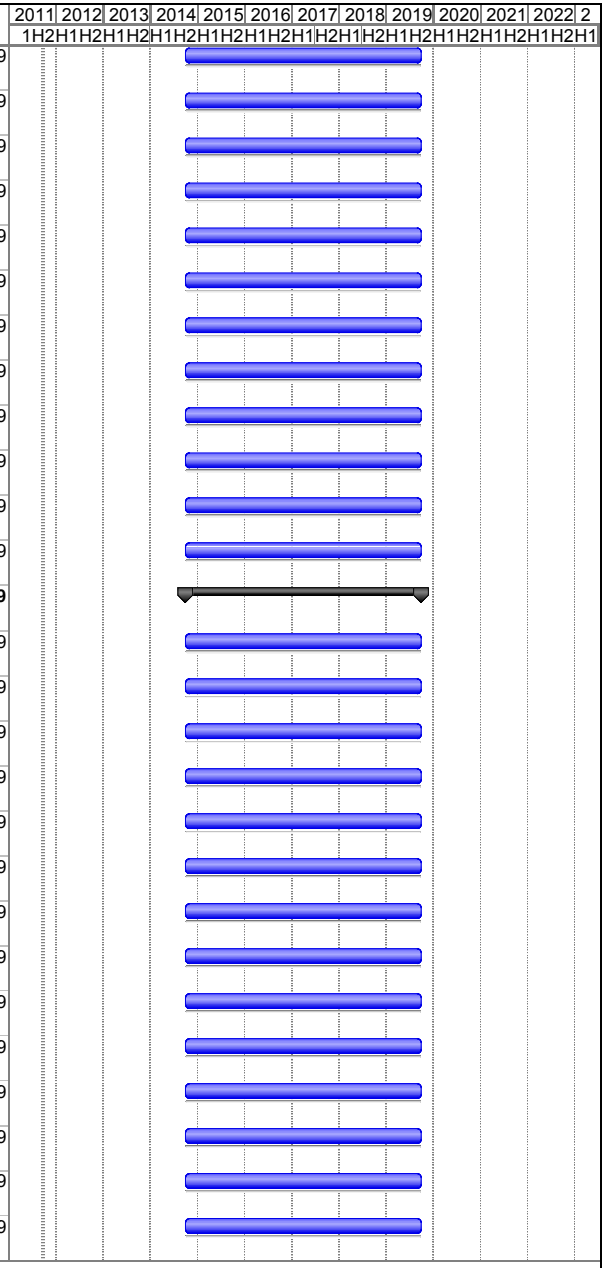
| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1297 | Log all claims returned to the provider to verify initial receipt. | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1298 | Produce claim control and audit trail reports | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1299 | Produce electronic copies of claims, claim attachments and adjust | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1300 | Perform online correction to claims suspended because of data en | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1301 | Produce claim inventory reports | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1302 | Obtain written agreements from new providers wishing to submit c | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1303 | Notify the provider after receipt of the EDI claims transmission | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1304 | Test providers readiness for EDI participation | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1305 | Answer and handle calls to support EDI Transactions | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1306 | Liaise with Provider Service contractor for support and communica | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1307 | Provide ongoing assistance for trading partners to submit electron | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1308 | Process and adjudicate all claims and claim adjustments in accord | Claims Supervisor[16%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1309 | **Claims Adjudication** | **Claims Supervisor[5%]** | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1310 | Operate payment cycles | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1311 | Process credits and adjustments to provider payments. | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1312 | Process non-emergency medical transportation capitation paymen | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1313 | Research and develop special payment circumstances | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1314 | Provide claim histories and copies of claims to IME | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1315 | Account for all claims entered and identify the individual dispositio | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1316 | Process any claims or partial claims that were not used to meet th | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1317 | Accept and process all Medicare Part A and B crossover claims | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1318 | Recommend specific edit parameters to the Department | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1319 | Maintain configure the fee schedules, per diems, DRG rates, APC | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1320 | Deduct patient liability amounts | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1321 | Deduct TPL amounts as appropriate | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1322 | Deduct member spend down amounts as appropriate | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1323 | Maintain service plan payments for HCBS waivers | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |

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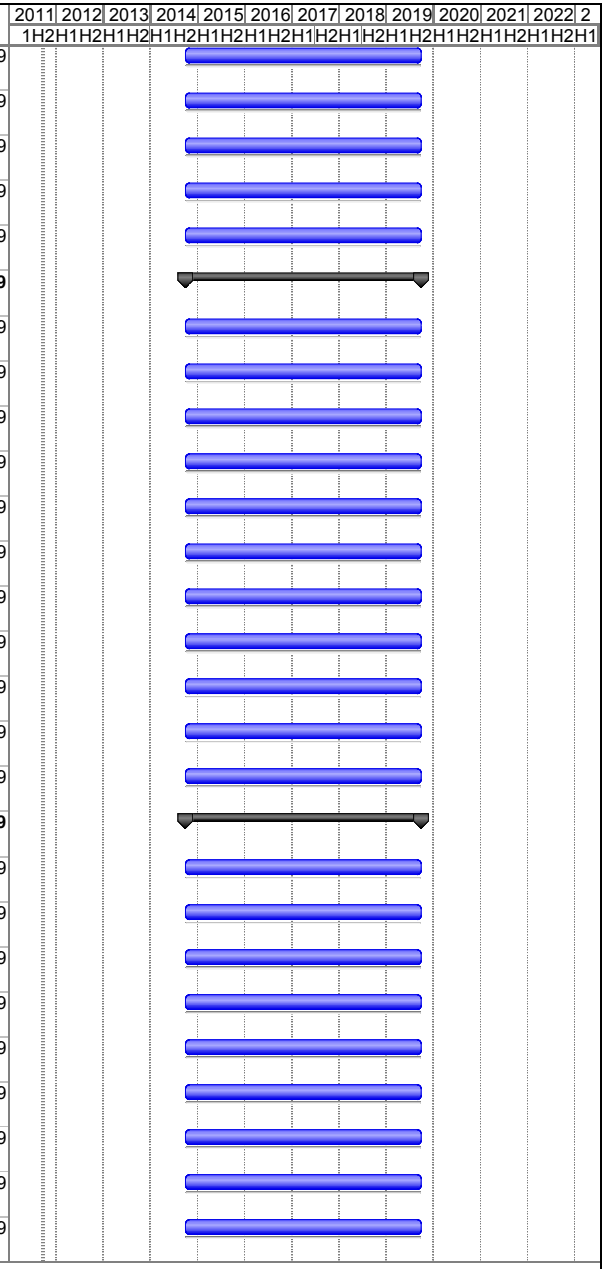
| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1324 | Maintain rules for prepayment claims review for specific provider ty | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1325 | Maintain and update an online resolution manual detailing the step | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1326 | Perform overrides of claim edits and audits | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1327 | Override timely filing requirements if the failure to meet the timely f | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1328 | Accept the encounter data from the HMOs, the Iowa Plan contract | Claims Supervisor[21%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1329 | **Encounter Function** | **Claims Supervisor[5%]** | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1330 | Accept and log attestation from each HMO, the Iowa Plan and the | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1331 | Process edits against the encounter file to ensure the data is techn | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1332 | Generate and distribute encounter error and edit reports to HMOs, | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1333 | Maintain five years of encounter data history for all clean encounte | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1334 | Include EPSDT counts on the HMO Encounter EPSDT Counts Re | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1335 | Produce and send encounter data files to the Department contract | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1336 | Accept, test and integrate into the MSIS files managed care encou | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1337 | Download encounter data extract updates to the data warehouse f | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1338 | Send HMO encounter data to CMS in the MSIS format | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1339 | Accept and process encounter data in different formats. | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1340 | Maintain Revenue Codes | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1341 | **Reference Data Management** | **Claims Supervisor[5%]** | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1342 | Maintain current and historical procure codes and modifiers | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1343 | Set and maintain adjudication limitations and medical policy restric | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1344 | Maintain configuration to restrict the use of procedure codes to thc | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1345 | Maintain the previous and current diagnosis data set of medical di | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1346 | Perform batch and online updates to reference files in the MMIS vi | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1347 | Maintain and update the per diem rates for hospitals with Medicaic | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1348 | Produce audit trail reports for all reference data | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1349 | Report all errors from batch updates to the Department. | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1350 | Maintain and update all pricing files and fee schedules | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |




Project: Iowa Proposal Project Plan Dr
Date: Thu 9/15/11

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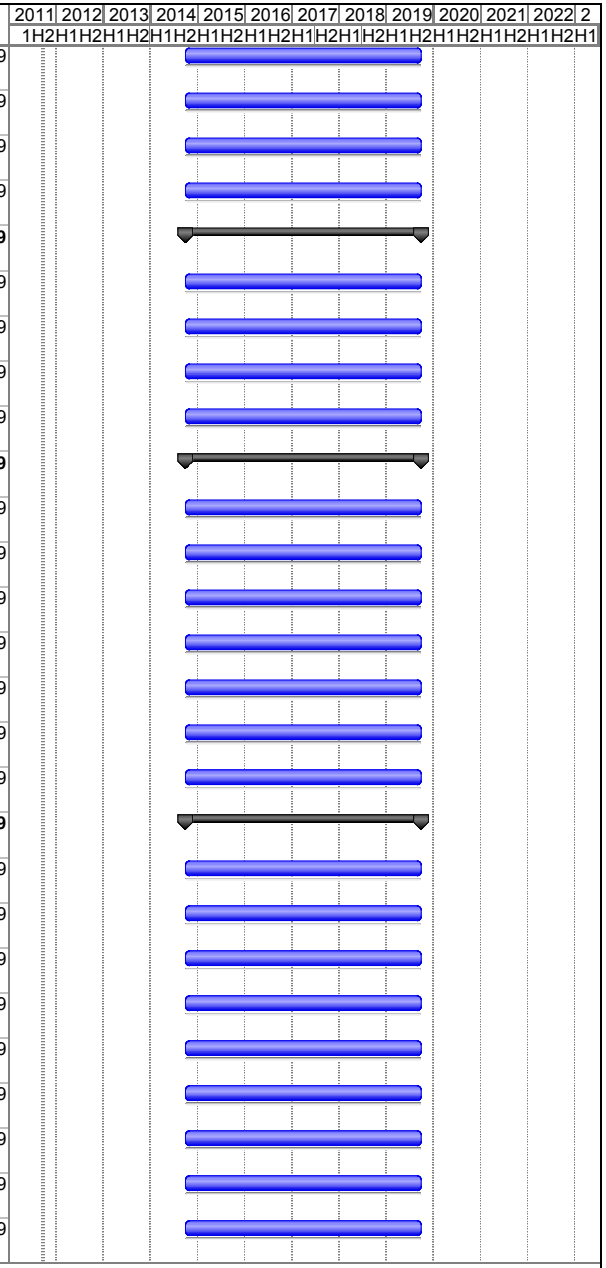
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | ◆ | Rolled Up Milestone | ◇ | External Tasks | | Deadline | ⇩ |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1351 | Maintain and update the DRG-based prospective payment file for i | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1352 | Maintain and update DRG and APC data sets | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1353 | Maintain the fee schedules in the reference file and update on an a | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1354 | Operate a prior authorization system to load authorizations and tra | ,Claims Supervisor[8%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1355 | **Prior Authorization Management** | **Claims Supervisor[5%]** | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1356 | Maintain all edits and dispositions that require prior authorization ( | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1357 | Receive and forward electronic PA requests received from provide | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1358 | Scan, image and forward paper PA requests received from provide | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1359 | Generate TPL and trauma lead letters and produce report of all let | ,Claims Supervisor[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1360 | **Third-Party Liability Management** | **Claims Supervisor[5%]** | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1361 | Generate a file of all paid claims and member eligibility monthly re | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1362 | Process all files (TPL updates and claims updates) from Revenue | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1363 | Process TPL updates manually entered by Revenue Collection co | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1364 | Accept and process absent parent file from Child Support Recover | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1365 | Update member files to include the TPL plan and coverage inform | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1366 | Create and issue HIPP remittance advice. | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1367 | Create a member file for HIPP enrollees who are not Medicaid me | ,Claims Supervisor[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1368 | **Federal Reporting Management** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1369 | Generate required federal reports | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1370 | CMS 21 report Quarterly State Children's Health Insurance Progra | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1371 | CMS 21B. | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1372 | CMS21E statistical report. | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1373 | Quarterly ethnicity report. | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1374 | CMS 64 - Quarterly Medicaid Statement of Expenditures for the M | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1375 | CMS 37 Quarterly Projections for the Medical Assistance Program | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1376 | MSIS Data according to CMS media requirements and timeframes | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1377 | CMS 372 cost neutrality assessment for waivers and other specifie | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |

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Date: Thu 9/15/11

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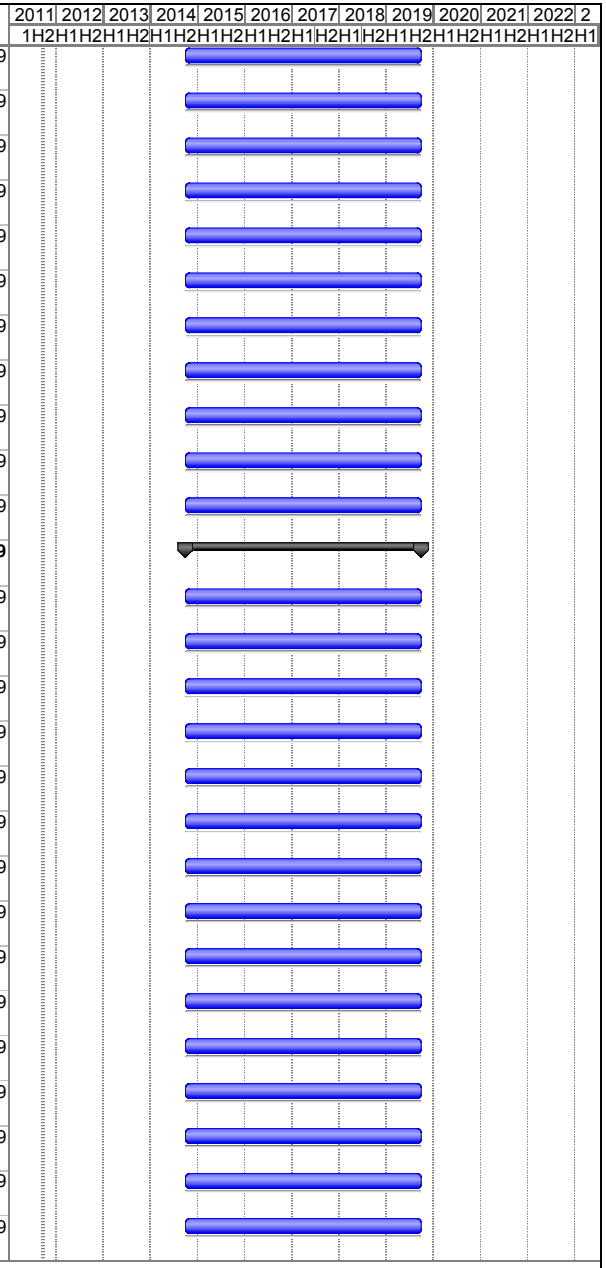
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1378 | CMS 416 report information in accordance with the federal specific | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1379 | MSIS and CMS tapes according to CMS timeframes. Media may c | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1380 | SF269 Federal Financial Status Report. | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1381 | Support Payment Error Rate Measurement (PERM) | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1382 | Modify reports supporting federal reporting as requested by the De | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1383 | Generate CMS 64 Variance and CMS 21 Variance reports | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1384 | Conduct research and respond to questions from CMS, OIG and s | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1385 | Prepare and deliver Quarterly Report of Abortions (CMS 64.9b). | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1386 | Prepare and deliver report on expenditures under the Money Follo | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1387 | Produce report for Federal Financial Participation (FFP) rate for ea | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1388 | Produce a report of pharmacy drug rebate amounts for inclusion o | %],Financial Analyst[6%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1389 | **Financial Management** | **,Financial Analyst[5%]** | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1390 | Produce electronic funds transfer and electronic remittance advice | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1391 | Produce paper checks and remittance advices to specific provider | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1392 | Provide electronic copy of the check payment register to the Depa | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1393 | Run a check-write payment cycle and EFT authorization | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1394 | Produce and mail a Explanation of Medicaid Benefits (EOMB) | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1395 | Run claim history print requests | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1396 | Run member history requests | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1397 | Run purged claim history requests | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1398 | Produce electronic copies of remittance advices and EOMB forms | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1399 | Extract information required for billing entities responsible for the n | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1400 | Produce and mail a paper report and invoice to entities responsible | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1401 | Accept and process the Department of Administrative Services Of | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1402 | Transmit accounts that cannot be collected (e.g., provider overpay | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1403 | Produce 1099 information to the Department | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1404 | Enter lien and assignment information to be used in directing or sp | %],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |

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Date: Thu 9/15/11

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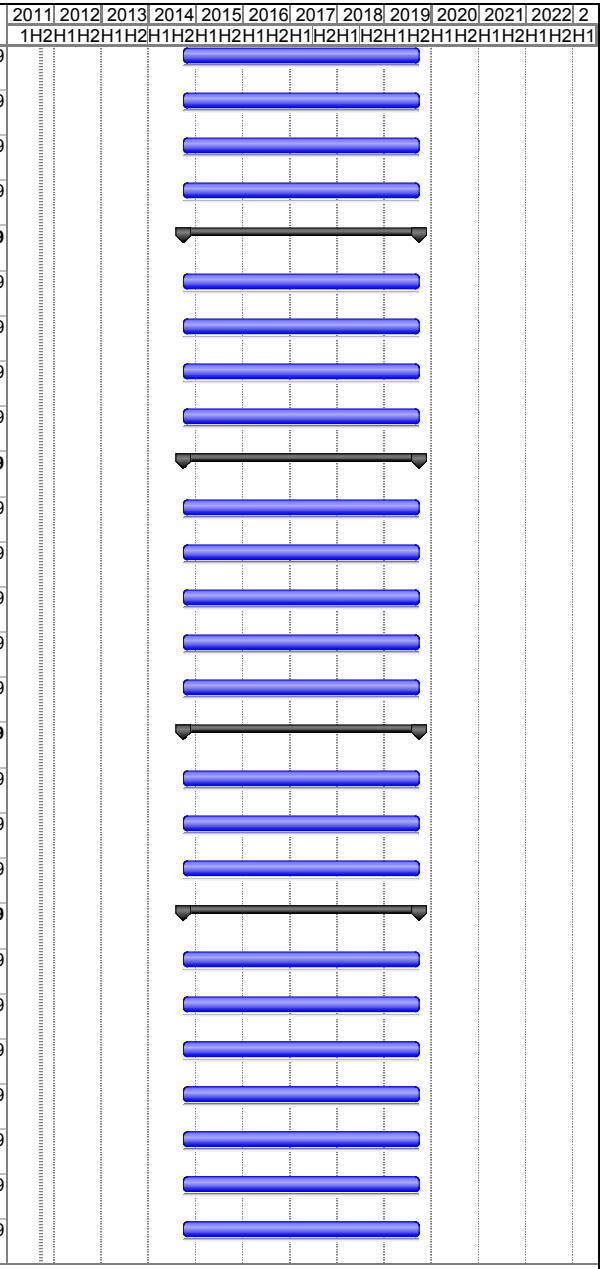
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | ◆ | Rolled Up Milestone | ◇ | External Tasks | | Deadline | ⇩ |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1405 | Conduct credit account balance audits and generate report | 6],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1406 | Generate overpayment letters to providers when establishing acco | 6],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1407 | Provide paper, envelopes, check stock and all services associated | 6],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1408 | Provide report on all financial transactions by source, including TP | 6],Financial Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1409 | **Program Integrity Management** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1410 | Produce a file of all paid claims to Program Integrity contractor, Me | ssurance Specialist[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1411 | Produce a copy of the provider claims history profile report to the D | ssurance Specialist[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1412 | Produce an electronic summary of LTC for the Department of Insp | ssurance Specialist[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1413 | Produce an electronic copy of all checks paid and Electronic Fund | ssurance Specialist[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1414 | **Managed Care** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1415 | Accept and process member eligibility updates to enroll or disenro | 6],Business Analyst[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1416 | Accept and process managed care and transportation broker prov | 6],Business Analyst[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1417 | Calculate and issue administrative, incentive and capitation payme | 6],Business Analyst[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1418 | Issue enrollment rosters to Managed Care Organizations | 6],Business Analyst[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1419 | Send paid claims and encounter data to actuarial contractor | 6],Business Analyst[3%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1420 | **Waiver, Facility and Enhanced State Plan Services Management (I** | **Business Analyst[5%]** | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1421 | Verify Waiver, Facility, and Enhanced State Plan Services eligibilit | 6],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1422 | Maintain level-of-care, dates of service and service plan data for w | 6],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1423 | Educate contractors and the Department users in the creation and | 6],Business Analyst[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1424 | **Interactive Voice Response System (IVRS) Management** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1425 | Validate that the IVRS referred to as ELVS, is updated with curren | usiness Config EDI[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1426 | Interface the necessary data elements to the IVRS | usiness Config EDI[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1427 | Maintain member eligibility and provider information through an au | usiness Config EDI[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1428 | Maintain configuration to ensure system checks member identifica | usiness Config EDI[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1429 | Provide automated logging of all IVRS transactions | usiness Config EDI[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1430 | Coordinate with telecommunication and software vendors to resol | usiness Config EDI[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1431 | Override the system pronunciation of names as necessary to corre | usiness Config EDI[5%] | | Thu 10/2/14 | Mon 9/30/19 |

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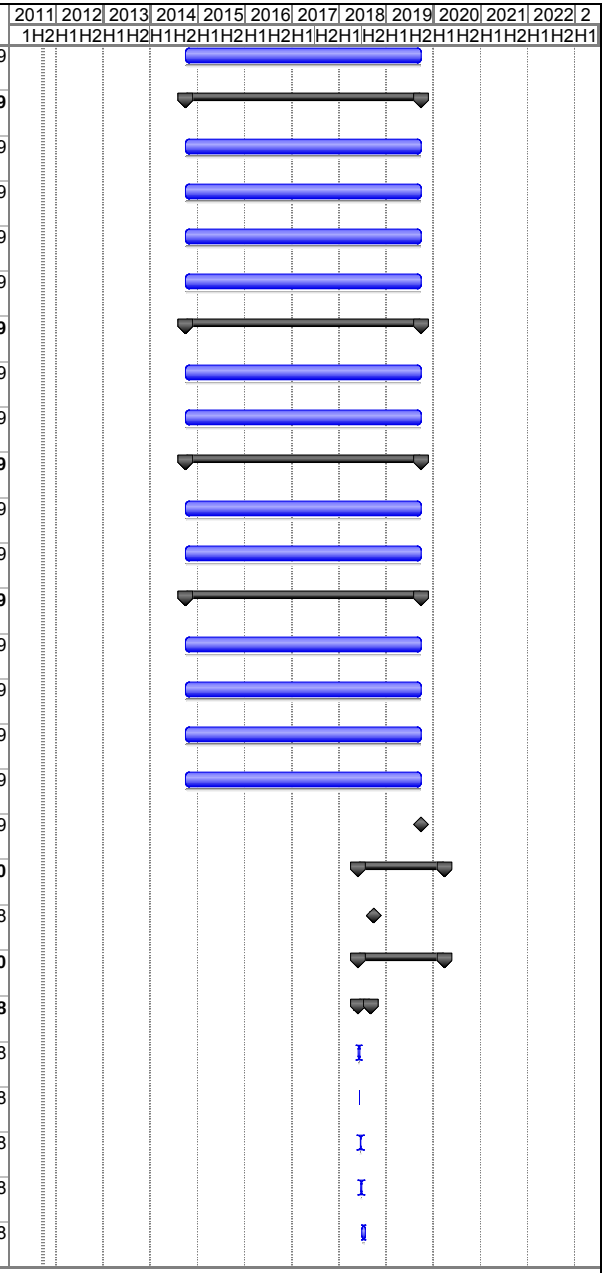
| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1432 | Provide knowledge transfer to Provider Services" contractor in the | usiness Config EDI[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1433 | **Web Services** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1434 | Update the content of the web portal | iness Config Portal[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1435 | Maintain web services layout that has user-configurable resolution | iness Config Portal[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1436 | Maintain web services interactive content, such as, but not limited | iness Config Portal[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1437 | Notify the Department immediately of the downtime in the event of | iness Config Portal[5%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1438 | **Workflow Management** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1439 | Reconfigure workflows as required to support revised business pro | ,Business Analyst[13%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1440 | Monitor operational activities and distribute workloads by modifying | ,Business Analyst[12%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1441 | **Rules Engine** | | | **Wed 10/1/14** | **Mon 9/30/19** |
| 1442 | Provide knowledge transfer to the contractors and the Department | Claims Supervisor[13%] | | Thu 10/2/14 | Mon 9/30/19 |
| 1443 | Produce management summary reports on the overall status, all ru | Claims Supervisor[12%] | | Wed 10/1/14 | Mon 9/30/19 |
| 1444 | **Training and Process Documentation** | | | **Thu 10/2/14** | **Mon 9/30/19** |
| 1445 | Maintain all standard operating procedures | | | Thu 10/2/14 | Mon 9/30/19 |
| 1446 | Maintain all operating manuals | | | Thu 10/2/14 | Mon 9/30/19 |
| 1447 | Develop and maintain job aids and reference guides | | | Thu 10/2/14 | Mon 9/30/19 |
| 1448 | Maintain all Core MMIS training curriculum | | | Thu 10/2/14 | Mon 9/30/19 |
| 1449 | End of Operations | | | Mon 9/30/19 | Mon 9/30/19 |
| 1450 | **Turnover Phase** | | | **Fri 6/1/18** | **Tue 3/31/20** |
| 1451 | Start of Turnover Phase | | | Mon 10/1/18 | Mon 10/1/18 |
| 1452 | **Turnover Planning** | | | **Fri 6/1/18** | **Tue 3/31/20** |
| 1453 | **Turnover Project Plan** | | | **Fri 6/1/18** | **Thu 9/6/18** |
| 1454 | Turnover Project Plan - Develop Deliverable Expectation Docume | %],Techincal Lead[17%] | | Fri 6/1/18 | Thu 6/14/18 |
| 1455 | Turnover Project Plan - Walkthrough DED with IME | %],Techincal Lead[33%] | 2 | Fri 6/15/18 | Fri 6/15/18 |
| 1456 | Turnover Project Plan - Finalize DED | %],Techincal Lead[33%] | | Mon 6/18/18 | Thu 6/21/18 |
| 1457 | Turnover Project Plan - Develop Outline | %],Techincal Lead[33%] | | Fri 6/22/18 | Thu 6/28/18 |
| 1458 | Turnover Project Plan - Develop Deilverable | %],Techincal Lead[17%] | | Fri 6/29/18 | Thu 7/26/18 |

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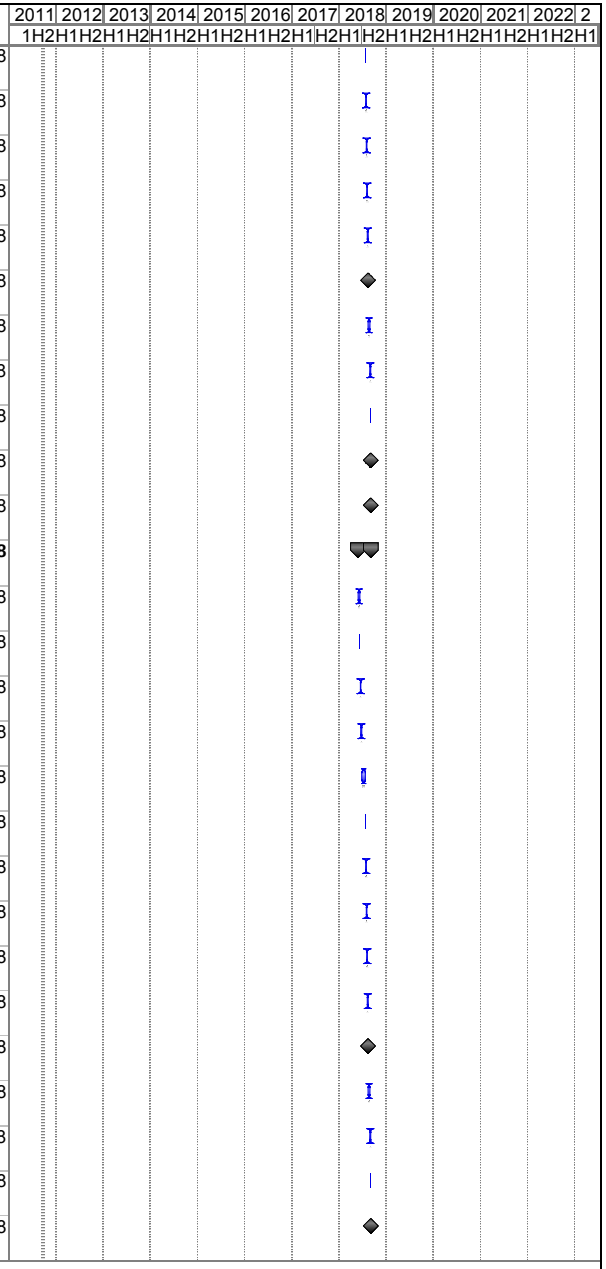
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1459 | Turnover Project Plan - Walkthrough Draft with IME | %],Techincal Lead[33%] | 4 | Fri 7/27/18 | Fri 7/27/18 |
| 1460 | Turnover Project Plan - Update Draft | %],Techincal Lead[33%] | | Mon 7/30/18 | Thu 8/2/18 |
| 1461 | Turnover Project Plan - Conduct Peer Review | %],Techincal Lead[33%] | | Fri 8/3/18 | Mon 8/6/18 |
| 1462 | Turnover Project Plan - Finalize Deliverable | %],Techincal Lead[33%] | | Tue 8/7/18 | Thu 8/9/18 |
| 1463 | Turnover Project Plan - Print and Package Deliverable | %],Techincal Lead[33%] | | Fri 8/10/18 | Thu 8/16/18 |
| 1464 | Turnover Project Plan - Submit Deliverable | %],Techincal Lead[42%] | | Thu 8/16/18 | Thu 8/16/18 |
| 1465 | Turnover Project Plan - IME Deliverable Review | %],Techincal Lead[21%] | 40 | Fri 8/17/18 | Thu 8/30/18 |
| 1466 | Turnover Project Plan - Update Deliverable | %],Techincal Lead[33%] | | Fri 8/31/18 | Wed 9/5/18 |
| 1467 | Turnover Project Plan - Package and Resubmit Deliverable | %],Techincal Lead[33%] | | Thu 9/6/18 | Thu 9/6/18 |
| 1468 | Turnover Project Plan - IME Resubmission Review | %],Techincal Lead[83%] | 20 | Thu 9/6/18 | Thu 9/6/18 |
| 1469 | Turnover Project Plan - Deliverable Approved | %],Techincal Lead[50%] | | Thu 9/6/18 | Thu 9/6/18 |
| 1470 | **Schedule of Turnover Activities** | | | **Fri 6/1/18** | **Thu 9/6/18** |
| 1471 | Schedule of Turnover Activities - Develop Deliverable Expectation | %],Techincal Lead[17%] | | Fri 6/1/18 | Thu 6/14/18 |
| 1472 | Schedule of Turnover Activities - Walkthrough DED with IME | %],Techincal Lead[33%] | 2 | Fri 6/15/18 | Fri 6/15/18 |
| 1473 | Schedule of Turnover Activities - Finalize DED | %],Techincal Lead[33%] | | Mon 6/18/18 | Thu 6/21/18 |
| 1474 | Schedule of Turnover Activities - Develop Outline | %],Techincal Lead[33%] | | Fri 6/22/18 | Thu 6/28/18 |
| 1475 | Schedule of Turnover Activities - Develop Deilverable | %],Techincal Lead[17%] | | Fri 6/29/18 | Thu 7/26/18 |
| 1476 | Schedule of Turnover Activities - Walkthrough Draft with IME | %],Techincal Lead[33%] | 4 | Fri 7/27/18 | Fri 7/27/18 |
| 1477 | Schedule of Turnover Activities - Update Draft | %],Techincal Lead[33%] | | Mon 7/30/18 | Thu 8/2/18 |
| 1478 | Schedule of Turnover Activities - Conduct Peer Review | %],Techincal Lead[33%] | | Fri 8/3/18 | Mon 8/6/18 |
| 1479 | Schedule of Turnover Activities - Finalize Deliverable | %],Techincal Lead[33%] | | Tue 8/7/18 | Thu 8/9/18 |
| 1480 | Schedule of Turnover Activities - Print and Package Deliverable | %],Techincal Lead[33%] | | Fri 8/10/18 | Thu 8/16/18 |
| 1481 | Schedule of Turnover Activities - Submit Deliverable | %],Techincal Lead[42%] | | Thu 8/16/18 | Thu 8/16/18 |
| 1482 | Schedule of Turnover Activities - IME Deliverable Review | %],Techincal Lead[21%] | 40 | Fri 8/17/18 | Thu 8/30/18 |
| 1483 | Schedule of Turnover Activities - Update Deliverable | %],Techincal Lead[33%] | | Fri 8/31/18 | Wed 9/5/18 |
| 1484 | Schedule of Turnover Activities - Package and Resubmit Deliverat | %],Techincal Lead[33%] | | Thu 9/6/18 | Thu 9/6/18 |
| 1485 | Schedule of Turnover Activities - IME Resubmission Review | %],Techincal Lead[83%] | 20 | Thu 9/6/18 | Thu 9/6/18 |

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| Task | | Summary | | Rolled Up Progress | | Project Summary | |
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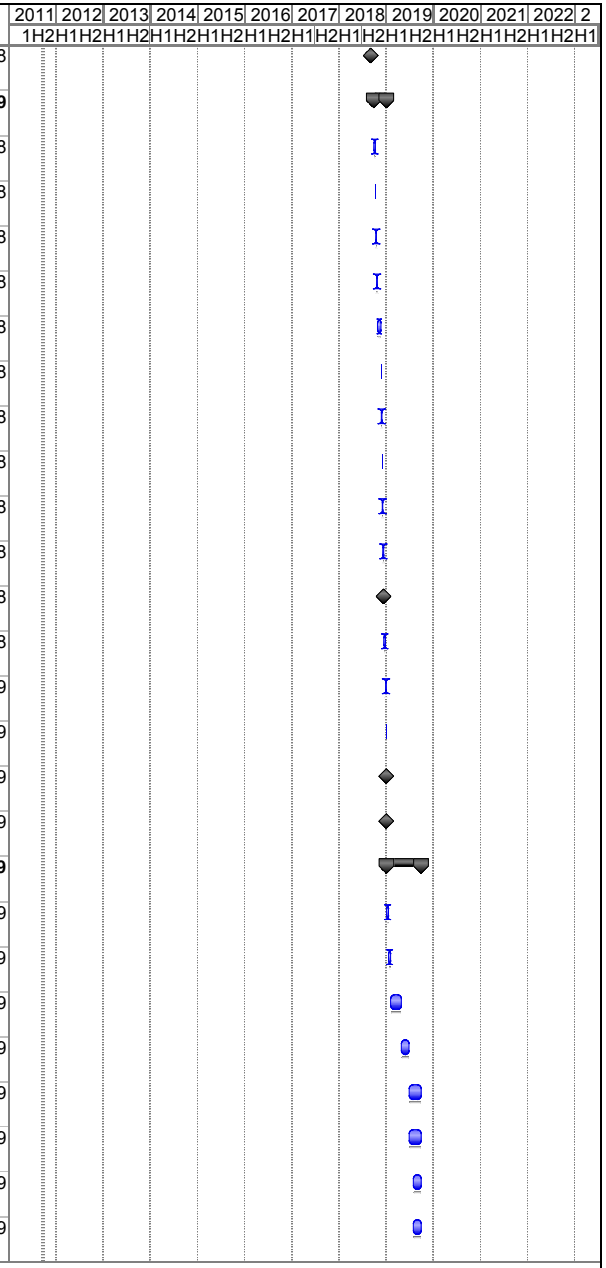
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

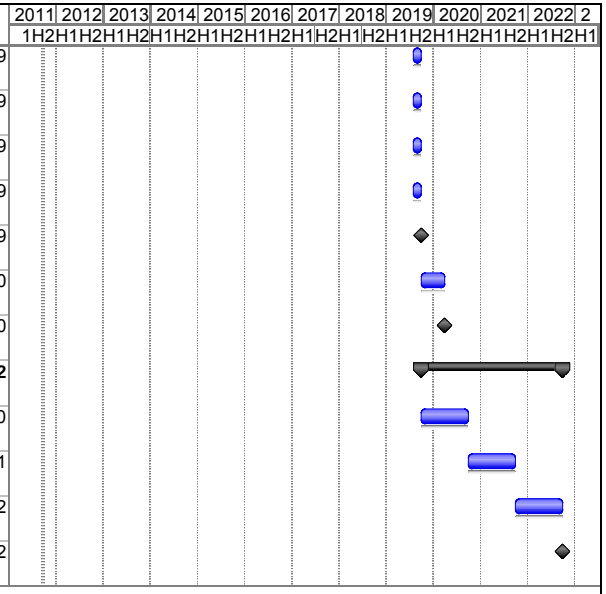
| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1486 | Schedule of Turnover Activities - Deliverable Approved | %],Techincal Lead[50%] | | Thu 9/6/18 | Thu 9/6/18 |
| 1487 | **Turnover Training Plan** | | | **Mon 10/1/18** | **Fri 1/4/19** |
| 1488 | Turnover Training Plan - Develop Deliverable Expectation Docume | 3%],Techincal Lead[8%] | | Mon 10/1/18 | Fri 10/12/18 |
| 1489 | Turnover Training Plan - Walkthrough DED with IME | 3%],Techincal Lead[8%] | 2 | Mon 10/15/18 | Mon 10/15/18 |
| 1490 | Turnover Training Plan - Finalize DED | %],Techincal Lead[17%] | | Tue 10/16/18 | Fri 10/19/18 |
| 1491 | Turnover Training Plan - Develop Outline | 3%],Techincal Lead[8%] | | Mon 10/22/18 | Fri 10/26/18 |
| 1492 | Turnover Training Plan - Develop Deilverable | 3%],Techincal Lead[8%] | | Mon 10/29/18 | Fri 11/23/18 |
| 1493 | Turnover Training Plan - Walkthrough Draft with IME | 3%],Techincal Lead[8%] | 4 | Mon 11/26/18 | Mon 11/26/18 |
| 1494 | Turnover Training Plan - Update Draft | %],Techincal Lead[17%] | | Tue 11/27/18 | Fri 11/30/18 |
| 1495 | Turnover Training Plan - Conduct Peer Review | %],Techincal Lead[17%] | | Mon 12/3/18 | Tue 12/4/18 |
| 1496 | Turnover Training Plan - Finalize Deliverable | %],Techincal Lead[17%] | | Wed 12/5/18 | Fri 12/7/18 |
| 1497 | Turnover Training Plan - Print and Package Deliverable | 3%],Techincal Lead[8%] | | Mon 12/10/18 | Fri 12/14/18 |
| 1498 | Turnover Training Plan - Submit Deliverable | %],Techincal Lead[42%] | | Fri 12/14/18 | Fri 12/14/18 |
| 1499 | Turnover Training Plan - IME Deliverable Review | %],Techincal Lead[21%] | 40 | Mon 12/17/18 | Fri 12/28/18 |
| 1500 | Turnover Training Plan - Update Deliverable | %],Techincal Lead[17%] | | Mon 12/31/18 | Thu 1/3/19 |
| 1501 | Turnover Training Plan - Package and Resubmit Deliverable | %],Techincal Lead[17%] | | Fri 1/4/19 | Fri 1/4/19 |
| 1502 | Turnover Training Plan - IME Resubmission Review | %],Techincal Lead[83%] | 20 | Fri 1/4/19 | Fri 1/4/19 |
| 1503 | Turnover Training Plan - Deliverable Approved | %],Techincal Lead[50%] | | Fri 1/4/19 | Fri 1/4/19 |
| 1504 | **Turnover Training for New Contractor** | | | **Mon 1/7/19** | **Mon 9/30/19** |
| 1505 | Update Training Schedule | %],Techincal Lead[28%] | | Mon 1/7/19 | Mon 1/21/19 |
| 1506 | Identify Training Participants | %],Techincal Lead[26%] | | Tue 1/22/19 | Wed 2/6/19 |
| 1507 | Setup Training Facilities | 5%],Techincal Lead[5%] | | Thu 2/7/19 | Tue 4/30/19 |
| 1508 | Notify Training Participants of Upcoming Training | 7%],Techincal Lead[7%] | | Wed 5/1/19 | Fri 6/28/19 |
| 1509 | Conduct Training | %],Techincal Lead[24%] | | Mon 7/1/19 | Mon 9/30/19 |
| 1510 | Collect and Address Feedback of Training Sessions and Materials | 5%],Techincal Lead[5%] | | Mon 7/1/19 | Mon 9/30/19 |
| 1511 | Deliver Non-proprietary source code | 3%],Techincal Lead[3%] | | Fri 8/2/19 | Mon 9/30/19 |
| 1512 | Deliver Proprietary source code letter | 3%],Techincal Lead[3%] | | Fri 8/2/19 | Mon 9/30/19 |




Project: Iowa Proposal Project Plan Dr
Date: Thu 9/15/11

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

| ID | Name | Resource Names | IME Hours | Start | Finish |
|---|---|---|---|---|---|
| 1513 | Produce and Deliver Current staffing plan | 3%],Techincal Lead[3%] | | Fri 8/2/19 | Mon 9/30/19 |
| 1514 | Deliver Facility and resource statement | 3%],Techincal Lead[3%] | | Fri 8/2/19 | Mon 9/30/19 |
| 1515 | The Department data, files and user and operations documentation in h | 3%],Techincal Lead[3%] | | Fri 8/2/19 | Mon 9/30/19 |
| 1516 | All reports associated with the contract(s) created during the Operation | 3%],Techincal Lead[3%] | | Fri 8/2/19 | Mon 9/30/19 |
| 1517 | Turnover to New Contractor | | | Tue 10/1/19 | Tue 10/1/19 |
| 1518 | Support New Contractor during Turnover Phase | %],Techincal Lead[24%] | | Wed 10/2/19 | Tue 3/31/20 |
| 1519 | End of Turnover Phase | lanager,Techincal Lead | | Tue 3/31/20 | Tue 3/31/20 |
| 1520 | **Contract Renewal Options** | | | **Tue 10/1/19** | **Fri 9/30/22** |
| 1521 | Start Option Year 1 | | | Tue 10/1/19 | Wed 9/30/20 |
| 1522 | Start Option Year 2 | | | Thu 10/1/20 | Thu 9/30/21 |
| 1523 | Start Option Year 3 | | | Fri 10/1/21 | Fri 9/30/22 |
| 1524 | End of Contract | | | Fri 9/30/22 | Fri 9/30/22 |




Project: Iowa Proposal Project Plan Dr
Date: Thu 9/15/11

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Task | | Summary | | Rolled Up Progress | | Project Summary | |
| Progress | | Rolled Up Task | | Split | | Group By Summary | |
| Milestone | | Rolled Up Milestone | | External Tasks | | Deadline | |

**Iowa Medicaid Enterprise Sys**
Start: 12/21/11 ID: 1
Finish: 9/30/22 Dur: 2813 d
Comp: 0%

**Milestones**
Start: 12/21/11 ID: 2
Finish: 6/30/15 Dur: 920 d
Comp: 0%

**Deliverables by Phase**
Start: 2/28/12 ID: 17
Finish: 9/30/19 Dur: 1979 d
Comp: 0%

**Start-Up Phase**
Start: 2/1/12 ID: 118
Finish: 12/31/14 Dur: 761 d
Comp: 0%

**Implementation Phase**
Start: 2/1/12 ID: 413
Finish: 12/31/14 Dur: 761 d
Comp: 0%

**Transition to Operations Pha**
Start: 3/3/14 ID: 1142
Finish: 6/30/15 Dur: 347 d
Comp: 0%

**End of Contract**
Milestone Date: Fri 9/30/22
ID: 1524

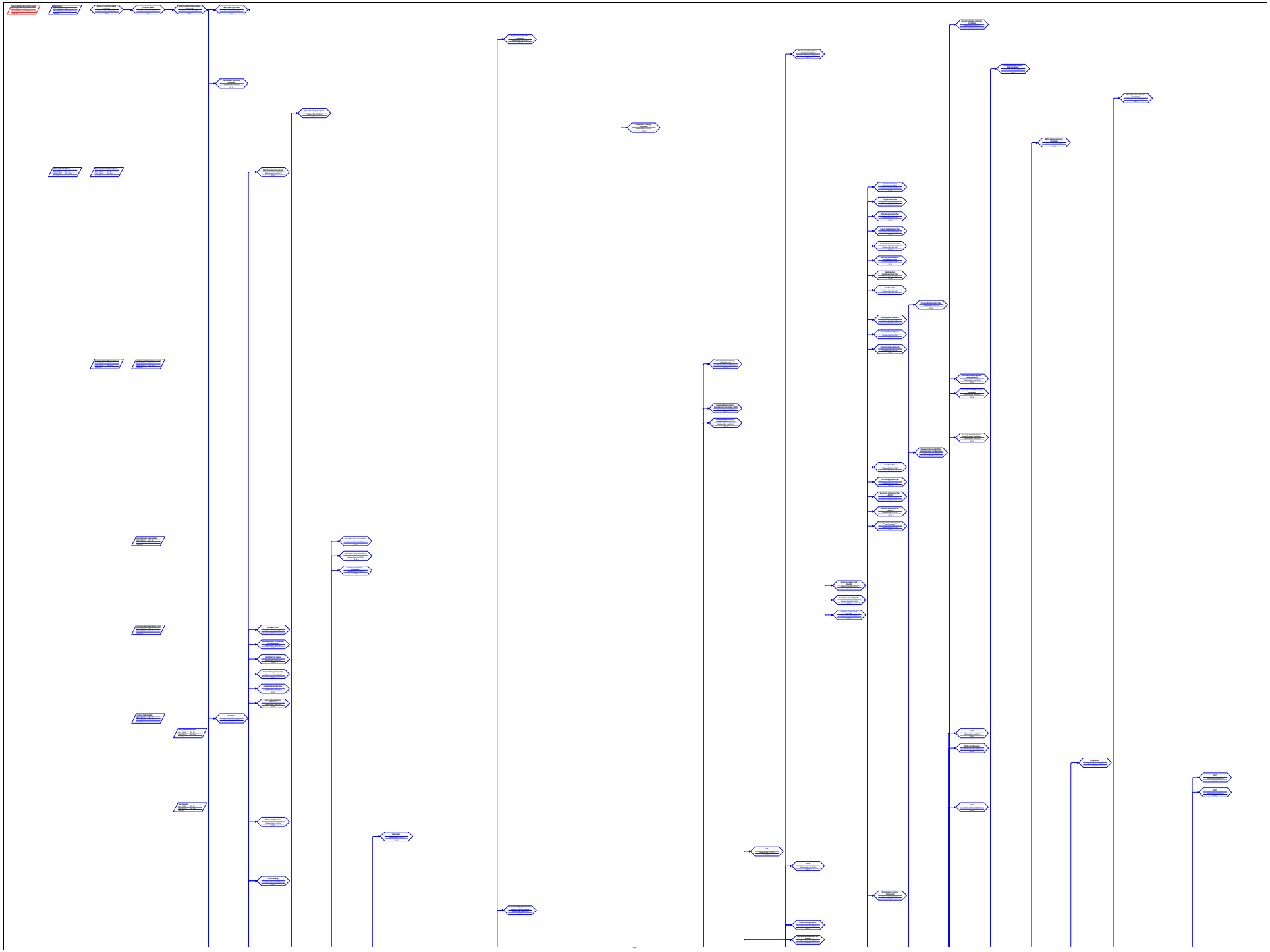
**End of Transition to Operations Phase**
Milestone Date: Wed 12/31/14
ID: 1204

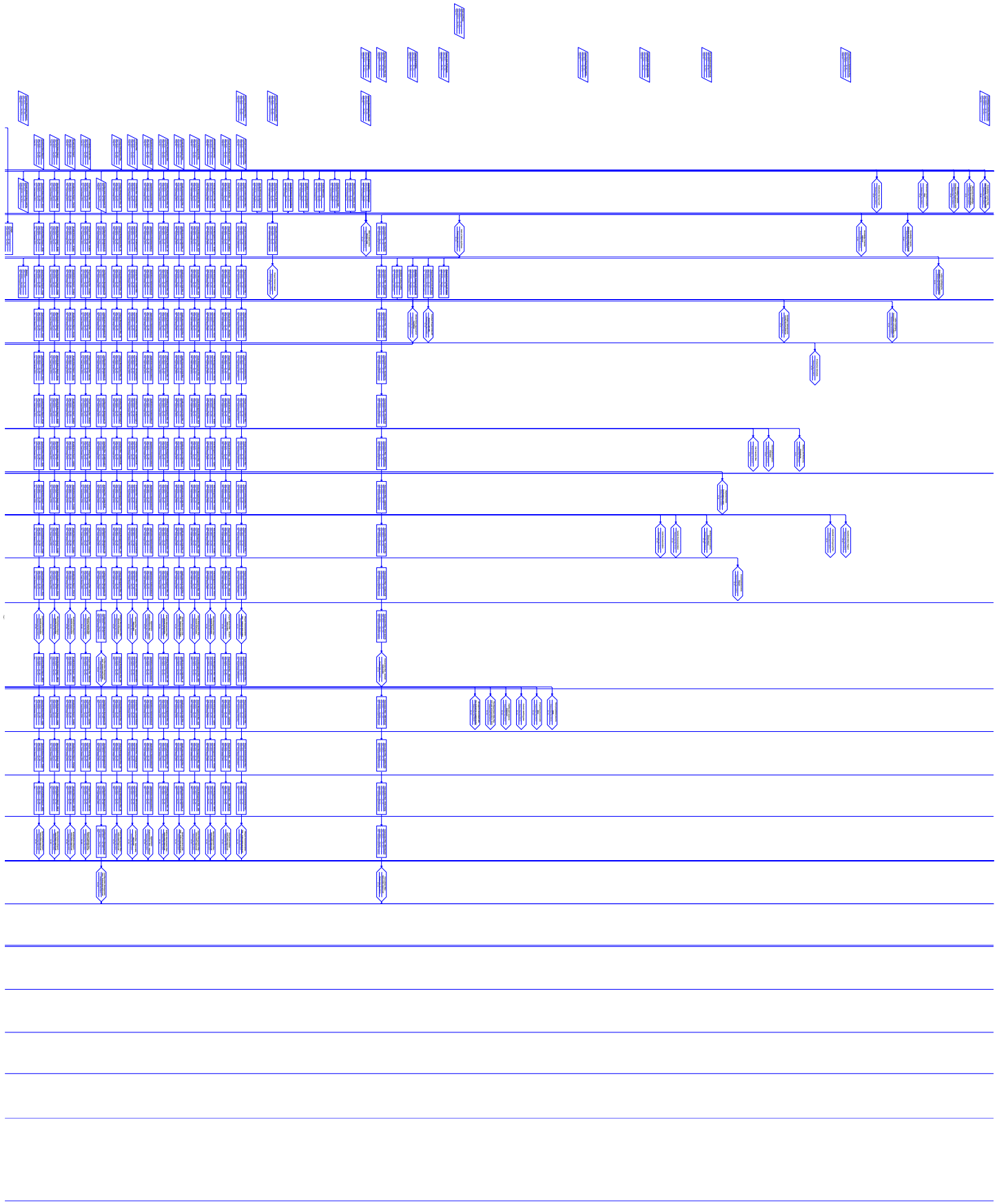
**Certification Phase**
Start: 9/30/14 ID: 1205
Finish: 6/30/15 Dur: 195 d
Comp: 0%

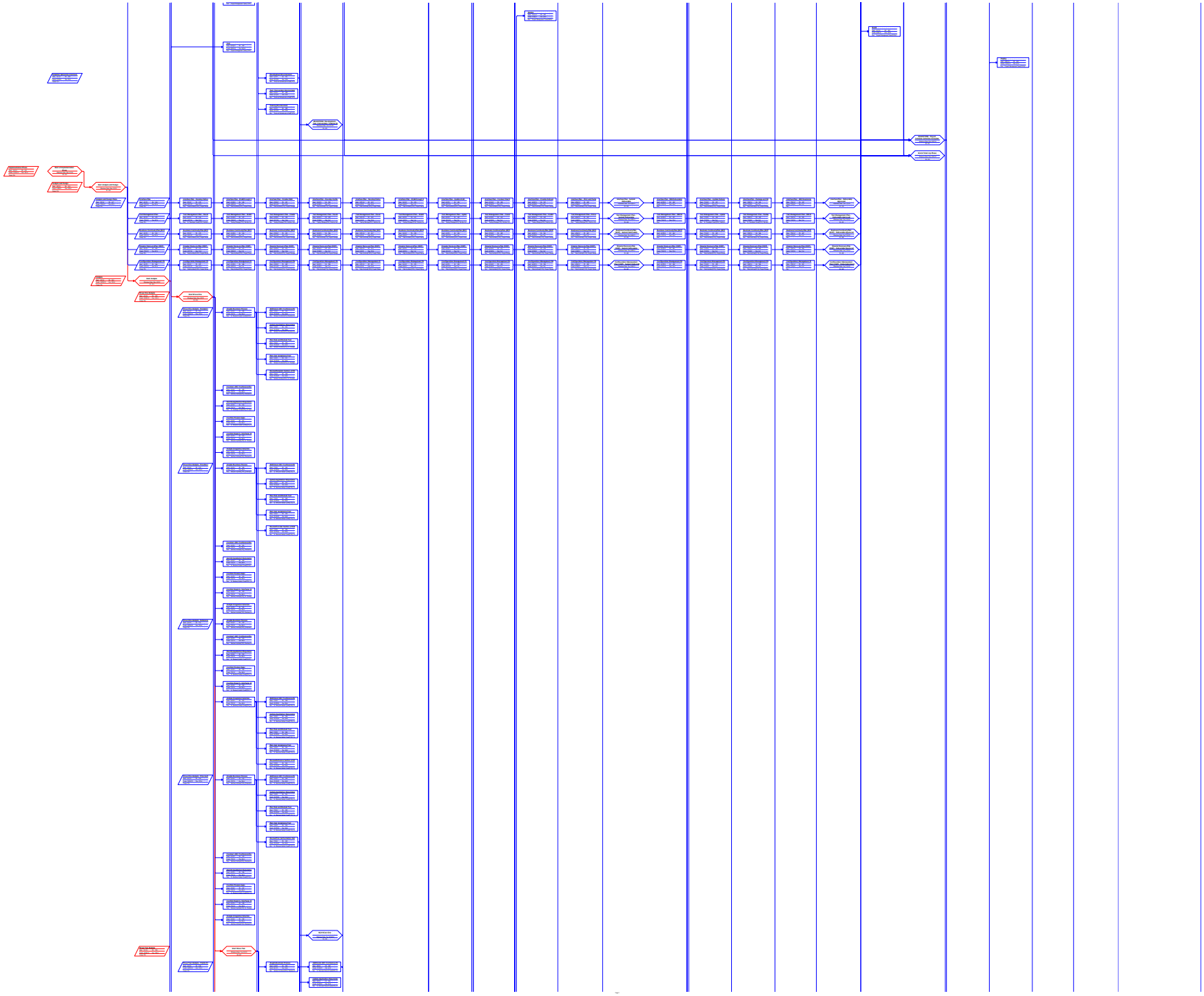
**Operations Phase**
Start: 10/1/14 ID: 1230
Finish: 9/30/19 Dur: 1303 d
Comp: 0%

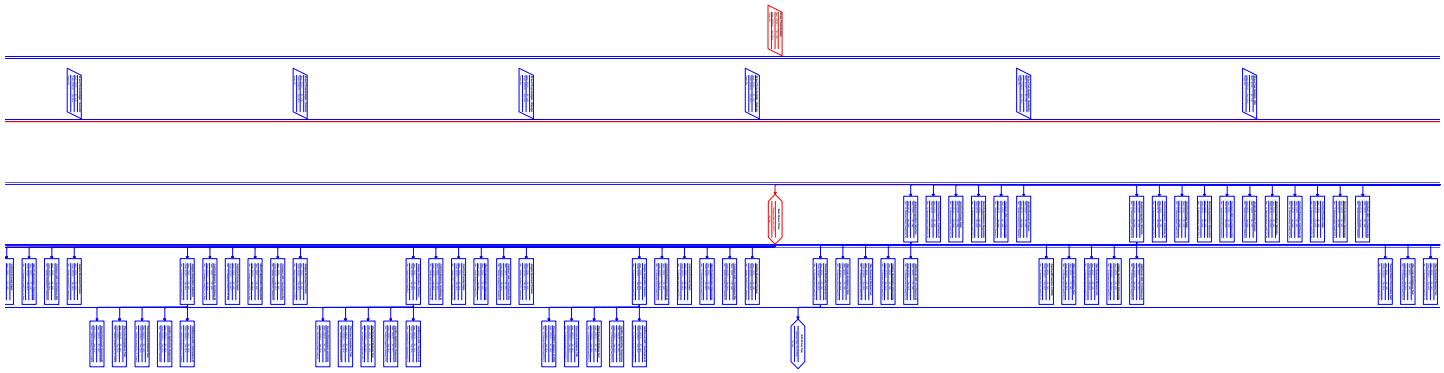
**Turnover Phase**
Start: 6/1/18 ID: 1450
Finish: 3/31/20 Dur: 478 d
Comp: 0%

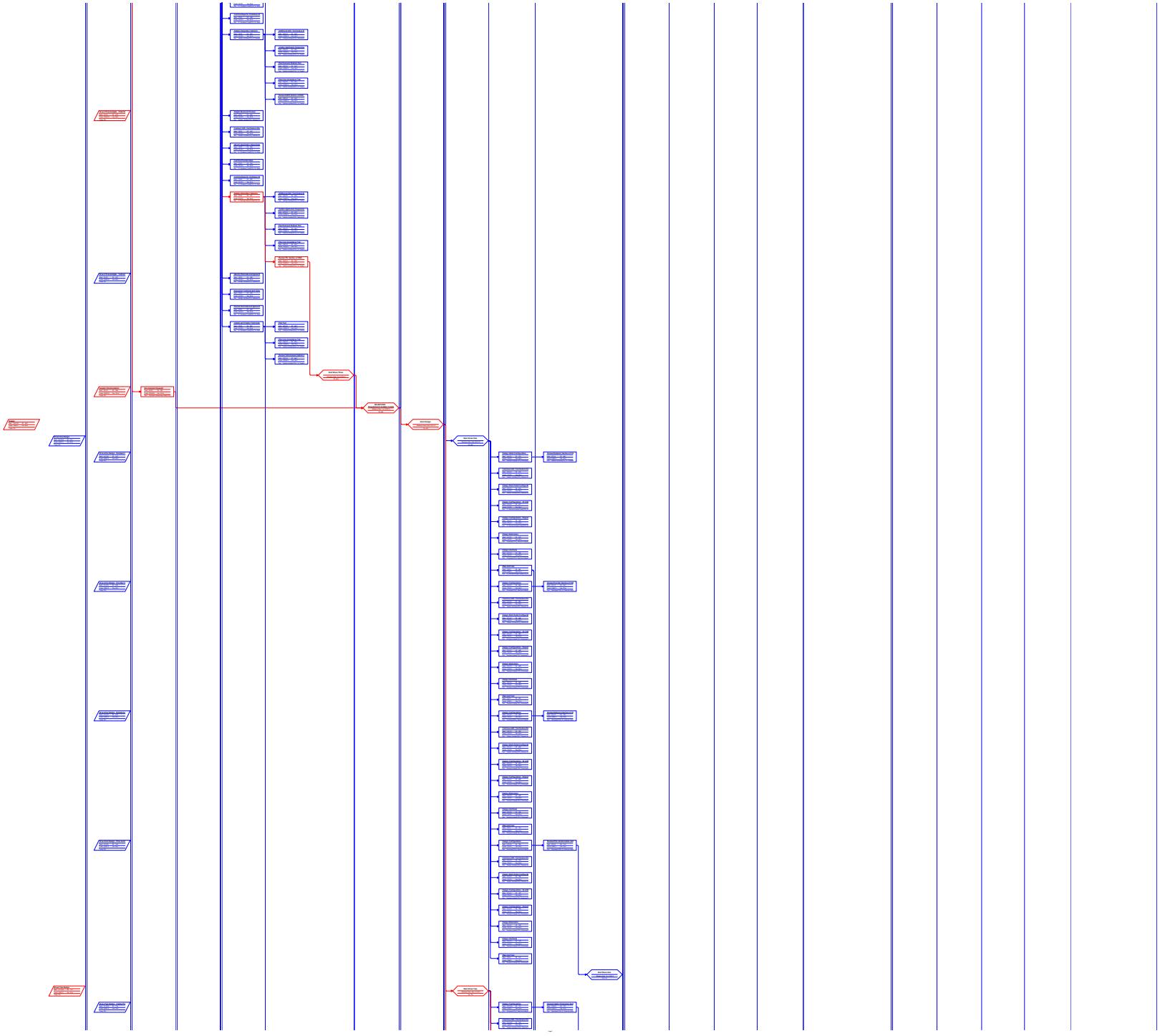
**Contract Renewal Options**
Start: 10/1/19 ID: 1520
Finish: 9/30/22 Dur: 784 d
Comp: 0%

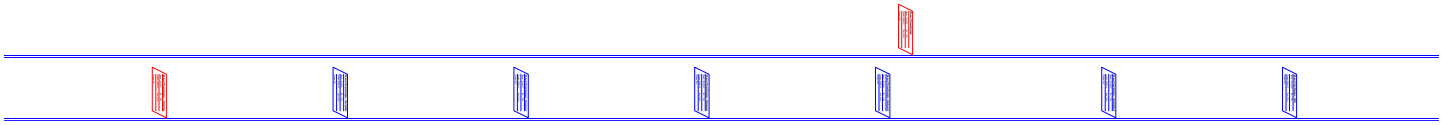


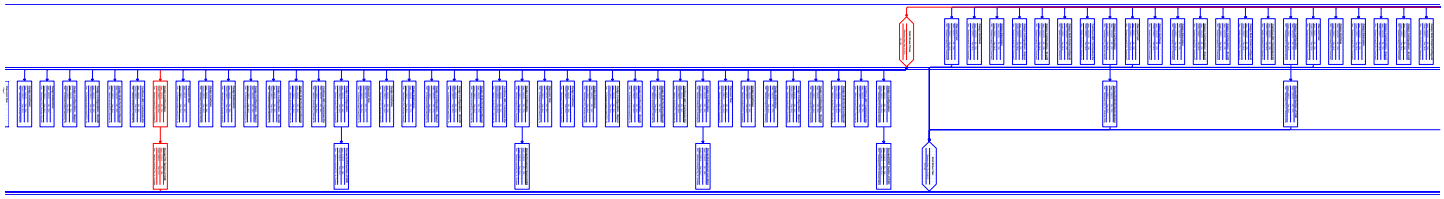


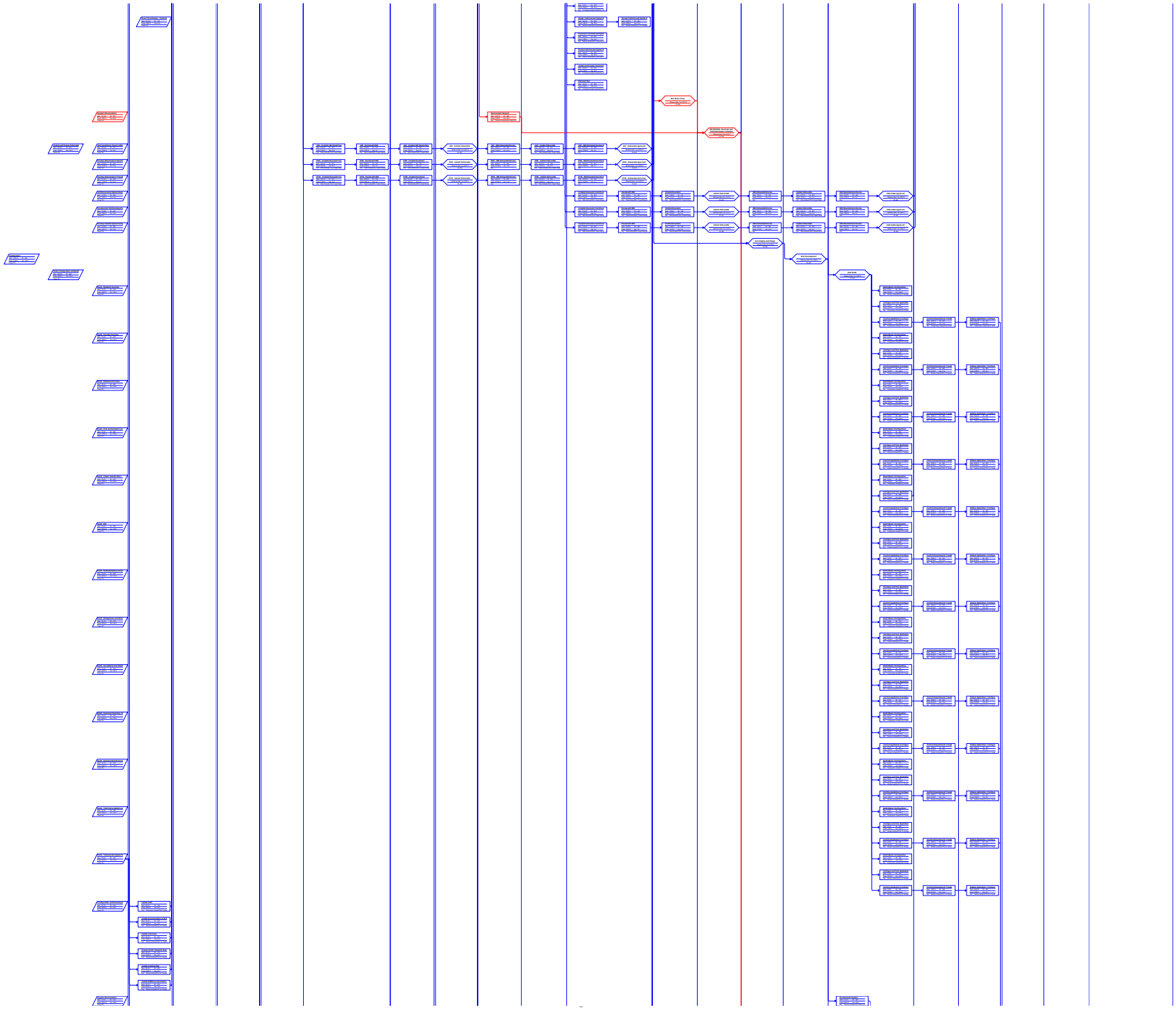


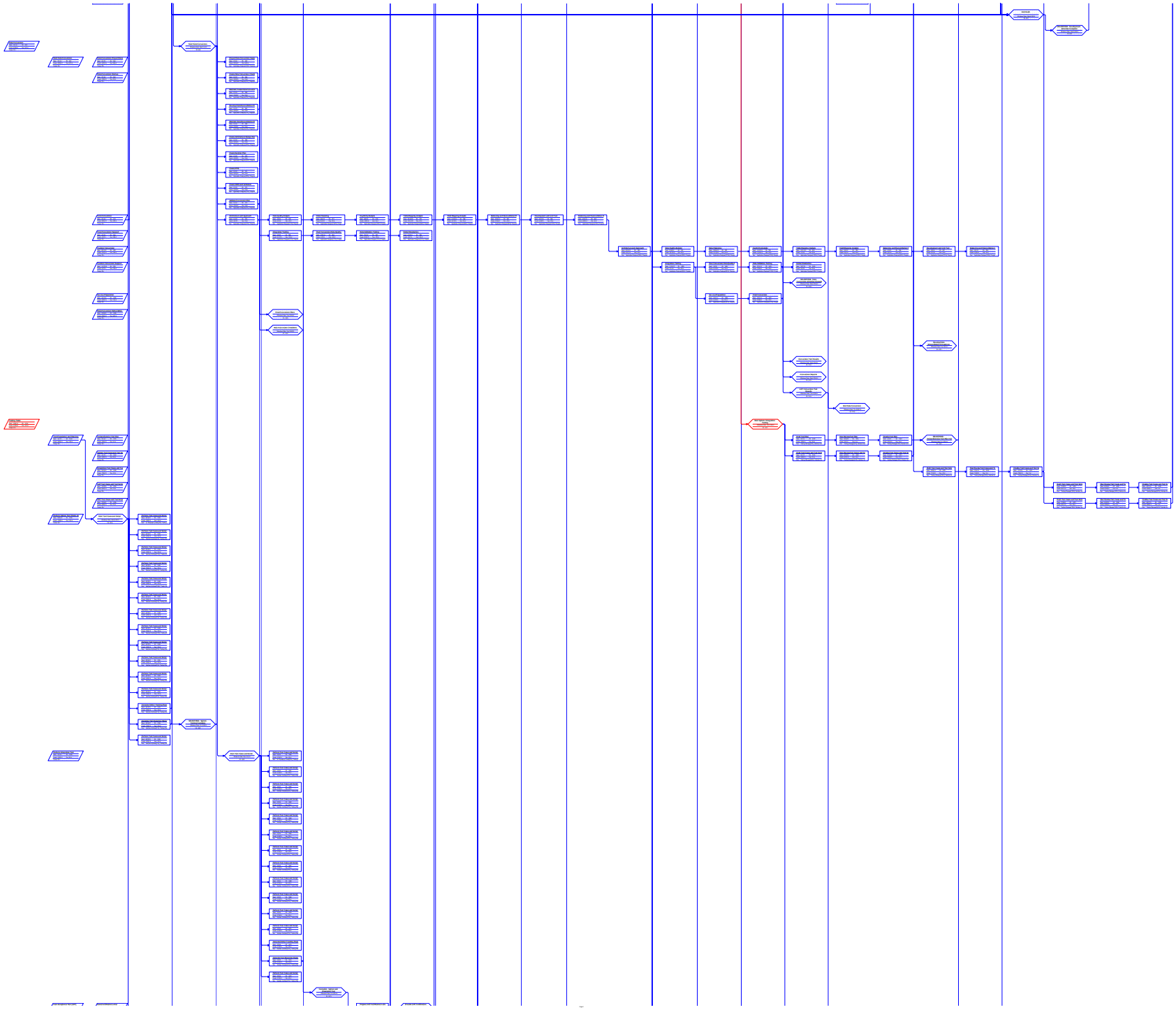


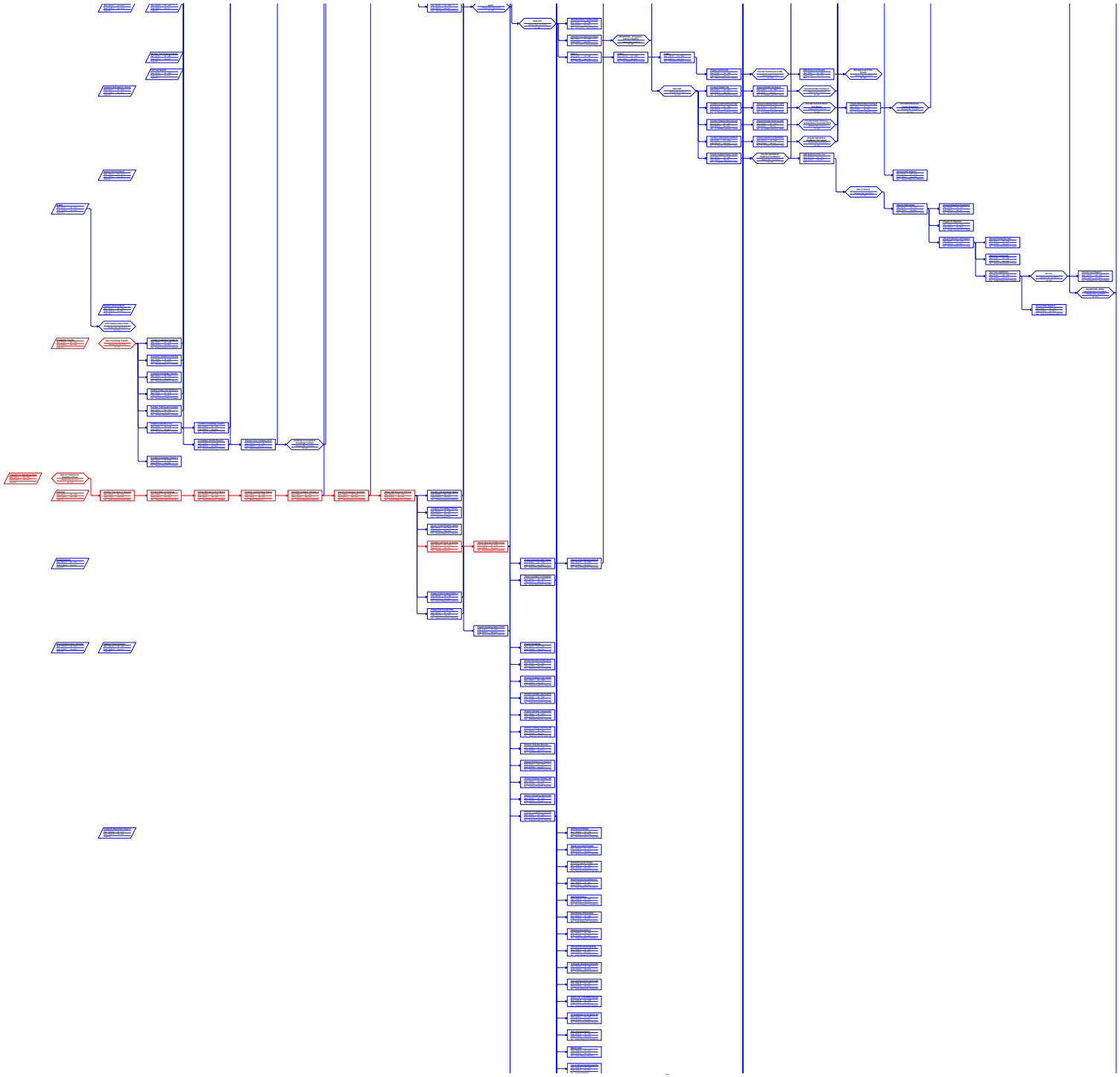


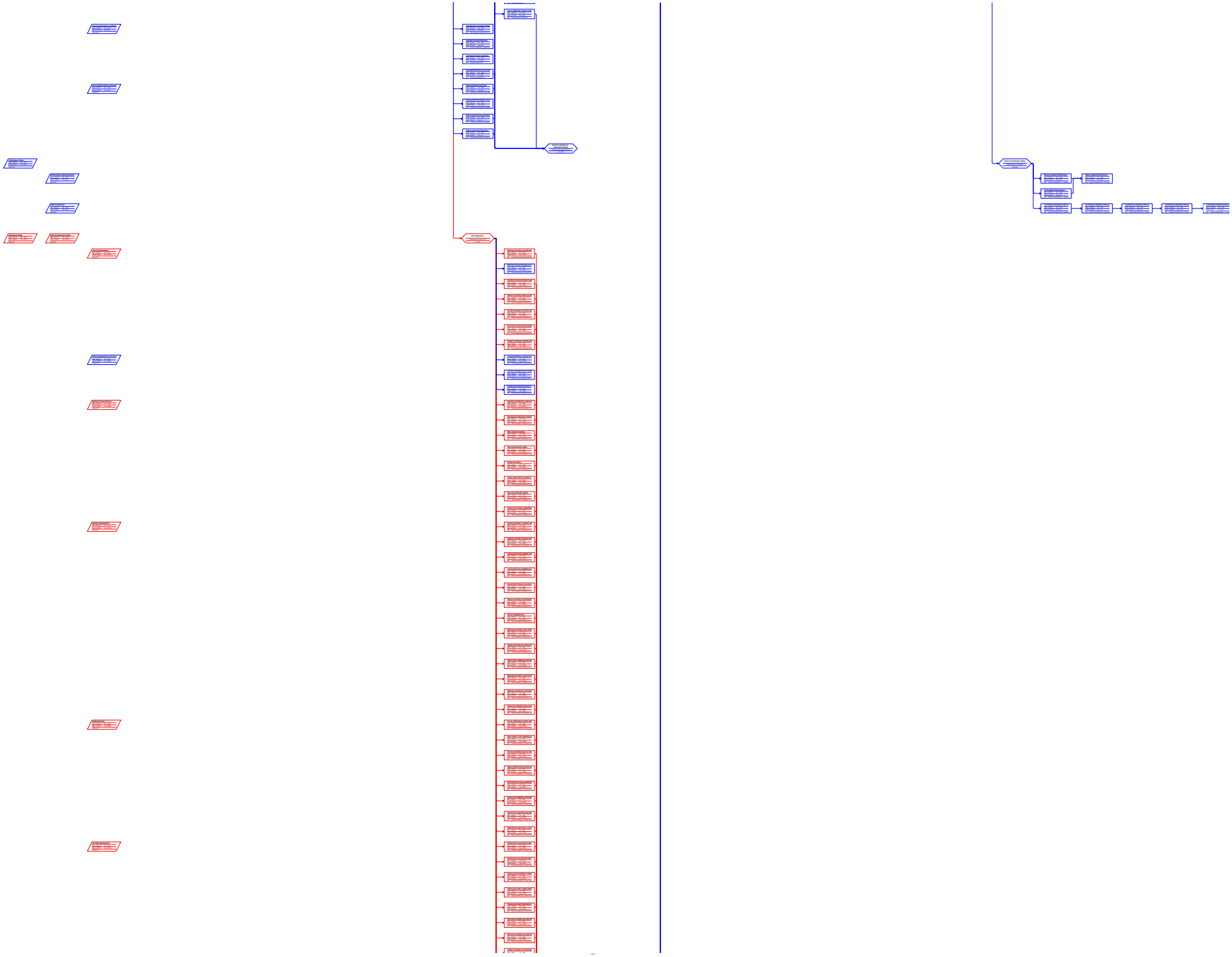


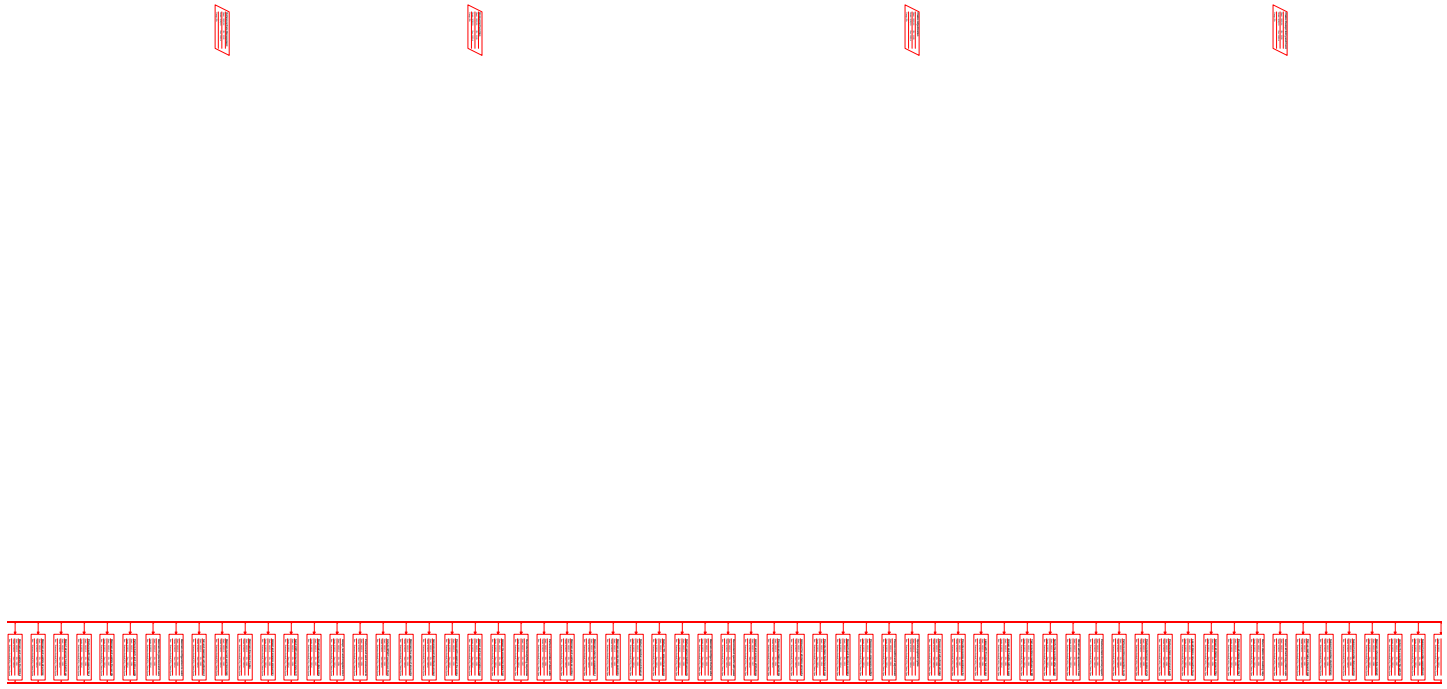


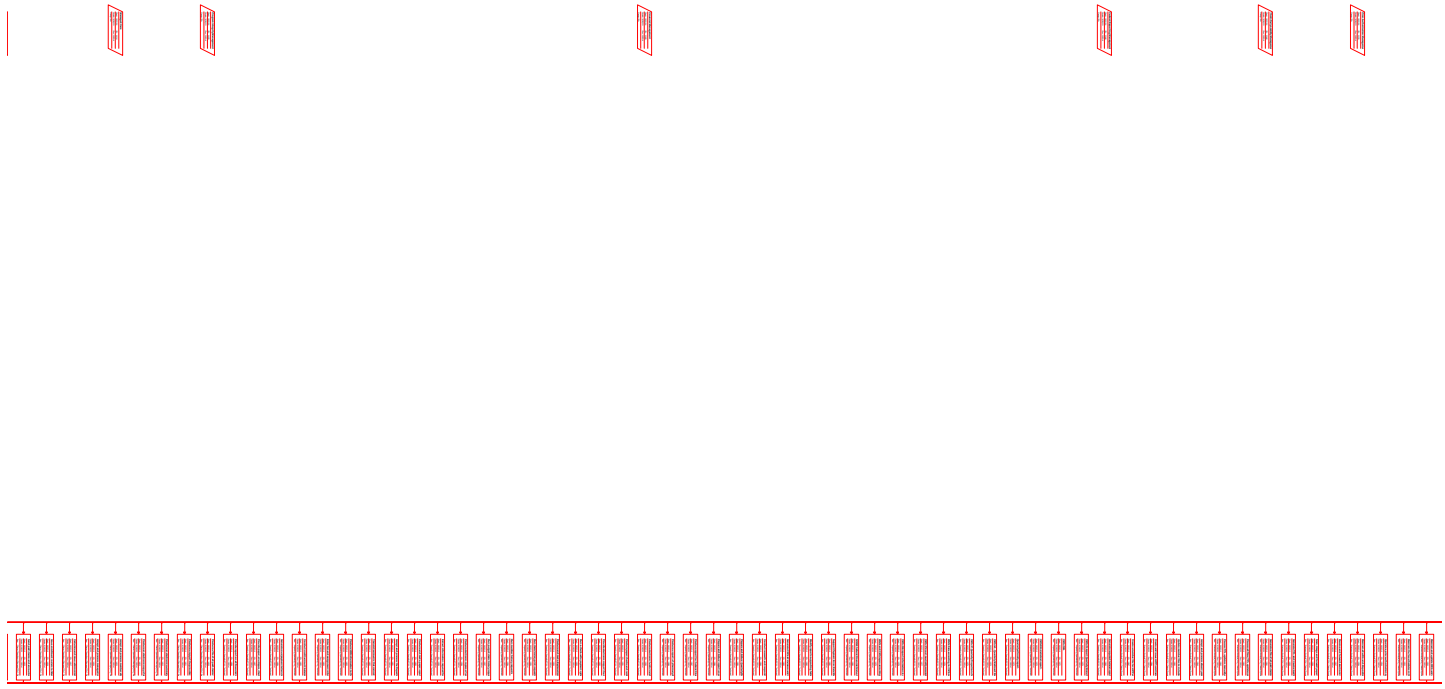


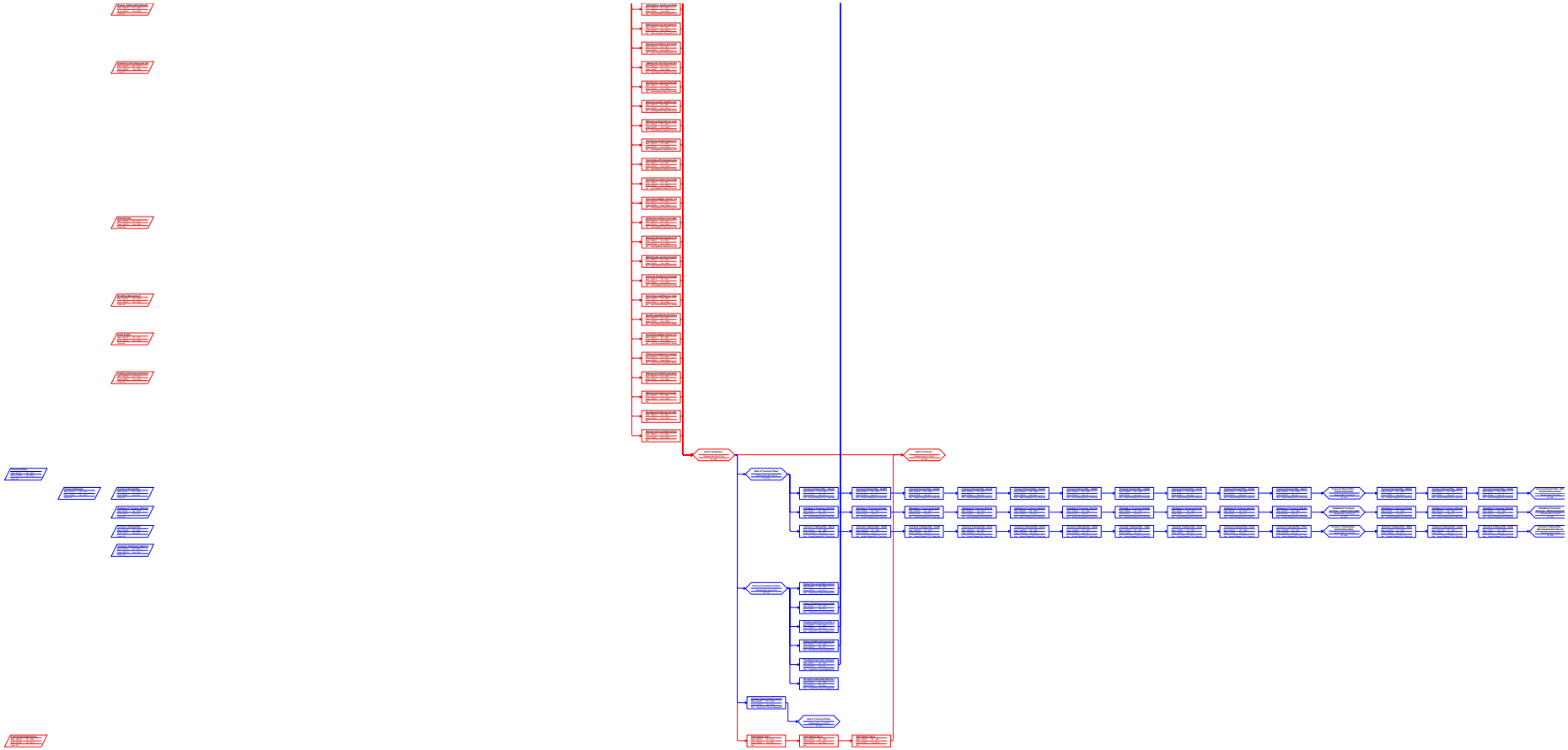


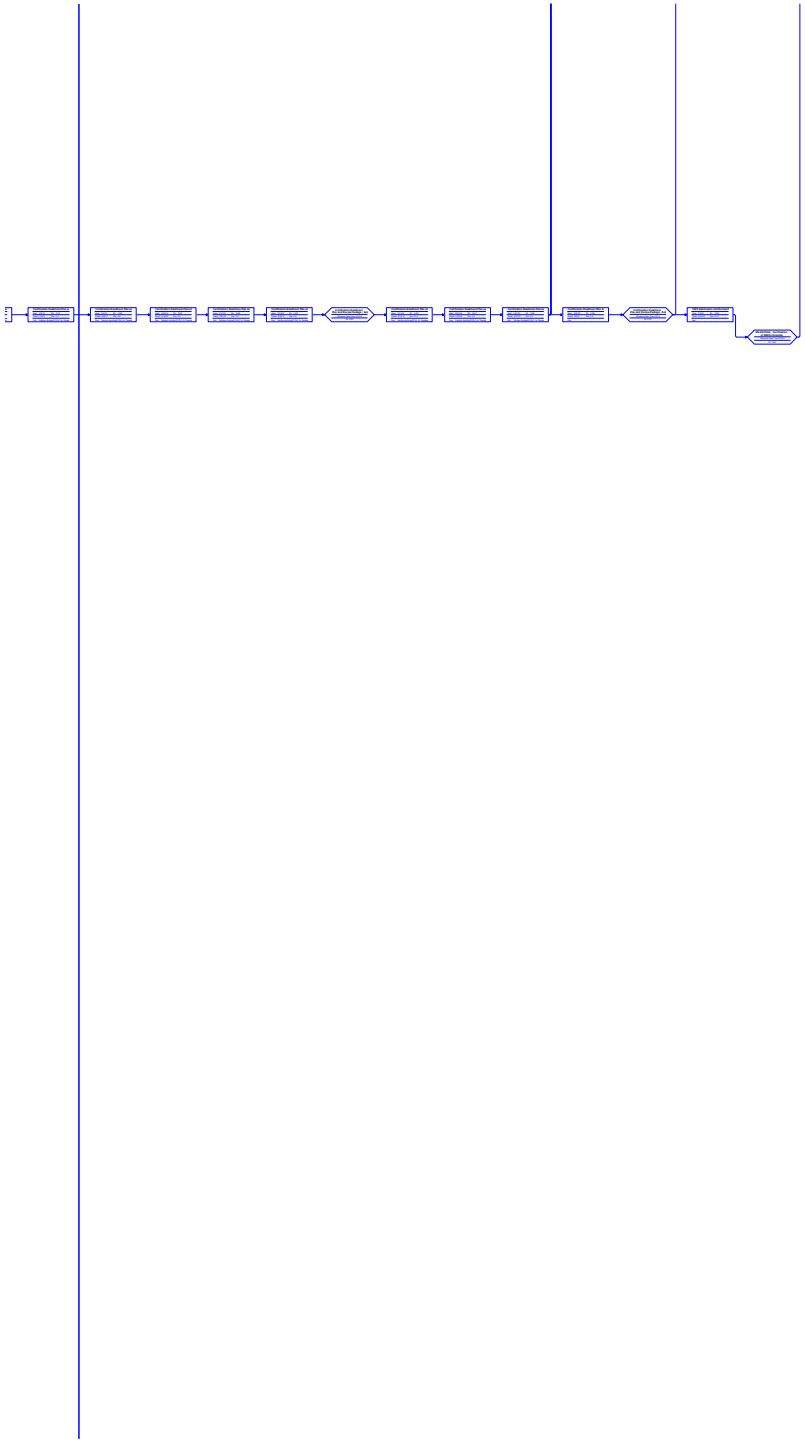


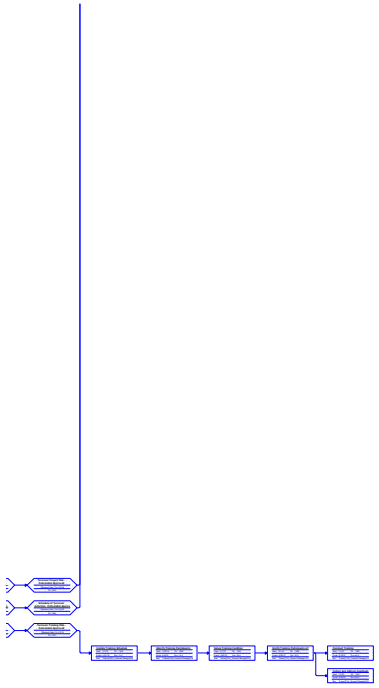











Generate Random Coordinate Between Boundaries
Input: Boundaries, Seed
Output: Coordinate
Check if Coordinate Within Boundaries
Input: Coordinate, Boundaries
Output: Bool
Generate Random Tree Coordinate
Input: Boundaries, Seed
Output: Coordinate
Add to Tree Coordinates
Input: Tree, Coordinate
Output: Tree, Coordinate
Add to Tree Distances
Input: Tree, Distance
Output: Tree, Distance
Add to Tree Parent Indexes
Input: Tree, Parent Index
Output: Tree, Parent Index
Check if Tree Complete
Input: Tree, Goal Radius
Output: Bool
Create Path Indexes
Input: Tree, Goal Radius
Output: Path Indexes

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# 6.2 Project Organization (9.2.7)

The proposed organization and staffing must meet the requirements of section 5 General Requirements. Bidders respond to the project organization requirements for the System Services contractors supporting the IME in this section. This section of the proposal is the bidder's opportunity to describe the merits of its planned approach to the following topics:

9.2.7.1 Organization Charts

9.2.7.2 Staffing

9.2.7.3 Key Personnel

9.2.7.4 Subcontractors

**Accenture brings an experienced, high quality team with deep Medicaid expertise to the State of Iowa. Coupled with a plan to seamlessly integrate incumbent staff into Accenture, our combined team will be well positioned for the implementation of the IME System Services Project and ongoing operations.**

**Accenture is an Employer of Choice**

- Accenture ranked #12 in 2010 in Chief Executive's 20 Best Companies for Leaders – our inaugural year on the list – and we join the ranks of 3M, P&G, GE, IBM, and HP
- Named to Fortune's "100 Best Companies to Work For" list for the third consecutive year
- Made Fortune's list of "World's Most Admired Companies" for the 6th straight year (IT Services category)

The Accenture Team comprises key personnel who meet or exceed the defined RFP requirements, supporting staff members who are well-versed in contemporary technological and operational approaches of the new MMIS, and approved IME-experienced subcontractors. In addition, we plan to work with the Department and the incumbent vendor to identify key incumbent staff to recruit to our team that will minimize transition risk.

We view our people as our most valued resource. In keeping with this core value, we practice a high standard of employee selection at all levels of the organization. Accenture Team members proposed for the delivery of the Iowa MMIS bring a wealth of system integration and operations knowledge, a thorough understanding of the project requirements, and successful large-scale Medicaid development, implementation, operation and enhancement experience.

The Accenture Team has the right people who are competent and motivated to support the Department in its mission. We welcome the opportunity to work with the Department to deliver a groundbreaking MMIS that serves and meets the needs of the State's Medicaid members, providers and other stakeholders.

In the table below, we provide some of the highlights of the Accenture Team's staffing approach and the resultant benefits afforded the IME.

| Accenture's Staffing Approach Provides | Benefits to the IME |
|---|---|
| **Proven Track Record:** Senior staff from Medicaid and Health and Public Service projects with a proven record of successful delivery. | Critical mass of skills and experience to jump-start the project, reduce risk and increase the quality of Iowa Medicaid's new MMIS implementation. |
| **Clarity of Purpose:** We have clear roles, responsibilities, and reporting relationships across our team, and clear accountability for project outcomes. | The Department knows who is accountable for each piece of the implementation effort, making it faster and easier to ask questions, share information and resolve issues. |
| **Cohesive Team:** Together, our leadership team has successfully delivered on the Texas Medicaid and Healthcare Partnership (TMHP) program. | The Department gains an experienced team of people who know how to work together in a Medicaid environment to deliver Iowa Medicaid's new MMIS on time and on budget. |

*Table 6 - 14. Iowa Medicaid's delivery risk is reduced through a proven organizational structure and a team that is comprised of deep Medicaid knowledge and experience.*

# 6.3 Organization Charts (9.2.7.1)

For each phase of the project, the bidder will provide a narrative description of the proposed organization, roles and responsibilities of key personnel and representative job descriptions for all positions within the organization for all phases of the contract. Bidders will include an organization chart of proposed key personnel and counts of full-time equivalent (FTE) workers in each staff position in each organizational unit during each project phase.

Organization charts must identify the percentage of allocation of key personnel to the IME. Bidders may include separate charts for the transition phase to reflect staff loading in the individual tasks but must provide the FTE counts on each one for each organizational unit.

## Start Up and Implementation Phases Organization Charts

Accenture's approach is to maintain the same committed team beginning with Start Up through the Implementation Phase. This continuity is essential to a seamless transition to the new IME MMIS as well as encouraging resource stability throughout the contract lifecycle.

The Start Up phase provides strong and clear direction for the implementation and operations of the new MMIS. The tasks and activities within the subsequent phases are built on the foundation established in the Start Up phase.

In consideration of the RFP requirements related to named key personnel and the prescribed project phases, the organizational structures we propose provide the necessary management and support resources to skillfully implement and conduct each function. These structures demonstrate our commitment to fully execute project tasks and operational responsibilities. Our management approach encompasses processes, procedures, and strategies leading up to Operations, and continues throughout the MMIS Operations, Certification and Turnover phases.

Following is the organization chart for the Start Up and Implementation Phases. This chart reflects proposed key personnel and counts of Full-Time Employee (FTE) positions. All named key personnel are 100% committed to the IME MMIS project.

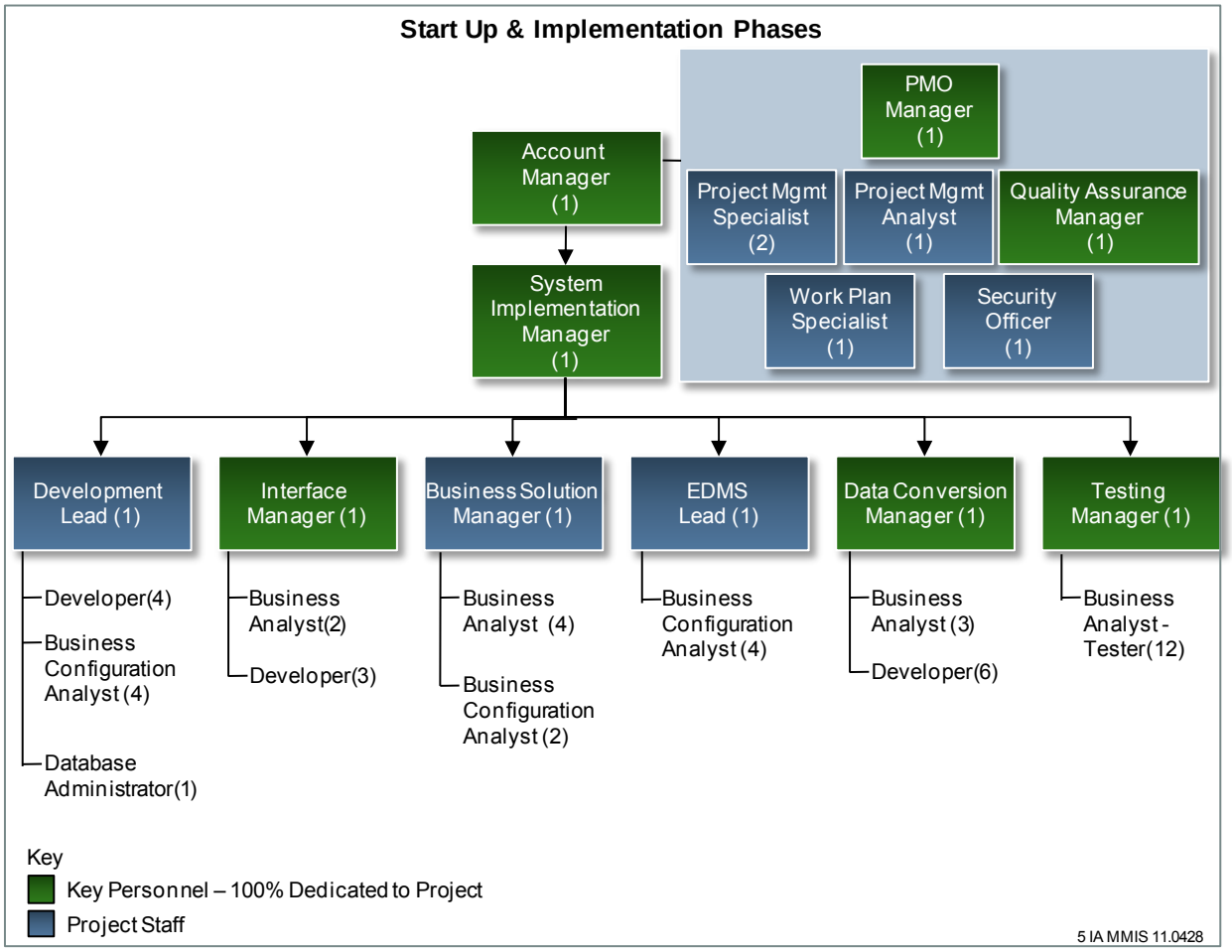


*Figure 6 - 28. Accenture presents an experienced team that is 100% dedicated to the IME System Services Project.*

## Named Key Personnel - Start Up and Implementation Phases

The Accenture Team understands that maintaining a consistently high-performing team from the Start Up Phase through the Implementation Phase and beyond, is critical to the success of Accenture and the Department. The identified key personnel are fully committed to the IME throughout the life of the project. This commitment lowers the Department's delivery risk because we reduce the staff “churn” and delay that may be caused when proposed staff are pulled shortly after the start of a project, replacing them with less experienced and qualified resources.

We know from our extensive experience of successful on time system implementations that continuity of key personnel across the project enhances the communications and cross-team relationships needed for successful delivery. We understand that large and complex efforts such as this often require additional staff at critical times in order to meet project timelines. During these key times, we have the flexibility to augment our team with knowledgeable staff who are completing other projects or drawn from our San Antonio-based Accenture Solution Center.

The Accenture Team knows that the success of this project depends significantly on dedicated and focused personnel throughout the life of the initiative. To that end, we have carefully selected individuals

who not only possess the requisite skills and experience to deliver the new Iowa MMIS, but also have personally expressed their strong commitment to the project. It is our intent that the same personnel be available for the duration of the project lifecycle.

Following are the roles and responsibilities of the named Key Personnel.

| Position / Role | Key Personnel Name | Key Personnel Responsibilities |
|---|---|---|
| **Account Manager** | **Patrick Dahlen** | • Overall responsibility for success of the Iowa Medicaid IME MMIS contract throughout implementation and operations<br>• Primary point of contact for Department Management team<br>• Plan, evaluate, and manage compliance with contract responsibilities<br>• Maintain and promote a proactive solution oriented culture<br>• Evaluate and monitor subcontractor performance in meeting objectives<br>• Maintain budget and track costs<br>• Confirm proper staffing, training, and resources are available throughout operations<br>• Oversee quality assurance program<br>• Oversee risk management process<br>• Oversee change management process |
| **Systems Implementation Manager** | **Robert Carrico** | • General responsibilities include planning and coordinating all implementation tasks, including oversight of all New MMIS training activities.<br>• Build and maintain a comprehensive understanding of the original and elaborated IME APHP requirements throughout the life of the project<br>• Work with the Department's business functions to define and understand requirements for new/modified business processes and policies<br>• Review project deliverables to confirm completeness, quality, and compliance with established project standards<br>• Participate in project planning sessions to review and confirm business requirements<br>• Review and confirm the accuracy and completeness of functional requirements throughout design and configuration<br>• Coordinate discussions of IME stakeholder and end-user needs and expectations<br>• Coordinate functional testing activities with the Medicaid Information Management representative to include IME input into the configuration of the system.<br>• Lead business analysts, data conversion and testing managers during IME APHP system configuration and installation phases |

| Position / Role | Key Personnel Name | Key Personnel Responsibilities |
|---|---|---|
| **Project Manager for the Project Management Office** | **Jelane Johnson** | • Lead Accenture's PMO<br>• Communicate with the Department's PMO<br>• Report operational performances to Project Manager<br>• Submit and revise all project management plans<br>• Oversee all project related schedule activities<br>• Submit weekly and monthly status reports<br>• Create status meeting agendas and minutes<br>• Signoff on all deliverables prior to submission to the Department<br>• Oversee development of all project management plans<br>• Define processes, procedures and standards including change management, risk management, issue management, Systems Development Life Cycle (SDLC)<br>• Confirm adherence to the processes and procedures |
| **Quality Assurance Manager** | **Lisa McNeil** | • Provide overall direction and oversight for all functions and operational activities related to quality assurance (QA)<br>• Oversee the creation of the QA Plan<br>• Oversee the development and maintenance of documented QA procedures incorporating Medicaid internal control processes<br>• Monitor adherence to program schedule, program standards, deliverables<br>• Monitor adherence to documented processes and procedures<br>• Develop corrective action plans as needed<br>• Submit recommendations for process improvements<br>• Communicate performance to PMO for reporting<br>• Review scope management documentation<br>• Conduct process audits<br>• Notify appropriate managers of any problems through established quality management processes<br>• Oversee corrective action plans and confirm they are implemented<br>• Review initial schedules to confirm that they meet requirements<br>• Review all schedule updates |
| **Data Conversion Manager** | **Sean Hiatt** | • Create and submit the Data Conversion Plan<br>• Spearhead data cleansing and conversion tasks<br>• Adhere to the standardized conversion strategy<br>• Work closely with other implementation and delivery managers<br>• Evaluate/enhance/update and enforce all policies/procedures to identify inefficiencies and potential threats/problems.<br>• Report on activities |

| Position / Role | Key Personnel Name | Key Personnel Responsibilities |
|---|---|---|
| **Interface Manager** | **Pamela Gifford** | • Provide skills in system component integration<br>• Provide skills for infrastructure, networking and telecommunication<br>• Oversee interface designs of all types, including SOA and non-SOA<br>• Oversee service interface and schema definitions<br>• Oversee services and technical documentation<br>• Confirm building and testing of interface services are completed successfully<br>• Confirm services follow standards and best practices |
| **Testing Manager** | **Zachary Rasmussen** | • Lead overall testing effort for APHP implementation<br>• Confirm testing standards and traceability are enforced<br>• Confirm testing team is up to date with appropriate skills, attitudes and motivation. Identify training requirements and oversee their completion.<br>• Oversee development of the test plan for the tasks, dependencies and participants required to mitigate the risks to system quality and obtain stakeholder support for this plan.<br>• Arrange the hardware and software requirements for testing execution<br>• Document, implement, monitor, and enforce all processes for testing as per standards defined by the organization<br>• Check / Review the Test Cases documents.<br>• Keep track of new/updated requirements<br>• Escalate issues as necessary<br>• Track and prepare reports of testing activities (e.g., test results, test case coverage, required resources, defects discovered and their status, performance baselines etc.) |

## Project Staff Roles and Responsibilities - Start Up and Implementation Phases

In addition to the named key personnel, the Start Up and Implementation Phases are staffed with supporting personnel as shown in the following table. These resources bring to the Department technological, business process, and Medicaid systems and services experience and skills. Additionally, the project management office staff utilizes a methodology assessed at CMMI Level 4, the Accenture Delivery Suite of Methods, Tools and Metrics.

| Position / Role | Responsibilities |
|---|---|
| **Project Management Specialist** | • Enter project management updates into the project repository and Accenture Delivery Tools (ADT)<br>• Capture and distribute PMO meeting minutes and action items<br>• Log risks and issues, and generate reports<br>• Assist IME staff in the use of ADT and ADM |
| **Quality Assurance Director (Accenture Corporate)** | • Validate IME expectations of Accenture for the IME APHP implementation<br>• Conduct formal reviews of project status and progress with the Accenture Project Manager and IME leadership<br>• Confirm that IME's perspective on whether the project team is delivering quality is clearly communicated and acted upon<br>• Verify that work is proceeding in alignment with client and stakeholder expectations, and that risks are being identified and managed<br>• Supplement the deep skills and experience of our key resources |
| **Security Officer** | • Develop specific security plan and disaster recovery plans/procedures for Iowa Medicaid Core MMIS project in compliance with local, state and federal laws, standards and regulations.<br>• Develop and maintain Health Insurance Portability and Accountability Act (HIPAA) and privacy training materials<br>• Provide training on security and privacy<br>• Confirm HIPAA policies and procedures for handling protected health information are followed<br>• Conduct audits related to security compliance<br>• Responsible for the development and maintenance of policies, procedures, standards, awareness and training, identification and review of the Core MMIS security infrastructure.<br>• Develop and execute corrective action plans as needed<br>• Research incident reports and possible security breaches |
| **Project Management Analyst** | • Review and confirm the project approach, staffing, responsibilities, and schedule<br>• Develop and/or review estimates and estimating assumptions for the project's schedule, effort, and cost using established estimating models, best practices, and past experience. The resulting estimates account for activities in the project scope, including project management and application development tasks, software quality assurance reviews, and vendor and contract management activities.<br>• Measure and monitor progress at clearly defined points in the process to ensure that the project is delivered on time, within budget, and that it meets or exceeds expectations<br>• Participate in quality management reviews<br>• Review and manage all changes to the requirements through a formally defined scope change process |

| Position / Role | Responsibilities |
|---|---|
| **Work Plan Specialist** | • Review estimates and estimating assumptions for the project's schedule, effort, and cost using established estimating models, best practices, and past experience<br>• Measure and monitor progress at clearly defined points in the process to ensure that the project is delivered on time, within budget, and that it meets or exceeds expectations<br>• Revise and maintain the Project Plan, including the configuration management, risk management, project measurement, and quality management plans<br>• Participate in quality management reviews |
| **Business Analyst** | • Work with users and team member to define business requirements<br>• Coordinate with users to define information needed for design, development, and implementation of changes and enhancements<br>• Coordinate deliverable or work product reviews<br>• Support PMO projects and follow standards and procedures<br>• Work with PMO and users to coordinate change requests<br>• Assist in troubleshooting issues and problem solving and communicate to users<br>• Assist in training staff on operations, processes, and procedures<br>• Support testing and release activities including reviewing test plans and test cases<br>• Report on activities |
| **Business Configuration Analyst** | • Participate in requirements and design activities<br>• Perform analysis of requirements/design and determine configuration specifications<br>• Configure software<br>• Participate in software unit testing for configured components<br>• Develop test plans and test cases<br>• Assist in system and integration testing<br>• Correct discrepancies and defects found during testing |
| **Developer** | • Participate in requirements and design activities<br>• Perform analysis of requirements/design and determine coding specifications<br>• Code software<br>• Participate in software unit testing<br>• Participate in software code walkthroughs<br>• Develop test plans and test cases<br>• Assist in system and integration testing<br>• Correct discrepancies and defects found during testing |
| **EDMS Business Analyst** | • Work with IME business units to develop requirements for the EDMS and associated workflows<br>• Document requirements, design and develop perform activities for the EDMS component<br>• Develop test plans and test cases to test all EDMS functions<br>• Develop operational procedures and user materials<br>• Assist in the development of EDMS training materials<br>• Assist in data conversion activities as needed |
| **Business Analyst - Tester** | • Develop test plans and test cases<br>• Execute system and integration test cases<br>• Log and track defects found during testing<br>• Work with Developer and/or Configuration Analyst to resolve defects found during testing<br>• Coordinate User Acceptance Test and Operational Readiness Test |

| Position / Role | Responsibilities |
|---|---|
| **Development Lead** | • Lead the development team through the detailed design of application and technical architecture components<br>• Configure, build, and test the application or technical architecture components, as necessary<br>• Work with developers, designers, and architects to make sure that the configuration and custom components meet application requirements and performance goals.<br>• Inform the project manager of any issues that may affect any other areas of the project<br>• Participate in transitions of the application or technical architecture components to the testers<br>• Ensure documentation is completed and delivered |
| **Business Solution Manager** | • Coordinate the review of analysis and design deliverables to ensure application meets the Department's needs<br>• Participate in quality management reviews<br>• Determine how the new application impacts the application management organization<br>• Serve as a liaison between the application development/configuration and the application management groups, ensuring that their needs and expectations are met by the application development project<br>• Manage all service introduction tasks and resources, providing timely feedback<br>• Ensure that all requirements, service introduction plans, and commitment changes are communicated to all affected team members<br>• Resolve issues, escalating to senior management as appropriate |
| **EDMS Lead** | • Work with IME business units to develop requirements for the EDMS and associated workflows<br>• Review and be responsible for the overall development and integration of support requirements for the EDMS<br>• Ensure that all requirements, service introduction plans, and commitment changes are communicated to all affected team members<br>• Resolve issues, escalating to senior management as appropriate<br>• Report on EDMS status and progress |
| **Database Administrator** | • Data modeling and database management<br>• Systems data analysis<br>• Database maintenance and monitoring<br>• Physical and logical data design |

## Operations Phase Organization Chart

The MMIS Operations organizational structure is realigned from the Start Up and Implementation phases to effectively address critical events such as Operational Readiness, achieving performance baselines, achieving CMS Certification and firmly establishing maintenance procedures and management operations.

**During Operations, the Accenture Team Supports the Following IME Department Functions**

- Provider Services
- Member Services
- Pharmacy Medical Services
- Medical Services
- Revenue Collections
- Program Integrity
- Data Warehouse
- Provider Cost Audits / Rate Setting
- Pharmacy POS

Accenture proposes a knowledgeable, well-organized, and effective team of specialists in Medicaid business and systems operations. This highly qualified team includes personnel who have Iowa-specific experience, and deep skills for the successful and consistent administration of APHP and related services. We believe in nurturing strong relationships with the Department, all IME business units, and the provider and member communities during the Operations Phase.

The Accenture Team focuses on maintaining and building strong relationships to deliver efficient and effective operations. The organizational structure of the Operations Phase is designed to provide the Department with a team to maintain APHP and support the innovative business model of the IME, and perpetually supports the current and future innovative programs of Iowa Medicaid.

The Accenture Team delivers an operational organization that is current with federal initiatives, such as new MITA guidelines, and is adaptive to new challenges such as health reform, and information and insurance exchanges. Both the Accenture Team and APHP evolve as the health care industry and Iowa Medicaid programs evolve.

We achieve this high level of operational capability through configurable, rules based technology, and an operational organization that consistently meets performance standards, providing all Iowa Medicaid stakeholders with the support and services they need. Working with the Department, we continually transition knowledge to the IME and our operations personnel throughout all phases instead of waiting until the completion of each phase.

Figure 6 - 29 shows how the Accenture organization is structured to carry out the activities of this phase.

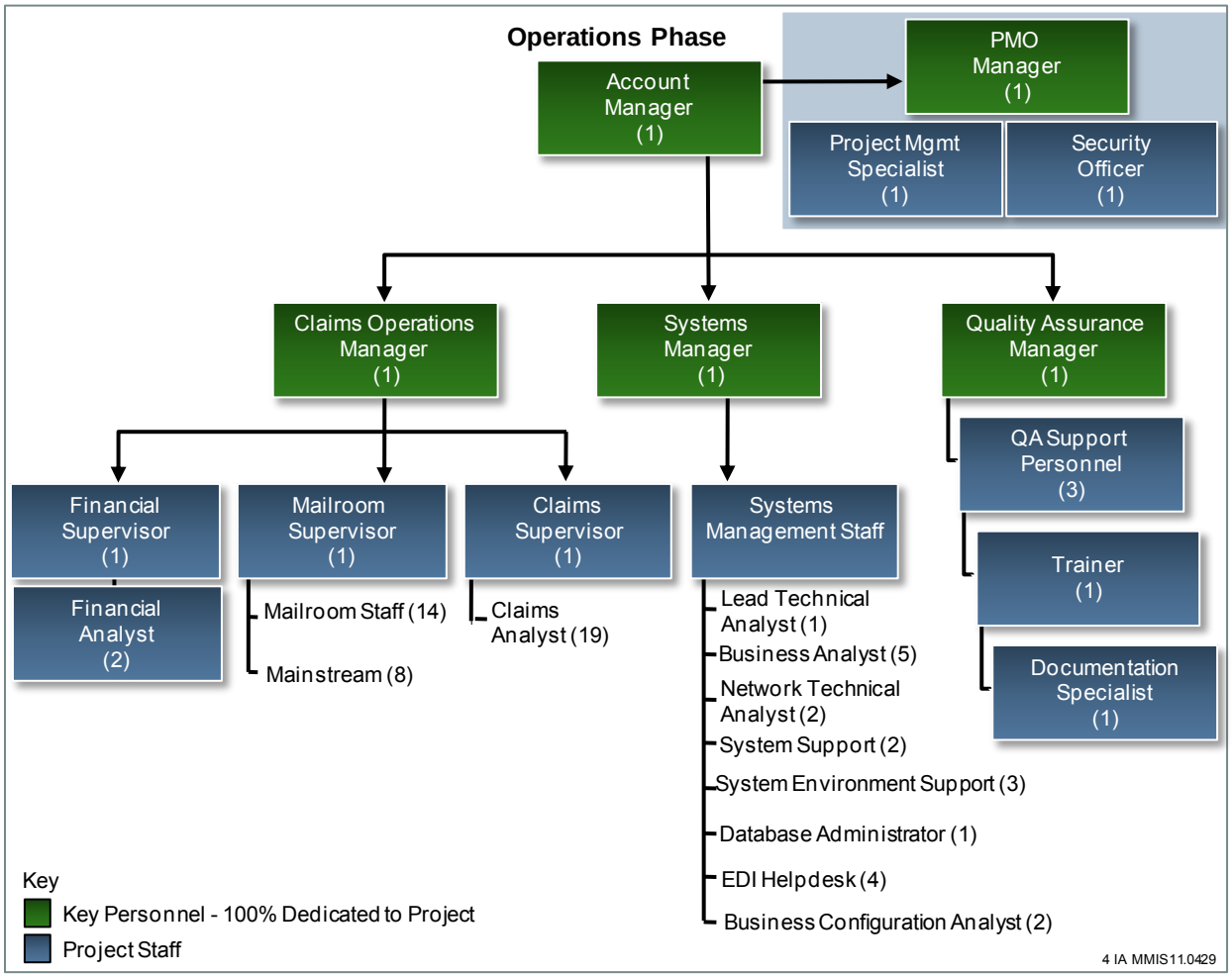


*Figure 6 - 29. During the Operations Phase, the Accenture Team establishes mature project operations, and is well positioned to evolve with changing requirements.*

## Named Key Personnel - MMIS Operations Phase

The Accenture Team brings many of the key operational positions on board during the Start Up and Implementation phases and transitions them into the MMIS Operations phase. This approach confirms that these individuals obtain a thorough understanding of the management business processes and the supporting technology. The Accenture Team, being experienced with developing and documenting operational processes, is equipped with the ability to conduct knowledge transfers.

We plan to work with the Department and the incumbent vendor to identify and recruit key incumbent staff to seamlessly integrate into the Accenture Team. Incumbent staff joining the Accenture Team with knowledge and experience with the existing Core MMIS systems, data, and processes will minimize transition risk. In addition, ninety-eight percent of incumbent personnel to whom we extend offers accept and after two years of employment, 95 percent are still with Accenture.

As indicated in the table below, names, resumes and references for the required roles at the particular milestones specified in the RFP are provided.

| Position / Role | Key Personnel Name | Key Personnel Responsibilities |
|---|---|---|
| **Account Manager** | Patrick Dahlen | • Overall responsibility for success of the Iowa Medicaid Core MMIS contract throughout DDI and operations<br>• Primary point of contact for IME Management team<br>• Plan, evaluate, and manage compliance with contract responsibilities<br>• Maintain and promote a proactive solution oriented culture<br>• Evaluate and monitor subcontractor performance in meeting objectives<br>• Maintain budget and track costs<br>• Confirm proper staffing, training, and resources are available throughout operations<br>• Oversee quality assurance program<br>• Oversee risk management process<br>• Oversee change management process |
| **Project Manager for the Project Management Office** | **Jelane Johnson** | • Lead Accenture's PMO<br>• Communicate with the Department's PMO<br>• Report operational performances to Project Manager<br>• Submit and revise all project management plans<br>• Oversee all project related schedule activities<br>• Submit weekly and monthly status reports<br>• Create status meeting agendas and minutes<br>• Signoff on all deliverables prior to submission to the Department<br>• Oversee development of all project management plans<br>• Define processes, procedures and standards including change management, risk management, issue management, Systems Development Life Cycle (SDLC)<br>• Confirm adherence to the processes and procedures |
| **Claims Operations Manager** | To be named three months prior to MMIS Operations Phase start date. | • Oversee the Claims Operations Unit to ensure the unit is operating efficiently and achieving the desired outcomes<br>• Develop, coordinate, monitor and manage all mailroom and claims resolution activities<br>• Confirm adequate staffing levels to meet performance requirements and deliverables<br>• Confirm staff are provided the necessary tools and direction to effectively perform their duties<br>• Confirm proper and complete training initiatives are operating within the unit<br>• Confirm quality control and assessment measures are in place and performed as scheduled<br>• Monitor and report workload and performance measurements on a timely basis |

| Position / Role | Key Personnel Name | Key Personnel Responsibilities |
|---|---|---|
| **Systems Manager** | To be named three months prior to the MMIS Operations Phase start date. | • Manage all systems maintenance and modification;<br>• Implement and manage detailed activities relating to the disaster recovery plans and compliance with Administration Simplification Standard Transactions and Codes Sets and Privacy and Security mandated by compliance with HIPAA<br>• Oversee and manage the coordination, design, testing, and implementation of system changes and enhancements<br>• Supervision of system staff<br>• Coordinate, monitor, and manage resolution of maintenance activities for all Core MMIS application programs when production is interrupted<br>• Troubleshoot hardware and systems software as problems arise<br>• Oversee all operations environments<br>• Coordinate with subcontractor data centers<br>• Maintain Service Level Agreements (SLAs), monitor systems, conduct trend analysis<br>• Establish and maintain processes to monitor the systems in the production environment<br>• Oversee data and systems development activities<br>• Coordinate systems changes with business functional managers<br>• Participate in change management reviews |
| **Quality Assurance Manager** | Lisa McNeil | • Provide overall direction and oversight for all functions and operational activities related to quality assurance (QA)<br>• Oversee the creation of the QA Plan<br>• Oversee the development and maintenance of documented QA procedures incorporating Medicaid internal control processes<br>• Monitor adherence to program schedule, program standards, deliverables<br>• Monitor adherence to documented processes and procedures<br>• Develop corrective action plans as needed<br>• Submit recommendations for process improvements<br>• Communicate performance to PMO for reporting<br>• Review of scope management documentation<br>• Conduct process audits<br>• Notify appropriate managers of any problems through established quality management processes<br>• Oversee corrective action plans and confirm they are implemented<br>• Review initial schedules to confirm that they meet requirements<br>• Review all schedule updates |

## Minimum Categorized Staff - MMIS Operations Phase

The Minimum Categorized Staff qualifications and requirements have been reviewed and mapped to skill categories within Accenture's resource pool. Coupled with a plan to work with the Department and incumbent vendor to identify and recruit key incumbent staff, qualified candidates for these roles are drawn from Accenture's resource pool. The combination of current Accenture resources with key incumbent staff who join the team will well position the Accenture Team to conduct ongoing business operations that meet the needs of the Department and Iowa Medicaid population.

The Accenture Team is determined to build and provide a thriving and supportive environment as we work with the Department to deliver the new Iowa MMIS. We drive toward a winning solution for incumbent staff, the IME and ourselves.

| Position / Role | Responsibilities |
|---|---|
| ***Systems Management Staff*** | |
| **Lead Technical Analyst** | • Use techniques such as structured and network analysis and modeling to allow for optimal performance and plan system updates as needed<br>• Maintain system components with specific focus on EDMS, OCR and workflow<br>• Develop system requirements for change requests<br>• Determine procedures, processes, and data models needed to meet Core MMIS needs<br>• Research and analysis of upgrades to system hardware/software<br>• Troubleshoot and correct system problems<br>• Discuss system issues with management<br>• Provide reports on system performance and recommendations for improvements<br>• Support special projects as necessary |
| **Business Analyst** | • Assist in troubleshooting issues and problem solving and communicate to users<br>• Assist in training staff on operations, processes, and procedures<br>• Support testing and release activities including reviewing test plans and test cases<br>• Report on activities |
| **Network Technical Analyst** | • Review all performance measurements on a continual basis to confirm network throughput meets requirements<br>• Implement projects to enhance or upgrade network architecture as needed<br>• Research and recommend new network tools<br>• Perform regular system upgrades and maintenance<br>• Document all network requirements and update documentation as needed<br>• Support Electronic Data Interchange (EDI) Unit with troubleshooting and issues<br>• Research and resolve provider connectivity problems and questions<br>• Support programming and business functional teams with issues and problems |
| **Business Configuration Analyst** | • Configure or code software<br>• Correct discrepancies and defects found during testing |
| **System Support** | • Run batch and other jobs as scheduled<br>• Monitor system performance and work with Systems Group to adjust as needed<br>• Install regular upgrades to software and hardware<br>• Troubleshoot batch anomalies and resolve<br>• Coordinate testing of system upgrades<br>• Research system questions and issues<br>• Provide level 1 help desk support to Accenture and IME staff<br>• Support system access issues such as password re-sets<br>• Support testing activities |

| Position / Role | Responsibilities |
|---|---|
| **EDI Helpdesk** | • Respond to phone calls from providers and other trading partners regarding EDI issues<br>• Respond to questions submitted through the portal for providers and trading partners<br>• Assist trading partners and providers with testing EDI transmissions<br>• Track all inquiries and resolution through Customer Relationship Management (CRM) systems<br>• Help develop EDI outreach and training materials<br>• Work with Provider Field Representatives to convey ongoing issues for possible training initiatives<br>• Research complex inquiries and escalate as needed |
| **System Environment Support** | • Management of changes / fixes between environments or instances (i.e. Configuration Management and Change Control)<br>• Resolve issues and risks affecting the application<br>• Tools Architecture support<br>• Operation Environment Systems administration where appropriate<br>• Integration support with infrastructure group<br>• Communicate the technical support services available to the development teams.<br>• Provide periodic training on development environment tools<br>• Monitor development systems (e.g., development servers, network, etc.) and confirm availability<br>• Respond to help desk support requests, assign the requests to appropriate resources based on the technology area (hardware, software, desktop, connectivity, enabling technology, etc.), and ensure the requests are resolved in a timely manner<br>• Provide nightly back-up for development servers; ensure procedures are in place for back-up and restore in case of system failures |
| **Database Administrator** | • Data modeling and database management<br>• Systems data analysis<br>• Database maintenance and monitoring<br>• Physical and logical data design |
| ***Claims Supervisor*** | |
| **Claims Supervisor** | • Oversee the activities of the Claims Operations team<br>• Provide accurate workload reports to the manager on a timely basis<br>• Monitor and confirm requirements are met per guidelines<br>• Confirm staff members receive necessary training<br>• Confirm all documentation is current, correct, and available to all team members<br>• Coordinate with Quality Assurance personnel in the performance of their duties<br>• Collaborate with Quality Assurance personnel to design and implement process improvements |
| **Claims Analyst** | • Review and resolve claims suspended for edit resolution<br>• identify and report potential claims processing issues<br>• Process claim adjustment requests in a timely manner<br>• Identify and report potential adjustment issues<br>• Identify process improvement opportunities and initiate through established protocols<br>• Review and comprehend all performance expectations for a claims adjudicator<br>• Escalate problems as required<br>• Communicate ongoing issues or problems to Provider/Client Relations Unit for outreach and training activities<br>• Report possible fraud or abuse through established communications channels |
| ***Quality Assurance*** | |

| Position / Role | Responsibilities |
|---|---|
| **Quality Assurance Support Personnel - Analyst** | • Conduct quality review checks on frontline operational staff<br>• Conduct regular reviews of documents in electronic repository including operational procedures and other materials to confirm all are up to date and correct<br>• Assist with development of process review procedures and measures for incorporation into Quality Management Plan<br>• Document and report findings to appropriate management<br>• Provide feedback to staff on quality outcomes<br>• Participate in peer reviews and walkthroughs<br>• Perform review of provider training and outreach materials<br>• Recommend training courses to staff that may need a refresher<br>• Recommend process improvement initiatives to management |
| **Quality Assurance Support Personnel - Specialist** | • Be the liaison to the Change Management process to ensure systems management activities are adhering to established standards, processes, and guidelines<br>• Review deliverables and work products prior to submission to Department to confirm they meet standards<br>• Monitor the configuration management database and documentation repository to confirm it is kept up to date and maintained according to procedures<br>• Monitor project work plans and statuses on a regular basis to ensure activities are on track<br>• Review any needed CAPs and monitor the status through completion<br>• Recommend improvements to quality initiatives and performance monitoring<br>• Perform review of updated system manuals and documentation<br>• Perform review of provider training and outreach materials<br>• Participate in peer reviews and walkthroughs<br>• Assist with development of Quality Management Plan and performance measurements and metrics<br>• Produce reports discussing activities as needed |
| **Trainer** | • Develop knowledge transfer initiatives and material<br>• Coordinate knowledge transfer with each of the IME operational units<br>• Facilitate e-Learning techniques<br>• Work with designated trainers to develop materials<br>• Assist in conducting training to Accenture and IME staff<br>• Develop training curriculum and schedules<br>• Evaluate and report on training |
| **Documentation Specialist** | • Create and update operational procedure manuals<br>• Identify deficiencies and provide correction action plan through internal quality control reviews<br>• Maintain Department-approved documentation of methodology used and all performance standards<br>• Maintain and update the system design documentation, user manuals and data dictionaries for all systems |

| Position / Role | Responsibilities |
|---|---|
| ***Project Management Office*** | |
| **Security Officer** | • Develop specific security plan and disaster recovery plans/procedures for Iowa Medicaid Core MMIS project to confirm compliance with local, state and federal laws, standards and regulations.<br>• Develop and maintain Health Insurance Portability and Accountability Act (HIPAA) and privacy training materials<br>• Provide training on security and privacy<br>• Confirm HIPAA policies and procedures for handling protected health information are followed<br>• Conduct audits related to security compliance<br>• Responsible for the development and maintenance of policies, procedures, standards, awareness and training, identification and review of the Core MMIS security infrastructure.<br>• Develop and execute corrective action plans as needed<br>• Research incident reports and possible security breaches |
| **Project Management Specialist** | • Enter project management updates into the project repository and Accenture Delivery Tools (ADT)<br>• Capture and distribute PMO meeting minutes and action items<br>• Log risks and issues, and generate reports<br>• Assist IME staff in the use of ADT and ADM |
| ***Mailroom Supervisor*** | |
| **Mailroom Supervisor** | • Responsible for the overall mail handling function for all paper forms and correspondence<br>• Oversee on-line batch claim control files, including screening and the return of claims that fail the screening criteria<br>• Manage the incoming/outgoing of regular daily mail and small volume mailings<br>• Implement large volume mailings as directed by the Department<br>• |
| **Mailroom Staff** | • Receive and distribute all incoming/outgoing regular daily mail<br>• Log and Scan claims and documents<br>• Screen all claim documents and attachments<br>• Sort and batch claims by type<br>• Perform manual pre-screening functions<br>• Redirect inappropriate claims or documents to the appropriate area<br>• Perform verification of low confidence field<br>• Enter data as needed and resolve basic front end edits<br>• Cross train in other mailroom functions as appropriate |
| ***Financial Supervisor*** | |
| **Financial Supervisor** | • Lead Financial Analysts in the performance of their tasks<br>• Liaison with Department's banking entity and monitor electronic funds transfer<br>• Assist the Department, Division of Fiscal Management with monthly Title XIX recovery bank account if requested<br>• Oversee the tracing claims using ISIS tracking claims applications and authorizations through approval/denial<br>• |

| Position / Role | Responsibilities |
|---|---|
| **Financial Analyst** | • Track and reconcile replacement, returned, cancelled or expired warrants<br>• Record cash receipts and deposit within one business day<br>• Research unsolicited provider refunds<br>• Identify and report potential financial issues<br>• Review and comprehend all performance expectations for a financial analyst<br>• Escalate problems as required<br>• Identify process improvement opportunities and initiate through established protocols |

## Certification Phase Organization Chart

The Accenture Team is focused from day one on supporting the Department in its efforts to obtain MMIS Certification and to receive the maximum possible Federal Financial Participation (FFP). The MECT and State-specific requirements are tracked in Rational RequisitePro, which will provide the necessary tracking from Day One through each development phase leading up to the Certification review. We are confident that our APHP will provide Iowa with an MMIS that will be certified for full FFP from the first day of Operations.

Our Certification Manager monitors and assesses all Certification-related activities and identifies potential project risks, recommend risk mitigation methods and review all Certification-related deliverables. Proper alignment to the defined CMS certification protocol requirements is critical to the certification plan. Six months prior to the Phase date, the Certification Manager begins monitoring CMS certification protocol requirements through the Operations phase and culminating with the successful conclusion of the Certifications phase.

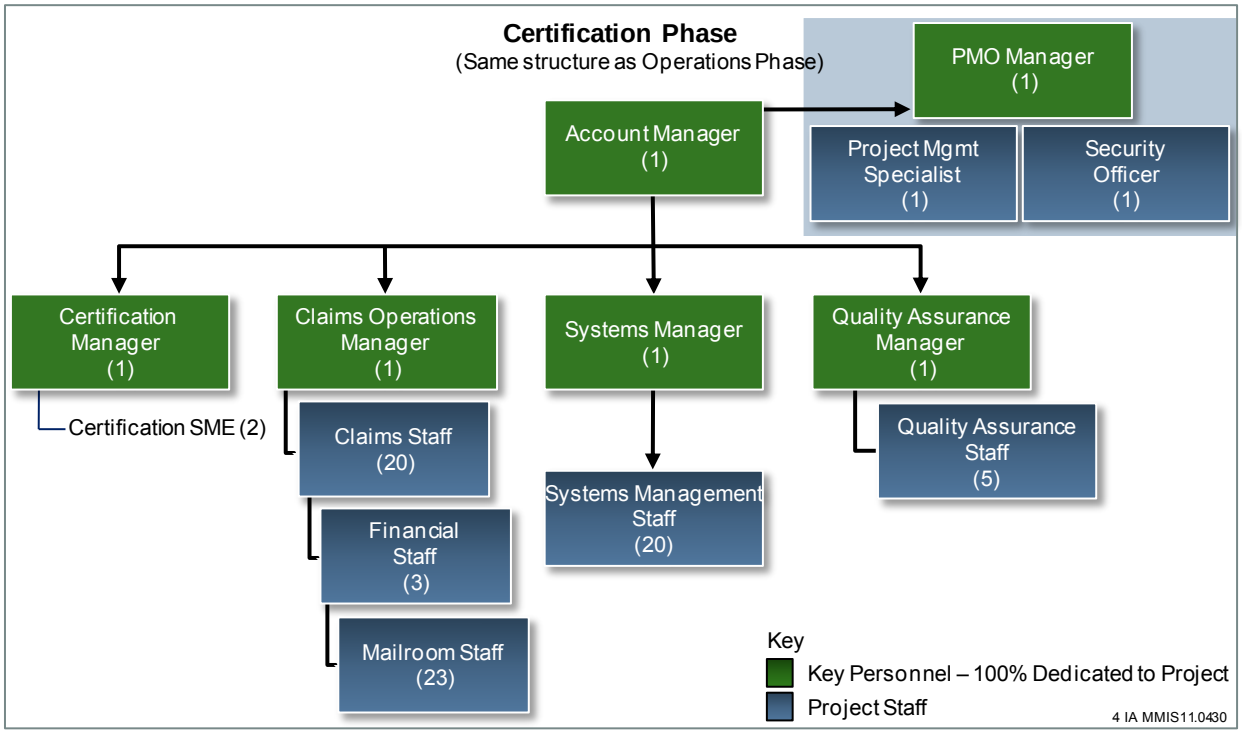


*Figure 6 - 30. The Certification Manager drives all activities related to successful, timely attainment of CMS Certification.*

The roles of the Certification Manager and support personnel and their reporting relationships during the Certification Phase are described in the following table, and represent additional personnel added to the base operations staff.

| Position / Role | Key Personnel Name | Key Personnel Role |
|---|---|---|
| **Certification Manager** | To be validated/named six months prior to the start of the Certification Phase | • Plan all certification activities, tasks, and resources in cooperation with the Account Manager, the PMO and the Department<br>• Update Federal Certification Plan<br>• Work closely with the PMO to monitor all certification tasks and statuses<br>• Work with the PMO to collaboratively track and mitigate risks/issues relating to the certification process<br>• Participate in requirements gathering, design, and test activities on an ongoing basis to confirm all certification checklist criteria are continually met<br>• Iteratively and regularly gather and promote certification documentation to the electronic repository<br>• Meet with the PMO and Department on a regular basis to discuss status<br>• Complete and assemble the required documentation to satisfy the following three certification phases: Certification preparation, CMS Certification Review Team's On-site visit, and CMS post review analysis and Department follow-up<br>• Participate in meetings with CMS as requested by the Department<br>• Assist the Department in demonstrating the system and answering questions<br>• Develop CAPs as needed and work with the PMO to implement corrective actions<br>• Monitor and report on any system corrections needed |
| **Certification Subject Matter Expert** | Vince Cain | • Coordinate activities with the Certification Manager<br>• Participate in meetings with Accenture and Department staff<br>• Provide guidance and certification training to project staff<br>• Iteratively and regularly gather and promote certification documentation<br>• Complete and assemble the required documentation |

## Turnover Phase Organization Chart

Should the Department award the subsequent contract to a new contractor, the Accenture Team conducts its responsibilities for the Turnover Phase in a collaborative and effective manner to ease the transfer of IME Core MMIS system and services.

The Accenture Team's approach is to co-develop a Turnover Plan with the Department and the new contractor. The plan details the activities and deliverables necessary to transition system and operational duties to the new contractor. In addition, complete sets of documentation and other materials necessary for the new contractor to be successful are provided as early as necessary in the process.

We will assign a Turnover Manager to guide and direct our activities and deliverables and to be the primary point of contact. The Accenture Team pledges to be cooperative, collaborative and communicative to promote a smooth, effective and successful Turnover Phase.

Following is the Turnover Phase organizational structure including a description of the Turnover Manager's role.

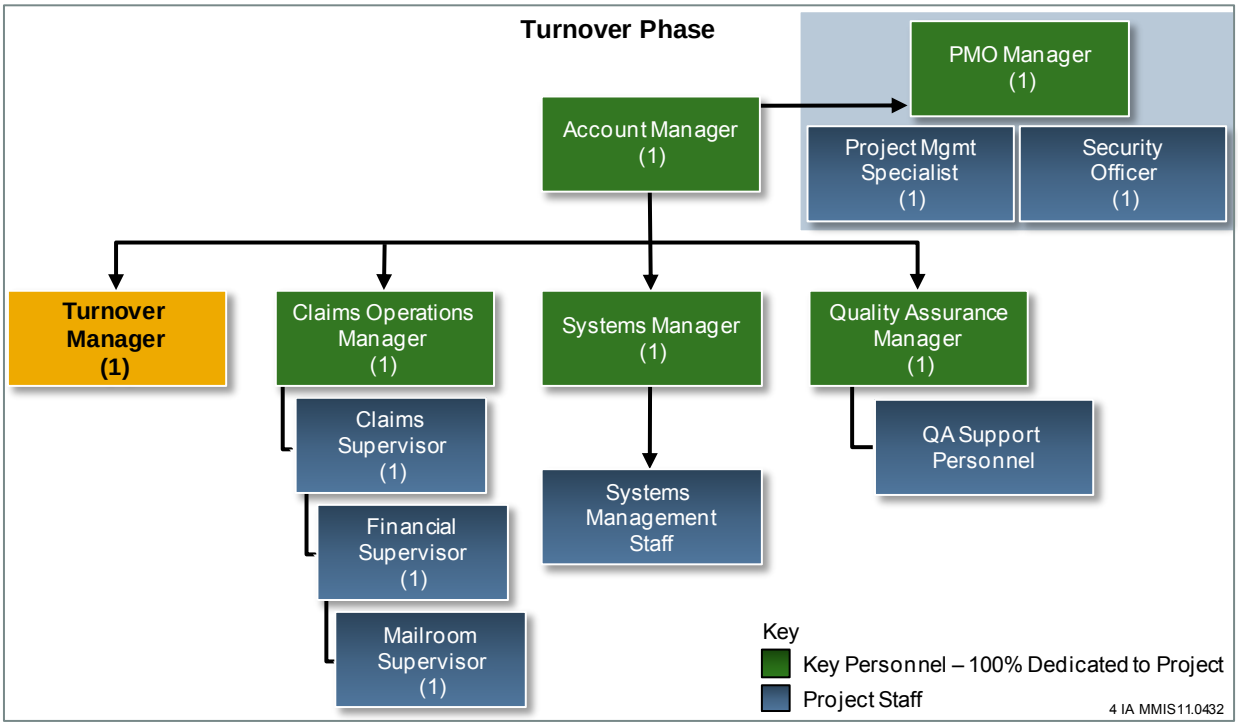


*Figure 6 - 31. In the event of Turnover, our Accenture Team is structured to effect a smooth, transparent transfer of operations.*

The role of the Turnover Manager is described in the following table, and represents additional personnel added to the base operations staff.

| Position / Role | Key Personnel Name | Key Personnel Role |
|---|---|---|
| **Turnover Manager** | To be named six months prior to the start of the Turnover Phase. | • Collaborate with Department and new contractor the planning of turnover activities, tasks, and resources in cooperation with the Project Manager and the PMO<br>• Work closely with the PMO to monitor all turnover tasks and statuses<br>• Work with the PMO to collaboratively track and mitigate risks/issues relating to the turnover process<br>• Gather and promote Turnover documentation to the electronic repository<br>• Meet with the PMO and the Department on a regular basis to discuss status<br>• Develop CAPs as needed and work with the PMO to implement corrective actions<br>• Monitor and report on any system corrections needed |

# 6.4 Staffing (9.2.7.2)

Bidders are to propose sufficient staff who have the requisite skills to meet all requirements in this RFP and who can attain a satisfactory rating on all performance standards. Unless otherwise specified by the bidder and approved in advance by the Department, staff positions are effective for the entire duration of the Project Phase. The Department encourages bidders to describe their approaches to acquiring qualified staff with experience in the IME. Special attention should be paid to retaining expertise that exists within the IME today.

**As a service based company, the Accenture Team's product is our people. Our philosophy is to attract the best people, treat them well, challenge them with important work, and empower them with the authority to succeed. The active practice of this philosophy has resulted in numerous recognitions of Accenture as a highly ranked employer of choice.**

This approach has been, and continues to be, a key differentiator for our ability to attract and retain the best and the brightest. We have made substantial investments in building the core skills of our workforce-helping our people work together based on the methods we have developed for successful client engagements.

**Top Employers Attract Talented People**

- Accenture has re-hired more than 30,000 incumbent personnel from more than 130 clients; of these, 98% accepted our offer of employment and more than 95% are with us after two years.
- Accenture named to Fortune's "100 Best Companies to Work For" list for the 3rd consecutive year (2009, 2010, 2011).
- Accenture earned "Best Place to Work" awards in all geographies.
- Accenture made Fortune's list of "World's Most Admired Companies" for 6th straight year (IT Services category).

Accenture administers a multi-faceted approach to acquiring qualified staff with experience in the IME. The key elements of this plan include establishing and maintaining an experienced leadership team; recruitment and development of IME incumbent staff; partnership with S2 Tech, a proven IME resource; Accenture's talent pool; and active marketplace recruitment activities.

We have carefully selected a highly skilled and qualified leadership team that meets or exceeds RFP requirements. This team is committed to molding itself around the Iowa Medicaid Enterprise and working collaboratively across all business areas to deliver the industry's first truly COTS-based Medicaid Management Information System (MMIS) that is not tightly bound together, or simply a legacy MMIS re-tooled with non-legacy programming languages. The Accenture Team will deliver a true groundbreaking solution.

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*Figure 6 - 32. Accenture brings to the IME a proven culture for attracting and retaining talented people.*

## Active Recruitment of IME MMIS Incumbent Staff

Accenture recognizes the desire and importance of retaining the intellectual knowledge and experience that has developed over the years. For this reason, we have always aggressively recruited and hired incumbent staff. We use our proven mobilization techniques to seamlessly transfer incumbent staff and retain talent essential to the IME. The institutional knowledge acquired by supporting a complex program such as the Iowa Medicaid Enterprise is essential to providing the stability and familiarity of knowledgeable resources. Accenture has the experience and the plan to do this for the IME. We have re-hired more than 30,000 people from more than 130 clients; of these, 98% accepted our offer of employment and more than 95% are with us after two years.

Existing IME staff and S2Tech personnel represent the IME intellectual capital for the Department. S2Tech has been a trusted and highly valued part of the IME, as they provide key MMIS services. Accenture has partnered with S2Tech to retain key staff currently serving the IME. Preliminary transition planning has already occurred between S2Tech and Accenture for key technical staff members; Harish Chhatlani, Shyam Chilakamarri, Amit Jain and Ravi Perumal. Accenture has also formalized arrangements with Mainstream to continue to provide their services to the IME Project. Additional information regarding S2Tech and Mainstream is found in Section 6.6 Subcontractors, including a letter showing S2Tech's support of Accenture in this bid.

We recognize that incumbent staff may experience some anxiety following the initial announcement of an impending project transition. Almost immediately, there is speculation about the new service provider, how their jobs are affected, decisions that are possibly being made about incumbents, and individual choices they may be required to make.

Accenture's intent is to immediately activate a two-way communication system to address the inevitable questions. Our objectives throughout this process are to dispel incumbent staff concerns, maintain and enhance their individual sense of value, provide options that are of benefit to them, and help them

appreciate the caliber of Accenture, as evidenced by its high ranking and recognition among the top employers worldwide.

We have successfully rehired thousands of incumbent staff from hundreds of clients, and historically have sustained high annual retention rates among these incumbent groups. Historically 98% of incumbents choose to join Accenture and 95% remain with us after two years. The guiding principles of our mobilization techniques include being strategic, purposeful, and respectful as we transition incumbent resources over to the activities of the Start Up and Implementation phases. The plans for transitioning staff will be circumspectly designed so as not to leave gaping holes in the incumbent contractor's organization, affecting their ability to maintain operational performance standards. Rather, we gradually transition incumbent staff as appropriate, and complete the transition during the implementation phase.

We are determined to build and provide a thriving and supportive environment as we work to deliver the Accenture Public Health Platform to the new IME MMIS. Ultimately, we drive toward a winning solution for incumbent staff, the IME and Accenture.

Our array of outstanding employment practices, including those referenced below in Table 6 - 15, serve as a strong foundation for recruitment, development and retention of highly skilled and talented professionals.

| Recruitment | Training | Retention |
|---|---|---|
| • Hire for long-term careers, not simply for specific contracts<br>• Use various sourcing options (career Web sites, career fairs, special college programs)<br>• Focus recruitment process on skills, background checks, scenario-based behavioral interviews, and formal on-boarding program | • Provide average of 40 hours of core professional training and 40 hours of skills training annually<br>• Created training curriculum that includes core, required, recommended, and elective courses by career level and workforce<br>• Pay for employee certification and recertification activities<br>• Provide training credits for Project Management Professional (PMP), Certified Information Systems Security Professional (CISSP), and other certifications<br>• Created Knowledge Exchange, Center for Learning Innovation, and Accenture Technology Labs to help employees remain current with technological advancements | • Provide compensation package that for most employees includes salary, 401(k) and match, benefits, profit-sharing, and discounted price equity<br>• Offer company-sponsored professional certifications<br>• Offer various work/life balance programs such as telework and modified work week<br>• Established award-winning culture and work environment (listed as one of Fortune Magazine's "100 Best Companies to Work For" for three consecutive years, 2009, 2010, and 2011<br>• Accenture has re-hired more than 30,000 people from more than 130 clients; of these, 98% accepted our offer of employment and more than 95% are with us after two years. |

*Table 6 - 15. Accenture's outstanding employment practices are key differentiators for our ability to attract and retain the best and the brightest.*

Accenture's personnel retention strategy focuses on performance ratings and compensation, career progression, professional training, and work/life balance. As summarized in Table 6 - 1, part of our retention approach involves closely monitoring employee engagement, or the state of emotional and intellectual commitment that an individual has to a group.

We conduct an annual employee engagement survey that enables us to monitor our employees' engagement levels and design programs for continuous improvement that ultimately provide greater value for our clients.

| Staff Engagement and Retention Initiatives | Positive Outcomes |
|---|---|
| • Annual Performance Feedback, Rating and Compensation.<br>– Tied directly to contractual performance measures and role objectives.<br>• Annual rating and incentive compensation for our managers are also tied to staff satisfaction surveys. | • Provides each staff member constructive feedback on a regular basis, emphasizing improvement action plans and measurable performance metrics for individual performance.<br>• Annual rating is the primary determinant of the individual's annual compensation, bonuses, and career progression.<br>• Aligns goals of IME with goals of the Accenture leadership and staff. |
| • Career Progression Objectives – All staff set annual and measurable career objectives and work closely with supervisors and career counselors to achieve these results throughout the year. | • Encourages career growth opportunities for technical staff to perform and remain with the project. |
| • Professional and IME-relevant Training – Building and enhancing skills through both formal professional training and IME role cross-training and knowledge transfer. | • Improves talent pool and drives retention and career growth opportunities.<br>• Mitigates the risk of program disruption when unexpected turnover occurs. |
| • Global Engagement Survey and Client-site employee satisfaction surveys – Anonymous and scheduled surveys are analyzed by the Accenture leadership team. | • Provides real-time view of the team's satisfaction levels on all aspects of the program.<br>• Triggers action plan by Accenture leadership and staff-action teams to take proactive measures to improved concern areas.<br>• Survey results are tied to the leadership team's annual contribution rating and compensation plan. |
| • Spontaneous award and performance recognition programs. | • Enables leadership and peers to award both monetary-based and spontaneous recognition of above-and-beyond performance or activities. |
| • Formalized Mentoring Program – Pairs up mentees with higher-level staff to encourage experience sharing, orientation and career guidance. | • Enables team members formal avenue for mentoring outside of direct supervisor.<br>• Encourages career reflection, career guidance, and experience-sharing. |

*Table 6 - 16. Accenture has a proven track record of successful engagement and retention initiatives beyond annual Performance Feedback, Rating and Compensation.*

We also maintain a compelling compensation package for our skilled personnel. For most employees, this consists of salary, performance bonus, share purchase program, 401(k) and match, and profit share program.

Accenture focuses on both the person and the position. Often the talent resides in a particular individual who has numerous skill sets that are valuable in a number of positions. Likewise, certain positions serve as good "training grounds" for future roles, equipping all resources with a wide range of skills to prepare them for a number of potential roles.

An example of how different skill sets can be nurtured to provide career progression is provided in Figure 6 - 33.

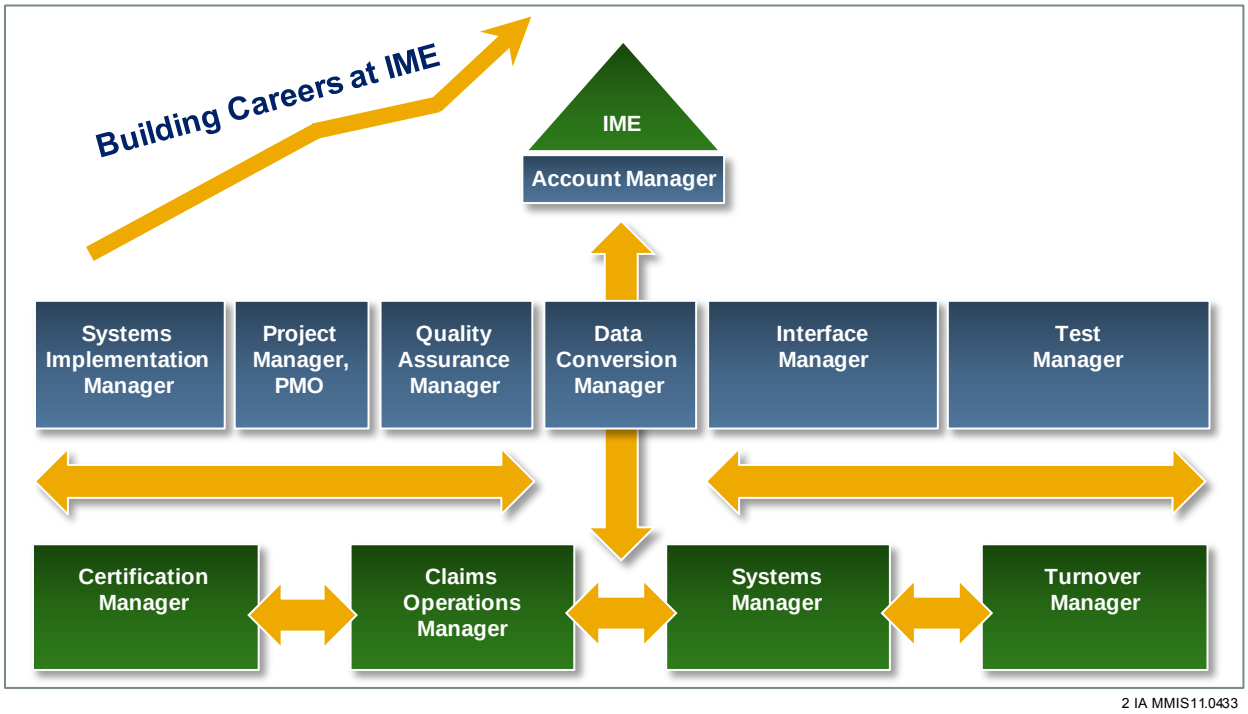


*Figure 6 - 33. Career planning provides the Department with availability of people who are knowledgeable, skilled, and committed.*

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# 6.5 Key Personnel (9.2.7.3)

The bidder must provide resumes and references for all identified key personnel, including the bidder's account manager who will be involved in the Implementation Phase contemplated by this RFP. Resumes and references must meet the requirements of section 5 General Requirements. All staff identified as key personnel must be employees of the bidder, unless specified otherwise by the key personnel subsections of the RFP.

**This section presents Accenture's Key Personnel as specified in the RFP. While we have met the RFP requirement that Account Manager and PMO Manager be employed by Accenture on date of proposal submission, we are proud to state that virtually all named Key Personnel are currently employed by the Accenture Team. This leadership team is a highly cohesive group that has successfully worked together on previous projects. They are 100% committed to the Iowa Medicaid project throughout its lifecycle, and are prepared to serve from Day One.**

Accenture creates a plan for designating job rotations and coverage of sensitive positions. This plan will facilitate the necessary knowledge transfer and training so an individual in a sensitive role can be absent on consecutive days without their responsibilities going unfulfilled.

In Table 6 - 17 below, we highlight the experience and qualifications that our key staff members bring to the project. We provide detailed information in the resumes that follow.

| Key Staff | Experience |
|---|---|
| **Patrick Dahlen**<br>**Account Manager** | Leading our team is Patrick Dahlen as Account Manager. A native Iowan, Patrick has lived in Des Moines for decades, earning both his BS and MBA at local universities. Patrick brings over 6 years account management experience specifically on Iowa Medicaid, and 20 years experience with large-scale enterprise wide systems in medical and claims processing. A seasoned, resourceful executive, Patrick is a strong leader, team builder and coach who has shared his knowledge by developing curriculum and teaching these skills through his role with both the William Penn and Upper Iowa Universities as Adjunct Professor. |
| **Robert Carrico**<br>**Systems Implementation Manager** | Our Systems Implementation Manager, Robert Carrico, brings more than 18 years of technical project management experience with Medicaid processing systems and more than 21 years experience in the development and operation of large-scale data processing systems. His Medicaid background includes MMIS specific assignments with the states of Indiana, Wisconsin. Most recently, his other Medicaid experience includes completion of the TMHP project and application development for the DDI phase of Compass21 for the Texas Medicaid. With Robert, the Department project will have a proven, dedicated veteran as a leader in the delivery of the new IME MMIS. |
| **Jelane Johnson**<br>**Project Manager, PMO** | Accenture's Project Manager for the PMO, Jelane Johnson, has more than five years experience with Medicaid systems, including serving as Project Manager for the Kentucky Medicaid Operational Support Services (MOSS) PMO. Jelane is an experienced project manager with a 10-year background in technical architecture design and implementation, including nine years in developing and operating large-scale data processing systems. A certified project management professional (PMP), Jelane's diverse background also includes projects with both the U.S. Air Force and financial services clients. |
| **Lisa McNeil**<br>**Quality Assurance Manager** | Accenture's proposed Quality Assurance Manager, Lisa McNeil, offers a strong background in quality assurance and website copywriting combined with excellent academic training and technical certifications in the IT field. Lisa brings a solid six years progressively responsible quality assurance experience with Medicare systems to her overall direction to the quality and quality assurance of the new IME MMIS. During her career, she has consistently been recognized for technical troubleshooting as well as authoring detailed Standard Operating Procedures used to secure ISO:9001 certification for a large Medicare claims contractor for |

| Key Staff | Experience |
|---|---|
| | the state of North Carolina. A Certified Professional Coder (CPC), Lisa is currently pursuing a BS in Health Informatics. |
| **Sean Hiatt**<br>**Data Conversion Manager** | As our Data Conversion Manager, Sean Hiatt's broadly based experience brings a unique capability to the IME Key Personnel team. Sean joins our team as part of S2Tech who has been working with IME for eight years. An executive level IT manager and certified PMI Project Management Professional, Sean Hiatt brings 13 years of Medicaid knowledge gained through involvement in numerous MMIS implementations across 10 different states. Sean has led teams responsible for the creation, initiation, staffing development, and ongoing management of comprehensive Data Services groups. Sean's expertise includes COBOL, CICS, PowerBuilder, Java, PLSQL, Informatica, Talend, Oracle Warehouse Builder, Oracle Data Integrator, and Camouflage. More recently, he designed and developed the time entry and tracking system currently in use through the Government Healthcare line of business. |
| **Pamela Gifford**<br>**Interface Manager** | Pamela Gifford, our proposed Interface Manager, has over 30 years experience in mainframe legacy systems modernization, IMS, ETL, and DSS warehouses including more than 22 years in developing and operating large-scale data processing systems including system interfaces. Pam's more than 6 years experience with Medicaid includes developing and implementing several installations of Electronic Medication Administration Record (EMAR) for New Hampshire and Wyoming. This project included developing data mapping, business rules, technical specifications, use cases, system flows, interface mappings and delivery documents. Ms. Gifford has more than six years of experience in data conversion, more than three years of experience with systems integration, and about seven years of experience with messaging. Her experience is augmented with a Master of Healthcare Administration, a Master of Business Administration, and a certified Project Management Professional. |
| **Zachary Rasmussen**<br>**Testing Manager** | Another native Iowan, Zach Rasmussen has deep family ties in the Des Moines area. With a BS in Computer Science/Mathematics from the University of Iowa, Zach Rasmussen brings over 10 years experience with large scale government health services systems for the states of Texas and New Mexico to his role as Testing Manager for the new IME MMIS. His experience includes system wide requirements analysis, testing design, and implementation as well as issue/risk management, test plan creation and execution, technical documentation, and project planning. With Zach, the Department is getting a rock solid resource to oversee the overall strategic planning for projecting testing results. |

*Table 6 - 17. The Accenture delivery leadership team brings direct Iowa Medicaid program knowledge and experience, a thorough understanding of the requirements, and very successful large-scale Medicaid development, implementation, operation, and enhancement experience.*

## Resumes and References

Resumes and professional references for all named key personnel begin in Section 6.5.1.1.

### 6.5.1.1 Account Manager - Patrick Dahlen

| Patrick Dahlen<br>*Account Manager* | |
|---|---|
| ***Role Description*** | As Account Manager, Patrick Dahlen will have overall responsibility for the success of the Iowa Medicaid MMIS project throughout implementation and operations. He will be the direct interface with the Department leadership team communicating on a regular basis, and maintaining and promoting a proactive solution-oriented culture. |
| ***Key Qualifications*** | • Over 20 years account management experience defining strategic objectives and applying leadership skills to achieve projected objectives<br>• Over 6 years senior supervisory experience with Iowa Medicaid systems and processes<br>• Senior executive with exceptional strengths in developing long term client relationships, implementing new products and solidly supporting IT services.<br>• Adept at analyzing challenging problems and implementing solutions that are cost-effective, easily maintained and "right the first time".<br>• Recognized for ability to partner with business and government leaders to plan, integrate and execute complex projects on time and on budget. |
| ***Employer(s) for Past Five Years*** | |
| *(08/2011 - Present)* | • **Accenture** |
| *(02/2007 - 08/2011)* | • **Affiliated Computer Services** |
| *(06/2006 - 02/2007)* | • **Noridian** |
| ***Employment History for Relevant and Related Experience*** | |
| *Accenture*<br>*Account Manager*<br>*(08/2011 - Present)* | **Iowa Medicaid Enterprise System Services**<br>• Providing expertise and consulting services in delivery of the Accenture Public Health Platform (APHP) |
| *Affiliated Computer Services*<br>*Account Manager*<br>*(02/2007 - 08/2011)* | **Iowa Medicaid - Health Insurance Exchange, Electronic Medical Records, Care Management, Managed Care, HIPPA 5010, Services (CHFS)**<br>• Led team responsible for over $1 billion of healthcare-related government infrastructure proposals<br>• Developed marketing and technical solution strategies for healthcare informatics.<br>• Led project teams, which included multiple vendors, through requirements analysis, design, build, test, and deployment of the solutions |
| *Noridian*<br>*Account Manager*<br>*(06/2006 - 02/2007)* | **Iowa Medicaid**<br>• Developed and maintained client business partnership at the highest executive level<br>• Re-engineered business processes and initiated the use of open source technology to realize significant annual savings<br>• Supported collaborative environment with IME partners to deliver service excellence. |
| *Fox Systems*<br>*Project Manager*<br>*(02/2006 - 06/2006)* | **Iowa Medicaid**<br>• Project Lead for Iowa Medicaid National Provider Identifier (NPI) project |
| *GHS Data Management*<br>*Operations Director*<br>*(07/2005 - 02/2006)* | **Iowa Medicaid**<br>• Managed Pharmacy Benefits Management (PBM) team and call center<br>• Directed integration project for PBM and MMIS interfaces |
| *Affiliated Computer Services* | **Iowa Medicaid** |

## Patrick Dahlen

*Account Manager*

| | |
|---|---|
| *Account Manager*<br>*(08/1999-07/2005* | • Managed the Iowa MMIS transition<br>• Led project teams, which included multiple vendors, through requirements analysis, design, build, test, and deployment of the solutions |
| *Automatic Data Processing*<br>*Project Manager*<br>*(05/1998 - 08/1999)* | **Benefits and Payroll System**<br>• Led team administering benefits and payroll for 160,000 employees of major telecommunications company<br>• Standardized and implemented a systematic change control process.<br>• Salvaged and retained relationship with a difficult client.<br>• Consistently met high-volume objectives while cutting costs by 10% |
| *Adjunct Professor*<br>*(02/1999 - 12/2005)* | **William Penn University**<br>• Designed and taught curriculum for Bachelors and Associate Degree programs: Contemporary Management Theory, Lean Management Theory, Leadership, Systems Integration, Systems Analysis and Design, Database Administration, Operating systems and Networks, Small Systems Technology, Internet Development, Microsoft Office, and Business Ethics |
| *Adjunct Professor*<br>*(05/2000 - 12/2005)* | **Upper Iowa University**<br>• Designed and taught curriculum for Bachelors and Associate Degree programs: Contemporary Management Theory, Lean Management Theory, and Leadership |
| *The Principal Financial Group*<br>*System Developer*<br>*(04/1993 - 05/1998)* | **Global Services**<br>• Led development team for Principal Global Services<br>• Implemented global insurance application on time and within budget |

***Education, Certifications, and Affiliations***

- MBA, Marketing/Management Information Systems, Drake University
- BS, Business Administration, Upper Iowa University
- AS, Information Technology, North Iowa Area Community College

## Candidate Professional References

# Patrick Dahlen

*Account Manager*

***Past five years of professional experience:***

- Accenture (August 2011 - Present), Account Manager - Direct contract-wide activities on the IME MMIS Project upon contact award.
- Affiliated Computer Services (February 2007 - August 2011), Account Manager - Iowa Medicaid, Led team responsible for over $1 billion of healthcare-related government infrastructure proposals.
- Noridian (June 2pp6 - February 2007), Account Manager - Iowa Medicaid, Supported collaborative environment with IME partners to deliver service excellence.

| **First Professional Reference** | | | | | |
|---|---|---|---|---|---|
| Name: | Mark Pitcock | Title: | Bureau Chief HSD | Company: | New Mexico Human Services Department |
| Email: | Mark.Pitcock@state.nm.us | | | Phone: | (505) 217-5024 |
| Mailing Address: | 2009 South Pacheco Street, Santa Fe, MN 87504 | | | | |
| **Second Professional Reference** | | | | | |
| Name: | Lee Prosch | Title: | Managing Partner | Company: | Prosch Consulting |
| Email: | lprosch@proschconsulting.com | | | Phone: | (630) 701-9030 |
| Mailing Address: | Prosch Consulting, 1060 Lake Street, Suite #201, Hanover Park, IL 60133 | | | | |
| **Third Professional Reference** | | | | | |
| Name: | Kristin Danielson | Title: | Implementation Director | Company: | Xerox |
| Email: | Kristin.danielson@acs-inc.com | | | Phone: | (804) 965-8109 |
| Mailing Address: | 2810 North Parham Road, Suite 210, Richmond, VA 23294 | | | | |

*Note: The Iowa Department of Human Services reserves the right to check additional personnel references.*

### 6.5.1.2 Systems Implementation Manager - Robert Carrico

| Robert D. Carrico<br>*Systems Implementation Manager* | |
|---|---|
| ***Role Description*** | Robert Carrico's general responsibilities include planning and coordinating all implementation tasks, including oversight of all New MMIS training activities. His responsibilities include supporting regular communications with key stakeholders, and reviewing project deliverables to confirm completeness, quality and compliance with established project standards. |
| ***Key Qualifications*** | • More than 18 years of Medicaid system design and management experience<br>• Managed several Medicaid claims processing systems, most recently the Texas Medicaid MMIS<br>• More than 21 years system design including development and operation of large-scale data processing systems<br>• More than 10 years project management experience including completion of the TMHP project |
| ***Employer(s) for Past Five Years*** | |
| *(06/2003 - Present)* | • **Accenture** |
| ***Employment History*** | |
| *Accenture*<br>*Project Manager*<br>*(06/2003 - Present)* | **Texas Medicaid**<br>• Responsible for development teams supporting all internal and external client facing applications including portal and web applications, data warehouse reporting and dashboards, PMO and call center applications, and internal desktop applications (long term care, acute care user interfaces)<br>• Led Security Task Force in the establishment of process and procedures for issuing user IDs and passwords for user applications across the enterprise<br>• Led the Interface Task Force responsible for transitioning over 950 electronic interfaces with 18 different interface partners from the incumbent contractor to TMHP<br>• Acted as Technical Liaison in transitioning the Compass21 claims processing system to TMHP<br>• Served as Project Adviser for the transitioning of the Texas Medicaid contract from an insured arrangement to a Fiscal Agent contract |
| *Electronic Data Systems*<br>*Project Manager*<br>*(11/1997-06/2003)* | **Texas Medicaid**<br>• Managed application development during the system implementation phase of Compass21 for Texas Medicaid<br>• Implementation manager for the Texas Data Warehouse and Ad-hoc query platform<br>• Responsible for project scheduling, customer interface, status reporting to CIO, profit and loss management, vendor relationships, and contract compliance scope control |
| *Electronic Data Systems*<br>*Project Manager*<br>*(10/1995-11/1997)* | **Texas Department of Health - Texas Immunization Tracking System**<br>• Set overall technical direction and provided leadership in technical assessment and needs identification for ImmTrac, a statewide system developed for Texas Department of Health that is used by public and private health offices<br>• Managed software development team and help desk staff<br>• Responsible for project profit and loss, costing, project scheduling, and overall contract management |
| *Cybex Techologies* | **Semiconductor Plan Automation** |

| Robert D. Carrico<br>*Systems Implementation Manager* | |
|---|---|
| *Corporation Analyst/Team Lead (10/1994-09/1995)* | • Developed automated machine control software for robotic and conventional automation<br>• Maintained software configuration control among multiple foreign and domestic manufacturing sites<br>• Planned and executed the Post Seal Inspection improvement project<br>• Designed constructed and implemented software and lighting enhancements to improve system performance |
| *Electronic Data Systems Systems Engineer (10/1988-12/1993)* | **Various Medicaid Experiences**<br>• Led technical team for design, development and transition activities for Indiana Medicaid MMIS (1992 - 1994)<br>• Systems programmer for Wisconsin Medicaid MMIS (1990 - 1991)<br>• Business Analyst for Texas Medicaid MMIS (1988 - 1989) |
| ***Education, Certifications, and Affiliations*** | |
| • BS, Mechanical Engineering, Oklahoma State University<br>• Accenture-SI&TC Solution Architect - Certified<br>• EDS System Engineer School<br>• Member, Healthcare Information and Management Systems Society (HIMSS) | |

## Candidate Professional References

# Robert Carrico

***Systems Implementation Manager***

***Past five years of professional experience:***

Accenture (June 2003 – Present), Project Manager with Texas Medicaid. Responsibilities included managing development teams supporting all internal and external client facing applications; leading both the Security and Interface Task Forces; acting as Technical Liaison in transitioning the Compass21 claims processing system to TMHP; and serving as Project Advisor for the transitioning of the Texas Medicaid contract from an insured arrangement to a Fiscal Agent contract.

| **First Professional Reference** | | | | | |
|---|---|---|---|---|---|
| Name: | Abigail R. Averbach | Title: | Assistant Vice Chancellor and Chief of Staff, Office of the Deputy Chancellor | Company: | UMass Medical School/Commonwealth Medicine Division |
| Email: | Abigail.Averbach@umassmed.edu | | | Phone: | (508) 856-7856 |
| Mailing Address: | 333 South Street, Shewsbury, MA 01545 | | | | |

| **Second Professional Reference** | | | | | |
|---|---|---|---|---|---|
| Name: | Lisa Lerma | Title: | Chief Operations Officer | Company: | ACS, A Xerox Company |
| Email: | Lisa.lerma@tmhp.com | | | Phone: | (512) 506-7720 |
| Mailing Address: | 12357 Riata Trace Parkway, Austin, TX 78727 | | | | |

| **Third Professional Reference** | | | | | |
|---|---|---|---|---|---|
| Name: | Steven Bailey | Title: | Director, Quality, Security and Architecture Management | Company: | Health and Human Services Commission, State of Texas |
| Email: | Steven.Bailey@hhsc.state.tx.us | | | Phone: | (512) 438-3766 |
| Mailing Address: | John H. Winters Complex, 701 W. 51st Street, Bldg. C, Room 161B, Austin, TX 78751 | | | | |

| **Additional Professional Reference** | | | | | |
|---|---|---|---|---|---|
| Name: | Michael Sprenger | Title: | Business and Technical Analyst for HIPAA PMO and MMIS Contract Oversight | Company: | Health & Human Services Commission, State of Texas |
| Email: | Mike.Spenger@hhsc.state.tx.us | | | Phone: | (512) 249-3727 |
| Mailing Address: | Michael Springer, 11209 Metric Blvd., Bldg H, H900, P.O. Box 85200, Austin, TX 78708-5200 | | | | |

*Note: The Iowa State Department reserves the right to check additional personnel references.*

### 6.5.1.3 Project Manager for the PMO - Jelane Johnson

| Jelane Johnson<br>*Project Manager for the Project Management Office* | |
|---|---|
| ***Role Description*** | Jelane Johnson will be responsible for managing the Project Management Office, working closely with the Department's PMO and the IV&V and QA Services vendor throughout the life of the Project. Other responsibilities include defining processes, procedures and standards including change management, risk management, issue management, and Systems Development Life cycle (SDLC). She will proactively monitor, manage and report on execution of deliverables through all program/project phases. |
| ***Key Qualifications*** | • Project manager for the Kentucky Medicaid Operational Support Services (MOSS) operational PMO<br>• 4 years project management experience with Medicaid MMIS implementation and operations using Microsoft Project<br>• 10 years project management experience in Health and Public Services, most recently with the Kentucky Access, Accuracy, and Accountability Project (KAAAP) Security Foundation<br>• 12 years experience developing and operating large-scale data processing systems<br>• Certified project management professional (PMP) with a background in technical architecture design and implementation |
| ***Employer(s) for Past Five Years*** | |
| *(04/1998 - Present)* | • **Accenture** |
| ***Employment History for Relevant and Related Experience*** | |
| *Accenture*<br>*Project Manager*<br>*(03/2009 - 12/2009)* | **Kentucky Cabinet for Health & Family Services - KAAAP Security Foundation**<br>• Led combined Accenture/Avanade team through requirements, design, build, test, and deploy of a Single Sign On solution for the eligibility systems used by the State of Kentucky Cabinet for Health and Family Services<br>• Implemented a single sign-on solution for eligibility systems used by the Kentucky Cabinet for Health and Family Services (CHFS)<br>• Developed and maintained the project work plan for the Kentucky Access, Accuracy, and Accountability Project (KAAAP) Security initiative<br>• Developed a communication plan to identify stakeholder groups impacted by the new solution, documented key messages, and planned communication releases<br>• Coordinated with multiple vendors across several initiatives simultaneously being developed under the KAAAP program to plan interdependent project activities |
| *Accenture*<br>*Project Manager*<br>*(07/2007 - 04/2009)* | **Kentucky Cabinet for Health & Family Services - Medicaid Operational Support Services (MOSS)**<br>• Supervised and directed a team of Accenture resources to deliver Program Management services for the Department for Medicaid Services (DMS) under the Kentucky Cabinet for Health and Family Services (CHFS)<br>• Managed the day-to-day operations of the Kentucky MOSS project including project staffing, financials, delivery schedule, and client expectations<br>• Defined key performance indicators and performance ranges for the four major Kentucky Medicaid contracts: Medicaid Management Information System (MMIS), Utilization Management (UM), Kentucky Medicaid Administrative Agent (KMAA), and Pharmacy Benefits Management (PBM)<br>• Provided the Kentucky Medicaid Commissioner and Medicaid Directors with detailed assessment of Medicaid program performance, identified performance issues, and developed detailed recommendations to resolve issues<br>• Facilitated cross-project coordination between DMS and the two vendors providing |

## Jelane Johnson

*Project Manager for the Project Management Office*

| | |
|---|---|
| | Medicaid services: MMIS and UM - EDS, PBM and Call Center and Provider Credentialing - First Health<br>• Managed the delivery of weekly performance metrics and operational reports on the Medicaid Management Information System (MMIS), Utilization Management (UM), Pharmacy Benefits Management (PBM), and Call Center and Providing Credentialing<br>• Analyzed defect rates and release effectiveness for the MMIS project. Developed detailed tracking mechanisms for executive summaries. Provided recommendations for working with the MMIS vendor to resolve defects and create a more effective release management process<br>• Developed detailed project work plans used to track and report status on key Medicaid initiatives, including the project plan used to prepare for the CMS Certification Review of the new MMIS system<br>• Developed and implemented a comprehensive change control and release management process used across all four major Medicaid contracts. This process enabled Kentucky Medicaid to have a clear view of all open defects and change requests, priorities of each, planned release content, and planned release dates.<br>• Managed the customization and implementation of Accenture Service Management Suite for tracking risks, issues, and defects for the MMIS and Call Center and Provider Credentialing applications |
| *Accenture*<br>*Project Manager*<br>*(04/2005 - 06/2007)* | **EDS - Kentucky Medicaid PMO**<br>• Managed a team of multiple Accenture resources to provide overall project management support for the EDS Kentucky Legacy Transition, Utilization Management (UM) Transition, Interim DSS, and New KY MMIS DDI projects<br>• Defined, documented, and implemented standard project management processes to plan and track project status for EDS and DMS leadership<br>• Developed and managed work plans for each of the three projects including conducting walk-throughs of the work plans with EDS and representatives of the Kentucky Department of Medicaid Services (DMS)<br>• Implemented and managed the risk and issue tracking process for the three projects, including weekly review meetings with EDS and DMS representatives.<br>• Provided QA oversight and support in developing Legacy Transition, UM and DDI deliverables<br>• Defined, implemented, and managed the scope control process to identify, estimate, track and resolve scope changes to the projects<br>• Developed ad hoc reports for the DMS senior leadership on project progress, issues, and overall status of the Legacy Transition and MMIS implementation effort<br>• Defined, documented, and implemented the approach for Testing and Go-Live "War Rooms" for the Legacy Transition and New KY MMIS DDI projects<br>• Coordinated with an SME from the Accenture Texas Medicaid account to prepare an assessment of the New KY MMIS system implementation status for the Commissioner of the Department for Medicaid Services. The assessment evaluated 16 key subsystems based on overall risk and impact to the go live effort |
| *Accenture*<br>*Team Lead*<br>*(05/2001 - 01/2005)* | **U.S. Air Force - Financial Information Resource System (FIRST)**<br>• Organized and led the technical teams working on the design, implementation, and deployment of the FIRST 2.0 budgeting system for the USAF<br>– Application Team<br>– Architecture and Deployment Team<br>– Legacy Interface Team<br>– Data Team<br>• Coordinated the technical design of the application across the development teams. |

## Jelane Johnson

*Project Manager for the Project Management Office*

Technical design included:

- BizTalk and .Net architecture for legacy interface processing
- Security architecture using the IF authentication and authorization services with Tivoli Access Manager
- Database architecture for Oracle 9i database
- Query and reporting capabilities with Oracle Discoverer
- J2EE application components for custom web-based administration functionality deployed on Oracle Application Server (OAS)
- COTS application component integration
- Tivoli Access Manager (TAM) and WebSeal for authentication and authorization

- Developed work plans and Earned Value plans for both functional and technical teams
- Reviewed and provided input on all technical designs
- Coordinated with technical counterparts for the GCSS-Air Force Integration Framework (IF) to ensure compliance with IF architecture and security standards
- Collaborated with the IF team to size and design the production architecture for the FIRST application
- Planned the deployment effort to the SIPRnet network for classified information
- Assisted the security compliance officer in the completion of the formal security assessment of the application to support development of the SSAA along with completion of JTA and other compliance checklists
- FIRST Commercial Off the Shelf versus Custom Cost/Benefit Analysis
- Led a team of seven people to perform a cost/benefit study to analyze the custom and packaged solutions that the US Air Force was considering implementing for its budgeting needs. During the six month study included the following work products to assist the Air Force in making a selection
- Application Scenario - A sample business scenario with data that each vendor used to create a prototype using their software
- Client and End User Surveys - Questionnaires that the client and the end users completed to evaluate the vendor prototypes
- Functional Fit/Gap Analysis - A matrix ranking of the client requirements against the functional capabilities of each vendor tool under consideration
- Technical Assessment - A detailed assessment of how well each vendor tool fit into the architecture requirements including security requirements and GCSS-AF IF architecture requirements
- Cost/Benefit Analysis - A 20-year lifecycle cost analysis of the two vendor finalist tools
- Implementation Strategy - A high-level plan, including functional, technical, and deployment strategies for implementing the selected vendor product
- FIRST 1.0 Enterprise Data View (EDV)
- Implementation Manager for responsible for leading the technical teams working on the design, implementation, and deployment of the FIRST 1.0 (EDV) query and reporting system for the USAF
- Led a software development team through design and implementation of a J2EE-based accounting application deployed on WebSphere Application Server
- Developed the Java architecture design for an accounting data warehouse, including defining data access methods, Java architecture components, and security design
- Planned and executed regular software maintenance releases of a custom/COTS reporting application for the USAF, including creating work estimates, release schedules, and deployment plans
- Created process documentation and custom estimating tool to support production

## Jelane Johnson

*Project Manager for the Project Management Office*

| | |
|---|---|
| | sustainment and operations planning |
| *Accenture*<br>*Team Lead*<br>*(03/1999 - 05/2001)* | **Chase (Formerly Bank One) - Rollout**<br>• Rollout Team Lead<br>• Worked with multiple teams across Bank One to build a new corporate-wide testing environment and populate it with sample account and customer data including the following tasks:<br>– Determine the teams and legacy systems that needed to be included on the rollout effort<br>– Create and maintain a detailed plan of all activities across all team.<br>– Identify hardware and software needed based on legacy system team inputs<br>– Coordinate the acquisition of all needed hardware and software for the test environment<br>– Schedule installation and testing of all new hardware and software.<br>– Identify the test data needed to populate the new test environment.<br>– Plan and execute the test data conversion<br>– Coordinate final environment test and go-live decision<br><br>• Java Development Team Lead<br>• Developed a web-based customer service application for online banking representatives using a Java/J2EE architecture, JSP, WebSphere Application Server, IBM MQ Series, and a DB2 database. The system interfaced with multiple legacy systems to store and retrieve customer data<br>• Lead a team of developers through design, code, and test activities over four release cycles. Developed Java and JSP components based on functional and technical designs<br>• Reviewed team member's designs and code for accuracy and adherence to project standards<br>• Coordinated with the architecture and functional test teams to identify coding standards, create technical designs in support of functional requirements, code/unit test/assembly test functionality |
| *Accenture*<br>*Systems Developer*<br>*(10/1998 - 03/1999)* | **Integrated Maintenance Data System**<br>• Developed the front-end pieces of prototype Web browser-based data warehouse applications for the USAF<br>• Designed the databases and database applications based on input from functional and technical team leads<br>• Created fully functional prototypes, reviewed application prototypes to identify changes and developed and deployed final applications<br>• Developed the user interface for a prototype web browser based data warehouse application<br>• Installed and configured the Microsoft IIS web server<br>• Developed the dynamic browser-based application to query data from the prototype data warehouse<br>• Worked with MicroStrategy consultants to integrate the COTS tool into the web-based application |

***Education, Certifications, and Affiliations***

- BA, Liberal Arts, Wright State University
- Project Management Professional (PMP) Certification, Project Management Institute (PMI) (2010)
- Strategically Approaching the ICD-10 Transition, HFMA (October 2010)
- Project Management Professional Certification Study Course, Global Knowledge (October 2004)

## Jelane Johnson

*Project Manager for the Project Management Office*

- Certified Information System Security Professional Study Course, ISC2 (August 2003)
- Developing Enterprise Java Beans with VisualAge for Java, IBM (June 2001)
- Intro to Object Oriented Design and Java Programming, IBM (February 1998)
- Managing Projects in Organizations, NCR (October 1996)
- Multimedia Development Certification, Georgia Tech (October 1996)

## Candidate Professional References

# Jelane Johnson

***Project Manager, PMO***

***Past five years of professional experience:***

Accenture (April 1998 - Present), Project Manager - Performs various roles supporting multiple proposal and technology projects. Responsible for project management activities including developing, managing, and updating project workplans; tracking deliverables; and reporting on project status and payments according to completion of milestones, when applicable. Responsible for development activities including designing and creating various web based applications.

**First Professional Reference**

| | | | | | |
|---|---|---|---|---|---|
| Name: | John Hoffmann | Title: | Assistant Director, Division of Information Systems | Company: | Department for Medicaid Services, Kentucky Cabinet for Health and Family Services |
| Email: | john.hoffmann@ky.gov | | | Phone: | (502) 564-5183 |
| Mailing Address: | Cabinet for Health and Family Services<br>275 E. Main St.<br>Frankfort, KY 40621 | | | | |

**Second Professional Reference**

| | | | | | |
|---|---|---|---|---|---|
| Name: | Shannon Turner | Title: | Managing Partner | Company: | Consulting Strategies Team |
| Email: | srturn04@Louisville.edu | | | Phone: | (502) 540-1311 |
| Mailing Address: | 302 Shelby Street<br>Frankfort, KY 40601 | | | | |

**Third Professional Reference**

| | | | | | |
|---|---|---|---|---|---|
| Name: | Sharon Rodriguez | Title: | Business Analyst | Company: | Department for Medicaid Services, Kentucky Cabinet for Health and Family Services |
| Email: | Sharon.Rodriguez@ky.gov | | | Phone: | (502) 564-6479 ext. 2182 |
| Mailing Address: | Cabinet for Health and Family Services<br>275 E. Main St.<br>Frankfort, KY 40621 | | | | |

*Note: The Iowa Department of Human Services reserves the right to check additional personnel references.*

### 6.5.1.4 Quality Assurance Manager - Lisa McNeil

| Lisa McNeil<br>Quality Assurance Manager | |
|---|---|
| ***Role Description*** | As Quality Assurance Manager, Lisa McNeil will provide overall direction and oversight for all functions and operational activities related to quality assurance (QA). In addition, Lisa will oversee the development and maintenance of documented QA procedures incorporating Medicaid internal control processes. She will oversee project-wide corrective action plans and their implementation. |
| ***Key Qualifications*** | • Quality assurance professional who authored detailed Standard Operating Procedures used to secure ISO:9001 certification for a large Medicare claims contractor<br>• Over 6 years progressively responsible experience with Medicare and Medicaid medical claims processing systems<br>• A strong background in quality assurance and website copywriting combined with extensive professional training and certifications in the IT field |
| ***Employer(s) for Past Five Years*** | |
| *(2011 - Present)* | • **Electronic Health Resources, LLC** |
| *(2003 - 2009)* | • **CIGNA Government Services** |
| ***Employment History for Relevant and Related Experience*** | |
| *Electronic Health Resources, LLC*<br>*Consultant*<br>*(2011 - Present)* | • **Medicaid - multiple contracts**<br>• Develop proposal response for government health systems contracts<br>• Provide subject expertise in beneficiary management, claims receipt and control, claims adjudication, and program integrity |
| *CIGNA Government Services*<br>*Team Lead*<br>*(2007 - 2009)* | • **North Carolina Part B Medicare Provider Customer Service**<br>• Led team of 12 resources through all phases of Knowledgebase application development, from concept to deployment<br>• Served as ISO:9001 internal auditor for customer service and medical review teams, assisted in development of company-wide Standard Operating Procedures<br>• Developed new website content and updated existing website content for Knowledgebase application (ExPERT) through Adobe RoboHelp 7.0 based on the needs of customer service, provider enrollment, and medical review departments<br>• Performed face-to-face, computer-based, and telephone-based training on ExPERT application to over 600 employees in three states<br>• Manually located and corrected HTML, DHTML, and CSS coding errors in user interface |
| *CIGNA Government Services*<br>*Business Analyst*<br>*(2003 - 2007)* | • **North Carolina Part B Medicare Medical Review**<br>• Developed and implemented quality controls on medically reviewed Medicare and Medicaid claims<br>• Oversaw system transition from EDC to MCS for Medical Review and Customer Service teams<br>• Monitored and reported daily workload and inventory tracking for Medical Review team for three states<br>• Tracked monthly productive hours and workloads of three teams by monitoring compliance with activity codes, maintaining individual and team tracking spreadsheets and preparing monthly reports to the Centers for Medicare and Medicaid Services (CMS)<br>• Wrote Internal Guidelines for claims processing and Standard Operating Procedures for job functions of Medical Review team |

| Lisa McNeil<br>Quality Assurance Manager | |
|---|---|
| *Spectrum Laboratory Network*<br>*Team Lead*<br>*(2001 - 2003)* | • **Medical Laboratory Accounts Receivable**<br>• Led team of 8 in posting accounts receivables to medical laboratory tests Performed quality reviews of data entry staff and daily batch reconciliation<br>• Performed daily, weekly and monthly bank reconciliation and reporting to senior management |
| ***Education, Certifications, and Affiliations*** | |
| • BS (in progress), Health Informatics, Western Governors University<br>• CIW JavaScript Specialist<br>• CompTIA A+ IT Technician<br>• CIW v5 Associate<br>• CIW Web Foundations Associate<br>• Certified Professional Coder (CPC) | |

## Candidate Professional References

# Lisa McNeil

***Quality Assurance Manager***

***Past five years of professional experience:***

- Electronic Health Resources, LLC (2011 - Present) - Consultant providing subject matter expertise in beneficiary management, claims receipt and control, claims adjudication, and program integrity for proposal response to government health systems contracts.
- CIGNA Government Services (2003 - 2009) - In support of Medicare systems, responsibilities included serving as ISO:9001 internal auditor for customer service and medical review teams; developing new website content and updating existing website content for Knowledgebase application (ExPERT); overseeing system transition from VMS to MCS for Medical Review and Customer Service teams; and developing and implementing quality assurance controls on medically reviewed claims.

| **First Professional Reference** | | | | | |
|---|---|---|---|---|---|
| Name: | Wayne Cooper | Title: | Managing Partner | Company: | Electronic Health Resources, LLC |
| Email: | wcooper@ehr-lic.com | | | Phone: | (850) 210-2929 |
| Mailing Address: | P.O. Box 14283, Tallahassee, FL 32317 | | | | |
| **Second Professional Reference** | | | | | |
| Name: | Lorrie Scardino | Title: | Engagement Manager | Company: | Electronic Health Resources, LLC |
| Email: | lscardino@ehr-lic.com | | | Phone: | (410) 279-2430 |
| Mailing Address: | P.O. Box 14283, Tallahassee, FL 32317 | | | | |
| **Third Professional Reference** | | | | | |
| Name: | Derita Wardell | Title: | Business Project Analyst | Company: | CIGNA Government Services |
| Email: | Sbrides34@yahoo.com | | | Phone: | (336) 328-7801 |
| Mailing Address: | 14 Stoney Point Court, Thomasville, NC 23760 | | | | |

*Note: The Iowa Department of Human Services reserves the right to check additional personnel references.*

### 6.5.1.5 Data Conversion Manager - Sean Hiatt

| Sean Hiatt<br>*Data Conversion Manager* | |
|---|---|
| ***Role Description*** | As Data Conversion Manager, Sean Hiatt will oversee the creation, development, and support of the Data Conversion Plan. His responsibilities will include spearheading all data cleansing and conversion tasks. He will work closely with other implementation and delivery managers to adhere to the standardized conversion strategy. |
| ***Key Qualifications*** | • 13 years data conversion experience gained through involvement in numerous Medicaid MISS implementations including Colorado, Florida, New Mexico, New York, Mississippi, North Carolina, Washington, DC, New Hampshire, Alaska and North Dakota<br>• Experienced leading teams in numerous technologies, including COBOL, CICS, PowerBuilder, Java, PLSQL, Informatica, Talend, Oracle Warehouse Builder, Oracle Data Integrator, and Camouflage<br>• IIL Microsoft Project Orange and Blue Belt with extensive knowledge of MS Project, including custom integration with 3rd party applications<br>• Certified Project Management Institute Project Management Professional in good standing |
| ***Employer(s) for Past Five Years*** | |
| *(2011 - Present)* | • **S2Tech** |
| *(1998 - 2011)* | • **Affiliated Computer Services** |
| ***Employment History for Relevant and Related Experience*** | |
| *S2Tech*<br>*Data Conversion Manager*<br>*(2011 - Present)* | **Data Services**<br>• Responsible for the creation, initiation, staffing development, and ongoing management of a comprehensive Data Services group responsible for providing a full suite of services<br>• Led technical teams in Data Profiling and Quality Analysis; Data Cleansing, Data Conversion, Data Integration, SOA Application Integration and Enterprise Service Bus.<br>• Oversee Data De-Identification, Data Sub-setting, data Generation, Healthcare Information Exchange, Master Data Management, and Archive Recall. |
| *Affiliated Computer Services*<br>*Data Conversion Manager*<br>*(1998 - 2011)* | **Medicaid MMIS - Alaska, North Dakota, Virginia, Texas, and Washington, DC**<br>• Responsible for the ground up creating, initiation, staffing, development, and ongoing management of the Data Management group, a team of IT professionals dedicated to ETL, Data Integration and Data Conversion<br>• Developed a standard repeatable methodology, tool set and staffing model for data conversion and integration projects designed to ensure maximum repeatability and re-use and minimum risk<br>• Manage Data Conversion and Integration for Medicaid MMIS in the states of New Hampshire, Alaska, North Dakota, and Virginia, and DSS in the state of Virginia<br>• Led the PowerBuilder Center of Excellence, a team responsible for all Power Builder development in the GHS line of business<br>• Designed and developed the time entry and tracking system currently in use throughout the GHS organization |
| ***Education, Certifications, and Affiliations*** | |
| • BA, Business Information Systems, Western Michigan<br>• Project Management Professional (PMP) Certification, Project Management Institute (PMI) | |

## Candidate Professional References

# Sean M. Hiatt

***Data Conversion Manager***

***Past five years of professional experience:***

***S2Tech (2011 - Present) Data Conversion Manager and certified PMI Project Management Professional, responsible for the creation, initiation, staffing development, and ongoing management of a comprehensive Data Services group responsible for providing a full suite of services for Medicaid MMIS.***

***Affiliated Computer Services (1998 - 2011) As Data Conversion Manager, led numerous MMIS implementations across the states of Colorado, Florida, New Mexico, New York, North Carolina, Mississippi, New Hampshire, Alaska, North Dakota, Texas, Virginia and Washington, D.C.***

| **First Professional Reference** | | | | | |
|---|---|---|---|---|---|
| Name: | Craig Steffen | Title: | SVP Health Enterprise Operations | Company: | ACS, A Xerox Company |
| Email: | Craig.Steffen@acs-inc.com | | | Phone: | (904) 813-0216 |
| Mailing Address: | 121 Strong Branch Drive, Ponte Vedra Beach, FL 32082 | | | | |
| **Second Professional Reference** | | | | | |
| Name: | Gayle Lowery | Title: | Director, GHS IT | Company: | ACS, A XEROX Company |
| Email: | Gayle.Lowery@acs-inc.com | | | Phone: | (601) 259-6099 |
| Mailing Address: | 4358 Pine Lake Drive, Terry, MS 39170 | | | | |
| **Third Professional Reference** | | | | | |
| Name: | William Schneider | Title: | Project Manager | Company: | ACS, A Xerox Company |
| Email: | Bill.Schneider@acs-inc.com | | | Phone: | (651) 675-2145 |
| Mailing Address: | 860 Blue Gentian Road, Suite 300, Eagan, MN 55121 | | | | |

*Note: The Iowa Department of Human Services reserves the right to check additional personnel references.*

### 6.5.1.6 *Interface Manager - Pamela Gifford*

| Pamela Gifford<br>*Interface Manager* | |
|---|---|
| ***Role Description*** | As Interface Manager, Pamela Gifford will manage and coordinate project technical interfaces among multiple components and contractors. She will oversee interface designs of all types, including SOA and non-SOA, and service interface and schema definitions. Her responsibilities include keeping other relevant parties informed of progress and any other critical project issues relating to IME MMIS internal and external interfaces. |
| ***Key Qualifications*** | • Over 30 years experience as a business and systems analyst with expertise in mainframe legacy systems integration, systems modernization, IMS, ETL, and DSS warehouses<br>• More than 6 years of Medicaid systems integration and managerial and financial reporting<br>• A certified Project Management Professional, holding a Master of Healthcare Administration<br>• More than 22 years experience in development and operation of large-scale data processing and medical claims processing systems |
| ***Employer(s) for Past Five Years*** | |
| *(09/2007 - Present)* | • **Accenture** |
| *(11/2001 - 08/2007)* | • **Affiliated Computer Services** |
| ***Employment History for Relevant and Related Experience*** | |
| *Accenture*<br>*Team Lead*<br>*(04/2011 - 07/2011)* | • **Georgia Department of Human Resources - GA SACWIS**<br>• Lead requirements gathering, log with traceability, and develop test scripts for a major Child Abuse Prevention and Treatment (CAPTA) enhancement to the Georgia Statewide Automated Child Welfare Information System<br>• Update detailed designs and execute testing for multiple functional areas<br>• Analyze high-level business scenarios and requirements<br>• Develop test scripts including both online page testing and creating SQL queries |
| *Accenture*<br>*Technical Architect*<br>*(01/2011 - 02/2011)* | • **BP - Energy - Mainframe Replatform**<br>• Analyzed high-level characteristics of all the files (~700,000 files, 180 TBs) on the client mainframe to determine the responsible party using results of customer interviews, meetings with multiple contractors and the CRUD report<br>• Developed rules, numerous cross-references, and documentation for future automated repetition of the process by the Manila factory |
| *Accenture*<br>*Team Lead*<br>*(01/2010 - 12/2010)* | **WellPoint- eWPD Migration**<br>• Supervised Manila offshore team of 6 - 12 resources<br>• Validated computerized payor contracts by analyzing output of ETL/migration programs<br>• Authored large, detailed user guides to assure consistent performance<br>• Manually coded contracts under a tight turnaround schedule |
| *Accenture*<br>*Systems Designer*<br>*(08/2009 - 12/2009)* | **Express Scripts, Inc - ESI WLT**<br>• Authored design for claims infrastructure/controller programs for the merger of Wellpoint Pharmacy Benefits Manager into Express Scripts<br>• Improved resource planning by analyzing the remaining work effort on claims accumulation processing<br>• Determined the approach and developed a process for rating the difficulty of the |

## Pamela Gifford

*Interface Manager*

| | |
|---|---|
| | remaining work<br>• Programmed and unit tested other designs for HRA upfront deductibles |
| *Accenture*<br>*Technical Team Lead*<br>*(09/2007 - 08/2009)* | **Highmark Blue Cross Blue Shield - Legacy Modernization**<br>• Led both Claims and Technical Architecture Teams for modernization of the BCBS large legacy healthcare claims processing system on an IBM mainframe<br>• Analyzed effort to transition from IMS to DB2 plus and to move to a unique member identifier (consumer ID) across all the business<br>• Led data architecture team to code centralized data access components containing both a logical and a physical layer<br>• Coordinated all activities for quarterly software releases for LM Member |
| *Affiliated Computer Services*<br>*Business Analyst*<br>*(10/2006 - 08/2007)* | **ACHIEVE - Multi-client medical claims processing**<br>• Coordinated project to add new web functionality to the prior authorization system of a large medical claims-processing system<br>• Acted as liaison with two other technical teams and was responsible for user-acceptance testing/sign-off<br>• Developed business requirements, test system changes, code and test programs |
| *Affiliated Computer Services*<br>*Subject Matter Expert*<br>*(05/2006 - 10/2006)* | **Enterprise Medicaid Management and Administrative Reporting (EMAR)**<br>• Developed methodology to project costs for Incurred But Not Reported (IBNR) claims using industry-standard practices for New Hampshire's Medicaid EMAR, which helped support the State's bond rating<br>• Led requirements-gathering JAD sessions with client's operational and financial SMEs |
| *Affiliated Computer Services*<br>*Team Lead*<br>*(12/2004 - 05/2006)* | **Enterprise Medicaid Management and Administrative Reporting**<br>• Led team to develop and implement several installations of EMAR (an Oracle DSS warehouse for Medicaid management reporting)<br>• Coordinated with Medicaid customers and other ACS systems in multiple geographic locations<br>• Managed Enterprise Medicaid Management and Administrative Reporting (EMAR) activities through all phases of the system development lifecycle<br>• Developed work breakdown structures, built work plans in MS project, controlled scope, monitored progress against plan, and determined and implemented corrective action as necessary |
| *Affiliated Computer Services*<br>*Team Lead*<br>*(12/2004 - 05/2006)* | **Enterprise Medicaid Management and Administrative Reporting**<br>• Led team to develop and implement several installations of EMAR (an Oracle DSS warehouse for Medicaid management reporting)<br>• Coordinated with Medicaid customers and other ACS systems in multiple geographic locations<br>• Managed Enterprise Medicaid Management and Administrative Reporting (EMAR) activities through all phases of the system development lifecycle<br>• Developed work breakdown structures, built work plans in MS project, controlled scope, monitored progress against plan, and determined and implemented corrective action as necessary |
| *Affiliated Computer Services*<br>*Business System Analyst*<br>*(11/2001 - 10/2004)* | **Enterprise Medicaid Management and Administrative Reporting**<br>• Assured HIPPA compliance for the Wyoming EMAR<br>• Analyzed and tested the ETL results for product Beta testing, using complex SQL queries<br>• Wrote scripts and test cases, analyzed results, presented to customers, and wrote technical specifications to implement changes |

## Pamela Gifford

*Interface Manager*

| | |
|---|---|
| | • Analyzed legacy system to support conversion and issue resolution |
| *Verizon Wireless*<br>*Business Analyst*<br>*(06/2000 - 11/2001)* | **Convert GTE Wireless Billing to Verizon**<br>• Led team to convert financial portion of GTE Wireless billing system to Verizon Wireless billing system<br>• Coordinated with analysts from multiple systems to determine technical conversion requirements<br>• Developed technical specifications for the ETL, functional designs, system designs, and data mapping |

***Education, Certifications, and Affiliations***

- MHA, Healthcare Administration, Georgia State University
- MBA, Business Administration, Georgia State University
- M.Ed., Counseling Psychology, Georgia State University
- BA, History, Georgia State University
- Healthcare Financial Management Association
- Atlanta Medical Group Management Association
- Project Professional (PMP) Certification - Project Management Institute (PMI)
- Atlanta Process Improvement Network
- American College of Healthcare Executives
- Georgia Association of Healthcare Executives

## Candidate Professional References

# Pamela Gifford

***Interface Manager***

***Past five years of professional experience:***

- Accenture (September 2007 - Present) - Team Lead, Technical Architect and Systems Designer on various mainframe legacy systems modernizations including the Georgia Statewide Automated Child Welfare Information System, BP Energy, the Wellpoint Manila offshore eWPD migration, the merger of Wellpoint Pharmacy Benefits Manager into Express Scripts, and the modernization of Highmark Blue Cross Blue Shield.
- Affiliated Computer Services (November 2001 - August 2007) - Business Analyst coordinating the addition of new web functionality to the prior authorization system of a large medical claims-processing system. Also assured HIPPA compliance for the Wyoming EMAR. As a Subject Matter Expert developed methodology to project costs for Incurrent But Not Reported (IBNR) claims using industry-standard practices for New Hampshire's Medicaid EMAR, which helped support the State's bond rating. Led team to develop and implement several installations of EMAR warehouse for Medicaid management reporting.

| **First Professional Reference** | | | | | |
|---|---|---|---|---|---|
| Name: | Lynn Hayes | Title: | Contract Auditing Manager | Company: | WellPoint |
| Email: | Lynn.Hayes@wellpoint.com | | | Phone: | (314) 923-7704 |
| Mailing Address: | 233 S. Wacker Drive, Chicago, IL 60606, Mail Stop IL RP 37 | | | | |
| **Second Professional Reference** | | | | | |
| Name: | Steve Grippi | Title: | IT Integration Lead | Company: | Highmark |
| Email: | Steve.Grippi@highmark.com | | | Phone: | (412) 544-4944 |
| Mailing Address: | Fifth Avenue Place, 120 Fifth Avenue, Pittsburgh, PA 15222-3099 | | | | |
| **Third Professional Reference** | | | | | |
| Name: | Michael Vertin | Title: | Medicaid Conversion and Interfaces Manager | Company: | Affiliated Computer Systems |
| Email: | Michael. Vertin@acs-inc.com or MJVertin@AOL.com | | | Phone: | (770) 656-1157 |
| Mailing Address: | 65 Moonshadow Court, Roswell, GA 30075-3511 | | | | |

*Note: The Iowa Department of Human Services reserves the right to check additional personnel references.*

### 6.5.1.7 Testing Manager - Zachary Rasmussen

| Zachary P. Rasmussen<br>*Testing Manager* | |
|---|---|
| ***Role Description*** | Zachary Rasmussen will lead the overall testing effort for APHP implementation. He will oversee development of the test plan for the tasks, dependencies, and participants required to mitigate the risks to system quality and obtain stakeholder support for this plan. His responsibilities include documenting, implementing, monitoring, and enforcing all processes for testing as per standards defined by the Department. |
| ***Key Qualifications*** | • 10 years experience in system wide requirement analysis, testing design, and implementation<br>• 10 years testing experience with large scale government health services systems<br>• Expertise includes issue/risk management, requirements and system analysis, system design, test requirement creation, test plan creation and execution, technical documentation, and project planning |
| ***Employer(s) for Past Five Years*** | |
| *(08/2001 -Present)* | • **Accenture** |
| ***Employment History for Relevant and Related Experience*** | |
| *Accenture*<br>*System Designer*<br>*(02/2011 - Present)* | • **Texas Health & Human Services Commission - T2 Child Support**<br>• Design and tests the new Texas Child Support System<br>• Responsible for system wide business requirement and process flow review<br>• Performs gap analysis between business and system requirements<br>• Serves as the primary client contact for the Case - Locate functional area |
| *Accenture*<br>*Test Manager / Business Analyst*<br>*(04/2007 - 04/2011)* | • **Texas Health & Human Services Commission - Texas Medicaid**<br>• Led National Provider ID project on the Long Term Care Team<br>• Created, reviewed and managed test scenarios to ensure adequate test coverage and quality<br>• Created, reviewed and managed business analysis, system design and test planning for the Frew II Project<br>• Managed Testing Center of Excellence ensuring quality and adherence to project standards for deliverables and managing issues and risks<br>• Managed the MMIS Transition Project including work plans, staffing, and all project deliverables and sign-off |
| *Accenture*<br>*Test Manager / Business Analyst*<br>*(07/2006 - 04/2007)* | • **Texas Health & Human Services Commission - Texas Access Alliance - IEE**<br>• Maintained testing workflows and quality standards meeting all deadlines<br>• Conducted team planning and prioritization<br>• Acted as first point of contact for client maintaining effective customer service relationship |
| *Accenture*<br>*Team Lead*<br>*(08/2001 - 06/2006)* | • **New Mexico Human Services Department - CSED**<br>• Interpreted business requirements into specific conceptual and detail designs according to project development and quality standards<br>• Developed and executed comprehensive test plans<br>• Implemented code modifications according to project development and quality standards<br>• Acted as subject matter expert of CSES to the client and project team<br>• Provided functional and technical support of the Quality Assurance |

## Zachary P. Rasmussen

*Testing Manager*

***Education, Certifications, and Affiliations***

- BS, Computer Science/Mathematics, University of Iowa

| Candidate Professional References | | | | | |
|---|---|---|---|---|---|
| **Zachary P. Rasmussen**<br>***Testing Manager*** | | | | | |
| ***Past five years of professional experience:***<br>Accenture ( August 2001 - Present) - Test Manager, System Designer, Business Analyst and Team Lead on various mainframe legacy systems modernizations including the Texas Health & Human Services Commission T2 Child Support, TMHP, and Texas Access Alliance projects and the New Mexico Human Services Department CSED. | | | | | |
| **First Professional Reference** | | | | | |
| Name: | Jason Romero | Title: | IT Business Manager | Company: | State of New Mexico Child Support Enforcement Division |
| Email: | Jason.Romero@state.nm.us | | | Phone: | 505-476-9582 |
| Mailing Address: | 39-A Plaza La Prensa, Santa Fe, NM 87504 | | | | |
| **Second Professional Reference** | | | | | |
| Name: | Diane C. Davis | Title: | Systems Analyst - HIPAA and Project Management Office | Company: | Texas Health and Human Services Commission |
| Email: | Diane.Davis@hhsc.state.tx.us | | | Phone: | 512-249-3720 |
| Mailing Address: | P.O. Box 85200 Mail Code H-900, Austin, TX 78708-5200 | | | | |
| **Third Professional Reference** | | | | | |
| Name: | Jeri Cloud | Title: | IT Oversight - IV&V Medicaid Audit | Company: | Texas Health and Human Services Commission |
| Email: | Jeri.Cloud@hhsc.state.tx.us | | | Phone: | 512-491-1409 |
| Mailing Address: | | | | | |
| *Note: The Iowa Department of Human Services reserves the right to check additional personnel references.* | | | | | |

# 6.6 Subcontractors (9.2.7.4)

The bidder shall disclose the planned use of another company or individual staff member with which the bidder will contract to perform the services described in this RFP. The information that the bidder must provide includes:

a. Subcontractor name and address.

b. Subcontractor qualifications.

c. Work that the subcontractor will perform.

d. The estimated percentage of total contract dollars for each subcontract.

Special services project staff members that are hired on a retainer or as-needed basis (such as physicians, attorneys and similar professional staff) are excluded from subcontractor percentage calculations.

Accenture teams with our subcontractors for resources skilled in systems, operations, and project management to deliver exceptional services to the Iowa Medicaid program.

To deliver on the IME's expectations for this procurement, Accenture strategically assembled a team that supports our overall approach. As the prime contractor, Accenture is accountable for the successful performance of its project and for the performance of its teaming partners. Accenture was highly selective in determining the appropriate mix of skills for this contract, as shown in Table 6 - 18. We are very excited to propose our team as follows.

| Subcontractor | Roles / Responsibilities | Qualifications |
|---|---|---|
| **S2Tech** | Subcontractor: project management, legacy mainframe and Web Platform Development and Maintenance, and Data Services; define business rules structures from current IA system for conversion | • Since 1999, has provided Medicaid system development, modification, and enhancement services to 26 state Medicaid programs<br>• Currently performs IA MMIS maintenance functions<br>• Knowledge of IA-specific business rules, legacy systems, and the current data |
| **Mainstream Living** | Administrative support including stuffing envelopes and preparing for mass mailings. | • Since 1997 has supported IA Medicaid with administrative services |

*Table 6 - 18. Accenture solution is supported by carefully selected team members for delivery of services to the IME System Services Project.*

## *S2 Tech*

A nationally recognized minority business enterprise, S2Tech has provided a wide variety of mission-critical technical support to state Medicaid programs throughout the United States since incorporating in 1997. S2Tech technical professionals, from analysts to developers to project managers, deliver an array of services in support of Medicaid Management Information Systems (MMIS) and related systems. Widely recognized as a leading provider to the industry, S2Tech has provided services to Fiscal Agent vendors or state programs in 26 states. Since 2004, S2Tech has provided technical services to the Iowa Medicaid Enterprise.

S2Tech is a national partner to Accenture for our APHP product. We recognize the strong, positive relationship S2Tech has with the IME and the Department, which has been built over the past seven years as they have provided MMIS technical support for the Core MMIS transition. Accenture chose to partner with S2Tech because the strong relationship with the IME and the Department, coupled with their knowledge of the existing applications, data, and environment will minimize the transition risk. Please refer to the letter on the following page provided by Day Veerlapati, President and CEO of S2Tech, that shows support of our relationship and commitment to this opportunity.

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S2Tech

*Enabling Client Success*

September 12, 2011

Mary Tavegia, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
200 Army Post Road, Suite 2
Des Moines, Iowa 50315

**Subject: Iowa Medicaid Enterprise System Services Request for Proposal / RFP MED-12-001**

S2Tech is pleased to be included in Accenture's proposal for Iowa Medicaid Enterprise System Services. As a national partner to Accenture for implementation and operations maintenance / modification technical support for the company's new APHP, we are excited to have the opportunity to continue our services to the State of Iowa should Accenture be awarded the new contract.

We value our long-standing relationship with the Iowa Medicaid Enterprise (IME). Since August 2004, S2Tech has provided MMIS technical support for Core MMIS transition, operational maintenance, and enhancement. Today, S2Tech resources comprise the majority of the systems teams supporting Core MMIS operations as well as the 5010 and ICD-10 enhancement projects. Our Des Moines-based personnel have many years of experience with the Iowa Medicaid program and have developed close working relationships with Department staff.

S2Tech understands the risks the Department is facing in transitioning to a new IME and a new systems vendor. We believe our current Core MMIS support role offers the State the opportunity to eliminate or lessen many of these risks. Because we anticipate continuing our support of the current Core MMIS through the implementation of the new APHP, S2Tech is in the unique position to ensure the appropriate prioritization of technical resources between current IME operations and APHP implementation activities.

For the past seven years, S2Tech has maintained a commitment to the Department for the success of the IME. We look forward to continuing that commitment for many years to come.

Sincerely:

Day Veerlapati

Dayakar Veerlapati
President & CEO

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### *Mainstream Living*

Since 1997 Mainstream employees have provided IME administrative support in preparing for mass mailings, including envelop stuffing. Mainstream Living is a community-based service that provides residential and in-home services for developmentally challenged adults and children.

Accenture has engaged Mainstream Living to continue its services to the Department on the IME Project.

**Percentage of Total Contract Dollars**

| Subcontractor | Roles / Responsibilities | Percentage |
|---|---|---|
| S2 Tech<br>720 Spirit 40 Park Drive<br>Chesterfield, MO 63005 | Subcontractor: project management, legacy mainframe and Web Platform Development and Maintenance, and Data Services; define business rules structures from current IA system for conversion. | • 7% |
| Mainstream Living<br>333 S.W. 9th Street<br>Des Moines, IA 50309 | Subcontractor: administrative support including stuffing envelopes and preparing for mass mailings. | • 1% |

Accenture acknowledges that the Department reserves the right to approve subcontractors and their work locations prior to being engaged on the Iowa Medicaid project.

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# Tab 7 General Requirements (9.2.8)

In the General Requirements section bidders will explain their approach to Section 5 General Requirements. For the General Requirements section of the Technical Proposal, the Department requires bidders to list the requirement numbers for addressed requirements above the paragraph or set of paragraphs that addresses them.

We provide the following responses in accordance with the requirement instructions listed in Section 5 General Requirements. In preparing our responses, for each addressed requirement, we have included the list of requirement numbers above the paragraph or set of paragraphs that address the requirement in our Technical Proposal.

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# 7.1 General Requirements for MMIS (5.1)

Following are the high-level general requirements for all modules:

a. The Department's intent in this procurement is to maintain the state's seamless delivery of all MMIS and POS system services for the Medicaid program. All contractor(s) and the responsible Department administrators will continue to be located at a common state location as part of the Iowa Medicaid Enterprise (IME) administration after implementation of the MMIS and POS.

Accenture understands the state's desire for seamless delivery of all MMIS and POS system services for the Medicaid program. We agree to be located with other contractors and the responsible Department administrators in a common state location that is part of the Iowa Medicaid Enterprise (IME) administration after the implementation of the MMIS.

Note that Accenture is not bidding on the POS requirements and therefore is responding only to the MMIS portion of the general requirements mentioned in Section 5 General Requirements.

b. The Department continues to emphasize the importance of coordination of efforts among state staff and all contractor(s). No single contractor can perform their required responsibilities without coordination and cooperation with the other contractors) All contractors are to maintain communication with each other and with state staff as necessary to meet their responsibilities to the Department.

Accenture understands the importance of coordination and cooperation with state staff and other contractor(s) involved in this effort. We agree to work in coordination and cooperation with other contractor(s). During the Start-Up Phase, we work with the Department to establish a Governance structure and processes that promote collaboration, transparency, and strong working relationships with key project stakeholders, including the Department, IME professional services contractors, and the Department's IV&V and QA Services vendors. We deploy project management tools that enable transparency into the various project management arenas, including scope, schedule, cost, risks, issues, quality, staffing, and communication. In addition, we continue to maintain communications among the Accenture team staff and the state staff as necessary to complete the contractual work for the Department.

c. The Department, through its contract managers, retains the role of contract monitor for all Requests for Proposal (RFP) system service contractor(s). The Department will favor, in this procurement, bidders who have demonstrated success in cooperative, collaborative environments.

We understand the Department desires an IME system services contractor that has demonstrated success in cooperative and collaborative environments. We have demonstrated our ability to work in cooperative and collaborative environments with our work at Health organizations such as CIGNA, Highmark and WellPoint, as well as our work in complex public sector organizations such as the State of Kentucky. As an example, our work in Kentucky for the Medicaid Operational Support Services (MOSS) project demonstrates our success in a cooperative and collaborative environment. For this project, we implemented and supported the governance model for the Department for Medicaid Services. In this role, Accenture coordinated the plans and requirements of Kentucky's four Medicaid initiatives: MMIS, Utilization Management, Pharmacy Benefits Management, and Call Center and Provider Credentialing. Because of the interdependencies between the processes and systems, release management was a key coordination activity for the combined Medicaid team. Accenture implemented a governance-driven release management process that provided each stakeholder group with input and insight into the release schedule for each system. Using this process, Accenture facilitated multiple, inter-dependent system releases across the different vendor teams. This joint process enabled the team to identify touch points across the systems such as interfaces that would change for each release, and provided each vendor with the information and plan needed to implement appropriate changes to keep the overall Medicaid business moving smoothly.

Similar to our approach for many of our projects, for the IME System Services project we have defined the following principles to guide the project and to build a cooperative and collaborative working relationship with the Department:

- Create integrated team structure to foster team relationships, communication and understanding.
- Establish an integrated governance structure combining the Department, key stakeholders and the Accenture Team.
- Encourage open and comprehensive communication to build awareness and understanding among the Department, other relevant contractor(s) and the Accenture Team.
- Foster transparency among the Department, other relevant contractors(s) and Accenture via regular status meetings and performance reporting, easy-to-access tools to view information such as performance data, status information, change management data and testing results.
- Facilitate informed decision making using decision-making tools from Accenture's Delivery Methods.

We agree to work in cooperation and collaboration with the Department.

d. System services contractor(s) will interface with the IME Professional Services units which include:

1. Medical Services.
2. Pharmacy Medical Services.
3. Provider Services.
4. Member Services.
5. Revenue Collections.
6. Provider Cost Audits and Rate Setting (PCA).
7. Program Integrity.

Access the links below to review the IME Professional Services and Program Integrity RFPs, contracts and proposals.

http://www.ime.state.ia.us/docs/IME_Professional_Services_RFP_IncorpAmend6.pdf

http://www.ime.state.ia.us/Reports_Publications/RFP/RFPMED_10_013.html

The system services contractor(s) will also interact with the DW/DS, call center system and other state systems as necessary to meet their responsibilities. The system services contractor(s) are required to bring skilled staff with demonstrated experience in querying Medicaid-related data and preparing reports for contractor and state use. The system services contractor(s) will designate a primary contact for developing queries and requesting assistance from the DW/DS system manager.

Our Accenture Team interfaces with the IME Professional Services Units including medical services, pharmacy medical services, provider services, member services, revenue collections, provider cost audits and rate settings (PCA), and program integrity as needed to perform our duties as per the Department's stated requirements. We are experienced in interfacing with similar organizations for example; at Texas Medicaid; we interface with the State's Program Integrity Unit.

We also understand that in our role we interact with the DW/DS, call center system and other state systems necessary to perform our duties. As illustrated in Tab 6, Section 9.2.7 Project Organization, we bring skilled staff with experience to query Medicaid-related data and prepare reports for contractor and state use. We provide the Department with a primary contact for developing queries and requesting assistance from the DW/DS system manager.

e. System services contractor(s) will interface with the following state entities:

1. The Division of Data Management.
2. The Department of Administrative Services Information Technology Department.
3. The Eligibility Support Team.
4. The Iowa Health Information Network.

We understand that as the contractor for the IME System Services project, interfacing is imperative with state entities including the Division of Data Management, the Department of Administrative Services Information Technology Department, the Eligibility Support Team, and the Iowa Health Information Network. As such, we have a prepared solution response, which fosters a collaborative and team-

oriented approach to addressing the system services requirements. We are familiar working in environments interfacing with multiple state entities. On the Texas Medicaid project for example, we interfaced with leadership from the Department of Administrative Services and the Texas HHSC Commission IT.

In our role at Texas Medicaid, we interface regularly with the Texas HHSC Commission IT including:

- Participation in monthly IT Oversight Committee (ITOC) meeting with Texas HHSC Commission IT to monitor IT strategic direction and discuss other topics requested by the client
- Attendance at regular (weekly, bi-weekly, or monthly) meetings with Texas HHSC Commission IT leaders to provide status on specific application areas (i.e. Data Warehouse, Portal, etc.)
- Participation in bi-weekly meetings with Texas HHSC Commission IT to review any system incidents occurring during the prior week and to confirm root cause analysis
- Providing information via our project tools that provides information regarding maintenance and production support demand
- Engaging in regular and project-specific interactions during system enhancements

f. Interfaces include online updates to the IME data systems or file transfers among the respective system services contractors' data systems and the IME data systems. The system services contractor(s) can have online access and authority to update files on the IME data systems (except systems that other state agencies operate) as necessary to perform their required responsibilities. These updates require ongoing effective communication between the respective contractor(s) and the Department to assure timely maintenance that is transparent to the IME data systems.

We understand that interfaces include online updates to IME data systems or file transfers among the respective system services contractors' data systems and the IME data system. We also understand that we have online access and authority to update files on the IME data system that are necessary to perform our duties (except those operated by other state agencies). We acknowledge that making these updates requires ongoing and effective communication between the Accenture Team, the Department and the respective contractor(s). We agree to effectively communicate between the Department, and respective contractor(s) to assure timely maintenance that is transparent to the IME data systems.

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

Our solution includes a data exchange approach that is reliable, flexible and configurable, supporting data exchanges through several mechanisms allowing for new data fields and new data sources to be added as needed. We work with each interface partner to determine the appropriate method for exchanging information. Our Interface Plan specifies the procedures we follow with each interface partner to identify the interface, document the format and data elements to exchange, the edits to apply and the preferred mechanism for exchange.

Changes or updates to these interfaces are governed by our change control process and subject to the governance processes. We review, prioritize and communicate these changes before they are finalized and implemented.

g. System services contractor(s) will respond to the Department requests for information and other requests for assistance within the timeframe that the Department specifies.

The Accenture Team responds to the Department requests for information and other requests for assistance within the timeframe specified by the Department. The Accenture PMO maintains an Action

Item Log of requests and action items gathered during the course of project activities and meetings. For each action item on the log we capture the following information:

- Description of the action or information request/action
- Origination point or meeting for the request/action
- Name of the person or organization making the request/action
- Owner assigned to fulfill the request/action
- Date the request/action is due to be completed
- Description of action/request completion details

We monitor the requests/actions on the list to confirm that each item is closed out on or before the completion date. The log is available to the Department and any other IME team member the DHS identifies.

h. System services contractor(s) will prepare and submit to the Department requests for system changes and notices of system problems related to the Contractor's operational responsibilities.

The Accenture Team prepares and submits to the Department requests for system changes and notices of system problems related to our operational duties. Change Management is one of the key components of our Project Management processes. It provides prompt and efficient handling of requests for changes to the IME MMIS, while maintaining levels of service integrity and stability. We follow the approved change management process and use the Rational tool set to record, track and manage the requests for changes and notices of system problems.

Based on prior experience, we have found that incorporating a single change management process at the project's beginning provides a more consistent process and toolset for effective scope management. The Department's access to this information through our integrated tools also provides transparency and allows access to the estimates associated with change management requests.

At any point a problem notice or request for change can be identified. A change management request (CMR) can include an enhancement request, an adjustment to policy change, or a request for the resolution of incidents or problems. In a collaborative fashion with the Department, we determine and document the purpose, scope, impact, priority, and category of the change. Additionally, we identify the materials, personnel, effort and cost needed to complete and implement the change. This information is then formally submitted as a CMR via the ClearQuest tool.

A key differentiator of our approach includes Release Management, which is an integral part of our change management and configuration process and is closely aligned with the overall governance. As changes are developed and tested, we use our governance processes to solicit input and insight from stakeholders affected by the changes. This could include representatives from the Department, trading partners or other vendors who interface with the Accenture Public Health Platform (APHP), representative users, or even input from help desk representatives.

To minimize disruption and increase acceptance of these changes, we perform maintenance, software modifications and system enhancements only within prescribed processes under governance. We carefully consider input from all stakeholder groups so that no one group is caught by surprise.

i. System services contractor(s) will prepare and submit for Department approval suggestions for changes in operational procedure and implement the changes upon approval by the Department.

We prepare and submit for Department approval, suggestions for changes in operational procedure. Changes will be submitted and managed via the approved change management process and implemented upon approval by the Department.

The Accenture Team captures all change requests, including operational procedures, system or business process items, in our Rational ClearQuest tool. Using the automated capabilities of the Rational Suite, we link each change request back to the related requirement(s) in Rational ReqPro and current system design documentation in Rational ClearCase. This automated linking supports the ability to assess potential changes quickly. Rational ClearQuest also enables us to capture notes and status updates for each change request as it moves through the change management process. The Department and any IME team member that DHS identifies can log in and view change requests and linked information in the Rational Suite. Using the reporting function in ClearQuest, we also generate and export reports of change requests logged in the system. We distribute these reports according to the change management process and upload them to SharePoint as point-in-time extracts.

j. System services contractor(s) will ensure that effective and efficient communication protocols and lines of communication are established and maintained throughout the IME. The contractor(s) will take no action that has the appearance or effect of reducing open communication and association between the Department and contractor(s) staff.

Accenture understands the importance of effective and efficient communication protocols and lines of communication. Transparency and working collaboratively is part of our culture and we build it into our governance approach and our project management processes. We bring the right attitude and experience to work effectively with various staff, multiple vendors and teams. We encourage open and honest interactions with the Department's staff, PMO and IV&V and QA Services vendors. We develop mutual support for project inputs and outputs to best serve the Department's needs.

As part of our Project Management Plan, we work in collaboration with the Department to establish a Governance Model and processes early in the project that provide the project with a clear path to decision making and escalation. Additionally, we create a Communication Plan that we use and maintain throughout the IME System Services project. The processes set the stage for effective and efficient communication protocols and will clearly articulate that no actions should be taken that appear to reduce open communications between the Department and the Accenture Team.

k. System services contractor(s) will attend regular meetings with Department management and all other IME contractors to provide an overview of their performance standards and issue resolutions. These meetings generally occur on a monthly basis.

The Accenture Team looks forward to attending regular monthly-conducted meetings with the Department and all other IME contractors. During this meeting we provide an overview of our documented performance standards and validated reports of issue resolutions.

Our IME System Services Project Team works with the Department's Program Management Office upon contract award to verify a common understanding performance measures, and means of measurement that are critical factors to the success of IME Project. These factors serve as the basis for the performance metrics used to monitor the IME System Services Project status and measure its success. We use our Client Services Reporting module and Operational Excellence Dashboard to provide transparent and up-to-date information about performance against these standards. We use these tools to provide data that we use at the monthly meetings with the Department and other IME contractors.

We implement issue management procedures to confirm we are tracking and resolving issues effectively with full accountability. We use Rational ClearQuest, as our centralized issues tracking tool, which our project management oversees. We collect information about the issue in this tool, including problem description, area and severity of impact, any action to date, and issue owners. We summarize this information from our weekly management meetings for use at the monthly meetings with the Department and other IME contractors.

Using our automated tools to report on performance standards and issue resolution provides a consistent format for review and discussion during these monthly meetings.

l. System services contractor(s) will meet regularly with other IME contractors and Department management to review account performance and resolve issues.

The Accenture Team plans to meet regularly with other IME contractors and Department management to review account performance and issue resolution efforts. We create a regular schedule of meetings with the Department and other IME team members using our proposed Governance Model to identify needed participants. It is important to strike a balance when scheduling formal meetings to foster open and transparent communications and issue resolution without over-scheduling people and taking up too much time. We propose an initial schedule of governance meetings every two weeks. This bi-weekly schedule can be adjusted to occur on a more frequent weekly basis or on a less frequent monthly basis to accommodate the normal ebb and flow of project work. For example, in the 90 days prior to the MMIS system go live, we may increase the frequency of governance meetings to facilitate additional communication and planning discussions.

m. System services contractor(s) will provide to the Department reports regarding contractor activities for which the contractor will negotiate the content, format and frequency of these reports with the Department. The intent of the reports is to afford the Department and the contractor better information for management of the contractor's activities and the Medicaid program.

The Accenture Team provides the Department with reports regarding our activities. We understand the intent of the reports and will work with the Department to provide information for management of our activities and the Medicaid program. We work in collaboration with the Department to negotiate the specific content, format and report frequency.

We communicate and provide progress reports on our project activity and system services throughout the life of the project. During our implementation phases, our reporting focuses on status of the implementation effort to show progress against our plan. The data we report on is extracted from our project management toolset. We develop and review template status reports with the Department to confirm expectations. With your input we tailor and finalize the format and content to provide the following reports:

- **Weekly Status Reports** - The Weekly Status Report provides a current snapshot of project progress. It recognizes project successes, but focuses on identifying areas requiring management attention and providing transparency for project risks and issues. Issues and risks identified in the Weekly Status Report are discussed during the Weekly Status Meeting. Discussing potential and actual project issues early and often helps prevent larger project issues that could potentially affect project quality, schedule, or budget.
- **Monthly Status Reports** - The Monthly Status Report helps assess the overall health of the project. It provides the Department with forward looking data and plans for the coming month. The information provided in this report helps the Accenture Team and Department leadership verify that the project has and will continue to progress according to defined expectations. It helps leadership from both teams determine if changes to the project work plan are required and provide executive summaries that can be used by the Department in presentations to management and oversight bodies.
- **Quarterly Status Reports** - Quarterly Status Reports focus on summarizing the overall status of the project. This report includes a complete and up-to-date Microsoft Project Work Plan and a CMS report.

As we prepare to move from implementation into operations, we develop a standard set of operational reports to provide the Department with details and trend information on the Medicaid business. The data for our operational reports is generated automatically using the Operational Data Store in our proposed solution. As with our implementation status reports, we review and gather feedback from the Department staff to refine the format, content, and timing of these reports.

n. System services contractor(s) will maintain operational procedure manuals and in a format specified by the Department and update the manuals when changes occur.

The Accenture Team maintains operational procedure manuals in a format specified by the Department. We will update the manuals when changes occur. We use the MMIS Repository, which is a combination of SharePoint and the Rational ClearQuest, to store for example, general documentation, system design documentation, user manuals and artifacts related to the IME MMIS System Services Project.

We use the MMIS Repository as a comprehensive repository for documents and other materials related to the project. Changes to documents in the repository would be done in accordance with the change management and document management process which include:

- Establishing and communicating a standard directory structure.
- Establishing and monitoring document naming conventions and standards.
- Capturing and reporting on standard document elements, such as: version number, author, change history and rationale, participants in document creation, and approvals.

The check-in and check-out features of the SharePoint repository provide version control on all documentation. Additionally, standard features of ClearQuest for secure version management and auditing promote the efficient management of documents and validate that they contain up-to-date material. Access-control features limit the editing and revision to only authorized individuals.

o. In situations where the Department permits contractors to use external data systems, the contractors must provide electronic interfaces from those external data systems to the IME data systems to support automated performance reporting.

Our belief of transparency into the system and transactions processed is essential to operational excellence and our philosophy of openness with our clients. In situations where the Department permits and requires the Accenture Team to use external data systems, we provide electronic interfaces from those external data systems to the IME data systems to support automated performance reporting. We collect metrics on all our business activities, such as the number of transactions, and use the Operational Excellence Dashboard (OED) to report and display those metrics.

From a system performance reporting perspective, we have tools available that allow us to monitor and report on transaction volumes and response times, including those from interfacing with an external system. For example, we may interface with the State's eligibility system through web services, in real time. In doing so, we would collect data such as the number of transactions over time, and report that information via our OED.

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# 7.2 Staffing (5.2)

Bidders are to propose sufficient staff who have the requisite skills to meet all requirements in this RFP and who can attain a satisfactory rating on all performance standards. The Department encourages bidders to leverage current IME staff. Bidders are required to include the number of proposed staff by functional area that they will use to fulfill the contract requirements.

The Accenture Team's initial staffing decisions were formed on the basis of a thorough review of the RFP requirements.

We realize that it takes a combination of Medicaid delivery leadership, trained high-performing support staff, and knowledgeable, qualified incumbents to deliver a groundbreaking MMIS. The result of this approach is a dynamic team that serves and meets the needs of the Department's Medicaid members, providers and other stakeholders.

We further understand the need of the Iowa Medicaid Enterprise (IME) for a quality team that stays and grows with the project. Continuity and relationship management are important factors in key personnel and team staffing. The IME serves the Medicaid population—those individuals who are often the most vulnerable and who face enormous challenges every day in the ever-changing healthcare arena. The people who make up our staffing plan understand the importance of this work and are committed to performing every aspect of their assignments and giving their very best.

Our key personnel team, all of whom have successfully delivered technology and services, and supported Medicaid and other government healthcare programs in Iowa and other states, will work closely with the IME team to improve the coordination and care of the State's Medicaid recipients. Our support team includes skilled people in Accenture's talent pool, a cadre of S2Tech technical professionals, and Mainstream Living administrative support personnel.

Our staffing approach includes aggressively pursuing incumbent staff that possesses institutional, legacy knowledge that is invaluable to a successful transition to the new MMIS. Ninety-eight percent of incumbent personnel to whom we extend offers accept and after two years of employment, 95 percent are still with Accenture. The Accenture team has assembled the right people who are prepared and motivated to support the Department in its mission.

Section 6.2.7.1, Organization Charts, provides details including staffing projections by functional area, position/role, and role responsibilities through all project phases.

## 7.2.1 Named Key Personnel (5.2.1)

The Department is requiring key positions to be named for each module, consistent with the belief that the bidder should be in the best position to define the project staffing for the contractor's approach to the RFP requirements. Resumes, along with letters of commitment for the start-up and implementation staff, must be supplied with the proposal.

Key staff must be available for assignment for the MMIS and POS projects on a full-time basis and must be solely dedicated to this project. Each key staff member must have the required experience.

Key staff positions for the System Services RFP are named below:

a. Account Manager.

b. Systems Implementation Manager.

c. Project Manager for the Project Management Office.

d. Quality Assurance Manager.

e. Data Conversion Manager.

f. Interface Manager.

g. Testing Manager.

h. Certification Manager.

i. Turnover Manager.

j. Systems Manager.

k. Claims Operations Manager.

l. POS Operations Manager.

Accenture is proposing to fill the Key Personnel leadership roles for the IME System Services Project with talented people who not only have the requisite experience and education germane to their positions, but have first-hand experience with the Iowa Medicaid environment as well. They comprehend the big picture, understanding individually and as a team how to deliver the Iowa Medicaid Enterprise MMIS. We have made a point to seek out the most talented professionals to work with the Department in undertaking this complex and critically important project.

Our experienced team represents decades of Medicaid and other healthcare and information technology experience. Each member is a proven leader and devoted professional who has demonstrated high level performance throughout their career. Each person recognizes that while the IME represents a major project, it also represents a community of which they desire to be a part. Our assembled team stands ready to collaborate with the Department and be available on day one to fully engage in their assigned roles.

| KEY PERSONNEL TITLE | NAME |
|---|---|
| Account Manager | Patrick Dahlen |
| Systems Implementation Manager | Robert Carrico |
| Project Manager for the Project Management Office | Jelane Johnson |
| Quality Assurance Manager | Lisa McNeil |
| Data Conversion Manager | Sean Hiatt |
| Interface Manager | Pamela Gifford |
| Testing Manager | Zachary Rasmussen |

The proposed key staff is available for the IME on a full-time basis and dedicated 100% to the project, as indicated by the following table.

| Key Staff Title | 100% Dedicated to the Project | Meets or Exceeds Required Experience |
|---|---|---|
| ***Account Manager*** ***Patrick Dahlen*** | Yes | Yes |
| ***Systems Implementation Manager*** ***Robert Carrico*** | Yes | Yes |
| ***Project Manager for the PMO*** ***Jelane Johnson*** | Yes | Yes |
| ***Quality Assurance Manager*** ***Lisa McNeil*** | Yes | Yes |
| ***Data Conversion Manager*** ***Sean Hiatt*** | Yes | Yes |
| ***Interface Manager*** ***Pamela Gifford*** | Yes | Yes |
| ***Testing Manager*** ***Zachary Rasmussen*** | Yes | Yes |

*Table 7 - 1. The Department benefits with a qualified key personnel team solely dedicated to delivering every aspect of the IME*

Key personnel roles that are scheduled to start after the Start Up and Implementation Phases are subject to the established protocol for key personnel selection and approvals. The Accenture Team will present proposed candidates for the roles of Certification Manager, Claims Operations Manager, Systems Manager, and Turnover Manager to the Department consistent with the timeframe for each assigned phase.

We are confident that the Accenture Team has assembled a comprehensive talented staff with the requisite skills in the appropriate numbers to effectively deliver the new IME MMIS.

## 7.2.2 Key Personnel Requirements (5.2.2)

General requirements for key personnel are as follows:

a. The bidder must employ the account manager and project manager for the Project Management Office (PMO) for the MMIS and POS when the bidder submits the proposal.

b. The bidder must employ all other key personnel or must have a commitment from them to join the bidder's organization by the beginning of the contract start date with the exception of Certification, Operations, and Turnover staff.

c. The bidder must commit key personnel named in the proposal to the project from the start date identified in the table below for the start-up and implementation phases. The bidder may not reassign key personnel during this period, except in cases of resignation or termination from the contractor's organization or in the case of the death of the named individual.

Accenture has carefully validated that our selected Key Personnel meet the defined experience and education requirements, bring additional skills and relevant experience, and are prepared to meet other special requirements including start date and status of Accenture employment. The following figure reflects the timeline for each role as well as other special requirements. In accordance with the RFP, we have included commitment letters from the personnel depicted in Figure 7 - 1.

**Key Personnel Through All Phases**

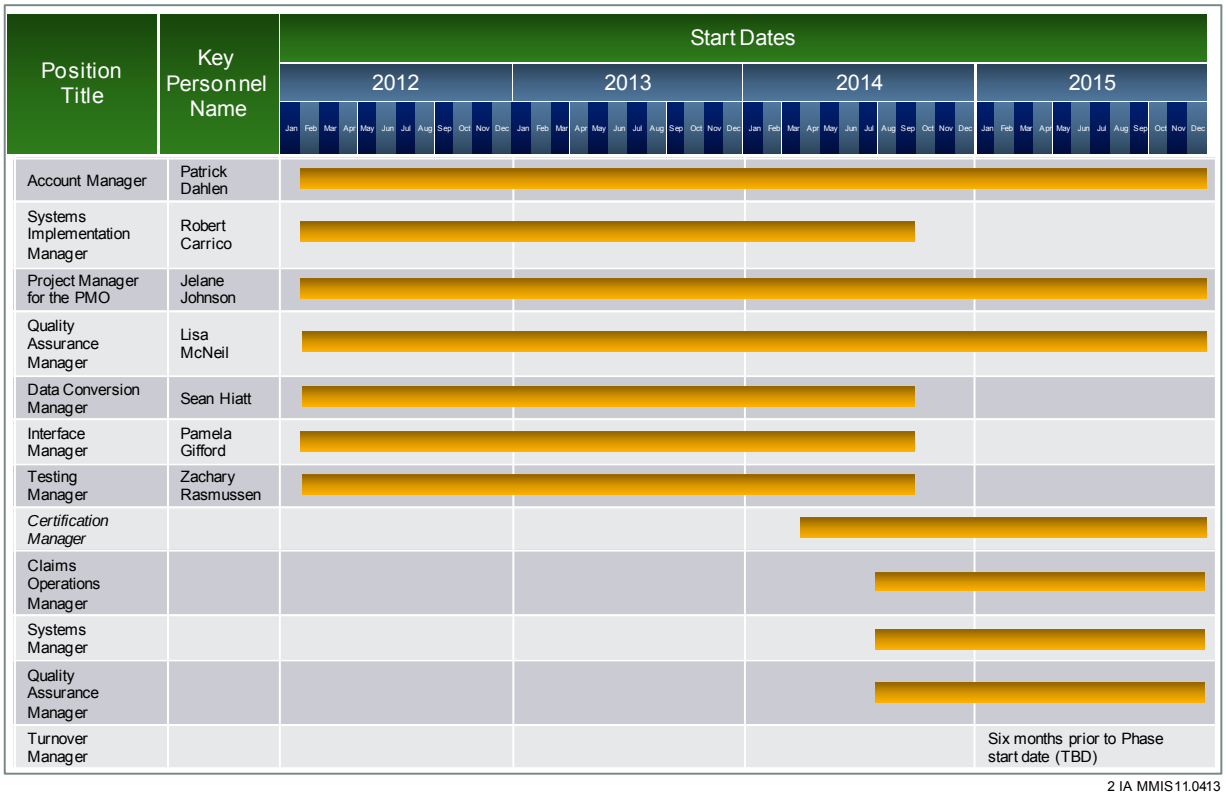


*Figure 7 - 1. Key personnel are prepared to engage according to the timelines set for their respective roles on the IME System Services Project.*

## 7.2.3 Key Personnel Resumes (5.2.3)

Resumes must include the following information:

a. Employment history for all relevant and related experience.

b. Names of employers for the past five years, including specific dates.

c. All educational institutions attended and degrees obtained.

d. All professional certifications and affiliations.

Resumes for all Key Personnel are provided in Section 6.2.7, Project Organization. The resumes denote the employment history for all relevant and related experience; names of employers for the past five years, including specific dates; all educational institutions attended and degrees obtained; and all professional certifications and affiliations.

## 7.2.4 Key Personnel References (5.2.4)

References for key personnel must meet the following requirements:

a. Must include a minimum of three professional references outside the employee's organization that can provide information about the key person's work on that assignment.

b. Must include the reference's full name, mailing address, telephone number and e-mail address.

c. Must include the agency's or company's full name and street address with the current telephone number and e-mail address of the client's responsible project administrator or service official who is directly familiar with the key person's performance.

d. Must be available to the Department to contact during the proposal evaluation process.

e. Must reflect the key person's past five years of professional experience.

f. The Department reserves the right to check additional personnel references.

In accordance with RFP requirements, each Key Personnel has provided professional references, which follow their resume in Section 6.2.7.3. These references are clients who are familiar with the proposed candidate's work performance. Each individual has submitted a minimum of three professional references, including full name, position title, company name, mailing address, telephone number and email address. The Candidate Professional References form also summarizes the key person's past five years of professional experience.

References are available to the Department during the proposal evaluation process. Further, a notation is included on the form acknowledging that the Iowa State Department reserves the right to check additional personnel references.

## 7.2.5 Letter of Commitment (5.2.5)

The proposal must include letters of commitment and resumes of all key personnel named for the Start-up and Implementation Phases.

A letter of commitment to the Department has been prepared and signed by the following named Key Personnel for the Start Up and Implementation Phases:

- Patrick Dahlen, Account Manager
- Robert Carrico, Systems Implementation Manager
- Jelane Johnson, Project Manager for the PMO
- Lisa McNeil, Quality Assurance Manager
- Pamela Gifford, Interface Manager
- Sean Hiatt, Data Conversion Manager
- Zachary Rasmussen, Testing Manager

In addition, resumes for these same individuals are located in section 6.2.7.3.

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accenture

Accenture LLP
11951 Freedom Drive
Reston, VA 20190
accenture.com

August 30, 2011

Mary Tavegia, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
200 Army Post Road, Suite 2
Des Moines, Iowa 50315

Re: Key Staff Letter of Commitment for Iowa Medicaid Enterprise System Services
RFP MED-12-001

Dear Ms. Tavegia:

In the event of a contract between Iowa Department of Human Services and Accenture for the Medicaid Enterprise System Services Project, I intend to work on the project as proposed.

Sincerely,

Patrick Dahlen

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Accenture LLP
11951 Freedom Drive
Reston, VA 20190
accenture.com

August 30, 2011

Mary Tavegia, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
200 Army Post Road, Suite 2
Des Moines, Iowa 50315

Re: Key Staff Letter of Commitment for Iowa Medicaid Enterprise System Services
RFP MED-12-001

Dear Ms. Tavegia:

In the event of a contract between Iowa Department of Human Services and Accenture for the Iowa Medicaid Enterprise System Services Project, I intend to work on the project as proposed.

Sincerely,

Robert Carrico

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accenture

Accenture LLP
11951 Freedom Drive
Reston, VA 20190
accenture.com

August 30, 2011

Mary Tavegia, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
200 Army Post Road, Suite 2
Des Moines, Iowa 50315

Re: Key Staff Letter of Commitment for Iowa Medicaid Enterprise System Services
RFP MED-12-001

Dear Ms. Tavegia:

In the event of a contract between Iowa Department of Human Services and Accenture for the Iowa Medicaid Enterprise System Services Project, I intend to work on the project as proposed.

Sincerely,

Jelane Johnson

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accenture

Accenture LLP
11951 Freedom Drive
Reston, VA 20190
accenture.com

August 30, 2011

Mary Tavegia, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
200 Army Post Road, Suite 2
Des Moines, Iowa 50315

Re: Key Staff Letter of Commitment for Iowa Medicaid Enterprise System Services
RFP MED-12-001

Dear Ms. Tavegia:

In the event of a contract between Iowa Department of Human Services and Accenture for the Iowa Medicaid Enterprise System Services Project, I intend to join the bidder's organization by the beginning of the contract start date. I also intend to work on the project as proposed.

Sincerely,

Lisa C McNeil

Lisa McNeil

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Accenture LLP
11951 Freedom Drive
Reston, VA 20190
accenture.com

August 30, 2011

Mary Tavegia, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
200 Army Post Road, Suite 2
Des Moines, Iowa 50315

Re: Key Staff Letter of Commitment for Iowa Medicaid Enterprise System Services
RFP MED-12-001

Dear Ms. Tavegia:

In the event of a contract between Iowa Department of Human Services and Accenture for the Iowa Medicaid Enterprise System Services Project, I intend to work on the project as proposed.

Sincerely,

Pamela Gifford

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accenture

Accenture LLP
11951 Freedom Drive
Reston, VA 20190
accenture.com

August 30, 2011

Mary Tavegia, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
200 Army Post Road, Suite 2
Des Moines, Iowa 50315

Re: Key Staff Letter of Commitment for Iowa Medicaid Enterprise System Services
RFP MED-12-001

Dear Ms. Tavegia:

In the event of a contract between Iowa Department of Human Services and Accenture for the Iowa Medicaid Enterprise System Services Project, I intend to work on the project as proposed.

Sincerely,

Sean Hiatt

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accenture

Accenture LLP
11951 Freedom Drive
Reston, VA 20190
accenture.com

August 30, 2011

Mary Tavegia, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
200 Army Post Road, Suite 2
Des Moines, Iowa 50315

Re: Key Staff Letter of Commitment for Iowa Medicaid Enterprise System Services
RFP MED-12-001

Dear Ms. Tavegia:

In the event of a contract between Iowa Department of Human Services and Accenture for the Iowa Medicaid Enterprise System Services Project, I intend to work on the project as proposed.

Sincerely,

Zachary P. Rasmussen

Zachary P. Rasmussen

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## 7.2.6 Department Approval of Key Personnel (5.2.6)

a. The Department reserves the right of prior approval for all named key personnel in the bidder's proposal.

b. The Department also reserves the right of prior approval for any replacement of key personnel.

c. The Department will provide the selected contractor 45 days to find a satisfactory replacement for the position except in cases of flagrant violation of state or federal law or contractual terms. Extensions may be requested in writing and approved by the Department.

d. The Department reserves the right to interview any and all candidates for named key positions prior to approval.

The Accenture Team acknowledges and agrees to the Department's approval of Key Personnel as noted below:

| Department Requirement | Accenture Acknowledges and Agrees |
|---|---|
| The Department reserves the right of prior approval for all named key personnel in Accenture's proposal | Yes |
| The Department reserves the right of prior approval for any replacement of key personnel | Yes |
| The Department will provide the selected contractor 45 days to find a satisfactory replacement for the position except in cases of flagrant violation of state or federal law or contractual terms. Extensions may be requested in writing and approved by the Department. | Yes |
| The Department reserves the right to interview any and all candidates for named key positions prior to approval. | Yes |

*Table 7 - 2. The Department and Accenture Team will collaborate to place talented and proven high performers on the IME Project.*

We understand the value of getting the right people in the right positions. In the spirit of working collaboratively and transparently with the Department, the Accenture Team commits to these requirements.

## 7.2.7 Changes to Contractor's Key Personnel (5.2.7)

a. The contractor(s) may not replace or alter the number and distribution of key personnel as bid in its proposal without prior written approval from the Department which shall not be unreasonably withheld.

1. Replacement for key personnel will have comparable knowledge transfer, experience and ability to the person originally proposed for the position.

2. Replacement personnel, whom the Project Director or Contract Administrator have previously approved, must be in place performing their new functions before the departure of the key personnel they are replacing and for whom the Project Director or Contract Administrator has provided written approval of their transfer or reassignment.

3. The Project Director or Contract Administrator may waive this requirement upon presentation of good cause by the contractor(s).

b. The contractor(s) will provide the Project Director or Contract Administrator with 15 business days notice prior to any proposed transfer or replacement of any contractor's key personnel.

1. At the time of providing such notice, the contractor(s) will also provide the Project Director or contract administration with the resumes and references of the proposed replacement key personnel.

2. The Project Director or Contract Administrator will accept or reject the proposed replacement of key personnel within 10 business days of receipt of notice.

3. Upon request, the Project Director or Contract Administrator will have an opportunity to meet the proposed replacement key personnel in Des Moines, Iowa, within the 10 day period.

4. The Project Director or Contract Administrator will not reject proposed replacement key personnel without reasonable cause.

5. The Project Director or Contract Administrator may waive the 15 business day notice requirement when replacement is due to termination, death or resignation of a key employee.

Maintaining a consistently high-performing team from the Start Up phase through the Implementation Phase and beyond contributes to the success of the IME. It is the Accenture Team's expectation that the key personnel will remain for the duration of the phases to which they are assigned.

Should changes occur, we acknowledge and agree with Department requirements relating to changes in Key Personnel, as indicated in Table 7 - 3.

| Department Requirement | Accenture Acknowledges and Agrees |
|---|---|
| Accenture may not replace or alter the number and distribution of key personnel as bid in our proposal without prior written approval from the Department which shall not be unreasonably withheld.<br>• Replacement for key personnel will have comparable knowledge transfer, experience and ability to the person originally proposed for the position.<br>• Replacement personnel, whom the Project Director or Contract Administrator have previously approved, must be in place performing their new functions before the departure of the key personnel they are replacing and for whom the Project Director or Contract Administrator has provided written approval of their transfer or reassignment.<br>• The Project Director or Contract Administrator may waive this requirement upon presentation of good cause by Accenture. | **YES** |
| Accenture will provide the Project Director or Contract Administrator with 15 business days notice prior to any proposed transfer or replacement of any contractor's key personnel.<br>• At the time of providing such notice, Accenture will also provide the Project Director or contract administration with the resumes and references of the proposed replacement key personnel.<br>• The Project Director or Contract Administrator will accept or reject the proposed replacement of key personnel within 10 business days of receipt of notice.<br>• Upon request, the Project Director or Contract Administrator will have an opportunity to meet the proposed replacement key personnel in Des Moines, Iowa, within the 10 day period.<br>• The Project Director or Contract Administrator will not reject proposed | **YES** |

| Department Requirement | Accenture Acknowledges and Agrees |
|---|---|
| replacement key personnel without reasonable cause.<br>• The Project Director or Contract Administrator may waive the 15 business day notice requirement when replacement is due to termination, death or resignation of a key employee. | |

*Table 7 - 3. The Accenture Team and the Department will work together to maintain high caliber key personnel throughout the project lifecycle*

We are in an excellent position to retain resources and, when necessary, identify qualified potential successors to each key role given the depth and breadth of:

- Our team
- The custom IME System Services Project Job Rotation Plan
- The planned backup assignments
- Our proven retention strategies
- Our ability to access the Accenture talent pool

## 7.2.8 Job Rotation (5.2.8)

The contractor(s) will be required to develop and maintain a plan for job rotation and conduct knowledge transfer to staff to ensure that all functions can be adequately performed during the absence of staff for vacation and other absences.

The Accenture Team developed a plan for job rotation and knowledge transfer for all Accenture IME staff to provide for coverage of all functions in the event of vacation and other absences. The plan enables participants to move through a schedule of assignments designed to broaden the individual's knowledge of other Project functions, facilitate knowledge transfer and support stability and continuity of IME MMIS operations.

Appreciating the operational responsibilities and the critical importance of maintaining continuity of operations, the job rotation plan is designed to be simple, direct, and comprehensive.

**IME Staff Job Rotation Plan - A Phased Approach**

- **Phase One – Key Personnel, Month 6**
- **Phase Two – Senior Staff, Month 12**
- **Phase Three – All Staff, Month 18**

The job rotation plan is implemented through a phased approach. Key Personnel initiates the job rotation with assignments tied to the backup roles identified for them when they go on vacation or other absence. Six months following commencement of the job rotation plan by key personnel, selected senior professional and technical employees holding sensitive positions begin participation in the plan. Six months following initiation of job rotation for senior employees, the remaining staff members begin participation in the program.

Elements of the knowledge transfer are ongoing and consistently applied developmental activities. The leadership team determines appropriate rotation assignments and schedules within their respective organizational units. Knowledge transfer is accomplished through both formal and informal approaches. Formal training is delivered through scheduled project-wide knowledge transfer sessions to employee groups along with monitored tasks and job aids for the individual. Informal knowledge transfer is accomplished by a "learn by doing" approach including peer programming and face-to-face job shadowing, in effect through on-the-job training. Section 7.7 Knowledge Transfer describes these methods in more detail.

The plan focuses on both the person and the position. Rotations are directly linked to IME System Services goals as well as the individual's learning needs and preferences. At the beginning of the rotation

both employee and manager reach a clear understanding of exactly which skills to enhance by the assignment as well as establish expectations and learning goals. A timeline is set for the rotation and for the participant to move back into their pre-rotation role after the development activity concludes.

While the job rotation plan is IME Project specific, it is not administered in isolation. IME Project people have access to broad learning and development tools that are available corporate-wide. Personalized learning options enable staff members to be closely involved in their own development. These options include Learning Roadmaps, which allow the Accenture Team to provide more personalized recommended curricula to find the right training, collaboration and job experience to build their specialized skills.

The IME job rotation plan is designed to match the specific needs of the IME while aligning with participant career interests. The obvious benefits are professional and technical development for the participants, and continuity of skilled people resources for the Project.

Developing employees' capabilities with a combination of job rotation and Accenture's knowledge transfer programs facilitates maintaining and even improving staff morale while supporting knowledge transfer and continuity of performance through all contract phases.

The RFP requirement for the Job Rotation Plan is to provide adequate coverage of all functions during the absence of staff for vacation and other extended leaves. Specific outcomes for the job rotation are established and reviewed so its success can be measured when the arrangement has reached its conclusion. As this plan matures, the Accenture Team anticipates for each IME role a minimum of two people progress through the knowledge transfer continuum to achieve Proficiency level as indicated in the graphic below.

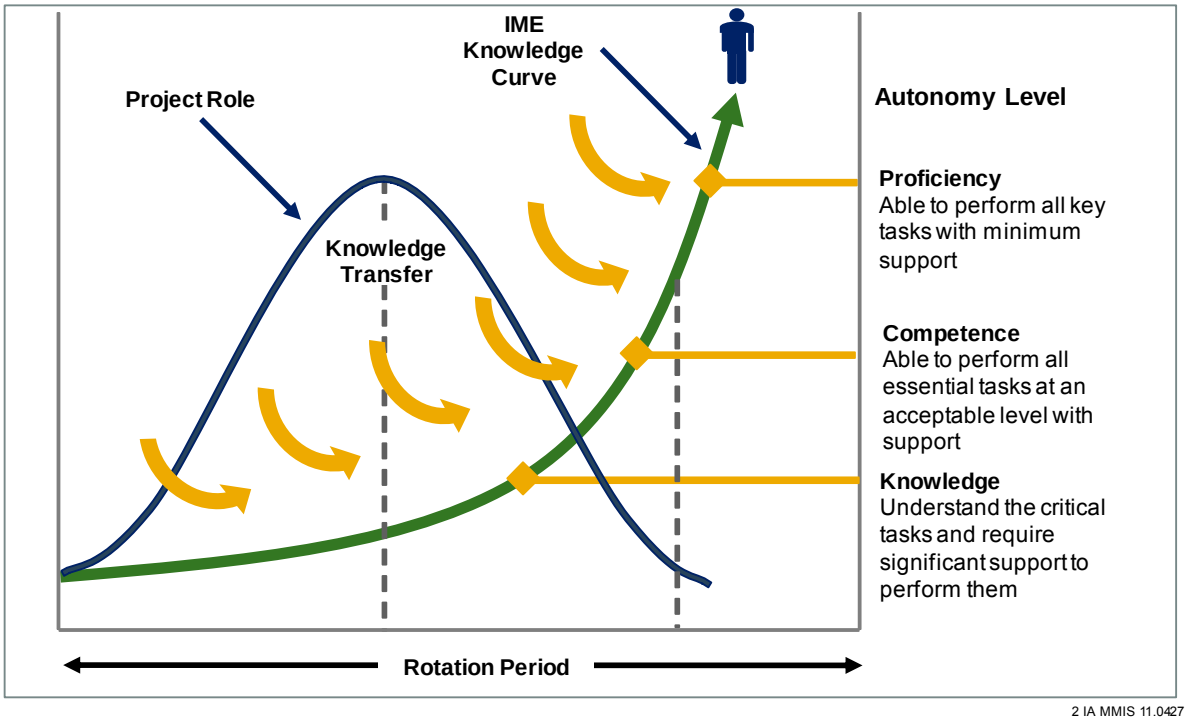


*Figure 7 - 2. The Department benefits as participants achieve proficiency levels in their job rotation roles*

## 7.2.9 Coverage during Vacations for Sensitive Positions (5.2.9)

The contractor(s) will be required to designate staff who are trained and able to perform the functions of sensitive positions when the primary staff member is absent on consecutive days of vacation.

Accenture designates staff members who are trained and able to perform the functions of sensitive positions when primary staff members are absent on consecutive days of vacation or extended leave. By definition, the Accenture Team considers all key personnel to be sensitive positions. Other sensitive positions are identified by key personnel for their respective functional areas and assigned a backup.

Accenture formally establishes backup roles for key personnel as shown in Table 7 - 4. The respective backup assignments are mapped on the basis of similar or related levels, skill-sets, experience, and career interests. Training involves a transition meeting between the two parties, including a written plan of duties and action items, informal communications, and formal scheduled preparatory training in the interim. This approach to providing coverage for sensitive positions will overlap with the job rotation program as described in Section 7.2.8.

When personnel in sensitive positions are on vacation or extended leave, Accenture uses the backup role or identify the individual who is prepared to continue in that role during the absence of the primary staff member.

The effectiveness of these assignments are formally evaluated on a regular basis by members of the leadership team and adjusted as appropriate. This process is managed by the Accenture PMO.

| Key Role | Backup Role |
|---|---|
| Account Manager | Program Manager, PMO |
| Program Manager, PMO | QA Manager |
| Systems Implementation Manager | Account Manager |
| Data Conversion Manager | Interface Manager |
| Interface Manager | Systems Implementation Manager |
| Testing Manager | Data Conversion Manager |
| QA Manager | Testing Manager |

*Table 7 - 4. Proposed backup assignments maintain key personnel continuity through all phases of the IME Project.*

## 7.2.10 User Access (5.2.10)

An application is considered unavailable when a user does not get the complete, correct full-screen response to an input transaction after depressing the “enter” key or another specified function key. The Department will notify the contractor(s) when they have determined the system is unavailable.

The contractor(s) must establish a performance dashboard that will report to the selected service level indicators from the Department applications to indicate availability of the selected application, plus an exception log identifying those applications that were not available during the reporting period. The contractor(s) will also include the calculation of user access availability in the report. The frequency, content and methodology for the reports must be approved by the Department. The contractor(s) will be responsible for providing and maintaining all necessary telecommunications circuits between the Department offices and the contractor's facilities.

Network response time shall be measured for all Department business days between the hours of 7:00 a.m. to 6:00 p.m. Central Time. Contractor(s) must provide an automated means to measure and report network response time that meets the Department requirements. The network response time is measured from the time the transaction is entered until all data is displayed on the screen or print process begins. Network response times are outlined in the performance standards.

Our philosophy for operating the IME MMIS is one of transparency. APHP includes an Operational Excellence Dashboard (OED) that provides the Department and operations staff access to key operational metrics. We configure the OED to display the State specific service level measures and key performance indicators our solution collects from the operational processes. Our solution also provides for the ability to establish and collect State defined metrics. Accenture works with the Department during the Implementation Phase to determine the frequency, content and method for collecting the metrics specific to user access. We propose Microsoft's System Center Operations Manager (SCOM) to collect and report on infrastructure performance that includes detail reporting on performance and availability metrics of IT service levels and response times.

Our solution brings a number of tools that allow us to collect and report on the performance and availability metrics that will be used to populate the user access portion of the Operational Excellence Dashboard. A sample of a dashboard report is the Operational Excellence report which is included in Figure 7 - 3.

Accenture also includes the calculation of user access availability in the report. The frequency, content and methodology for the reports must be approved by the Department. As part of our regular governance meeting for operations, we will review the OED with the Department to continue to provide visibility and transparency into the operations of the IME MMIS.

3 IA MMIS 11.0280c

*Figure 7 - 3. APHP reporting capabilities are flexible and easy to generate. The Department will be able to quickly and accurately assess Accenture's performance on SLAs and application availability, providing visibility for all stakeholders.*

Accenture acknowledges that we provide and maintain all necessary telecommunications circuits between the Department Data Center and the Accenture temporary facility.

Network response time is measured for all Department business days between the hours of 7:00 a.m. to 6:00 p.m. Central Time. Accenture provides an automated means to measure and report network response time that meets the Department requirements. The network response time is measured from the time the transaction is entered until all data is displayed on the screen or print process begins.

## 7.2.11 Employees and Subcontractors (5.2.11)

The contractor(s) shall comply with all federal and state requirements concerning fair employment, employment of the disabled and concerning the treatment of all employees without regard to discrimination by reason of race, color, religion, gender, national origin or physical disability.

Accenture and our subcontractors comply with all federal and state requirements concerning fair employment, employment of the disabled and concerning the treatment of all employees without regard to discrimination by reason of race, color, religion, gender, national origin or physical disability.

The Accenture Team strives to create a work environment that welcomes all forms of differences. Each employee and contractor is a respected member of our team; we recognize and value individual similarities and differences. Our workforce is a reflection of the clients we serve, the suppliers we do business with and the communities in which we operate.

Inclusion and diversity are fundamental to our culture and core values of Accenture and the Department. These qualities foster an innovative and collaborative work environment that helps our people to be successful and enables Accenture to deliver the highest quality to the IME.

**Accenture's commitment to inclusion and diversity has earned us recognition across the globe**

Recent awards include:

- Ranked No. 3 on DiversityInc's "Top 10 Companies for Global Diversity
- Named to Working Mother magazine's "100 Best Companies for Working Mothers" for the 8th consecutive year
- Achieved a perfect score on the Human Rights Campaign's Corporate Equality Index
- Earned "Best Place to Work" awards in all geographies
- Make Fortune's list of "World's Most Admired Companies" for the 6th straight year (IT Services category)

Accenture selects contractors to enhance Accenture's skills and knowledge based on their areas of focus and experience. Contractors undergo rigorous qualification and background checks to verify their credentials and ability to perform the scope of work successfully. We also confirm that all Accenture contractors are in compliance with Federal and State laws regarding fair employment, employment of the disabled and concerning treatment of all employees.

## 7.2.12 Residency and Work Status (5.2.12)

The contractor(s) must follow all federal and state laws regarding Social Security registration and legal work status of all staff employed or contracted by the contractor(s).

Accenture follows all Federal and State laws regarding Social Security registration and legal work status of all staff employed or contracted by Accenture.

Accenture's hiring processes are effective and compliant with all local, state, and federal employment laws regarding Social Security registration and legal work status of all staff employed, or contracted by Accenture. All applicants to the IME Systems Services Project must complete a Federal I-9 form, Employment Eligibility Verification, to validate their legal right to work in the United States.

Candidates must also complete a pre-employment application. The information provided enables us to consistently evaluate the education, experience, and skills the candidate has to offer. All candidates must inform us on the application if they have been convicted of a felony. If this box is marked in the affirmative, the candidate may be ineligible for hire. Telephone screenings are conducted to provide detailed job information and determine whether the candidate is a probable match for the position before the application is presented to the hiring manager for review.

We use a full range of pre-employment assessment options and services to augment our recruiting and staffing process. The aim of the pre-screening assessment process is to identify the most qualified candidates or screen out the applicants who are not qualified in order to save time and money and ultimately make the right hiring decision for the Department.

## 7.2.13 Background Checks (5.2.13)

All staff employed or contracted by the contractor(s) working on the MMIS and POS must have a criminal background check done prior to employment and periodically as required by the state, with results submitted to the state for review. The contractor(s) must provide the Department with their background check criteria or guidelines for Department review and approval.

All Accenture employees working on the IME Systems Services Project will have a criminal background check performed prior to employment and periodically as required by the State. Accenture will provide the results of employee background checks in a de-identified manner which will allow Accenture to take appropriate action if the background is unacceptable to the State while maintaining the employee's confidentiality.

Any employee with a background unacceptable to the State will be immediately removed from the project by Accenture.

With the exception of college transcript verification for entry level hires, which is performed by Accenture, the recruiting office expedites background investigations through HireRight, a leading global provider of on-demand background and drug screening solutions.

Subject to local law, Accenture requires the following on all candidates:

- Social Security verification
- Social Security Trace
- Verification of all education
- Criminal Felony and misdemeanor
- Federal Criminal
- Nationwide Background Search (from the HireRight database)
- Global Sanctions and Enforcement Check (GSEC)
- Employer reference

Accenture's formal background check criteria will be provided for the Department's review and approval.

## 7.2.14 Bonding (5.2.14)

The MMIS and POS contractor(s) must be bonded against loss or theft for all staff who handle or have access to checks in the contractor's performance of its functions.

All employees and contractors who handle or have access to checks in the performance of their duties will be bonded against loss or theft.

## 7.2.15 Subcontractors (5.2.15)

The Department reserves the right to prior approve all subcontractor(s) and subcontractor(s) work locations.

Accenture affirms that the Department has the right to approve all subcontractor(s) and subcontractor(s) work locations, and will establish a procedure to facilitate this process.

We have arranged to continue the services of S2Tech and Mainstream, both previously Department-approved IME contractors. Incorporated in 1997, S2Tech has provided a wide variety of mission-critical technical support to state Medicaid programs throughout the United States. S2Tech technical professionals, from analysts to developers to project managers, deliver an array of services in support of Medicaid Management Information Systems (MMIS) and related systems. S2Tech has provided services to Fiscal Agent vendors or state programs in 26 states, including the Iowa Medicaid Enterprise.

S2Tech is a national partner to Accenture for our APHP product. We recognize the strong, positive relationship S2Tech has with the IME and the Department, which has been built over the past seven years as they have provided MMIS technical support for the Core MMIS transition. Accenture chose to partner with S2Tech because the strong relationship with the IME and the Department, coupled with their knowledge of the existing applications, data, and environment will minimize the transition risk. Please refer to the letter on the following page provided by Day Veerlapati, President and CEO of S2Tech, that shows support of our relationship and commitment to this opportunity.

**Accenture Maintains Valued Subcontractor Services**

**S2Tech**

- Since 1999, provided Medicaid system development, modification, and enhancement services to 26 state Medicaid programs
- Have provided technical services to IME since 2004
- Through Accenture, will continue supporting IME MMIS

**Mainstream**

- Since 1975, provided community-based services for persons with disabilities
- Since 1997, provided administrative support in preparing IME MMIS mass mailings
- Through Accenture, will continue to support IME MMIS

Since 1997, Mainstream has provided administrative support to IME in preparing mass mailings, envelope stuffing and other related roles. With the Accenture Team, the Department will continue to realize the benefits of this long-term relationship.

Our arrangements with proven and known contractors provide continuity and enhances stability as we work together to deliver the new IME.

S2Tech

*Enabling Client Success*

September 12, 2011

Mary Tavegia, Issuing Officer
Iowa Department of Human Services
Iowa Medicaid Enterprise
200 Army Post Road, Suite 2
Des Moines, Iowa 50315

**Subject: Iowa Medicaid Enterprise System Services Request for Proposal / RFP MED-12-001**

S2Tech is pleased to be included in Accenture's proposal for Iowa Medicaid Enterprise System Services. As a national partner to Accenture for implementation and operations maintenance / modification technical support for the company's new APHP, we are excited to have the opportunity to continue our services to the State of Iowa should Accenture be awarded the new contract.

We value our long-standing relationship with the Iowa Medicaid Enterprise (IME). Since August 2004, S2Tech has provided MMIS technical support for Core MMIS transition, operational maintenance, and enhancement. Today, S2Tech resources comprise the majority of the systems teams supporting Core MMIS operations as well as the 5010 and ICD-10 enhancement projects. Our Des Moines-based personnel have many years of experience with the Iowa Medicaid program and have developed close working relationships with Department staff.

S2Tech understands the risks the Department is facing in transitioning to a new IME and a new systems vendor. We believe our current Core MMIS support role offers the State the opportunity to eliminate or lessen many of these risks. Because we anticipate continuing our support of the current Core MMIS through the implementation of the new APHP, S2Tech is in the unique position to ensure the appropriate prioritization of technical resources between current IME operations and APHP implementation activities.

For the past seven years, S2Tech has maintained a commitment to the Department for the success of the IME. We look forward to continuing that commitment for many years to come.

Sincerely:

Day Veerlapati

Dayakar Veerlapati
President & CEO

720 Spirit 40 Park Drive Chesterfield MO 63005 Phone 636.530.9286 Fax 314.754.9839 Email: day@s2tech.com, Website: www.s2tech.com

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# 7.3 Contract Management (5.3)

The complexity of implementing and administering the Iowa Medicaid program requires a contract management approach that addresses performance during all phases of the contract as a cohesive program, working in harmony across multiple contract holders for services and additional products.

We recognize that contract performance means more than just processing a claim correctly or answering a telephone quickly. Our Contract Management approach fosters a close working relationship with the Department, promoting transparent operations, open communications and positive results. Our APHP solution is configured and coupled with rigorous management processes to achieve high performance results.

We have opted to only reply to the Core MMIS portion of this procurement. Each of the IME contractors is dependent upon the performance of other IME contractors.

Our APHP solution is designed to promote a collaborative assessment and monitoring process by providing the Department and designated State personnel access to the product performance metrics. The information and metrics provided are collected automatically and provide real time structured monitoring and system generated reporting.

**Our contract management approach combines leading industry practices for business relationship management with quality management**

- Our proposed Project Manager, Patrick Dahlen, offers more than six years experience with Iowa Medicaid systems and processes.
- Accenture's North America Health and Public Services organization is independently assessed CMMI level 4, underscoring our commitment to process, consistency and repeatability
- Accenture's Global Operating Groups, including Health and Public Service, are ISO 9001:2008 certified by the British Standards Institution (BSI), who audits our Quality Management System three times per year to verify continuing compliance to the ISO 9001 standard

The following sections provide our Contract Management processes. Iowa benefits from our focus on customer satisfaction, quality service delivery, service management to metrics, and continuous improvement. The PMO and Quality Assurance teams closely measure and monitor processes, conduct trend analysis, and identify potential issues and risks to seek to prevent service problems. Service delivery reporting is based on quantitative measures and directly correlates to the quality of our performance.

The State of Iowa mandates performance-based contracts. State oversight of contractors' performance and payments to the contractor(s) are tied to meeting the performance standards identified in the contracts awarded through this RFP.

We deliver results for our clients across the globe through performance-based contracts and have a culture founded on performance and rewards based on performance. We bring this culture to the State, providing the integrity to deliver based on the performance indicators and baseline standards.

We are confident in our proposed APHP solution and process for assessing and monitoring performance in a collaborative manner presenting transparency into the daily activities of the program. Our collaborative assessment and monitoring mechanisms provide the State with effective tools to evaluate that the appropriate remedies are implemented for efficient, effective, and responsive performance.

The establishment and management of Service Level Agreements (SLAs) are critical for meeting objectives and determining if the expected value is delivered. We use our experience of managing, delivering, monitoring and measuring performance metrics in the Application, Infrastructure and Business Process Outsourcing (BPO) space to seek to provide Iowa with an improved return on investment for administration of the MMIS program. Our experience with over 600 client engagements worldwide positions us to effectively address the State's vision, and support the user community through a set of

measured performance standards. As an example, on our Texas Medicaid project we regularly report on more than 248 contract requirements for SLA compliance.

When considering strategies to enhance our performance, process and operations, the APHP solution metrics and reporting capabilities provide the foundation for evaluating performance management and delivering efficient, effective, and responsive performance. As the APHP solution is configured and becomes the core of the IME MMIS solution, the performance objectives for maintaining peak levels should address proactive measures taken to improve system delivery as well as identifying issues affecting performance.

### 7.3.1 Performance Reporting and Quality Assurance (5.3.1)

a. The contracts awarded through this RFP will contain performance standards that reflect the performance requirements in this RFP.

1. The standards will include timeliness, accuracy and completeness for performance of or reporting about operational functions.

It is important to the Accenture Team to appropriately address the performance requirements that have been set forth in the RFP. We recognize that the contracts awarded through this RFP contain performance standards that reflect the performance requirements in this RFP. We understand the Department's vision to achieve performance standards that are quantifiable and reported with as much automation as possible. Timely, accurate and complete performance reporting is crucial to the success of the new IME MMIS and establishing such standards is important. In support of this vision, our proposed solution effectively addresses performance reporting via our Client Service Reporting module and our Operational Excellence Dashboard (OED).

We collect the performance standards data from the APHP and, in cooperation with the State, perform the following activities – for the IME Core System once integrated into the IME Core System:

- Monitor the Quality of Service (QoS) output
- Monitor the Key Performance Indicators (KPIs) and service levels
- Capture performance data
- Initiate and report problem tickets when defects are identified
- Establish all problem ticket priorities
- Review and approve problem tickets, interim Contractor responses, Product CAPs
- Initiate correction notices to the Business Offices
- Participate in the Score Card assessments
- Manage administration of the State’s initiated quality audits

These critical attributes for the program can facilitate greater return on investment, increase awareness and enable the Department to address respective program obligations. We provide the Department direct visibility into daily, weekly, monthly, and annual operational data through program reporting as illustrated in Figure 7 - 4. Our APHP solution provides a central repository reporting database to deliver accurate, up-to-date reporting of program status with minimal impact to system operations.

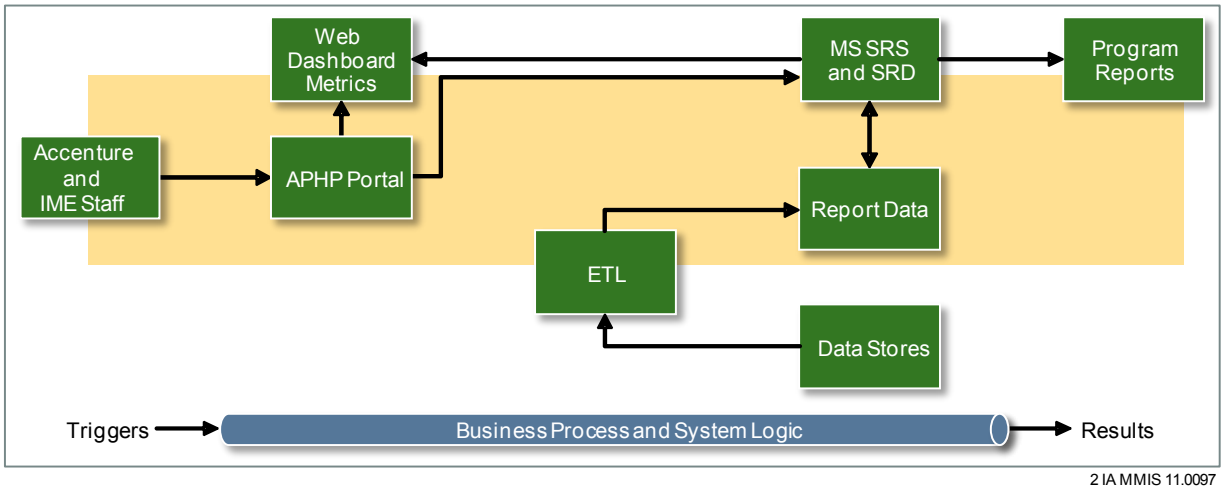


*Figure 7 - 4. APHP provides the capability to generate detailed program reports as well as view and interact with the Operational Excellence Dashboards to provide additional transparency to metrics.*

2. These performance standards must be quantifiable and reported using as much automation as possible.

We have designed our APHP performance management capabilities to provide transparency and a collaborative team supported framework for project success. Our proposed solution provides a single, cohesive view of program management information. We collect metrics to demonstrate overall program performance and we make it available from the beginning of the project. We can leverage the reporting architecture base to construct additional reports and add additional tools to the suite. This enables us to bring timely and accurate key decision-making information closer to project managers in a format that is easy to understand. Key features of this approach include:

- Service Level reporting with automated charts and graphs
- Digital dashboard views of service performance
- Historical and current performance compared against targets
- Performance trend analysis and risk mitigation

Our solution automatically extracts data from the system as transactions are processed and compiles the data in the Operational Data Store (ODS). Data in the ODS is available for reporting or accessible for viewing graphically via the Operational Excellence Dashboard. Because the data is stored real-time, data provided for reporting or via the dashboard always represents the most current information.

Our Client Service Reporting module provides the capability to extract data from the system into a report. Monthly reporting are useful tools for the Department to monitor performance and build historical trends of our performance but it does not allow the Department to react to changes or potential system problems quickly. Our APHP performance reporting and measurement tools are readily accessible through the secure Worker Portal to authorized personnel including independent verification and validation and project management contractors. With the implementation of the APHP, these authorized users have web-based access to the same reports that our management staff use, at the same time we see the information.

Reporting tools are only valuable if appropriate metrics and measurement techniques are established and agreed to at project onset. During the Implementation phase, we confirm the detailed procedures that govern how our teams deliver service to address Iowa's performance expectations. We also use service rehearsal activities during the Transition Phase to confirm with the State the appropriateness of the service level reports and the accuracy of the calculations of each individual tracking metrics.

Our Operational Excellence Dashboard (OED) provides a single destination for enterprise-wide view of service-level performance and trend analysis. Authorized Department staff and Accenture Team members have easy on-line access via the Worker Portal, to performance metrics for operational status. Designated users have access to a full spectrum of program metrics delivering quick 'dashboard' views of the IME MMIS Operations to graphically view performance data. Users access the OED view data comparisons, historical and trending information, and predictive analytics.

Our solution also provides drill-down capability to the element level of the performance metrics. The drill down feature allows the ability to select, incrementally, from within the online dashboard, the element down to the level for root cause analysis. The benefits provided by our dashboard drill down support fast analysis and risk mitigation of performance issues that is not available in other standard dashboards.

Using the OED also helps us to quickly identify areas in need of management decisions or additional investigation. The OED provides access to data that is constantly changing across program areas. The OED is driven by metrics which for example, include tracking of claims processing, and are designed to provide immediate alerts if an operation falls outside of an acceptable threshold based on Department SLAs. Figure 7 - 5 illustrates an example of the OED displaying critical operational metrics and providing quick drill-down to the element level for isolation and understanding of a specific indicator.

3 IA MMIS 11.0280c

*Figure 7 - 5. Department staff and approved users have access to the same reports our management staff use, at the same time we see the information.*

The OED also enables the State to view our performance on service levels such as claims turn-around as illustrated in Figure 7 - 6.

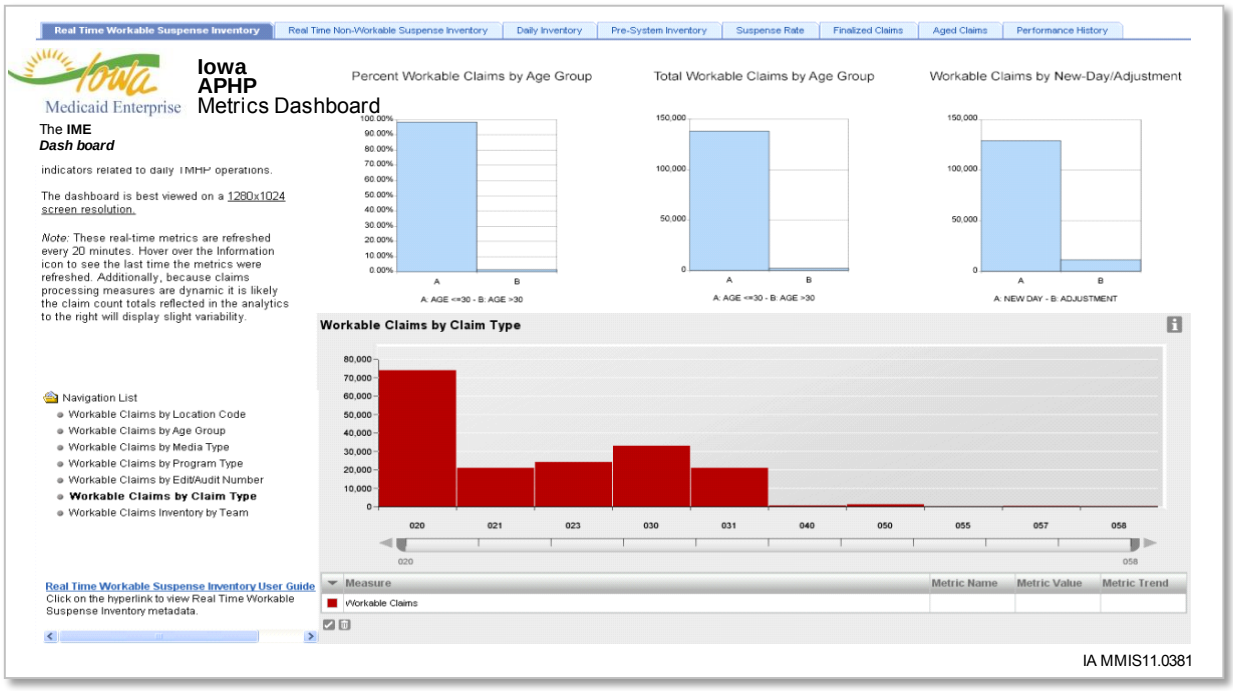


*Figure 7 - 6. The Department metrics dashboard provides easily accessible, real-time visibility into program operations as shown by this sample of workable claims age (process time).*

We use the combination of our Client Service Reporting and our Operational Excellence Dashboard to provide Iowa automated analytical and operational reporting capabilities. Using these tools, authorized Department staff and Accenture Team members can access a single, consolidated data store, to oversee and monitor key utilization and trends. See Proposal Section 10.1.15 Program Management Reporting for more detailed information.

3. The Department will select a subset of the standards for the contractor(s) to include in a quarterly public report.

We collaborate with the Department to identify the key metrics to include in the dashboards. Figure 7 - 7 demonstrates an on-demand view of program initiatives status illustrating one potential view for program visibility. Over time, detailed and accurate reporting also provides the cross-program view that can identify future opportunities for continuous improvement.

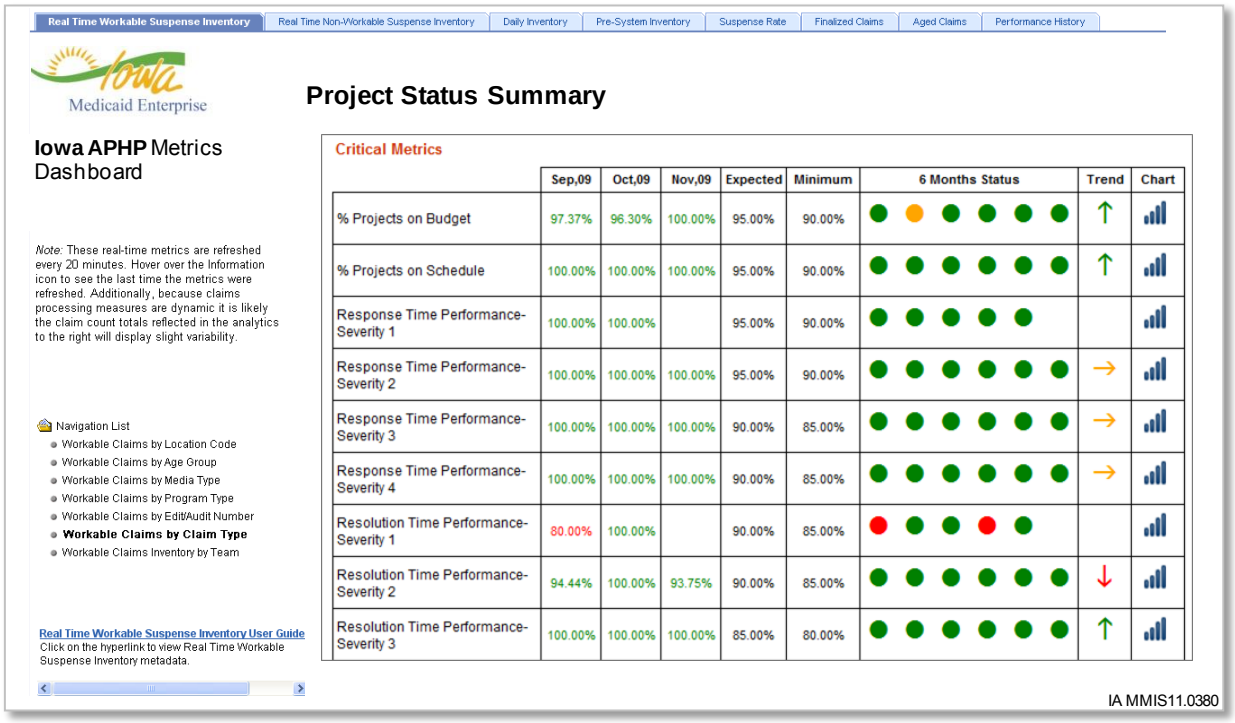


*Figure 7 - 7. Our Operational Excellence Dashboard illustrates a quick look at performance metrics; each has drill down to element detailed data level.*

In collaboration with the Department we establish a quantifiable subset of the standards for reporting via the quarterly public report. We reports on these standards and manage the internal quality assurance aspects of the product performance.

## Quality Assurance

b. In addition, the system services contractor(s) are responsible for internal quality assurance activities. The scope of these activities includes the following functions:

1. Identify deficiencies and improvement opportunities within the system services contractor's area of responsibility.

A project can encounter issues and potential to harm that could threaten the successful delivery of a quality solution. Like the Department, we recognize the fundamental importance of quality embedded in a living plan to introduce, promote, reinforce, and acknowledge quality in our activities. Quality Management is a requirement for every Accenture project.

Quality Assurance is inherent in our project methodology and incorporates standard processes, reviews, and performance metrics to produce high-quality deliverables and reduce risk. Our focus on quality helps us to identify deficiencies proactively, before a major problem develops, and provide opportunities to improve our performance. The quality of our services begins with successfully demonstrated methods.

We work with the Department project management to create a Quality Management Plan during the project start up to promote a quality-focused project environment. The plan guides our efforts to deliver a quality solution that addresses the stated requirements by outlining the project approach and criteria for performing quality reviews at project levels as well as defining the approach for verifying and validating product quality throughout the project lifecycle. Our Quality Management Plan provides the mechanism to begin building quality into the project. We develop the Quality Management Plan using our ADM template

as a starting point. Figure 7 - 8 shows the key components of our Quality Management Plan and their interaction throughout the project.

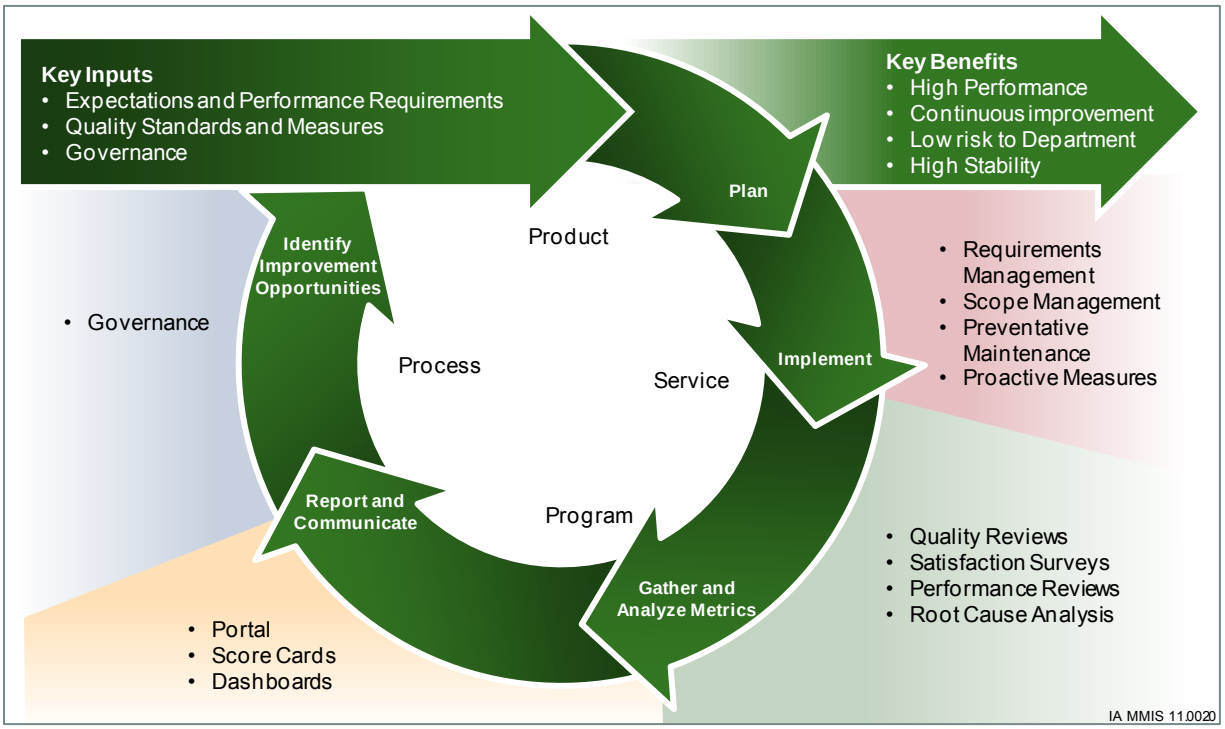


*Figure 7 - 8. Our Quality Assurance process provides the Department with a stable and consistently high-performing MMIS implementation*

Our Quality Assurance Plan defines the processes and techniques that act as quality guidance for IME Systems Services Project to deliver products that address the stated requirements. The Quality Management Plan addresses quality reviews, verification and validation activities. It helps address the checklists, strategies and tools used to measure quality of deliverables and operations. Established performance metrics are used and updated throughout the Project lifecycle.

Our Executive Quality Assurance (QA) Program, shown in Figure 7 - 9, is a formal review of the project by one or more experienced senior executives that are external to the project. This review is comprised of Accenture leaders to include public health specialists who are skilled and experienced in implementing complex health systems. These members have no other project specific responsibilities so they can better maintain their objectivity when reviewing the project.

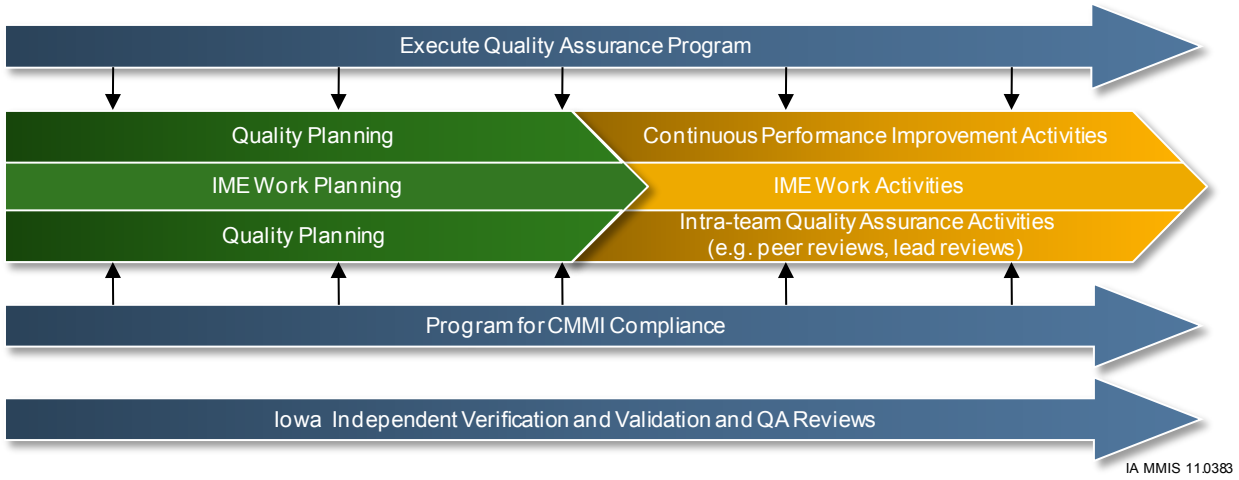


*Figure 7 - 9. Our Quality Assurance Program encompasses work planning and work activities, and includes the discipline of multiple external reviews to foster continuous improvement.*

The primary purpose of the review is to validate that the project is progressing based on the agreed upon expectations, that the project brings the agreed upon business value and that the project delivers the solution on time and within budget according to the approved project plan. The process emphasizes proactive follow-up and corrective actions with the intent to efficiently and effectively resolve issues and implement improvements.

Planning for verification and validation activities is another key component of implementing quality on the project. Verification checks that a deliverable is correctly derived from the inputs of the corresponding stage and is consistent with the agreed upon metrics. We use validation activities such as prototyping, Joint Application Development (JAD) Sessions, design walkthrough/workshop, demonstrations, conference room pilot sessions, and User Acceptance Testing to review our work with the Department and confirm we are developing a system/product which can be used as it was specified in its operating environment.

We work with the Department to validate system specifications throughout the lifecycle to help confirm that the development process remains on track to provide a solution that addresses the agreed-to contractual requirements. We use the industry approved V-Model as a framework to perform verification and validation activities. The V-Model is used to help achieve stage containment by organizing the verification and validation in and across all of the methodology elements throughout the software development lifecycle phases. This allows us to check our solution each step of the way and help avoid discovering issues late in the lifecycle as illustrated in Figure 7 - 10.

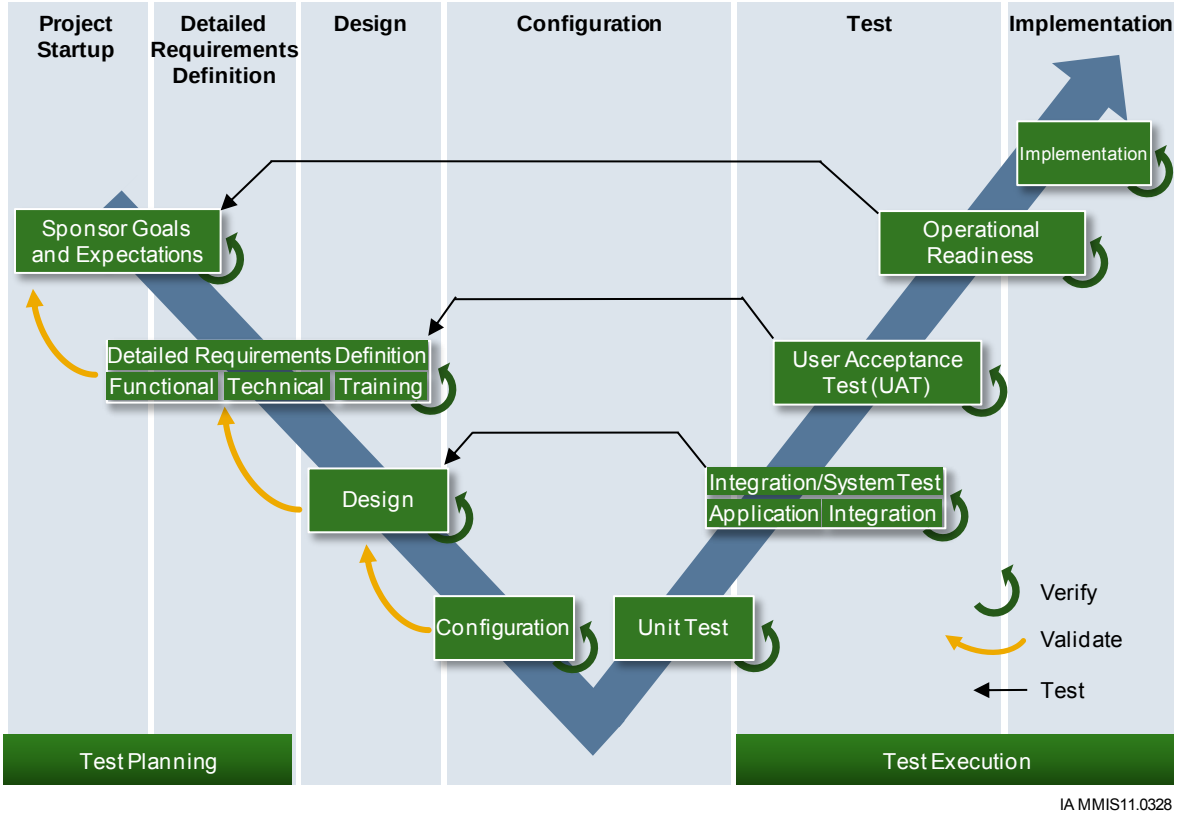


*Figure 7 - 10. Our V-Model approach allows for verification and validation activities early and often in the development process to identify issues before downstream deliverables are impacted.*

Our methods build in confirmation points at the end of each phase for verification that required elements for the phase and have been completed and to confirm that the project is ready to enter into the next phase. These reviews help us to verify that the appropriate items have been completed per the agreed upon criteria for each phase to help avoid a surprise in a future phase. During phase reviews, project leadership:

- Verify the agreed upon exit criteria for the phase have been met
- Verify the agreed upon entry criteria for the next phase have been met
- Verify traceability relationships are established between the requirement items and reflect any agreed upon updates or changes for the phase

If we find any non-conformance items during the review, we identify the corrective actions and track each action until closure as defined in the Quality Management Plan.

Table 7 - 5 summarizes the features and benefits of our Quality Assurance process.

| Features | Potential Benefits to Iowa |
|---|---|
| ***Quality built into day-to-day Accenture Delivery Methodology (ADM)*** | • Promotes social services with industry-preferred practices<br>• Provides quality deliverables and solutions to address Iowa's project requirements<br>• Provides increased efficiencies in completion of work |
| ***Project Quality Management Plan outlining day-to-day processes and tools for use by project team to verify and monitor quality*** | • Identifies and describes roles of each project team member and clients relevant to Quality Management<br>• Outlines processes at every level of project effort, such as stage and phase reviews, to verify and validate quality output<br>• Provides a planned schedule that promotes continuous quality monitoring and when necessary, corrective action |
| ***Multiple levels of Quality Management reviews including:***<br>***Peer and supervisor reviews***<br>***Independent Quality Assurance (QA) client satisfaction review*** | • Maintains or improves process and product quality by putting in controls as far upstream as possible<br>• Verifies project services address baseline project requirements<br>• Minimizes adverse impact to project(s)<br>• Assesses and monitors Iowa's satisfaction with project progress and output through client satisfaction surveys |
| ***Metrics against base-lined project schedule and budget*** | • Facilitates on-time and on-budget delivery<br>• Provides visibility into project performance and health<br>• Measures satisfaction of project performance requirements<br>• Identifies need for corrective action early |
| ***Quality Processes and standards*** | • Minimizes risk by building quality into each deliverable and work products<br>• Provides guidance and standards that are followed consistently |
| ***V-Model*** | • Validates that the Iowa solution meets functional, technical, operational and maintenance requirements |
| ***Quality Processes and Standards*** | • Monthly verification of progress against performance metrics<br>• Identifies deliverable discrepancies or misalignments early on in the process<br>• Holds all team members accountable for quality |

*Table 7 - 5. Our Quality Assurance methodology increases benefits for Iowa and decreases risk.*

We integrate quality controls and measures, such as the use of ITSM, into our system and business processes.

In summary, the Accenture Team monitors and evaluates project and program processes to identify deficiencies and improvements opportunities in our delivery to the Department. This effort starts with developing a comprehensive set of plan and process documentation covering all aspects of our operations. We conduct internal audits using the documented plans and processes as a guide to evaluate how well we are following our own processes. The results of these audits are documented and presented to our project management team. We share these audit results with the Department so that you have visibility into how the project is performing.

2. Provide the Department with a corrective action plan within ten business days of discovery of a problem found through the internal quality control reviews.

We share any deficiencies, whether a result of our quality audits or other discovery method, with the Department and provide a correction action plan within 10 days of discovery. Our corrective action plans each contain the following details:

- **Problem Description** - The description explains how the problem was discovered, the scope of the problem, and the impact to the Medicaid business.
- **Problem Owner** - The name of the Accenture Team member assigned to correct the problem. This person works closely with the Department Contact to report on progress with the corrective action plan.
- **Corrective Action Plan (CAP)** - The CAP contains the detailed steps, due dates, and monitoring processes that must be followed to resolve the problem and close it out.
- **Department Contact** - The Department Contact is the resource who is responsible for assessing our progress executing the CAP in accordance with the plan timeframes.

3. Agree upon timeframes for corrective actions.

The Accenture Quality Assurance Team serves as the main point of contact to respond to and perform corrective actions as directed by the State. The Quality Assurance Team channels the corrective action request to the appropriate operations area. Corrective action requests provided by the State are resolved in a timeline agreed between our operations managers and the Department.

4. Meet all corrective action commitments within the agreed upon timeframes.

We work to meet all correction action commitments within the agreed upon timeframes. The feedback loop for quality monitoring disseminates throughout our operations and is escalated to management in the appropriate area. Quality results are sent to supervisors on a regular basis and these supervisors counsel their team members on areas of improvement opportunities and proposed corrective actions. In addition, QA Staff meets with organizational managers monthly to review QA reports and collaborate on performance trends. A corrective action plan with a targeted goal may be recommended to address or improve certain performance issues. This last point is critical as we use issues that are identified not just to solve a problem, but to capture an ongoing continuous improvement opportunity.

## 7.3.2 State Responsibilities (5.3.2)

the Department's contract administration for the IME is the principal contact with the system services contractor(s) and coordinates interaction between the Department and the professional services contractors. Contract administration includes the Contract Administration Office (CAO) and the Department's designated unit manager (contract manager) for each IME unit. the Department's contract administration is responsible for the following activities:

a. Monitor the contract performance and compliance with contract terms and conditions.

b. Serve as a liaison between the contractor(s) and other state users.

c. Initiate or approve system change orders and operational procedures changes.

d. Assess and invoke damages for contractor(s) noncompliance.

e. Monitor the development and implementation of enhancements and modifications to the system.

f. Review and approve completion of the contractor's documentation as required by the Department.

g. Develop, with participation from the contractor(s), compliance with performance standards, negotiates reporting requirements and measure compliance.

h. Review and approve contractors' invoices and supporting documentation for payment of services.

i. Coordinate state and federal reviews and assessments.

j. Consult with the contractor(s) on quality improvement measures and determination of areas to be reviewed.

k. Monitor the contractor(s) performance of all contractor(s) responsibilities.

l. Review and approve proposed corrective actions taken by the contractor(s).

m. Monitor corrective actions taken by the contractor(s).

n. Communicate and monitor facility concerns.

The IME is responsible for contract administration, including monitoring contract performance and compliance. We understand and acknowledge all of the State responsibilities for Contract Management and support the IME in these activities as depicted in Table 7 - 6.

| 7.3 Contact Management - State Responsibilities | Acknowledgement |
|---|---|
| Monitor contract performance and compliance | ✓ |
| Serve as liaison between contractors and other State users | ✓ |
| Initiate or approve system change orders and procedures changes | ✓ |
| Assess and invoke damages for contractor noncompliance | ✓ |
| Monitor development and implementation of system enhancements | ✓ |
| Review and approve contractor documentation | ✓ |
| Develop contractor compliance with performance standards, negotiate reporting requirements, measure compliance | ✓ |
| Review and approve contractor invoices for payment | ✓ |
| Coordinate State and federal reviews | ✓ |
| Consult with contractors on quality improvement | ✓ |
| Monitor contractor performance | ✓ |
| Review and approve contractor corrective actions | ✓ |
| Monitor contractor corrective actions | ✓ |
| Communicate and monitor facility concerns | ✓ |

*Table 7 - 6. We acknowledge and support the State's contract management role.*

### 7.3.3 Accenture Responsibilities (5.3.3)

The system services contractor(s) is responsible for the following contract management activities:

Service levels are agreements focused on detecting or pre-empting services affecting issues, providing notification to the State, restoring service to acceptable levels, determining the root cause, and taking corrective action. The SLA formalizes the mutual agreement between the State and Accenture, including expectations and responsibilities for performance, scope and definition of services provided by the APHP solution. The service level agreement defines requirements. The following service levels are established, monitored, and reviewed by the State and Accenture to validate that the agreement expectations remain known, evaluated and attainable in support of the Iowa MMIS program.

a. Develop, maintain and provide access to records required by the Department, state and federal auditors.

We support required audits of the program by producing statistical samples, original or image copies of claims or claiming documents. Our quality assurance team provides support for fiscal/financial audits, the claims processing system, Informational Systems (previously known as EDP) and general audits.

b. Provide reports necessary to show compliance with all performance standards and other contract requirements.

Our web-based Operational Excellence Dashboard provides program transparency easily accessible to the Department and approved users for a window into program operations. We provide the Department with visibility into our service-level delivery for key performance indicators such as accuracy, throughput, problem resolution time, and delivery quality.

Additional prepared reports are divided into two sections, executive summaries and monthly performance reports. Executive summaries deliver information needed by senior management, including headline performance, key data, current business issues, and service level summaries. Our Monthly performance

reports contain detailed metrics for each service level and performance standard agreed upon with the Department. Alongside these metrics are analysis of performance against targets and recommendations for improvement.

c. Provide to the Department reports regarding components contractors' activities. Individual system services contractor(s) are to propose and negotiate the content of these reports with the Department. The intent of the reports is to provide the Department and the component contractors with better information for management of the contractors" activities and the Medicaid program.

We understand that project reporting is a transparent way for the State to see how we work with the State to show every aspect of the Project. Both are managed internally and externally throughout the duration of the Project. We strive for open lines of communication with the IME. In addition to weekly meetings on project status, our project manager submits weekly and monthly status reports to the Department.

The Accenture Team consolidates input and generates status reports for the Department. These reports provide transparency into project activities and processes. It is important to recognize that the content of these reports will evolve over time as the project moves from the implementation to operations. We work with the Department to develop and update a mutually-agreed upon format for the status reports. At a minimum we propose including the following information in the implementation status report:

- Overall schedule updates
- Detailed project work plan status and updates
- Action item tracking information
- Risk and issue management details
- Change control information
- Deliverable submission and review status
- Upcoming project activities

In addition, if issues or risks occur that warrant immediate Department attention, the Accenture Team documents a written report of the item with recommendations as appropriate and shares this information with the Department.

d. Prepare and submit to the Department requests for system changes and notices of system problems related to the contractor's operational responsibilities.

A change management request (CMR) can be an enhancement request, an adjustment to policy change, or a request for the resolution of incidents or problems. In a collaborative fashion with the Department, we determine and document the purpose, scope, impact, priority, and category of the change. Additionally, we identify the materials, personnel, effort and the cost requirements (addition or reduction) to complete and implement the change. This information then is formally submitted as a CMR for review and approval by the Department.

e. Prepare and submit for Department approval suggestions for changes in operational procedures and implement the changes upon approval by the Department.

We prepare and submit for Department approval, suggestions for change in operational procedures and implement the changes upon approval by the Department. The culture of Accenture operations is to foster a culture of continuous improvement from every level of staff member on the team. Accountability for developing efficiencies and enhancements to current operational procedures is an expectation that is set during training and maintained during service delivery through the We@Accenture program. This program, discussed in Section 10.1.2, creates a channel for all staff members to suggest changes to the Account leadership for evaluation and implementation. As part of Accenture's commitment to people development, the staff is recognized through corporate communications and team specific awards.

Changes to the operational procedures are governed by the change management process. Once the suggestions to processes and procedures are made, Accenture Account leadership reviews these

opportunities with the Department resources and other contractors as applicable for review and agreement on the changes to be made. From there, the approved changes are incorporated in draft form and submitted via workflow through APHP for final approval by the Department and dissemination through the document repository for production operations reference.

As necessary, the Accenture Trainer incorporates the changes into the living knowledge transfer and training documents, presentations, training data, job aids, and curriculum. If needed, the trainer distributes refresher training and memos are distributed to the impacted teams for virtual reference. In scenarios of major changes, the trainer updates the achievement plans used for knowledge transfer and the instructor led training materials to communicate the required and approved changes.

f. Maintain operational procedure manuals and update the manuals when changes are made.

Our Operations Team supervisors and dedicated trainer within our proposed organization maintain the Core MMIS operational procedure manuals and update these manuals as policy and process changes (including process improvements) are identified. Operational procedure manuals are governed by our change management process.

Once modified in draft form, via redline and track changes, the modified operational procedure manuals are escalated for review for impacted teams and other supporting agencies and contractors for review and input. After the input has been incorporated into the documents, the final draft is reviewed by the Quality Analyst role to make appropriate changes to the quality process and strategy as is signed off to be deployed as a new version of the manual in the production operating environment.

This methodology of drafting, validation, review, and approval can be done systematically using the workflow capabilities of the APHP solution. Furthermore, inherent in our change management process, the control, checks and balances of this methodology fosters a culture of transparency and collaboration to help avoid processing errors and improve quality delivered to the IME.

g. Ensure that effective and efficient communication protocols and lines of communication are established and maintained both internally and with Department staff. No action shall be taken which has the appearance of or effect of reducing open communication and association between the Department and contractor staff.

As we move from the Start-up Phase to the Operations Phase, neither our leadership nor our means of communicating with Department change. Our Communication Plan continues to provide a sound framework to share the information at the appropriate time to keep stakeholders informed throughout the project.

Our culture supports transparency and open communication. As described in Section 8.2.1 of our proposal, the Accenture Team's project management approach begins with building an open and inclusive Governance Model with the Department. This Governance Model provides a framework for identifying each of the key internal stakeholder groups we need to include in our project management activities. The purpose is to facilitate communication, coordination, and decision making. It is built on the guiding principles shown in Table 7 - 7.

| Governance Guiding Principles | |
|---|---|
| **Decision Making** | • Levels of decision making authority are established so that it is clear what decisions are made by each level of governance group<br>• Drive decision making down to lowest agreed upon level<br>• Create a culture of responsibility, authority, and accountability<br>• Empower staff to act decisively within their sphere of control<br>• Follow pre-defined escalation procedures to resolve issues when agreed |

| Governance Guiding Principles | |
|---|---|
| **Communications** | • Foster open and honest communication<br>• Clear communications about governance meeting decisions are delivered using multiple communication channels and vehicles<br>• The SharePoint tool is the central repository for governance information |
| **Project Management Processes** | • Reduce duplication in membership across groups<br>• Each level of governance meeting is attended in person by the members identified for that level<br>• Include cross-organizational representation at every possible opportunity<br>• Meetings are action-oriented, focusing on decision making and issue resolution<br>• If a decision cannot be made during the meeting, an issue will be assigned to a committee member for resolution<br>• When meeting attendance is delegated to an alternate attendee, the alternate is given the same decision making authority as the member for whom they are substituting |
| **Interacting with External Groups** | • Recognize and manage interdependencies across the IME initiatives and stakeholders<br>• Decisions that have an impact on areas outside IME initiatives are communicated by one of the designated governance members |

*Table 7 - 7. The Accenture Team's proposed governance approach is designed to provide an ongoing basis for integrating and communicating with the Department and IME stakeholders*

The Governance Model remains in place through go live and into operations so that communication and coordination continue smoothly and without interruption. We adjust models for operations to reflect the shift in priorities, responsibilities, and participation that occurs as a natural result of the transition to the new IME MMIS.

h. Meet regularly with all elements of the IME to review account performance and resolve issues between contractor and the Department.

The Accenture Team meets with the Department and IME contractors a regular basis to discuss contract issues and to resolve issues between IME contractors. Our Account Manager serves as the primary interface at status meetings with Department and IME contractors to review the status reports and discuss problems or issues related to the contract.

i. Provide to the Department progress reports on system services contractor's activity as requested by the Department.

The Accenture Team communicates and provides progress reports on our project activity and system services throughout the life of the project. During our implementation phases, our reporting focuses on status of the implementation effort to show progress against our plan. The data we report on is extracted from our project management toolset. We develop and review template status reports with the Department to confirm expectations. With your input we tailor and finalize the format and content to provide the following reports:

- **Weekly Status Reports** - The Weekly Status Report provides a current snapshot of project progress. It recognizes project successes, but focuses on identifying areas requiring management attention and providing transparency for project risks and issues. Issues and risks identified in the Weekly Status Report are discussed during the Weekly Status Meeting. Discussing potential and actual project issues early and often helps prevent larger project issues that could potentially affect project quality, schedule, or budget.
- **Monthly Status Reports** - The Monthly Status Report helps assess the overall health of the project. It provides the Department with forward looking data and plans for the coming month. The information provided in this report helps the Accenture Team and Department leadership verify that the project has and will continue to progress according to defined expectations. It helps leadership from both teams

determine if changes to the project work plan are required and provide executive summaries that can be used by the Department in presentations to management and oversight bodies.

- **Quarterly Status Reports** - Quarterly Status Reports focus on summarizing the overall status of the project. This report includes a complete and up-to-date Microsoft Project Work Plan and a CMS report.

As we prepare to move from implementation into operations, we develop a standard set of operational reports to provide the Department with details and trend information on the Medicaid business. The data for our operational reports is generated automatically using the Operational Data Store in our proposed solution. As with our implementation status reports, we review and gather feedback from the Department staff to refine the format, content, and timing of these reports.

j. Meet all federal and state privacy and security requirements within the contractor's operation.

Our security and privacy solution provides leading-practice capabilities that address State and federal privacy and security requirements and Medicaid-specific regulatory security requirements. Our solution encompasses relevant security domains and is based on ISO 27002 and other leading practice standards. We address the phases of the security lifecycle, from early requirements phases through deployment and continuing operations. Our solution addresses the critical security needs of Medicaid client private health information and Medicaid transactional claims data. We address data issues such as system resilience, so your data is resistant to tampering and intrusion. We include the latest HIPAA and Data Security policies and regulatory requirements.

k. Work with the Department to implement quality improvement procedures that are based on proactive improvements rather than retroactive responses. The contractor(s) must understand the nature of and participate in quality improvement procedures that may occur in response to critical situations and will assist in the planning and implementation of quality improvement procedures based on proactive improvement.

We work in collaboration with the Department to implement quality improvement procedures based on proactive improvements rather than retroactive responses. We participate in quality improvement procedures that may occur in response to critical situations and as appropriate, assist in the planning and implementation of quality improvement procedures based on proactive improvement.

Our goal for quality improvement is to proactively identify potential operational risks or inefficiencies and implement solutions. To accomplish this goal, the Accenture Team builds upon a variety of time-tested methods to achieve optimal results. Through quantitative measurement and our dedication to quality assurance, and continual workflow and process improvement, we meet the Department's quality assurance requirements and goals.

We continually challenge ourselves to be innovative and creative in our approach to solutions; enabling better and more cost effective business results. Our fully integrated services include monitoring, daily operational service executions, and detailed root cause analysis. Capacity and performance monitoring, storage management, and preventive maintenance strategies help provide infrastructure reliability. Jobs are scheduled and monitored within the Department primary facility to process on time and without interruption.

The Accenture Team collects performance standards data and conducts the monitoring and enhancement of service performance as an ongoing process throughout the life of the project. As part of our focus on quality service delivery, we integrate the following attributes into our quality assurance procedures:

- Clear, documented policy and procedure manuals across operation teams tailored to addressing the State performance standards as well as our internal Quality Management
- Process and personnel performance reviews against performance standards
- Department and Accenture executive reviews of service delivery performance

- Concise, consolidated, and understandable service level performance reports to appropriate Department personnel
- Program reports, trends, root cause analysis and proposed corrective actions
- Continuous improvement, built on Lean Six Sigma, focused on cost reduction, sustainable efficiency increases, and enhanced customer satisfaction

Our QA Staff meets regularly with operations leadership and Department representatives. Through our continued collaboration, we work together to assess quality metrics and look for ways to evolve and grow the performance of our organization. Our QA Team looks for opportunities to streamline the performance process with Department.

l. Monitor the quality and accuracy of the contractor's own work.

Our strict focus on quality assurance and auditing is prevalent in every level of our operation. We use the results of the quality program to help refine and improve the operational performance and efficiency of our services for the Department.

m. Submit quarterly reports electronically or in hard copy of the quality assurance activities, findings and corrective actions (if any) to the Department.

Our Quality Assurance Team operates as an autonomous group under the PMO organizational model. Metrics measurement and reporting is therefore maintained outside the team performing the function to maintain performance accountability. QA staff members collect and report organizational output on a daily, weekly, monthly, quarterly, and annual basis to continuously provide performance assessment results and support quality assurance improvement initiatives.

n. Perform continuous workflow analysis to improve performance of contractor functions and report the results of the analysis to the Department.

Our goal for quality assurance is to proactively identify potential operational risks and implement solutions prior to the risks turning into an operational issue. To accomplish this goal, we build upon a variety of market-tested methods to seek to achieve optimal results. Through quantitative measurement and our dedicated Quality Assurance Team, we work toward meeting the Department's contractually stated quality assurance requirements and goals.

o. Provide the Department with a description of any changes to the workflow for approval prior to implementation.

Prior to the full implementation of a workflow and/or process improvement, we submit the applicable artifacts and deliverables to the Department for approval.

p. For any performance falling below a state-specified level, explain the problems and identify the corrective action to improve the rating.

1. Implement a state-approved corrective action plan within the time frame negotiated with the state.
2. Provide documentation to the Department demonstrating that the corrective action is complete and meets state requirements.
3. Meet the corrective action commitments within the agreed upon timeframe.

The Accenture QA Team serves as the main point of contact to respond to and perform corrective actions as directed by the State. The QA Team channels the corrective action request to the appropriate operations area. We implement corrective action plans approved by the State within the timeframe negotiated with the state.

The corrective action plan provides a resolution document, which provides an explanation of the issue, and our proposed resolution. The documentation demonstrates that correction action plan is complete

and addresses the stated requirement. The QA Manager works with the Department to verify that the resolution has addressed the State's requirements, within the timeframe agreed upon.

q. Provide a written response to the Department via e-mail within two business days of receipt of e-mail on routine issues or questions and include descriptions of resolution to the issues or answers to the questions.

We respond with a written response via e-mail within two business days of receipt concerning routine issues or questions. Our response includes a proposed resolution to the issues or questions. The resolution includes a description of the issue or question, the planned resolution with a resolution completion date.

r. Provide a written response to the Department via e-mail within one business day of receipt of e-mail on emergency requests as defined by the state.

We are aware that cases arise that require immediate attention and response. In those cases we prepare a response within on business day of receipt of the emergency request.

s. Maintain Department-approved documentation of the methodology used to measure and report completion of all requirements and attainment of all performance standards.

We maintain the approved documentation of the methodology used to measure and report the completion of all requirements and attainment of all performance standards. SharePoint is the repository of the documentation.

### 7.3.4 Performance Standards (5.3.4)

The performance standards for the contract management functions are provided below.

a. Provide the monthly contract management reports within three business days of the end of the reporting period.

b. Provide monthly performance monitoring report within ten business days of the end of the reporting period.

c. Provide knowledge transfer on operational procedure changes as a result of upgrades or other changes within two weeks of the upgrade.

d. Complete updates to all documentation related to modifications performed on the system as defined by the Department.

e. Update operational procedure manuals within 10 business days of the implementation of a change.

f. Provide a response and resolution to the Department unit manager team within two business days of receipt to requests made in any form (e.g., e-mail, phone) on routine issues or questions.

g. Provide a response within one business day to the Department unit manager team on emergency requests, as defined by the state

We acknowledge and accept all of the performance standards for contract management as depicted in the following Table 7 - 8.

| 7.3 Contract Management - Performance Standards | Acknowledge and Accept |
|---|---|
| Provide the monthly contract management reports within three business days of the end of the reporting period. | ✓ |
| Provide monthly performance monitoring report within ten business days of the end of the reporting period. | ✓ |
| Provide knowledge transfer on operational procedure changes as a result of upgrades or other changes within two weeks of the upgrade. | ✓ |
| Complete updates to all documentation related to modifications performed on the system as defined by the Department. | ✓ |

| 7.3 Contract Management - Performance Standards | Acknowledge and Accept |
|---|---|
| Update operational procedure manuals within 10 business days of the implementation of a change. | ✓ |
| Provide a response and resolution to the Department unit manager team within two business days of receipt to requests made in any form (e.g., e-mail, phone) on routine issues or questions. | ✓ |
| Provide a response within one business day to the Department unit manager team on emergency requests, as defined by the State | ✓ |

*Table 7 - 8. We acknowledge and accepts the performance standards for contract management.*

Our APHP solution delivery is designed to provide the State with a transparent model for measuring our performance to the standards that provide a sound foundation for the IME System Services project success.

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# 7.4 Annual Performance Reporting (5.4)

The contractor(s) will provide annual performance reporting no later than October 15 of each contract base and option year for the state fiscal year (SFY) that ended in the prior month of June. (Example: Provide data by October 15, 2011, for the state fiscal year that ended on June 30, 2011.) The contractor will present the required data in Department approved format and content for the following annually reported performance standards. The Department will publish the annual measurements by the following February 15.

The Accenture Team plans to work closely with the Department to provide the annual performance report in the format required. We work in collaboration with the Department to identify the metrics required for reporting and submit the report to the Department on or before the October 15 deadline on an annual basis. The report covers the state fiscal year that ended on June 30 of the same calendar year.

Figure 7 - 11 illustrates an example Operational Excellence Dashboard with a view of claims processing metrics. Accessing the Operational Excellence Dashboard via the Worker Portal, the Department has immediate access to up-to-date processing volumes. The information is totaled for each month and then for the annual performance reports.

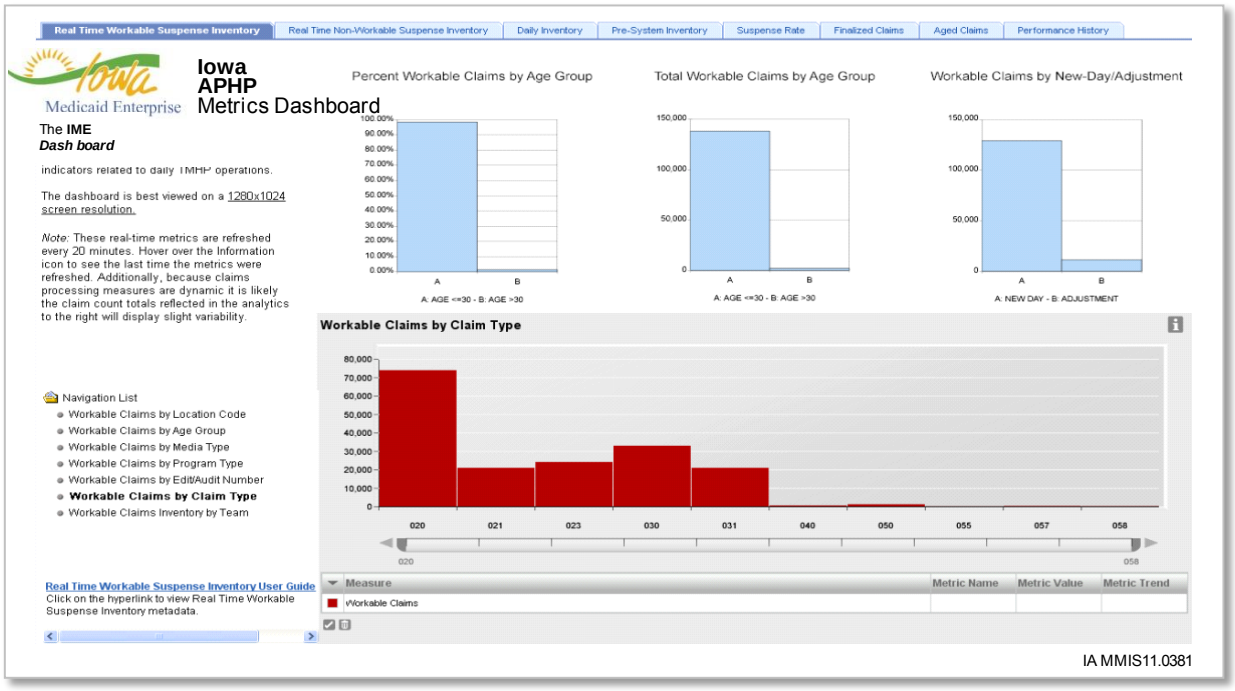


*Figure 7 - 11. The Department has access to performance reporting on a daily, monthly and annual basis.*

### 7.4.1 Reporting Deadline (5.4.1)

The required reports will be provided within 10 business days of the end of the reporting period.

We provide annual performance reports to the Department within 10 business days of the end of the reporting period. Our proposed solution includes an Operational Data Store (ODS) that is automatically updated as system processing happens. Because the ODS is automatically updated as part of normal system processing, it always contains current data. Reporting on the ODS data is available to authorized users via the Worker Portal through graphical, interactive dashboard and both summary and detailed reports.

To accomplish the 10-day turn-around, we run regular reports on system processing metrics as part of our normal operational processes. In preparation for the annual reporting requirements, we run practice reports well in advance of the deadline to confirm the format, content, and accuracy. If any changes are required to reports based on the practice runs, we make the needed adjustments and re-run the practice reports until they are ready for formal submission.

# 7.5 General Documentation (5.5)

For a project the size and scope of IME Systems Services Project, there is a need to provide an effective and consistent approach to develop, store and maintain general project documentation. General project documents and requirements are the main tools used to define and refine project scope. We use these documents to communicate status, design decisions, business process flows, and many other critical aspects of the project. Maintaining documentation, manuals and source code libraries is a normal part of application development activities.

We use the State-prescribed document templates and forms that are easily stored and retrieved to assure that documentation is consistent.

**We start with proven documentation and customize it to meet the needs of Iowa**

- We tailor our documentation to reflect customizations, configurations or procedural information specific to IME.
- Documentation supports IME users at all levels.
- Documentation management tools provide version control, traceability and search features.
- Changes to documentation follow the approved change management processes.

We create documentation that is detailed, clear and complete for the IME Systems Services Project. We also develop materials as required by our delivery methodology and to support the State's and CMS' acceptance of the IME Systems Services Project, including but not limited to presentations, briefing notes, architectural artifacts, etc. Documentation will delineate those artifacts considered deliverables versus those that are work products that occur within our standard methodology - Accenture Delivery Methods (ADM).

One of the many advantages of using packaged Commercial Off The Shelf (COTS) solutions is that documentation, including system documents and users guides, are available to users for out-of-the-box functionality. Documentation from COTS packages provide the foundation for administrative and user guides for the Accenture Public Health Platform (APHP). Changes made during the development and operational phases of the project will be reflected in up-to-date documents made available to users online. Our project team will develop user documentation collaboratively with the Department, using checkpoints and approvals to produce documents written at a technical level appropriate for the target audience, with a consistent use of terminology, acronyms, and abbreviations across the business functional areas.

a. Create and update operational procedure manuals in the state-prescribed format within 10 business days of the implementation of a change.

When changes are made to the IME MMIS, we log, track and manage them in accordance with our change management process. As changes are made and accepted by the Department, we either create or update our operational procedure manuals within 10 days of the implementation of the change. We develop the new or modified procedure manuals in the state-prescribed format and upload them into the Microsoft SharePoint™ and the Rational ClearCase, and make them available to users. ClearCase is necessary for documents that need strict configuration management but are too cumbersome to use for other documents. A notification is selected to notify users of the documentation availability.

b. Identify deficiencies and provide the Department with a corrective action plan through the internal quality control reviews within ten business days of discovery of a problem found.

At least annually, our Quality Assurance team audits the General Documentation to validate that the documentation is current, accurate and reflects the current platform and COTS products, and meets the current contractual requirements. Once the audit is complete, we submit an assessment report to the

Department for review and approval. For any deficiencies or problems found in the documentation, within 10 business days of the discovery, we submit a Corrective Action Plan to the Department.

c. Maintain the Department-approved documentation of the methodology used to measure and report on all completed contracts requirements and all performance standards. State the sources of the data and include enough detail to enable the Department staff or others to replicate the stated results.

We maintain the Department-approved documentation of the methodology we used to measure and report on completed contract requirements and performance standards. The documentation identifies the sources of the data and include enough detail so that authorized Department staff or others can replicate the stated results.

d. System services contractor(s) will designate a trainer for its component who will train the professional services contractor's staff.

We designate a trainer to deliver training to the Professional Services contractor. The training provides an overview of the APHP solution, the COTS and the functionality of the system. We store our training materials in the SharePoint Repository and make them available for review by the Professional Services contractor staff.

The use of the SharePoint repository is important for Department as well as our staff, therefore training sessions are provided for users early in the Start-Up Phase. Knowledge Transfer My Achievement Paths (MAPs) also include the use of the SharePoint repository. For more information about training and knowledge transfer, please refer to Section 8.3.2.4 Knowledge Transfer Activities.

e. Maintain and update the system design documentation, user manuals, and data dictionaries for all systems.

We use SharePoint and the Rational ClearCase tool to store general documentation, system design documentation, user manuals and artifacts related to the IME MMIS System Services Project in readily retrievable form. The repository contains descriptions of the tools and an inventory of related documents needed to support it, including administration and user manuals.

We use the SharePoint Repository as a comprehensive repository for documents and other materials related to the project. Changes to documents in the repository would be done in accordance with the change management and document management process which include:

- Establishing and communicating a standard directory structure
- Establishing and monitoring document naming conventions and standards
- Capturing and reporting on standard document elements, such as version number, author, change history and rationale, participants in document creation, and approvals

The check-in and check-out features of the SharePoint Repository provide version control on all documentation. Additionally, standard features of ClearCase for secure version management and auditing promote the efficient management of documents and validate that they contain up-to-date material. Access-control features limit the editing and revision to only authorized individuals.

Figure 7 - 12 depicts documents to be housed in our SharePoint Repository.

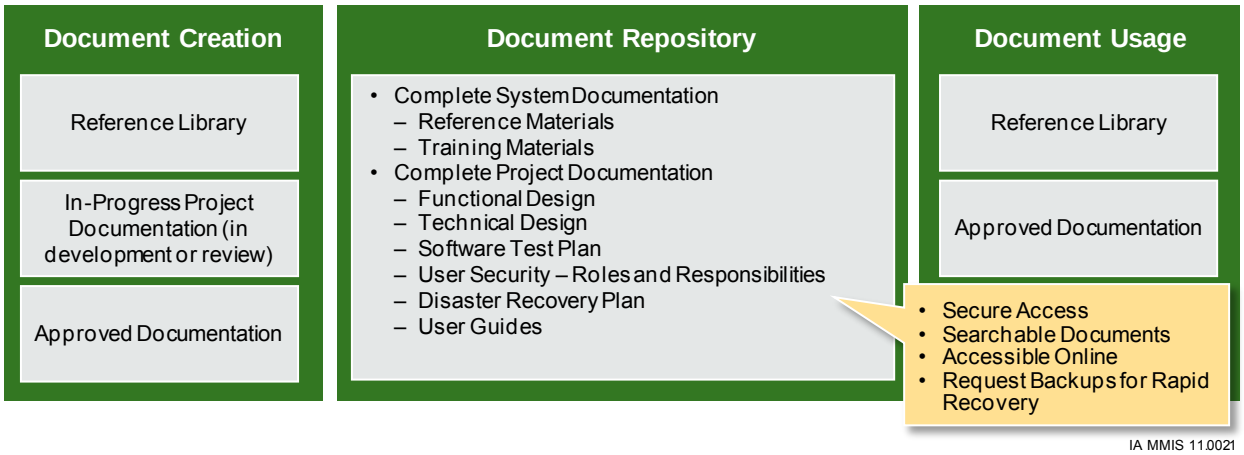


*Figure 7 - 12. The Accenture Team's documentation processes provides most current information to the Department.*

At a minimum our SharePoint Repository will store the following artifacts related to the IME System Services Project:

- Administrative and User manuals
- Our electronic work products including deliverables, project correspondence, and other documentation
- MMIS functional and technical requirements, including all validation and traceability results
- Physical and logical data and process models
- MMIS Data Dictionary
- All System-related documentation
- System application code*
- Detailed configuration instructions and other artifacts for components
- Audit trails and version control documentation for changes made to the fully integrated system, including the framework and components
- Data conversion results
- Additional artifacts needed to support configuration management

***Note:** Configuration documents related to the IME MMIS System Services Project are stored in the SharePoint Repository. System application code is installed as part of the base APHP product in each system environment.

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# 7.6 Operational Procedures Documentation (5.6)

a. The system services contractor(s) must maintain operational procedures in the Department-prescribed format documenting the processes and procedures used in the performance of their IME functions. RFP Section 6 Start-up and Implementation Phases project management section provides further detail on the deliverables.

The Accenture Team creates operational procedures that are detailed, clear and complete for the IME Core System and provide the processes and procedures used to perform our IME Core System functions. We prepare operational procedure documentation consistent by using Department-prescribed document templates and forms that are easily stored and retrieved.

While maintaining the operational procedures documentation, we comply with the standards detailed in RFP Section 6, which include:

- Conducting participatory meetings with the Department staff, as documents are drafted and business and systems requirements are being ascertained, including concept discussions, design prototyping, Joint Application Design (JAD) sessions, meetings for requirements gathering and to receive the Department feedback on design and documents.
- Having open communication with the Department during the development of the Core System general documentation. We prepare and deliver document drafts for the Department's review of programs, screens and design concepts at any stage of development at the Department's request.
- Rendering all designs and itemized deliverables in writing for formal approval, in a format agreed on by the Department and Accenture as part of the project management process.
- Providing general documentation that is professionally developed, with proper spelling, punctuation, grammar, tables of contents and indices, where appropriate and other formatting, as deemed appropriate by the Department.
- Providing deliverable documents that meet the business requirements it is intended to fulfill and be of professional quality. We prepare documents that are readable and written in language understandable by the Department staff knowledgeable in the area covered by the deliverable. We understand that the Department reserves the right to reject any deliverable that does not meet these standards. We will not consider any deliverable complete before it is formally accepted by the Department.
- Providing clear labels for our deliverables and correspondence with, at a minimum, the project name, deliverable title, deliverable tracking or reference number, version number and date.

b. The contractor(s) will document all changes within 10 business days of the change in the format as defined by the Department. The contractor(s) will provide to the Department updated documentation within 10 business days of the date changes are installed before the Department provides a signoff of the task.

We document all changes in 10 business days of the change in the format defined by the Department. We understand that this is a prerequisite to the Department signing off on a task.

c. The contractor(s) must use version control to identify current documentation.

We use version control to identify current documentation. We recognize that Iowa uses Microsoft products and we use SharePoint to provide tightly controlled versioning of documents. The check-in and check-out features of the SharePoint repository provide version control on all documentation. We make current versions available in document repository, with historical versions also available to users. We provide all documentation in electronic form and make it available online.

We use version control for all documentation including the operational procedures documentation in electronic form and also make it available online. Additionally, we provide documentation for external use such as provider manuals, online help, program materials, procedure updates and EDI billing instructions in electronic form and web-published.

e. The contractor(s) will maintain standard naming conventions in the documentation. The contractor(s) will not reference the contractor's corporate name in any of the documentation.

As part of defining our document management processes, during the DDI Phase we work in collaboration with the Department to develop standard naming conventions for all documentation. Once agreed upon with the Department, we maintain the standard naming convention for the IME MMIS documentation. Accenture will not reference our corporate name in any IME MMIS documentation.

# 7.7 Knowledge Transfer (5.7)

Effective and comprehensive knowledge transfer is essential to any state healthcare program, but it is especially important with the implementation of a new solution. The Iowa Medicaid Enterprise (IME) is an innovative business model because of the number of contractors working with the Department towards a common goal of delivering superior healthcare services. By working side by side with the other IME contractors and the Department, we share and effectively transfer our technical and functional knowledge thereby raising the skill level of IME Project Team members as a whole.

**Our approach to knowledge transfer starts on the first day and continues through the life of the IME Systems Services Project**

- Formal knowledge transfer is integrated into the overall Project Work Plan from day 1
- We team with the Department to provide for opportunities to "Learn by Doing" throughout the life of the project
- We provide ongoing access to knowledge through simple, natural and participatory tools

As with any large-scale modernization, there is an inherent struggle to balance time between the activities needed to prepare users for the new system and those needed to continue to provide high-quality service to internal and external clients. We know that this can be particularly challenging during the delivery of knowledge transfer. Although most contractors have good intentions of transferring knowledge to others, they lack the rigorous processes, tools and discipline to follow through. We integrate knowledge transfer processes and tools into our methodology and our proposed approach. Because of our integrated approach to knowledge transfer, Accenture has been recognized as one of the leading knowledge transfer organizations in the world, winning the Global MAKE (Most Admired Knowledge Enterprise) Award for the 13th time in 2010.

Knowledge and understanding of the IME MMIS is not gained overnight. The quality of the knowledge transfer program plays a large role in the speed at which the staff accepts and are able to effectively use the new MMIS and operate in the new IME environment. To help increase the speed of knowledge transfer, Accenture has teamed with S2Tech, who currently performs MMIS systems maintenance, and Mainstream, who has supported the IME with administrative services since 1997. This teaming benefits the Department and the IME contractor team. Both S2Tech and Mainstream are well known by the Department and will promote a smooth knowledge transfer by providing extensive knowledge on the existing business rules, IME applications, and operations. Their presence on our team clearly establishes a strong foundation for knowledge transfer and promotes a more seamless approach to sharing and transitioning knowledge.

We consistently work with the Department to facilitate knowledge transfer for Department staff and IME contractors that is grounded in a solid assessment of knowledge transfer needs, rather than on anecdotes or hunches. We continue to refine our approach to address these needs and promote greater understanding of systems, functions, processes, and other important aspects of the IME MMIS.

## Knowledge Transfer Approach

Knowledge transfer begins Day 1 of the project and continues through the life of the project. Our approach facilitates knowledge transfer, building the capabilities of Department and IME staff while at the same time enabling the team to complete critical project activities. We work to increase IME MMIS knowledge in Department staff, and we also work with other IME contractors that use components of the system to provide them with the appropriate knowledge -to operate the IME MMIS.

Our structured knowledge transfer approach, shown in Figure 7 - 13, a variety of techniques including one-on-one mentoring. It enables IME staff and contractors to learn-by-doing and enables them to immediately apply their newly developed skills. Knowledge Transfer for specialized functional roles occurs primarily through formal knowledge transfer sessions and informal system walkthroughs conducted by Accenture trainers and subject matter experts. Our approach:

- Provides visibility for Iowa's executives into the knowledge transfer process.
- Minimizes the risk of IME contractor staff leaving the project without adequate capture and transfer of knowledge.
- Provides for periodic checkpoints so that the Department can assess progress and adjust if needed.

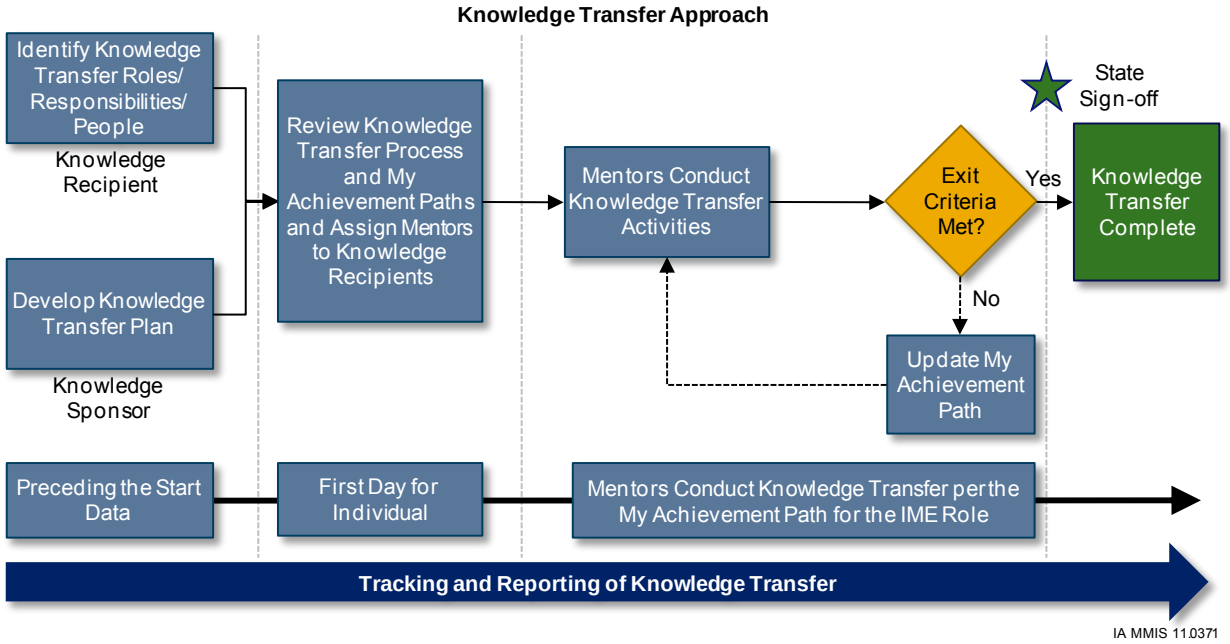



*Figure 7 - 13. We use a structured approach to transfer knowledge and skills to Department and IME staff effectively and efficiently.*

Our approach to knowledge transfer begins with analyzing the knowledge transfer needs and confirming the plans for addressing those needs. To do this, our trainer completes a knowledge transfer needs assessment during analysis and design activities to identify the needs of each IME MMIS roles, the tasks they must complete, and the associated skills and knowledge. This allows us to establish knowledge transfer goals that help create and provide a dynamic knowledge transfer path that addresses the needs of Department staff, our staff and the other IME contractors.

We have identified four main knowledge transfer paths for the IME Systems Services Project based on our knowledge of the IME and MMIS operations:

- Management
- Technical
- Development
- Operations

Using the data from the knowledge transfer needs assessment, our trainer develops a knowledge transfer curriculum, or achievement path, for each functional role within each path. Each My Achievement Paths (MAPs) lists the skills, and knowledge that a person in that role should acquire and the activities to complete to do so. The MAPs document the desired skill level for each functional role, the Accenture

mentor assigned to the MAP, the expected knowledge transfer activities, the reference materials, and the timeframe for completion.

Our approach focuses on transitioning information gradually through a number of different methods that start early in the project and continue through deployment. This incremental enables IME staff to become proficient and comfortable with their role, responsibilities, and associated technologies in a smooth and natural manner. Our experience on other large and complex implementations has shown that the knowledge transfer program needs to also be practical and accommodate the busy schedule of project activities. Our approach incorporates a blend of delivery methods to transfer knowledge gradually and enable completion of project and operations activities. Specific knowledge transfer methods include the following:

- **Knowledge Transfer Sessions** - formal instructor-led training is used to transfer knowledge to large groups in a structured, classroom setting
- **Train-the-Trainer** - sessions designed to enable Department or IME professional services contractors to conduct knowledge transfer activities for their area
- **Shadowing** – direct observation, or "over-the-shoulder" knowledge transfer, that allow knowledge recipients to directly view subject matter experts performing tasks
- **Monitored Tasks** – assignment of tasks to knowledge recipients that are completed independently and then reviewed by the mentor
- **Role Sharing** – joint completion of job responsibilities for a single role by a mentor and a knowledge recipient; includes working side-by side, with the mentor providing detailed instruction on how to complete a task and enabling one-on-one interaction to confirm mastery
- **Job Aids** – step-by-step instructions to complete a task that are tailored for a specific role

To facilitate success, project sponsors and management must support the knowledge transfer process. The project schedule must also include adequate time to transfer knowledge and the knowledge transfer approach must include a mechanism to assess knowledge transfer progress. In our approach, knowledge recipients are able to measure their own progress on a predetermined schedule by taking skill assessment surveys and reporting the results to project management. The results of the skills assessments are an element to measure business readiness. Measuring their own progress, aided by input from mentors, and then reporting the results to project management encourages the recipients to take ownership of their own learning process.

Our knowledge transfer approach uses the information from the assessments and project execution progress to assess periodically the MAPs for the IME System Services Project. Our trainer, with assistance from mentors and subject matter experts, reviews and tailors the MAPs to focus on specific roles with the goal of providing the appropriate levels of information to keep MAPs current as changes or modifications are made to the IME MMIS. As a team, we monitor MAPs on a quarterly basis, and as the project nears completion, on a monthly basis. Our Project Manager provides a status of the knowledge transfer in monthly status meetings and written status reports. Ultimately, key Department staff members sign-off that the Accenture Team has executed the MAPs for all of the identified transition modules effectively.

a. All contractor(s) staff will receive appropriate knowledge transfer in the systems functions that they will use.

Our knowledge transfer approach enables our staff, Department staff, and IME contractor staff to effectively use and support the MMIS at go-live. At the start of the project, we work closely with the Department to identify the various roles impacted by the new IME MMIS. Together, we determine the MAPs to address the knowledge transfer needs of each functional role, and facilitate the completion of the knowledge transfer activities identified in the MAP that provide staff with the needed expertise to perform their role.

As staff comes on-board the IME System Services Project, our trainer notifies the appropriate mentor that a MAP for the specific functional role must be assigned to the new staff member. The mentor refines the

knowledge transfer activities, skills, and knowledge for that a person based on the system functions the staff member uses. The mentor also refines the list of available materials, demonstrations or meetings and describes how best to complete the MAP.

IME staff may continue to use their MAP to refresh their skills. Our SharePoint repository contains functional and technical requirements, process flows, project work plans, MMIS Data Dictionary, COTS documentation and training guides that they can access and review at any time.

b. The Department will require that the Core MMIS contractor conduct MMIS and workflow process management knowledge transfer.

We design knowledge transfer for Department and IME staff to be practical and directly relevant to an individual's role in supporting the IME MMIS and IME MMIS Operations. Department and IME staff members receive knowledge transfer that relates to their specific job function. We work with the Department and IME contractor staff during analysis and design activities to assess knowledge transfer needs and identify specific knowledge transfer modules based on identified needs. Role-based modules center on core APHP solution functions, including:

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

Our many knowledge transfer modules on the IME MMIS include both an overview on all aspects of the IME MMIS and detailed information on specific system functions. Knowledge transfer for workflow management centers on our workflow management solutions, OnBase and K2 blackpearl. OnBase is the Department's existing workflow management solution. Our proposed solution, APHP, also offers a highly configurable enterprise wide workflow solution, K2 blackpearl, as part of the APHP platform. The flexibility and interoperability of our APHP platform can quickly adapt and inherit any workflows currently configured in OnBase. K2 blackpearl is a commercial off-the-shelf (COTS) product that provides documentation explaining the product and diagrams depicting standard workflows. We create documentation for any workflows we configure for the project during analysis and design activities that can be referenced for knowledge transfer and training. This project design documentation, the existing OnBase workflows, and K2 blackpearl vendor product documentation serve as the basis for our knowledge transfer for workflow management.

A one-size-fits-all knowledge transfer solution is not effective for the IME System Services Project. We tailor the MAPs to the roles and identify knowledge transfer modules, including MMIS and workflow management, based on the skills and expertise appropriate to the role. A MAP is adapted to the specific technology used by the staff in their daily functional or administrative tasks. MAPs for the appropriate roles within each path receive hands-on knowledge transfer in the use of APHP functionality, MMIS and workflow process management.

Our knowledge transfer also focuses on "learn by doing" and naturally occurs during the IME System Services Project lifecycle. By working side by side with the Department and the other IME contractors, we share and effectively transfer our technical and functional knowledge of the IME MMIS.

c. The Department will arrange contact management (call center) and tracking system of knowledge transfer for all system services contractor(s) staff members who interface with these systems. Likewise, the Department will provide DS/DW system knowledge transfer to system services contractor(s) staff members who will use the system.

We anticipate an open and sharing relationship with the Department and the other IME contractors. Accenture has successfully worked in a business model like the IME, working with other contractors towards a common goal. For example, in Kentucky, the Accenture Medicaid Operational Support Services (MOSS) implemented and supported the governance model for the Department for Medicaid Services. In this role, Accenture coordinated the plans and requirements of Kentucky's four Medicaid initiatives: MMIS, Utilization Management, Pharmacy Benefits Management, and Call Center and Provider Credentialing. Because of the interdependencies between the processes and systems, release management was a key coordination activity for the combined Medicaid team. Accenture implemented a governance driven release management process that provided each stakeholder group with input and insight into the release schedule for each system. Using this process, Accenture facilitated multiple, inter-dependent system releases across the different vendor teams. This joint process enabled the team to identify touch points across the systems, such as interfaces that would change for each release, and provided each vendor with the information and plan needed to implement appropriate changes to keep the overall Medicaid business moving smoothly.

Our teams are able to effectively work in collaboration with other contractor teams. To do this, our teams participate in the knowledge transfer activities necessary to understand the systems and groups with whom we interface. Our staff attends knowledge transfer provided by other IME contractors and the Department on contact management (call center), tracking system knowledge transfer, and DS/DW. These knowledge transfer activities will be included in the appropriate MAPs as part of the overall knowledge transfer plan for individuals requiring this knowledge.

d. System services contractor(s) will be responsible for knowledge transfer to its staff in the system and operational procedures required to perform the contractors' functions under the contract.

As the system services contractor, we provide knowledge transfer to our staff in the areas of system and operational procedures appropriate for the functions we perform as specified under the contract. We create MAPs for each functional role within the four paths, Management, Technical, Development, and Operations. The MAPs guide our staff to receive knowledge transfer of the system and operational procedures appropriate for his or her role.

Our knowledge transfer approach for our staff is based on our proven transition methodology built over 17 years, which enables the systems maintenance and operations team to deliver measurable, repeatable, and predictable services. We are skilled in preparing staff to perform business and systems functions. We have a global organization of more than 400 professionals dedicated to Service Transition activities and have experience completing more than 1,000 migrations to transfer more than 80,000 client roles to our Global Delivery Network in almost 30 years.

Our approach to providing knowledge transfer to our staff in the system and operational procedures is based on the following guiding principles:

- Collaborate with the Department and the existing IME contractor in planning and governing the approach
- Leverage our experience of conducting complex transitions using our proven methodologies, tools, and experienced transition professionals
- Minimize disruption to IME business operations and impact on business users
- Focus on the entire change management journey

- Enable SLAs and controls.

Our staff members supporting the IME MMIS systems maintenance and IME MMIS Core Operations complete the knowledge transfer for their specific role. In addition, all staff joining our team complete knowledge transfer on project data protection standards and processes, records retention and management processes, and project management processes.

e. System services contractor(s) will designate a trainer for its component who will train the professional services contractor's staff.

We designate an IME trainer responsible for developing and maintaining the IME MMIS MAPs. In addition, our trainer works with other the Department and IME contractor trainers to provide training for professional services contractors. This includes executing a train-the-trainer approach to deliver our instructor-led training.

Our trainer, in coordination with our project SMEs and the Department, delivers training and knowledge transfer materials that allow the Department and IME contractor staff to deliver training to individuals within their units. Our training materials contain an overview of the knowledge transfer curricula and a description of course objectives. Training materials also include step-by-step procedures for performing core system functions.

Our trainer prepares the Department and IME contractor trainers to deliver the content and knowledge with confidence. It gives IME contractors the knowledge to train those that interface with the system within their specific contract.

We provide an online evaluation tool that helps determine how well prepared trainers and staff members are to perform their roles. This tool provides assessments that can be taken before and after specific knowledge transfer sessions as well as proficiency tests. Proficiency tests allow individuals to demonstrate they have achieved the desired skill level after completion of knowledge transfer activities on their MAP.

For additional information, see 8.3.2.4 Knowledge Transfer activities.

f. System services contractor(s) will provide initial and ongoing knowledge transfer to its staff in its operational procedures. The knowledge transfer will occur when:

Our knowledge transfer approach addresses the initial IME MMIS deployment and ongoing needs. Ongoing knowledge transfer occurs when new individuals join the team, individuals assume new responsibilities, or policies and procedures are created or modified.

## New Staff or Replacement Staff

1. New staff or replacement staff is hired.

*The Accenture Team PMO develops and maintains a Roll-On Checklist that we use when new staff join the team. This checklist contains the list of activities and knowledge transfer each new team member must complete. Some knowledge transfer is required of every team member and other knowledge transfer is specific to the role the individual will be performing and is identified in the appropriate MAP. The supervisor of each new team member completes the checklist and provides sign-off to the Accenture PMO. Items on the checklist include:*

- Project Logistics
  - Facility Access Request/Removal
  - Network Access Request/Removal
  - Required Client Forms

- Equipment
  - Request/return project PC or laptop
  - Setup/remove network resources
- Knowledge Transfer
  - Project Data Protection Standards and Processes
  - Records Retention and Management Processes
  - Project Management Processes
  - Role-specific Knowledge Transfer activities

New staff or replacement staff members, regardless of function, receive a MAP that includes the items listed above. Knowledge transfer for new or replacement staff members contain foundational knowledge transfer that promotes a common understanding across work areas and facilitates cross-organizational interaction. Knowledge transfer is process-based so that individuals understand the “big picture” before they learn specific activities related to their job responsibilities.

Each layer of knowledge transfer builds on previous layers so each staff member receives sufficient information to perform his or her work accurately and efficiently. By presenting training and new information in stages, we prevent overload and discouragement during the learning process. The Accenture Team staff receives training that focuses on the program organization and the Medicaid industry. We maintain the position that every employee within the Core IME MMIS Operations is a key contributor to the success of the IME, and every employee should have an awareness of how their specific role directly contributes to this model. In addition to orientation training, staff completes general overview training and HIPAA and Confidentiality training.

Current staff members who assume new duties complete all knowledge transfer activities where differences exist between the existing and new role.

## New/Modifications to Policies or Procedures

2. New policies or procedures are implemented.
3. Changes to policies or procedures are implemented.

New or modified policies and procedures trigger a knowledge transfer event. Our approach to providing knowledge transfer to address new or modified policies and procedures is dependent on the magnitude of change. For example, for simple, small changes to existing policies or updates to documentation, we use a communication message to affected staff. For more significant changes, we may use a formal training session.

We use the SharePoint repository for operational policies and procedures. This repository provides staff with consistent and accurate information and allows for easy access when it is needed. In addition, the use of the SharePoint repository provides individuals with confidence that they are accessing the most up-to-date information and policy and procedural documentation available.

Our trainer reports to our Quality Assurance Manager; this line of reporting serves to keep the trainer aware of changes to policies and procedures as they are implemented. All knowledge transfer MAPs are subject to Department review and approval before the start of knowledge transfer. As part of our Quality Assurance process, we continuously review the effectiveness of our knowledge transfer processes including documentation and modified materials. As a result of that effort, Accenture assesses the need for updates to MAPs or the knowledge transfer material, which goes through all document update procedures including Department review and approval of the revised materials.

Accenture carries guidelines, processes, and procedures in place that apply to all documents and deliverables associated with any project. These include change management procedures for developing documentation and knowledge transfer materials, making updates according to the agreed upon

standards and guidelines and providing controls through our published procedures. These procedures assist the team in developing quality documents. The version control of the documents assures that we are working with the most current version. The published standards, guidelines, and procedures apply to all documentation including hardcopy, electronic, graphics, and on-line help.

We update the MAPs for changes requiring formal training, our trainer reviews the policy and procedure change and modifies the MAPs to reflect the changes in knowledge transfer requirements. We notify affected employees of their MAP change and require acknowledgement of the notification.

# 7.8 Security and Confidentiality (5.8)

Accenture's information security is differentiated by our expertise and comprehensive capabilities in security, paired with our global presence. We approach security as a fundamental building block that is integrated into the Iowa Medicaid Enterprise (IME) MMIS framework providing the Department with security controls for protecting IT information and safeguarding the operation and integrity of the new MMIS system.

**Our solution provides a common security framework with robust protection and control of data.**

- Security built into every phase of every task from requirements through operation
- Multi layered approach based on preferred design principles
- Support for applicable security compliance requirements

Our Accenture Public Health Platform (APHP) solution for information security helps protect information, critical infrastructures and key business processes. At the same time, we enable new initiatives and innovation, by managing and controlling security risks and balancing them against the rewards for growth. Benefits include:

- Improved productivity and business growth
- Achievement of compliance targets
- Increased Iowa MMIS stakeholder value
- Increased customer confidence

Our APHP solution design uses a common security framework across the security domains that provide protection and control of sensitive data to users aligned with state and federal guidelines.

With more than 20 years of delivering solutions for our clients, we have built-in depth skills, industry expertise and proven assets that our project teams utilize. Our staff includes more than 2,200 highly skilled security professionals.

Accenture is experienced first-hand with a broad array of technologies and help establish the best solution for your organization. We use Accenture's industry-leading tools and processes encompassing data protection, business continuity, security risk, strategy, requirements, estimation, and architecture tools and processes. These prebuilt solutions provide predictable delivery results, increased quality and reduced delivery costs. We have deep relationships with several product vendors with whom we have built preconfigured repeatable solutions.

We house the IME MMIS in the Department data center. The data center provides Department facility management for the physical environment where the IT infrastructure is located including building, floor space, power, cooling, and environmental monitoring. Facility access includes the aspects for managing building and logical access based on APHP worker role authorization and smartcard badge recognition.

Our security and privacy solution provides leading-practice capabilities that meet the RFP requirements and support compliance with applicable state and federal security requirements and Medicaid-specific regulatory security requirements. Our solution encompasses people, process, and technology security domains and is based on International Standards Organization (ISO) 27002 and other leading practice standards.

In this section, we discuss Security and Confidentiality which comprises significant components including:

- Non-State Space Security
- Safeguarding IME Data and Records
  - Safeguarding IME Data and Standards
  - Review of the MMIS Security Design
  - Review of the Physical Security Requirements
  - Risk Analysis
  - Monitor and Report on System Security
  - Audit Processes
  - Yearly Security Review
- Safeguarding IME IT Assets
- Backup Security
- Security Staff

## Security for Non-State Space

a. When not occupying state space, the contractor(s) must provide physical site and data security sufficient to safeguard the operation and integrity of the IME. The contractor(s) must comply with the Federal Information Processing Standards (FIPS) outlined in the following publications, as they apply to the specific contractor's work:

1. Automatic Data Processing Physical Security and Risk Management (FIPS Publication (PUB).31).
2. Computer Security Guidelines for Implementing the Privacy Act of 1974 (FIPS PUB.41).

Accenture follows strict procedures for securing the IME when not occupying state space. Our solution is architected and managed to provide physical site and data security sufficient to safeguard the operation and integrity of the IME. Accenture complies with the following Federal Information Processing Standards (FIPS), as they apply to our specific work:

- Automatic Data Processing Physical Security and Risk Management (FIPS Publication (PUB).31)
- Computer Security Guidelines for Implementing the Privacy Act of 1974 (FIPS PUB.41)

Our Accenture Des Moines facility, where our IME System Services project office is located, provides facility management for the physical environment including building, floor space, power, cooling, and environmental monitoring. Facility access includes managing building and logical access based on IME MMIS worker role authorization and smartcard badge recognition.

Our facility and site selection teams use the Accenture International Standards for Safety & Security Systems during the fit-out of the Accenture Des Moines facility. Integrating these standards is one of the most critical activities in managing and addressing life safety, security and business continuity issues in the fit-out process.

We manage secure access to the IME MMIS solution in two distinct manners:

- All users, public facing, and program stakeholders (members, providers, partners, program, etc.) access the IME MMIS via our Web portal. Access is controlled using our APHP single sign on capabilities that supports role based access through the use of Microsoft Federated Services application suite.
- Remote access to the Department Data Center is controlled using a network connectivity protocol provided by the Department.

As shown in Figure 7 - 14, access to the Department Data Center is consistent with state and federal standards providing a high performance and secure network. Users and remote sites access the IME MMIS through secure Web portal interface.

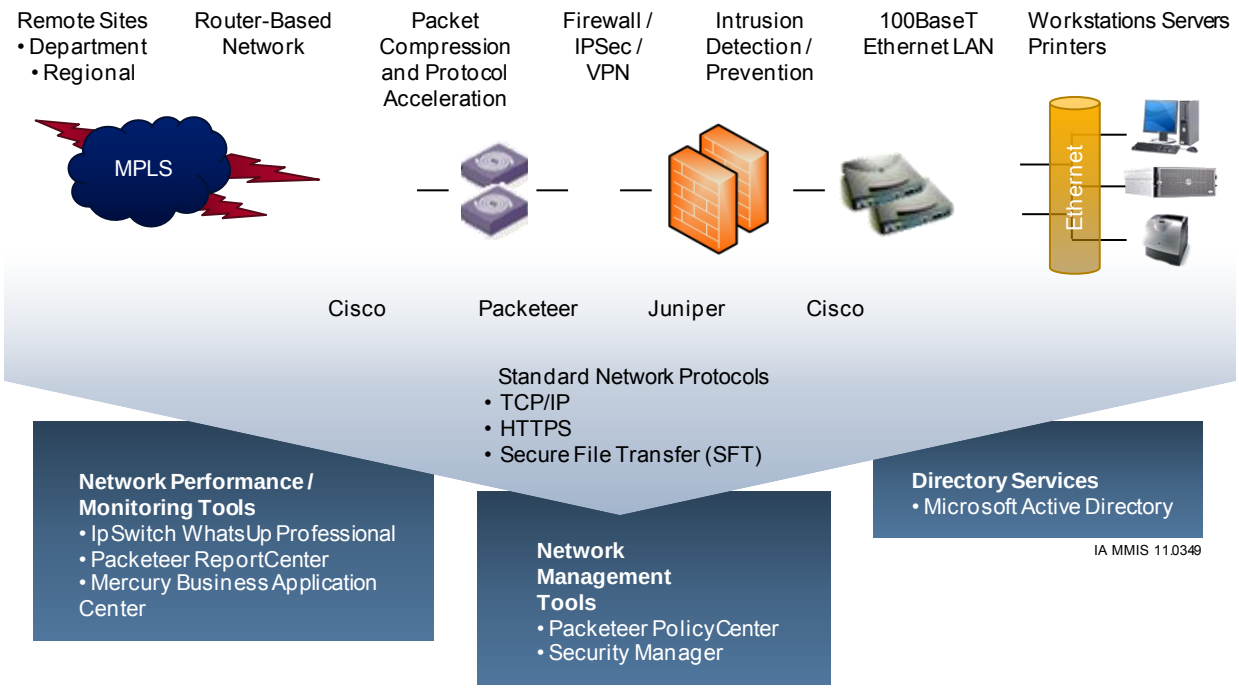



*Figure 7 - 14. We use products and tools from industry network vendors, consistent with state and federal standards, to provide a high-performance secure network.*

We provide appropriate facility space to support the IME MMIS System Services project office space. Our primary facility located in Des Moines provides the work space for the Accenture Team resources and IME designated personnel supporting the IME program. Our project office facility is a secure work environment that is accessible only through the main reception area or secure identity recognition entries. We do not allow unauthorized personnel access to the team work areas unless they are pre-approved and escorted. We do not allow unauthorized personnel inside the facility or to access secured areas without a smartcard badge or escort. Personnel that are properly authorized and have the proper building badge are able to access the facility after hours using their smart card. The grounds will be lighted providing a safe environment for personnel working late or shift work. We secure equipment and control physical information in accordance with state, federal, and Accenture policies.

Network communications between our IME MMIS facility and the Department data center occur via secure network configuration in accordance with the Department technical remote access protocol. The facility will be architecturally constructed to facilitate a safe, secure, and efficient working environment for the IME MMIS staff.

## Safeguarding IME Data and Records

b. In all locations, the contractor(s) must safeguard data and records from alteration, loss, theft, destruction or breach of confidentiality in accordance with both state and federal statutes and regulations, including but not limited to Health Insurance Portability and Accountability Act (HIPAA) requirements. All activity covered by this RFP must be fully secured and protected.

Accenture is experienced in delivering security solutions globally across all industries and employs experienced practitioners in North America. We have successfully applied similar principles and design methods on large engagements where data privacy and regulatory compliance is a significant concern. In addition, security design elements have been approved and enhanced by Accenture's client data protection program, a globally recognized ISO 27001 compliant data privacy and security focused initiative.

Accenture, in all applicable locations, safeguards data and records from alteration, loss, theft, destruction or breach of confidentiality in accordance with the both state and federal statutes and regulations, including HIPAA requirements. All activity covered by this RFP will be fully secured and protected.

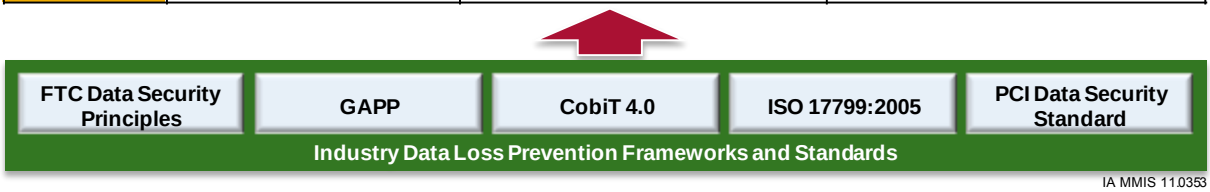
As part of our IME System Services project, each Accenture service delivery team works very closely with the Department to understand precisely the data Accenture will be exposed to and how that data should be handled. We implement controls to provide security in handling client data, and to implement any client-specified rule sets, policies or compliance measures. These controls include the following:

- Allocation of senior level person with responsibility for client data protection for every project. Appointment of a dedicated data protection steward to support compliance with the client's data protection requirements.
- Clear documentation and communication of the client's requirements to all Accenture people with access to client data.
- Data protection training for all Accenture people on a client project (this can be client specific where this is stipulated).
- Procedures for managing security incidents with full client involvement.
- Standards for secure transmission, storage, back up and destruction of client data.
- Technical, organizational and physical security controls including hard drive encryption for laptops and other removable media, physical and logical access controls and employee background checking.

Accenture periodically audits its service delivery teams to confirm compliance with the client's instructions and data privacy policies as well as the standards and controls set out above.

Our methodology encourages a comprehensive approach to security by targeting people, processes, and technology in pursuit of protecting sensitive data. Rather than concentrating solely on tools, our approach is to analyze the objectives around the information being protected, and the different types of controls that are in place (or are being considered) to address these objectives. Figure 7 - 15 illustrates the controls and objectives, and provides some descriptions of the different types of controls that might be present in each of the arenas: people, process, and technology.

| Key Controls | Information Protection Control Objectives | | |
|---|---|---|---|
| | People | Process | Technology |
| Access Controls | • Least privileged access to sensitive information<br>• Regular user certification for sensitive information access | • Provisioning and de-provisioning process for sensitive information access<br>• Access to sensitive information in accordance to customer notification | • Application access controls exist to restrict access to sensitive information<br>• Technology infrastructure capable to support access control requirements |
| Data Controls | • Define legitimate business requirements for access to sensitive information<br>• Sensitive information accountability and ownership is well defined | • Information is properly classified according to data classification standard<br>• Establish information handling and collection procedures in accordance to data classification standard | • Sensitive information in non-production environment should have same production access controls<br>• Data is stored in accordance with Federal and State rules and regulations as well as State policy |
| Management Controls | • Establish end user information security awareness program<br>• Monitor end user compliance to the information security policies and procedures | • Conduct regular risk assessments to assess information protection controls' effectiveness<br>• Regularly monitoring regulatory compliance requirements | • Appropriate application and system logs are retained and available for forensic research<br>• Management of application and infrastructure meets information protection requirements |




IA MMIS 11.0353

*Figure 7 - 15. Our methodology targets people, process, and technology to prevent data loss.*

The Accenture Public Health Platform (APHP) solution carefully considers client's rights to privacy and confidentiality, and was designed with effective internal and external controls. Our security controls meet or exceed the legal requirements, federal and State regulations and State policies. As illustrated in Figure 7 - 16 the Security component of APHP is an overarching and encompassing process. Security is embedded throughout and provided at every point of the platform.

The solution encompasses all relevant security domains and is based on Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), Centers for Medicare and Medicaid Services (CMS), International Organization for Standardization (ISO) 27002 and other preferred practice standards. Client data is protected using authorized access management and coupling identity management rules with infrastructure security to prevent data loss and encroachment.

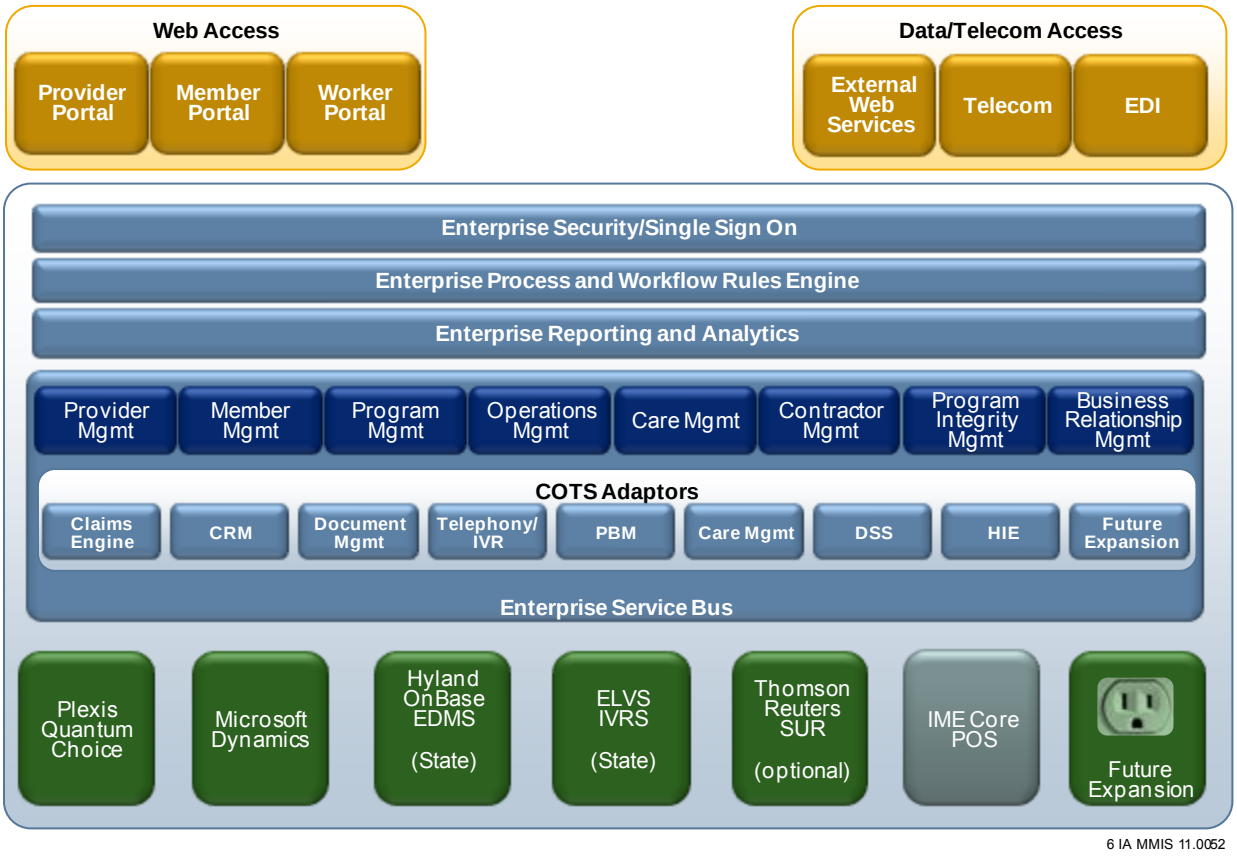



*Figure 7 - 16. Security exists throughout the platform.*

Our APHP solution aligns with Industry regulations and MITA guidelines using security layered throughout the solution for identity management and data security. We fully encrypt data stored on employee laptops and workstations, regardless of whether equipment is used to access MMIS.

Our solution provides for data integrity, in cases where data integrity is required, using standards-based protocols and formats. For data at rest, we employ the standards-based methods including Cryptographic Message Syntax/SMIME, hash/checksums using the SHA1 hash algorithm at minimum, code signing or PGP data encryption and decryption. If digital certificates are used in any of these protocols, the use of the certificates complies with Accenture's standards for managing digital certificates consistent with state

and federal security requirements and Medicaid-specific regulatory security requirements. For data transmission on the network, protocols that may be used include:

- Secure Socket Layer (SSL)
- Secure Shell (SSH)
- Internet Protocol Security (IPsec)
- Secure File Transfer (SFTP)
- Windows Remote Procedure Call (RPC) signing and sealing

***Review of the MMIS Security Design***

We review with the Department and IME MMIS System Services Project team, the MMIS proposed security design, including network topology and possible impacts to system security.

Our approach, shown in Figure 7 - 17 includes layered technology and integrated, logical controls to secure and monitor data based on industry accepted principles of "defense in depth". It encompasses relevant security domains and follows state and federal rules and regulations, NIST, HIPAA, ARRA/HI-TECH, and other preferred rules and standards.

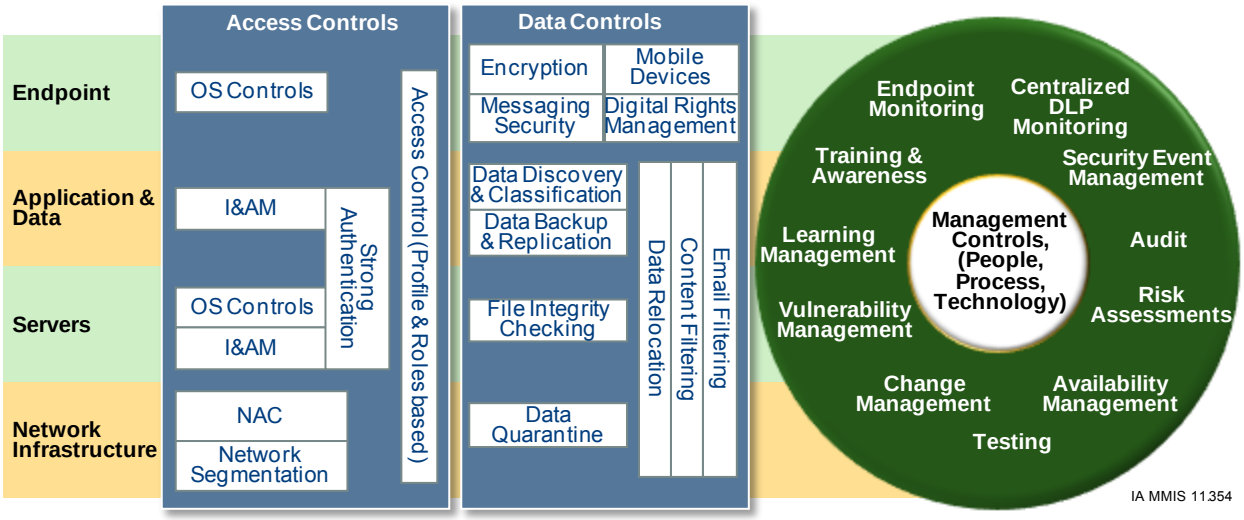



*Figure 7 - 17. Accenture's layered approach provides multiple complimentary measures to protect the Department's data.*

The infrastructure security portion of our solution includes the following considerations:

- **Facility Security** - Protects the facilities and physical environments in which computers and electronic data systems reside.
- **Database Security** - Protects the database (storage management) systems that store process and serve data to applications.
- **Encryption** - Provides encryption services for data at in electronic systems.
- **Endpoint Security** - Secures and protects the individual servers and systems processing data or hosting applications which process data.
- **Network Security** - Controls and protects network traffic between critical systems and users of the systems.
- **Security Information and Event Management** - Aggregates and correlates system logs and events and prescribe action to mitigate risk and address threats.
- **Messaging Security** - Protects the integrity and confidentiality of data being transacted through messaging systems such as email.

### *Review of the Physical Security Requirements*

As part of the IME MMIS Information Security Plan, Accenture reviews the physical security requirements for the MMIS operational facilities. This includes, at a minimum, the MMIS Data Center(s), sites accessing the System, Department-designed offices, and MMIS Project facilities. Considerations include access control plans and procedures, data security plans and procedures, and physical considerations for business continuity and disaster recovery. They also include a physical walkthrough and visual inspection of controls based on a checklist which we develop and mutually agreed to with the Department and IME MMIS System Services Project Team.

### *Risk Analysis*

As part of the IME MMIS Information Security Plan, we perform a risk analysis. This analysis identifies System security controls to help drive a set of remediation activities for addressing the identified risks. We analyze all areas including administrative, physical and technical.

### *Monitor and Report on System Security*

Accenture maintains a security incident reporting, investigation, and escalation process. Accenture employees are required to report actual or suspected security incidents to a 24-hour central hotline. Once reported, incidents are reviewed and escalated to appropriate teams for further investigation and analysis. Accenture maintains its own computer forensics, corporate investigations, and legal Data Privacy teams, but also engages outside experts in these areas as needed. Where personal data has been affected by an incident the Data Privacy Team advises on notification or other applicable requirements. These teams work as needed with team members available to engage on new investigations around the clock. If an incident is identified as having resulted in a reportable security breach, affected business teams work with Legal and internal communications teams to report the incident promptly to the client and coordinate further investigative activities.

### *Audit Processes*

As part of the IME MMIS Information Security Plan we also develop and implement audit processes to verify that System security measures address Department policies, procedures, and instructions. We perform these audits on a periodic basis based on a checklist that we develop collaboratively and mutually agree to with the Department and IME MMIS System Services Project Team.

### *Yearly Security Review*

Another part of the MMIS Information Security Plan is a yearly security audit. We perform an annual security review to include a review of events and issues, such as possible incidents, actual breaches, and process and procedural improvements. This could also include vulnerability assessments by independent parties.

## Safeguarding IME IT Assets

c. Safeguards designed to assure the integrity of system hardware, software, records and files include:
1. Orienting new employees to security policies and procedures.
2. Conducting periodic review sessions on security procedures.
3. Developing lists of personnel to be contacted in the event of a security breach.
4. Maintaining entry logs for limited access areas.
5. Maintaining an inventory of Department-controlled IME assets, not including any financial assets.
6. Limiting physical access to systems hardware, software and libraries.
7. Maintaining confidential and critical materials in limited access, secured areas.

Accenture maintains stringent safeguards to protect the integrity of the system hardware, records, and files associated with the IME MMIS and IME infrastructure. We require all new employees to complete a security awareness training to orient them with our security policies, procedures and hierarchical contact reporting structure for suspected security infractions.

Table 7 - 9 highlights the features of our approach to safeguarding IME IT assets.

| Requirement | Action/Benefit |
|---|---|
| ***New employee orientation to security policies and procedures*** | • Accenture has implemented a comprehensive, on-going training and communications plan for all employees.<br>• All new employees receive training on security policies and procedures during their orientation.<br>• Helps prevent an unintentional breach by knowing the policies and procedures<br>• Attunes employees to understand how to identify a potential situation and how to report a suspected situation. |
| ***Periodic review sessions on security procedures*** | • Accenture schedules periodic review sessions on security procedures.<br>• Reiterates the importance that we are all part of the safety and security process<br>• Facilitates the introduction of new materials.<br>• Keeps safeguard measures in our forefront so we maintain our heightened awareness. |
| ***Security breach contact list(s)*** | • Accenture maintains a 24-hour security hotline to report actual or suspected security incidents.<br>• If an incident is identified as having resulted in a reportable security breach, affected business teams work with Legal and internal communications teams to report the incident promptly to the client and coordinate further investigative activities.<br>• Established hierarchical organization of accountability.<br>• Personnel know who to report potential situations to for quick resolution. |
| ***Maintain entry/exit logs for limited access areas*** | • Building security systems maintain a log of entry/exit to limited access areas.<br>• Tight control, monitoring, escalation.<br>• Quickly isolate reviews to finite spectrum. |
| ***Inventory of Department controlled IME assets, not including financial assets*** | • An inventory of all IME assets, not including financial assets, is maintained and kept up to date.<br>• Secure storage and easy retrieval of artifacts generated on project<br>• Strong foundation for artifact storage and retrieval that support integrity of materials and services.<br>• Configuration management and versioning supports the integrity of current information. |

| Requirement | Action/Benefit |
|---|---|
| ***Limiting physical access to system hardware, software, and libraries*** | • Vigorous controls that identify who has access, when the asset is accessed, and when the person releases access facilitates secure identification.<br>• Use of automated secure entries that require security identity recognition provides that only the authorized person has access.<br>• Facilities that are physically secured through multilayer barriers such as internal walls, no windows, solid doors and progressive identity recognition establish a multilayer realm of security protection. |
| ***Maintain confidential and critical materials in limited access, secured areas*** | • Our policies and procedures are designed to only allow authorized personnel access to restricted areas using multiple layers of access control such as smart badges and user authentication.<br>• Secure backup storage and transport establishes accountability for media management that has access, where the material is, and what time the material was transferred.<br>• Active management of facility areas and logical storage help prevent compromise of secure materials. |

*Table 7 - 9. Our security and control procedures provide the IME with an established environment of awareness, quick situation identification, fast containment and quick resolution.*

## Backup Security

d. The Department will have the right to establish backup security for data and to keep backup data files in its possession. Should the Department choose to exercise this option, it will in no way relieve the contractor(s) of its responsibilities.

The Department has the right to establish backup security for data and to keep backup data files in its possession. Should the Department choose to exercise this option, it will in no way relieve Accenture of its responsibilities.

The Accenture Team works with the Department staff to complete a backup security plan according to the Department guidelines including timing for backup cycles. The IT information contained on the backup media will be secured in a manner that is integrated with the established Department storage backup cycle and retention procedures.

As illustrated in Figure 7 - 18, there are three event levels that require attention: before an event occurs, during an event, and after an event. Users from time to time make requests of operations to restore a file or data structure and the latest or user identified version for the recovery is used. When the next backup is executed, the most recent restored version becomes the most current backup.

**We bring proven backup and recovery experience from our work at Texas Medicaid**

- Backup 100+TB of data per week
- Use a FIPS 140-2 compliant encryption process (hardware based) and create 2 backup copies; 1 for on-site and 1 sent offsite
- Conduct incremental backups:
  - Daily - with retention of 26 Days
  - Weekly - with retention of 49 Days
  - Monthly - with retention of 10 years
- 7-8 restores per week (ranging from 1-2 two weeks old to 7 years)
- Manage 1000+ tapes assisted by bar coding and laser scanners
- Perform monthly audits for offsite storage (Iron Mountain) using random sampling

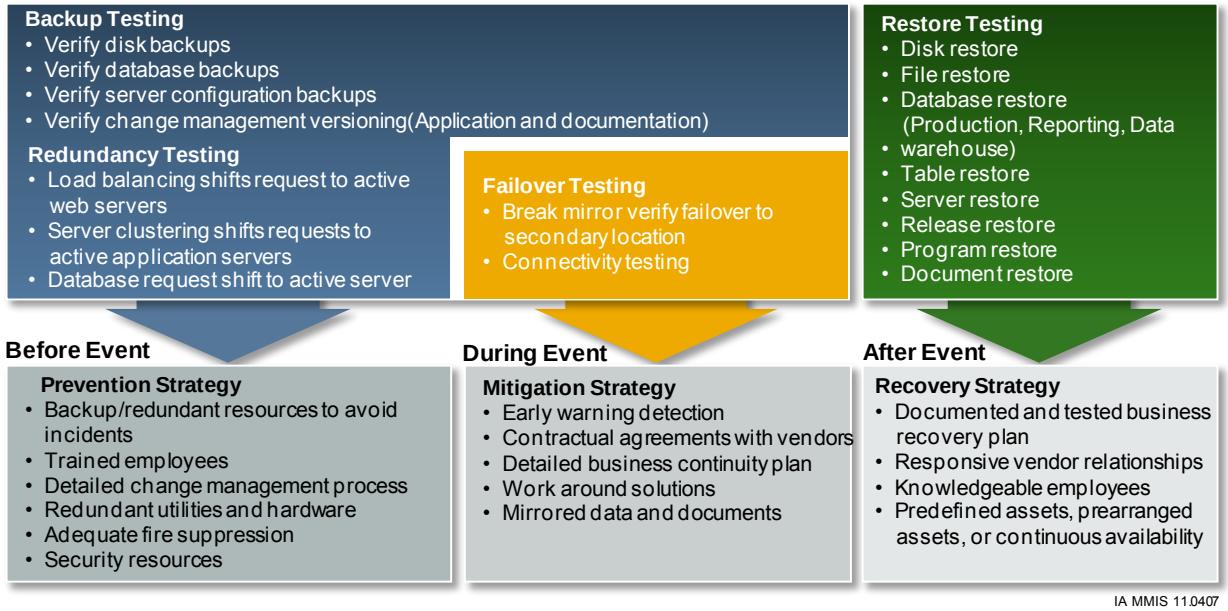



*Figure 7 - 18. Prevention, mitigation and recovery strategies are validated with rigorous testing through actual restores and statistical sampling to verify the backup integrity*

## 7.8.1 Security Staff (5.8.1)

The contractor(s) must operate a systems security unit under direct management control. The contractor(s) must separate duties of staff responsible for network connections, routing, firewall, management, intrusion detection, email service, user authentication and verification, password management and physical access control to ensure appropriate administrative, physical and technical controls are in place. At a minimum, the contractor(s) must implement and maintain the security and privacy standards set forth in Section 5 General Requirements of this RFP.

Accenture maintains a systems security staff under direct management control. Accenture maintains separate duties of staff responsible for network connections, routing, firewall, management, intrusion detection, email service, user authentication and verification, password management and physical access control to ensure appropriate administrative, physical and technical controls are in place. At a minimum, Accenture implements and maintain the necessary security and privacy standards.

At the Accenture Des Moines office, the Accenture CIO Organization is responsible for delivering all internal IT solutions. Its responsibilities range from setting the company's overall IT strategy to managing its enterprise architecture, capabilities, products and infrastructure.

# 7.9 Accounting (5.9)

a. The contractor(s) will maintain accounting and financial records (such as books, records, documents, and other evidence documenting the cost and expenses of the contract) to such an extent and in such detail as will properly reflect all direct and indirect costs and expenses for labor, materials, equipment, supplies, services, etc., for which payment is made under the contract. These accounting records will be maintained in accordance with generally accepted accounting principles (GAAP). Furthermore, the records will be maintained separate and independent of other accounting records of the contractor(s).

The Accenture internal finance team is a world-class financial and accounting organization that provides service to each of our client teams and leverages the robust features and capabilities of the SAP financial software suite of tools. We maintain accounting and financial records (such as books, records, documents, and other evidence documenting the cost and expenses of the contract) to such an extent and in such detail to properly reflect all direct and indirect costs and expenses for labor, materials, equipment, supplies, services, etc., for which payment is made under the contract. We maintain the accounting records in accordance with generally accepted accounting principles (GAAP). Furthermore, we maintain the records separately and independent of other accounting records of Accenture.

**Accenture's Accounting and Finance Services leverages our global experience**

- Uses SAP Financial software to track and manage project financials
- Provides for timely and accurate invoicing

b. Financial records pertaining to the contract will be maintained for seven years following the end of the federal fiscal year during which the contract is terminated or until final resolution of any pending state or federal audit, whichever is later. Records involving matters of litigation will be maintained for one year following the termination of such litigation if the litigation has not been terminated within the seven years.

We maintain financial records in accordance for a period of seven years following the end of the federal fiscal year during which the contract was terminated or until final resolution of pending federal audit, whichever is later. We maintain records pertaining to matters of litigation for one year following the termination of the litigation, if the litigation has not been terminated within seven years.

We adhere to the State's required invoicing requirements. We have quality measures in place to assure the accuracy of our invoices and documentation that our billings are consistent with contract requirements, and are within the limits set by the contract.

Accenture high-standard policies govern how we identify, manage and dispose of Business Records. We develop a Records Management and Retention Plan for each of our projects, tailored to client-specific requirements. In the plan, we identify:

- The Project Records Retention Lead
- The types of records we generate and manage
- Where the records are stored
- How to submit records for retention
- Schedule for records retention audits

The Records Retention Lead champions the retention processes and procedures for the project. This person assists team members in identifying and submitting records. The Records Retention Lead performs audits of the SharePoint repository where we store these records. As part of our onboarding process, all Accenture Team members are required to complete training on the plan. In this training they learn the processes, tools, and contact points for records retention.

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# 7.10 Banking Policies (5.10)

System services contractor(s) in the IME may receive checks or money orders related to the work that they perform. These checks and money orders may be for refunds, recoveries, cost settlements, premiums or drug rebates. System services contractor(s) are to meet the following requirements for checks or money orders.

Accenture acknowledges that as the Core MMIS contractor, responsibilities include operating the end to end mailroom. As such, check and/or money order receipt is in scope of received mail and courier pickups. Strict banking policies are required to control, document, and route these financial transactions to the correct Department division or Contractor for proper disposition.

The IME benefits from Accenture's proven track record in supporting banking process and policies for very large global based organizations. Our leading Finance and Accounting operations are industry recognized and cover the entire Finance value chain along with the support of our Finance Consulting Services professionals. Each of our Service Operation contracts are monitored under internal SOX Sarbanes Oxley Act (SOX) compliance and Lean Six-Sigma based operating controls. The points below summarize our Finance and Accounting operations experience:

- We are the most mature Finance and Accounting Service Delivery provider, with 20 years of experience since our first contract in 1991.
- Our Finance and Accounting Service Delivery operation has more than 80 contracts with more than 70 clients. We have sustained significant organic growth since our first contract, and now more than 11,000 people provide services to clients in more than 150 countries in 38 different languages.
- At a North American insurer, we marshaled the support of key internal audit and corporate compliance executives to examine how to comply with legislation and improve processes to deliver better long-term results. Our involvement enabled them to complete highly detailed control documents

While several of these enterprise wide Finance and Accounting services including check deposits required to support the Department are currently the responsibility of the Revenue Collections contractor, Accenture recognizes the complexity and discipline required to support these critical transactions. Our Account Management and supporting supervisory staff operating the Core MMIS scope of services work closely with the Revenue Collections contractor to implement controls and handoff points for check and money order receipt, record, and transfer to have adequate documentation and evidence for internal and external audits or required compliance reconciliations.

a. Any unit that receives checks or money orders will log and prepare all payments for deposit on the day of receipt and deliver them to the Revenue Collections contractor's designated point of contact for daily deposits.

Accenture is experienced in operating numerous incoming mailrooms for our clients and has the experience to receive, document, and execute specific special handling processes for these financial documents. Checks and money orders received in our IME MMIS mailroom receive special handling to comply with the Department's and/or the Division of Fiscal Management directives.

Checks and/or money orders can be received from numerous sources including:

- Refunds from Providers or MCOs
- Recoveries from Providers, banks or accountants
- Cost settlements from Providers, accountants or attorneys
- Premiums from members
- Drug Rebate payments from manufacturers

Prior to commencing Mailroom services, we work with the Department and Revenue Collections contractor to review the detailed proposed processes and confirm documentation standards and controls. We schedule approval meetings with the all impacted parties during the system implementation phase and test the processes during Operational Readiness Testing to confirm that the controls and Department banking policies are confirmed.

Figure 7 - 19 summarizes our process. Each business day, mail is picked up from all sources and brought into our secure incoming mailroom. Additionally, a courier picks up and delivers mail to the mailroom from the designated locations. We train mailroom resources to recognize and prepare checks and money orders during the sort and scan process by separating the checks and associated documents to a separate queue for special handling and preparation for deposit the day of receipt.

Mailroom staff scan the check the additional contents if applicable and document/index the details of the check including, but not limited to, check issuer, check number, check amount, pay to, and memos in a check register. The scanning process assigns an Invoice Control Number (DCN), which provides the Year and Julian date of receipt. This process enables MMIS departments with a scanned image should the sender have questions or for audit purposes. The detailed description of the scanning process is available in Proposal Section 10.1.9, Claims Receipt Entry and Control.

The original Daily Log of checks and money orders is delivered to the Mailroom Supervisor, who prepares them for deposit per the process agreed to by the Department and the Revenue Collections contractor. Our courier delivers the checks and money orders received and prepped for deposit to the Revenue Collections contractor. For reconciliation purposes, we would work with the Revenue Collections contractor for an attestation or log of the completed deposits to perform a count and dollar value deposit validation on a daily basis. Implementation of this control is a requirement for our other Finance based service delivery operations and we share this experience along with other leading practices with the Revenue Collections contractor to identify other controls and practices that can continue to help improve the current business processes.

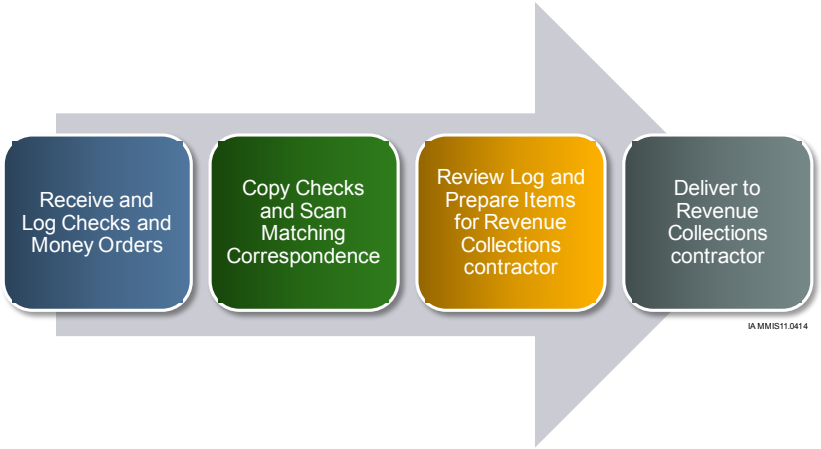


*Figure 7 - 19. Our approach provides banking policies that provide adequate documentation and controls.*

b. Any unit that receives checks or money orders will assist in the maintenance and updating of the existing check classification code schematic, as necessary.

Check classifications and configuration of these schematics changes as the policies and trading partners of the Department evolve. As part of the end to end financial process and as a Contractor supporting check and money order receipt, Accenture understands that these codes are essential to the classification of financial transactions for documentation, audit, and control of the IME Accounting policies.

We work with the Department, Revenue Collections contractor, and other agencies are necessary to assist in the process of updating and maintaining existing check classification codes as necessary. Our supervisory staff and Account Management participate in cross contractor governance discussions to continue to evaluate continuous improvement and process adherence. As part of these discussions or

through other formal communications, Accenture Team operations staff helps perform the required activities to modify existing check classification code schematics.

c. Any unit that receives checks or money orders will provide assistance to the Department, Division of Fiscal Management, in the reconciliation of the monthly Title XIX Recovery bank account if requested to do so.

As mentioned in the introduction, Accenture has global scale and experience with Finance and Accounting service delivery methods and operations. We are responsible for participating in internal and external reconciliations across several industries, including Health and Public Service. While only responsible for certain areas of the check handling processes, we integrate our experience in these areas into the culture of our service delivery staff supporting the IME. In doing so, we provide assistance to the Department, Division of Fiscal Management, in the reconciliation of the monthly Title XIX Recovery bank account if requested to do so. Accenture has worked with its clients to develop processes supported by innovative and automated reconciliation processes and we bring that experience to the IME.

d. Only the Revenue Collections contractor will make the deposits.

We recognize and acknowledge that only the Revenue Collections contractor makes deposits.

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# 7.11 Payment Error Rate Measurement (PERM) Project (5.11)

a. Pursuant to the Improper Payments Information Act (IPIA) of 2002 and federal regulations at 42 CFR Parts 431 and 457, all states are required to participate in the measurement of improper payments in the Medicaid and CHIP programs. Iowa's participation began in federal fiscal year 2008 (October 1, 2007, through September 30, 2008) and is scheduled to continue every three years. The PERM Project measures the following aspects of the Medicaid and CHIP programs:

1. Eligibility – the eligibility of the Member for the program and, if applicable, enrollment in a managed care plan.

2. Medical Review – the medical necessity and appropriate medical classification of the service that was provided.

3. Data Processing Review – the appropriate processing of the paid claim in the claims processing system, taking into account all necessary edits. This includes verifying the appropriate rate cell and payment for managed care (capitation) payments.

The purpose of the PERM program is to measure the proper payments of the Iowa Medicaid and Children's Health Insurance Programs (CHIP) and produce the State and national level error rates for each program. The errors are determined by studying a large sample of each state's fee-for-service (FFS) and managed care payments (when applicable) for a fiscal year. States also conduct eligibility reviews and report eligibility related errors. The PERM program helps to:

- Promote more efficient Medicaid and CHIP operations
- Validate medical services are provided to eligible clients
- Identify program problems or processes that may result in erroneous payments

b. The Centers for Medicare and Medicaid Services (CMS) manage the PERM Project for all states, in which they contract certain aspects of the work. Required state involvement includes work that is performed by the IME and its contractors. During the course of the PERM Project, IME policy staff and contractors are responsible for the following:

1. Department Program Integrity Director and Manager (Department Policy) – Project coordination between all IME units and overall project management for IME-related work.

Upon written notification of the PERM, our Project Manager works with the Department's Program Integrity Director and Manager to define the work products required for the Core MMIS audit portion. These tasks and activities will be incorporated into a project schedule, with defined tasks and schedule.

2. DW/DS – Submission of paid claims data, including details associated with the claims that are selected for review.

Accenture will work with the Data Warehouse/Decision Support contractor as defined by the Department.

Paid claim data is stored in the central APHP Reporting Data Store in support of the PERM requirements and is easily accessible to the Department for PERM program sampling.

3. Provider Services – Issuance of general project notifications, assistance with ensuring that providers submit their documentation timely, and provision of copies of licenses or other enrollment documents upon request.

Accenture will work with the Provider Services contractor as defined by the Department.

In support of the PERM requirements for providers, the APHP is designed to issue alerts based on configurable control thresholds in managing the required provider information to mitigate fraud and maintain data integrity. Automated alerts and general notifications are configurable within the APHP solution to remind providers when they log in that certain information is missing and actually prevent providers from performing certain functions if the required licenses or other enrollment information is not provided. General project notifications and reports can be configured to provide project notification of noncompliant providers and facilitate outreach to those that may need assistance.

4. Provider Cost Audits and Rate Setting – Assistance with repricing claims in cases of potential findings of overpayments or underpayments and consultation related to reimbursement methodologies and pricing of claims.

Accenture provides assistance with re-pricing claims in cases of potential findings of overpayments or underpayments. Our Quality Assurance and Claims Managers are available to provide consultation related to reimbursement methodologies and pricing of claims.

5. Medical Services – Re-review of providers‟ documentation related to potential medical review errors and recommendation as to potential disputes.

Accenture will work with the Medical Services contractor as defined by the Department.

In support of the PERM requirements for Medical Services, the APHP solution provides the online capability to reconcile a provider's documentation and information related to potential medical review errors. The real-time access and audit controls that are designed into the APHP solution facilitate potential dispute resolution and detail root cause analysis. Using the information captured by APHP provider documentation can be compared to what is entered in the new MMIS system for fast resolution and determine the recommendations as to the potential dispute.

6. Core MMIS – Claims processing and MMIS expertise and consultation related to pricing and payment of claims.

Our project team and Claims Operations Manager provide claims processing and MMIS experience and consultation related to pricing and payment of claims. We are prepared to help the Department with identification, isolation, and determination for the processing of claims through the APHP solution.

7. Program Integrity – All follow-up provider recovery or repayment actions associated with findings of overpayments or underpayments.

Accenture works with the Program Integrity contractor to follow-up and report on the provider recovery or repayment actions associated with findings of overpayments or underpayments to maintain integrity of the new IME MMIS. During the DDI we meet and discuss the reporting requirements for developing and updating parameters for use in the production of Program Integrity reports in the MMIS.

# 7.12 Subcontractors (5.12)

Subcontractors must comply with all requirements of this RFP for all work related to the performance of the contract.

As the prime contractor for the IME System Services Project, Accenture plans to engage the services of subcontractors that are discussed in Tab 6.2.7 Project Organization. We have an assembled team to support the overall approach for Iowa MMIS. Our subcontractors complement the Accenture resources by bringing significant Iowa Medicaid Enterprise experience, deep skills and knowledge in our technologies and Commercial Off-The-Shelf (COTS) products, strong project management disciplines, and knowledge of other Medicaid applications and operations.

**The Accenture Team comprises subcontractors with skills and experience from Iowa**

- S2Tech - currently provides technical support to the IMEI
- Mainstream Living - currently provides administrative support to the IME

Our entire Accenture Team, including our subcontractors, is compliment to work and performance requirements. We are committed to helping the Department accomplish the new IME MMIS. In our role as the prime contractor, Accenture is responsible for all members of our team and the results they produce. As the prime systems integrator, Accenture will include all applicable contractual terms from our prime contract with the Department to our subcontractors. Accenture has the same performance expectations of contractors that we have of ourselves and require them to follow the same methodology, processes, and project management guidelines. Contractors become part of the IME System Services Project Team and all members of the team are held to the same standards.

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# 7.13 Regulatory Compliance (5.13)

Accenture is a leading information technology provider to the health care market for decades. We are accustomed to following and maintaining regulatory compliance within the United States and countries around the world.

a. System services components acquired through this procurement are to be fully compliant with state and federal requirements (including HIPAA requirements) in effect as of the date of release for the RFP and with any changes that subsequently occur unless otherwise noted.

Accenture Public Health Platform (APHP) is an interoperable framework of COTS products. The System service components within the APHP solution are compliant with state and federal requirements (including HIPAA) that are in effect as of the RFP release date and any subsequent changes that have occurred.

APHP is designed to provide the Department a COTS-based solution the meets current regulatory requirements (including HIPPA security requirements) and provides the framework for quick adaptation to new requirements as needed. APHP supports current standards, including: HIPAA X12, 5010, ICD-10, NPI. COTS products' vendors maintain their software in line with industry standards to meet new federal, business, functional and data exchange requirements.

**Accenture Health Care and Public Sector solutions are grounded in regulatory compliance**

- Accenture has more than 25 years of experience in the Health and Public Sector industry.
- We have served 25 U.S. states and 26 countries in the health and public services domain.
- More than 50 hospitals have worked with Accenture as they transform to Accountable Care Organizations.
- We have provided systems integration and technical solutions to 21 of the top 25 health care plans in the US, including managed care, traditional insurance and non-profit plans.

b. Bidders are responsible for describing how their proposed solution meets and will remain in compliance with state and federal requirements (including HIPAA requirements for transactions and code sets, national provider identifiers (NPI) and privacy and security).

The components of our APHP solution are highly configurable and provide the ability to specify rules through the COTS-specific rules engine. As commercial products, these vendors have a particular focus in staying current with applicable standards, regulation, and statutes to remain relevant in their respective industries. So staying current with industry standards and guidelines is a matter of installing the latest version as opposed to a complex system modification requiring change order to the contract. Our proposed solution remains compliant with state and federal requirements (including HIPAA, NPI and privacy and security), through version updates to APHP and constituent products supported by product maintenance fees.

Our APHP SOA-based architecture enables the Department to integrate third party products into the APHP framework. For example, we install the NCCI edits using the Ingenix iCES product. This provides out-of-box conformance with the NCCI edit requirement. Also, because it is a commercial product, the IME gets the benefits of staying current with federal regulations via the standard packaged tool updates.

We understand and fully expect the need to make changes to the IME MMIS to remain compliant with State and federal requirements over the course of this contract. Changes may include HIPAA requirements for transaction and code sets, the National Provider Identifiers (NPI) or new or different requirements for privacy and security. Working together using the change management processes implemented at the start of the IME contract we determine whether the change requires a configuration modification or the need for a COTS change.

- Configuration change, while straightforward, is subject to our change management processes. All configuration changes are thoroughly tested and approved before being put into production. As an example:
  - Every state is in the process of changing its MMIS in preparation for the October 1, 2013 deadline for implementing the ICD-10. Making a change this significant to a legacy MMIS is expensive and extremely labor intensive.
  - With the APHP SOA solution the next major code set change such as ICD-11 only requires configuration changes to the benefit plans in the MMIS. Rules are changed not programmed. Rates are changed by business analysts not programmers.

- The APHP platform is highly configurable and flexible. COTS products are added, upgraded, replaced or retired via configuration, rather than by long, expensive system development projects.
  - Commercial products are dependent upon staying current with standards and regulations. They owe their very existence to these standards. Our approach to maintaining compliance for Iowa leverages the general advantage of using commercial software and shifts the burden of standards compliance to the vendors.
  - Our solution takes advantage of this by making it possible to upgrade the product components to newer versions when appropriate. The unique design of our system allows us to upgrade individual components without impacting the other components so that the State is not held "hostage" by problems with a single product or technology.
  - Should a product component not provide an upgrade path to support new standard or regulations, our APHP framework again provides the State with options as any of the components are replaceable.

# 7.14 Audit Support (5.14)

In today's rigorous regulatory environment, Accenture is prepared to provide Iowa with the resources to respond effectively and efficiently to requests made for audits of the IME. Accenture is committed to supporting the Department, State, and Federal auditors by producing statistical samples and original or image copies of claims or claiming documents. Our quality assurance team provides support for fiscal/financial audits, the claims processing system, Informational Systems (previously known as EDP) and general audits. Meeting attendance is mandatory for initial or exit meetings and at the request of the auditors.

The following section describes our support for audits conducted by the State auditors.

**Accenture is experienced in providing extensive support for our clients during audits**

- SSAE-16 (formerly SAS-70) audits
- EDP (Electronic Data Process) audits
- OIG / Federal CMS audits
- SAO (State's Auditor's Office) audits
- A-133 Compliance audits
- Accenture client audits
- Internal Accenture audits

Contractor(s) are to support and provide assistance with any state and federal audits and certifications as the Department requests. Examples include but are not limited to the annual audit that the state auditor's office conducts (e.g., the Medicaid Integrity Group (MIG) review and the Office of the Inspector General (OIG) audits specified in the contract).

We understand that the Department is going to have numerous requests, from diverse sources requesting audits and certifications of the IME MMIS including the annual audit that the state auditor's office conducts (e.g., the Medicaid Integrity Group (MIG) review and the Office of the Inspector General (OIG) audits specified in the contract). Accenture collaborates with the Department or State auditors to address the focus of each audit.

We view audits across four distinct phases and discuss each in the remaining section:

- Audit preparation
- Initial audit meeting
- Audit
- Exit briefing

## Audit Preparation

Accenture understands the frustration of working with unprepared clients. It may be very maddening for a well-prepared auditor to arrive to perform an audit only to find client is not prepared. As soon as the Department notifies the Accenture Project Manager of an audit request and the parameters of the audit, the Accenture Team is prepared to start the preparation for the requested audit immediately.

We understand that the State is the sole point of contact with the source requesting the audit; for example a federal audit. The Accenture Team is prepared to support the Department or State auditors with:

- Access to our processing facility, which could include providing a tour of the facility for the auditors or a conference room to perform the audit.
- Access to the requested information, which could include claims processing reports, claims or claiming documents, provider or member data, reference or pricing data.
- APHP and COTS information, which could include use cases, implementation documentation, or programs or libraries. The Accenture Team is available to deliver a demonstration of the APHP solution for auditors.
- Documentation, which could include Standard Operating Procedure manuals, Provider manuals, contract memos, MMIS status reports and system documentation.

We schedule a pre-audit meeting with the Department or State auditors to review and evaluate the audit program for each audit prior to the Initial Audit Meeting. The audit program defines the scope of the audit and the requested materials. During this meeting, we work with the Department or State auditors to define our role and responsibilities during the audit.

## Initial Audit Meeting

At the request of the Department or State auditors we attend the initial audit meeting. During this meeting, we are prepared to demonstrate the APHP and answer questions about our Iowa MMIS Operations.

If requested, we present the audit materials and provide an explanation of how and when the materials were produced. For example, during an audit of our claims processing operations we might describe the incoming mailroom operations, how an ICN/TCN are affixed to documents and electronic claims, and the scanning process.

## Audit

We remain on standby to respond to specific requests from the Department or State auditors for additional information or clarifications. Our Quality Manager is the single point of contact for the Department or State auditors during the audit to eliminate delays in responding to requests for documents, data or to respond to questions.

For example, an auditor reviewing processed claims may request the original claim for an adjusted claim. The Accenture Team provides either the original claim or image of the original claim retrieved and delivers it to the Department or State auditor.

As another example, the SSAE-16 (formerly SAS-70) audit is one of an average of 5-6 technical audits (i.e. A-133, HHSC / OIG, internal Accenture, etc.) Texas Medicaid participates in annually, in addition to ad-hoc audits required by the Federal or State government. Accenture helps coordinate and facilitate the technical aspects of the audit, related to the technical infrastructure, application services, and program management of the project. Accenture works with the auditors prior to the beginning of the audit to collect preliminary requested documentation and to facilitate meetings and interviews with the appropriate team members throughout the audit. Accenture is then responsible for providing management responses to any technology related findings following the release of the audit report.

## Exit Briefing

At the request of the Department or the State auditors we attend the exit briefing. When requested, our quality assurance team reviews the findings of the audit. Findings may be in the form of additional questions or recommendations for improvement.

We work with the Department and State auditors to respond to audit findings quickly and efficiently. During the DDI phase, we meet with the Department and State auditors to fine tune our procedures for audit support.

# 7.15 No Legislative Conflicts of Interest (5.15)

The Accenture Team supports the direction of the Department in implementing the new IME MMIS. We believe in fair and open competition as represented through our core values. Accenture's core values are part of our culture in a company that is 223,000 professionals strong. Our core values are:

- **Stewardship** - Fulfilling our obligation of building a better, stronger and more durable company for future generations, protecting the Accenture brand, meeting our commitments to stakeholders, acting with an owner mentality, developing our people and helping improve communities and the global environment
- **Best People** - Attracting, developing and retaining the best talent for our business, challenging our people, demonstrating a "can-do" attitude and fostering a collaborative and mutually supportive environment
- **Client Value Creation** - Enabling clients to become high-performance businesses and creating long-term relationships by being responsive and relevant and by consistently delivering value.
- **One Global Network** - Leveraging the power of global insight, relationships, collaboration and learning to deliver exceptional service to clients wherever they do business
- **Respect for the Individual** -Valuing diversity and unique contributions, fostering a trusting, open and inclusive environment and treating each person in a manner that reflects Accenture's values
- **Integrity** - Being ethically unyielding and honest and inspiring trust by saying what we mean, matching our behaviors to our words and taking responsibility for our actions

**Core Values**

"Through the years these simple, yet powerful values have continually guided our decision making as well as our interactions with our clients and each other."

**—William D. Green, Chairman, Accenture**

Accenture works in a manner to foster, not limit, fair and open competition and welcomes the opportunity to continually strive for greater success and corporate citizenship.

a. In the event that the bidder(s) (prior to contract award) or contractor(s) (after contract award) is directly involved with or otherwise supports legislation impacting the Medicaid program but outside the role as the IME contractor, notification to the Department is necessary.

We do not have any legislative conflicts of interest within the State of Iowa impacting the Medicaid program. Through an extensive process, we investigate any potential conflicts of interest prior to accepting an engagement. This investigation takes into account Accenture's existing clients and the type of work involved on the potential engagement. We understand that this restriction is ongoing and that it applies throughout all phases of the contract.

b. If this situation exists prior to proposal delivery, the bidder should reflect this status in the response to the requirements in this section. If it exists prior to contract award, the bidder must notify the issuing officer in writing. If it exists after contract award, the contractor(s) must notify contract administration prior to the next legislative session.

At proposal submittal, Accenture is not involved with or supporting legislation that affects the Medicaid program within the State of Iowa. If a potential conflict is identified after submittal and/or prior to contract award Accenture will notify the issuing officer, in writing, of the potential conflict. Should such potential conflict occur after contract award, Accenture will notify the Department contract administration prior to the next legislative session.

c. At all times, the bidder(s) or contractor(s) must ensure that the legislation does not pose a conflict of interest to IME work in their proposal and contract. If a conflict exists, the bidder(s) or contractor(s) must do one of these things: withdraw their support of the legislation; or withdraw from consideration for contract award (while a bidder) or terminate contract according to termination requirements in the contract (while a contractor). This ongoing restriction applies throughout all phases of the contract.

Accenture's Contract Manager works with the Department through all phases of the contract to identify any potential situations that may pose a conflict of interest to the IME and mitigate the risk to the project, in advance. Our Contract Manager proactively conducts reviews to determine if there are any potential

legislative conflicts. Accenture is a good corporate citizen and acts in a manner that is responsible and works with the Department to correct any potential legislative conflict. In the event that a conflict exists, we acknowledge we must do one of the following actions:

- Withdraw support of the legislation
- Withdraw from consideration for contract award (while a bidder)
- Terminate contract according to termination requirements in the contract (while a contractor)

d. At no time will the contractor(s) use its position as a contractor with the Department or any information obtained from performance of this contract to pursue directly or indirectly any legislation or rules that are intended to provide a competitive advantage to the contractor(s) by limiting fair and open competition in the award of this contract upon its expiration or to provide advantage to the contractor(s) during the term of the contract resulting from this RFP.

Accenture works in a collaborative manner with the Department. Our core values foster an environment of integrity and our professionals bring that same environment to our client sites. Accenture will not use our position as a contractor with the Department or any information obtained from performance of an award for this contract to pursue directly or indirectly any legislation or rules that are intended to provide a competitive advantage to us by limiting fair and open competition in the award of this contract, upon its expiration, or to provide unfair advantage to ourselves during the term of the contract resulting from this RFP.

# 7.16 No Provider Conflicts of Interest (5.16)

The contractor(s) warrants that it has no interest and agrees that it shall not acquire any interest in a provider that would conflict, or appear to conflict, in any manner or degree with the contractor's obligations and performance of services under this contract.

The contractor(s) will meet the following specifications to preclude participation in prohibited activities:

1. The contractor(s) will subcontract with another firm to conduct any desk reviews or on-site audits of a provider if the provider is a client of the contractor(s) and the provider also provides services for the Department. However, the subcontractor will not conduct desk review or on-site audit of provider if provider is a client of either the contractor(s) or subcontractor when said entity also provides services for the Department.

2. The contractor(s) will not use any information obtained by virtue of its performance of this contract and its relationship with the Department to provide what would be “inside information” to the contractor's clients who are providers of medical, social or rehabilitative treatment and supportive services on behalf of the Department or to the organizations that represent such providers.

3. The contractor(s) will disclose its membership on any and all boards. The contractor(s) will not use any information obtained by virtue of its contractual relationship with the Department to its advantage by voting, speaking to or attempting to influence board members in the performance of services by that board's organization.

4. The contractor(s) will not have ownership in any provider or provider organization that contracts with the Department or is approved by the Department to provide medical, social or rehabilitative treatment and supportive services on behalf of the Department.

Accenture warrants that it has no interest and agrees that it will not acquire any interest in a provider that would conflict, or appear to conflict, in any manner or degree with the IME System Services Project obligations or performance of services under this contract.

To preclude any provider conflicts of interest:

- Accenture will subcontract with another firm to conduct any desk reviews or on-site audits of a provider if the provider is a client of the contractor(s) and the provider also provides services for the Department. However, the subcontractor will not conduct desk review or on-site audit of provider if provider is a client of either the contractor(s) or subcontractor when said entity also provides services for the Department.
- Accenture agrees to not use any information obtained by virtue of its performance of this contract and its relationship with the Department to provide what would be “inside information” to the contractor's clients who are providers of medical, social or rehabilitative treatment and supportive services on behalf of the Department or to the organizations that represent such providers.
- Accenture agrees to disclose its membership on any and all boards. Accenture will not use any information obtained by virtue of its contractual relationship with the Department to its advantage by voting, speaking to or attempting to influence board members in the performance of services by that board's organization.
- Accenture will not have ownership in any provider or provider organization that contracts with the Department or is approved by the Department to provide medical, social or rehabilitative treatment and supportive services on behalf of the Department.

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# Tab 8 Start-Up and Implementation Phases (9.2.9)

The Bidder must provide a detailed description of the approach to completing the contractor's responsibilities and producing the deliverables for each of the following:

Start-Up Tasks

Analysis and Design Tasks

Development Tasks

Conversion Tasks

Testing Tasks

Training Tasks

Implementation Tasks

Post Implementation Tasks

The description shall encompass the requirements of this RFP as outlined in section 6 Start-Up and Implementation Phases and must describe the methodology to be followed in sufficient detail to demonstrate the Bidder's direction and understanding of this RFP.

The proposal must summarize how the IME staff will be used as resources in this project. It is the State's desire that agency staff be advised of all aspects of the engagement.

The Bidder must prepare a table listing each deliverable for these tasks in column 1. In column 2 the Bidder must indicate agreement to meet the RFP requirements for that deliverable. In column 3, the Bidder must indicate the section in the proposal that describes the approach to producing the deliverable.

The Bidder must present a description of quality management practices applicable to the DDI phase.

**Accenture has the attributes the Department is seeking in a systems integrator and our product, the Accenture Public Health Platform (APHP), has the architectural qualities required for the new IME MMIS.**

The Iowa Department of Human Services (the Department) has charted a new course for Medicaid in the State of Iowa. The Department seeks to establish new state-of -the-art MMIS and POS systems to meet the business needs of the Iowa Medicaid Enterprise (IME). At the enterprise level, population health and financial resources are managed together to get better value for health care dollars spent. There is more coordination and quality care delivered to members, especially those with the greatest need. There is more and better input from states when national issues are being discussed. There is better response from states when the Centers for Medicare and Medicaid Services (CMS) implement new policies and guidelines. In short, there is less of a transactional relationship, more of a productive relationship, between Medicaid and its constituents and between the states and the federal government.

**Accenture**
**High performance. Delivered**

- Planned, delivered, managed and maintained complex systems and projects for more than 850 clients within the health industry around the world
- Comprehensive services to US health care industry supporting 48M members, 25M annual enrollment transactions and $20B in premium payments
- *Accenture Core Value - Client Value Creation*: Enabling clients to become high-performance businesses and creating long-term relationships by being responsive and relevant and by consistently delivering value.

Accenture has elected to respond to the IME MMIS requirements only, therefore our response is specific to those requirements.

In recent years, Medicaid modernization programs have experienced implementation delays; increased design, development, and implementation costs; and performance problems including failure to pay claims, significant cost overruns, and vendor budget increases to process change orders. States have also been forced to extend their current legacy system solutions and agreements while waiting for the

implementation of new systems. CMS initiated the MITA framework to advance the market, but current Medicaid service providers simply branded existing solutions as Commercial-off-the-Shelf (COTS) and service-oriented architecture (SOA) while delivering the same old legacy technology. These code customization-heavy systems require substantial re-work to implement, maintain, and change.

Accenture recognizes the needs of Iowa and other states faced with the new federal requirements defined by the CMS for MITA and the changes to the healthcare landscape. We charge our healthcare thought leadership in concert with our technology staff to identify a solution that would not only meet the needs of states today but also provide a framework to offer flexibility for the future. The answer to these challenges is the Accenture Public Health Platform (APHP).

APHP provides the flexibility to support a variety of health care delivery systems, including fee-for-service (FFS) and managed care that is built as a multi-payer solution. APHP provides the capability to process claims and data from multiple programs and multiple plans within programs. Configuring benefit plans in APHP delivers the capabilities needed for a “program” defined as a group of members eligible to receive medical services paid by state and or federal funds by virtue of the members' demographic or other characteristics and define the specific subset of medical services in a program with a subset of eligible members of a "plan".

The APHP framework aligns directly with MITA, meeting the defined objectives for the IME and CMS certification. The APHP framework is comprised of MITA defined business processes that are presented in a modular, component based manner, compatible with Iowa's enterprise architecture. APHP enables information to flow among the Core product components and with those selected by the Department to support additional IME capabilities. All of the products are integrated into the APHP, yet insulated from each other such that product integrity across the framework is not jeopardized as upgrades are applied or new COTS products are added. Interoperability across the platform is extended to external applications through web services to allow the IME up to date information necessary to operate effectively in real time. Additionally, Iowa will benefit by a shortened delivery timeframe with a new approach to product installation, configuration and testing, which significantly reduces time to the Operations Phase.

Rather than building a one dimensional solution from scratch, APHP is a framework that was designed using Service Oriented Architecture, aligned with MITA guidelines, and brings an integration of COTS products and services, which drive the functional capabilities to maintain a consistent, program specific, user interface. APHP is the framework upon which the IME can better administer healthcare services today with the infusion of HIT, expand to include Health Benefits Exchange tomorrow and fully interoperate with other Human Service initiatives for the residents of Iowa in a timeframe that is driven by the State's need and not just federal mandate. APHP provides the greatest amount of transparency into the program data for the IME that, in turn, allows for a comprehensive, interactive and timely approach to Medicaid benefit administration.

APHP framework attributes include:

- **Configurable**: State policy, rules and customizations are configured not coded.
- **Flexible**: Components (COTS products) can be added, removed or replaced to support Iowa's specific needs.
- **Adaptable**: The plug and play nature of the APHP platform means that the State is not locked into individual component products, services or even technical architecture components.
- **Expandable**: APHP is extremely scalable and is easily expanded to provide new and emerging business functions.
- **Extendable**: Iowa has the capability to extend beyond the traditional boundaries of Title XIX. APHP can adopt, merge or host other public healthcare functions.

Accenture is a global systems integrator with decades' experience as a systems integrator for some of the most complex and challenging innovation projects in the world. Today, an Accenture system goes live every four hours. The successful delivery of the IME MMIS requires an organization that specializes in system integration and SOA delivery, who can demonstrate comparable experiences with a track record of improving performance and quality. Over the last decade, Accenture has successfully delivered SOA based solutions comprised of integrated COTS products that have laid the groundwork for operational transformation to existing and future programs for both state and commercial clients.

**Accenture meets the Department's needs for a proven systems integrator with a commercial MMIS product**

- Accenture is a global systems integrator with an unparalleled record of success delivering on-time and to client expectations
- APHP is a highly configurable, extremely flexible SOA-based, MITA-aligned framework to provide full MMIS capabilities through best-of-breed COTS components.
- Accenture designed and developed the APHP product and has a corporate commitment to its product roadmap and strategy.

Every company offers the use of a tried and true project management methodology; methodologies based on a standards-based methodology from Institute of Electrical and Electronic Engineers (IEEE) and/or Project Management Institute (PMI) standards to manage all the work and requirements defined in the RFP. The value in alignment to these methodologies is found in the consistent use, the corporate investment and the commitment to embrace the approach across all deployments, not just when required by a contract.

For the Department to receive the most benefit from the top of the line project management methodologies, it takes a company like Accenture, who has fully invested, adopted and tailored the methodologies for our customer's specific needs, and is committed to applying them consistently and appropriately across each and every project. Our USA Public Service industry carries a CMMI Level 4 rating, which is based on our ability to appropriately use and apply successful project management and delivery capabilities to our customers.

As we all know, implementation of any new program requires a detailed plan, proven processes, and diligence in implementing both. We use a comprehensive and proven methodology for the integration of the APHP framework across all program phases that align with PMI and the Project Management Body of Knowledge (PMBOK), the Department's SDLC, and supports MITA and SOA solutions. Accenture offers a holistic approach to project management and methodologies. The Accenture Delivery Methods (ADM) suite is a combination of mature processes, robust tools and tailored plans for use across multiple industries and project deliveries of all size and scale.

ADM is an advanced methodology that is intuitive yet simple and repeatable in your environment, one in which Accenture has invested the necessary time and financial commitment to a continuous improvement approach. This means, our customers are not required to align with us, we align our ADM to fit our customers' needs. We create a personalized project management plan with maximum transparency, low risk and high performance benefits, which gives the Department and the overriding PMO the capability to achieve the IME vision.

ADM distills the collective experience of our professionals working around the world into a set of proven methods, tools, metrics and architectures. Used together, these assets drive the rigor, consistency and collaboration necessary for our global teams to plan and deliver with quality, reliability, and speed. ADM incorporates PMI's PMBOK standard, Information Technology Infrastructure Library (ITIL), and Capability Maturity Model Integrated (CMMI) along with other industry standards. For this project, we use our **ADM for Packaged Software**.

Our ADM for Packaged Software methodology supports the implementation and integration of products which are pre-configured with industry standard business rules and processes into an interoperable, and SOA framework. This particular ADM approach is consistent with one of the most regarded benefits of the

APHP; code customization becomes the exception, not the rule. With APHP, we **configure, essentially tailoring** the IME MMIS COTS products to meet the IME business requirements during the Development tasks. Essentially, ADM for Packaged Software focuses on the implementation and configuration management of application software packages in an environment equivalent to a state's Medicaid program, such as Iowa.

As the successful contractor for the IME MMIS we are prepared to implement all hardware and software required to support the MMIS in the State's data center in Des Moines. Our responsibilities encompass the operation and maintenance of all hardware and software for the period ending one month after the IME MMIS is certified by CMS unless the Department elects to exercise the option to extend our operation and maintenance of the MMIS for one or more years. We turnover and transfer ownership of all hardware and software licenses to the Department at the end of the contract. The new IME MMIS is to be operational on October 1, 2014, at which time; the current MMIS is retired.

In addition to leveraging Accenture's standardized methodologies and tools, we bring a team with an unrivaled track record in delivering Health and Human Services solutions, including our successful delivery track record in Texas Medicaid and across many state eligibility programs, including Medicaid. Our team brings the right experience to support the goals and vision of the Department. We also bring successfully tested industry practices that lower risk while adding value to the effort.

Understanding the criticality of CMS' certification of the new MMIS, Accenture added Mr. Vince Cain to our team in a support capacity. A well known subject matter expert, Mr. Cain is retired from CMS, where he served as the MMIS Certification Review Team Lead for over a decade. He supports the Accenture Certification Manager as an advisor to review certification tasks and progress at regular intervals, from the start of the project through Department's achievement of CMS Certification.

The Department's involvement during the IME System Services Project is critical to its success. From our experience, involving Department staff throughout the project allows us to avoid any surprises once we go live. To minimize the demand on IME resources, our governance model and work plans focus on leveraging existing IME documentation. The use of Microsoft tools such as SharePoint, Word, and Excel allow for seamless integration of stakeholders into our project planning, reporting and documentation.

The Accenture Team's Conference Room Pilot JAD sessions leverage the Department's Subject Matter Expertise (SME) for requirement gathering and product feedback. The Departments' staff participation in Conference Room Pilots are scheduled in advance by functional area and staggered into the separate waves of the Iowa Medicaid Systems Services Project schedule. This allows for flexible scheduling and agendas to be communicated well in advance to insure the efficient use of the Department's resources.

One of the unique characteristics of our APHP deployment approach is that since it is a COTS based solution, Department staff members are able to touch and feel the solution very early on in the project life cycle. Rather than reviewing abstract system development documentation, Department staff members are able to see the end product right away, and immediately see the impact of making configuration changes.

The ever changing world of Medicaid means that Department staff is constantly in high demand. The Department's option to select an Independent Verification and Validation (IV&V) and Quality Assurance (QA) Services vendor to act with the full authority of the Department in performing its evaluation activities makes sense. Accenture has experience working on projects with an IV&V contractor and welcome them to the IME Contractor Team.

# 8.1 Contract Phases (6.1)

Within the parameters of the phases described below, the contractor(s) must develop detailed plans to design, develop, test and implement certifiable MMIS and POS systems and to take over all operations from the current contractors. There are specific requirements for each phase. Schedules within the phases may overlap.

The Department requires effective implementation of quality management practices to be used through all phases of the contract. The contractor's proposal must address quality management practices in each of the following phases.

The activities resulting from the system services contracts will occur in the phases described below:

6.2: Start-Up Phase

6.3: Implementation Phase

6.4: Transition to Operations

Operations Phase – refer to Section 8

Certification Phase – refer to Section 8

Turnover Phase – refer to Section 8

The complexity of implementing and administering the Iowa Medicaid Enterprise program requires an approach that addresses all phases of the contract, not only as an information technology (IT) implementation, but also as a cohesive program, working in harmony across multiple contract holders for services and additional products, that deliver from contract award through the Turnover Phase.

The following proposal sections provide a detailed description of how we deliver and apply our APHP solution as the IME MMIS as part of the IME System Services Project. The section is structured to respond to the requirements of RFP Tab 6 Start-up and Implementation Phases. Within the phases we present our detailed descriptions of our approach to completing our responsibilities and producing deliverables for each of the following:

- Start-Up Tasks
- Analysis and Design Tasks
- Development Tasks
- Conversion Tasks
- Testing Tasks
- Training Tasks
- Implementation Tasks
- Post Implementation Tasks

Our approach to the Start-up and Implementation Phases demonstrates that we understand the Department's requirements and have the requisite competencies, skills and experience to deliver. Combined with our APHP solution as the new IME MMIS, Accenture believes that we offer the best combination of systems integration and product excellence to meet the needs of the Department, now and in the future.

Figure 8 - 1 shows the relationship of the design, development, and implementation phases and the project tasks, where specific milestones, tasks, and deliverables occur to implement the APHP solution for the Department.

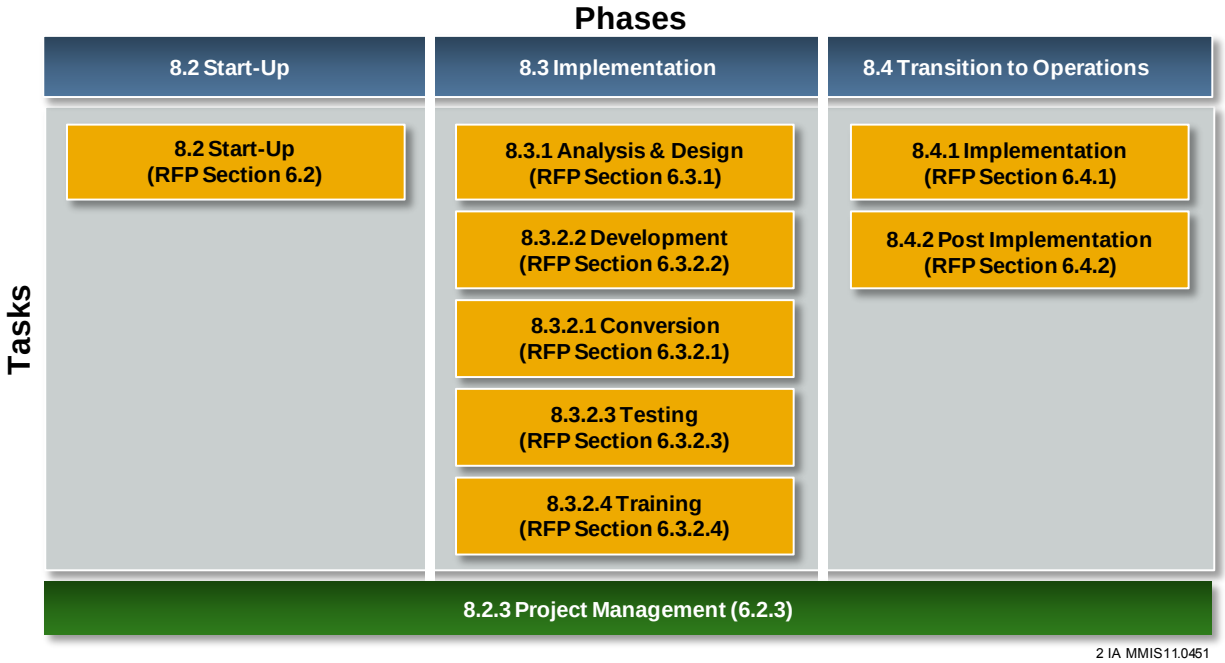


*Figure 8 - 1. We use a comprehensive and proven methodology for the integration of the APHP framework across all project phases.*

Accenture's commitment to and appropriate use of our mature methodology keeps the APHP solution delivery on schedule and on budget. The following bullets highlight our upcoming approach sections, which articulate "how" we deliver and operate APHP:

## Start-Up Phase

We base our Project Management methodologies on industry-accepted standards, including the Project Management Institute's (PMI's) Project Management Body of Knowledge (PMBOK). This section provides a descriptive narrative of how we approach project initiation activities, including the arrival of our Key Personnel, who initially prepare and schedule the Core System MMIS kick-off meeting. We detail how we finalize and deliver our Orientation Plan, our Project Management Plans and Project Work Plan in the section. In this section, we provide a roadmap and the details for staying on track.

- 8.2.1 Start-Up Tasks

## Implementation Phase

The activities described in this section detail how we provide configuration management for the APHP framework and COTS products. Data conversion is at the heart of our IME MMIS delivery approach. To garner successful results, Accenture delivers experienced industry technical and functional staff to work with the current legacy MMIS contractor staff. Conversion of the current legacy MMIS source data is used to map requirements, identify configuration requirements using appropriate Use Cases, business rules and processes, and test our configurations across APHP. In this section, we also outline our approach to developing and executing Knowledge Transfer Plans.

- 8.3.1 Analysis and Design Tasks
- 8.3.2.2 Development Tasks
- 8.3.2.1 Conversion Tasks
- 8.3.2.3 Testing Tasks
- 8.3.2.4 Training Tasks

## Transition to Operations Phase

In this section, we provide our overall transition to operations approach, which sets the context for the specific Systems Integration, Knowledge Transfer, and final data conversion activities. We outline our approach to assessing implementation readiness and supporting reviews of APHP product documentation and configurations.

- 8.4.1 Implementation Tasks
- 8.4.2 Post Implementation Tasks

The activities for the additional system services phases are located in the following proposal sections:

- Operations Phase - Tab 10
- Certification Phase - Tab 11
- Turnover Phase - Tab 12

## IME Project Deliverables

Activities in each of the Start-Up, Implementation, and Transition to Operations Phases result in the creation of deliverables identified in the following table.

| Deliverables | Agreement to Meet the RFP Requirements | Proposal Section |
|---|---|---|
| ***Start-Up Tasks*** | | |
| PMO Overview Document | ✓ | 8.2.3.3 |
| Communications Management Plan | ✓ | 8.2.3.7.1 |
| Project Work Plan | ✓ | 8.2.3.7.2 |
| Risk Management Plan | ✓ | 8.2.3.7.3 |
| Issues Management Plan | ✓ | 8.2.3.7.4 |
| Quality Management Plan | ✓ | 8.2.3.7.5 |
| Staffing Management Plan | ✓ | 8.2.3.7.6 |
| Applications Implementation Plan | ✓ | 8.2.3.7.7 |
| Interface Plan | ✓ | 8.2.3.7.8 |
| Change Management Plan | ✓ | 8.2.3.7.9 |
| Weekly Status Reports | ✓ | 8.2.3.11.1 |
| Monthly Status Reports | ✓ | 8.2.3.11.2 |
| Quarterly Status Reports | ✓ | 8.2.3.11.3 |
| ***Analysis and Design Tasks*** | | |
| Architectural and System Requirements | ✓ | 8.3.1.2, 8.3.1.3 |
| JAD Session Results | ✓ | 8.3.1.2, 8.3.1.3 |
| MMIS Development Methodology | ✓ | 8.3.1.2, 8.3.1.3 |
| Requirements Specification Document (RSD) | ✓ | 8.3.1.2, 8.3.1.3 |
| Requirements Traceability Matrix (RTM) | ✓ | 8.3.1.2, 8.3.1.3 |
| Detailed System Design (DSD) | ✓ | 8.3.1.2, 8.3.1.3 |
| Conversion Plan | ✓ | 8.3.1.2, 8.3.1.3 |

| Deliverables | Agreement to Meet the RFP Requirements | Proposal Section |
|---|---|---|
| Interface Plan | ✓ | 8.3.1.2, 8.3.1.3 |
| Test Management Plan | ✓ | 8.3.1.2, 8.3.1.3 |
| Business Continuity Plan | ✓ | 8.3.1.2, 8.3.1.3 |
| Disaster Recovery Plan | ✓ | 8.3.1.2, 8.3.1.3 |
| Configuration Management Plan | ✓ | 8.3.1.2, 8.3.1.3 |
| ***Development Tasks*** | | |
| Updated Configuration Management Plan | ✓ | 8.3.2.2.2, 8.3.2.2.3 |
| Rules Documentation (for Rules in Rules Engine) | ✓ | 8.3.2.2.2, 8.3.2.2.3 |
| Updated Use Cases | ✓ | 8.3.2.2.2, 8.3.2.2.3 |
| Standard Output Reports | ✓ | 8.3.2.2.2, 8.3.2.2.3 |
| Updated Interface Plan | ✓ | 8.3.2.2.2, 8.3.2.2.3 |
| MMIS Documentation and User Documentation Manuals | ✓ | 8.3.2.2.2, 8.3.2.2.3 |
| ***Conversion Tasks*** | | |
| Final Conversion Plans | ✓ | 8.3.2.1.2, 8.3.2.1.3 |
| Data Conversion Checklists | ✓ | 8.3.2.1.2. 8.3.2.1.3 |
| Data Reconciliation Procedures | ✓ | 8.3.2.1.2, 8.3.2.1.3 |
| Conversion Test Results | ✓ | 8.3.2.1.2, 8.3.2.1.3 |
| Conversion Reports | ✓ | 8.3.2.1.2, 8.3.2.1.3 |
| UAT Test Results | ✓ | 8.3.2.1.3 |
| ***Testing Tasks*** | | |
| Unit Test Plans | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.1, 8.3.2.3.2.1.6, 8.3.2.3.3 |
| Rules Test Plans | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.1, 8.3.2.3.2.1.6, 8.3.2.3.3 |
| Module Test Plans | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.1, 8.3.2.3.2.1.6, 8.3.2.3.3 |
| Integration Test Plans | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.1, 8.3.2.3.2.1.6, 8.3.2.3.3 |
| UAT Test Plans | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.1, 8.3.2.3.2.1.6, 8.3.2.3.3 |

| Deliverables | Agreement to Meet the RFP Requirements | Proposal Section |
|---|---|---|
| ORT Test Plans | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.1, 8.3.2.3.2.1.8, 8.3.2.3.3 |
| Unit Test Cases and Scripts | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.2, 8.3.2.3.3 |
| Rules Test Cases and Scripts | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.2, 8.3.2.3.3 |
| Module Test Cases and Scripts | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.2, 8.3.2.3.3 |
| Integration Test Cases and Scripts | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.2, 8.3.2.3.3 |
| UAT Test Cases and Scripts | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.2, 8.3.2.3.3 |
| ORT Test Cases and Scripts | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.2, 8.3.2.3.3 |
| Unit Test Results | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.3, 8.3.2.3.3 |
| Rules Test Results | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.3, 8.3.2.3.3 |
| Module Test Results | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.3, 8.3.2.3.3 |
| Integration Test Results | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.3, 8.3.2.3.3 |
| UAT Test Results | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.3, 8.3.2.3.3 |
| ORT Test Results | ✓ | 8.3.2.3, 8.3.2.3.2, 8.3.2.3.2.1.3, 8.3.2.3.3 |
| Test Tracking | ✓ | 8.3.2.3.2.1.4, 8.3.2.3.3 |
| Performance Tuning Document | ✓ | 8.3.2.3.2.1.8. 8.3.2.3.3 |
| UAT Data Certification Letter | ✓ | 8.3.2.3.2.1.7, 8.3.2.3.3 |

| Deliverables | Agreement to Meet the RFP Requirements | Proposal Section |
|---|---|---|
| Final Testing Reports | ✓ | 8.3.2.3.2.1.5, 8.3.2.3.3 |
| Operational Readiness Test Reports | ✓ | 8.3.2.3.2.1.8, 8.3.2.3.3 |
| Updated RTM (Test Phase) | ✓ | 8.3.2.3.2.1.3, 8.3.2.3.3 |
| ***Training Tasks*** | | |
| Knowledge Transfer Plan | ✓ | 8.3.2.4.2, 8.3.2.4.4, 8.3.2.4.12 |
| Electronic Knowledge Transfer Documentation | ✓ | 8.3.2.4.5, 8.3.2.4.6, 8.3.2.4.7, 8.3.2.4.12 |
| Knowledge Transfer Database and Application Software | ✓ | 8.3.2.4.6, 8.3.2.4.12 |
| Knowledge Transfer Database/Software Certification Letter | ✓ | 8.3.2.4.6, 8.3.2.4.12 |
| Document Version Control Plan | ✓ | 8.3.2.4.6, 8.3.2.4.12 |
| Knowledge Transfer Schedule | ✓ | 8.3.2.4.8, 8.3.2.4.12 |
| Knowledge Transfer Completion Certification Letter | ✓ | 8.3.2.4.9, 8.3.2.4.12 |
| Evaluation Survey Tools | ✓ | 8.3.2.4.10, 8.3.2.4.12 |
| Knowledge Transfer Reports | ✓ | 8.3.2.4.11, 8.3.2.4.12 |
| ***Implementation Tasks*** | | |
| Transition to Operations Plan | ✓ | 8.4.1, 8.4.1.2, 8.4.1.8 |
| Implementation Report | ✓ | 8.4.1, 8.4.1.8 |
| Updated Contingency Plan | ✓ | 8.4.1, 8.4.1.8 |
| Production Schedule | ✓ | 8.4.1.2, 8.4.1.8 |
| Backup and Recovery Procedures | ✓ | 8.4.1.2, 8.4.1.8 |
| Hardware, Software, and Security Manual | ✓ | 8.4.1.2, 8.4.1.8 |
| Final Implementation Checklist | ✓ | 8.4.1, 8.4.1.8 |
| File Transfer Plan | ✓ | 8.4.1.7, 8.4.1.8 |
| Final Implementation Report | ✓ | 8.4.1.5, 8.4.1.8 |
| Implementation Certification Letter | ✓ | 8.4.1.6, 8.4.1.8 |
| ***Post Implementation Tasks*** | | |
| Corrective Action Plan(s) | ✓ | 8.4.2.4, 8.4.2.5 |
| CMS Certification Documentation | ✓ | 8.4.2.4, 8.4.2.5 |
| System Documentation | ✓ | 8.4.2.1, 8.4.2.5 |
| User Documentation | ✓ | 8.4.2.2, 8.4.2.5 |

*Table 8 - 1. Accenture uses successfully demonstrated, field tested methodologies to collaborate on and produce the deliverables for the IME System Services Project.*

## Quality Management and Continuous Improvement

Our project management processes commit to high performance standards as they received a CMMI Level 4 assessment. An independent evaluator conducted Standard CMMI Appraisal Method for Process Improvement (SCAMPI) assessments in 2004 and 2006 and assessed our program management processes at CMMI Level 4. The US Department of State, Integrated Logistics Management System (ILMS) program was one of the projects included in the 2006 evaluation. ILMS received higher quality deliverables and on-time performance from Accenture's investment in the rigorous processes required to achieve Level 4 compared with Level 3. An example of the benefit to ILMS was our formal requirement and peer review process for design documents and test scripts. The process reduced the amount of rework and overall cost. Efficiency such as this is important to the Department.

Our project management team focuses on quality in every phase of our activities. Our team implements the rigorous quality measurement and assessment processes that provide an aggressive approach to comply with the contract requirements.

Quality management and delivery excellence are essential components of our methodology, and our entire team including key personnel remain well versed in our quality management, quality assurance and quality control approaches. We build quality into our processes and validate compliance throughout the IME System Services Project. Our approach includes standard methodologies, metrics, multiple levels of quality reviews, a Quality Assurance (QA) Team, and sponsorship at executive levels. Our Quality Management Plan combines leading industry practices with internal Accenture proprietary practices to provide the Department tools such as the Statistical Measurement and Analysis Reporting Tool to evaluate quality and monitor performance.

Characteristics of our quality processes include:

- Provide an early warning / detection system to identify and address possible issues.
- Employs standard quality methodologies and performance metrics including operations performance metrics.
- Conducts Quality reviews throughout the lifecycle, including our peer review process and external quality reviews.
- Leads to continuous improvement for the Department.
- Aligns with ITIL Continuous Service Improvement.
- Uses concepts from Lean Six Sigma Continuous Improvement.
- Applies a structured governance framework to integrate the multiple IME stakeholder groups into one cohesive team.
- Enables continuous improvement over time and reduces transition risk for the Department.
- Bridges the gap between control requirements, technical issues and business risks.

Our team has a solid understanding of the Department vision for access, quality and efficiency, affordability and sustainability, promotion of wellness, and public awareness for Iowans in need. Our team understands your business and can support you in delivering your goals for this project while positioning the Department to manage future challenges and opportunities. The combination of our APHP solution, our team, our assets, our approach, our applicable experience and our shared vision of ongoing growth and development makes us the best-prepared Systems Integrator to help the Department achieve success for the IME System Services Project.

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# 8.2 Start-Up Phase (6.2)

The start-up phase for the Core MMIS and POS contractor(s) include those activities in preparation to begin work.

**Executing the Iowa Medicaid Enterprise (IME) System Services Project requires the ability to integrate with multiple professional services contractor teams and deliver a solution that supports the complexity of Iowa's modular Medicaid program. Our team brings the experience and proven processes to deliver in a complex, multi-project environment. During the Start-Up Phase, our team works with the Department to develop the plans, processes, governance, and facilities to guide our collaborative team to a successful implementation of the new IME MMIS.**

During the Start-Up Phase, our team works with the Department to establish the project plan, processes, and tools our team uses to plan, execute, monitor, control, and report on project activities. As part of Start-Up Phase activities, we setup a temporary primary project site, establish the Project Management Office (PMO), and develop the project management plans and processes.

Establishing the facilities, plans, tools, and governance at the start of the project helps our teams execute a structured, controlled, and low-risk project. To help achieve these goals, we bring an experienced leadership team with more than 60 years of collective experience with Medicaid systems and operations.

Leading our team is Patrick Dahlen, our proposed Account Manager. A native Iowan, Patrick brings over six years account management experience with the Iowa Medicaid Enterprise, and 20 years experience with large-scale enterprise-wide medical and claims processing systems. Patrick leads a strong leadership team with knowledge and experience implementing solutions for the Medicaid industry. Robert Carrico, our proposed Systems Implementation Manager, has over 18 years experience with Medicaid claims processing systems and has managed systems implementation activities for Texas Medicaid. With more than 10 years of project management experience, including four years with Medicaid programs, Jelane Johnson, our proposed Project Manager for the PMO, provides knowledge and experience implementing project management processes and governance models that work for large Medicaid projects.

**Our team brings the processes, tools, and experience to deliver a low-risk, on-time implementation of the IME System Services Project**

- Accenture Delivery Methods (ADM) based on more than 30 years of project experiences
- Accenture is a full service Health and Public Services Systems Integrator that can scale to successfully deliver multiple complex programs simultaneously
- Other Medicaid contracts, including Texas Medicaid and Kentucky Medicaid Operational Support Services (MOSS), selected Accenture for PMO services because they also recognize that we have a disciplined and transparent approach to monitoring and informing our clients
- We use a Project Management Institute (PMI) aligned approach to project management, including rigorous risk identification and mitigation
- Independently assessed CMMI Level 4 in North America Health and Public Services organization, underscoring Accenture's commitment to process, consistency and repeatability

We have also used our project initiation and management approach to assist the Idaho Department of Health and Welfare replace their 30-year-old human service benefits eligibility system. This system could no longer be updated to accommodate new requirements nor support efficient administration of the State's health and human services. The new system, Idaho Benefits Eligibility System (IBES), is the lowest cost, quickest implementation of an eligibility system in the United States in the last 20 years - taking only 18 months to execute from contract signing to go-live on November 2009.

We are excited about the opportunity to similarly help the Department achieve their goal to complete a low-risk implementation of a compliant, sustainable, and "best-of-breed" MMIS solution. We begin to help the Department achieve this goal during the Start-Up Phase by developing and implementing plans, processes, tools, and governance proven in projects equally large and complex. We describe these activities in more detail through the remainder of this section.

Accenture is not bidding on POS systems and operations.

**Governance Model**

The Department requires a project management approach that provides effective control over project phases and promotes on-time delivery of the IME MMIS. Starting with our proposed Governance Model, the Accenture Team's project management approach ties together the people, processes, and tools needed to support a high-quality, on-time delivery of the new IME MMIS. We have developed a holistic project management approach that covers the Accenture Team, the Department, and key stakeholders, including the IME PMO and the Department's IV&V and QA Services vendors.

Effective project management begins with a clear, well-defined approach to organizing and coordinating the different groups involved in the IME System Services Project. This is the overall governance approach. It provides a structure for decision making and coordination around vendor relationships, project management, change control and other important IT operational areas. The purpose is to provide a structure that enhances decision making, fosters transparency, and enables more effective leadership. Figure 8 - 2 illustrates the ongoing cycles of people, processes and tools used for project management.

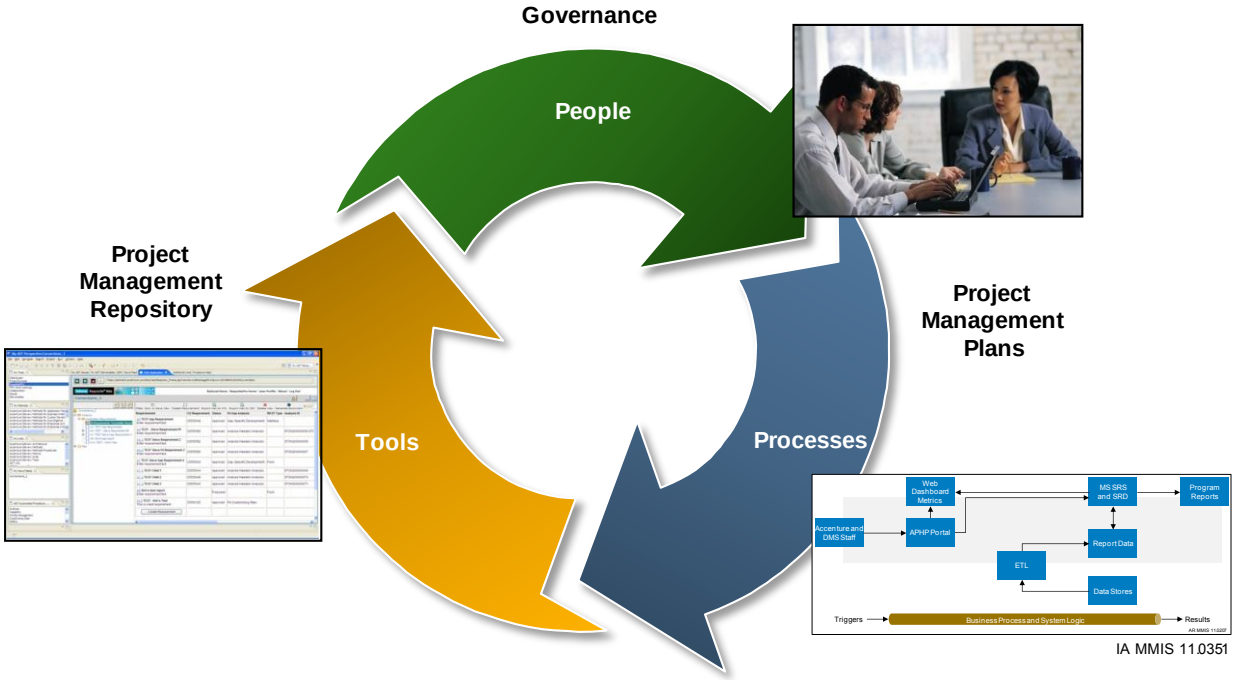


*Figure 8 - 2.The Accenture Team provides the Department with an effective project management approach that brings together the people, processes, and tools needed to reduce risk and deliver the new IME MMIS on time and on budget.*

The Governance Model, based on the guiding principles listed in following table, identifies the roles and participants in each level of project and program management activities and processes. It also helps identify the resources required of the different IME MMIS project management meetings.

| Governance Guiding Principles | |
|---|---|
| Decision Making | • Levels of decision making authority are established so that it is clear what decisions are made by each level of governance group<br>• Drive decision making down to lowest agreed upon level<br>• Create a culture of responsibility, authority, and accountability<br>• Empower staff to act decisively within their sphere of control<br>• Follow pre-defined escalation procedures to resolve issues when agreed |
| Communications | • Foster open and honest communication<br>• Clear communications about governance meeting decisions are delivered using multiple communication channels and vehicles<br>• The SharePoint tool is the central repository for governance information |
| Project Management Processes | • Reduce duplication in membership across groups<br>• Each level of governance meeting is attended in person by the members identified for that level<br>• Include cross-organizational representation at every possible opportunity<br>• Meetings are action-oriented, focusing on decision making and issue resolution<br>• If a decision cannot be made during the meeting, an issue will be assigned to a committee member for resolution<br>• When meeting attendance is delegated to an alternate attendee, the alternate is given the same decision making authority as the member for whom they are substituting |
| Interacting with External Groups | • Recognize and manage interdependencies across the IME initiatives and stakeholders<br>• Decisions that have an impact on areas outside IME initiatives are communicated by one of the designated governance members |

*Table 8 - 2. The Accenture Team's proposed governance approach is designed to support the IME System Services Project and provide a basis for integrating with the other IME initiatives and stakeholders.*

**Governance Model Levels**
Our governance approach begins with identifying the three key governance levels and activities: Strategic, Tactical, and Operational. Each of these levels performs a vital function in the overall Iowa Medicaid environment, as shown in Figure 8 - 3.

**Strategic**
Governance begins with the executive level vision and strategic direction. Department leadership drives the overall goals of the project, promotes joint commitment among high-level stakeholders, and determines the priorities among the various IME initiatives. The Department drives the strategic governance activities, where Accenture leadership provides input as requested.

**Tactical**
The tactical level of the Governance Model is where project management activities take place. This level is also where communication, collaboration, and coordination among the various IME contractor teammates and stakeholders take place. The Tactical Project Management Governance Groups review and monitor IME System Services Project performance, provides direction on risks and issues, manages change requests, and confirms overall project compliance.

**Operational**
The operational level of the Governance Model is where the day-to-day Medicaid Program performance occurs. The people at this level are on the front-lines, providing service to Iowa Medicaid beneficiaries. As the people closest to the Medicaid processes, these resources also provide suggestions for system and process improvement opportunities as well as risks and issues to the Operational governance level.

*Figure 8 - 3. Engaging and coordinating multiple IME stakeholders starts with understanding which groups function at the Strategic, Tactical, and Operational levels of the project.*

*Applying Theory to Reality - Governance and the IME Initiative*

We have carefully studied the Iowa Medicaid environment and the planned groups who will be supporting the overall IME initiative. Figure 8 - 4 shows the proposed allocation of those groups and responsibilities into the IME Governance Model.

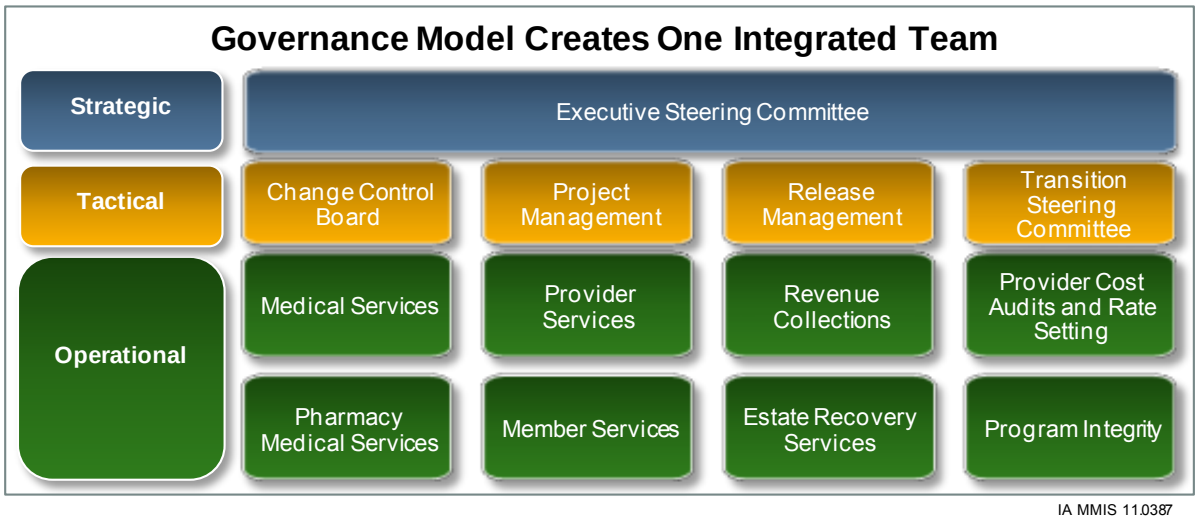


*Figure 8 - 4. Accenture's proposed Governance Model is tailored specifically for the IME environment and reflects Iowa's specific groups.*

Finally, we use the description of the various groups included in the IME MMIS RFP to indicate where in the IME implementation Governance Model we include a representative, shown in Figure 8 - 5. The model may be adjusted for operations to reflect the shift in priorities, responsibilities, and participation that occurs as a natural result of the transition to the new IME MMIS.

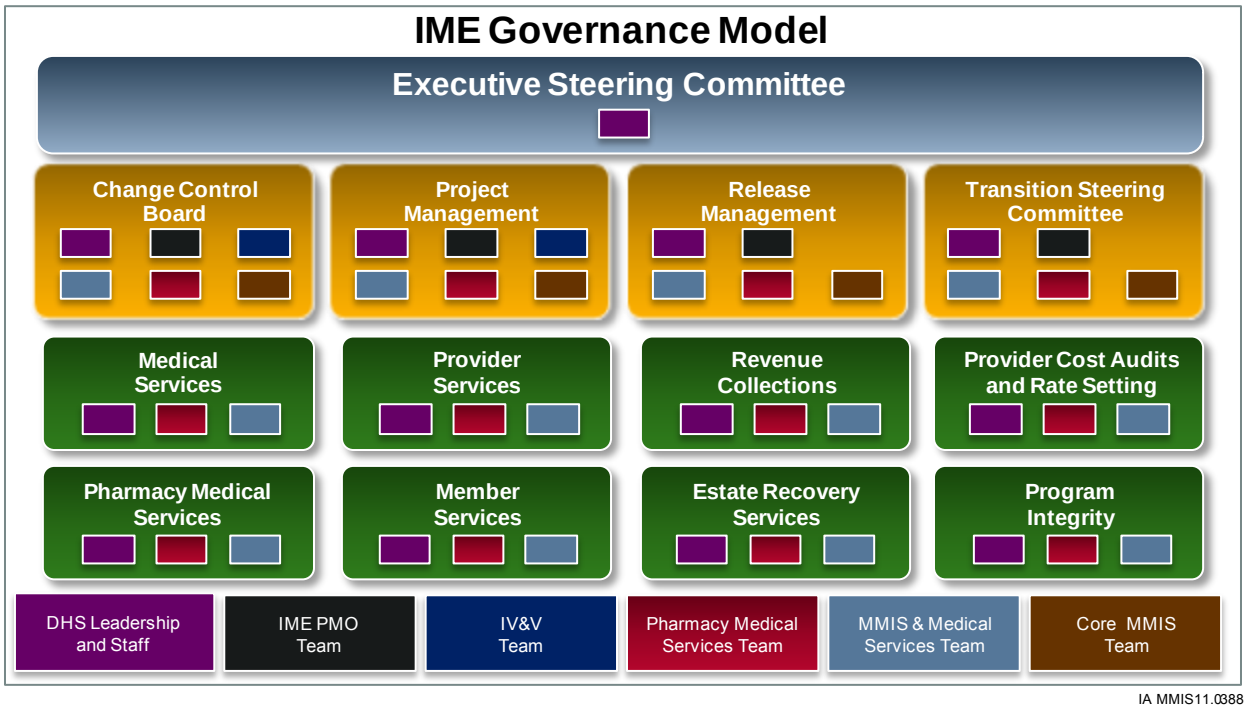


*Figure 8 - 5. Our proposed Governance Model identifies key areas of integration between each of the key IME initiative groups, enhancing organization and communication.*

Accenture uses the Governance Model as a starting point to map individual roles and responsibilities, define decision making authority, and identify inputs and outputs in our project management processes. In this way, we account for the entire IME Project Team as we tailor the Project Management Plan to the IME-specific environment.

**Project Management Processes**

Building on our proposed governance approach and collective experiences and knowledge of health care systems implementation, our team brings project management processes and plan templates that we use as a starting point to developing project management plans for the IME System Services Project. Our methodology is based on more than 30 years of project experience. Accenture uses ADM to successfully manage and implement complex and large-scale programs around the world, including many projects for our more than 55 Federal and State Health and Human Services Public Service clients nationally. We work with the Department during the Start-Up Phase to customize our project management tools and processes to meet the Department's needs, including addressing any integration requirements with existing and concurrent IME projects.

We have successfully used our methodologies to initiate and deliver complex programs. We brought our project management and initiation approach to the State of Kentucky, Cabinet for Health and Family Services. Accenture was brought in by EDS to provide project management support services to coordinate the multiple vendors and activities required to implement the Kentucky Medicaid Management Information System Medicaid Enterprise User Provisioning System (KY MMIS MEUPS). Accenture

worked side-by-side with five other vendor teams to actively coordinate information sharing, communication, and implementation activities. We provided integrated oversight and management that helped the KY MMIS MEUPS project achieve an on time, within budget implementation with staff and key external stakeholders fully enabled to use the new system to perform their jobs. The program management functions we provided included:

- Risk Management
- Issue Management
- Scope Management
- Schedule Management
- Communications Management
- Status/Performance Reporting
- Quality Management
- Governance/Journey Management
- General PMO Oversight
- Design Facilitation/Documentation Support
- Training Management

## 8.2.1 Activities (6.2.1)

The contractor(s) must create all project management deliverables, conduct a kick-off meeting and prepare the Implementation facilities.

Activities in the Start-Up Phase are critical to the success of the project. Establishing the right processes, tools, and approach early in the project helps our collaborative team:

- Meet project milestones on time, preventing delays to the project
- Gain a common understanding of project goals and requirements, reducing potential misunderstandings
- Execute project tasks and develop project deliverables correctly the first time, eliminating costly rework

**Accenture's field-tested methods provide IME with a low-risk approach to project management**

- Our project management methods, refined over 30 years, supported successful delivery of over 5,000 Government projects
- Accenture's US Health and Public Services group supports 55 Federal and State Health and Human Services clients

To achieve these desired outcomes, we complete a number of simultaneous activities during the Start-Up Phase. These activities include gaining an understanding of project stakeholder expectations, planning the project, establishing project governance, and mobilizing the project, shown in Figure 8 - 6.

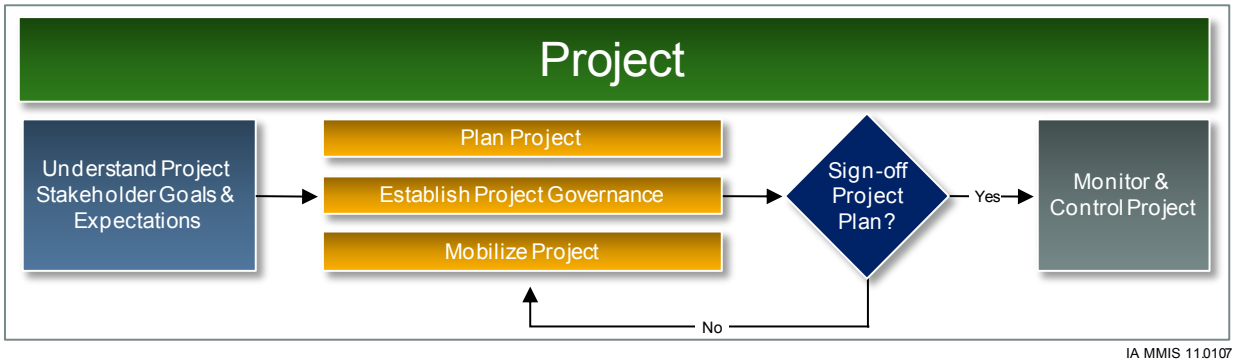


*Figure 8 - 6. Accenture's methodology for project initiation and start-up helps align our project approach with stakeholder expectations and establishes the project management processes to guide our collaborative team to achieving project objectives.*

The Start-Up Phase is our opportunity to help set the stage for the rest of the project. Starting with the Kick-Off Meeting, we work collaboratively with the Department to establish the project management infrastructure, including establishing the PMO, building out the primary project site location, and preparing the supporting tools for the project. We proactively identify and confirm risks and put mitigation steps in place to help reduce those risks.

The Start-Up Phase is also our joint opportunity to establish the trust, through our communication, reporting, and governance processes, necessary to initiate this multi-year effort. We use our expectation gathering efforts as an opportunity to confirm the vision and mission for the IME System Services Project and to define the guiding principles on how we manage the project through each project phase. We work with the Department to establish a Governance structure and processes that promote collaboration, transparency, and strong working relationships with key project stakeholders, including the Department, IME professional services contractors, and the Department's IV&V and QA Services vendors. We deploy project management tools that enable transparency into the various project management arenas, including scope, schedule, cost, risks, issues, quality, staffing, and communication.

**Create Project Management Deliverables**
The IME model brings together "best-of-breed" solutions and operations to deliver critical health care services to the citizens of Iowa most in need of support. The Department needs a team for the IME System Services Project that not only brings proven project management processes and systems implementation experience, but can also work effectively and openly with the Department and IME professional services staff.

To help us collaborate effectively with the IME, we bring Patrick Dahlen, our proposed Account Manager, who is familiar with the IME model from his more than six years of account management experience on Iowa Medicaid. Patrick, together with Jelane Johnson, our proposed Project Manager for the PMO, guides the team in creating project plans and processes used to manage the IME System Services Project. These processes support our focus on meeting commitments, providing transparent communication of issues and risks, engaging in collaborative decision-making, and working together to develop and implement creative and effective resolutions to project challenges.

*Tailoring Project Plan Templates*
While we bring a standard set of processes, we also want to emphasize the flexibility of our approach. These project management plans are not set in stone. The plans we start with are templates that provide a robust starting point. We work with IME and the IME PMO to tailor our processes to the overall Project initiative. The tailoring process involves confirming the following information:

- **Inputs and Outputs**
  Every process has an input or trigger that is effectively "step one" in that process. That input could be a change request to the system, a risk to be mitigated, or a deliverable ready to be submitted. Outputs from a process can be an approval of a scope change, a resolution to an issue, or acceptance of a deliverable. We identify the inputs and outputs for each one of the project management plans.

- **Process Flow and Decision Points**
  The overall process flow for most project management plans is really very straightforward. Each of our plans starts with a template process flow that shows the typical decision points in the process. We review and adjust these template process flows based on input from the Department and the PMO to tailor the plans to the IME System Services Project environment.

- **Roles and Responsibilities**
  Building on the Governance Model for the project, we document the roles for each process and the specific responsibilities for each role. The roles encompass the entire IME team so that we account for the integration and communication needed across the teams.

This approach to tailoring provides two key benefits:

- The tailoring process is straightforward and uncomplicated. Our team follows these plans to deliver on their day-to-day responsibilities. Therefore, they should be formalized and accepted as quickly as possible at the beginning of the project.
- The tailoring process enables the Accenture Team to identify when and how information is shared across the integrated IME team. Each IME team will have clear expectations, essential activities and output that they must produce in order to meet IME System Services Project requirements. The plans let everyone know when information is generated, how it is documented, and where it is stored.

We document these plans and processes in our project management deliverables. These deliverables set standards and establish processes the entire Project Team follows to design, build, test, and operate the new IME MMIS. We create and review the project management deliverables with the Department following the project kick-off meeting and submit final versions of the deliverables to the Department within 45 calendar days of the contract award.

The Accenture Team collaborates with the Department to collect the input needed to create and customize these plans. We develop these documents consistent with our deliverable standards. Before beginning work on the deliverable, we draft a Deliverable Expectations Document (DED) so that both Accenture and the Department provide input and agree on the structure and content of each deliverable. We review draft versions of the deliverable at interim points and conduct a formal review of the deliverable before submission. The completion of these important deliverables contributes to effective management of the overall program.

| Project Management Deliverables | Description | RFP Section |
|---|---|---|
| PMO Overview Document | The PMO Overview Document describes PMO goals and objectives, organization and responsibilities, policies processes and procedures, and tools. Specifically, this document includes the following components:<br>• Objectives<br>• Organization chart<br>• Roles and responsibilities<br>• Policies and procedures<br>• Processes<br>• Project orientation procedures and materials<br>• Project tools<br>• Project templates | 8.2.3.3 |
| Communication Management Plan | Our Communication Management Plan explains our communication strategy for the IME System Services Project and guides the development and distribution of communications throughout the project. Specifically, it:<br>• Describes our communication management approach<br>• Identifies project stakeholders and document their needs and desired formats for receiving information<br>• Identifies information channels for distributing key project messages<br>• Provides an overview on processes and tools that will be used to capture feedback on project communications | 8.2.3.7.1 |
| Project Work Plan | Our project work plan identifies the tasks, deliverables, and individuals needed to accomplish the goals of the IME Project. We base our project work plan on the Department's requirements stated in the RFP, Accenture Delivery Methods (ADM) and our global estimating models. This structured delivery framework facilitates highly reliable estimates | 8.2.3.7.2<br>8.2.3.7.2.1 |

| Project Management Deliverables | Description | RFP Section |
|---|---|---|
| | and schedules, providing you confidence that Accenture will deliver a new IME MMIS on time. | |
| Risk Management Plan | The Risk Management Plan focuses attention on minimizing potential threats, which if realized may prevent achievement of IME Project objectives. This deliverable provides a systematic approach for identifying and assessing risks, determining cost-effective approaches to reducing risks, identifying appropriate contingency plans, and monitoring and reporting progress in reducing risk. This plan also describes risk management tools and identifies the roles and responsibilities for individuals involved in identifying, analyzing, managing, and reporting on risks. | 8.2.3.7.3 |
| Issues Management Plan | Issue management involves the process for the identifying, analyzing, resolving, reporting on, and escalating project issues. Issues are generally problems that involve a significant choice between two or more alternatives for an event that is happening now. Our Issue Management Plan describes our issue management processes and clearly outline how, by whom, and with which parameters, issues are prioritized, assigned, communicated, viewed, escalated, and resolved. | 8.2.3.7.4 |
| Quality Management Plan | The Quality Management Plan documents the processes and techniques that the IME Project Team follows to build quality into project deliverables and meet or exceed Department expectations. This plan describes quality management processes, tools, and measures for managing project quality. It explains the quality reviews used to verify that:<br>• Stakeholder expectations are being met or exceeded<br>• Processes and deliverables/work products comply with program standards and procedures<br>• Defects in deliverables/work products are identified and removed early and efficiently<br>• CMMI requirements are adhered to | 8.2.3.7.5 |
| Staffing Management Plan | Our Staffing Management Plan describes our approach to establishing and maintaining the Accenture Team necessary to accomplish the goals of the IME System Services Project on time and within budget. We develop our Staffing Management Plan for the Start-Up and Implementation Phases of the IME System Services Project using our knowledge of resource needs from our work with more than 600 Health and Public Services clients. We review our proposed plan with the Department during the Start-Up Phase to verify that it meets the Department's needs.<br>A successful implementation of the new IME MMIS requires a strong Project Team. Our Staffing Management Plan details the resource needs and processes required to deliver the new MMIS with low delivery and operational risk. The plan identifies the Project Team organization and describes the qualifications and responsibilities for each Project Team role. In addition, it identifies the Accenture Team staff that will fill each role. The plan identifies all key individuals and provides an alternative for each key role. The plan describes our approach to assigning team members to specific tasks within the project work plan WBS.<br>The Accenture Team brings highly skilled resources with relevant experience to fill each of the identified Project Team roles. Our plan outlines the processes we use to identify and manage project staff throughout the duration of the project. | 8.2.3.7.6 |

| Project Management Deliverables | Description | RFP Section |
|---|---|---|
| | We recognize that the success of the project depends on forming a cohesive team with the Department. Our Staffing Management Plan describes project resource needs for the Accenture Team, the Department and the IME professional services contractor staff. The plan identifies the critical roles we recommend Department and IME professional services contractor staff resources fill and describes key interactions among the Accenture Team, the Department, and the IME professional services contractor staff. | |
| Applications Management Plan | The Applications Management Plan describes the methodologies, processes, tools, and quality controls for designing, developing, and implementing a high quality, low-risk IME MMIS. It provides project managers with the information needed to plan, execute, and track IME MMIS development activities. | 8.2.3.7.7 |
| Interface Plan | The Interface Plan guides the design, development, and testing of both inbound and outbound interfaces. This document describes the interface and integration architecture for our proposed APHP solution. Our plan identifies and describes internal and external IME MMIS interfaces.<br>Our plan defines the approach for designing, developing, testing, and deploying interfaces with the new IME MMIS. The plan clearly defines and establishes standards for both the activities and the deliverables the Interface Team completes. It guides the coordination of design confirmation and testing activities with external parties and clearly explains the responsibilities of both the IME System Services Project Team and external parties. The plan also addresses interface performance standards, dependencies, risks, and assumptions. | 8.2.3.7.8 |
| Change Management Plan | The Change Management Plan describes the process by which the project identifies, communicates, implements, documents, and manages change to the project's work products. These work products can include: project documentation (e.g., project work plan, project management plans, project designs, etc.), requirements, software modules, test scripts, and hardware. When properly implemented, change management verifies the integrity of the items that have been placed under its control.<br>The Change Management Plan documents the following information:<br>• Plan objectives<br>• Roles and responsibilities<br>• Plan stakeholders<br>• Plan and process dependencies<br>• Identification of configuration items<br>• Baselining and document management<br>• Requirements management and traceability<br>• Change Management Board (CMB)<br>• Change Request Form<br>• Change control process<br>• Version control procedures<br>• Change management tools and measures | 8.2.3.7.9 |
| Weekly Status Reports | The Weekly Status Report provides a current snapshot of project progress. It recognizes project successes, but focuses on identifying areas requiring management attention and providing transparency for project risks and issues. Issues and risks identified in the Weekly Status Report are discussed during the Weekly Status Meeting. Discussing | 8.2.3.11.1 |

| Project Management Deliverables | Description | RFP Section |
|---|---|---|
| | potential and actual project issues early and often helps prevent larger project issues that could potentially affect project quality, schedule, or budget. | |
| Monthly Status Reports | The Monthly Status Report helps assess the overall health of the project. It provides the Department with forward looking data and plans for the coming month. The information provided in this report helps the Accenture Team and Department leadership verify that the project has and will continue to progress according to defined expectations. It helps leadership from both teams determine if changes to the project work plan are required and provide executive summaries that can be used by the Department in presentations to management and oversight bodies. | 8.2.3.11.2 |
| Quarterly Status Reports | Quarterly Status Reports focus on summarizing the overall status of the project. This report includes a complete and up-to-date Microsoft Project Work Plan and a CMS report. | 8.2.3.11.3 |

*Table 8 - 3. Our Project Management Deliverables communicate a consistent approach to managing, executing, monitoring, and reporting on project activities.*

## Conduct Kick-Off Meeting

It is important at the start of a project with many components and stakeholders, such as the IME System Services Project, to develop a common understanding of the project's scope and objectives and establish a consistent approach to executing the project work and reporting on project progress. To begin our collaborative journey towards an on time, within budget, and quality IME MMIS implementation that meets the Department's expectations, we work with the Department to schedule and conduct a formal Kick-Off Meeting within 10 business days of the contract start date.

The Kick-Off Meeting is a structured, yet open discussion that helps build the foundation for a successful collaboration. Consistent with our approach to meeting management, our team works with the Department to create and distribute a meeting agenda to meeting participants in sufficient time prior to the meeting to allow participants to view the planned meeting topics and prepare for the meeting.

During the Kick-Off Meeting, we discuss stakeholder expectations and vision for the project. We seek to understand what a successful IME System Services Project means for each meeting participant. This includes understanding both desired project approaches and outcomes.

Also during the kick-off meeting, we introduce the key members of our team. This helps the Department gain a better understanding of our team and the team's recommendations for the IME System Services Project. We begin to discuss our proposed project approach and establish the framework for completing all Start-Up Phase activities within 45 days of the project award. The Start-Up Phase activities establish the facilities, processes, and tools required to accomplish project tasks throughout the remainder of the project.

During the kick-off meeting, we look to review and confirm the Governance structure for the project and identify who will be responsible for making decisions for key systems, operations, and project areas. Project Governance is a critical element of our management methodology, providing the framework for effective decision-making. Our Governance approach is based on the following principles:

- Honest, open and frequent communication by each party
- A collaborative management process that maintains focus on the project goals
- An effective and engaged Project Governance process that exercises decision-making authority

The Governance structure performs the following functions for the IME System Services Project:

- Provide strategic direction
- Review and monitor goals and objectives
- Maintain control of changes to scope of services requested
- Manage prioritization of services
- Resolve escalated disputes and issues
- Provide general oversight

Following the meeting, our team also documents and distributes meeting minutes to all individuals invited to the meeting and any additional individuals as requested by the Department. Meeting minutes list meeting attendees, summarize the discussion on each meeting topic, and capture key decisions and action items.

**Prepare Implementation Facilities**

The Accenture Facility and Services Client Mobilization Team secures the facilities and equipment required by our Project Teams to run effective and collaborative projects with our clients. This team coordinates with our Project Teams to develop a Facility Management Plan that identifies the approach for addressing facility requirements and the steps to mobilize the plan upon contract award. The plan includes considerations for meeting rooms, computer resources, backup methods, and disaster recovery.

Our Account Manager reviews the Facility Management Plan with the Department upon contract award. Once approved by the Department, the Account Manager works with the Facilities and Services Client Mobilization Team to implement the plan and establish the temporary primary project site within 45 days of the award of the contract. After the temporary primary project site is up and running, the Facilities and Services Client Mobilization Team verifies the Project Team has ongoing facilities and services support.

For more information on our facility plan, see Section 8.2.2.

### *8.2.1.1 State Responsibilities*

a. Name executive sponsor for project.
b. Participate in kick-off meetings.
c. Review all contractor deliverables and provide response within 15 business days.
d. Identify the members for the implementation team.
e. Identify the IV&V and QA Services vendor.
f. Identify named representatives from other contractors who support the IME and who will participate in implementation activities.

| Start-Up Phase Activities - State Responsibilities | Acknowledgement |
|---|---|
| a. Name executive sponsor for project. | ✓ |
| b. Participate in kick-off meetings. | ✓ |
| c. Review all contractor deliverables and provide response within 15 business days. | ✓ |
| d. Identify the members for the implementation team. | ✓ |
| e. Identify the IV&V and QA Services vendor. | ✓ |
| f. Identify named representatives from other contractors who support the IME and who will participate in implementation activities. | ✓ |

*Table 8 - 4. State Responsibilities.*

### *8.2.1.2 Contractor Responsibilities*

a. Prepare an agenda for the Department approval for the kick-off meeting.

b. Conduct a kick-off meeting(s) for the Department within 10 business days of the contract start date.

The Accenture Team acknowledges and understands the Contractor Responsibilities associated with Start-Up Phase Activities. We have described our proposed approach to addressing each requirement in Table 8 - 5.

| Start-Up Phase Activities - Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| a. Prepare an agenda for the Department approval for the kick-off meeting. | Our team understands that facilitating a productive meeting begins with setting clear objectives and desired outcomes for the meeting. This begins with creating a clear and comprehensive agenda. We review this agenda with the Department prior to distribution to verify it incorporates and aligns with Department objectives. We distribute the agenda to meeting participants in sufficient time prior to the meeting to allow participants to view the planned meeting topics and prepare for the meeting. | 8.2.1 |
| b. Conduct a kick-off meeting(s) for the Department within 10 business days of the contract start date. | We agree with the Department that the kick-off meeting should be conducted soon after the contract start date. This meeting helps to establish a common understanding of project objectives, project success criteria, and expectations for delivering the work. The meeting will help clearly define the approach for effective collaboration, communication, and governance. | 8.2.1 |

*Table 8 - 5. The Accenture Team collaborates with the Department to prepare and facilitate an effective kick-off meeting.*

## 8.2.2 Facilities (6.2.2)

The following topics describe the facility requirements for the system services contractor(s) during the start-up phase.

### *8.2.2.1 Temporary Office*

After successful negotiation of contract(s), the Core MMIS and POS contractor(s) will to establish a temporary primary project site in Des Moines, Iowa, within a 10-mile radius of the Iowa Medicaid Enterprise facility, which is located at 100 Army Post Rd., Des Moines, IA 50315. The temporary primary project site must be established within 45 days of the contract award and approved by the Department. All costs associated with the temporary offices are the responsibility of the contractor(s). The Core MMIS and POS systems implementation key personnel will perform duties at these Des Moines facilities where the implementation functions will be performed.

The POS contractor may perform some implementation activities that the Department approves at an offsite location, but all work sessions involving Department staff must be conducted in Des Moines, Iowa, at the temporary primary project site. The POS contractor support staff for requirements validation, acceptance testing, and certification must also be conducted in Des Moines, Iowa.

All work related to this RFP must be performed in the United States.

Properly fitting out space for present and future needs is a process that requires attention to detail, communication and careful planning between all parties involved in the project. That is why successful fit outs need a project architect, a design firm, and overall project management facilitated by Facilities & Services working in concert to confirm successful installations and optimal utilization of facility space.

Upon contract award, our Account Manager and the Facilities and Services Client Mobilization Team work to establish a new project facility for IME System Services Project that meets Department requirements shown in Table 8 - 6. Consistent with our standard process for setting up new facilities, Accenture prepares a comprehensive Facility Management Plan. We create this plan during the Start-Up Phase to describe the following for our temporary primary project site:

- Facility description and build-out plan
- Floor plan
- Seating chart
- Hardware and equipment
- Software
- Electrical systems
- Telecommunications systems
- Internet systems
- Fire and smoke detection systems
- Department, contractor, consultant, and other office space
- Security system
- Parking plans
- Conference rooms
- Archival facilities
- Backup and Disaster Recovery

We submit the Facility Management Plan to the Department for review and approval.

The temporary primary project site provides the Department with convenient access to Accenture Team Members and the space and amenities to support effective project meetings and a direct line of communication to our on-site Account Manager. Our facilities plan includes considerations for computer resources, backup methods, and disaster recovery.

The Facility Management Plan includes a detailed description of all security procedures. It establishes the appropriate protocols to maintain physical property/facility security and data confidentiality safeguards.

| Temporary Office Requirements | Acknowledgement |
|---|---|
| Located within a 10-mile radius of the Iowa Medicaid Enterprise facility, which is located at 100 Army Post Rd., Des Moines, IA 50315 | ✓ |
| Established within 45 days of the contract award | ✓ |
| Approved by the Department | ✓ |
| Contractor incurs all costs associated with the temporary offices | ✓ |
| Serves as the location for performing all implementation functions | ✓ |
| Serves as the location where key personnel perform their project duties | ✓ |

*Table 8 - 6. Our Facilities and Services Client Mobilization Team brings the knowledge and experience to quickly and accurately mobilize a temporary primary project site that meets Department requirements.*

Accenture is not bidding on POS systems and operations.

### *8.2.2.2 Meeting Rooms and Workspace Requirements – Start-up and Implementation*

The contractor(s) must supply adequate meeting rooms to accommodate required contractor(s) staff and up to 20 Department implementation team members attending regular status and strategy meetings. The contractor(s) is responsible for furnishing appropriate equipment that will accommodate, at minimum, 30 MMIS and 10 POS testers. The contractor(s) is responsible for the furnishing of the telecom equipment to accommodate 100 lines, network access, and supplies for the facility, as well as kitchen and break room access for department staff.

The meeting rooms must have at a minimum two computers with Internet and Intranet access, two projectors for displaying Internet-based and Windows PowerPoint presentations, telecom equipment with high-quality speakerphones for multiple remote staff to attend meetings by telephone and ability to access network printer(s) in the same building for use by meeting participants and for testers. Meeting rooms must also accommodate video conferencing and web-based application sharing for attendees.

The contractor(s) must provide a minimum of 10 dedicated workspaces for the Department.

The contractor(s) must provide 10 dedicated parking spaces and sufficient parking for staff attending meetings and performing testing.

As the selected IME MMIS contractor, Accenture works with the Facilities and Services Client Mobilization Team to establish the IME System Services Project site. Capacity and meeting space are two areas of the team's assessment in selecting a facility for the IME System Services Project site. The selected facility will accommodate Accenture's key staff and up to 20 Department implementation team members attending regular status and strategy meetings. Meeting rooms will have a minimum of two computers and projectors for displaying Internet-based and PowerPoint presentations. Our meeting rooms will also provide high-quality speakerphones and accommodate video conferencing and web-based sharing to help facilitate meetings attended by Department and/or IME System Services Project Team Members remotely.

Testing rooms support a minimum of 30 individuals designated by the Department to participate in MMIS testing. These rooms contain the necessary equipment to complete the testing activities.

Our temporary office also provides our Project Team with access to the equipment and amenities they need to productively complete the work of the IME System Services project. This will include telecom, network access, supplies, and well-equipped kitchen and break room.

| Meeting Rooms and Workspace Requirements - Start-Up and Implementation | Acknowledgement |
|---|---|
| Accommodate required contractor(s) staff and up to 20 Department implementation team members attending regular status and strategy meetings | ✓ |
| Provides appropriate equipment that will accommodate, at minimum, 30 Department and other contractor testers as determined by the Department | ✓ |
| Includes telecom equipment to accommodate 100 lines | ✓ |
| Provides network access | ✓ |
| Provides supplies for the facility | ✓ |
| Provides kitchen and break room access for Department staff | ✓ |
| Includes meeting rooms with a minimum of two computers with Internet and Intranet access, two projectors for displaying Internet-based and Windows PowerPoint presentations, and telecom equipment with high-quality speakerphones supporting multiple remote staff | ✓ |
| Provides ability to access network printer(s) in the same building for use by meeting participants and for testers | ✓ |
| Provides meeting rooms that accommodate video conferencing and web-based application sharing for attendees | ✓ |
| Provides a minimum of 10 dedicated workspaces for the Department | ✓ |

| Meeting Rooms and Workspace Requirements - Start-Up and Implementation | Acknowledgement |
|---|---|
| Provides 10 dedicated parking spaces and sufficient parking for staff attending meetings and performing testing | ✓ |

*Table 8 - 7. Our proposed facilities contain well-equipped conference rooms and equipment to facilitate effective meetings and provide sufficient space to support visiting Department staff.*

Accenture is not bidding on POS systems and operations.

### 8.2.2.2.1 State Responsibilities

a. Approve the Core MMIS and POS contractor(s) temporary offices located in Des Moines, Iowa.
b. Approve the meeting rooms, workspace and required equipment and parking spaces.

| Temporary Office - State Responsibilities | Acknowledgement |
|---|---|
| a. Approve the Core MMIS and POS contractor(s) temporary offices located in Des Moines, Iowa | ✓ |
| b. Approve the meeting rooms, workspace and required equipment and parking spaces | ✓ |

*Table 8 - 8. State Responsibilities*

### 8.2.2.2.2 Contractor Responsibilities

a. The contractor(s) must secure temporary facilities in Des Moines, Iowa within 45 days of contract award.
b. Provide the meeting rooms, workspace and parking for the Department staff.
c. Provide a testing facility to accommodate at minimum, 30 MMIS and 10 POS testers.
d. The contractor(s) must ensure their facility has the necessary equipment as referenced in section 6.2.2.2 of the RFP.

The Accenture Team acknowledges and understands the Contractor Responsibilities associated with establishing a temporary office. We have described our proposed approach to addressing each requirement in Table 8 - 9.

| Temporary Office - Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| a. The contractor(s) must secure temporary facilities in Des Moines, Iowa within 45 days of contract award | Upon contract award, we will work with our Facilities Services and Client Mobilization Team to select and establish our temporary office. We will be prepared to contract with this location upon contract award. | 8.2.2.1 |
| b. Provide the meeting rooms, workspace and parking for the Department staff | We select our proposed facility based on its location and ability to provide adequate space for our team to work collaboratively with the Department. Our facility will provide the Department with convenient access to our Project Team, sufficient meeting space, and parking. | 8.2.2.2 |
| c. Provide a testing facility to accommodate at minimum, 30 MMIS and 10 POS testers | Our project approach is based on principles of transparency and open communication. We are excited to show you our APHP solution that will provide the capability for expansion that will take IME well into the future. We will select a facility that will provide ample space to conduct JAD sessions, deliverable reviews and walkthroughs, and testing. | 8.2.2.2 |

| Temporary Office - Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| d. The contractor(s) must ensure their facility has the necessary equipment as referenced in Section 6.2.2.2 of the RFP | We assess the needs of our collective team when selecting project facilities. As part of our standard approach to establishing new facilities, we develop a Facilities Management Plan. This plan identifies the results of our assessment, including equipment needs. It incorporates the equipment requirements for the facility as defined in this RFP. We execute the facility setup portions of this plan during the Start-Up Phase, including procuring and setting up equipment to meet the defined requirements. | 8.2.2.2 |

*Table 8 - 9. We quickly mobilize our facility and teams.*

Accenture is not bidding on POS systems and operations.

### *8.2.2.3 Permanent Facilities*

The Department requires that all staff directly associated with the provision of contract services to the IME during the Operations, Certification and Turnover Phases will be located at the IME permanent facility. Within the General Requirements section of the technical proposal, the bidder will provide the Department with the estimated total number of staff, specifying key personnel and other managers or supervisors. Approval for offsite work will be rarely granted by the Department.

In the event that the Iowa Medicaid Enterprise facility is not available for full occupancy, all affected IME contractor(s) will maintain their temporary local offsite office space at the contractor's expense. The Department will make every effort to identify any delays as early as possible.

The Pharmacy Point-of-Sale (POS) system may be operated at an offsite location approved by the Department, but the local contract staff associated with the POS functions (excluding systems staff) will be located at the IME facilities.

As a services-based organization, Accenture is accustomed to working jointly with our clients to achieve a successful project, run business operations, and manage and maintain applications. Following the successful deployment of the new MMIS system and department approval to begin operations, our team will be prepared to work side-by-side with the IME staff and contractors to maintain the new MMIS system and perform IME MMIS operations. We will include information related to establishing operations at the permanent facility in our Transition to Operations Plan deliverable. Our contingency plans will detail our approach for maintaining operations at the temporary primary project site should the IME facility not be available for full occupancy.

Accenture is not bidding on POS systems and operations.

#### 8.2.2.3.1 State Responsibilities

At the permanent facilities during the Operation, Certification and Turnover Phases, the Department will provide at no cost to the contractor(s), the following for operational staff:

a. Office space.

b. Desks, chairs, and cubicles.

c. Network infrastructure and network connections.

d. Personal computers.

e. Telephones and facsimile (fax) machines.

f. Photocopiers and copier paper and envelopes.

g. Network printers.

h. Software Licenses for commercially-available packages.

i. Conference rooms at the IME site for meetings among contractor(s) personnel, state staff, providers and other stakeholders.

| Permanent Facilities - State Responsibilities | Acknowledgement |
|---|---|
| a. Office space | ✓ |
| b. Desks, chairs, and cubicles | ✓ |
| c. Network infrastructure and network connections | ✓ |
| d. Personal computers | ✓ |
| e. Telephones and facsimile (fax) machines | ✓ |
| f. Photocopiers and copier paper and envelopes | ✓ |
| g. Network printers | ✓ |
| h. Software Licenses for commercially-available packages | ✓ |
| i. Conference rooms at the IME site for meetings among contractor(s) personnel, state staff, providers and other stakeholders | ✓ |

*Table 8 - 10. State Responsibilities.*

### 8.2.2.3.2 Contractor Responsibilities

The Department requires contractor(s) to provide the following equipment at the permanent facility during the Operations, Certification and Turnover phases:

a. Proprietary or other software that is not commercially available (other than the standard commercial packages provided by the Department) and as approved by the Department. The contractor(s) must provide the sufficient number of software licenses to their respective staff as well as to Department staff and IME contract staff. There are approximately 400 staff that comprise of Department and contractor staff that reside at the IME facility. If the software requires use by other IME units, the contract(s) will provide the required number of software licenses as determined by the Department.

b. Personal workstation printers and associated cables and software, as approved by the Department, to connect them to and use them at the workstations for which the contractor(s) must sign over ownership to the Department.

c. Office supplies (except for copier paper and envelopes).

d. Any special needs equipment for ergonomic or other purposes.

The Accenture Team acknowledges and understands the Contractor Responsibilities associated with establishing a permanent facility. We have described our proposed approach to addressing each requirement in Table 8 - 11.

| Permanent Facilities - Contractor Responsibilities | Our Approach |
|---|---|
| a. Proprietary or other software that is not commercially available (other than the standard commercial packages provided by the Department) and as approved by the Department. The contractor(s) must provide the sufficient number of software licenses to their respective staff as well as to Department staff and IME contract staff. There are approximately 400 staff that comprise of Department and contractor staff that reside at the IME facility. If the software requires use by other IME units, the contract(s) will provide the required number of software licenses as determined by the Department. | All proposed software is commercially available. Necessary licenses are provided as detailed in the contract. |

| Permanent Facilities - Contractor Responsibilities | Our Approach |
|---|---|
| b. Personal workstation printers and associated cables and software, as approved by the Department, to connect them to and use them at the workstations for which the contractor(s) must sign over ownership to the Department | We work with the Department as part of transition planning to develop a Facility Management Plan for the permanent facility. This plan defines the Accenture requirements for the permanent facility and our approach to managing the fulfillment of these requirements. Requirements include the specific hardware and software required by the MMIS Operations Team. |
| c. Office supplies (except for copier paper and envelopes) | The Facility Management Plan developed during transition planning defines the Accenture requirements for the permanent facility, including the specific office supplies required by the MMIS Operations Team. |
| d. Any special needs equipment for ergonomic or other purposes | Accenture embraces policies and procedures that promote productive work environments and motivated employees. We regularly survey our people to understand employee satisfaction with our offices, equipment, and services. We use this information to improve quality and satisfaction in these areas. We believe that a motivated and enthusiastic team delivers higher quality results. As such, we make every effort to accommodate the special needs of our staff. |

*Table 8 - 11. Our team brings the tools and equipment to the permanent IME facility that allows our team to successfully support IME MMIS Operations.*

## 8.2.3 Project Management (6.2.3)

The contractor(s) must know and actively apply professional project management standards to every aspect of the work performed under this contract. The contractor(s) must adhere to the highest ethical standards, and exert financial and audit controls and separation of duties consistent with Generally Accepted Accounting Principles (GAAP), Generally Accepted Auditing Standards (GAAS) and Generally Accepted Government Auditing Standards (GAGAS).

During the project Start-Up Phase, the contractor(s) must establish the appropriate level and type of project management standards and procedures to successfully complete the requirements of each phase of the contract. This section identifies the mandatory requirements, tasks and deliverables for project governance, which the contractor(s) must perform. The following are minimum requirements:

**Accenture Delivery Methods (ADM) is our proven delivery process approach that has been developed and refined during successful engagements over the past 30 years. It is central to our approach to managing the IME Project and supports our U.S. Health and Public Service Operating Unit's repeated rating at Capability Maturity Model Integration (CMMI®) Level 4.**

Our project management approach allows Patrick Dahlen, our proposed Account Manager, to engage the Department leadership to balance business priorities, manage project risks, and use resources in a coordinated and timely manner. To facilitate this, Patrick works with the Department upon contract award to verify a common understanding of the Department governance model, mission, objectives, performance measures, and means of measurement that are critical factors to the success of IME System Services Project. These factors serve as the basis for the performance metrics to monitor IME System Services Project status and measure its success.

Accenture has defined and implemented a project management framework for past work on projects of similar scope and complexity. The successes and lessons learned from these experiences inform our efforts for the Department. Accenture's Project Management Office (PMO) supports and monitors the framework, processes and results for the IME System Services Project on an ongoing basis and provides reporting to the Department on key PMO components, such as:

- Project Governance
- Risk and Issue Management
- Change Management
- Project Communication
- Quality Management
- Schedule Management
- Status Reporting
- Project Staffing

**Our mature Project Management approach establishes an agile and proactive framework to accomplish IME Project goals**

- Our Account Manager, Patrick Dahlen, brings more than 20 years of experience with medical and claims processing systems, including account management experience for Iowa Medicaid
- Our Systems Implementation Manager, Robert Carrico, has more than 18 years project management experience with Medicaid claims processing systems, most recently with the Texas Medicaid and Health Partnership (TMHP)
- Our Project Manager for the PMO, Jelane Johnson, brings over 10 years of project management experience, including 4 for Medicaid projects
- The collective experience of our Accenture Team brings to you the right mix of Medicaid systems, health care industry, project management, systems implementation, and applications and operations management skills and expertise to proactively manage the IME Systems Services Project

Accenture also collaborates with the Departments' external IV&V and QA vendor to share information regarding program status, and collaborate to work towards achieving IME Project objectives. We are experienced in working with external vendors. For instance, on our California Consortium IV (C-IV) Statewide Automated Welfare Systems (SAWS) project, we have always included the IV&V vendor in

design discussions, and the vendor actively contributes to deliverable reviews. We will collaborate in a similar manner with the Department's IV&V and QA vendors.

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

**Our Commitment to Ethics and Compliance**
Accenture places a strong importance on operating ethically in all facets of our business. Our Code of Business Ethics emphasizes critical areas particular to our organization and business model, while highlighting aspects of conduct that are imperative for all employees. Our Code of Business Ethics reinforces our core values, shown in Figure 8 - 7, and drives our culture of compliance, ethical decision making and accountability and complies with - or exceeds - the standards required by the RFP. Key sections address clients and the marketplace, professional conduct, and our role as local and global citizens.

**Our commitment to ethics has earned Accenture our fourth consecutive appearance on Ethisphere's "World's Most Ethical Companies"**

- Designation recognizes companies that truly go beyond making statements about doing business "ethically" and translate those words into action
- Designation is awarded to those companies that have leading ethics and compliance programs, particularly as compared to their industry peers
- Honorees demonstrate real and sustained ethical leadership within their industries

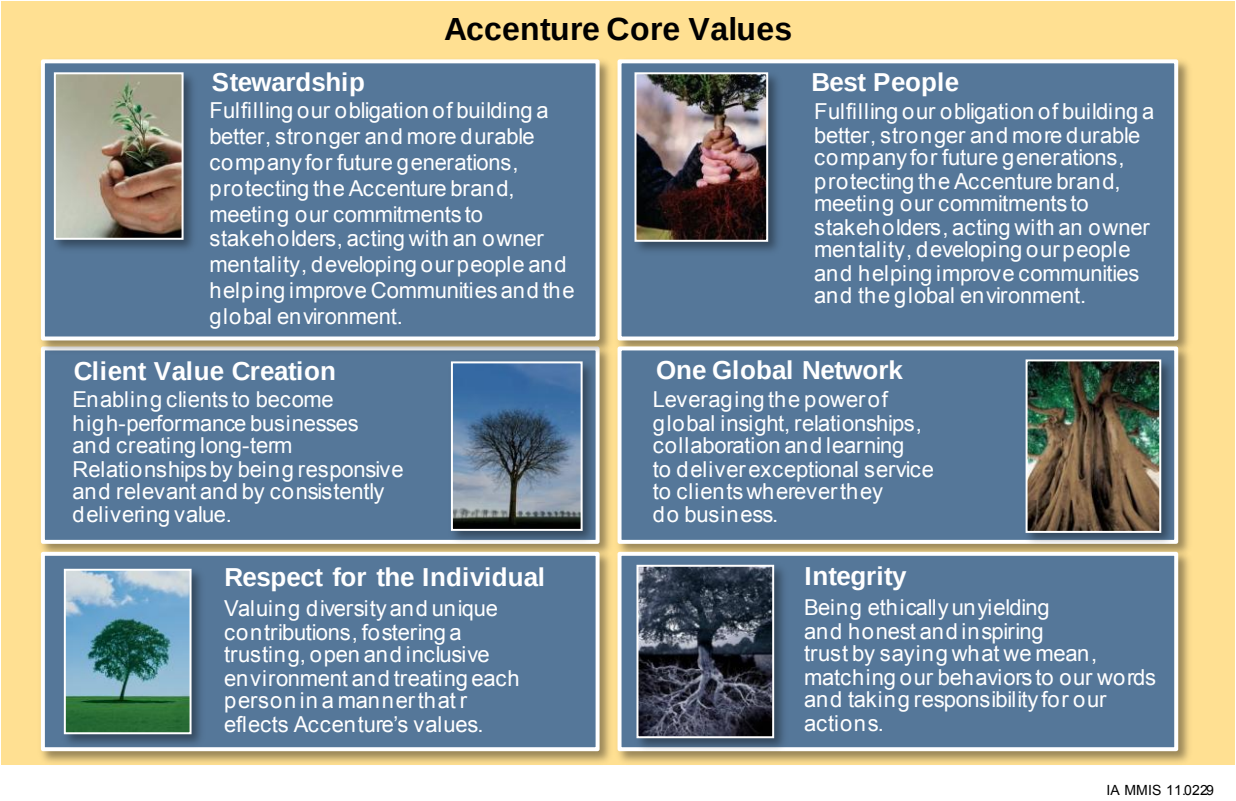


*Figure 8 - 7. Our Core Values shape the culture and define the character of our company.*

Accenture maintains an Ethics and Compliance program that aims to foster the highest ethical standards amongst Accenture personnel. This includes preventing, detecting, reporting, and addressing allegations of misconduct and violations of law and being consistent with government standards. Our Code of Business Ethics is the cornerstone of our Ethics and Compliance program. This program, under the direction of the Office of the CEO and the board of directors and its audit committee, is responsible for the vision and framework for Accenture's ethical conduct and compliance with laws. A dedicated global staff:

- Manages the Business Ethics Line
- Oversees investigations
- Oversees global compliance programs and local compliance programs under the direction of local country company leadership
- Develops global training and communications in key areas, including Data Privacy, Export Compliance, and Securities Law Compliance
- Assists local efforts to communicate and reinforce ethics messages to their people in their geographies and workforces

**Financial and Audit Controls**

We understand the need to have our accounting records and procedures available for the Department based on our experience over the past 46 years with public service and government clients. Accenture practices are consistent with Generally Accepted Accounting Principles (GAAP), Generally Accepted Auditing Standards (GAAS), and Generally Accepted Government Auditing Standards (GAGAS). We openly participate in any federal and state approval and audits.

Accenture abides by a philosophy of transparency and adherence to our policies and procedures. We work with the Department in a cooperative manner to remain compliant with federal and state laws, rules and regulations. We understand the importance of having controls in place for the safeguarding of client and customer data, and independent auditing of those controls.

Because of our substantial public service and Medicaid experience, we have participated in numerous federal and state audits, such as the SAS-70 Type II, and have continuously reviewed and addressed any findings with our clients. We provide readily available access, real-time, to our accounting procedures, policies and records to authorized Department, state and federal representatives. We also preserve and retain these records and procedures for the duration of the contract period and a minimum of seven years thereafter.

**Separation of Duties**

The Accenture Team, as reflected in our overall organization chart, has clearly identified teams, roles, and responsibilities. We carefully segregate duties supporting security and financial activities to support the necessary controls of the project, including Generally Accepted Accounting Principles (GAAP) and Generally Accepted Auditing Standards (GAAS). Facilities, systems, and data access are restricted to the individuals with a documented need to perform their specific job functions. We log and track all access to our facility, systems, and data to support auditing and reporting requirements of the Department.

We staff key roles separately and independently of each other. Examples of the separation of duties include the following groups:

- **Security**. Our Security Officer is fully dedicated to the security function. He or she does not perform any other functions on our other teams. The Security Officer, as the anchor of the systems security unit, verifies our security staff focus on implementing, monitoring, and enforcing the physical, process, and system security measures put in place for the IME System Services Project.
- **Testers**. Our Testers do not perform development activities. They perform test planning, test execution, and test documentation activities. They have access to the tools needed to perform these functions. Testers do not have authorization in our systems to make any changes to the MMIS configuration or development settings. In this way, they provide an independent view into system performance against documented requirements.

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

**Establishment of Processes and Standards**

Accenture annually invests over $15 million to the continuous improvement of Accenture Delivery Methods and uses the methods on over a thousand projects a year.

Using a standard set of repeatable and well-defined methods and processes can make a significant difference in reducing cost and risk on the IME Project, while helping achieve greater predictability, productivity and quality.

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

*Figure 8 - 8. Accenture Delivery Methods provides service methodology across all aspects of the project delivery.*

The Accenture Delivery Methods are comprised of three major components: (1) methodology 'books' that include activities, tasks, transition points and deliverable samples that support specific types of work, (2) corresponding estimators and (3) a repository of standard procedures. To support the different types of work, we have developed unique methodology 'books' that are organized in the categories shown in Figure 8 - 8. We have corresponding estimators for each of our methods. While the methodology 'books' provide the framework for planning and executing the work, procedures provide step-by-step, role-based work instructions and rules for executing the steps.

For a given type of work, the methods define what work needs to be done and how to best complete it. These methods provide the know-how that enables Accenture to successfully deliver predictable, high-quality results on time and within budget to help our clients boost their performance. We are continuously strengthening our methods with our knowledge of and experience with proven practices, and with the latest innovations.

We manage the IME System Services Project using ADM. ADM defines procedures, deliverables, roles, job aids, and checklists to manage, develop and apply strategy and planning, develop business and technology solutions, and outsource business and technology solutions. The methods provide proven project management approaches that help clients meet Capability Maturity Model Integration (CMMI) and International Standard Organization (ISO) 9000 requirements. ADM also is flexible and easily allows Project Teams to tailor to our standard methods to their project objectives and work plan. ADM supports

the unique needs of different Project Team roles (such as project managers vs. practitioners).

**Governance**

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

> "Accenture provided us excellent governance, which sounds simple, but it drives the key decision making, priorities, quality and ultimately the success of the project. They worked with us through the tough decisions and made it work for all the stakeholders involved."
>
> *Thomas Fruman*
> *Director, Enterprise PMO*
> *Georgia Technology Authority*

A key component in the effective management of a large project, such as the IME System Services Project, is a strong, well-defined governance model. A full description of our proposed approach to governance is covered in Section 8.2.1, including a proposed Governance Model for the IME MMIS initiative. We work with the Department during the Start-Up Phase to establish a governance structure and reporting process. Our Project Management Team integrates into and supports this approved structure to provide the right information to the right Department stakeholders at the right time to promote effective decision-making. Figure 8 - 9 describes the people, processes and tools used for governance.

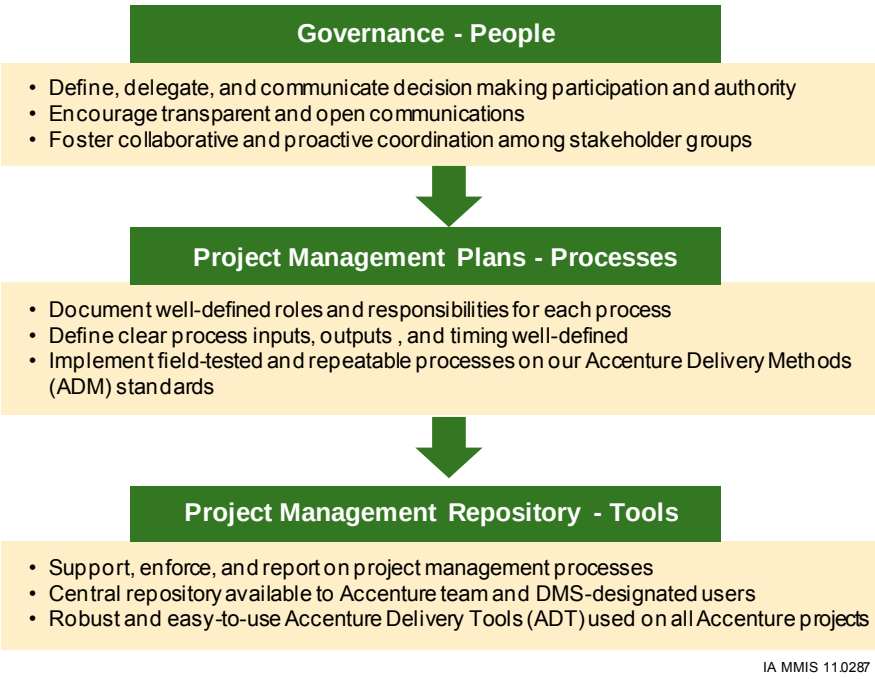


*Figure 8 - 9. We provide an effective project management approach that brings together the people, processes, and tools needed to reduce risk and deliver your new IME MMIS on time and within budget.*

### *8.2.3.1 State Responsibilities*

The Department responsibilities regarding Project Management include:

a. Provide access to documentation of any state-mandated project management policies, processes and tools.

b. Identify resources for the Department's project management office (PMO).

c. Provide direction to the Independent Verification and Validation (IV&V) and QA Services vendor.

d. Review and approve contractor's project management approach and methodologies and deliverables.

e. Review and approve metrics and data sources that Department, contractor(s) and IV&V and QA Services vendor will use to measure project progress and effectiveness.

f. Participate in weekly project status meetings with the contractor(s) and IV&V and QA Services vendor.

g. Review and approve the contractor(s) project status reports.

h. Review and approve all deliverables.

i. Report ongoing project progress to IME executive management.

j. Obtain decisions from executive steering committee on any identified issues, as needed to keep the project on schedule.

k. Complete, review and approve any change management requests (CMRs) arising from maintenance and system enhancement requests that exceed the scope of the requirements for the implementation.

l. Review and approve the project management plans that must be implemented for each project during the Start-up Phase.

m. Review and approve the measurement, calculation, content and format of contract management reports.

n. Approve contractor's key personnel, including reviewing resumes of proposed key personnel and notifying the contractor(s) in writing of its approval or disapproval.

o. Monitor the contractor's performance and compliance with contract terms, standards, and conditions.

p. Provide access to appropriate Department staff.

q. Review and approve contractor(s) invoices and supporting documentation for payment of services.

r. Coordinate the Department, state and federal reviews, certifications and compliance audits.

s. Respond within 10 business days to any documents presented for review and requests for information.

| Project Management - State Responsibilities | Acknowledgement |
|---|---|
| a. Provide access to documentation of any state-mandated project management policies, processes and tools. | ✓ |
| b. Identify resources for the Department's project management office (PMO). | ✓ |
| c. Provide direction to the Independent Verification and Validation (IV&V) and QA Services vendor. | ✓ |
| d. Review and approve contractor's project management approach and methodologies and deliverables. | ✓ |
| e. Review and approve metrics and data sources that Department, contractor(s) and IV&V and QA Services vendor will use to measure project progress and effectiveness. | ✓ |
| f. Participate in weekly project status meetings with the contractor(s) and IV&V and QA Services vendor. | ✓ |
| g. Review and approve the contractor(s) project status reports. | ✓ |
| h. Review and approve all deliverables. | ✓ |
| i. Report ongoing project progress to IME executive management. | ✓ |
| j. Obtain decisions from executive steering committee on any identified issues, as needed to keep the project on schedule. | ✓ |
| k. Complete, review and approve any change management requests (CMRs) arising from maintenance and system enhancement requests that exceed the scope of the requirements for the implementation. | ✓ |

| Project Management - State Responsibilities | Acknowledgement |
|---|---|
| l. Review and approve the project management plans that must be implemented for each project during the Start-up Phase. | ✓ |
| m. Review and approve the measurement, calculation, content and format of contract management reports. | ✓ |
| n. Approve contractor's key personnel, including reviewing resumes of proposed key personnel and notifying the contractor(s) in writing of its approval or disapproval. | ✓ |
| o. Monitor the contractor's performance and compliance with contract terms, standards, and conditions. | ✓ |
| p. Provide access to appropriate Department staff. | ✓ |
| q. Review and approve contractor(s) invoices and supporting documentation for payment of services. | ✓ |
| r. Coordinate the Department, state and federal reviews, certifications and compliance audits. | ✓ |
| s. Respond within 10 business days to any documents presented for review and requests for information. | ✓ |

*Table 8 - 12. State Responsibilities.*

### *8.2.3.2 Contractor Responsibilities*

a. Implement the project management office (PMO).

b. Provide the Department with the project management approach and methodologies.

c. Identify the metrics and data sources that the Department, contractor(s) and IV&V and QA Services vendor will use to measure project progress and effectiveness.

d. Participate in weekly project status meetings with the Department and IV&V and QA Services vendor.

e. Provide the Department and IV&V and QA Services vendor project status reports.

f. Report ongoing project progress to the Department and IV&V and QA Services vendor.

g. Identify, monitor, control and report (with statistics and aging criteria) issues and resolutions, as needed, to keep the project on schedule to the Department and IV&V and QA Services vendor.

h. Provide justification to the Department for any CMRs arising from maintenance and system enhancement requests that exceed the scope of the requirements for the implementation.

i. Provide the Department with changes to key personnel, including resumes of proposed key personnel, in writing within 15 business days of contract signing.

j. Submit timely invoices and supporting documentation to the Department for payment of services.

k. Participate in any Department, state and federal reviews, certifications and compliance audits.

The Accenture Team acknowledges and understands the Contractor Responsibilities associated with project management. We describe our proposed approach to addressing each requirement in Table 8 - 13.

| Project Management – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| a. Implement the Project Management Office (PMO) | Our PMO instills proven processes and tools that will effectively plan, manage, oversee, and support the successful delivery of the complex IME System Services Project. Our PMO team, led by Jelane Johnson, Project Manager for the PMO, works with the Department during the Start-Up Phase to develop a PMO Overview Document that guides the policies, procedures, and processes for the PMO Team. | 8.2.3.3<br>8.2.3.5 |
| b. Provide the Department with the project management approach and methodologies | Our project management approach to the IME System Services Project is based on our proven and CMMI Level 4 assessed Accenture Delivery Methods (ADM). ADM for project management is consistent with the Project Management Institute's Project Management Body of Knowledge.<br>ADM is a mature methodology that Accenture has used in the delivery of more than 5,000 successful Government projects. ADM forms the core of our approach for both managing this project and delivering its results. | 8.2.3<br>8.2.3.3<br>8.2.3.4 |
| c. Identify the metrics and data sources that the Department, contractor(s) and IV&V and QA Services vendor will use to measure project progress and effectiveness | We promote a collaborative and transparent approach to project management. The Department and approved members of the Department's IV&V and QA Services vendors will have access to our Project Management Portal. This tool provides access to real-time information on the project's progress. We develop our project work plan in MS Project, which provides automated calculation of cost and schedule metrics. Additionally, we submit weekly, monthly, and quarterly status reports to the Department and Department-designated vendor teams that provide point-in-time snapshots of the project's progress. Jelane Johnson, our Project Manager for the PMO, works with the Department during the Start-Up Phase to define the specific metrics our PMO Team tracks for the IME System Services Project and the format for recurring status reports. | 8.2.3.3<br>8.2.3.5<br>8.2.3.10<br>8.2.3.7.5<br>8.2.3.11<br>8.2.3.11.1<br>8.2.3.11.2<br>8.2.3.11.3 |
| d. Participate in weekly project status meetings with the Department and IV&V and QA Services vendor | Weekly Status Meetings help keep project stakeholders informed of project status. These meetings provide a forum for discussing issues and risks and making key project decisions. Our PMO Team is responsible for drafting the agenda and status report for the meeting, facilitating the meeting and distributing meeting minutes. | 8.2.3.11 |
| e. Provide the Department and IV&V and QA Services vendor project status reports | Our PMO Team develops and distributes project status reports as defined in the Communications Management Plan. This plan defines the format, content, distribution frequency, distribution method, and audience for each report. | 8.2.3.11.1<br>8.2.3.11.2<br>8.2.3.11.3 |
| f. Report ongoing project progress to the Department and IV&V and QA Services vendor | The Department, IV&V vendor, and QA Services vendor will have access to our Project Management Portal that provides access to real-time data on project progress. In addition, we deliver additional information to the Department and the Department's IV&V and QA Services vendors as described in the Communications Management Plan, including weekly, monthly, and quarterly status reports. | 8.2.3.7.1<br>8.2.3.11<br>8.2.3.11.1<br>8.2.3.11.2<br>8.2.3.11.3 |

| Project Management – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| g. Identify, monitor, control and report (with statistics and aging criteria) issues and resolutions, as needed, to keep the project on schedule to the Department and IV&V and QA Services vendor | Our project management approach includes a proactive approach to issue and risk management. Our Issue Management and Risk Management Plans describe our approach to mitigating risks and resolving issues. Our PMO Team plays a critical role in implementing the IME System Services Project Issues and Risk Management Plans. Our PMO monitors and manages issues and risked tracked in Rational ClearQuest on a daily basis, escalating issues and risks requiring immediate attention. Our PMO schedules and facilitates meetings to define plans to mitigate risks or resolve project issues that require participation from multiple stakeholder groups. Our PMO is responsible for verifying Project Team members execute approved mitigation and issue resolution strategies. We also report on issues and risks through regular status reporting. We confirm the format and content for these reports with the Department during the Start-Up Phase and documented in the Communications Management Plan. | 8.2.3.3<br>8.2.3.10 |
| h. Provide justification to the Department for any CMRs arising from maintenance and system enhancement requests that exceed the scope of the requirements for the implementation | Our Change Management process uses Rational ClearQuest to initiate and track requests for project changes. Users are required to complete a form when submitting a change request in the Rational ClearQuest tool. Completion of this form is required prior to presentation of the request to the Change Management Board. This form includes space to enter a justification for the change. The Rational ClearQuest form can be tailored for each project. Our PMO Team confirms the specific content/format of the Rational ClearQuest change request form with the Department when confirming the Change Management Plan. This form could include the following information for each proposed change:<br>• Name of requestor<br>• Brief description of proposed change<br>• Detailed description of proposed change<br>• Reason for proposing change<br>• Areas/individuals affected by change<br>• Estimated cost/effort to incorporate change<br>• Benefits of implementing proposed change<br>• Consequences of not implementing change | 8.2.3.7.9 |
| i. Provide the Department with changes to key personnel, including resumes of proposed key personnel, in writing within 15 business days of contract signing | We understand that the Department will select a contractor based in part on your confidence in the abilities of the key personnel. Any changes to key personnel will follow all procedures as documented in the contract and approved in the Staffing Plan. | 7.2.7<br>8.2.3.3<br>8.2.3.7.6 |
| j. Submit timely invoices and supporting documentation to the Department for payment of services | One of our 11 key PMO functions is contract management. Our PMO Team is responsible for monitoring adherence to our contract with the Department. The PMO Team verifies that deliverables meet acceptance criteria and are submitted by the scheduled due date. The PMO Team submits all appropriate invoices for payment per the agreed upon contract. | 8.2.3.3 |

| Project Management – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| k. Participate in any Department, state and federal reviews, certifications and compliance audits | We promote a culture of ethics and compliance. Our team abides by state and federal regulations and participates, as requested, in reviews, certifications, or audits. | 8.2.3 |

*Table 8 - 13. The Accenture Team provides a proven project management approach that complies with Department requirements.*

### *8.2.3.3 PMO Processes, Policies and Procedures*

The contractor(s) must deliver to the Department a PMO overview document that describes all PMO processes, policies and procedures. The document must include the PMO methodologies and tools used to report, monitor and control the projects, scheduling and prioritization of project activities, PMO staff roles and responsibilities, project scope and change management, procedures to control costs, mitigating risks, managing issues, tracking action items and decisions, methods to track and approve accomplishments and document management.

The Department will provide a central repository for all project artifacts (deliverables, status reports). The contractor(s) must provide the Department with access to all project tools. The cost of such access shall be incurred by the contractor(s).

A successful IME System Services Project requires completion of IME System Services Project objectives on time, within budget, and without disruption to IME services. It requires integrating with other IME Project Teams and contractors to coordinate project activities and schedules. It requires understanding and meeting the Department's expectations. The Systems Services IME Project needs a management team that can coordinate, monitor, and manage these priorities. We work with the Department during the Start-Up Phase to implement a Project Management Office (PMO). Our experienced PMO Team instills proven processes and tools that will effectively plan, manage, oversee, and support the successful delivery of the complex IME Project.

*Figure 8 - 10. The PMO Overview Document establishes guidelines for the IME System Services Project PMO.*

Our PMO team, led by Jelane Johnson, Project Manager for the PMO, will jointly develop a PMO Overview Document with the Department during the Start-Up Phase. Figure 8 - 10 displays a sample table of contents for this document that describes the expectations, structure, and approach for the PMO. It includes a PMO organization chart and defines the roles and responsibilities for members of the PMO Team and the groups with which the PMO interacts. It defines standards for the project, details PMO processes, and describes PMO tools. We review and refine this document with the Department during the Start-Up Phase to incorporate Department expectations into our PMO approach. Once finalized and approved, this document guides the expectations and actions of the PMO team.

**PMO Processes**

The IME System Services Project PMO has the responsibility for organizing and guiding the delivery of the new IME MMIS and maintaining alignment with overall project objectives. The PMO Team coordinates and manages concurrent activities and work streams, schedules, resources, risks, issues, quality, and changes to scope. The PMO Team is responsible for understanding stakeholders affected by the project and addressing their communication needs. The PMO helps Project Teams move forward in line with project scope and objectives and assists the Department and project stakeholders understand project progress and needs. The PMO Team works collaboratively with the Department's external IV&V and QA vendors to share information regarding project status and collaborate to work towards achieving IME System Services Project objectives. Figure 8 - 11 summarizes the eleven key functions of our proposed PMO.

> "Accenture's project management methodology was critical to our ability to marshal the appropriate resources and to focus them where and when they were needed most. The system of work plans, timelines, and status reporting tools enabled us to maintain control and ensure accountability throughout the project."
>
> *Matthew W. Frymire*
> *Chief Information Officer*
> *Riverside County, CA*

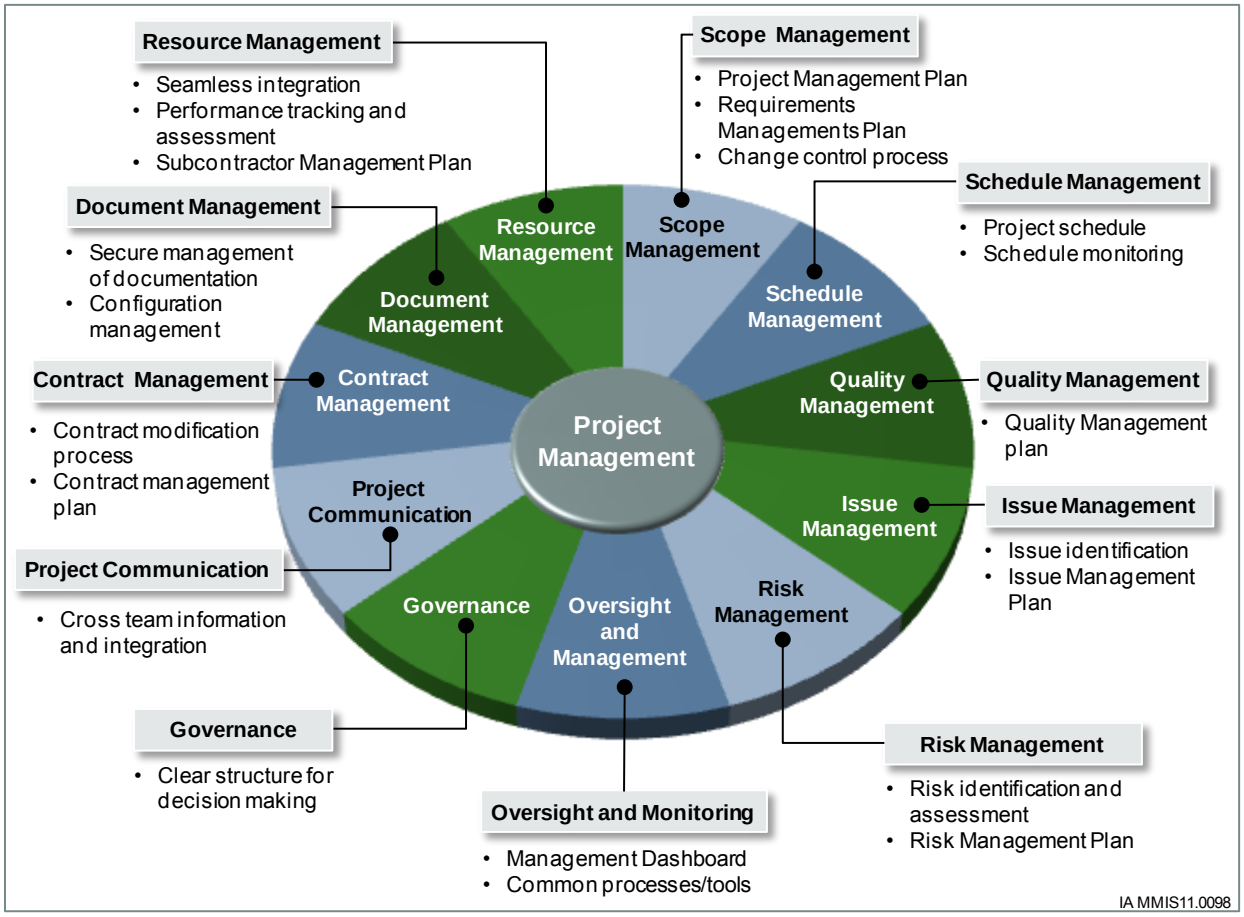


*Figure 8 - 11. Our project management methodology provides the standards, procedures, controls, and tools to deliver the new IME MMIS in a controlled, measured, transparent, and collaborative manner.*

**Oversight and Monitoring**
A landmark study of project failures by the Standish Group of Information Technology (IT) has shown that over the past 15 years, only about 30 percent of IT projects have been completed successfully. The group's Chaos Report concluded that the single most critical cause for failure was a failure in metrics management.

Our PMO implements the tools and processes to provide the Department and project stakeholders with day-to-day insight into the progress of the IME System Services Project. During the Start-Up Phase, we work with the Department to finalize the set of metrics that the PMO Team uses to analyze and report on project performance on a daily, weekly, monthly, quarterly, and annual basis. Our approach to oversight and monitoring involves a proactive and forward-looking approach to assessing project performance. Our approach helps us verify that the project is on track and continues to be on track through the duration of the project. It focuses on identifying potential problems early so they can be resolved before they occur or escalated to groups that can help minimize the impact on the project.

**Governance**
Governance increases organizational effectiveness by connecting actions and decisions to strategic goals. Our governance solution defines clear lines of responsibility and provides the framework for accountability and collaborative decision-making. Our framework aligns operational measures and initiatives with the strategic direction of the Department. It promotes efficiency through a structured decision-making process, and encourages effective communication, problem-solving, and continuous improvement. Our IME System Services Project Leadership Team works with the Department during the Start-Up Phase to review and refine our proposed governance structure. Our PMO implements and maintains the approved governance structure for the IME System Services Project.

**Project Communication**
Effective communication provides the right message to the right audience at the right time. It promotes a clear understanding of project goals and expectations by both project leadership and team members. It allows project leadership to make informed decisions and understand project progress. It helps Project Team members know what work to perform, the date the work is due, and the standards the work must meet.

The PMO participates in developing communications in accordance with the approved Communications Management Plan. The PMO also assists in a continuous effort to assess the effectiveness of communications delivered and identify ways to improve future communications.

**Contract Management**
Our PMO is responsible for managing and assisting with the maintenance of our project contracts. This includes verifying compliance to our contract with the Department, including submission of deliverables meeting defined acceptance criteria by the defined submission date, and managing modifications to our contract as needed through the life of the IME System Services Project. Our contract management processes also shape the establishment and maintenance of our contracts with subcontractors and managing software and licensing agreements.

**Document Management**
Our Document Management processes establish document security, achieve effective version control, and provide easy access to project artifacts. Our Document Management processes define how we keep documents up-to-date and accurate. Our document repository stores project documents electronically and allows users access to these documents through a common, accessible, easily searchable online tool, Microsoft SharePoint.

**Resource Management**
Resource Management establishes the processes for managing the project workforce and physical resources for the project. Our PMO Team is actively involved in managing Project Team staff, including

overseeing Project Team training and orientation, managing completion of performance assessments, and supporting team member roll-offs and transitions. The PMO establishes and maintains the Project Team according to the approach and processes defined in the Department-approved Staffing Plan. The PMO manages project physical resources according to the Facilities Management Plan.

**Scope Management**
Effectively managing scope helps the project deliver on time and within budget. Additional, unmanaged scope may impede the Project Team's ability to complete planned work on time. Our PMO monitors project progress and verifies work performed against the approved scope. The PMO discusses and addresses any variances to the approved scope with the Department. Our PMO also manages the Change Management Process. In addition, the PMO Team receives, reviews, and presents change requests to the Change Management Board (CMB). The PMO monitors implementation of approved changes.

**Schedule Management**
Our project work plan defines the tasks our teams complete to deliver the new IME MMIS system. The project work plan identifies the planned start and end date, duration, planned hours of effort, task dependencies, and assigned resources for each task. We review and refine our proposed project work plan with the Department during the Start-Up Phase. Once approved, we baseline the Project Work Plan. We measure project progress against this baseline through the Start-Up and Implementation Phases.

As project activities are completed, our PMO monitors team members' compliance to time reporting procedures and begins to measure actual work effort and durations against planned values defined in the project work plan. The PMO uses the project work plan to measure Schedule Variance, Schedule Performance, Cost Variance, and Cost Performance. The Project Manager for the PMO reviews and assesses variances from the baselined Project Work Plan and assists Team Leads in identifying appropriate corrective actions. If a change to the baselined Project Work Plan is necessary, the Project Manager for the PMO is responsible for guiding submission of the appropriate change requests. The project work plan baseline is only updated because of change requests approved by the Department through the change management process.

**Quality Management**
Our comprehensive approach to Quality Management helps instill quality into our processes and deliverables and includes checkpoints to verify that project processes are followed and work meets expectations. Our PMO supports the Quality Manager in implementing the processes and standards defined in the Quality Management Plan.

The Quality Management Plan identifies the stakeholders and key participants in the quality process and their respective roles and responsibilities. The plan supports our efforts to deliver a quality solution by outlining the approach and criteria for performing quality reviews at all project levels and defining the approach for verifying and validating quality of the new IME MMIS throughout the project life cycle. Our Quality Management Plan describes and includes a schedule of quality management activities. Proposed quality management activities for the IME System Services Project include:

- Quality Training
- Peer Reviews
- Verification and Validation Activities
- Process and Product Quality Assurance (PPQA) Reviews
- Independent Quality Assurance (QA) Reviews
- Client Satisfaction Surveys
- Expectations Management
- Stage/Phase Reviews
- Performance Management

The purpose of these quality activities is to verify that we provide business value, meet agreed expectations, and deliver quality products for the IME System Services Project. Our PMO supports our Quality Manager in planning, facilitating, documenting, and analyzing quality activities.

**Issue Management**
Our PMO Team plays a critical role in implementing the IME System Services Project Issues Management Plan. The Issue Management Plan defines the process for identifying, monitoring, prioritizing, analyzing, resolving and escalating project issues. Our PMO monitors issues logged through Rational ClearQuest on a daily basis, escalating issues requiring immediate attention. Our PMO schedules and facilitates meetings to define plans to resolve project issues that require participation from multiple stakeholder groups. Our PMO is responsible for verifying Project Team members address issues as described in the Issues Management Plan.

**Risk Management**
Our risk management approach identifies risks early, assesses the potential impact of the risk, and defines clear, actionable mitigation strategies to reduce the risk's probability of occurrence and impact to the project. Our proven risk management processes encourage identification of risks by all Project Team members. Our approach includes proactive risk planning. Our PMO conducts regular risk reviews with the Department to review and approve mitigation strategies.

Table 8 - 14 describes the benefits of our PMO approach to the Department.

| Project Management Features | Benefits |
|---|---|
| Oversight and Monitoring | • Allows for real-time analysis and decision making via a dashboard for centralized management data<br>• Augments the Department's existing Program Management Office<br>• Provides common processes/tools |
| Governance | • Defines a clear structure for decision making and escalation of risks and issues<br>• Facilitates collaboration between all key stakeholders |
| Project Communication | • Promotes cross-team awareness and integration<br>• Encourages knowledge transfer and collaboration |
| Contract Management | • Facilitates adherence to contract<br>• Establishes clear and efficient process for contract modifications |
| Document Management | • Creates secure storage and easy access to project artifacts<br>• Supports training and knowledge transfer activities<br>• Establishes configuration management procedures for identified documents, including all contractual deliverables |
| Resource Management | • Integrates highly qualified subcontractors that complement our delivery of services<br>• Aligns individuals with the right skills and experience to project work |
| Scope Management | • Facilitates making and communicating decisions on proposed project changes in a timely manner<br>• Helps prevent scope creep which could cause schedule or budget overruns |
| Schedule Management | • Promotes early identification of tasks that could delay schedule and negatively affect project budget<br>• Increases flexibility and ease of staff adjustments to promote on-time delivery of project tasks |

| Project Management Features | Benefits |
|---|---|
| Quality Management | • Includes measures that increase quality in project work and deliverables<br>• Includes independent assessment of project progress and risks through periodic quality reviews by an Accenture Quality Director |
| Issue Management | • Establishes tight control, monitoring, escalation, and resolution of issues<br>• Promotes innovative ideas and strategies for resolving issues<br>• Provides transparent access to all issues as they arise to facilitate rapid resolution and accountability |
| Risk Management | • Provides a consistent and thorough approach for assessing and prioritizing risks<br>• Establishes tight control, monitoring, escalation, and active mitigation of risks<br>• Promotes innovative mitigation strategies<br>• Focuses on critical path activities and phase containment |

*Table 8 - 14. Our project management methodology helps to facilitate an on time and within budget delivery of the new IME MMIS that meets Department expectations.*

**IME Project Tools**

Our PMO Team implements tools to complete and manage project work. We use Accenture Delivery Tools (ADT), described in Table 8 - 15, to execute methods and processes defined in Accenture Delivery Methods (ADM). ADT automates processes and deliverables defined through ADM and provides the right tool for the right task across the project lifecycle. The ADT suite is based on several industry-leading platforms, including Rational and Microsoft Project Server. This provides proven project management tools as standard assets to execute the IME System Services Project starting Day 1, reducing project execution risk and ramp up time.

**Accenture's integrated project management tools automate complex PMO functions**

- Our project management toolset provides the foundation for delivery on thousands of our global projects for both our clients and our own company
- They come with standard configuration for rapid mobilization, and support for customizations for IME System Services Project requirements
- They provide key metrics across the project, including Planned Value (PV) and Earned Value (EV) to monitor SI delivery health

ADT is an integrated pre-configured toolset containing ADM deliverable templates and standard procedures to keep work consistent with project methodologies. As shown in Figure 8 - 12 our tools automate and streamline many of the activities involved in planning, managing and running complex projects collaboratively, reliably and productively—regardless of the number of vendors or teams involved. Accenture Delivery Metrics are automatically captured within ADT. We use these metrics to track and report project progress with meaningful measurements that allow comparison with both the project plan and prior project experiences. This reduces project risk and increases project progress transparency.

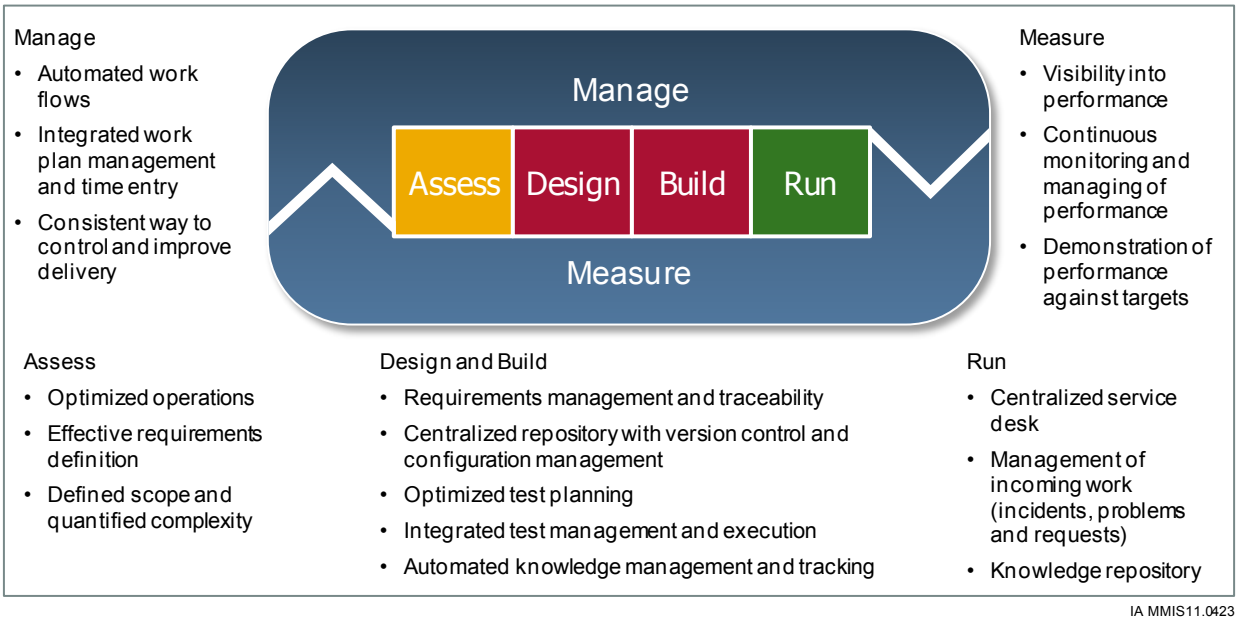


*Figure 8 - 12. ADT supports our Project Teams in delivering work collaboratively and reliably.*

Accenture provides engagement services assistance for our Accenture Delivery Tools, including 24-hour support for our Project Teams. This group will assist our PMO in deploying the standard tools, listed in following table, we use throughout the IME System Services Project.

| Tool | Description |
|---|---|
| ***ADM Estimator*** | The ADM estimators focus on generating realistic, accurate estimates and directly generate both high-level and low-level project work plans that can be imported into Microsoft Project Tools. The Accenture Team uses these proprietary estimator tools to assess change management requests and provide scope of work estimates to the Department. |
| ***Microsoft Project (MSP) and Microsoft Project Server (MSPS)*** | Microsoft Project is our standard tool for work plan creation and maintenance. MSP allows team leads to assign tasks to Project Team members. Resource assignments combined with task planned end dates provide clear accountability for who needs to do what by when. Project Team members track time spent on tasks using Microsoft Project Server. Team leads and project management use MSPS to monitor the progress of the project. MSPS provides the ability to run reports on the Project Server database. These reports provide metrics to track actual progress against planned progress. Metrics that can be automatically generated from MSPS include:<br>• Planned Value (PV) - Baseline (budgeted or planned work) effort for work scheduled to be completed as of the status date<br>• Earned Value (EV) - Baseline (budgeted or planned work) effort for work actually completed as of the status date<br>• Actual Cost (AC) - Effort (actual work) for work that is complete as of the status date<br>• Actual to Date (ATD): Total actual effort (actual work) for all work to date<br>• Estimate to Complete (ETC): Expected effort to complete each remaining task on the project<br>• Estimate at Complete (EAC): Total estimated effort for all project tasks, i.e., ATD + ETC |

| Tool | Description |
|---|---|
| | • Schedule Variance (SV) - the difference between the baseline (budgeted) effort for work completed and the baseline (budgeted) effort for work scheduled to be completed in a reporting period, i.e., EV-PV<br>• Cost Variance (CV) - The difference between budgeted effort and actual effort for the tasks completed to date, i.e., EV-AC<br>• Schedule Performance Index (SPI) - Extent to which the project is ahead/behind schedule for tasks completed to date; ratio of the baseline (budgeted) effort for work complete to the baseline (budgeted) effort for work that was scheduled to be complete, i.e., EV/PV<br>• Cost Performance Index (CPI) - Indicates the extent to which the project is over/under budget for tasks completed to date; ratio of the baseline (budgeted) effort for work complete to the actual effort to complete those same tasks, i.e., EV/AC<br><br>These metrics help project management and team leads understand at both the project and individual task level whether the work is progressing as planned or whether corrective action is necessary. |
| ***Rational RequisitePro*** | We use Rational RequisitePro to document requirements. At the start of the project, we load all RFP requirements into Rational RequisitePro. We confirm these requirements during Analysis tasks, modifying as necessary based on an increased understanding or as the result of approved change controls.<br>The Rational RequisitePro tool provides a centralized repository of project requirements throughout the entire project lifecycle. It supports configuration management by tracking all changes to requirements and provides requirements traceability to design and test documentation. A RTM can be automatically generated from this tool. |
| ***Rational ClearCase*** | Rational ClearCase serves as a document repository and provides document version control. It supports the development of use cases and enables requirements mapping for Design and Development tasks. Working documentation stored in Rational ClearCase includes:<br>• Use Cases<br>• Report Documentation<br>• Interface Documentation<br>• Conversion Documentation<br>• Design Documentation<br>• Workflow Documentation<br>• Systems Configuration Documentation |
| ***Rational ClearQuest*** | Rational ClearQuest provides activity-based management, such as workflow processes to define team procedures. We use the Rational ClearQuest tool for risk handling, issue handling, and management of defects. The Rational ClearQuest tool supports automated notifications that can be setup to alert individuals when an issue, risk, or defect is opened, assigned to them, updated, or closed.<br>We use Rational ClearQuest for defect tracking during the Testing tasks. This tool is tightly integrated with Rational RequisitePro and Rational QualityManager and enables real-time creation of status reports identifying the impact of outstanding defects on test scripts and business requirements. |
| ***Rational QualityManager*** | Rational QualityManager supports Testing tasks. It supports test planning, test preparation, and test execution. The tool enables Project Teams to create and maintain test scripts, maintain traceability between test scripts and requirements, support test script execution, and track test script results. |
| ***Rational Functional Tester*** | Rational Functional Tester supports automated functional and regression testing. |

| Tool | Description |
|---|---|
| ***Microsoft SharePoint*** | Microsoft SharePoint provides a repository for submitted deliverables and point-in-time documentation such as project documentation, status reports, meeting minutes, deliverables, and contract documents. This online tool provides easy and secure access to project artifacts. |
| ***ITSM*** | ITSM enables tracking of production incidents and problems. ITSM provides workflow capabilities, allowing incidents to be assigned to various groups or individuals, statuses, and severities. ITSM is integrated with Rational ClearQuest to track incidents that identify software problems requiring resolution. |
| ***Service Level Dashboard (SLD)*** | The Service Level Dashboard (SLD) is a reporting component of the APHP solution. It provides the IME MMIS visibility into operations and compliance measures with defined service levels and metrics. |

*Table 8 - 15. Our standard tool set promotes integration, traceability and transparency for project activities.*

In addition to performing the specific functions as described in the table above, the Rational Suite of tools provides powerful benefits when used together. The Rational Suite automates requirements traceability. Every requirement in Rational RequisitePro is linked to one or more design documents in Rational ClearCase. Every design document in Rational ClearCase links to one or more test cases in Rational QualityManager. Every test case is executed and results are logged and tracked in Rational QualityManager. Because of the traceability provided by the Rational Suite of tools between requirements and test cases, we can confidently know that we have verified each requirement for the IME MMIS once the execution of all test cases produces the expected results.

### *8.2.3.4 Industry Standards*

The contractor(s) is required to implement and maintain all systems with strict adherence to published, industry recognized standards, including but not limited to, the Capability Maturity Model Integration® (CMMI) and Standards from the Institute of Electrical and Electronic Engineers (IEEE) or a comparable model approved by the Department for all application development and maintenance.

The contractor(s) is further required to use a proven project management, software development methodology, and system development life cycle methodology for managing design, development and implementation projects that conform with:

IEEE/EIA 12207.0-1996, IEEE/EIA Standard-Industry Implementation of International Organization for Standardization (ISO)/International Electro Technical Commission (IEC) 12207:1995, Standard for Information Technology-Software Life Cycle Processes

IEEE Standard 1058-1998, IEEE Standard for Software Project Management Plans (SPMP)

IEEE Standard 1074-1997, IEEE Standard for Developing Life Cycle Processes

The contractor(s) is also required to adhere to the American National Standards Institute (ANSI) and Project Management Institute, Inc. (PMI) principles for project management, as stated in the Project Management Body of Knowledge® (PMBOK).

Failure to adhere to the above stated guidelines will result in the corrective action plans, in accordance with the performance standards of this RFP.

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

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

**CMMI Process Maturity - Delivering Quality Standards, Practices and Processes**

Knowing and practicing well-defined and proven standards and processes from the start of the project can produce higher quality deliverables in less time. Our team is part of Accenture's Public Service USA group. The USA Public Service group as a whole is CMMI Level 4 assessed. This means we are an organization with mature processes—repeatable, defined and well managed—that we have employed on numerous successful projects. A tested project management approach, including controls and methodologies, is vital to the Department's ability to implement and sustain the new IME MMIS solution. Our project management approach provides the framework to help meet the Department's objective of an on time, within budget implementation that benefits IME staff, providers and members. Our methodology helps mitigate delivery risk, which translates to a successful project.

**Accenture provides the Department with an SI shown to have mature, repeatable processes, reducing risk to the IME MMIS implementation**

- Accenture's US Public Service business unit is recognized by the Software Engineering Institute (SEI) at Carnegie Mellon University as one of the first and largest organizations of its kind to be assessed at a CMMI Level 4.
- A Quality Coach conducts quarterly Process and Product Quality Assurance (PPQA) reviews to assess our implementation of CMMI, our defined project processes, and deliver quality-leading practices.
- Achieved the following on prior typical projects:
  - Reduced development schedules by up to 30 - 40%
  - Increased productivity with a median gain of 35% per year
  - Reduced rework up to 80% by proactively conducting product quality reviews

CMMI is an integrated approach to internal process improvement for a broad range of organizations. According to the Software Engineering Institute (SEI) publication *Understanding and Leveraging a Supplier's CMMI® Efforts: A Guidebook for Acquirers*, organizations that concentrate on process improvement demonstrate reductions in delivered defects, improved speed of development, and fewer post-delivery failures. Given those results, organizations that implement CMMI-based process improvement provide a lower risk in development over those that do not.

CMMI levels start at a score of one and progress through five as shown in Figure 8 - 13. Higher assessed ratings indicate higher levels of capability or maturity. Level One is the lowest and indicates ad hoc processes are the norm. For the IME MMIS, the levels of interest are two through five. These levels indicate increasing sophistication and institutionalization of the process improvement efforts for the organization as summarized in following figure:

- Level 2 indicates managed processes.
- Level 3 indicates defined program processes tailored from the organization's set of standard processes.
- Level 4 indicates quantitatively managed processes and sub-processes.
- Level 5 indicates optimizing processes and sub-processes.

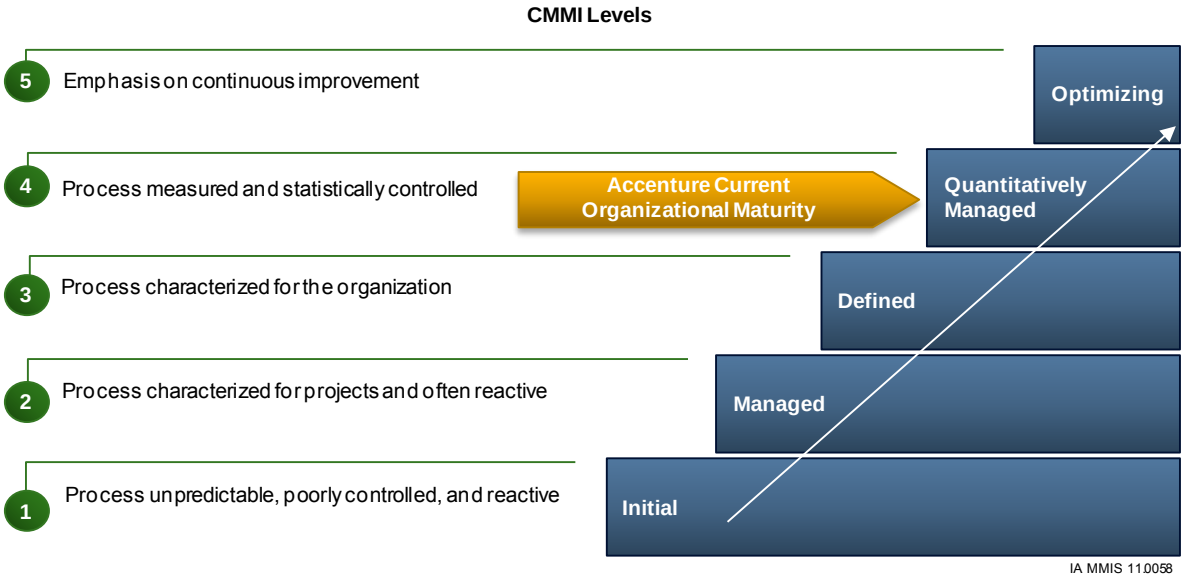


*Figure 8 - 13. Accenture's Health and Public Service assessment at CMMI Level 4 independently verifies that our organized and consistent processes focus on achieving quality and repeatable results.*

Our team is part of Accenture's North American Health and Public Service group. Our Accenture Health and Public Service group is CMMI Level 4 assessed. We received our first CMMI Level 4 assessment in June 2004 and have maintained a CMMI Level 4 since that time with additional independent assessments in 2006 and 2009. The potential benefits of selecting Accenture and integrating Level 4 CMMI processes at the Department and into the IME project include:

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

**Project Management Methodology Consistent with PMI Project Management Principles**

As depicted in Figure 8 - 14, our project management methodology is consistent with the Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK). PMI is the world's leading not-for-profit membership association for the project management profession. PMI's global standards provide widely accepted guidelines, rules, and characteristics for project management.

**Accenture's extensive experience in leading ITIL programs for our clients benefits the Department**

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

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

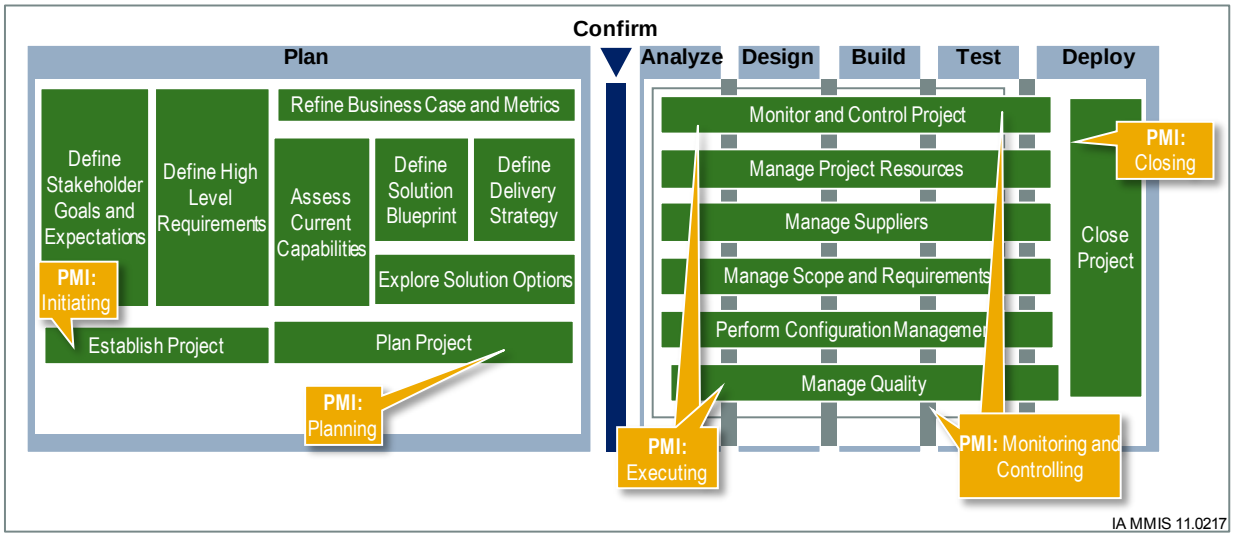


*Figure 8 - 14. Our ADM© methodology maps to PMI project management processes providing a low-risk approach for achieving the IME MMIS implementation.*

**IT Infrastructure Library (ITIL)**

ITIL is a global standard in the area of IT Service Management. ITIL provides a cohesive set of best practices drawn from the public and private sectors internationally. The best practice processes promoted in ITIL are supported by the ISO standard for service management (ISO 20000).

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

**Accenture's extensive experience in leading ITIL programs for our clients benefits the Department**

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

Our methods and approach provide the starting point for the IME System Services Project. We work with the Department during the Project Start-Up Phase to tailor our methods to support the IME System Services Project design, development, implementation, and operations activities. We customize the deliverable standards and checklists in ADM so that they address Department requirements and overall project standards. ADM and supplemental materials operating under the U.S. Public Service business unit CMMI Level 4 provide a toolset containing processes, templates and metrics to quickly ramp up the project. This approach increases deliverable quality throughout the project lifecycle.

### *8.2.3.5 Establish a Project Management Office (PMO)*

The contractor(s) must establish a PMO in the contractor's office in Des Moines, Iowa, within 45 calendar days of award of the contract. The PMO must be managed by a project manager as defined in section 5.2.2 Key Personnel Requirements of this RFP. The contractor's PMO will be required to work closely with the Department's PMO and the IV&V and QA Services vendor throughout the project and the Implementation Phase.

Accenture establishes the PMO for the IME System Services Project at our office in Des Moines, IA within 45 days of award of the contract. Our purpose-designed PMO executes the project methodology, keeping project activities aligned with the Department's business needs. Execution and management of the IME System Services Project requires close collaboration between the Department and Accenture's Project Team. Strong, collaborative Project Management is an essential element to the success of the project. We organized the Project Management Team for success, and we are ready to help the Department achieve its objectives. We provide the Department with the right management approach, a carefully selected and experienced leadership team, an integrated methodology and tool set, and mature Project, Quality, Risk, and Issue Management processes to achieve the project's objectives.

Our project management approach allows the IME System Services Project Team to engage the Department leadership to balance business priorities, manage project risks, and use resources in a coordinated and timely manner. To facilitate this, our IME System Services Project Team works with the Department's Program Management Office upon contract award to verify a common understanding of the Department's governance model, mission, objectives, performance measures, and means of measurement that are critical factors to the success of IME Project. These factors will serve as the basis for the performance metrics to monitor the IME System Services Project status and measure its success.

Accenture understands the importance of creating an agile and flexible PMO for complex implementation projects. The PMO has the responsibility for organizing and guiding the delivery of the required APHP system across multiple work streams and business partners while maintaining alignment with the overall

project's objectives. The purpose of project management is to effectively plan and manage the schedule, resources, risks, issues, quality, scope, and costs. In addition, the PMO:

- Creates and maintains project standards
- Controls project work
- Measures progress
- Provides timely project performance status reports

Figure 8 - 15 depicts the steps we use to establish the Project Management Office for the IME System Services Project within 45 calendar days of the award of the contract.

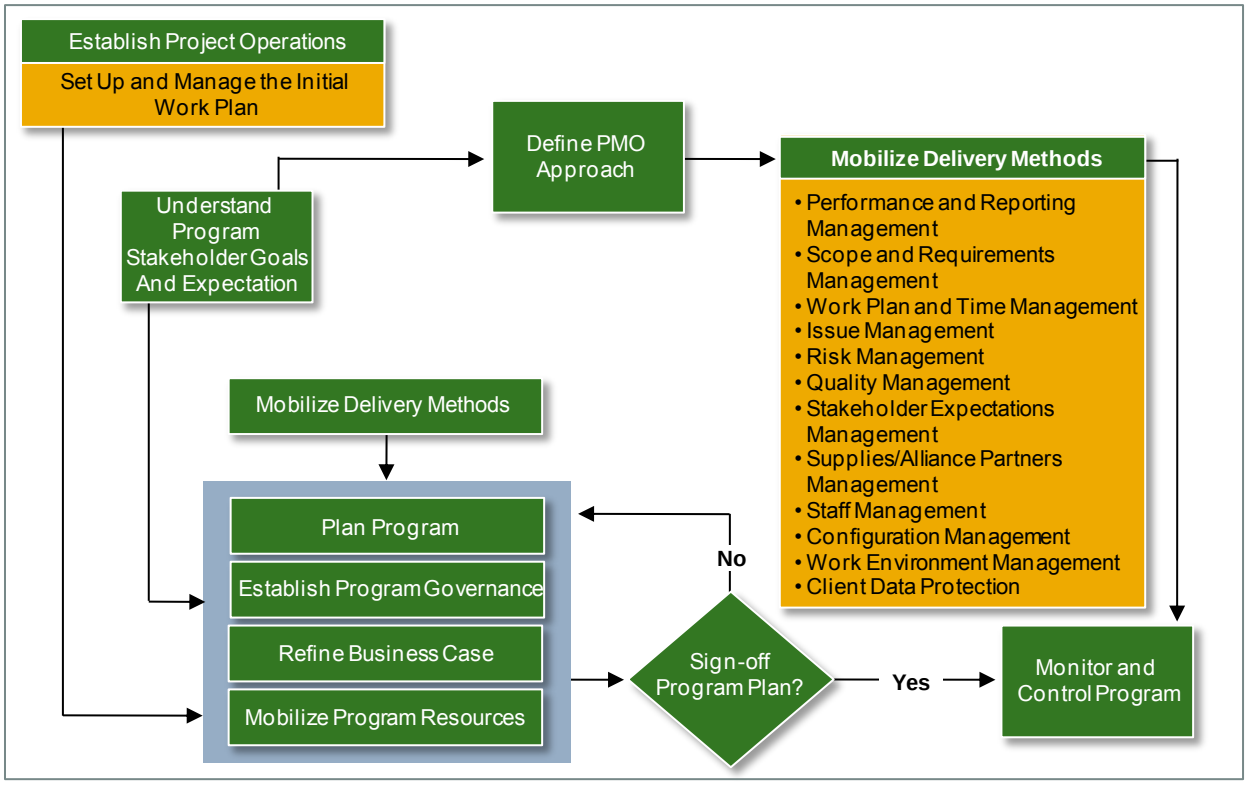


*Figure 8 - 15. Our PMO collaborates with the Department to promote a structured, well-defined, and proven approach to establishing project management and oversight.*

1. **Understand Program Stakeholder Goals and Expectations** - We begin meeting with the Department following the contract award to build on our existing knowledge of Department expectations. During our meetings with Department project stakeholders, including leadership from the IME PMO, we gain a better understanding of the IME's current PMO, desired approach to tracking projects, existing governance structures, and required project metrics.
2. **Define PMO Approach** - We refine and tailor our PMO approach based on the information we learn during stakeholder expectations meetings. We document our refined approach in the PMO Overview Document. Our Project Manager for the PMO is responsible for completing this document, reviewing it with the Department and receiving sign-off for our proposed approach, policies, procedures, and processes.
3. **Refine and Baseline Project Work Plan** - After gathering stakeholder expectations, we simultaneously refine and finalize our project work plan. This is a collaborative effort among our project leadership, as each individual brings specific areas of expertise and experience. We review

the modified plan with the Department. Once approved, we baseline the project work plan. This allows us to track and measure performance against the plan.

4. **Review and Finalize Project Management Plans** - Our initial project management plans are based on our proven methodology, Accenture Delivery Methods (ADM). Following stakeholder expectations meetings, we work with the Department to tailor these plans to align with Department standards and complement the existing IME PMO.
5. **Establish Governance Structure** - We work with the Department to review the existing IME governance structure and develop a governance structure for the IME System Services Project that complements the structure already in place at the Department.
6. **Receive Sign-Off** / **Mobilize PMO** - We begin executing PMO processes and procedures following sign-off of the PMO Overview Document, Project Work Plan, and Project Management Plans.

Our Project Manager for the PMO, Jelane Johnson, sets up, implements, and provides ongoing management of the IME System Services Project PMO. Jelane, a certified Project Management Institute (PMI) Project Management Professional (PMP), has four years of experience with Medicaid systems. Jelane is an experienced Project Manager with 10 years experience overseeing technical architecture design and implementation and development and operations of large-scale data processing systems. Jelane has successfully served in a similar role as Project Manager for the Medicaid Operational Support Services (MOSS) PMO. Jelane's knowledge and experience with project management processes and Medicaid systems allows her to quickly establish an effective PMO organization tailored to support the needs of the IME System Services Project.

A dedicated PMO Team, as shown in the following figure, supports Jelane in performing PMO operations and tasks. The team includes individuals skilled in project management processes, project work plan development and maintenance, quality processes, and security procedures. We describe specific responsibilities for each PMO role in following table.

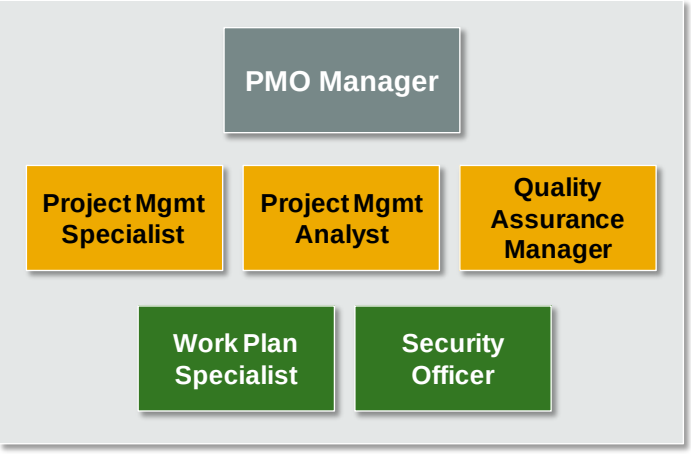


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*Figure 8 - 16. Our PMO Team establishes processes and procedures to enable an on-time delivery of the IME MMIS.*

| PMO Role | Description |
|---|---|
| Project Manager for the PMO | • Lead Accenture's PMO<br>• Communicate with the Department's PMO<br>• Report operational performance to the Account Manager<br>• Oversee development, submission, and revisions of all project management plans<br>• Oversee all project related schedule activities<br>• Submit weekly, monthly, and quarterly status reports<br>• Create status meeting agendas and minutes<br>• Obtain signoff on deliverables prior to submission to the Department<br>• Define project processes, procedures and standards, including change management, risk management, and issue management<br>• Confirm adherence to defined processes and procedures<br>• Maintain up-to-date project staffing information, including organization chart, roles and responsibility documents, and contact list |
| Project Management Specialist | • Enter project management updates into the project repository and Accenture Delivery Tools (ADT)<br>• Capture and distribute PMO meeting minutes and action items<br>• Log risks and issues, and generate reports<br>• Assist IME staff in the use of ADT and ADM |
| Project Management Analyst | • Maintain Project Management Portal and provide user support for PMO Tools<br>• Support development and distribution of project communications<br>• Assist in developing and distributing project status reports<br>• Support Quality, Risk, and Issue Management activities<br>• Support Change Management activities, including verifying Change Management Request (CMR) submission completeness and maintaining and communicating the status of submitted CMRs<br>• Assist with maintenance and delivery of Project Orientation information |
| Quality Assurance Manager | • Provide overall direction and oversight for all functions and operational activities related to quality assurance (QA)<br>• Oversee the creation of the QA Plan<br>• Oversee the development and maintenance of documented QA procedures incorporating Medicaid internal control processes<br>• Monitor adherence to program schedule, standards, deliverables, and documented processes and procedures<br>• Submit recommendations for process improvements<br>• Communicate performance to PMO for reporting<br>• Conduct review of scope management documentation<br>• Conduct process audits<br>• Notify appropriate managers of any problems through established quality management processes<br>• Develop corrective action plans as needed<br>• Oversee implementation of corrective action plans and verify they are implemented<br>• Review initial schedules to confirm that they meet requirements<br>• Review all schedule updates |
| Work Plan Specialist | • Maintain Project Management Plans<br>• Generate weekly metrics reporting at the project and team level<br>• Assist Project Manager for the PMO in monitoring the Project Work Plan |
| Security Officer | • Develop specific security plan and disaster recovery plans/procedures for the IME Project to confirm compliance with local, state and federal laws, standards and regulations |

| PMO Role | Description |
|---|---|
| | • Develop and maintain Health Insurance Portability and Accountability Act (HIPAA) and privacy training materials<br>• Provide training on security and privacy<br>• Confirm HIPAA policies and procedures for handling protected health information are followed<br>• Conduct audits related to security compliance<br>• Develop and maintain policies, procedures, standards, awareness and training, identification and review of the IME MMIS security infrastructure<br>• Develop and execute corrective action plans as needed<br>• Research incident reports and possible security breaches |

*Table 8 - 16. Our PMO Team performs the tasks needed to integrate project efforts and monitor and communicate real-time status to the Department and project stakeholders.*

We establish our PMO at project startup. This includes establishing the Governance structure and project processes referred to in Section 8.2.3.3. We build transparency and collaboration into our governance approach and our project management processes. We encourage open and honest interactions with the Department's PMO and IV&V and QA Services vendors to promote a single, integrated IME Team, Figure 8 - 17. We develop mutual support for project inputs and outputs to best serve the Department's needs.

We bring the right attitude and experience to work effectively with multiple vendors and teams. Plans and tools mean little if there is no commitment to transparency and openness. Each group on the IME System Services Project Team has an extremely important function. In order to perform those functions, we all need to communicate well, share information openly, and proactively support the diverse set of activities required to deliver the new IME MMIS. Accenture commits to working closely and effectively with each member of the overall initiative and being transparent in our dealings.

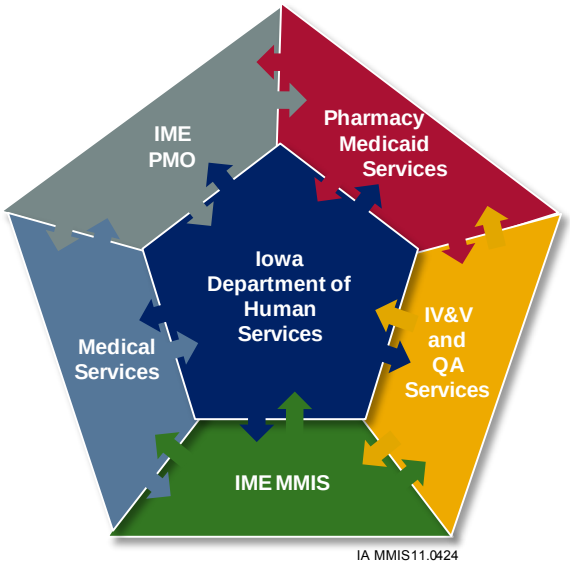


*Figure 8 - 17. With Accenture the Department gains an industry-leading System Integrator with a successful track record of integration in multi-vendor environments, lowering risk to the IME System Services Project.*

### 8.2.3.6 Project Management Portal

Within 45 days of the award of the contract, the contractor(s) will establish a secure Enterprise Project Portal to serve as the electronic repository for the official Project Work Plan (PWP), all deliverables and other project artifacts from project start-up through operations. The portal must allow authorized users to view the project work plan, all deliverables and other project artifacts from project start-up through operations in a real-time environment and generate reports on project status. The portal must provide the capability to email alerts advising individuals of task assignments, task status and notification that the due date for an assigned task has passed. All project deliverable drafts and working copies must be stored and shared in the portal to facilitate communication and collaborative work. Authorized Department and IV&V and QA Services vendor staff must have the capability of uploading documents onto the portal. The portal must operate in a secure environment where user access and privileges are dependent on authorizations that will be decided by the Department.

Complex projects involve many different groups and moving parts. Coordinating, monitoring, and managing these efforts requires adept management techniques and experience. We provide open and transparent access to project management information via our Project Management Portal. Our PMO

Team establishes and maintains the IME System Services Project Management Portal within 45 days of the award of the contract. This secure portal serve as the electronic repository for the official Project Work Plan (PWP), all deliverables and other project artifacts from project start-up through operations. Our project management portal organizes and structure information about the IME System Services Project efforts in a simple, easy to navigate tool.

The Accenture Team PMO works with the Department to identify the IME resources that require access to the Project Management Portal, including the IV&V and QA Services vendor staff. We set up and maintain user access rights to the portal based on Department's direction. The Accenture PMO team creates and maintains the document repository folders and validates that project information is up-to-date. Figure 8 - 18 displays the proposed components of Project Management Portal.

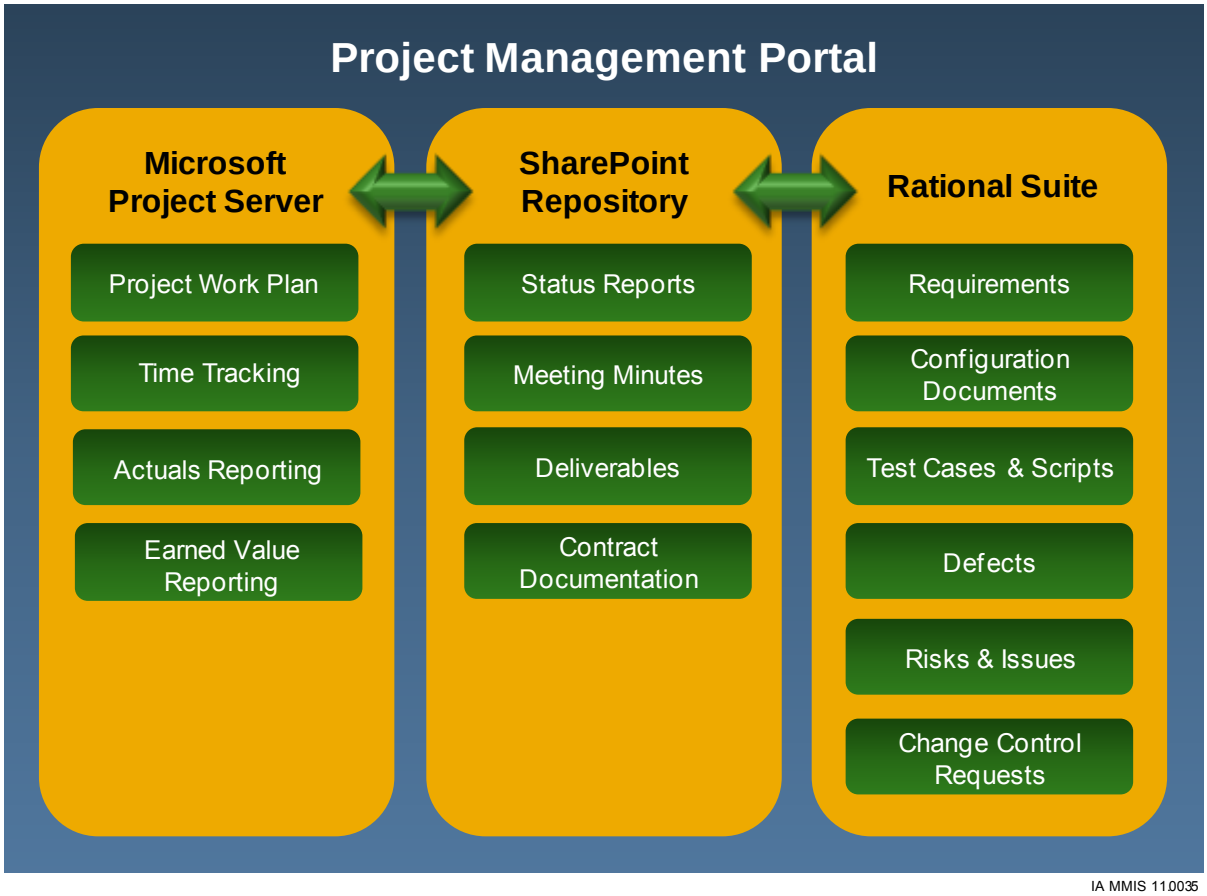


*Figure 8 - 18. Our project management portal from Accenture's Delivery Tool Suite configured for the IME System Services Project and the APHP IME MMIS implementation.*

Our Project Management Portal provides the following capabilities:

- A secure environment restricted to the users and access privileges as defined and authorized by the Department
- Email notifications and alerts that advise individuals about task assignments, task status, and past due tasks and assignments
- Microsoft Project Server provides access to current project status, including earned value metrics
- SharePoint supports multiple user groups and access rights that can be configured based on Department authorization

- SharePoint enables users with edit access to upload, view, check out and edit documents online
- The Rational Suite of tools automates traceability through each project phase and generates the Requirements Traceability Matrix
- Provides real-time and point-in-time reporting
- Enables formal and informal information sharing

SharePoint serves as a repository for submitted deliverables and point-in-time documentation, such as status reports and meeting minutes. The Rational Suite is the collection of day-to-day working tools used to support the analysis, design, development, and implementation activities. Requirements, design documentation, configuration settings, test cases, and test results are stored in the Rational Suite of tools. At specified milestones during the project, we extract a point-in-time version of the Rational Suite artifacts into Microsoft Word documents for formal delivery. These point-in-time documents are then stored in our SharePoint repository for easy access and reference during successive project activities as shown in Figure 8 - 19.

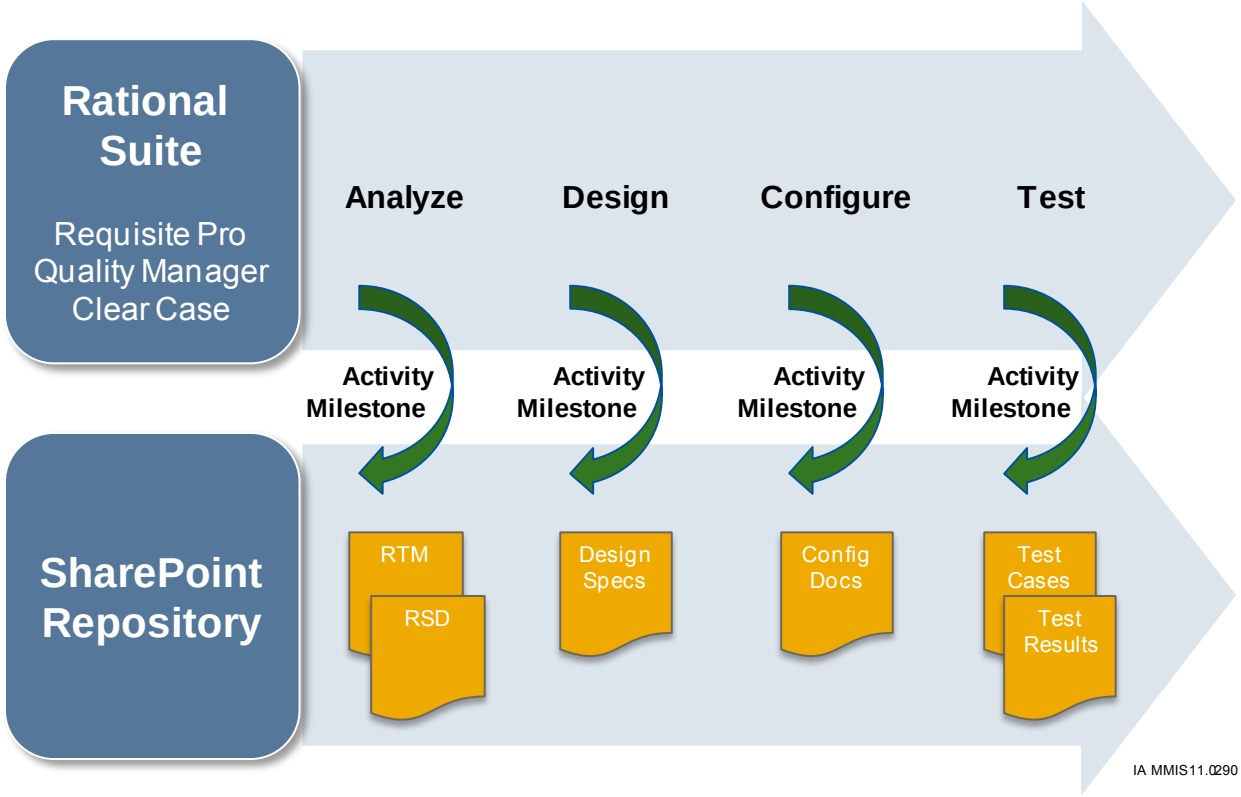


*Figure 8 - 19. We maintain approved, point-in-time versions of our project artifacts as word documents on our SharePoint Repository for easy access and viewing.*

### 8.2.3.6.1 State Responsibilities

a. Review and approve the project management portal plan.
b. Populate folders as necessary when they become available.
c. Identify authorized users from the Department and IV&V and QA Services vendor and identify their privileges.
d. Test access and privileges for users from the Department and IV&V and QA Services vendor.

| Project Management Portal - State Responsibilities | Acknowledgement |
|---|---|
| a. Review and approve the project management portal plan | ✓ |
| b. Populate folders as necessary when they become available | ✓ |
| c. Identify authorized users from the Department and IV&V and QA Services vendor and identify their privileges | ✓ |
| d. Test access and privileges for users from the Department and IV&V and QA Services vendor | ✓ |

*Table 8 - 17. State Responsibilities.*

### 8.2.3.6.2 Contractor Responsibilities

a. Provide a project management portal plan for the Department review and approval.
b. Maintain security settings.
c. Establish portal folders.
d. Populate folders with appropriate documentation.
e. Identify authorized contractor portal users and their privileges.
f. Provide access privileges to the Department and IV&V and QA Services vendor authorized users.
g. Test access and privileges for users from the contractor organization(s).
h. Notify, provide knowledge transfer and troubleshoot authorized users in portal usage.
i. The contractor(s) will maintain and support the project management portal throughout all the phases of the contract or as directed by the Department.

The Accenture Team acknowledges and understands the Contractor Responsibilities associated with the Project Management Portal. We have described our proposed approach to addressing each requirement in Table 8 - 18.

| Project Management – Contractor Responsibilities | Our Approach |
|---|---|
| a. Provide a project management portal plan for the Department review and approval | Our Project Management Portal provides the Department, IME System Services Project Stakeholders, and the IME System Services Project Team with easy access to project artifacts and up-to-date status information. SharePoint provides online access to project artifacts. Rational Suite stores project documents and automates traceability to project requirements through each project phase. Our project work plan is available via Microsoft Project Server. |
| b. Maintain security settings | Our PMO Team is responsible for maintaining user group access rights for our project tools. |
| c. Establish portal folders | Our PMO Team maintains SharePoint and Rational Suite tool settings, including establishing folders, maintaining fields and values on project forms, and managing workflow settings. |
| d. Populate folders with appropriate documentation | Our PMO Team maintains our SharePoint document repository to provide the Department and IME System Services Project Teams with up-to-date project artifacts. |
| e. Identify authorized contractor portal users and their privileges | Our PMO Overview Document describes our project tools and identifies the different user access groups required for each tool. Once the required user access groups are defined, our PMO Team works with the Department to identify the individuals within each user access group. |

| Project Management – Contractor Responsibilities | Our Approach |
|---|---|
| f. Provide access privileges to the Department and IV&V and QA Services vendor authorized users | Our PMO Team works with the Department to identify individuals requiring access to project tools and provide them with the appropriate access. These individuals may come from the Department, the Department's IV&V or QA Services vendors, or IME Professional Services contractors. |
| g. Test access and privileges for users from the contractor organization(s) | Our PMO Team maintains user access privileges for project tools. We support adding, modifying or removing user access rights as requested by the Department on an ongoing basis. |
| h. Notify, provide knowledge transfer and troubleshoot authorized users in portal usage | Our PMO Team supports communications and user support for project tool users. |
| i. The contractor(s) will maintain and support the project management portal throughout all the phases of the contract or as directed by the Department | We are prepared to support our project tools throughout the duration of the contract. |

*Table 8 - 18. Our PMO Team maintains the Project Management Portal for the IME System Services Project.*

### 8.2.3.6.3 Performance Standards

a. Establish the project management portal and receive approval from the Department within 45 days of the contract award.

b. The project management portal must be kept current within one week of approved deliverables.

The Accenture PMO Team implements a Project Management Portal for the IME System Services Project that serves as the project repository throughout the entire project. Table 8 - 19 indicates our agreement to meet the performance standards outlined in this RFP associated with the Project Management Portal.

| Performance Standards for Project Management Portal | Meet or Exceed |
|---|---|
| a. Establish the project management portal and receive approval from the Department within 45 days of the contract award | ✓ |
| b. The project management portal must be kept current within one week of approved deliverables. | ✓ |

*Table 8 - 19. Accenture understands and will comply with defined Performance Standards.*

### *8.2.3.7 Project Management Plans*

Within 45 days of award of the contract, each contractor will submit, for approval by the Department, project management plans prepared in accordance with the PMBOK ® principles. The plans must describe the contractor's management approach, organizational structure, formal and informal communications procedures, meeting agendas and meeting notes, progress reporting, correspondence tracking, issues resolution procedures, risk management and mitigation, submission of invoices and procedures for reporting earned value performance management statistics.

No development will begin on the project until the Department has approved all project management plans. The contractor(s) must keep project management plans current and updated within 24 hours at all times throughout the life of the Implementation and Certification Phases of the project. The project management plans are described in the following sections.

Our Project Management Plans, shown in Figure 8 - 20, define how we execute and manage the IME System Services Project. They describe the our management approach, organizational structure, formal and informal communications procedures, meeting agendas and meeting notes, progress reporting, correspondence tracking, issues resolution procedures, risk management and mitigation, submission of

invoices and procedures for reporting earned value performance management statistics. Because these plans define how our team functions, it is critical that they be finalized and implemented at the very beginning of the project. We submit the Project Management Plans to the Department for approval within 45 days of contract award. No development begins on the project until the Department has approved all project management plans.

We review and discuss the standards, processes and procedures defined in these documents with the entire Project Team to promote consistent execution of project work according to defined and approved standards and processes. Our Project Management Plans describe the monitoring techniques and controls our team uses to verify that the project is on track.

*Figure 8 - 20. Our Project Management Plans identify what we will do and how we will do it.*

Table 8 - 20 summarizes the principles that guide our Project Management Plans.

| Approach | Benefits to the Department |
|---|---|
| *Mature methods*<br>• We bring methods, tools and techniques to effectively manage and deliver the project | • Leading practices provide structured, repeatable project processes through every phase of the project to proactively manage and reduce delivery issues |
| *Experienced team*<br>• Our project management team has experience with Medicaid systems and large system implementations | • Experience and subject matter knowledge enable the Department and Accenture to manage the project together effectively and to avoid potential pitfalls |
| *Objective projections*<br>• We use rigorous effort and status tracking to build an objective view of status and use this information to make management decisions | • Forward-looking approach that helps anticipate and resolve problems before they affect schedule or quality |
| *Visibility*<br>• Status reports provide an insightful view into the project. Our tools generate analytical reports that provide clear view into project processes | • Information available on a timely basis<br>• Confidence in the information provided<br>• Readily determine root causes and resolve problems |
| *Collaboration*<br>• We share information and deliverables through our collaboration tools and leadership process | • Better coordination, both between teams on the project and between the project and the Department |

*Table 8 - 20. Our Project Management experience and approach provide the right combination to effectively manage and deliver the MMIS implementation.*

We develop the following Project Management Plans for the IME System Services Project:
- Communications Management Plan
- Project Work Plan
- Risk Management Plan
- Issues Management Plan
- Quality Management Plan
- Staffing Management Plan
- Applications Implementation Plan
- Interface Plan
- Change Management Plan

We work together with the Department early in the Start-Up Phase to refine and finalize these plans for the IME System Services Project within 45 calendar days of the award of the contract.

### 8.2.3.7.1 Communications Management Plan

The contractor(s) must deliver to the Department a communications management plan including a stakeholder analysis. The contractor(s) will determine all Department communications needs, including status reporting and project monitoring and create a process to meet those needs. During all phases of the project the contractor(s) will execute the plan with formal weekly status reports in formats approved by the Department. The contractor(s) must include a chart showing the flow of communication.

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

Open communications begins at the top, with project leadership communicating and sharing as much information as is appropriate and encouraging integration and communications across all teams. Our

communication approach helps describe the status and results of the project and promote the new IME MMIS solution to the Department, IME contractors, and Project Team members.

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

Our Communications Management Plan guides communications throughout the project. A sample Table of Contents for our proposed Communications Management Plan is shown in Figure 8 - 21. Our proposed Communications Management Plan for the IME System Services Project explains our communication strategy and:

- Describes our communication approach
- Documents the results of our stakeholder analysis, identifying stakeholder groups and their needs
- Identifies information channels for distributing key project messages
- Provides an overview on processes and tools that will be used to capture feedback on project communications

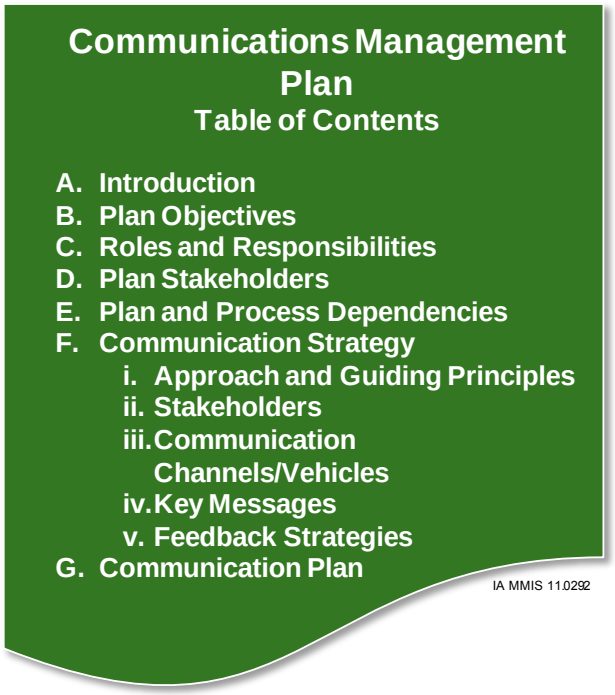


*Figure 8 - 21. We will develop our Communications Management Plan collaboratively with Department to address Department and project stakeholder communication needs.*

In addition, it describes the format for and includes a completed initial project communications plan.

**Communications Strategy**

We base our communication approach for the IME System Services Project on our communication methodology, experience on other similar projects, and understanding of Department project goals, objectives, and environment. Accenture requests input from the Department and reviews available documentation to understand communication methods and mechanisms that have been successful on previous Department initiatives. We seek to understand what information channels your leadership, staff, and contractors are familiar with and prefer in order to provide the most appropriate communication mechanisms for your audience.

We take the following steps to facilitate development of the IME System Services Project communication approach:

- **Analyze Audience/Stakeholder Analysis** – Identify and analyze project stakeholders. Project stakeholders could include at least the following: Department staff, IME contractors, IME System Services Project Team members, and other affected IME Project Teams.

- **Establish Communication Objectives** – Work with the Department to help define the project-specific communication objectives and information needs of each target audience and align the objectives to the project lifecycle.
- **Outline Key Messages** – Work with the Department to help define key messages to answer why, how, where and when for each audience group.
- **Plan Media for Communication** – Work with the Department Project Team to help plan the delivery media for each message to be communicated to stakeholders.

The Accenture Team collaborates with the Department to develop and implement the Project Communications Management Plan. As shown in Figure 8 - 22, the communication approach is continually refined, starting with audience identification, determining feedback strategies, and the communication process and guidelines.

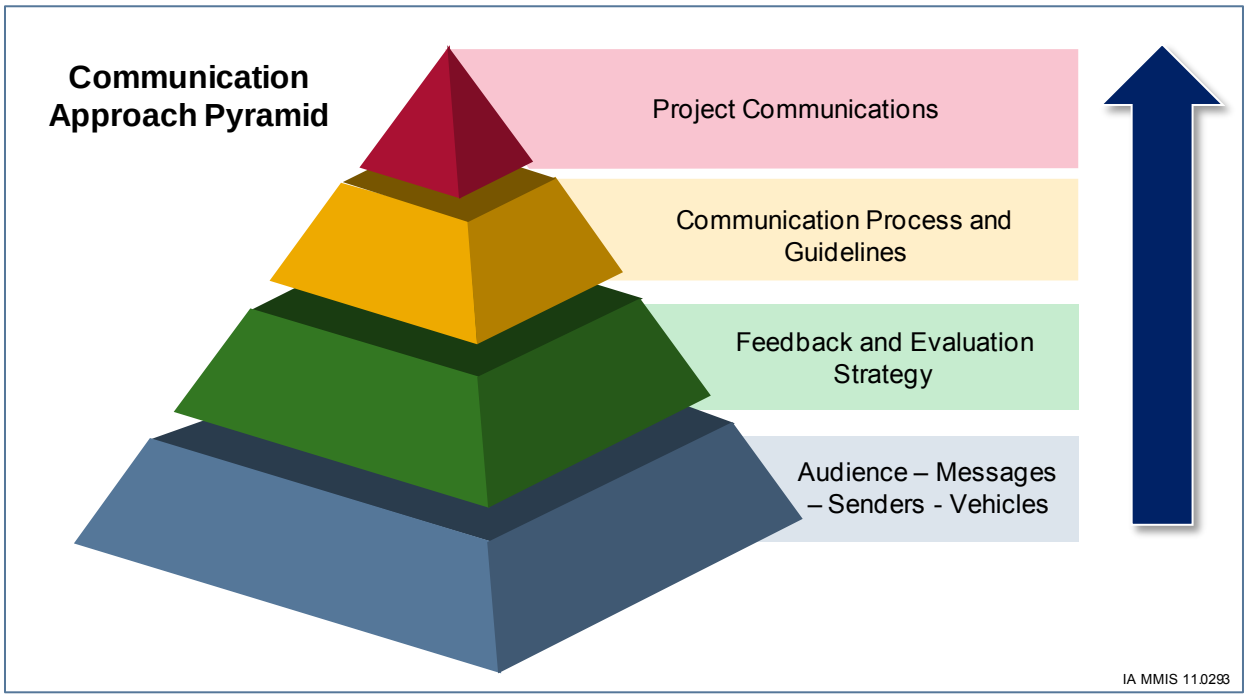


*Figure 8 - 22. Our Communication Approach includes incremental steps to develop the overall communications needed for the IME System Services Project.*

The Communication Approach sets clear, specific objectives and communication activities. The plan defines how stakeholders receive relevant information at the appropriate time through the appropriate channel so they are informed and confident.

Our Communication Approach clarifies the following:
- Identify key individuals as sponsors and change agents who contribute to providing communication
- Define roles and responsibilities for sponsors and change agents
- Define the communication messages to inform target audiences of the scope, recommendations, implementation activities, timing, and implications of the IME System Services Project
- Identify activities to involve target audiences

**Communications Plan**
Effective communication planning confirms the conveyance of the right message, by the appropriate sender(s), to the necessary audience(s), through the appropriate channels and vehicles. To promote effective communications, the Communications Plan, developed based on the principles and approach

defined in the Communications Strategy, describes, in full detail, the who (audiences and owners), what (objectives), and how (interventions) of the strategy. The Communications Plan for the IME System Services Project includes the following elements:

- Audience
- Communication Objective
- Communication Event
- Communication Owner
- Message
- Channel
- Sender
- Timeline
- Feedback

**Features and Benefits of the IME System Services Project Communications Management Plan**

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

**Features and Potential Benefits of the IME Project Communications Plan**

- Integrated
- Consistent Messages through Multiple Channels
- Builds on Existing Communications Plan
- Two-way Communication with Stakeholders
- Tailored Communications

### 8.2.3.7.2 Project Work Plan for Implementation

The contractor(s) will revise the project work plan submitted in the technical proposal to reflect any change in dates or activities based on contract negotiations. The detailed project work plan will identify all tasks, activities, milestones and deliverables for the project and will be used by the Department to monitor the contractor's progress. Elements of this deliverable include:

a. A narrative overview of the work plan tasks and schedule, including any assumptions and constraints the contractor(s) used in the development of the PWP.

b. Description of each task, subtask and activity.

c. A Work Breakdown Structure (WBS) in Microsoft Project or an alternative acceptable to the Department identifying all tasks, subtasks, milestones and deliverables with key dates, predecessors and successors for each.

d. Proposed location(s) for activities to be performed.

e. Personnel resources applied by name and level of effort in hours.

f. The Department resource requirements including required skills, level of expertise, and level of effort.

g. Gantt chart.

h. Program Evaluation Review Techniques (PERT) or dependency chart.

i. Resource matrix by subtask, summarized by total hours per person, per month.

We base our Project Work Plan upon the Department's requirements stated in the RFP, Accenture Delivery Methods (ADM) and our global estimating models. We derive this proven approach from our experience implementing thousands of successful Government projects each year. This structured delivery framework facilitates highly reliable estimates and schedules, providing you confidence that Accenture will deliver a successful IME Systems Services Project on time.

**Project Work Plan Creation**

Based on the scope requirements of the RFP and using the relevant ADM Estimator(s), we produce an initial estimate and preliminary staffing plan. We export this estimate and preliminary staffing plan from our ADM estimators to produce an initial Microsoft Project Work Plan. This initial Project Work Plan includes links to descriptions of the tasks in ADM. This integration helps produce work plans that follow a standardized, optimized process and format that is prescribed by our ADM.

Next, our delivery leads and subject matter experts (SMEs) review and adjust the Project Work Plan to meet the timeline and release requirements of the IME System Services Project. For example, we have added Department deliverables and assigned IME System Services Project resources to the Project Work Plan.

Our Process and Solution Quality (PSQ) team then assists in our Project Work Plan process and verifies that we meet CMMI level 4 delivery standards. Specific standards include:

- Keeping the majority of tasks to one month in duration in order to provide timely and accurate earned value metrics
- Assigning resources to detailed-level tasks and leveling the resources
- Tracking dependencies in the work plan to monitor the impact of schedule variances
- Grouping work in a manner that allows tracing of accountability and progress monthly

Figure 8 - 23 demonstrates the rigorous process we use to create and monitor our project schedules.

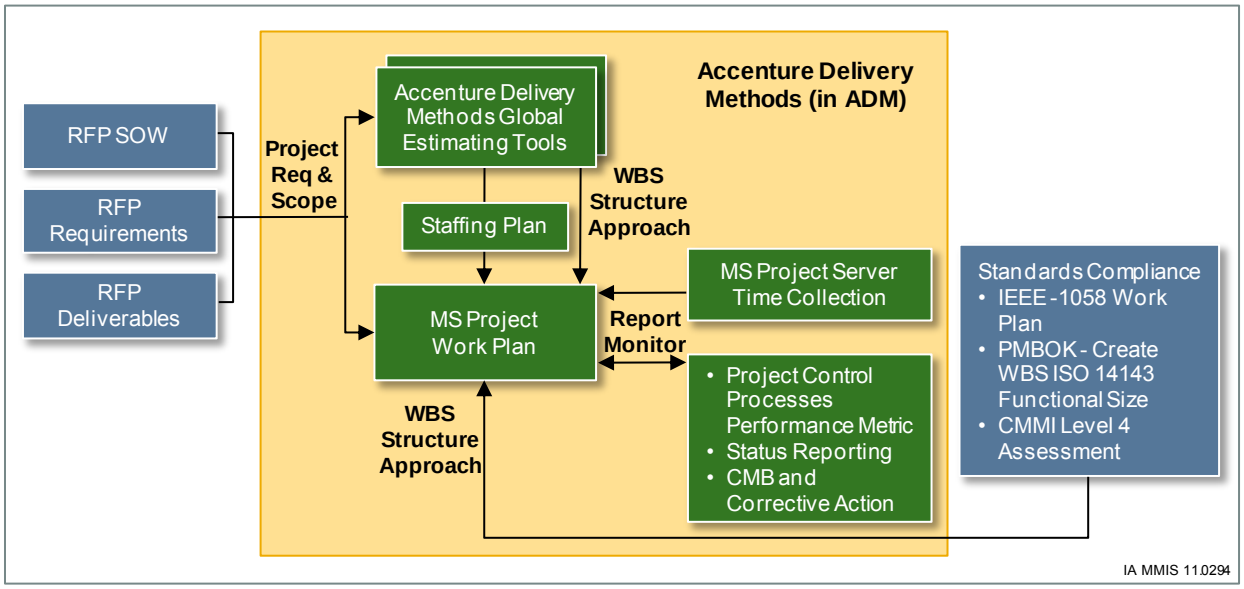


*Figure 8 - 23. The Project Work Plan serves as a living document to govern the entire work effort throughout the lifecycle of the IME System Services Project.*

**Project Work Plan Components**

We develop the Project Work Plan for the IME System Services Project in Microsoft Project. Microsoft Project provides the ability to describe tasks through a number of standard attributes. It allows us to create different views of the plan to more effectively manage scope, schedule, or resources. Our Project Work Plan for the IME System Services Project has the following elements:

- Work Breakdown Structure (WBS)
- Schedule information, such as planned and actual start and end dates and duration
- Effort information, such as planned and actual work
- Resource assignments
- Dependencies
- Milestones
- Deliverables
- Critical Path
- Multiple views, including Gantt and Resource views

In addition, we supplement our Microsoft Project Work Plan with a Microsoft Word document describing, in narrative form, the work we complete. This narrative describes the work to be performed at both the project and individual tasks level, summarizing the skills needed to perform the work.

| Project Work Plan Requirements | Meet or Exceed |
|---|---|
| a. A narrative overview of the work plan tasks and schedule, including any assumptions and constraints the contractor(s) used in the development of the PWP | ✓ |
| b. Description of each task, subtask and activity | ✓ |
| c. A Work Breakdown Structure (WBS) in Microsoft Project or an alternative acceptable to the Department identifying all tasks, subtasks, milestones and deliverables with key dates, predecessors and successors for each | ✓ |
| d. Proposed location(s) for activities to be performed | ✓ |
| e. Personnel resources applied by name and level of effort in hours | ✓ |

| Project Work Plan Requirements | Meet or Exceed |
|---|---|
| f. The Department resource requirements including required skills, level of expertise, and level of effort | ✓ |
| g. Gantt chart | ✓ |
| h. Program Evaluation Review Techniques (PERT) or dependency chart | ✓ |
| i. Resource matrix by subtask, summarized by total hours per person, per month | ✓ |

*Table 8 - 21. Accenture's proposed Project Manager for the PMO, Jelane Johnson, with more than 10 years of project management and oversight, refines and tailors the Project Work Plan to meet Department needs.*

**Project Work Plan Refinement**
Our project leadership, including our Account Manager, Patrick Dahlen, our Project Manager for the PMO, Jelane Johnson, and our Systems Implementation Manager, Robert Carrico, work with the Department early in the Start-Up Phase to review and refine the Project Work Plan for the IME System Services Project. We work with the Professional Services contractors and Department technical staff to support integration of our IME System Services Project Work Plan into the overall project plan for the IME.

### *8.2.3.7.2.1 Project Work Plan Baselines*

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

Our Project Work Plan and Weekly Status Reports are both crucial tools in our approach to Schedule Management. We work with the Department to gather input and refine the work plan prior to executing project work. Project Work Plan reviews are conducted via a series of walk-through meetings covering specific sections of the plan. When the walk-through meetings are completed, we submit the work plan to the Department for approval. Upon approval, we baseline the plan and begin executing project work. We use the Project Work Plan to measure and evaluate progress throughout the life of the project. We have provided an initial Project Work Plan for the IME System Services Project in Section 6.2.6. The Weekly Status Report includes the status of progress against the project schedule, including accomplishments since the previous report, activities scheduled for the upcoming report period, and upcoming milestones. We also provide an updated Project Work Plan with each Project Status Report.

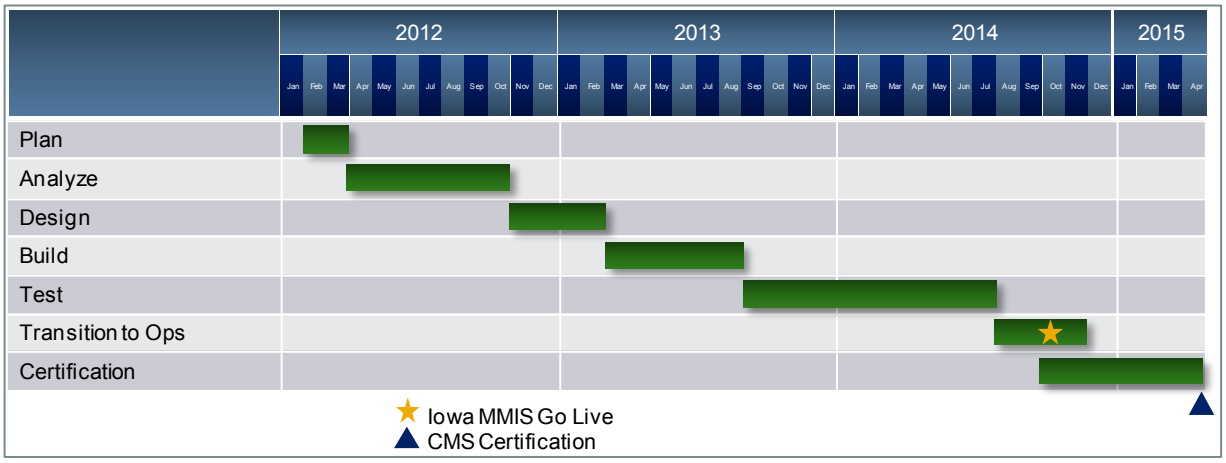


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*Figure 8 - 24. We use our baselined Project Work Plan WBS to measure actual progress against what was planned.*

The Project Work Plan is reviewed, finalized, and baselined during the Project Start-Up Phase. Our Project Work Plan includes time for deliverable and work product reviews and quality activities. As project activities are completed, actual work effort and durations are measured against planned values. We use the Project Work Plan to measure Schedule Variance, Schedule Performance, Cost Variance, and Cost Performance. Our Project Manager for the PMO reviews and assesses variances from the baselined Project Work Plan and assist Team Leads in identifying appropriate corrective actions. If a change to the baselined Project Work Plan is necessary, the Project Manager for the PMO is responsible for guiding submission of the appropriate change management requests. We only update the Project Work Plan baseline as a result of change requests approved by the Department through the change management process.

### 8.2.3.7.3 Risk Management Plan

The contractor(s) must use a standard risk management plan that:

a. Addresses the process and timing for risk identification.

b. Describes the process for tracking and monitoring risks.

c. Identifies the contractor(s) staff that will be involved in the risk management process.

d. Identifies the tools and techniques that will be used in risk identification and analysis.

e. Describes how risks will be quantified and qualified and how the contractor(s) will perform risk response planning.

For each risk, the contractor(s) must evaluate and set the risk priority based on likelihood and impact, assign risk management responsibility and create a risk management strategy. For each significant accepted risk, the contractor(s) must develop risk mitigation strategies to limit the impact. The risk management plan must include aggressive monitoring for risks, identify the frequency of risk reports and describe the plan for timely notification to the Department of any changes in risk or trigger of risk events. In the event that a risk occurs, the associated information for the risk transfers from the risk management plan to the issues management plan.

Effective Risk Management is one of the critical factors for any system implementation project. We begin our risk management efforts with the initial proposal. Risks cannot be ignored with the hope that they will just go away. Risks need to be identified early, mitigated and managed so potential negative impacts to the IME System Services Project are minimized. Our approach to Risk Management is rigorous, comprehensive and lowers risk to the IME System Services Project by promoting the early identification and mitigation of risk.

Our thorough Accenture Delivery Methods (ADM) methodology contains a formal risk management approach we use to collaborate with the Department, IME Professional Services contractors, and IV&V

and QA Services vendors to identify, assess, mitigate, and manage risks that could adversely affect project objectives.

Risk Management involves the recognition, assessment, and mitigation of uncertainties that, if unaddressed, may result in schedule delays, cost overruns, performance problems, or other undesired consequences. Managing such risks is a key component of Accenture's overall project management approach.

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

**Risk Management Approach**
Figure 8 - 25 summarizes our risk management approach. We have used this approach with the Texas Medicaid and Healthcare Partnership, where we are currently the lead technology provider. Our effective management of risks as we accepted responsibility for technology services from the incumbent enabled us to transition all systems and operations on or ahead of schedule with a Day One cost savings of more than 20 percent. We can use the risks, issues, and lessons learned from this and our other healthcare projects to identify potential risks to the IME System Services Project on Day One and proactively recognize new risks as the project progresses. We can bring and discuss mitigation strategies with the Department that have worked on past project efforts.

**Risk Identification and Analysis**
Our risk management approach begins with identifying potential risks. We conduct risk identification activities with the Department throughout the project lifecycle. Potential risks can originate from all aspects of the project such as stakeholder participation and readiness, aggressive scheduling, project staffing, software, hardware, scope control, conversion, legislation, and budget availability. The key to achieving project success is taking the time to collectively look ahead and identify potential risks to the project, encouraging all Project Team members and stakeholders to manage risks through this process.

Our proven risk management methodology, as outlined in the Risk Management Plan, and depicted in Figure 8 - 25, will identify risks, quantify exposure, and develop mitigation strategies as early as possible in the project lifecycle. Our approach identifies risks early, assesses the potential impact, and defines clear, actionable mitigation strategies to reduce their probability and impact. These proven issue and risk management processes are an integral part of Accenture's ability to maintain Capability Maturity Model Integration (CMMI) Level 4 compliance, and to support the control and execution of the IME System Services Project.

Once we identify a risk, we enter information about it in Rational ClearQuest. We work with the Department to assign each risk a probability of occurrence and a level of impact should it occur – each on a scale of one (low) through five (high). We combine the two scores to give each risk an overall risk exposure score of high, medium, or low.

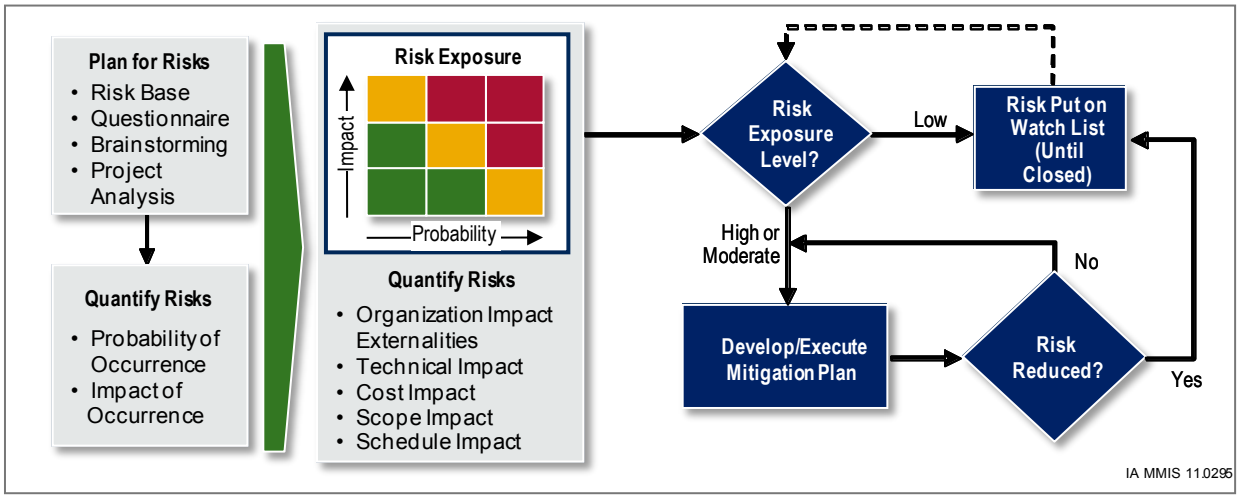


*Figure 8 - 25. Our risk management approach comprehensively, quantitatively, and proactively assesses and mitigates risk.*

This risk approach establishes a common format for risk quantification based on a numerical scale. This step is critical to risk management, as it allows risks with high exposure to receive high priority for management attention and mitigation action. Note that risks rated with 100 percent probability are issues, not risks, which we track as part of the Issue Management process.

**Risk Mitigation and Monitoring**

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

For example, one of the risks to this project is the potential to identify missed requirements or scope after analysis the completion of analysis activities that could result in increased cost due needed rework. We mitigate this risk by performing a requirements assessment as part of the overall solution development and proposal response and conducting requirements validation and review meetings with the Department as part of the project start-up and analysis activities. Because we are delivering a COTS solution that is MITA aligned out-of-the-box, we are able to verify requirements with the Department by conducting solution demonstrations, further reducing the risk of missed requirements.

Our Project Manager for the PMO works with the appropriate team resources and Department staff to develop an appropriate mitigation plan. If the risk is out of the program's control, we prepare for the impact when the risk is realized.

We re-evaluate the probability and consequence of occurrence after mitigation and combine those two scores to give an overall risk score after mitigation. We conduct weekly risk review meetings to review risks and discuss mitigation strategy effectiveness. Should the mitigating action not create the desired results, we re-address the risk.

**Risk Reporting**

Accenture is dedicated to managing and communicating both program and contract risks. Our Project Manager for the PMO works with the Account Manager to keep risks visible, accountable, and escalate when necessary. We associate each risk to specific work packages within the Project Work Plan to integrate risk management as part of the standard project execution fabric. This strategy limits the impact

of realized risks on the program's schedule and cost baseline through timely information flow and mitigation.

We continuously provide all levels of the IME System Services Project governance with visibility into high-exposure risks. We report risks and associated metrics to the Department in weekly status reports at the individual, team, and project levels. This process lowers the project risks by proactively identifying potential issues at each stage and level of the project and by analyzing execution metrics to identify areas for improvement.

We also monitor and track an Average Risk Exposure metric. This metric measures the average level of risk exposure for our active risks and assesses our effectiveness at mitigating them. We report this metric monthly in our project's measurement tool and implement corrective actions as necessary.

Finally, we create a Risk Management Committee that includes members of the Accenture Team, the Department, and identified project stakeholders. This committee meets at the end of each month to review documented risks to verify risk assessment and mitigation strategies based on current project and external factors, identify and assess new risks and agree to mitigation strategies, and close risks as appropriate.

### 8.2.3.7.4 Issues Management Plan

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

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

Proactive management of issues is essential to achieve the outcomes of the project. Accenture manages issues collaboratively with the Department in a well-defined, centralized, and proactive manner, addressing issues at all levels of the project effort. We tie our issue management process closely to our risk management process. Our experience in complex systems implementations, such as our implementation of the California Statewide Automated Welfare System (SAWS) Consortium IV, and the operation and maintenance of Medicaid systems, such as with Texas Medicaid and Health Partnership, provides us with insight into potential issues a project of this scope may encounter. We also employed this approach in our Kentucky Medicaid Operational Support Services (MOSS) project to facilitate a robust risk identification and mitigation process. We tied this process into the issue management process to maintain a continuous history of mitigation steps and issue resolution actions.

**Issue Tracking**
We implement issue management procedures to confirm we are tracking and resolving issues effectively with full accountability. We use Rational ClearQuest, as our centralized issues tracking tool, which our project management oversees. We collect information about the issue in this tool, including problem description, area and severity of impact, any action to date, and issue owners. We illustrate this process in Figure 8 - 26.

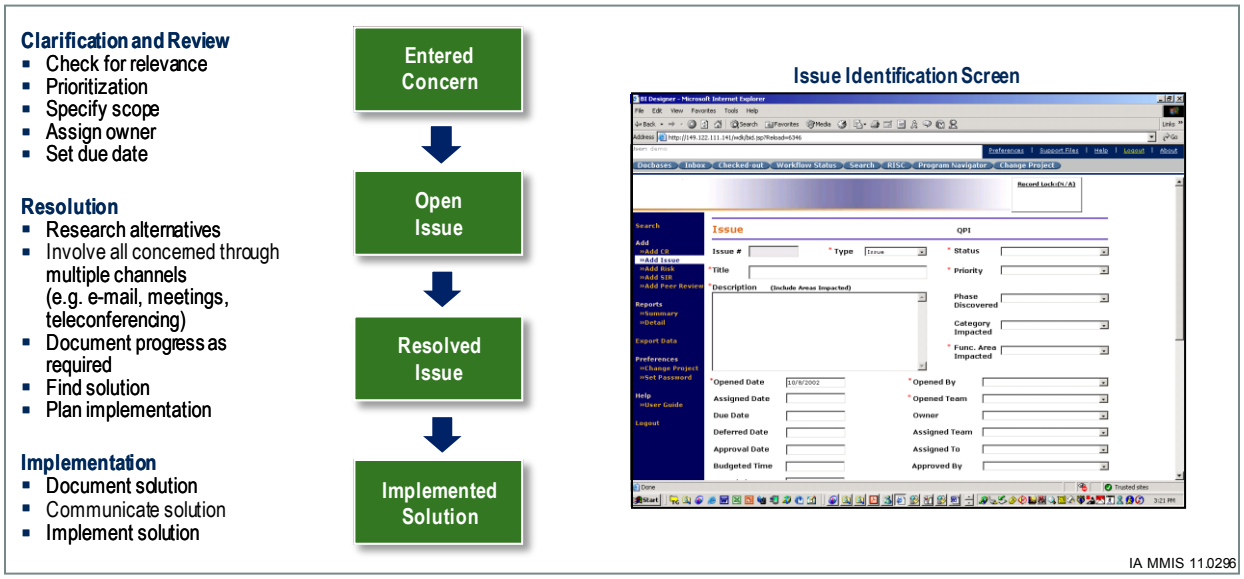


*Figure 8 - 26. Our issue resolution process provides early identification, assessment, and timely resolution.*

We use this information during weekly management meetings at all levels to track open issues, assess their impact, identify options for corrective action, and make proper assignments for resolution. We require all team members to check and update the issues tracking tool, Rational ClearQuest, daily. We provide the Department and project stakeholders' access to Rational ClearQuest to provide full transparency for identified issues.

Our issues tracking tool Rational ClearQuest benefits the IME System Services Project Team because it:

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

We work with the Department to continuously monitor and manage the issues to resolution and communicate issue status and resolutions to the Project Team.

### Issue Escalation

An important aspect of issue resolution is the escalation of critical issues to the governance board. Functional/technical teams or project managers may resolve many of the issues. However, if they cannot resolve an issue at that level, they need to escalate it, as appropriate. The Department's governance board ultimately is responsible for issue resolution.

Issue priority also influences rate of escalation. We rank issues based on user impact, policy impact, and project impact and determine the required action. This approach enables us to resolve critical issues first. We will assign resolution timeframes to issues according to their priority, as Table 8 - 22 shows. If the issue owner cannot resolve the issue during the initial timeframe, we reassess issue priority. Sometimes low-priority issues can become high-priority issues over time, and other times we may need to adjust priorities if the impact of the issue changes due to unforeseen factors. Once we have resolved an issue, we notify the responsible team manager of the solution so that designated team members can implement it.

| Issue Priority | Priority Description | | | Issue Resolution Timeframe |
|---|---|---|---|---|
| | ***User Impact*** | ***Policy Impact*** | ***Project Impact*** | |
| ***Immediate*** | Critical business process cannot proceed | State or Federal policy violation | Prevents project progress and jeopardizes project schedule | Within hours |
| ***High*** | Critical business process impeded; progress made but not finalized | Potential State or Federal policy violation ` | Impedes project progress due to multiple work unit dependencies | Within 48 hours |
| ***Medium*** | Critical business process affected: workaround exists | Policy decision potentially affects work units | Project work units can continue: may impede approval | Within one week |
| ***Low*** | Non-critical business process | Policy decision may affect future release | Project work units can continue; non-critical business functionality | Within two weeks |

*Table 8 - 22. By ranking issues based on user, policy, and project goals, we can provide resolution within the right timeframe.*

These procedures help us effectively address issues as they arise to deliver the IME MMIS on time.

### 8.2.3.7.5 Quality Management Plan

The contractor(s) must deliver to the Department and employ a formal quality management plan that includes checklists, measures and tools to measure the level of quality of each deliverable. The quality measurement process applies to plans and documents as well as programs and operational functions. The quality management plan must reflect a process for sampling and audits and for continuous quality improvement. An updated quality management plan must be submitted to the Department for approval annually. The plan must include a proposed process for the Department review and approval of contractor(s) deliverables.

The plan must address how the contractor(s) will organize an internal quality assurance unit with at least the minimum staffing indicated in this RFP. During DDI, this unit is responsible for ensuring the quality of all deliverables prior to submission to the IV&V and QA Services vendor and the Department. After implementation, this unit is responsible for quality review of all output, including an appropriate sampling by the contractor(s) of all processed claims from the MMIS and POS, quality assurance of all performance standards and corrective action plans (CAPs).

Our Quality Assurance Manager, Lisa McNeil, works with the Department to create a Quality Management Plan during the Project Start-Up Phase that describes our Quality Management Approach. Our Quality Management Plan includes the detailed processes we use to sample and conduct audits and implement continuous quality improvement measures. The plan applies to the project deliverables as well as the operational MMIS. We tie the Quality Management Plan into our formal deliverable development and submission process, including our deliverable Peer Review Process. During our deliverable peer reviews we capture metrics to measure compliance with document expectations, error discovered, and the types of errors found. We use this information to evaluate and report on our deliverable development effectiveness. We update Quality Management Plan throughout the project lifecycle and submit it annually to the Department for approval.

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

describing our product verification and validation activities and techniques. Figure 8 - 27 shows the components of our Quality Management Plan and their interaction throughout the project.

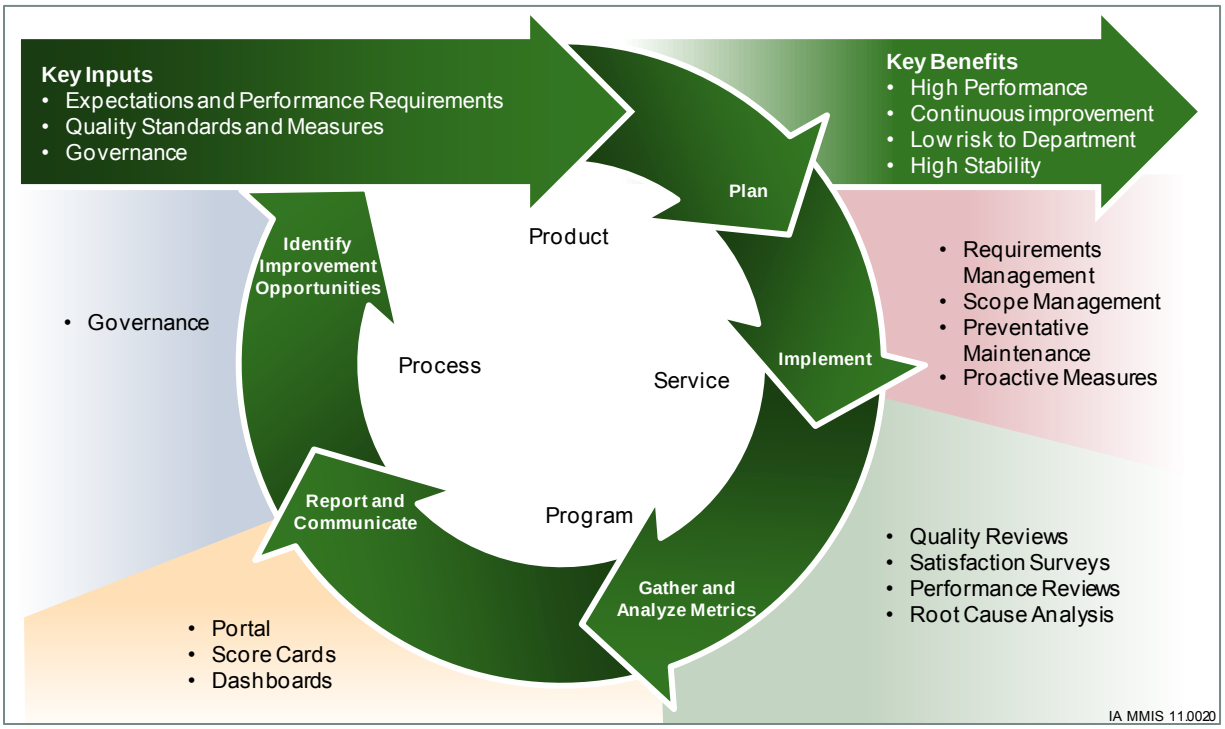


*Figure 8 - 27. Our Quality Management Processes help provide the Department with a stable and consistently high-performing IME MMIS implementation.*

Our Quality Management Plan describes our approach to validating project progress against requirements, minimizing project risk and improving quality throughout the IME System Services Project's lifecycle. Our comprehensive Quality Management Plan tailored to each client's needs, guides activities to monitor quality, schedule, and budget. The plan also describes how we will take corrective action to achieve successful delivery of the IME System Services Project should we detect deviations from plan.

**Quality Management Approach**

Excellence in the delivery of services is a cornerstone of Accenture's vision. We build quality assurance into our delivery processes and validate compliance throughout the IME System Services Project lifecycle. We describe our approach to quality management as follows.

Quality of our services begins with our library of Accenture Delivery Methods (ADM). Project Teams use project-relevant methods from our ADM library to execute the agreed-upon project plan, step-by-step. Secondly, we put into place a Quality Management Plan (QMP) to monitor, measure, and report the quality of project delivery processes and output and institute corrective actions when necessary.

Table 8 - 23 illustrates features and benefits of our Quality Management Approach.

| Feature | Benefits |
|---|---|
| Quality built into day-to-day Accenture Delivery Methodology (ADM) | • Promotes systems implementation and operations with industry-preferred practices<br>• Provides quality deliverables and solutions that address the |

| Feature | Benefits |
|---|---|
| | Department's project requirements<br>• Provides increased efficiencies in completion of work |
| Project Quality Management Plan (QMP) outlining day-to-day processes and tools for use by Project Team to verify and monitor quality | • Identifies roles and responsibilities of each Project Team member and project stakeholders relevant to quality management<br>• Outlines processes at every level of project effort to verify and validate quality output<br>• Provides a planned schedule that promotes continuous quality monitoring and when necessary, corrective action |
| Multiple levels of quality management reviews including:<br>• Peer and supervisor reviews<br>• Independent Process and Solution Quality (PSQ) team reviews<br>• Independent Quality Assurance (QA) client satisfaction review | • Maintains or improves process and product quality by putting in controls as upstream as possible<br>• Verifies that project services address baseline project requirements<br>• Minimizes adverse impact to project<br>• Assesses and monitors Department satisfaction with project progress and output |
| Metrics against baselined Project Work Plan and budget | • Facilitates on-time and on-budget delivery<br>• Provides visibility into project performance and health<br>• Measures satisfaction of project performance requirements<br>• Identifies need for corrective action early |

*Table 8 - 23. Our Quality Management Approach validates project progress against requirements, minimizing project risk and improving quality throughout the IME System Services Project's lifecycle.*

**Quality Begins with Accenture Delivery Methods**

Our quality processes promote delivery of high-quality services and solutions that meet the IME System Services Project's requirements on time and on budget. We achieve high-quality delivery of project objectives by using Accenture Delivery Methods (ADM). ADM helps us deliver results in a predictable, repeatable, coordinated manner. It incorporates proven practices from all industries we work in and uses those for the Department's benefit. In fact, Accenture annually invest over $15 million to the continuous improvement of ADM and uses the methods thousands of projects a year. These methods reduce execution risk by driving delivery consistency and promoting preferred practices we have learned from our experiences delivering systems implementation services.

We plan to use ADM to deliver the new IME MMIS for the Department. Our methodology provides our project staff with a starting point toolset that contains proven practices and delivery phase definition, job aids, tools and templates to execute the IME System Services Project Work Plan. It also provides a quality checklist for each stage of the project's lifecycle. Our team members use this checklist to verify the quality of our work. We train our teams to use ADM to quickly ramp up projects and guide quality management of delivery processes. During the IME System Services Project Start-Up Phase, our Project Team works with you to tailor our methods to align to the Department's methodology to support implementation activities for the IME System Services Project. We then apply ADM during the full lifecycle of the IME System Services Project.

Our quality-driven methods have enabled us to achieve our independent Capability Maturity Model Integration (CMMI) Maturity Level 4 rating as discussed in Section 8.2.3.4. This means that we have standard processes that are consistently applied on all our projects. Quality of our work is improved through:

- Standard processes that deliver consistent and expected results
- Proven processes that focus on comprehensive planning, proactively identifying risk, resolving issues early, and avoiding surprises

- Inclusion of review checkpoints and verification of activities that promote stage containment, preventing errors from moving into later stages when resolution would be more costly

**Verification and Validation**

Our approach to the IME System Services Project uses Accenture's V-Model, shown in Figure 8 - 28, as a framework to performing verification and validation activities. These verification and validation activities help prevent errors from passing to later project activities, when correcting these errors requires more rework and is thus more costly.

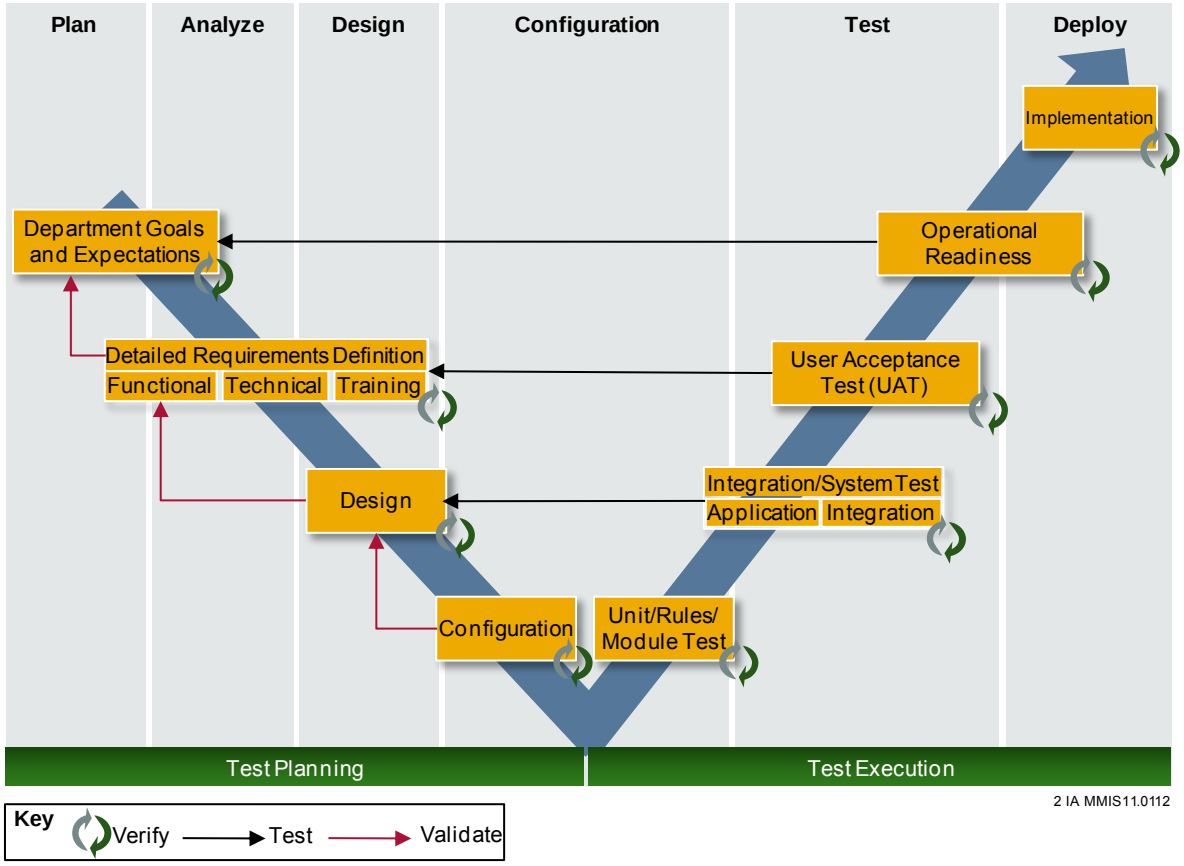


*Figure 8 - 28. Our V-Model approach allows for verification and validation activities early and often in the development process to identify issues before downstream deliverables are affected.*

The V-Model includes verification of each project activity. Confirmation points at the end of each activity verify that we have completed required tasks for the activity according to defined standards and confirm that the project is ready to begin the next activity. During phase reviews, project leadership:

- Verifies that the agreed upon exit criteria for the phase has been met.
- Verify that the agreed upon entry criteria for the next phase has been met.
- Verifies traceability relationships are established between the requirement items and reflect any agreed upon updates or changes for the phase.

If we find any non-conformance items during the review, we identify the corrective actions and track each action until closure as defined in the Quality Management Plan.

The V-Model also includes validation activities. Validation methods in the V-Model help confirm the solution works and the component parts integrate successfully. This includes validating that the current activity meets the guidelines established in the prior activity. In addition, activities on the right side of the

V-Model test previous activities on the left side of the V-Model. For example, UAT validates that the solution meets all requirements defined during the Requirements Specification Document (RSD).

**Our Approach to Managing Project Quality**
Having delivery methods and processes alone are not enough to create maximum quality output. An approach must be in place to verify that the Project Team is using these methods effectively. The approach must improve delivery processes continuously. It must also help achieve project objectives.

At the beginning of the IME System Services Project, our Quality Assurance Manager reviews and refines the Quality Management Plan (QMP) for the IME System Services Project with the Department. This plan documents our quality management approach for the IME System Services Project. The plan identifies stakeholders and key participants, and their respective roles and responsibilities, in the quality process. It describes how our team interacts with existing Department Quality Assurance vendors, such as the Department's Quality Assurance and IV&V vendors. It outlines tangible and quantitative steps that our Project Team executes throughout the IME System Services Project's lifecycle. These steps help verify and validate achievement and quality of project milestones. The plan also describes the method, schedule, and responsibility of quality activities at all levels of project delivery. It provides the Department with effective opportunities for oversight and enables our team to incorporate quality in our project delivery continuously.

During our implementation phases (DDI) our QA unit confirms the quality of deliverables prior to submission to the IV&V and QA Services vendor and the Department. Post-implementation our QA unit performs quality reviews of project output, including processed claims sampling from the MMIS, and QA reviews of performance standards and corrective action plans (CAPs). The detailed steps for these activities are included in our Quality Management Plan.

**Verifying Quality Management Results**
Our approach has a strong quantitative monitoring component in which we verify that the output of our services is in line with the baselined Project Work Plan. In doing so, we monitor actively for unplanned deviations, unfavorable trends or new requirements that may affect the project schedule and budget. This allows for visibility into project progress and opportunity to implement any necessary corrective action early.

For the IME System Services Project, we work closely with the Department to discuss corrective action options and implement the option most favorable for the project's outcome.

We have highlighted below and in Figure 8 - 29 the use of four key monitoring components of our quality management approach.

- **Quality Assurance (QA) Client Satisfaction Reviews**: to monitor fulfillment of IME System Services Project requirements and assess client satisfaction, led by a project-independent Senior Executive.
- **Process and Solution Quality (PSQ) Reviews**: to promote implementation of our delivery practices and the sharing of knowledge capital necessary for successful CMMI compliance and maturity, conducted by an objective PSQ liaison independent of the Project Delivery Team.
- **Metrics Management Approach**: to provide continuous and clear visibility of our actual schedule and budget progress in comparison with our baselined planned effort
- **Peer and Supervisor Reviews:** to internally verify that our deliverables meet the agreed upon requirements and identify potential areas for improvement early

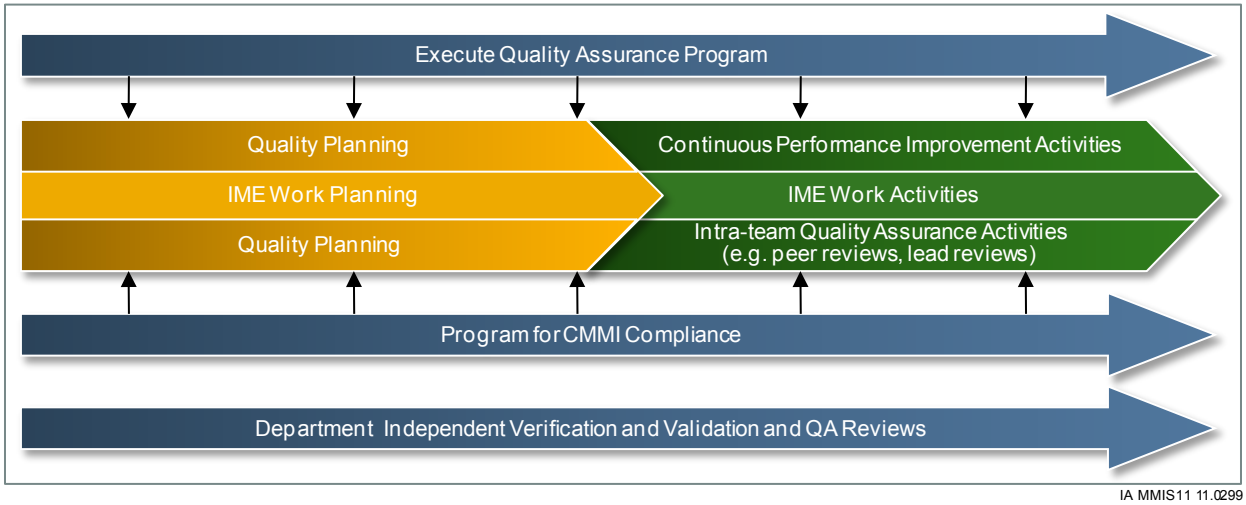


*Figure 8 - 29. Our Quality Assurance Program encompasses work planning and work activities, and includes the discipline of multiple external reviews to achieve continuous improvement.*

As described in Section 8.2.3.7.3 and 8.2.3.7.4, our Project Team proactively identifies and mitigates risks and issues that may threaten the IME System Services Project's objectives. Our team also actively includes and participates with the Department's existing quality practices and groups, such as the Department's IV&V and QA Services vendors. This framework helps us verify that our services meet performance standards and the project is staying on schedule and within budget.

By executing our Quality Management approach, we assess quality throughout the IME System Services Project's lifecycle. Our Quality Management approach allows us to align Department business outcomes, project management goals, performance quality standards, and project incentives.

### 8.2.3.7.6 Staffing Management Plan

The contractor(s) must deliver to the Department a staffing management plan based on the requirements in this RFP including organizational charts with defined responsibilities and contact information. Resources must be allocated by name or by type (including required skills and level of expertise) to the WBS, during the Implementation Phase and for projects during the Operations Phase. During project execution, the contractor(s) must provide appropriate knowledge transfer and management supervision to all staff. Alternates for key staff must be provided.

The contractor(s) must deliver, at the inception and annually, a staffing plan for each operations section. If the contractor(s) staff for any operations section is found to be deficient by the Department, the contractor(s) must revise the staffing plan within 15 days of notice and employ the additional staff at no additional cost to the Department.

Our Staffing Management Plan describes our approach to establishing and maintaining the Accenture Team necessary to accomplish the goals of the IME Project on time and within budget. We develop our Staffing Management Plan for the IME System Services Project based on the overall project scope and timeline and our experience implementing solutions for our more than 55 Federal and State Health and Human Services clients. We review our proposed plan with the Department during the Start-Up Phase to verify that it meets the Department's needs. We deliver a staffing plan covering each operations section to the Department at project inception. We review the staffing plan with the Department to confirm that it staffing plan supports Department requirements. If the Department finds the staffing deficient, we revise the staffing plan within 15 days and add additional staff at no cost to the Department.

Continuity of the right people is critical to project success. Our plan provides continuity of key personnel, as well as non-key personnel, throughout the project. Our Staffing Management Plan describes how we maintain a high performing team throughout the duration of the project. When it is not possible to retain

individuals on the project, we provide continuity of skills by carrying out a smooth and effective knowledge transfer and transition period between the leaving and the arriving staff member. This knowledge transfer process is tied into our formal Roll On and Roll Off Checklist. This checklist covers the activities the must be completed for staff joining and leaving the project. It covers everything from granting/removing facility and network access, general and role-specific training, and knowledge transfer between departing and new resources.

A successful implementation of the IME MMIS requires a strong Project Team. The IME System Services Project needs the right individuals with the right skills to perform each identified project role. The Accenture Team brings highly skilled professionals with relevant experience. We look first at staffing our project with individuals local to Des Moines when possible. Our team is led by a native Iowan, Patrick Dahlan. Patrick has lived in Des Moines for decades, earning both his BS and MBA at local universities. Patrick brings over 6 years account management experience specifically on Iowa Medicaid and 20 years experience with large-scale enterprise wide medical and claims processing systems. Another native Iowan, Zachary Rasmussen has deep family ties in the Des Moines area. With a BS in Computer Science and Mathematics from the University of Iowa, Zachary brings over 10 years experience with large scale government health services systems to his role as Testing Manager for the new IME MMIS.

We also recognize the desire and importance of retaining the intellectual knowledge and experience that the IME has developed over the years. For this reason, we aggressively recruit and hire incumbent staff. We use our proven mobilization techniques to seamlessly transfer incumbent staff and retain talent essential to the IME. The institutional knowledge acquired by supporting a complex program such as the Iowa Medicaid Enterprise is essential to providing the stability and familiarity of knowledgeable resources.

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

Our Staffing Management Plan outlines the processes we use to identify and manage project staff throughout the duration of the project. Our designated Iowa Staffing Coordinator in our Health and Public Service group practice manages our staffing plans against our pool of potential candidates for each role, enabling us to identify and deliver the best people. We start with a team of key personnel to support immediate organizational needs and scale to a team of specialized individuals commensurate with the contract size, scope, and complexity. We look to retain incumbent staff using proven transition techniques that have allowed us to maintain needed knowledge and skills. Historically, 98% of incumbents choose to join Accenture, and 95 percent remain with us after two years. We have also included S2Tech, who currently provides key MMIS support functions, on our Project Team.

Accenture recognizes that the incumbent has to deliver on their contract requirements, and that hiring away too many staff early in the project will have a negative impact on the IME program. Accenture is therefore bringing in additional staff from other locations to supplement implementation staffing levels. This allows us to mitigate impact to the incumbent, while realizing more incumbent staff will be hired for Operations. This balance and mix of existing Accenture staff coupled with Incumbent staff allows Accenture to deliver on our contract with minimal disruption to the incumbent, and thereby no disruption to IME stakeholders.

We maintain a forward-looking forecast of staffing needs to bring additional individuals onto the team as needed and minimize the impact of personnel loss. We understand that the Transition to the Operations and Maintenance Phase will require additional staffing. We will re-evaluate the project work plan and update the Staffing Management Plan before this transition. We will annually deliver a staffing plan for

each operations section. If our staff for any operations section is found to be deficient by the Department, we will revise the staffing plan within 15 days of notice and bring the additional staff onto our team at no additional cost to the Department.

### 8.2.3.7.7 Applications Implementation Plan

The contractor(s) must deliver to the Department a comprehensive applications development and maintenance plan, describing the contractor's approach to implementation of the MMIS and POS including all design and development activities required to meet RFP requirements. The plan must describe implementation methodologies, requirements gathering and tools for managing requirements, project planning, subcontractor management, software configuration management, process focus, process definition, quality assurance process and monitoring, knowledge transfer, integrated software management approach, software product engineering and peer reviews. The plan will include system integration testing, regression testing, stress testing and support for user acceptance testing. As well as a description of the approach to create and maintain documentation of application components and associated user guides.

This plan describes the approach to the implementation of the MMIS and POS, and it must be designed as the top level plan developed and used by managers to direct the development effort. It provides the project manager with the tools needed to plan the project schedule and resource needs and to track the progress against the schedule. This plan will provide to Project Team members an understanding of what they need to do, when they need to do it and what other activities they are dependent upon.

The Accenture Team develops an Application Implementation Plan that is our top level plan used by our managers to guide and direct the IME MMIS implementation. Large, complex implementation efforts like the IME Project require a methodology and delivery approach that is well coordinated and accounts for dependencies across solution components. By using our Accenture Delivery Methods (ADM), we take into consideration the five work streams that focus on different aspects of the IME Project.

- **Project Management**: establishes the governance model and the project management infrastructure required to initiate, execute, monitor and adjust project effort
- **Application**: develops the systems to support the solution, including the user interface, content, business logic, and data
- **Technical Architecture**: develops the production environment, development environment, and testing environment
- **Change Enablement**: develops the knowledge transfer, training, performance support, and communication materials needed to support the use and adoption of the system
- **Service Introduction**: prepares and readies users for the MMIS upgrades and rollout, including conversion, training delivery and post-deployment support.

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

Our Applications Implementation Plan guides the execution of the work within the remaining four work streams: Application, Technical Architecture, Change Enablement, and Service Introduction. This Plan defines our approach, roles and responsibilities, processes, tools, dependencies, deliverables, and controls for each core activity within these four work streams. It helps the Department understand not just what we will deliver, but how we will deliver it. It sets clear expectations for those accountable for managing and guiding our team's work. It establishes a roadmap of progress from concept through to the deployment of the Accenture Public Health Platform (APHP) solution. It includes the components shown in Figure 8 - 30.

*Figure 8 - 30. The Department wants an integrator who understands the importance of having all areas of the Applications Implementation Plan work seamlessly, which Accenture provides through processes and procedures honed over 30 years.*

Accenture is not bidding on POS systems and operations.

### 8.2.3.7.8 Interface Plan

The contractor(s) must deliver, to the Department a comprehensive plan implementing all required internal and external interfaces. The plan must address the methodology used to identify the data requirements for each interface. The execution of the interface plan will begin at the start of the implementation phase.

**Interface Plan Development**
Our Interface Manager, Pamela Gifford, works with the Department to develop and finalize an Interface Plan for the IME System Services Project during the Start-Up Phase within 45 days of the award of the contract. Pamela brings more than 30 years experience in mainframe legacy systems modernization, IMS, ETL, and DSS warehouses, including more than 22 years developing and operating large-scale data processing systems and 6 years experience with Medicaid systems. Our Systems Implementation Manager, Robert Carrico, will provide support and guidance for Pamela and the Interface Team's efforts. Robert was the primary lead for the Texas Medicaid Interface Task Force, which was responsible for transitioning over 950 electronic interfaces with 18 different interface partners from the incumbent contractor to Texas Medicaid and Health Partnership.

The Interface Plan guides the design, development, and testing of both internal and external interfaces, including coordination of design confirmation and testing activities with external parties. Our Interface

Plan describes our integration architecture and identifies all existing interfaces and known planned interfaces with the IME MMIS.

**Integration Architecture**

The Department wants a SOA-based, MITA aligned modular system with interoperability among all components in the IME. APHP satisfies these specifications. SOA enables components to be integrated in a loosely coupled manner so different components across the enterprise can share information without having to have inherent knowledge about the data structures behind each component. Each APHP component meets specific business requirements and conforms to well-defined web service interfaces. Each component can be independently updated with little or no impact to the overall system.

In line with SOA principles, APHP is a layered solution. Its three layers are Access, Business Integration and Services and COTS Applications as shown in Figure 8 - 31.

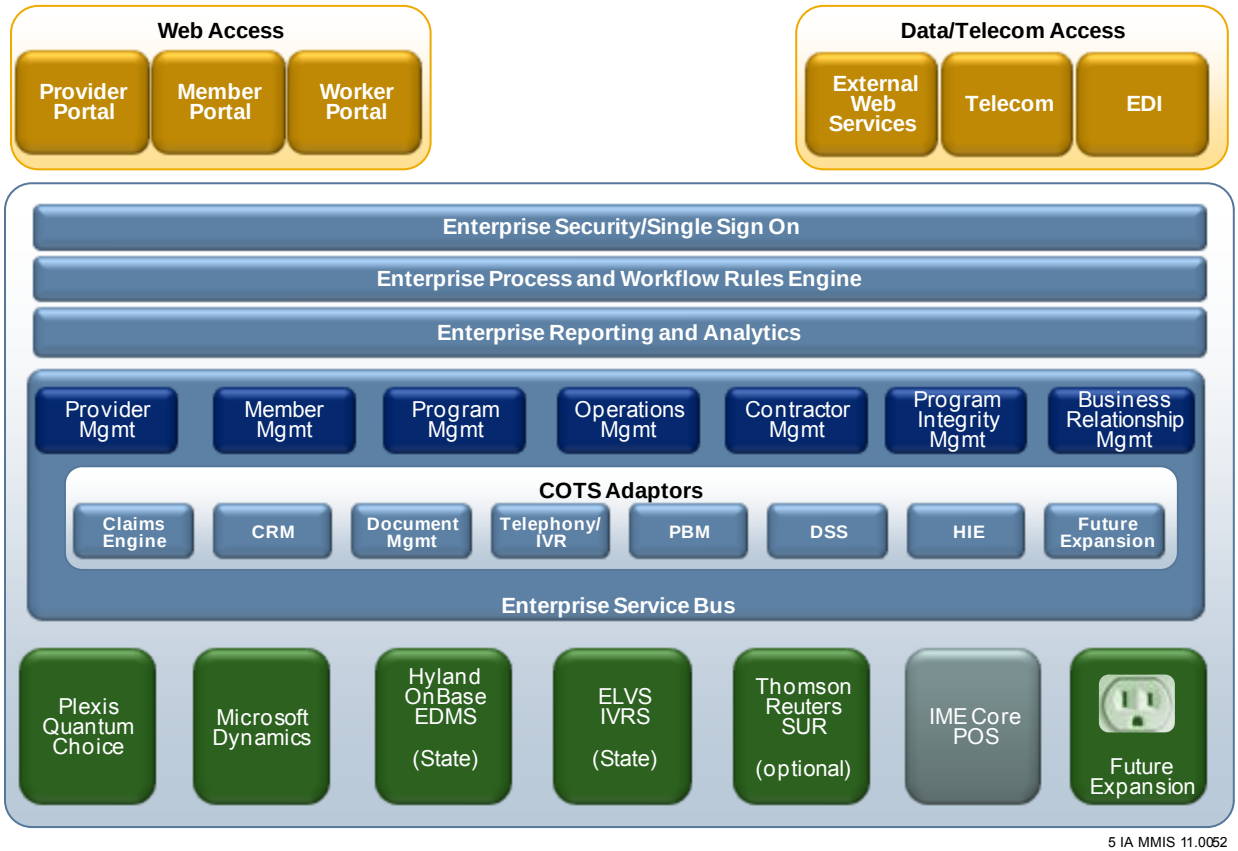


*Figure 8 - 31. APHP is a SOA-based, MITA-aligned MMIS that provides a powerful integration architecture*

**Web Access Layer**

The APHP Access Layer provides a consistent user interface and standards-based external services via the web portal. The Access layer abstracts the specific functions of the applications into a common Web Portal that has been configured for three entry points:

- Provider
- Member
- Worker

The Web Portal allows the user to focus on making a decision and not on tracking down information across multiple applications.

**Business Integration and Services Layer**
The APHP Business Integration and Services layer includes the eight business areas published in the MITA Business Process Model. This layer acts as a broker between the user interface and the individual applications and enterprise data model. This is accomplished by the use of COTS adapters within the Business Integration and Services layer. These application adapters are well defined interfaces to the target applications. In addition to facilitating the broker function, the connectors provide the ability to upgrade or replace applications, as needed, without major disruption.

CMS mandated rules, such as those for mandatory services and special programs, already exist in the APHP product. The remaining business rules need only to be configured to meet Department requirements.

**COTS Application Layer**
Components that provide business functionality reside in the COTS Application layer where the platform hosts an array of products. The platform unifies the service structure and each component has capability for delivering specialized business features and functions. Each component is independently configurable within the SOA environment; therefore, as changes are made to one component, the others are not affected.

**Enterprise Service Bus**
BizTalk Server is Microsoft’s integration and connectivity server solution. A mature product on its seventh release, BizTalk provides a solution that allows the IME MMIS to more easily connect components and compose, expose and consume new services. Because BizTalk Server includes tools to connect both proprietary and standards-based systems and integrates with the .NET Framework, BizTalk Server is a central part of Accenture's SOA strategy.

Microsoft's BizTalk Enterprise Service Bus (ESB) Toolkit accepts inbound messages and performs operational processes, such as delivery and presentation. To determine the service required, the core processing components require a message to contain associated instructions or metadata that define the service to be invoked. Structured messaging contracts between systems and applications allow effective and rapid deployment of new interfaces with the ESB. This approach provides loose coupling between services, meaning the ESB does not require prior knowledge of the specific protocol for each service request. It simply needs to know the possible range of protocols and what processes to apply to each. The ESB provides endpoint runtime discovery and virtualization, along with dynamic routing. APHP's ESB component allows for protocols to be bound through configuration at deployment or runtime.

**Key Project Interoperability - HIE and HBE**
The separation of interfaces from core applications in the APHP solution into the Access Layer of our architecture provides a streamlined approach to expansion and interoperability. Our proposed solution communicates and interoperates with external systems using a standard set of Web Services Requests. Using this approach, we can easily send to and receive information from external systems such as Health Information Exchange (HIE) and Health Benefits Exchange (HBE) services. We can then incorporate the data into the APHP portal interface to provide end users with a single entry point and consistent user interface.

We can also use APIs, EDI, and XML-based data transfers to interoperate with external systems. This flexibility provides the Department with a framework that can be used to achieve interoperability with multiple health care reform initiatives.

**External Interfaces**
Our solution provides several options for integrating with external parties. Our solution supports interfaces with other IME contractors and the state-run data warehouse, Medicare, Medicaid providers, Medicaid members, other state systems, and third party liability systems. These entities can interface with our APHP solution through the following methods:

- **EDI X12** - standard X12 interface provided through Quantum Data Services core capabilities
- **Microsoft SQL Server Integration Services (SSIS)** - our Microsoft-based solution uses Microsoft SSIS to create flat files
- **Microsoft BizTalk** - provides the ability to manage and create interfaces

Our solution supports batch, near real-time, and real-time web-services interfaces. Batch interface flat files are sent securely via secure File Transfer Protocol (FTP). Transaction-based interfaces are secured and encrypted.

During Analysis and Design activities, we identify all external interfaces and work with each external entity to determine the most efficient and effective interface approach and exchange method, i.e., either push or pull. We document this information, identifying the following for each interface:

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

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

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

### 8.2.3.7.9 Change Management Plan

The contractor(s) must work with the Department to develop a change management plan that describes the roles and responsibilities, policies, processes and procedures necessary for controlling and managing the changes during implementation. This document must identify how changes are identified, defined, evaluated, approved and tracked through completion. This plan must identify responsibilities and define the composition, function and procedures for a change management board. Additionally the plan must include a configuration management plan and version control procedures.

We understand the impact of even small changes to every level of the project. Managing and controlling changes to the IME System Services Project helps reduce delivery and operational risks and allows the Project Team to deliver a high quality IME MMIS on time. Our Change Management Plan defines a structured and rigorous approach to managing changes to IME System Services Project scope and artifacts. Our approach involves collaboration between the IME System Services Project Teams and the Department and promotes timely decisions.

We develop and confirm our Change Management Plan with the Department during the Start-Up Phase within 45 days of the award of the contract. Our Change Management Plan establishes the process for identifying, defining, assessing, approving, and tracking changes during the design, development, and implementation of the IME MMIS. Once the IME MMIS is live in production, we use this same process for managing requests for changes to the system. Our approach promotes a consistent process for assessing the business value of proposed changes and facilitates consistency between decisions, project and systems documentation, and the system.

We use our integrated project management tools to manage requests for changes and track version changes to documents and solution components, and report programming and operational support hours logged against these requests. The Department is able to access information about change requests through these integrated tools. Figure 8 - 32 shows the integration of our proposed process into our project management tool set.

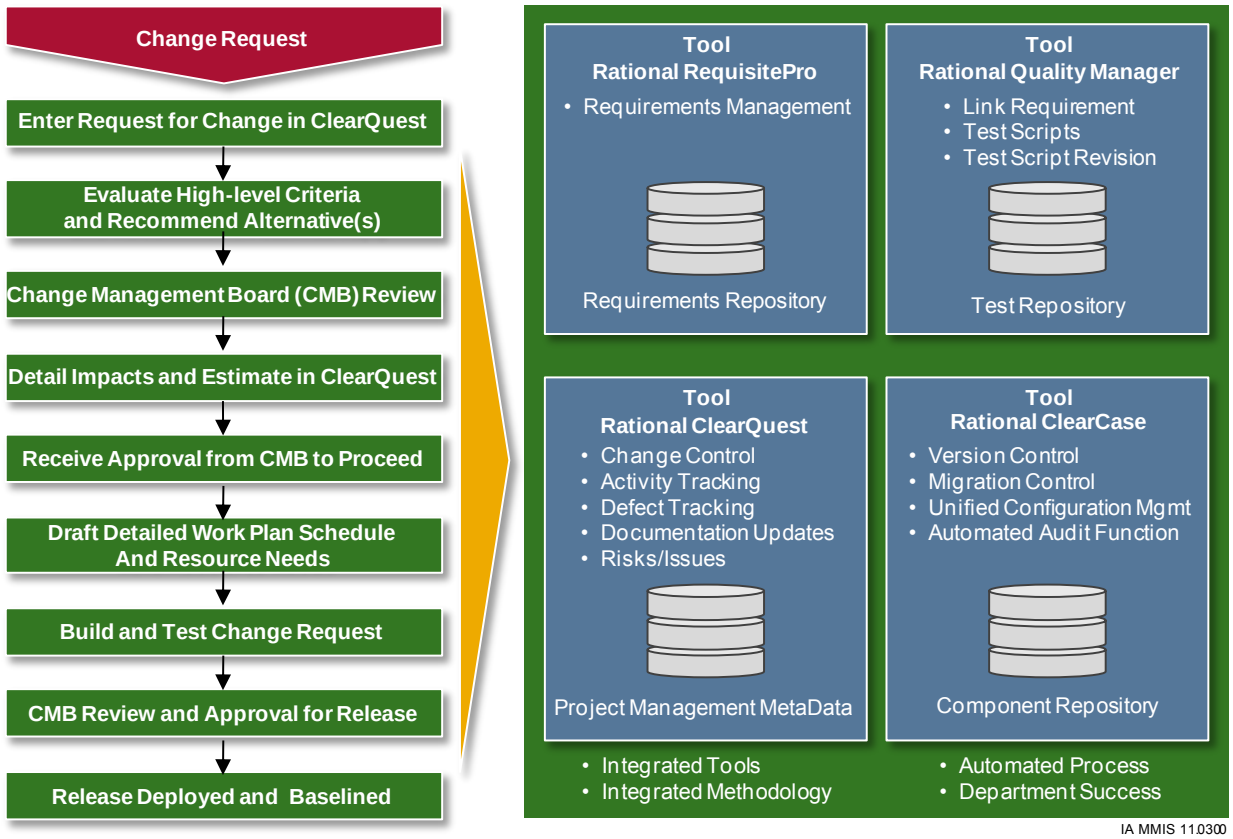


*Figure 8 - 32. Our comprehensive change management process provides transparency, consistency, effective management, and scope control for the IME MMIS through our integrated tool suite.*

Before beginning analysis project tasks, our proposed leadership team works with the Department to establish a mutually agreed upon and formally baselined project scope and schedule. We recognize that actions or events may occur during the execution of a project that impact the project's scope, schedule, or defined processes. A change to the project's scope, schedule, or processes may be necessary to address these unplanned actions or events. We manage these proposed changes through a formal Change Request Process.

Our Change Request Process provides a consistent approach to analyzing the impact of proposed changes and providing formal recommendations and decisions. Our process includes a full impact analysis of the proposed change. Our Change Request Forms in our Rational ClearQuest tool captures the purpose for the proposed change, the tasks necessary to complete the change, the materials, personnel, effort and cost required to meet the objective of the change, the benefits of implementing the change, and the consequences of not implementing the change. Our team develops estimates for materials, personnel, effort, and cost for proposed changes in a transparent and collaborative manner with the Department. This provides greater accuracy in our estimates and provides a clearer picture of the true benefits and costs of the change to the Department and our Accenture Team. Our Change Request Process uses a formal Change Management Board to assess and make final decisions on approval or rejection of proposed changes. Figure 8 - 33 illustrates our proposed process.

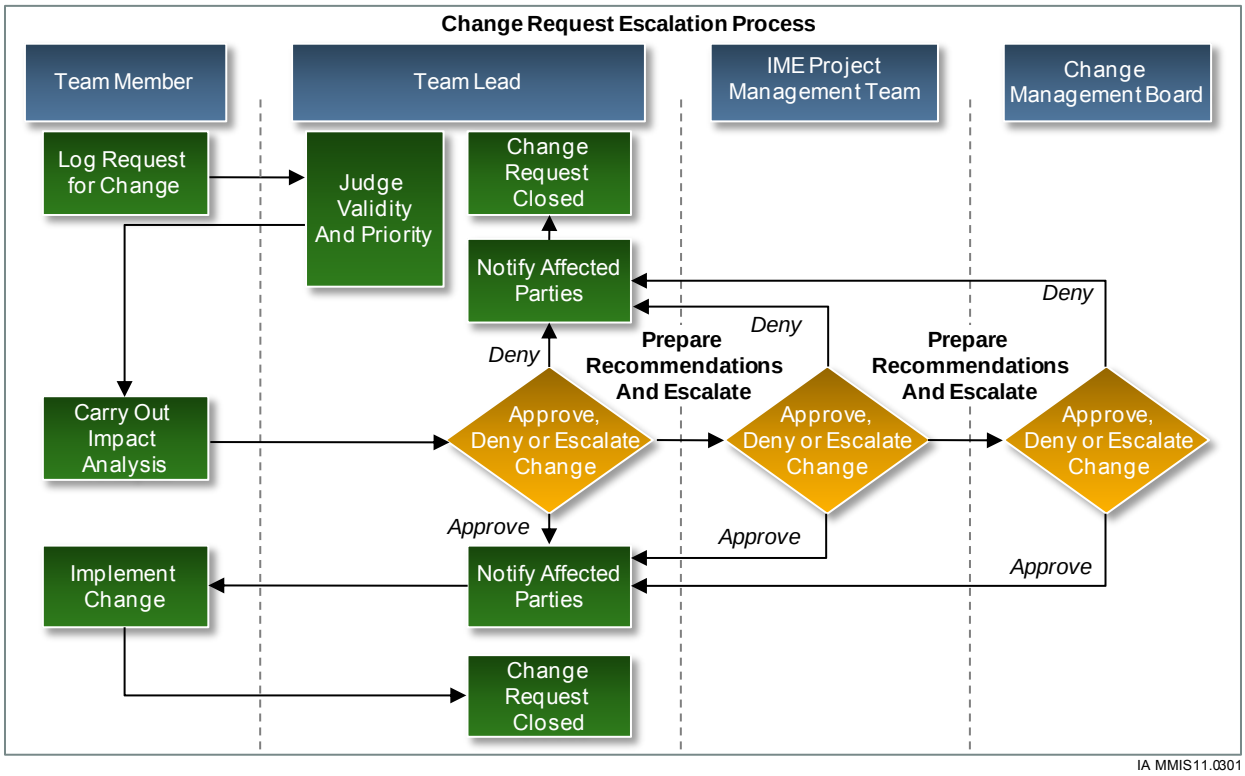


*Figure 8 - 33. Our Change Request Process uses multiple levels of decision-making based on impact of the change to allow quicker resolution.*

**Change Request Escalation and Change Management Board**

In our experience, clients with an effective governance structure in place are the most successful in controlling scope, reducing project delivery risk, and achieving project results. Our process includes three tiers of decision making to review and gain commitment for proposed project changes. These tiers include Team Leads, the IME System Services Project Management Team, and the Change Management Board. Our Change Management Plan defines the criteria for escalating to each governance level.

Creating a Change Management Board (CMB), a group of project stakeholders given the authority to agree to or reject change requests, allows the Department to manage change requests more effectively. We work with the Department to present change requests to the CMB. Prior to presenting the change to the CMB, the IME System Services Project Team completes a full impact analysis and documents this analysis in an online Change Request Form using our Accenture Delivery Tool Rational ClearQuest. This

form includes the reason for the proposed change and a full impact analysis of the change request on project stakeholders, project schedule, and cost. This promotes timely decisions, allowing the CMB to verify that requested changes are necessary and beneficial before accepting the request and reducing the potentially negative impacts of allowing unnecessary changes.

The proposed Change Request Process promotes consistent communication of change request decisions. A structured process to communicate and monitor changes implemented allows affected Project Team members to have consistent information and work from the same defined scope and set of confirmed requirements and project artifacts.

**Configuration Management (CM) Plan**
While the Change Management Plan helps define how project changes are identified, evaluated and tracked, the Configuration Management Plan provides the Project Team with more detailed information on the process for incorporating approved changes into project documents or software. The goal of configuration management is to establish and maintain the integrity of outputs for the IME System Services Project.

Our CM approach, supported and enforced by the versioning capabilities of the Rational ClearCase tool provides effective version control, change tracking, and history. ClearCase functions as the underlying repository for the Rational Suite of tools. Each time a team member adds or updates a requirement, design document, configuration setting, test case, or defect, ClearCase preserves the previous version of the item being changed and saves the updated item as the most recent version. Users can log into the tool suite and see a history of the changes that have happened to each item. This version history shows the following information for each entry:

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

*Version Control*
ClearCase also provides version control procedures that support the capability to retrieve and compare previous versions a document to identify the changes between versions. The tool provides the ability to tag specific versions of multiple files with a common version name such as a phase name or system release number. This enables us to identify and retrieve groups of files that are related. We use this feature to mark each file that we plan to deploy for a particular system release. With this feature, our team can continue to check out and update the files as needed without causing unexpected changes to the production system. When it is time to deploy the files to production, we query and retrieve only the specific, tagged versions of those files. In this way, Rational ClearCase supports and enforces a disciplined and traceable implementation of changes to each project configuration item.

Our approach, which we illustrate in Figure 8 - 34, combines people, processes, and tools to enable Project Teams and stakeholders to identify, communicate, implement, document, and manage changes. It treats deliverables such as systems, software, documentation, and internal components (i.e., issue and change control management items) as controlled elements. At any point in time, this helps our team as a whole use correct versions, be aware of changes, and assess impact to their work.

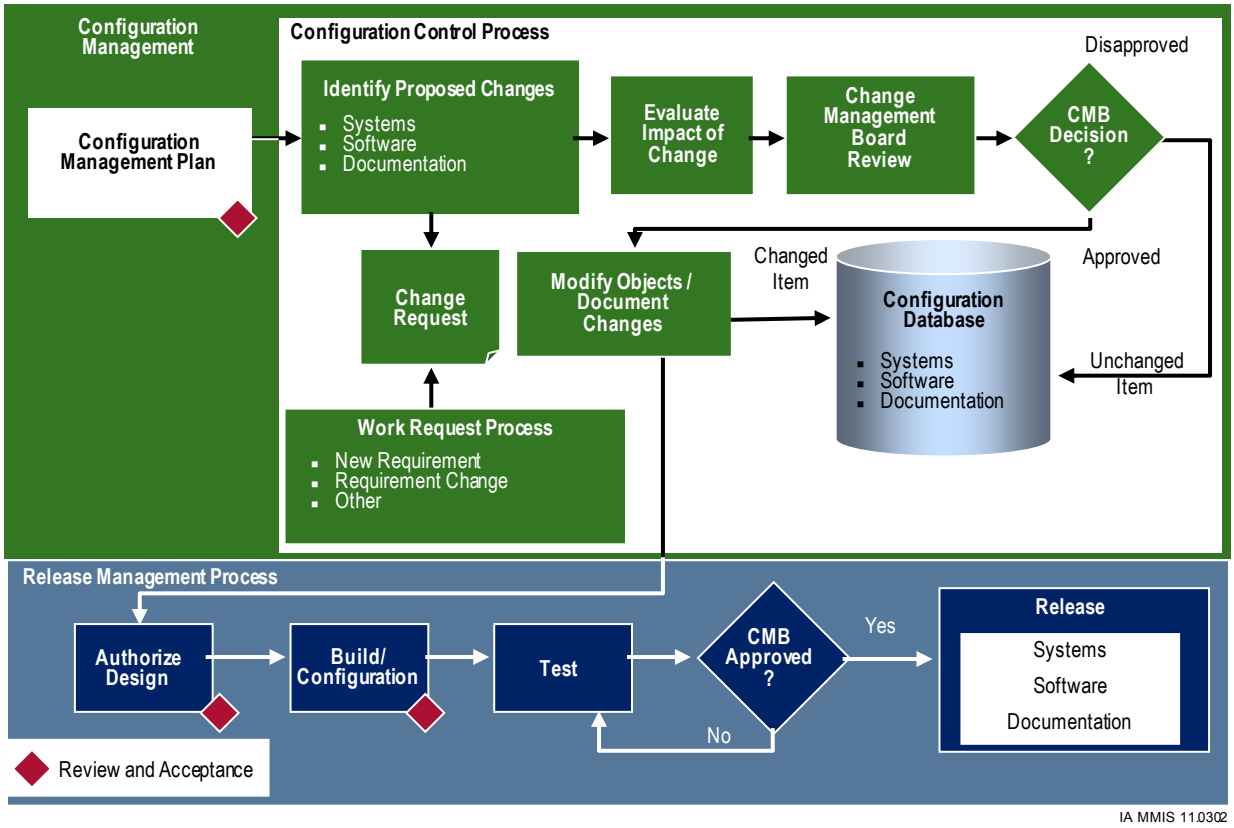


*Figure 8 - 34. Our approach for system, software, and configuration documentation management uses a common repository to maintain currency with each system release.*

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

### 8.2.3.7.10 State Responsibilities

a. The Department will review and approve the PMO documents.

| Project Management Plans - State Responsibilities | Acknowledgement |
|---|---|
| a. The Department will review and approve the PMO documents | ✓ |

*Table 8 - 24. State Responsibilities.*

### 8.2.3.7.11 Contractor Responsibilities

Develop the following PMO documents for Implementation, Certification, Operations and Turnover Phases unless otherwise indicated below:
a. Communications Management Plan (including stakeholder analysis).
b. Project Work Plans for the Implementation.
c. Project Work Plan Baselines.
d. Risk Management Plan for Implementation and Certification Phases.
e. Issues Management Plan.
f. Quality Management Plan.
g. Staffing Management Plan.
h. Applications Implementation Plan for the Implementation Phase.
i. Data Migration Plan for the Implementation Phase.
j. Interface Plan for the Implementation Phase.
k. Change Management Plan.

The Accenture Team acknowledges and understands the Contractor Responsibilities associated with the Project Management Plans. We have described our proposed approach to addressing each requirement in Table 8 - 25.

| Project Management Plans – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| Develop the following PMO documents for Implementation, Certification, Operations and Turnover Phases unless otherwise indicated below:<br>a. Communications Management Plan (including stakeholder analysis). | We work with the PMO during the Start-Up Phase and within 45 days of the award of the contract to develop our Project Management Plans.<br>We develop our plans based on our CMMI Level 4 assessed Accenture Delivery Methods for project management. Our methodology aligns with the Project Management Institute, Inc. principles for project management, as stated in the Project Management Body of Knowledge. Our plans incorporate Department expectations discussed during initial stakeholder expectation meetings and during individual plan reviews.<br>We formally seek approval for these documents using the approach defined in Sections 8.2.3.8 Contract Deliverable Procedures and 8.2.3.8.1 Deliverable Standards. | 8.2.3.7<br>8.2.3.8<br>8.2.3.8.1 |

| Project Management Plans – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| Develop the following PMO documents for Implementation, Certification, Operations and Turnover Phases unless otherwise indicated below:<br>a. Communications Management Plan (including stakeholder analysis). | Our Communications Management Plan helps our team deliver the right message to the right audience at the right time. We begin development of this plan by conducting a stakeholder analysis. Our plan documents the results of the stakeholder analysis, describes our approach for providing regular status through weekly status meetings and status reports, and includes:<br>• Description of our communications strategy<br>• Identification of project stakeholders and their communication needs and preferences<br>• Description of key messages<br>• Description of feedback mechanisms<br>• Channels for distributing key project messages<br>• Initial Detailed Communication Plan for the Start-Up and Implementation Phases identifying the sender, audience, key message, communication channel, timeframe, frequency, and feedback mechanism for individual communication events | 8.2.3.7.1 |
| b. Project Work Plans for the Implementation | Our Project Work Plan, created in Microsoft Project and available through Microsoft Project Server, identifies the tasks and individuals needed to complete IME System Services Project objectives and deliverables. The Project Work Plan identifies milestones and dependencies among tasks.<br>We develop our Project Work Plan using Accenture Delivery Methods (ADM) and our global estimators. ADM estimators are refined based on actual work efforts from thousands of projects. This helps us create estimated work effort hours and durations that are realistic and achievable. | 8.2.3.7.2 |
| c. Project Work Plan Baselines | We work with the Department during the Start-Up Phase to refine the Project Work Plan we have submitted with this proposal. We seek approval from the Department for our Project Work Plan within the first 45 days of the award of the contract.<br>We baseline the approved Project Work Plan and use this baselined plan to assess project progress throughout the duration of the project. Our project leadership compares actual work completed against the work planned to identify variances to the project schedule and estimated work effort. We identify the corrective actions that need to be taken to bring the project back in line with the plan. We do not make changes to the baseline except through approved change requests. | 8.2.3.7.2.1 |

| Project Management Plans – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| d. Risk Management Plan for Implementation and Certification Phases | The purpose of the Risk Management Plan is to minimize potential threats to the IME System Services Project that if realized could cause a negative impact to the project's schedule, budget, or outcomes. Our risk management approach focuses on early identification of risks, providing our team a greater opportunity to develop and implement mitigation strategies that allow avoidance of the risk. Our approach also emphasizes risk management as an ongoing effort. We encourage our teams to identify and log risks regularly, and we, at a minimum, review and update our plan weekly.<br>Our Risk Management Plan describes our approach to identifying, analyzing, managing, and reporting on risks. It identifies accountability and ownership for the steps in our process and describes the tools we use to manage risks. It also includes the risks that are known at the time of deliverable submission. We provide at least one mitigation strategy for each known risk. | 8.2.3.7.3 |
| e. Issues Management Plan | Our Issue Management Plan describes our issue management processes and clearly outlines how, by whom, and with which parameters, the IME System Services Project Team prioritizes, assigns, communicates, views, escalates, and resolves issues. | 8.2.3.7.4 |
| f. Quality Management Plan | The Quality Management Plan documents the processes and techniques that the IME System Services Project Team follows to build quality into project deliverables and meet or exceed Department expectations. This plan describes quality management processes, tools, and measures for managing project quality. It explains the quality reviews used to verify that:<br>• Stakeholder expectations are being met or exceeded<br>• Processes and deliverables/work products comply with program standards and procedures<br>• Defects in deliverables/work products are identified and removed early and efficiently<br>• CMMI requirements are adhered to | 8.2.3.7.5 |
| g. Staffing Management Plan | The Staffing Management Plan describes our Project Team organization. It includes our project organization chart and identifies the skills and responsibilities for each project role. It identifies the individuals who fill these roles by either name or type. The plan describes our processes for assigning individuals on our Project Team to tasks within our Microsoft Project Work Plan WBS.<br>Our Staffing Management Plan also includes our approach to building and maintaining a high performing team for the IME System Services Project. It includes our process for projecting future staffing needs, recruiting individuals with the right skills and experience, orientating individuals joining our team, providing ongoing knowledge transfer and training, and assessing and improving team satisfaction. It also describes our approach to transitioning individuals onto and off our team. | 8.2.3.7.6 |

| Project Management Plans – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| h. Applications Implementation Plan for the Implementation Phase | The Applications Management Plan describes the methodologies, processes, tools, and quality controls for designing, developing, and implementing a high quality, low-risk IME MMIS. It provides project managers with information needed to plan, execute, and track IME MMIS development and implementation activities. | 8.2.3.7.7 |
| i. Data Migration Plan for the Implementation Phase | The Data Migration Plan describes the approach, standards, and processes for migrating data required by the new IME MMIS and making this data available and accurate for use. Planning for the Data Migration includes:<br>• Analyzing the existing data sources<br>• Designing a technical approach for extracting, manipulating, and populating data in the target database<br>• Identifying and setting up conversion tools for improving data conversion efficiency and managing risks<br>The Plan includes:<br>• Description of data sources<br>• Integrity constraints<br>• Co-existence and interface requirements<br>• Description of conversion and cleansing tools<br>• Data conversion process flow and procedures<br>• Standards and processes for designing and developing extraction, conversion, cleansing, and coding programs<br>• Explanation of data migration tests, including entry and exit criteria for each test<br>• Description of quality assurance activities, such as Peer Reviews | 8.3.2.1<br>8.3.2.1.2 |
| j. Interface Plan for the Implementation Phase | The Interface Plan guides the design, development, and testing of both internal and external inbound and outbound interfaces. This document describes the integration architecture for our proposed APHP solution. Our plan identifies and describes the IME MMIS interfaces that use this architecture.<br>Our plan defines the approach for designing, developing, testing, and deploying interfaces with the IME MMIS. The plan clearly defines and establishes standards for both the activities and the deliverables the Interface Team completes. It guides the coordination of design confirmation and testing activities with external parties and clearly explains the responsibilities of both the IME System Services Project Team and external parties. The plan also addresses interface performance standards, dependencies, risks, and assumptions. | 8.2.3.7.8 |

| Project Management Plans – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| k. Change Management Plan | Our Change Management Plan describes our approach for instilling a consistent understanding of the project scope and avoiding unwarranted changes to the project. The Plan includes our process for identifying potentially beneficial changes, escalating these changes to the appropriate individuals or group for decision, obtaining and communicating acceptance or rejection, and implementing changes into the project. This includes the creation of a Change Management Board to review and approve or reject proposed project changes.<br>Our Change Management Plan also includes a Configuration Management Plan that describes how our team implements approved changes into project documentation or software and archives prior versions of these project work products.<br>Our Change Management Plan promotes consistency, adherence to project standards, traceability, lower delivery and operational risk. | 8.2.3.7.9 |

*Table 8 - 25. Our Project Management Plans guide our teams in executing consistent and standard processes that promote quality and reduce delivery risk.*

### 8.2.3.7.12 Performance Standards

a. Submit the following PMO documents to the Department for review and approval with minor revisions within 45 days of the contract award. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department.

b. Communications Management Plan (including stakeholder analysis).

c. Project Work Plans for the Implementation.

d. Project Work Plan Baselines.

e. Risk Management Plan for Implementation and Certification Phases.

f. Issues Management Plan.

g. Quality Management Plan.

h. Staffing Management Plan.

i. Applications Implementation Plan for the Implementation Phase.

j. Data Migration Plan for the Implementation Phase.

k. Interface Plan for the Implementation Phase.

l. Change Management Plan.

The Accenture Team develops Project Management Plans during the Start-Up Phase. These documents help guide the execution of project work. Table 8 - 26 indicates our agreement to meet the performance standards outlined in this RFP associated with the Project Management Plans.

| Performance Standards for Project Management Plans | Meet or Exceed |
|---|---|
| a. Submit the following PMO documents to the Department for review and approval with minor revisions within 45 days of the contract award. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department | ✓ |
| b. Communications Management Plan (including stakeholder analysis) | ✓ |
| c. Project Work Plans for the Implementation | ✓ |
| d. Project Work Plan Baselines | ✓ |

| Performance Standards for Project Management Plans | Meet or Exceed |
|---|---|
| e. Risk Management Plan for Implementation and Certification Phases | ✓ |
| f. Issues Management Plan | ✓ |
| g. Quality Management Plan | ✓ |
| h. Staffing Management Plan | ✓ |
| i. Applications Implementation Plan for the Implementation Phase | ✓ |
| j. Data Migration Plan for the Implementation Phase | ✓ |
| k. Interface Plan for the Implementation Phase | ✓ |
| l. Change Management Plan | ✓ |

*Table 8 - 26. Accenture understands and complies with defined Performance Standards.*

### *8.2.3.8 Contract Deliverable Procedures*

The Department must approve the content and format of all deliverables prior to the contractor(s) start on the deliverable. The Department reserves the right to reject any deliverable that is not in the proper format or does not appear to completely address the function of the deliverable requirement. Deliverables standards are described below. The contractor(s) is responsible to provide all additional documents and materials necessary to support its information systems development methodology (ISDM) which is the framework that is used to structure, plan and control the process of developing an information system. This includes the pre-definition of specific deliverables and artifacts that are created and completed by a Project Team to develop or maintain an application at the appropriate time.

As the contractor(s) provides deliverables, in written and electronic format, for each task to the Department, the Department will review the materials or documents within 10 business days after the receipt date, except design deliverables where there must be 15 business days for review. The receipt date is not counted as one of the review days. If the material or document is determined to be in non-compliance, the Department will send written notification to the contractor's project manager outlining the reason(s) for the rejection. The contractor(s), at no expense to the Department will bring work determined by the Department to be in non-compliance with the contract into conformance within 10 business days of notice and resubmit the deliverable to the Department. If the Department accepts the deliverable, deliverable material or documents, an acceptance letter, signed by the Department will be submitted to the contractor(s).

The Department will review deliverables in a timely manner. The contractor(s) must allow a minimum of 10 business days for review by the Department staff for most deliverables. Weekly status reports, monthly status reports and project plans are not subject to a 10 day review cycle.

Upon receipt of a signed deliverable acceptance letter, indicating the Department agrees that a deliverable is approved or a milestone has been met and payment will be made, the contractor(s) may submit an invoice for that deliverable or milestone according to the payment schedule agreed upon in the contract.

Acceptance of deliverables by the Department is important to achieve the desired outcomes for the IME System Services Project. Our process, shown in Figure 8 - 35, for managing contract deliverables aligns with the Department's requirements. It incorporates early and frequent checkpoints with the Department. This allows us to create and submit deliverables meeting defined requirements and aligning with your expectations and prevents the need for remediation following deliverable submission.

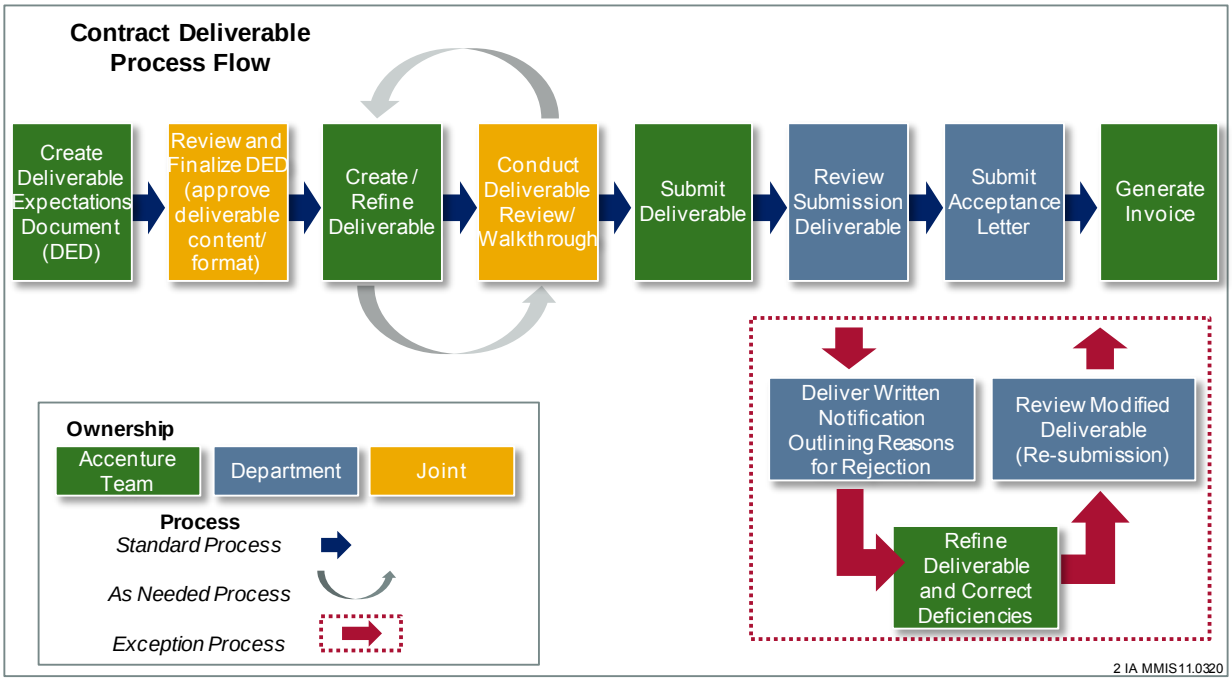


*Figure 8 - 35. Our open and transparent Deliverable Management Process encourages early and frequent reviews with the Department so you know our deliverables will meet expectations prior to our submission.*

During the Start-Up Phase, we work with the Department to create a Deliverable Responsibility Matrix. This identifies the Department stakeholders and their roles in deliverable creation. Identifying Department stakeholders who will play a role in deliverable creation, review, or sign-off during project planning helps us better plan for deliverable working sessions and reviews and allow us to include appropriate Department stakeholders earlier in the deliverable creation process.

| | PMO Overview Document | Communications Management Plan | Project Work Plan |
|---|---|---|---|
| Stakeholder Name 1 | Sign-Off | Review | None |
| Stakeholder Name 2 | Review | Sign-Off | Review |
| Stakeholder Name 3 | Sign-Off | Sign-Off | Sign-Off |
| Stakeholder Name 4 | SME | None | SME |
| Stakeholder Name 5 | Notify | None | None |
| Stakeholder Name 6 | SME | None | None |

*Figure 8 - 36. Our Deliverable Responsibility Matrix helps identify the Department stakeholders that will help create, review, or sign-off on IME System Services Project deliverables.*

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

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

Our approach to creating deliverables is open and transparent. Our team establishes interim points during deliverable creation to discuss progress and review our draft work product. These interim checkpoints or reviews allow the Department to understand progress made to date, identify areas not aligning with expectations early, and provide additional information that may have been unavailable or missed during earlier planning and review sessions. This approach provides the Department with more opportunity to influence final work products and helps avoid surprises during deliverable submission. We believe we can develop the best product with input from the Department, IME System Services Project stakeholders, and our skilled and experienced team.

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

Approval of deliverables benefits both the Accenture Team and the Department by clearly defining agreed-upon outcomes. It also provides the Accenture Team with specific, measurable goals in meeting IME System Services Project objectives.

Table 8 - 27 indicates our acknowledgement and understanding of the Department's Contract Deliverable Procedures. Our approach to deliverables management, described above, aligns with the Department's requirements. Our Project Work Plan incorporates the Department's 10-day initial review, a five-day remediation period, and a five-day acceptance period for deliverable resubmissions.

| Contract Deliverable Procedures | Acknowledgement |
|---|---|
| a. Department approves content and format of deliverable before IME Project Team begins work on the deliverable | ✓ |
| b. Contractor provides all additional documentation and materials necessary to support its information systems development methodology (ISDM) | ✓ |
| c. Department reviews and provides an acceptance letter or written notification outlining reasons for rejection within 10 business days following the date of deliverable submission | ✓ |
| d. For all deliverables found to be non-compliant, Contractor brings deliverable into conformance within 5 business days of notice | ✓ |
| e. Department reviews and provides acceptance or rejection of resubmitted deliverables within 5 business days following deliverable resubmission | ✓ |
| f. Upon receipt of the acceptance letter, Contractor may submit an invoice for deliverable or milestone according to the agreed upon payment schedule | ✓ |

*Table 8 - 27. Our approach to deliverables management aligns with the Department's Contract Deliverable Procedures.*

### 8.2.3.8.1 Deliverable Standards

a. The contractor(s) must conduct participatory meetings with the Department staff, as documents are drafted and business and systems requirements are being ascertained, including concept discussions, design prototyping, Joint Application Design (JAD) sessions, meetings for requirements gathering and to receive the Department feedback on design and documents.

b. The contractor(s) must have open communication with the Department during the development of documents and systems. The contractor(s) must provide document drafts and allow the Department review of programs, screens and design concepts at any stage of development at the Department's request.

c. The contractor(s) must render all designs and itemized deliverables in writing for formal approval, in a format agreed on by the Department and the contractor(s) as part of the project management process.

d. The contractor(s) must supply professional deliverables, with proper spelling, punctuation, grammar, tables of contents and indices, where appropriate and other formatting, as deemed appropriate by the Department. The deliverable document must meet the business requirements it is intended to fulfill and be of professional quality. Documents must be easily readable and written in language understandable by the Department staff knowledgeable in the area covered by the deliverable. The Department reserves the right to reject any deliverable that does not meet these standards. The contractor(s) cannot consider any deliverable complete before it is accepted formally by the Department.

e. All deliverables and correspondence produced in the execution of this RFP must be clearly labeled with, at a minimum, project name, deliverable title, deliverable tracking or reference number, version number and date.

f. The contractor(s) will conduct walk-through of deliverables at stages during the development of documents and systems. A final walk-through will be conducted at the delivery of the final deliverable.

Our Deliverable Management Process, described in Section 8.2.3.8 Deliverable Procedures, establishes expectations up front, incorporates timely and meaningful feedback, and yields the right results the first time. A critical success factor in our approach is collaboration between the Department and the Accenture Team. Our process encourages both parties to collaborate early to reach agreement on deliverable concepts and standards and document acceptance criteria for contract deliverables. Our approach includes meeting regularly to review and evaluate draft work products. This enables the preparation of high-quality products that the Department can approve upon first submission.

Table 8 - 28 describes our approach to meeting the Department's deliverable standards.

| Deliverable Standards | Our Approach | Meet or Exceed |
|---|---|---|
| a. The contractor(s) must conduct participatory meetings with the Department staff, as documents are drafted and business and systems requirements are being ascertained, including concept discussions, design prototyping, Joint Application Design (JAD) sessions, meetings for requirements gathering and to receive the Department feedback on design and documents. | We believe that a successful IME System Services Project requires collaboration between the Accenture Team and the Department. Open dialogues between our teams, such as through requirements gathering, Joint Application Design (JAD), knowledge transfer planning working sessions, allow:<br>• The Department to clearly articulate their needs and expectations<br>• The Accenture Team to share industry solutions and systems implementation best practices<br>• Our joint teams to collaborate in real-time discussions on the right approach for the IME System Services Project solution and work products<br>Prior to beginning work on a deliverable, our team creates a Deliverable Expectation Document (DED). We jointly review and tailor this DED to meet the Department's expectations. The DED defines our approach to creating the deliverable, outlines expectations for Department access to work products, and identifies interim review checkpoints. | ✓ |

| Deliverable Standards | Our Approach | Meet or Exceed |
|---|---|---|
| b. The contractor(s) must have open communication with the Department during the development of documents and systems. The contractor(s) must provide document drafts and allow the Department review of programs, screens and design concepts at any stage of development at the Department's request. | Our approach to deliverable creation is open and transparent. Before beginning work on a deliverable, we meet with the Department to establish expectations for deliverable creation. Our approach encourages multiple interim reviews with the Department to gather information, collect feedback, and verify our approach is meeting the Department's expectations. We work with the Department to provide the Department with the information and deliverable and work product access requested. | ✓ |
| c. The contractor(s) must render all designs and itemized deliverables in writing for formal approval, in a format agreed on by the Department and the contractor(s) as part of the project management process. | During the Project Start-Up Phase, our Project Management for the PMO, Jelane Johnson, works with the Department to review and refine the Deliverables Management Process for the IME System Services Project. Once approved, the PMO is responsible for communicating and ensuring our teams follow the approved process. The process definition describes the standards and formats for deliverables. | ✓ |
| d. The contractor(s) must supply professional deliverables, with proper spelling, punctuation, grammar, tables of contents and indices, where appropriate and other formatting, as deemed appropriate by the Department. The deliverable document must meet the business requirements it is intended to fulfill and be of professional quality. Documents must be easily readable and written in language understandable by the Department staff knowledgeable in the area covered by the deliverable. The Department reserves the right to reject any deliverable that does not meet these standards. The contractor(s) cannot consider any deliverable complete before it is accepted formally by the Department. | We produce high-quality deliverables meeting professional, industry, and project standards. We incorporate quality assurance activities into our deliverable creation process to improve the quality of our final work product. This includes peer reviews, supervisor reviews, Process and Product Quality Assurance (PPQA) Reviews, and Independent Quality (QA) Assurance Reviews. These processes help to improve the quality of our work and minimize errors in the deliverables we submit to the Department.<br>We aim to be transparent throughout the project. We draft our deliverables in a way that is understandable by the deliverable's target audience. This includes Department stakeholders. | ✓ |
| e. All deliverables and correspondence produced in the execution of this RFP must be clearly labeled with, at a minimum, project name, deliverable title, deliverable tracking or reference number, version number and date. | The Deliverables Management Process for the IME System Services Project that we define with the Department during the Start-Up Phase establishes standards for deliverable creation, submission, review, remediation, and acceptance. During this effort, we work with the Department to determine the standards for deliverable covers, version control information, headers, and footers. These components help to identify the deliverable and deliverable version. Once approved, the PMO is responsible for communicating and ensuring our teams use these standards when creating and submitting deliverables. | ✓ |
| f. The contractor(s) will conduct walk-through of deliverables at stages during the development of documents and systems. A final walk-through will be | Our deliverable creation process includes three types of reviews with the Department. The first review occurs before beginning work on the deliverable. During this review, we discuss and | ✓ |

| Deliverable Standards | Our Approach | Meet or Exceed |
|---|---|---|
| conducted at the delivery of the final deliverable. | finalize the DED for the deliverable, which establishes the standards, approach, expectations, and acceptance criteria for the deliverable. The second type of review occurs multiple times during deliverable creation. These interim reviews help the Department see the progress we are making on the deliverable, allow us to discuss any issues or areas that were unknown before work began, and enable the Department to identify early where our approach and output is not aligned with their expectations. These reviews help prevent surprises and promote acceptance of the deliverable with the first submission. The third review occurs following deliverable completion. This is a final review with the Department to verify that our deliverable meets expectations. It provides an opportunity for knowledge transfer to stakeholders not involved in the deliverable creation. | |

*Table 8 - 28. Accenture understands and complies with defined Deliverable Standards.*

### *8.2.3.9 Cost Management*

The contractor(s) must determine the resources necessary to complete the project in a timely and efficient manner.

We derive our project work estimates using our ADM estimating tools, which contain estimating factors built on our decades of Accenture system integration experience. The estimating tool we used for this project has been tailored specifically for the implementation of packaged software, such as our proposed APHP solution. We used the RFP requirements to identify the number and complexity of configuration and development items and entered these items in our estimating tool.

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

We then use Subject Matter Advisors in the estimating process, our delivery approach, and our proposed solution to review and verify the estimate and fine-tune the staffing plan. We compare the resulting tasks, level of effort estimates, and resource needs to actual efforts spent on projects similar to the IME System Services Project scope of work.

Our proposed Systems Implementation Manager, Robert Carrico, is an Accenture Certified Solution Architect and is responsible for the solution estimates and plan in our proposal. Our Certified Solution Architects undergo intense training and must have demonstrated experience shaping and estimating our solutions. Our Certified Solution Architects help develop and estimate the work required to deliver the right solution for our largest and most complex projects. Robert played an integral role in refining our estimate for the IME System Services Project. In addition to using his estimating skills and knowledge, Robert drew on his understanding of the Medicaid industry and systems. Robert has spent more than 10 years developing and managing application teams supporting the Texas Medicaid and Health Partnership. Robert understands the requirements of Medicaid systems and system implementations, and he used this information to help our team verify our estimate.

Our estimators use a common platform that provides tight integration with Accenture Delivery Methods and Tools. This helps produce Project Work Plans that follow a standardized, optimized process and format. Our Project Work Plan for the IME System Services Project incorporates the tasks, estimated work effort at the task level, and resources identified in our staffing plan. In developing our proposed Project Work Plan, we also address any known constraints such as nonworking days, holidays, and deliverable review periods.

During the Start-Up Phase, we work with the Department to review, refine and obtain approval for our plan. Once approved, we baseline our Project Work Plan and use this baseline to measure project performance as the project progresses.

We measure actual work efforts against those planned to determine our schedule and cost performance in terms of effort hours. We use this information to identify areas not progressing as planned. We develop corrective actions to address these areas and bring the project back in line with the plan. This may include modifying the number and type of resources on our Project Team.

We also keep a future-looking approach to managing our Project Work Plan and staffing. As the project progresses, we learn more about the project, including the existing MMIS, the Department's Trading Partners and systems, and our collaborative team. We continually verify that our estimates for the remainder of the project work are accurate based on the information known at the point in time of the Project Work Plan review. We identify areas where new information merits a change to our estimates. This helps us indentify areas where we may need more or less resources than planned. We manage these changes in resource needs according to our Change Management Plan and Staffing Management Plan.

Our approach to managing the IME System Services Project includes providing accurate status to the Department during our Weekly Status Meetings. During these meetings, and through our Weekly Status Report, we plan to provide the Department with an accurate portrayal of project progress. This includes reporting on existing or expected variances from our baselined Project Work Plan and identified staffing needs.

Our use of proven estimating tools, comparisons to projects similar in size and scope, reviews and input from Subject Matter Advisors, and effective performance measurement processes will help the Department feel confident in our proposed tasks and resource estimates. The combination of resources and tasks we identify in our Project Work Plan can help the Department achieve the outcomes of the IME System Services Project according to schedule and budget.

### *8.2.3.10 Project Execution and Control*

During execution of every project, the contractor(s) must exert control to assure the completion of all tasks according to the project schedule and project budget. All variances must be reported to the Department and the contractor(s) must work with the Department to deal with any variance in a manner that will assure overall completion of the project within time and budget constraints. The Department will work with the contractor(s) to approve fast-tracking or reallocation of contractor(s) resources as necessary.

MMIS replacement projects have a reputation for budget overruns, cost increases, and schedule delays. Many times, these unfortunate events are the result of poorly designed or implemented project controls. Accenture's successes in multiple statewide Health and Public Service implementations can be partially attributed to our management rigor and controls. We used our Accenture Delivery Methods and Accenture Delivery Tools to monitor and control these projects. We bring these methods and tools to the IME System Services Project to help deliver the IME MMIS for the Department on time and within budget.

**Project Execution**
Following initial planning activities in the Start-Up Phase, we move quickly into project execution. We follow the project management approach defined during the Start-Up Phase as the 'playbook' for how the

various teams continue to work collaboratively across the project and with the Department. Our project management capabilities, refined over thousands of projects, enable us to identify factors that can influence the delicate balance between cost, schedule, quality, and project risk to achieve desired outcomes.

We adapt elements from our project management approach, as necessary, to accommodate the Department's project management approach and to support the current project management tools and methodologies.

The following are key elements of our approach to project execution:

- Use estimating models, Project Work Plans, and project approaches that have proven successful on our other projects to develop the detailed project plans for this project - this existing knowledge capital jumpstarts the project, and speeds delivery time
- Use proven staffing models to obtain the right number of staff and mix of skills needed
- Staff the project with resources experienced with Medicaid solutions, Department experience, and appropriate technical specialists
- Develop a Project Work Plan that details tasks, work effort, scheduled completion times, and assigned resources for each phase of the project
- Monitor and update the Project Work Plan throughout the project
- Make needed adjustments early - use earned value analysis techniques in objectively monitoring Project Work Plan
- Enable the Department to monitor and track progress against the Project Work Plan and performance metrics
- Provide timely status reports that address schedule, quality, scope, risks and issues
- Track issues and project problems in a central database so that they are visible and addressed in a timely manner
- Identify, communicate and work with the Department to resolve projects issues and problems

**Project Control**

Project monitoring and controlling is both an internal and external process that occurs throughout the duration of the project. Our Project Management Team meets with the Department weekly to discuss project status. Meetings follow a preset agenda developed jointly with the Department. Additionally, our Project Manager for the PMO, Jelane Johnson, submits weekly, monthly, and quarterly (or as needed) status reports to the Department. The format and level of detail for the status reports is documented in the Project Communications Plan. Monitoring the project comes down to consistent review of progress and upcoming milestones. Taking the time prior to formal meetings to carefully review each task on the Project Work Plan, and each outstanding issue can be time consuming, but ultimately is critical to the project success. Team Leads meet with their staff daily and update status tracking metrics throughout each phase of development. When we do meet, we openly discuss our project progress, stating where we are, what needs to happen, and what the risks or external dependencies might be. We evaluate status based on metrics whenever possible. We work with the Department to hold ourselves accountable for meeting the necessary milestones.

Effective project control also includes change management, along with other control processes described in Section 8.2.3.3. We establish a formal Change Management Board (CMB) structure with the Department to evaluate the cost and schedule impacts of necessary changes to scope. We have tuned standard methodology templates we can consider for these processes.

**Project Reporting**

Using our project management processes and tools, we execute, monitor, and control the project to complete the tasks according to the Project Work Plan. We report all variances to the Department in our status reports and work collaboratively with the Department to address variances so that the project remains on time and within budget constraints. Working side-by-side with the Department, we secure approval for resource allocation to address negative variances.

### *8.2.3.11 Status Meetings*

The contractor(s) must participate in regularly scheduled meetings with the Department to discuss progress made during the reporting period as well as ongoing operations. Except as otherwise approved, status meetings will be held on a weekly basis. The IV&V and QA Services vendor may participate in meetings during project Start-up, Implementation and Certification Phases as requested by the Department. The meeting schedule will be proposed by the contractor(s) in its PMO and project management plans and will be mutually agreed upon between the contractor(s) and the Department. The contractor(s) must prepare an agenda for each meeting for approval by the Department and prepare and publish meeting minutes for the status meetings within five business days following the meeting, in a format approved by the Department.

The Accenture Team proposes a regular schedule of meetings with the Department and other IME team members using our proposed Governance Model to identify needed participants. We understand that it is important to strike a balance when scheduling formal meetings so that we foster open and transparent communications and issue resolution without over-scheduling people. Once a schedule has been agreed upon, we publish a calendar to show the weekly, monthly, and quarterly status meetings. We provide a draft format for meeting agendas and minutes to the Department for approval. Upon approval, we send out meeting agendas two business days before each meeting. We send out meeting minutes within five business days of each meeting.

We remain open and transparent throughout the project so that both Department leadership and the Department's external IV&V and QA Services vendors have the relevant information at the appropriate time and in the appropriate format to measure and track project success. This allows the Department to make timely decisions and provide the required leadership and guidance. Accenture participates in a weekly status meeting with the Department and the Department's IV&V and QA Services vendors as requested by the Department on a mutually agreed-upon weekday. Prior to each status meeting, we create a weekly status report according to our approach described in Section 8.2.3.11.1.

As shown in Figure 8 - 37, we proactively prepare, conduct and document outcomes for our weekly status meetings with the Department. Prior to the meeting, we provide meeting invitees with an agenda for the meeting in the agreed upon format. We also create and distribute the weekly status report prior to the status meeting.

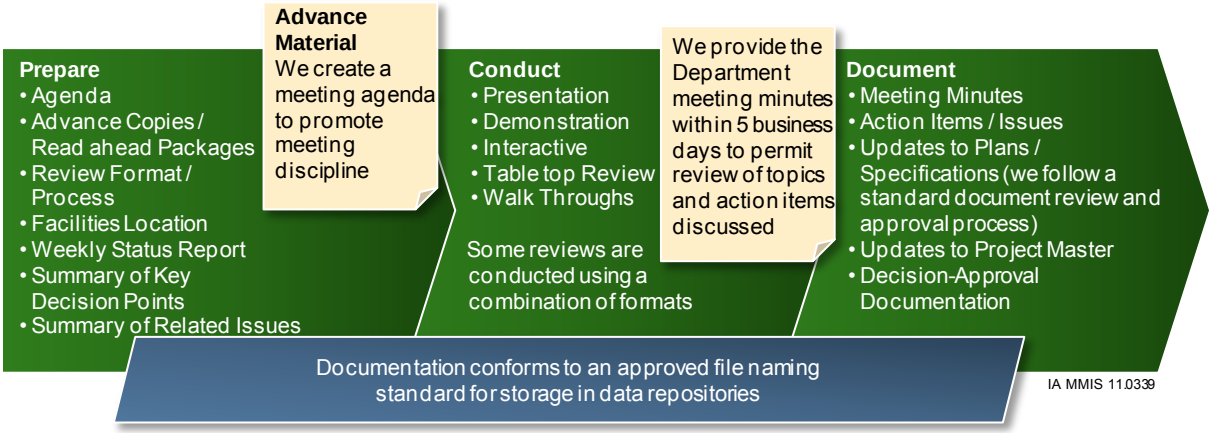


*Figure 8 - 37. We facilitate transparent and structured status meetings throughout the IME System Services Project.*

During the weekly status meeting, we review and discuss the weekly status report with the Department and the Department's invited vendors. Our key contribution is an accurate picture of the current progress of the project. We discuss current issues with the goal of developing mutually acceptable issue

resolutions and proactively examine future project efforts with the goal of discussing and gaining agreement on plans to mitigate any risks.

### 8.2.3.11.1 Weekly Status Reports

The contractor(s) must prepare status reports on a weekly schedule or as approved by the Department throughout the life of the project. The status reports will be delivered electronically at the same time each week prior to the scheduled status meeting and on paper at the time of the meeting. The reports will include the following:

a. A report on the status of each task in the work breakdown structure (WBS) that is in progress or overdue.

b. Tasks completed during the week.

c. Tasks that were not started on the approved date, including:

1. An explanation for late start.

2. A new revised start date.

3. Corrective actions taken to assure that the task will be started on the revised date.

4. Actions that will be taken to complete a delayed task on the original completion date.

d. Tasks that are in danger of not being completed by the original completion date, as defined by the Department, including:

1. A corrective action plan.

2. Explanation of action taken to assure the task is completed on the original scheduled date.

e. Tasks that were not completed on the originally scheduled date including:

1. A projected completion date.

2. An explanation of the reason for late completion.

3. Corrective action taken to assure that the tasks will be completed on the revised date.

f. A report on issues that need to be resolved, progress to resolution and actions being undertaken to remedy or close the issue.

g. A report on the status of risks, with special emphasis on change in risks, risk triggers or the occurrence of risk items. Also included in the report will be progress toward resolution of the risk and actions being undertaken to remedy or alleviate the risk.

h. A cost variance report showing the planned value of the work completed to date, the actual cost of the work completed to date and the variance.

i. A schedule variance report showing the earned value of the work completed the planned value of the work completed and the variance.

j. Status of deliverables.

Our weekly status report provides the Department with a snapshot in time project status and allows the Department to stay informed about project progress, our collective accomplishments, and any areas not progressing according to plan. Our PMO Team creates the project status reports, including the weekly status report, according to the agreed upon schedule for the report. We create the weekly status report and send it electronically to the appropriate distribution list before each week's status meeting. We provide paper copies of the report for those attending the status meeting in person.

Our Communications Management Plan that we create with the Department in the Start-Up Phase describes the required format and content for all status reports, including the weekly status report. At a minimum, the report contains:

- A snapshot from the WBS in our Project Work Plan for any task in progress or behind schedule
- List of tasks completed since the last report.
- Table of tasks not started on the approved date that includes the task, explanation for late start, revised start date, corrective actions to enable task start on revised start date, and actions to complete delayed task on original completion date.
- Table of tasks in danger of not being completed by the original completion date that includes the task, corrective action plan, and an explanation of actions to complete task on the original scheduled date.
- Table of tasks not completed on the originally scheduled date that includes the task, the revised completion date, reasons for late completion, corrective actions to complete task on revised date.
- Table of issues requiring resolution that includes the issue, issue owner, date identified, status, progress to resolution, and actions to remedy or close the issue.

- Table of new and updated risks that includes risk, risk owner, mitigation strategy, and actions taken to date to mitigate risk.
- Table providing earned value metrics, including planned value, earned value, actual cost, schedule variance, cost variance, schedule performance index (SPI), and cost performance index (CPI).
- Table of active deliverables, their target submission date, current status, and comments describing status.

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

### 8.2.3.11.2 Monthly Status Reports

The contractor(s) must submit an electronic monthly status report which is due to the Department by the close of business on the second business day following the end of each month throughout the life of the project. Monthly status reports must contain at a minimum the following:

a. A complete set of updated and current output from Microsoft Project, including an updated Gantt chart, along with a copy of the corresponding project schedule files in electronic version.

b. A description of the overall completion status of the project, in terms of the approved project schedule.

c. The plans for activities scheduled for the next month.

d. The deliverable status, with percentage of completion and time ahead or behind schedule for particular tasks.

e. Identification of contractor(s) employees assigned to specific activities.

f. Problems encountered, proposed resolutions and actual resolutions.

g. A list of all change requests.

h. The contractor(s) will establish a risk management committee to meet on a monthly basis. An analysis of risk anticipated, proposed mitigation strategies and resolved risks will be reviewed during the monthly meeting.

i. Any updates required in the change management strategy.

j. Testing status and test results.

k. Proposed changes to the project schedule if any.

l. Financial information related to expenses and billings for the project.

m. Executive summaries for presentation to management and oversight bodies.

n. The format for these reports shall be determined by the Department.

The Accenture Team follows a standard approach when preparing status reports for the Department. Using templates from our ADM repository, we create a draft of each report showing the format and content. We then review the draft with the Department to gather input. Based on Department feedback we update the draft report to reflect the planned format and content. Once the format has been approved, we convert the draft to a template that we use to produce each report.

Our Risk Management Plan describes our approach to identifying, analyzing, mitigating and reporting on risks. Our approach includes frequent and collaborative risk planning and reviews. One of the ways we do this is by creating a Risk Management Committee that meets at the end of each month to:

- Review documented risks, verifying that the risk assessment and mitigation strategies are still accurate given current project and external factors
- Identify and assess new risks and agree to mitigation strategies
- Close risks as appropriate

Our PMO Team creates a monthly status report that contains the information identified and in the format specified and approved by the Department. This report contains the results from the monthly Risk Management Committee Meeting and, at a minimum, the following items:

- An up-to-date Project Work Plan that includes the Gantt chart and complete project schedule
- Description of the overall completion status of the project, in terms of the approved project schedule
- Activities scheduled for the next month

- Table of deliverables that includes deliverable name, status, percent complete, and time ahead or behind schedule
- Identification of contractor(s) employees assigned to specific activities
- Table of problems encountered, the proposed resolutions, and actual resolutions
- List of all change requests
- Updates required to change management strategy
- Testing status and test results
- Proposed changes to the project schedule
- Financial information related to expenses and billings for the project
- Executive summaries for presentation to management and oversight bodies

Our PMO sends the monthly status report electronically to the appropriate distribution list by close of business on the second business day following the end of each month. We deliver paper copies to the Department when requested.

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

### 8.2.3.11.3 Quarterly Status Reports

The contractor(s) must submit an electronic quarterly status report, which is due to the Department by the close of business, the second business day following the end of each quarter throughout the life of the project.

a. A complete set of updated and current output from Microsoft Project including an updated Gantt chart, along with a copy of the corresponding project schedule files in electronic version.

b. A description of the overall completion status of the project in terms of the approved project schedule.

c. Produce a CMS report that meets the requirements as determined by the Department.

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

- An up-to-date Project Work Plan in Microsoft Project that includes the Gantt chart and complete project schedule
- Description of the overall completion status of the project, in terms of the approved project schedule
- A CMS Report that meets the requirements as determined by the Department

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

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# 8.3 Implementation Phase (6.3)

The implementation phase begins with requirements validation and identification of all necessary tasks to meet all MMIS and POS systems and operational requirements, development of interfaces and data conversion.

The following Implementation functions will be performed at the contractor's temporary office in Des Moines, Iowa. The Department will consider work performed at another location other than the contractor's temporary office located in Des Moines, Iowa during the Start-up and Implementation phases such as the contractor's permanent facility. The contractor must request prior approval from the Department.

6.3.1: Analysis and Design Activities

6.3.2: Development Activities

**Accenture brings the Department an industry-recognized project management methodology, field-tested implementation approaches and Medicaid experienced project delivery team. Our team combines global public healthcare services experience with extensive systems integration capabilities to lower risk and successfully deliver Iowa's new MMIS.**

Accenture brings its field-tested delivery methods and technical experience to serve the Medicaid business needs of Iowa. We are ready to work closely with the State of Iowa and the Department to deliver reliable, innovative, and responsive technology solutions for Medicaid members, providers and business stakeholders. Working collaboratively with you, the Accenture Team validates and elaborates on the requirements, use cases and the gap analysis to analyze and configure the Accenture Public Health Platform (APHP) solution. We review, validate, and refine the system requirements based on the Department's input gathered during the below described analysis and design activities.

The Accenture Team executes the Analysis, Design, and Development activities according to our field-tested methodology and the plans established and approved by the Department in the Planning Phase. We begin analysis by reviewing and validating the RFP requirements that include the MECT checklist, both CMS and State specific requirements, as well as the gap analysis completed as part of this proposal. We apply our process, people and methods to the Analysis and Design Phase in order to finalize system configuration, document business processes, identify business process reengineering opportunities and the new IME MMIS technical architecture.

**Our team brings the processes, tools, and experience deliver a successful implementation of the IME MMIS**

- Accenture is the lead technology provider for Texas Medicaid and Healthcare Partnership (TMHP), successfully running the data center operations and maintaining over 300 applications used in claims processing, provider management, federal reporting, and other MMIS functional requirements
- Successfully implemented Georgia SHINES, a web-based automated child welfare solution that integrated child welfare case management information into one system.
- Proposed approach for Iowa is based on our Accenture Delivery Methods (ADM), developed over more than 30 years of system implementation experience
- Independently assessed CMMI Level 4 in Accenture USA Public Service organization, underscoring Accenture's commitment to process, consistency and repeatability

Accenture brings a workforce with diverse skills that enables the project team to work directly with the IME staff located in Des Moines. We seek the Department's approval to staff positions for the Implementation phase of the IME System Services Project from our support center in San Antonio, Texas. Our remote staff represents a highly skilled pool of resources skilled in the Microsoft technologies that make up APHP and provide the IME System Services Project access to specialized skills and highly knowledgeable resources that complement and provide valuable expertise to the on-site project staff.

Accenture is not bidding on POS systems and operations.

We cover the following topics in this section:

- Analysis and Design Activities:
  - Conducting JAD Sessions, Conference Room Pilots, and Rapid Prototyping
  - Managing, reviewing, elaborating and confirming IME MMIS requirements
  - Gathering, validating, and documenting system rules
  - Developing system requirements and design deliverables including the Requirements Traceability Matrix (RTM), Requirements Specification Document (RSD), and the Detailed System Design (DSD)
  - Business continuity and disaster recovery planning
  - Configuration management tools and approach
  - Overall implementation deliverables timeline
- Development Activities:
  - Data conversion approach
  - Integration and configuration planning and implementation
  - Rules engine implementation
  - Hardware, software, and communications setup
  - Testing tools, planning, and approach
  - Testing activities
- Knowledge Transfer Activities:
  - Methods and tools for training and knowledge transfer
  - Pre- and post-implementation knowledge transfer
  - Knowledge transfer effectiveness and continuous improvement evaluation tools

## 8.3.1 Analysis and Design Activities (6.3.1)

**Joint Application Design (JAD) Sessions**

The major analysis activities are as follows:

a. Conduct Joint Application Design (JAD) sessions to validate the current IME form, structure, timeframe and schedule are approved by the Department prior to beginning work to ensure the contractor(s) has a thorough, detailed understanding of the Iowa Medicaid program and business requirements.

1. To validate and refine the requirements specified in this RFP with the Department staff.

2. To validate the proposed solution meets Medicaid Information Technology Architecture (MITA) requirements.

3. To document the purpose and results of each JAD session:

i. Produce agendas for approval by the Department prior to distribution.

ii. Prepare session minutes for approval by the Department prior to distribution.

iii. Document and track all action items.

### *Preparing for JAD Sessions*

A key attribute of the APHP solution is that it incorporates COTS applications that are already fully functional products. These products provide a rich set of functionality in support of healthcare payer operations. This means that early JAD sessions are not theoretical analysis and design activities. The JAD sessions allow participants to see actual applications performing and executing the State specific requirements. Prior to scheduling the JAD sessions, we prepare a JAD Plan which lists the JAD sessions we plan to schedule along with the functionality to be piloted and the desired attendees for each session. The plan also formally documents the pre- and post-JAD activities and timing of material for distribution. When the plan is complete, we review it with the Department to confirm the overall approach and content to be covered in each JAD as well as the attendees.

### *JAD Session Conference Room Pilots*

As a packaged product, the APHP solution comes with a baseline configuration that includes federally mandated MITA business functions and built-in templates for items such as benefit plans. Tailoring the system can be as simple as validating and configuring the Iowa-specific requirements. Prior to the first JAD with state resources, Accenture configures the APHP solution according to the requirements documented in the IME RFP. This provides a functional, baseline application that we use to start our JAD sessions. In the JADs, we conduct Conference Room Pilots to validate and elaborate on our understanding of the RFP requirements.

**Conference Room Pilot** is a term that can mean different things in different environments. In the context of the IME MMIS project, a Conference Room Pilot **is an activity we perform in our JAD meetings, to demonstrate the configured IME MMIS to IME**. What the state will see in each Conference Room Pilot is a functional application that reflects the Iowa Medicaid business processes. The purpose of these meetings is to confirm our understanding of the Iowa requirements by walking through step-by-step processes and requirements in the new system. We gather input and refine the requirements specified in the RFP so that the Department can confirm that the solution meets those requirements. Figure 8 - 38 shows how the Accenture Team uses the conference room pilot as part of our JAD sessions to validate and extract business rules and requirements.

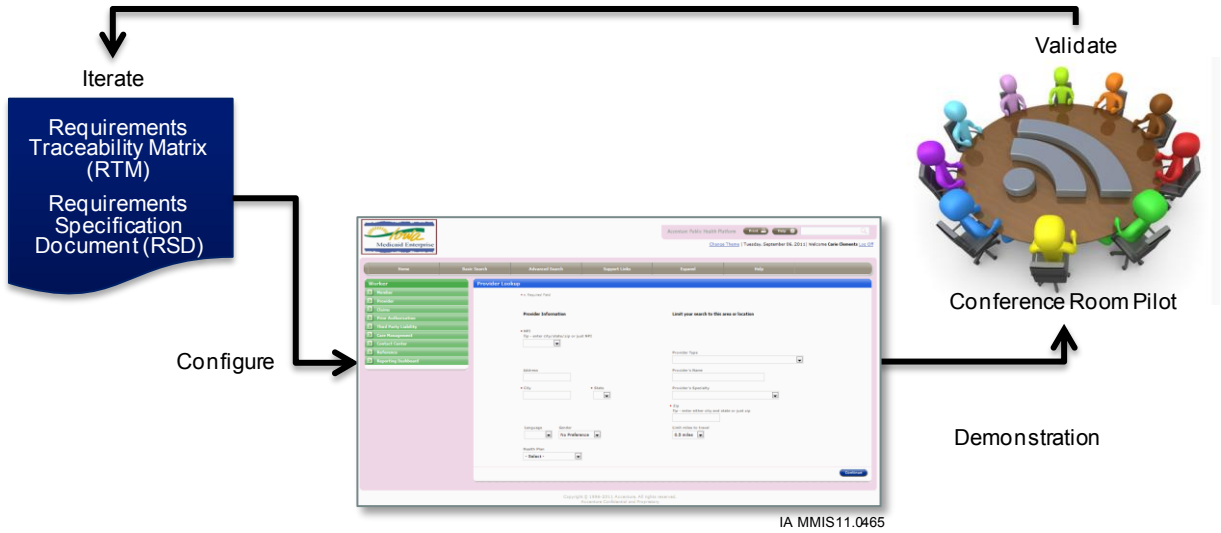



*Figure 8 - 38. Our JAD approach allows participant to see functionality early and often, allowing for feedback and validation early throughout the analysis and design process*

For each JAD session we work with the Department to identify and include the appropriate resources to provide input on the specific functional area or group of requirements being reviewed. We group the requirements into logical collections of functional, architectural, and technical requirements.

As we walk through the requirements and the solution, we identify and document any further configuration changes that are needed to support the Iowa requirements, work flows, and business processes. The benefit of conducting conference room pilot sessions is that instead of merely walking through a text-based list of requirements or mocked up web pages, users see the new system early and often throughout the implementation effort. As the solution is reviewed during the sessions, we:

- Confirm our understanding of the documented requirements
- Modify the initial requirements to provide additional detail
- Refine and document the work flows and business rules for the system

- When possible, make changes to the system configuration on the fly based on state input so that everyone can see and verify that we have captured requirements clarifications correctly
- Add new business rules for instant validation and confirmation
- Confirm that the solution meets architectural requirements, including the Medicaid Information Technology Architecture (MITA) requirements
- Confirm that the solution meet system and technical requirements, including security requirements

During the JAD and Conference Room Pilot we capture and document additional details and clarifications to the system requirements. We record the requirements information gathered during the sessions in our Rational requirements traceability tool. We also document action items identified during the JAD for inclusion in the meeting minutes. For each action item we identify the action, action owner, and due date for completion.

*Post-JAD Follow Up*
At the conclusion of each JAD, we prepare and submit the meeting minutes and action items resulting from the JAD to IME for review and approval. Upon IME approval of the meeting minutes and action items, we distribute them to all meeting attendees and store a copy in our project management SharePoint repository.

**System and Operational Requirements**

b. In addition, the JAD sessions will finalize the MMIS and POS system and operational requirements to ensure that responses to all RFP requirements are acceptable to the Department.

1. Validate the capabilities of the proposed systems to meet the RFP requirements.
2. Verify that the capabilities of the proposed additional Commercial off- the- shelf (COTS) solutions meet the RFP requirements.
3. Verify that the capabilities of the proposed systems modifications will meet the RFP requirements.
4. Verify that the capabilities of the proposed operational requirements will meet the RFP requirements.

c. Document the rules in the existing MMIS and POS systems for incorporation into the rules engine.

d. Elaborate and document the architectural and system requirements of the MMIS and POS described in this RFP.

System and operational requirements validation often involves a very different set of state resources than the JAD Conference Room Pilot sessions. While most of the Conference Room Pilot sessions focus on Medicaid business processes and rules, The Accenture Team includes specific sessions in the JAD plan to focus on system and operational requirements. These are requirements are capabilities that are typically transparent to end users such as:

- Security requirements to protect the confidentiality, integrity and availability of the MMIS
- System performance requirements
- Database and data management requirements
- Architectural requirements
- MITA architecture requirements
- Auditing and logging requirements

We include JAD sessions focused on each of these types of requirements in our JAD plan. This enables us to work with the Department to identify the resources needed to participate in each particular JAD. In this way, we have the right resources to involved validate and elaborate on our understanding of each different set of requirements. Our collaborative approach to identifying JAD participants makes sure the right people have input at the right time. Then, as in our functional JADs, we walk through each requirement line by line with the JAD participants. For each requirement, we demonstrate and explain how the solution meets the requirements. Where needed, we also cover how we plan to implement system modifications. At each step, the Department can see, ask questions, and discuss the proposed solution in order to confirm that it meets all requirements.

Our JAD plan also includes planning for JADs specifically focused on analyzing and confirming the existing MMIS business system rules, policies, and procedures. Starting from the rules in the existing MMIS system, we develop a comprehensive set of rules to be implemented in the new MMIS system. In

order to identify the existing rules, we review the current system documentation, policies and behavior. We then walk through each rule in our JAD sessions to confirm that we have documented the rules accurately and to identify changes and new rules. We project the list of rules onscreen while we are reviewing and making updates. This enables all participants to see and confirm the rules as we edit them.

During the JAD sessions we display the requirements as they are being discussed. Based on the discussions and input from the Department, we update the requirement text while we are in the meeting. In this way, all participants can see and approve the changes as they are made. At the end of each session, we have an elaborated, documented, and agreed upon set of requirements updates.

When examining the current business rules and processes, we also review and confirm the applicable regulatory requirements that may impact system requirements. As we walk through the system and operational requirements, we confirm the testing approach and criteria for determining when each requirement has been successfully tested.

During our JAD sessions, we review each requirement and demonstrate the system capabilities that support those requirements. As we review, we gather input from the JAD participants and confirm how the system capabilities and COTS tools meet RFP requirements. We update requirements text to incorporate additional details provided by the JAD participants. We also update design documentation to reflect any refinements to related requirements. Whenever possible we make these changes onscreen in our Rational tools during the JADs so that all participants can see and provide input into the changes.

The Accenture Team conducts the following standard set of pre- and post-JAD activities for these meetings:

- Four days before each JAD session we provide a detailed agenda for the JAD to IME for review and approval
- Meeting invitations are sent out at least five business days prior to each JAD session
- Two days before each JAD session we update the meeting invitation with the meeting agenda so that all resources receive it
- Within two business days of the conclusion of each JAD session, we prepare and submit the meeting minutes and action items resulting from the JAD session to IME for review and approval
- Upon IME approval of the meeting minutes and action items, we distribute them to all meeting attendees and store a copy in our project management SharePoint repository

**Requirements Management**

e. Support and participate in requirements management.

The contractor(s) must ensure that the MMIS and POS technical system requirements are continually updated in the Requirements Specification Document (RSD) and the detailed system design (DSD) documents. This includes a desire to view rapid prototypes of requirements and design concepts, screens, content and application flow. Prototypes do not necessarily need to become operational or be reused during development. Workflow and performance simulation within the design task of the Implementation phase is also preferred.

a. Evaluate business model and process changes and approved changes to the current MMIS and POS after the RFP release date, and identify corresponding requirements.

b. Specify, for each system and operational requirement, the means of measuring that the requirement has been satisfied. This measurement will be used to generate the necessary test cases for system and user acceptance testing.

Our Accenture Team uses the industry standard requirements management tool Rational ReqPro to document requirements and track changes to requirements. ReqPro is also useful for determining the impact of changing a requirement, design document, or other linked documentation. As requirements evolve and become more detailed, the Accenture Team captures, tracks, and documents them in ReqPro. Automated email capability built into the tool can notify IME management of changes automatically, for hands-off and simple communication of requirements status. ReqPro is configured with automated links to other tools in the Rational suite to link requirements to work flow and business process documentation, configuration documentation, test scripts, and test results.

We use the ReqPro and the Rational Suite of tools to generate our Requirements Specification Document (RSD) and Detailed System Design (DSD). Each requirement in ReqPro is linked to one or more design documents. Design documents may be in multiple formats depending on the requirement. For example, business process workflows may be documented in Microsoft Word or Visio and data interface requirements may be documented in Microsoft Excel. The automated linking from requirement to supporting design document enables us to query and compile both RSD and DSD level deliverables. The Rational tools also provide us with the ability to query requirements and design documents that have been changed within a certain period. In this way, we can automatically generate either a full RSD or DSD, or a subset of the content of each document.

The requirements for the new MMIS are categorized by type in the Rational tools to enable us to query and sort related requirements. For example, if the business model or business process for Provider Management changes, the first step in analyzing the changes is to query the Rational tools and pull Provider Management requirements and design documentation. Using the requirements and design documentation, we can evaluate the new processes against how the system is currently functioning. We can then run the current version of the system in our Business Scenario environment, making "what if" changes to the configuration based on the updated business process requirements.

In addition to the linked design documentation, we use Rational QualityManager to create and link requirements to the test cases that determine when each requirement has been satisfied. Every test case we create in QualityManager includes the success criteria for that test case and requirement. We record how that test case is met, what and how it was measured and document the measure or result that was examined to meet the requirement. This is true for all types of requirements including:

- Functional
- Business Process
- Workflow
- Architectural
- Security
- Performance
- System
- Operational

As we execute our test cases, either by manually performing the steps in the test case or using the automated test case execution capabilities in the Rational Suite, we check the expected results against the actual results. The automated linking features in the Rational Tools also allow us to link from requirements to specific configuration files and versions. Because each test case links back to a specific requirement, it is clear when a requirement has been successfully tested in the new system. When we implement the solution in the production environment, we query our Rational Repository to pull specific configuration file versions that have been tested and confirmed. In this way we can show that each requirement has been successfully tested in the production environment.

*Rapid Prototypes*

The proposed application environments for the IME MMIS include a Conversion Testing environment. During the implementation phase of the IME System Services Project, this environment serves as the rapid prototyping environment where we configure the system for conference room pilots and work interactively with the Department, in real-time, to configure many of the business rules in order to validate and demonstrate how requirements are met.

During operations we use the Business Scenario environment to perform impact analyses on potential system changes. We run "what if" scenarios of configuration changes, design concepts, business process workflows, and policy changes in this environment. This allows us to compare the results of "what if" scenarios back to the data and results from the actual production system and evaluate the impact of the changes.

### *8.3.1.1 State Responsibilities*

a. Provide the Department implementation team.

b. Participate in JAD sessions to ensure that the contractor(s) has adequate understanding of the Department role, contractor(s) role and system(s) and operational requirements for each business function.

c. Review and approve all requirements within 15 business days of delivery.

d. Review the scope, purpose and implications of each of the Department's requirements.

e. Review and approve the design deliverables.

f. Attend and approve all backup and recovery demonstrations.

| Analysis and Design Activities - State Responsibilities | Acknowledgement |
|---|---|
| a. Provide the Department implementation team. | ✓ |
| b. Participate in JAD session to confirm that the contractor(s) has adequate understanding of the Department role, contractor(s) role and system(s) and operational requirements for each business function. | ✓ |
| c. Review and approve all requirements within 15 business days of delivery. | ✓ |
| d. Review the scope, purpose and implications of each of the Department's requirements. | ✓ |
| e. Review and approve the design deliverables. | ✓ |
| f. Attend and approved all backup and recovery demonstrations. | ✓ |

### *8.3.1.2 Contractor Responsibilities*

**Requirements and Design Activities**

The contractor(s) must perform a detailed review and analysis of all system and operational requirements provided in the RFP and must develop the detailed specifications required to construct and implement the MMIS and POS. At a minimum, completion of this task must include the following activities:

a. These activities must result in the creation of a requirements specification document (RSD) and detailed system design (DSD) document for each module in the MMIS and POS.

b. Contractor(s) will develop a methodology for the development of the MMIS and POS systems for Department approval as set forth in the proposal. Provide the Department with an implementation plan that phases in major deliverables in the 6 to 12 month period prior to the operation begin date (e.g., document management, imaging, workflow, portals, provider subsystem, etc.).

c. The contractor(s) must work with the Department staff to fully understand the scope, purpose and implications of each requirement.

d. Thoroughly review, validate and update, if necessary, all requirements specified in the RFP.

e. Review all appropriate Iowa Medicaid programs and policies.

The Accenture Team proposes an approach for Iowa that is based on our Accenture Delivery Methods (ADM). We have developed and refined our ADM methodology over more than 30 years of system implementation experiences. ADM provides the tools, templates, and processes that we used to plan the overall IME MMIS project from inception through operations. Using ADM, we provide the Department with an implementation plan that phases in our major deliverables in the six to 12 month period prior to the operation begin date.

In order to develop our proposed solution for the IME MMIS, the Accenture Team performed a detailed review and analysis of the system and operational requirements provided in the RFP. This effort includes our review of the appropriate Iowa Medicaid programs and policies. We conduct JAD sessions and Conference Room Pilots with the Department to walk through the requirements and fully understand the scope, purpose and implications of each requirement. We review validate, and update the requirements

as necessary in Rational ReqPro, our requirements management tool. During the JAD/Conference Room Pilot sessions we also demonstrate how each requirement is met in the new system.

With the requirements reviewed, validated, and approved, we then develop the detailed specifications required to construct and implement the MMIS. We organize these specifications into the following deliverables:

- Requirements Traceability Matrix (RTM)
- Requirements Specification Document (RSD)
- Detailed Specification Design (DSD)

For the capture and tracking of requirements and the resulting configuration changes, Accenture uses the Rational Suite. RequisitePro is our standard requirements management tool. It allows us to trace requirements through each phase of from initial requirements validation through operational changes. ReqPro's end-to-end requirements traceability functionality visually indicates how changes affect the project giving the ability to perform efficient impact analysis and enable informed decisions for scope management. It captures the change history for each requirement, providing an easy-to-read audit trail for project requirements.

We refine and maintain the requirements throughout the duration of the project. Using the automated capabilities of the tools, we generate a Requirements Traceability Matrix (RTM) during the implementation phases and at the end of each operational system release. We use the RTM as an audit trail of requirements traceable through the entire IME MMIS software delivery life cycle:

- The RTM verifies that requirements have been developed and tested
- Throughout the project lifecycle, the RTM process helps identify when modification requests do not tie to an existing requirement
- The RTM is used to conduct an impact analysis for change requests
- The RTM helps mitigate implementation risk by formalizing the justification and identification of requirements

**Rule Definition**

f. Document all rules, including benefit plan assignments, pricing rules, and the edit and audit rules in the current MMIS and POS for use in populating the rules engine during the development task of the Implementation phase.

g. Extract the rules in the existing MMIS and POS for incorporation into the rules engine.

h. Determine with the Department which of the existing rules are to be incorporated into the rules engine.

i. Identify and develop additional rules as needed to meet the requirements of the RFP.

j. Identify all rules that will be incorporated in the rules engine within a timeframe determined by the Department.

k. The benefit plan assignments, pricing, edit, audit and benefit plan rules must be in a format approved by the Department.

The APHP solution components are highly configurable and provide the ability to specify rules through the COTS-specific rules engine. This approach provides the ability to keep current common, industry standard rule sets. The APHP SOA-based architecture enables IME to integrate third party products into the APHP framework. For example, we will install the NCCI edits using the OptumInsight NCCI edit engine. This provides out-of-box conformance with the NCCI edit requirement. Also, because it is a commercial product, the Iowa get the benefits of staying current with federal regulations via the standard packaged tool updates.

Within APHP, the claims processing engine can also be configured to limit benefits, require authorizations, and define treatment sets and an almost unlimited combination of business rules. The rules that control the processing of the APHP applications are available for viewing, are self documenting and can be extracted for input into our ReqPro requirements tracking tool. The business rules that govern the APHP applications support IME' requirements for efficient policy and program upgrades and additions.

IME staff and authorized resources can view the current rules via the APHP Worker Portal in real-time. When accessing the Production platform the rules displayed depict the current set of rules controlling the business processes. This real-time access provides a way to eliminate the problems associated with inaccurate or stale documentation.

The development of a new rules base for the IME is accelerated by the fact that the product already contains many of the rules required by the federal government for MMIS processing. This means that only the State-specific rules need to be identified and entered in the rule set. That is accomplished during JAD sessions and requirements validation activities.

As part of requirements validation the Accenture Team analyzes current program policy documentation and extracts business rules to verify with the legacy system processing. Once these legacy rules are identified, we review the pre-configured business rules that are part of APHP for modification or additions. The Accenture Team extracts existing business rules through:

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

We document all rules, including benefit plan assignments, pricing rules, and the edit and audit rules in the current MMIS for use in the new MMIS according to the format approved by the Department. Working with the Department, the Accenture Team identifies discrepancies between the current legacy MMIS system rules and policy, the MITA business-processes, State-desired improvements, and IME strategic objectives. Having identified these discrepancies we perform impact analysis, and report the findings back to IME with recommendations.

The Accenture Team configures approved Iowa business rules into the APHP solution. We demonstrate that APHP can define, track, test, and update the existing production environment business rules. We continue to support Business Rule Management activities throughout the contract term. We perform validation and testing of any changes, demonstrating the continued accuracy of rules by comparing APHP performance to the legacy MMIS operations. We document rule changes with an explanation of any differences according to the format approved by IME.

### COTS Solution Requirements

l. Validate the capabilities of the proposed systems to meet the RFP requirements within a timeframe determined by the Department.

m. Verify that the capabilities of the proposed additional COTS solutions meet the RFP requirements within a timeframe determined by the Department.

n. Verify that the capabilities of the proposed systems modifications will meet the RFP requirements within a timeframe determined by the Department.

Our proposed APHP solution for the IME MMIS is a highly flexible and configurable COTS solution for claims processing, benefits administration and business rule configuration. It provides the Department the power, flexibility and assurance of secure import, revisions and operational maintenance of all business rules.

As a packaged product, the APHP solution comes with a baseline configuration that includes federally mandated Medicaid business functions. Tailoring the system can be as simple as a matter of validating and configuring the Iowa-specific requirements. Prior to the first meeting with state resources, Accenture configures the APHP solution according to the requirements documented in the IME System Services Project RFP. This provides a functional baseline application that we use to start requirements development and validation activities with IME via a series of Conference Room Pilot meetings.

We have carefully evaluated the IME MMIS requirements in the RFP and provided detailed responses the RTM portion of our proposal. We provide a clear mapping of the system functionality available currently and the planned functionality included in our roadmap of releases. The roadmap dates and functionality are already built into our planned development schedule. This enables us to verify that the capabilities of the proposed systems modifications meet the implementation timeframe specified by the Department. As we conduct our JAD/Conference Room Pilot sessions, we elaborate and refine the requirements based on Department input. If the requirements review and confirmation activity identifies the need for additional systems modifications, we assess and propose a plan for meeting the RFP requirements in accordance with the timeframe determined by the Department.

During the planned JAD/Conference Room Pilot sessions, we walk through the APHP system and the IME MMIS requirements to validate and elaborate our understanding of the requirements. The value for the State of Iowa is that the COTS approach means they are purchasing claims processing functionality that already exists in the market today and has proven to meet the requirements of health plan and payers alike. Knowing the system can pay claims "out of the box" and can quickly be configured for State specific business rules and benefit plans, simplifies the task of evaluating the proposed IME MMIS against the current list of requirements. Seeing early and often the ability to quickly configure APHP to meet State specific requirements as captured in the RTM portion of our proposal, provides the Department with the confidence that our APHP solution will met the requirements in the specified timeframe or the project.

Each requirement from the proposal, as captured in the RTM, is mapped to the proposed functionality in the APHP system using Rational ReqPro. We map the documented requirements to design documentation in our Rational ClearCase repository. Using the automated capabilities of the tools, we generate updated RTMs to identify all requirements. As an additional quality check we generate reports to identify any requirements that do not have related design and test documentation to prevent orphan requirements. In this way we confirm that each requirement listed in the RTM is supported by functionality in the APHP tool for the IME MMIS.

**Requirements Specification Document**

o. Requirements Specification Document (RSD) - the contractor(s) must develop a requirements specification document (RSD), the structure and format of which must be prior approved by the Department. This RSD must include system functional and non-functional requirements (e.g., quality attributes, legal and regulatory requirements, standards, performance requirements and design constraints). The requirements covered in this RFP are the bases for the systems and operations requirements. The contractor(s) must be further refined to arrive at the detailed design requirements and traced throughout the system development life cycle (SDLC). These detailed requirements must be traceable back to the requirements specified in section 7 MMIS and POS System Requirements and section 8 MMIS and POS Operational Requirements, Certification and Turnover Phases.

At a minimum, the contractor(s) must:

1. Include the requirement exactly as it exists in section 7 MMIS and POS System Requirements and section 8 MMIS and POS Operational Requirements, Certification and Turnover Phases including the reference numbers.

2. Identify how and where the requirements are met in section 7 the MMIS and POS System Requirements design and section 8 MMIS and POS Operational Requirements, Certification and Turnover Phases.

3. A crosswalk or map of each requirement.

4. Identification and verification of all internal and external interfaces.

5. Linkages across the business model functions.

6. The means of measuring that the requirement has been satisfied.

IME needs consistent, cohesive view of the IME MMIS system requirements and design as the system is being configured. Accenture uses the automated Rational Suite of tools to develop, store, link, and report on all aspects of the IME MMIS system implementation. These tools support the requirements and design process while enforcing traceability from each requirement through to its supporting design/configuration documentation and ultimately to the test cases used to confirm the requirement implementation.

We store all the IME MMIS requirements in the Rational ReqPro tool. As we conduct the JAD/Conference Room Pilot sessions we capture additional requirement details in the tool for all participants to see. Each

requirement is tagged to indicate whether it is a functional item relating to business processes or a system requirement relating to technical aspects of the MMIS such as internal and external interfaces, security, architecture, and performance requirements. We document how the requirement is satisfied and what system evidence or measurement is examined and tested to prove the requirement is met. We link related requirements together in the tool so that cross-functional processes are identified and mapped.

We then move to the design documentation, including mapping how and when each requirement is met. Design documents are stored in Rational ClearCase. These documents are formatted based on the requirement they support. We use Microsoft Word to document use cases, Excel to map out interface formats, and Visio to document business process flows. Each of these types of documents is stored in ClearCase and then linked back to the requirement(s) it supports.

Using the automated capabilities of the Rational tools, we generate the Requirements Specification Document. The tools enable us to query and extract each requirement and its supporting design documentation into the complete RSD deliverable document. The original content remains in the Rational tools where it can be viewed and updated. We store the RSD deliverable document in our SharePoint project management repository as a point-in-time extract from the Rational tools. The RSD contains the following information:

- The requirement text exactly as it exists in section 7 of the MMIS and POS System Requirements and section 8 of the MMIS and POS Operational Requirements Certification and Turnover Phases including the reference numbers
- How and where the requirements are met in section 7 the MMIS and POS System Requirements design and section 8 MMIS and POS Operational Requirements, Certification and Turnover Phases
- A crosswalk or map of each requirement
- Identification and verification of all internal and external interfaces
- Linkages across the business model functions
- Means of measuring that the requirement has been satisfied

**Requirements Traceability Matrix**

p. Requirements Traceability Matrix (RTM) - the contractor(s) must develop a Requirements Traceability Matrix (RTM), beginning with the system requirements list in section 7 MMIS and POS System Requirements and section 8 MMIS and POS Operational Requirements, Certification and Turnover Phases, to track all requirements specified in the RSD. Requirements must be tracked through each stage of the development life cycle from requirement specification through production deployment and certification.

q. The requirements including the RFP requirements number must be stored in a requirements management repository, using a requirements management tool, which permits reporting of a specific requirement, selected requirements based on type or attributes and a complete detailed listing of all requirements. This matrix and the repository will be used throughout the project to assure all requirements are implemented, tested and approved by the Department. Reports from the RTM will be submitted to the Department on a schedule to be determined by the Department. The requirements management repository must be accessible by the Department and the IV&V and QA Services vendor.

Our Accenture Team uses the industry standard requirements management tool Rational ReqPro as our IME Requirements Repository. We track, trace, and link requirements to design documents and test scripts throughout the system development lifecycle. The Rational Suite, including ReqPro, is integrated with our ADM methodology, and our people are already well trained in the toolset.

We use this tool because it is robust and have been successfully demonstrated and field-tested in hundreds of system implementation projects. It also saves time. Changes to requirements are tracked through a history log. Visual tools show a dynamic linkage between requirements. Traceability features in ReqPro enable the creation of links between each requirement and other related requirements and documentation.

ReqPro is also useful for determining the impact of changing a requirement, design document, or other linked documentation. As requirements evolve, and become more detailed, Accenture captures, tracks and documents them in ReqPro. Automated email capability built into the tool can notify IME management of changes automatically, for hands-off and simple communication of requirements status.

ReqPro is configured with automated links to other tools in the Rational suite to link requirements to work flow and business process documentation, configuration documentation, test scripts, and test results:

- **Rational ReqPro** – Requirements tracking and Requirements Traceability Matrix (RTM) management
- **ClearCase** – Change control and configuration and system documentation version repository
- **ClearQuest** – End-to-end management of configuration from requirement definition to configuration item definition to test script execution and defect management to traceability verification

All of the Rational tools in the ADM have been pre-configured with templates, processes, and documentation from the ADM for Packaged Development. These enhancements promote adherence to the methodologies and faster uptake for Accenture Teams. This benefits IME by lowering risk and increasing quality through the IME MMIS implementation lifecycle. Tool configuration and use is guided by our Accenture Delivery Tools (ADT) team. The ADT team is comprised of subject matter experts (SMEs) who are dedicated to helping our projects use these tools correctly and successfully.
The following is an example of our configuration management tools at work.

- To start, we load all IME MMIS application and technical requirements in ReqPro which then generates the Requirements Traceability Matrix (RTM). This tool helps track changes to requirements and scope that may affect traceability later in the process.
- Once the requirements are in ReqPro, we build our list of workflow, business process, and system documentation and settings needed to configure the APHP solution to the specific Iowa requirements, completing the RTM. We tie the configuration settings and documentation items back to requirements logged in ReqPro. This enables us to verify that we are building what has been requested in the IME MMIS solution. Changes in ReqPro flag activities to be completed in ClearQuest to keep the RTM intact.
- We store configuration settings and system documentation in ClearCase. Once it is completed, we indicate completion in ClearQuest. We then lock down ClearQuest when we begin the test phase so that only configuration changes associated with a defect can be changed or fixed. We build test scripts to test the satisfaction of the requirements. As testing continues we use the Rational Test Suite to indicate the completeness of test scripts, and, therefore, the overall completeness of the fulfillment of the requirements. Because our requirements traceability chain is intact, we know that the IME MMIS solution is ready for User Acceptance Testing when the test scripts are 100% complete.

### Detailed System Design (DSD)

r. Detailed System Design (DSD) - the contractor(s) must develop a detailed system design (DSD) document, the structure and format of which must be prior approved by the Department. The contractor(s) must document each activity to implement each RFP requirement including, but not limited to, requirements validation, system configuration and rules engine population, implementation of COTS products and design, development of missing functionality and interface development and data conversion. The contractor(s) must conduct a walk-through of the design documents with the Department and demonstrations during the development of the DSD to enhance the Department's understanding and to facilitate the approval process. The contractor(s) will develop the DSD during implementation and maintain the DSD with semi-annual updates throughout operations.

At a minimum, the DSD document must be available in hardcopy and electronic media, in a format approved by the Department and must include:

1. Documentation of all rules.
2. A systems standards manual, listing all standards, practices and conventions, such as, language, special software, identification of all development, test, knowledge transfer and production libraries and qualitative aspects of data modeling and design.
3. An identification of system files and processing architecture.
4. Detailed documentation of all rules in the rules engine.
5. A general narrative of the entire system and the flow of data through the system.
6. A detailed description and diagram of the system architecture identifying how modules are integrated to meet RFP requirements.
7. General and detailed module narratives describing each function, process and feature.
8. A security design description for each business area that defines access control, including specifying roles, role locations and a matrix of roles by inputs and outputs.
9. A flow diagram of each module, identifying all major inputs, processes and outputs.
10. Lists of all inputs and outputs by module.
11. A listing and brief description of each file or data table.
12. A listing and brief description of reports to be produced by each module.

13. Detailed screen and report layouts by module.
14. Detailed screen and report narrative descriptions by module.
15. Layouts for online, context-sensitive help screens for all IME functions, including web-based modules.
16. Hardware and or software detail.
17. A high-level data model.
18. A detailed data model.
19. Entity relationship diagrams.
20. Use Cases.
21. High and medium level batch flow charts to the job, procedure and program level.
22. Detailed program logic descriptions and edit logic, including, at a minimum, the sources of all input data, each process, all editing criteria, all decision points and associated criteria, interactions with other programs and all outputs.
23. Final layouts for all inputs to include, at a minimum: input names and numbers, data element names, numbers and sources for each input field and examples of each input.
24. Final layouts for all outputs to include, at a minimum: output names and numbers, data element names, numbers and sources for each output field and examples of each output.
25. Final layouts for all files to include, at a minimum: file names and numbers, data element names, numbers, number of occurrences, length and type, record names, numbers and length and file maintenance data, such as number of records and file space.
26. A domain object model of the MMIS and POS for all contractor(s) developed modules of the IME solution.
27. Site maps for all web-based interface modules.
28. Application programming interfaces (APIs) used within the application to communicate between modules or with external systems must be defined in this document.
29. A detailed comprehensive data element dictionary (DED), including, at a minimum: data element names, numbers, and business area definitions, valid values with business area definitions, sources for all identified data elements and lists from the DED in multiple sort formats.
30. A glossary to define terminology specific to the MMIS and POS domain. It must explain terms and system usage that may be unfamiliar to the reader of project documents. In addition, it will be the repository for agreed upon definitions of terms open to various interpretations. This glossary should build upon the glossary of terms included in this RFP.
31. An update of the RTM to demonstrate how each requirement is addressed by the DSD.

APHP represents a new approach to delivering the full functional capabilities for the IME MMIS. Accenture decided to break from the pack and create a new solution, leveraging existing, proven industry capabilities. We approached the market from a fresh perspective, making our investment in the future and designing a commercially available, SOA-designed and COTS based MMIS product. Figure 8 - 39 below is a preview of the user friendly APHP web portal.

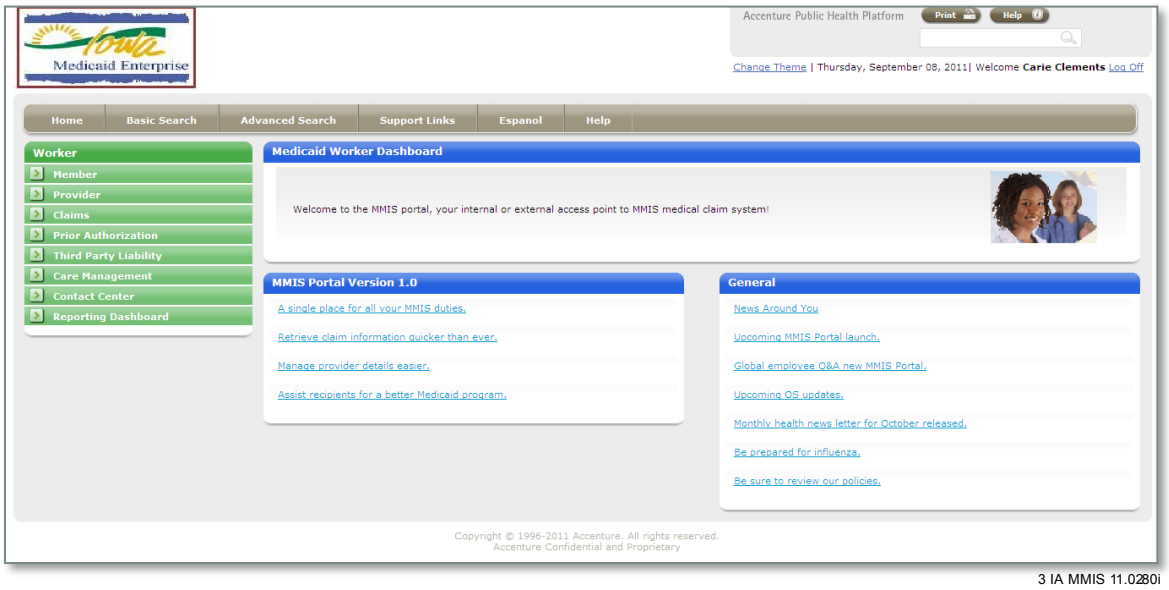



*Figure 8 - 39. Accenture's APHP solution for Iowa provides a fresh perspective and significant investment in the future of Medicaid in alignment with MITA goals.*

This preview is meant to highlight the fact that a commercial approach means that the State of Iowa is not developing an MMIS from scratch. Many of the traditional activities, and effort, spent during design are no longer needed. Accenture and the Department can focus their design efforts on efficient business processes and business rule definitions. Because we are standing on the shoulders of those products that have already designed to perform a specific business function, and more importantly designed to allow the owner to specify business rules through a business rules configuration manager, much of the detailed technical design tasks are completed before the project starts.

Accenture acknowledges that any and all configurations, interfaces, workflows, reports, conversions, and any other customizations that are State specific or are required to integrate with the Iowa healthcare ecosystem still requires a complete and detailed design. Accenture is a leading system integration company that implements complex enterprise systems for our clients around the globe. Our success comes from listening to our clients, designing the system they desire, advising them on sound design principles that will lower their total cost of ownership and accomplish their business functions in the most efficient way possible. We bring these same values to the State of Iowa. We bring the same methodologies and procedures that have us independently assessed at CMMI Level 4 in our North America Health and Public Services organization, underscoring Accenture's commitment to process, consistency and repeatability.

These methodologies include the tool suite we bring to document and trace our designs and requirements. We develop the content for the Detailed System Design (DSD) using the same Rational tools and processes that we use to develop the RSD. Accenture uses our standard, automated Rational Suite of tools to develop, store, link, and report on all aspects of the MMIS system implementation. These tools support the requirements and design process while enforcing traceability from each requirement through to its supporting design/configuration documentation and ultimately to the test cases used to confirm the requirement implementation.

Our Detailed Design documents are stored in Rational ClearCase. These documents are formatted based on the requirement they support. We use Microsoft Word to document use cases, Excel to map out interface formats, and Visio to document business process flows. Each of these types of documents is

stored in ClearCase and then linked back to the requirement(s) it supports. Detailed design documentation includes the following components as appropriate for our proposed packaged solution implementation:

- Rules documentation
- A systems standards manual, listing the standards, practices and conventions, such as, language, special software, identification of all development, test, knowledge transfer and production libraries and qualitative aspects of data modeling and design.
- An identification of system files and processing architecture
- Detailed documentation of all rules in the rules engine
- A general narrative of the entire system and the flow of data through the system
- A detailed description and diagram of the system architecture identifying how modules are integrated to meet RFP requirements
- General and detailed module narratives describing each function, process and feature
- A security design description for each business area that defines access control, including specifying roles, role locations and a matrix of roles by inputs and outputs
- A flow diagram of each module, identifying all major inputs, processes and outputs
- Lists of all inputs and outputs by module
- A listing and brief description of each file or data table
- A listing and brief description of reports to be produced by each module
- Detailed screen and report layouts by module
- Detailed screen and report narrative descriptions by module
- Layouts for online, context-sensitive help screens for all IME functions, including web-based modules
- Hardware and or software detail
- A high-level data model
- A detailed data model
- Entity relationship diagrams
- Use Cases
- High and medium level batch flow charts to the job, procedure and program level
- Detailed program logic descriptions and edit logic, including, at a minimum, the sources of all input data, each process, all editing criteria, all decision points and associated criteria, interactions with other programs and all outputs
- Final layouts for all inputs that include input names and numbers, data element names, numbers and sources and examples of each input
- Final layouts for all outputs that include output names and numbers, data element names, numbers and sources and examples of each output
- Final layouts for all files that include file names and numbers, data element names, numbers, number of occurrences, length and type, record names, numbers and length and file maintenance data, such as number of records and file space
- A domain object model of the custom-developed modules of the IME solution
- Site maps for all web-based interface modules
- Application programming interfaces (APIs) used within the application to communicate between modules or with external systems
- A detailed comprehensive data element dictionary (DED), including, at a minimum: data element names, numbers, and business area definitions, valid values with business area definitions, sources for all identified data elements and lists from the DED in multiple sort formats
- A glossary to define terminology specific to the MMIS domain that explains terms and system usage and is the repository for agreed upon definitions of terms open to various interpretations, starting with the glossary of terms included in the RFP
- An update of the RTM to demonstrate how each requirement is addressed by the DSD

Consistent with our methodology, we use the automated capabilities of the Rational tools to generate the DSD. The tools enable us to query and extract each requirement and its supporting design

documentation into the complete DSD deliverable document that we submit to IME. This includes the RTM content as well so that any updates to requirements are included in the DSD when it is submitted.

The list below is an illustrative example of the type of content included in a Design Document that we create for a workflow process to support an operational process (like authorization approval):

- A general narrative of the business process and flow of data.
- Documentation of all rules and decision points within the workflow.
- A detailed description and swim lane diagram of the business process flow identifying which operational roles and system process are involved in the business process.
- A security design description for which roles are involved in the business process and their appropriate level of access for review, approval and change.
- A context flow diagram of the workflow, identifying all major inputs, processes and outputs.
- A list of all inputs and outputs needed to support the business process.
- Detailed screen layout for the Worker portal pages used to support the process.
- A detailed report specification for each report produced to support the process.
- A detailed specification on where the business process performance metric will be reported within the APHP Performance Management Dashboard.
- Interfaces and web services used within the application to communicate between applications or with external systems.
- Additions to the data element dictionary (DED) if new data elements are required to support the process.
- Additions to the glossary of terminology specific to the MMIS.
- Updates to the RTM to demonstrate how each requirement is addressed by the DSD.

We work with the Department on content approval for our detailed design documents. The objective is to create the design artifacts that completely describe how the requirements are met using the APHP solution. The original requirements and system design content remains in the Rational tools where it can be viewed and updated. We store the extracted DSD in our SharePoint project management repository as a point-in-time extract from the Rational tools.

### Conversion Plan

s. Conversion Plan - The contractor(s) develop a conversion plan and must submit, for the Department review and approval, a conversion plan to successfully meet the Department business and technical requirements for implementation. The plan must be updated as necessary. The contractor(s) must provide a walk-through of the conversion plan before submitting to the Department for approval. The minimum requirements for the conversion plan are:

1. A description of the data conversion strategy and detailed conversion schedule.
2. A detailed plan for conversion of all files and images.
3. Methods for user validation of converted data and final conversion of files.
4. A list and definition of the universe of files to be converted.
5. Personnel assigned to the conversion of each file.
6. A discussion of the management of the conversion effort, including strategies for dealing with delays, contingencies, data reconciliation procedures, backup plan, backup personnel, process verification and other issues impacting data conversion.
7. A detailed contingency plan to identify and mitigate risks that may be encountered during conversion.
8. Procedures for tracking and correcting conversion problems when encountered and for documenting any revised procedures in the conversion plan.
9. Specifications for manually converting data and capturing missing or unreliable data elements that cannot be converted. All data must be cleansed from the legacy MMIS and POS.
10. Specifications for converting imaged documents.
11. Layouts of the reports produced as a result of conversion.
12. A definition of the metrics that will be generated by the conversion process.

i. These metrics will be used to measure the completeness of the conversion.

ii. These metrics must include record counts for each major grouping of data elements from both the legacy source systems and the new systems (i.e., number of members, cases, claims and claims paid).

13. A detailed description of all files to be converted and whether it will be a manual or an automated conversion or a combination of both.

14. Data element mappings, including values of the old systems data elements to the new systems data elements, and new data elements to old data elements, to ensure all data elements are addressed.

15. Identification of default values, where necessary.

16. Inputs for conversion.

17. Steps for conversion.

18. Expected results.

19. Detailed mapping of the conversion elements (Source Fields to Target Fields) for each module and data files.

20. Templates, procedures and schedules for all conversion reporting.

21. Copies of all conversion programs and program listings used during conversion tests.

22. Provide a walk-through with test results displayed in all screens of the new MMIS and POS.

Data conversion is an especially challenging part of a system implementation. An accurate and complete data conversion of existing MMIS data and manual data entry of critical information currently stored on paper-based documents is essential for the successful implementation of the IME MMIS. A successful data conversion must address many challenges and complexities such as missing data, duplicate records, incorrect data formats, and large data volumes, requires careful upfront planning. Our team brings the right experience, processes, and tools to help the Department develop a Conversion Plan that guides our collective teams to achieving a well-planned and meticulously executed data conversion for the IME System Services Project.

Our Data Conversion Manager, Sean Hiatt, leads the development of the Conversion Plan. Sean is an experienced executive level IT manager and certified PMI Project Management Professional who brings 13 years of Medicaid knowledge gained through involvement in numerous MMIS implementations across 10 different states. Sean has led teams responsible for the creation, initiation, and ongoing management of comprehensive Data Services groups. Sean's Data Conversion Team includes Accenture Data Conversion Specialists and individuals from S2Tech. Accenture Data Conversion Specialists are part of an Accenture practice that specializes in enterprise information management, data quality and integrity practices, data cleansing capabilities, and conversion best practices. S2Tech is the current MMIS system maintenance subcontractor that provides the majority of the staff currently performing system maintenance activities for the legacy MMIS. Our Data Conversion Team brings the experience, leading data practices, and existing knowledge of legacy MMIS data structures to help analyze data conversion requirements more quickly and develop comprehensive conversion plans.

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

We describe our data conversion approach in Section 8.3.2.1 Data Conversion Task. This section explains how our Data Conversion Team executes the following activities with the Department to complete the data conversion for the IME System Services Project:

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

Data conversion planning begins during Analysis activities. During Analysis, we collaborate with the Department to review and refine our strategy and approach for the IME System Services Project data conversion. Data conversion is the process of extracting, staging, mapping, transforming, and loading

data from legacy MMIS systems into the new IME MMIS. Our Conversion Plan describes our approach for completing these activities, addressing conversion for all historical and active data including all imaged documents in the current systems. It contains the specifications for data cleansing, automated conversion procedures, and the steps for manually converting data and capturing missing or unreliable data elements.

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

The Conversion Plan also includes a review of established plans for communication, risk, and contingency for the overall conversion effort. It includes backup plans, backup personnel, and strategies for dealing with delays. Our plan includes a list of known risks to the conversion effort and contingency plans to address those risks.

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

| Accenture Conversion Plan Contents | Meet or Exceed |
|---|---|
| A description of the data conversion strategy and detailed conversion schedule | ✓ |
| A detailed plan for conversion of all files and images | ✓ |
| Methods for user validation of converted data and final conversion of files | ✓ |
| A list and definition of the universe of files to be converted | ✓ |
| Personnel assigned to the conversion of each file | ✓ |
| A discussion of the management of the conversion effort, including strategies for dealing with delays, contingencies, data reconciliation procedures, backup plan, backup personnel, process verification and other issues impacting data conversion | ✓ |
| A detailed contingency plan to identify and mitigate risks that may be encountered during conversion | ✓ |
| Procedures for tracking and correcting conversion problems when encountered and for documenting any revised procedures in the conversion plan | ✓ |
| Specifications for manually converting data and capturing missing or unreliable data elements that cannot be converted so that all data is cleansed from the legacy MMIS | ✓ |
| Specifications for converting imaged documents | ✓ |
| Layouts of the reports produced as a result of conversion | ✓ |
| A definition of the metrics that will be generated by the conversion process. This includes<br>• Metrics will be used to measure the completeness of the conversion.<br>• Record counts for each major grouping of data elements from both the legacy source systems and the new systems (i.e., number of members, cases, claims and claims paid). | ✓ |
| A detailed description of all files to be converted and whether it will be a manual or an | ✓ |

| Accenture Conversion Plan Contents | Meet or Exceed |
|---|---|
| automated conversion or a combination of both. | |
| Data element mappings, including values of the old systems data elements to the new systems data elements, and new data elements to old data elements, to confirm that all data elements are addressed | ✓ |
| Identification of default values, where necessary | ✓ |
| Inputs for conversion | ✓ |
| Steps for conversion | ✓ |
| Expected results | ✓ |
| Detailed mapping of the conversion elements (Source Fields to Target Fields) for each module and data files | ✓ |
| Templates, procedures and schedules for all conversion reporting | ✓ |
| Copies of all conversion programs and program listings used during conversion tests | ✓ |
| Provide a walk-through with test results displayed in all screens of the new MMIS | ✓ |

*Table 8 - 29. Our comprehensive approach to conversion guides the team through conversion activities, resulting in reduced risk and data accuracy.*

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

## *Interface Plan*

t. Interface Plan - The contractor(s) must submit for the Department review and approval an Interface Plan to successfully meet the Department requirements for external interfaces. The plan must be updated as necessary throughout the life of the contract and be included as part of the operational procedures. The contractor(s) must provide a walk-through of the Interface Plan before submitting to the Department for approval. The minimum requirements for the Interface Plan are:

1. Identification of each external interface (see IME Resource Library at: http://www.ime.state.ia.us/IMEResourceLibrary.html for the current list).
2. Interface development strategy and detailed interface schedule.
3. Methods for user validation of interface functionality.
4. Personnel resources assigned to the development of each interface.
5. A discussion of the management of the interface effort, including strategies for dealing with delays, contingencies, backup plan and other issues impacting interface conversion.
6. A detailed contingency plan to identify and mitigate risks that may be encountered during interface implementation.

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

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

Our solution includes a data exchange approach that is reliable, flexible and configurable, supporting data exchanges through several mechanisms allowing for new data fields and new data sources to be added as needed. Some of the methods for generating and exchanging data with the APHP include:

- Quantum Data Services (QDS) framework for X.12 EDI and other large system-to-system exchanges. QDS comes with a build in translator that can be easily configured to accept proprietary formats, edit them and translate them into load ready files for APHP.
- SOA web services enabling Portal capabilities for Providers, Recipients, and Medicaid Operations Workers to process transaction or low volume based interfaces. APHP comes with a robust set of published web services that allow for easy and secure exchanged of information with trusted interface partners.
- BizTalk Enterprise Application Integration (EAI) is a mature Microsoft product that allows for the input and creation of files and/or services for the exchange in information with other systems. EAI includes the ability to use an existing set of adapters to exchange data in common industry standard formats, or create adapters for State specific functions.
- SQL Server Integration Services (SSIS) allows for both data extraction and updates from a variety of sources such as relational data sources, XML data files and flat files. SSIS gives us the ability to create scripts and apply business rules natively within the Microsoft SQL Server environment.

Accenture is committed to working with each interface partner to determine the best method for exchanging information. We conduct thorough testing of the data sharing protocols and direct data connections to all system interfaces by preparing test links in our test environment to confirm proper functioning of all data exchanges with external entities.

Our interface plan specifies the procedures we follow with each interface partner to identify the interface, document the format and data elements to exchange, the edits to apply and the perferred mechanism for

exchange. Our plan creates the master interface listing, schedule and interface diagram that provides the Department visibility of all external interfaces.

The Interface Plan documents the following information:

- Identification of each external interface for the IME Resource Library at: http://www.ime.state.ia.us/IMEResourceLibrary.html
- Interface development strategy and detailed interface schedule.
- Methods for user validation of interface functionality.
- Personnel resources assigned to the development of each interface.
- A discussion of the management of the interface effort, including strategies for dealing with delays, contingencies, backup plan and other issues impacting interface conversion.
- A detailed contingency plan to identify and mitigate risks that may be encountered during interface implementation.
- Internal components that make up the new MMIS.
- External components and systems to integrate. For each external component, we define the type of interface (synchronous, asynchronous, batch), direction, and timing of information flow.
- Transformation and formatting requirements pertaining to the translation and transformation of data between applications, such as the support for company and/or industry standard message formats and message layouts.
- Trading partner requirements pertaining to the set-up of trading partnerships and the exchange of business data.
- Additional affected legacy systems that may be affected by the new system.
- Requirements in terms of a desired benefit, such as the business processes to be automated and the reduction in time to process a transaction, interface, or set of interfaces.
- Impact assessment for each interface listing the risks associated with each interface and strategies to mitigate the impact of interface issues including contingency and backup plans.

As we prepare the Interface Plan we conduct walk through meetings with IME and other interface stakeholders to confirm the accuracy and completeness. In this way we confirm that the plan is complete and that all interfaces are covered prior to submitting the plan for approval. We also confirm the adequacy of interface descriptions, timing, content, and any other details required to implement and test the system interfaces.

### Test Management Plan

u. Test Management Plan - The contractor(s) must submit for the Department approval a test management plan for each phase of testing: unit, module, integration, regression, stress, user acceptance and operational readiness. The test management plan must describe the processes and tools proposed for successful testing. The plan must include:

1. A description of the test environments, methods, workflow and knowledge transfer required.
2. An organization plan showing contractor(s) personnel responsible for testing.
3. A discussion of management of the testing process, including strategies for dealing with delays in the testing effort, backup plan and backup personnel.
4. A contingency plan for risk mitigation.
5. Procedures and the Department approved tracking tool for tracking and correcting deficiencies and defects discovered during testing.
6. Procedures and the Department approved tracking tool for tracking status of test scenarios and individual test cases.
7. Process for updating the RTM based on test results.
8. Process for updating the DSD based on test results.
9. General description of the types of testing and the steps in each testing process.
10. COTS software tools used during testing.
11. Template of progress report.
12. Procedures for notifying the Department of problems discovered in testing, testing progress and adherence to the test schedule.
13. A plan for organizing all test results for Department review.
14. A plan for system performance, measuring and tuning.

15. A plan for operational readiness testing.

We develop a Test Management Plan covering each test phase. The approach documented in the plan is based on the testing methodology within Accenture Delivery Methods (ADM). The plans incorporate the industry recognized V-Model and covers requirements traceability, phase containment and environment separation as shown in Figure 8 - 40. The V-Model requires verification and validation at key points so that issues can be detected and addressed as early as possible in the testing life-cycle.

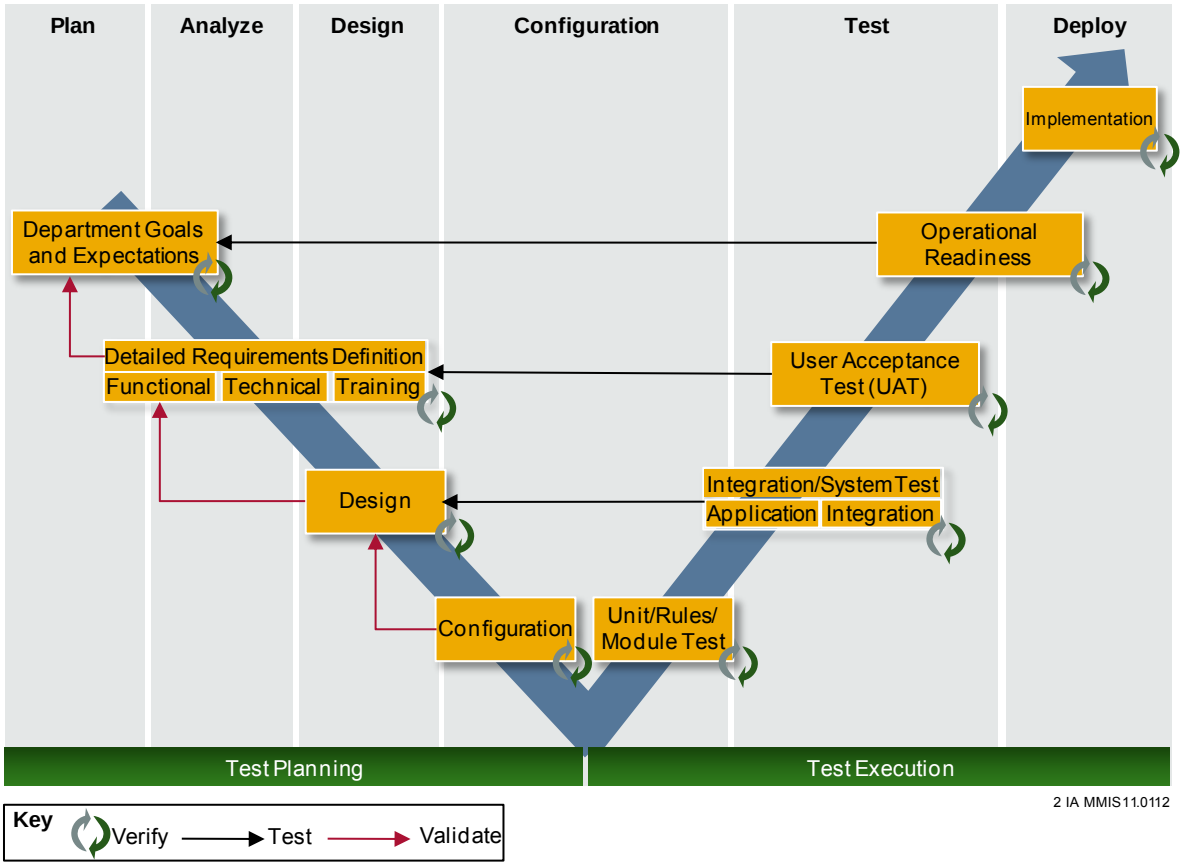



*Figure 8 - 40. Our V-Model testing approach confirms implementation across test phases to validate the software meets the requirements and functions correctly.*

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

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

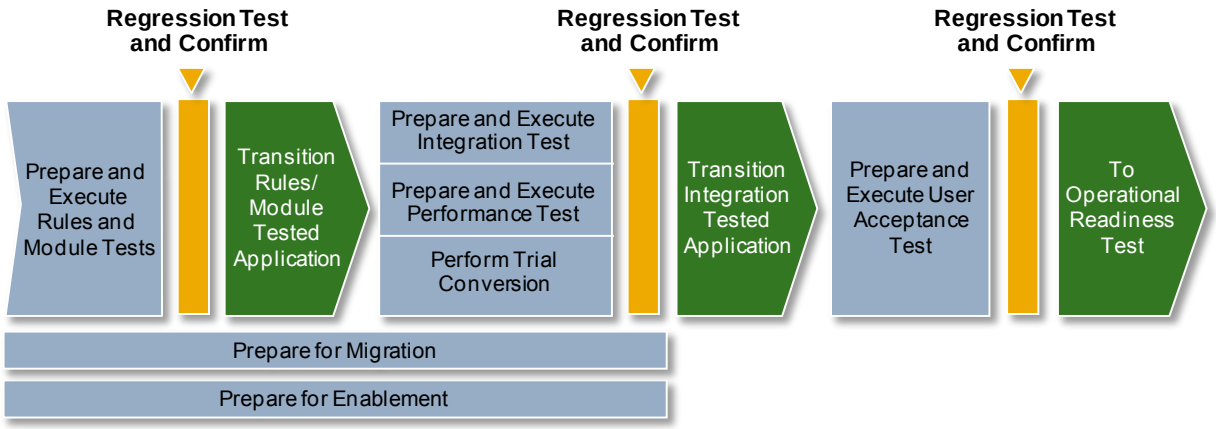
Our Test Management Plan describes the overall test approach, including the processes and tools Accenture uses to perform testing including test script development, test script execution, and defect logging and tracking. The plan covers:

- Test environments, methods, workflow and test team training.
- An organization plan containing a detailed list of personnel, their roles, and responsibilities during testing.
- The management approach for testing, including strategies for dealing with risks and potential delays in the testing effort, backup plans and backup personnel.
- The processes we follow to update the RTM, DSD, and other design documents using our integrated Rational Tool Suite.
- Examples of the format and content of the testing progress report and test results.
- Procedures for notifying the Department of problems discovered in testing, testing progress and adherence to the test schedule.

In our Test Management Plan we define clear entry and exit criteria for each testing phase to confirm readiness for the next phase. The entry and exit criteria approach are critical to success of the IME MMIS. Using the Rational Suite of tools we automate test script execution as appropriate. Automation with testing tools speeds up our testing process and supports fast and accurate regression testing.

For each new pass of testing, we include regression testing as a subset of the test scripts. This helps verify that change or fix has not caused problems or affected other related functionality. Regression testing confirms the system continues to operate as expected if there are significant changes or enhancements to the hardware or application architecture.

The Test Management Plan also covers the dedicated Testing Team comprised of Accenture and Subcontracting staff. Our Testing Team consists of functional and technical resources that are independent from the Development Team. The Testing Team focuses on creating test plans, test scripts and test execution. For Performance Testing, the Testing Team is supported from the Development Team to execute jobs, compare outputs and log performance metrics.




| ADM Tasks | Description |
|---|---|
| Confirm test cycles | Every test condition is covered by at least one test cycle |
| Establish test environments | Identify responsibility and authority levels for managing code migration into environments |
| Prepare common test data | Use common test data across multiple test stages |
| Create test scripts | Organize test conditions and expected results into detailed test steps that cover each test scenario |
| Execute test | Execute test cycles and test scripts according to schedule |
| Perform fixes | Fix defects logged in defect tracking tool and perform regression testing |
| Prepare and train UAT users | Decide on stakeholder representatives who will participate in user acceptance test and conduct training sessions |
| Schedule user acceptance test | Determine number of tests to conduct for user acceptance test |
| Gather user feedback | Consolidate and categorize all user feedback in a structured format |
| Execute automated regression test scripts | Using Rational Tester, conduct regression tests at the end of each testing stage |

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*Figure 8 - 41. Our Accenture Delivery Methods are tailored to the testing needs of the Department to achieve success at every level of testing.*

Based on our Accenture Delivery Methods (ADM), we follow our three-pass approach for each of the testing phases. The approach dictates that we execute each test script three times in each test phase. We have the following objectives for each test pass:

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

Accenture adopts a use case driven approach to validate functional and technical requirements and this is reflected in our Test Management Plan. We create our test conditions and expected results based on our business use cases. We carefully incorporate the requirements within testing plans to validate that the system works as designed. We write specific test conditions that define the test and then, we prepare our test scripts. These scripts are the road maps for conducting the test. Each script is written at as low a level of detail possible. The steps contained in each script are the instructions for executing the test.

As defined in ADM our planning for Integration Testing includes the following steps:

- Test Conditions: Comprehensive set of test conditions, based on the use cases and Department approved RTM, comprising of our RFP responses to the IME MMIS requirements.

- Test Scripts: We use the Department approved RTM, consisting of our RFP responses to the Department requirements to develop test scenarios and test scripts. We develop test cases and test scripts for each stage of testing, including integration testing. Test scripts include the steps, input data, and expected results for a number of test conditions.
- Test Cycle Control Sheet: Plans for each test cycle within the context of the larger test.

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

*Testing Tools*
We use the Rational Toolset, which is part of Accenture Delivery Suite of Tools (ADT) for testing activities. This approach creates repeatable test scripts for use during testing and enables reuse during regression testing. Using established test tools, we tie requirements to test scripts to provide certainty of requirement coverage. This reduces overall technical risk and promotes improved Department user buy-in.

We use the Requirements traceability matrix used to trace RFP requirements to use cases, test scenarios and defects. This traceability confirms that each RFP requirement has an associated test. The Rational RequisitePro (ReqPro) generated RTM provides traceability to test scripts written in Rational QualityManager. It is integrated into Rational QualityManager and other Accenture Delivery Tools (ADT).

Traceability between requirements, use cases, test conditions, test scripts helps verify that we have incorporated all the requirements into the testing documentation. This in turn confirms that all the requirements are verified in the final product.

Software tools from the Rational Toolset used during testing include the following:
- **Rational Requisite Pro:** Provides configuration management of requirements and maintains bi-directional traceability within the hierarchy of analysis, design, and test requirements.
- **Rational ClearQuest:** Provides defect management, process automation, lifecycle traceability and reporting for better visibility and control of the software development lifecycle. The power of this tool comes from the tight integration with Rational Requisite Pro and Rational QualityManager, enabling status reports to be created real-time regarding the impact of outstanding defects on test scripts and business requirements.
- **Rational QualityManager:** Used for effective test management, this tool manages manual test scripts, maintains traceability between test scripts and requirements, supports manual test script execution, and tracks test results for both manual and automated tests.
- **Rational Functional Manager:** This automated testing tool supports both Functional Testing and Regression Testing by enabling test scripts to be executed with minimal manual intervention, thus increasing the effectiveness of the testing resources.
- **Rational Performance Tester:** Used for predicting response time and capacity processing ability of browser-based applications, Rational Performance Tester uses limited hardware resources to create high magnitude of load on an application by emulating multiple, simultaneous users.

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

**Business Continuity Plan**

w. Business Continuity Plan (BCP) - develop a BCP that identifies the core business processes involved in the IME Medicaid Enterprise. The contractor(s) will develop during implementation and maintain throughout operations, a BCP that details how

essential functions of the Core MMIS contract and or the POS contract will be handled during any emergency or situation that may disrupt normal operations, leaving office facilities damaged or inaccessible.

1. The BCP must be formally reviewed on a yearly basis and approved by the IME.
2. The BCP must identify potential system failures for each core business process.
3. The BCP must contain a risk analysis for each core business process.
4. The BCP must contain an impact analysis for each core business process.
5. The BCP must contain a definition of minimum acceptable levels of outputs for each core business process.
6. The BCP must contain documentation of contingency plans.
7. The BCP must contain definition of triggers for activating contingency plans.
8. The BCP must contain discussion of establishment of a business resumption team.
9. The BCP must contain a hierarchy of management, including a recall list, which must be updated quarterly and approved by the IME.
10. The BCP must address maintenance of updated disaster recovery plans and procedures.
11. The BCP must contain procedures for accessing necessary Electronic Protected Health Information (ePHI) in the event of an emergency and for continued protection of ePHI during emergency operations.
12. Submit the BCP for review and approval within a timeframe determined by the Department.
13. The BCP must address planning for replacement of personnel to include:

i. Replacement in the event of loss of personnel before or after signing this contract.
ii. Replacement in the event of inability by personnel to meet performance standards.
iii. Allocation of additional resources in the event of the contractor‟ s inability to meet performance standards.
iv. Replacement and addition of personnel with specific qualifications.
v. Time frames necessary for replacement.
vi. Contractor‟ s capability of providing replacements and additions with comparable experience.
vii. Methods for ensuring timely productivity from replacements and additions.
viii. How established tasks will continue to be performed by staff when disaster strikes.

The Accenture Team develops a comprehensive Business Continuity Plan (BCP) that incorporates all of the State's requirements as set out in the RFP. We performs Disaster Recovery (DR) and Business Continuity (BC) testing on the new IME MMIS. We provide the hardware and the software for installation at the state DR/BC site. The Accenture Team executes the DR/BC tests in the state facility to demonstrate that the Disaster Recovery Plan (DRP) and Business Continuity Plan (BCP) have been correctly implemented and are operational.

The starting point for our Business Continuity Plan is the Business Impact Analysis (BIA) that we conduct during project startup. This analysis identifies and addresses the levels of severity and areas of the technical infrastructure that are needed to support Key Performance Indicators (KPIs) and State required service levels during a system outage. The BIA document becomes part of the overall BCP. With the BIA in place, we then develop a comprehensive BCP that details how essential functions of the new MMIS are handled during an emergency that may disrupt normal operations. The BCP covers the following:

- Potential system failures for each core business process
- Risk analysis for each core business process
- Impact analysis for each core business process.
- A definition of minimum acceptable levels of outputs for each core business process.
- Detailed contingency plans.
- Triggers for activating contingency plans.
- Business resumption team establishment
- Hierarchy of management, including a recall list, which must be updated quarterly and approved by the IME
- Procedures for accessing necessary Electronic Protected Health Information (ePHI) in the event of an emergency and for continued protection of ePHI during emergency operations
- How established tasks will continue to be performed by staff when disaster strikes

Accenture recognizes that, in order to be effective, Business Continuity Planning and Disaster Recovery Planning are intertwined activities, as shown in Figure 8 - 42. Therefore our BCP addresses how we

maintain and update the IME MMIS Disaster Recovery Plan. The process we following to develop the Disaster Recovery Plan is as follows:

*Stage 1: Identify & Assess*
During Stage 1, we complete the following assessments:

- Recovery Capability Assessment: We assess primary and backup systems capabilities and determine gaps. The team identifies and defines where changes and enhancements are needed within technical infrastructure and develop a resilient solution aligned in accordance to IME service agreements.
- Assessment/Impact: Accenture conducts a structured technical infrastructure assessment to provide analysis of potential loss resulting from threats. We provide a Technical Infrastructure Impact Analysis to determine the tangible and intangible impacts to key assets (people, process and technology) and their dependencies within MMIS.

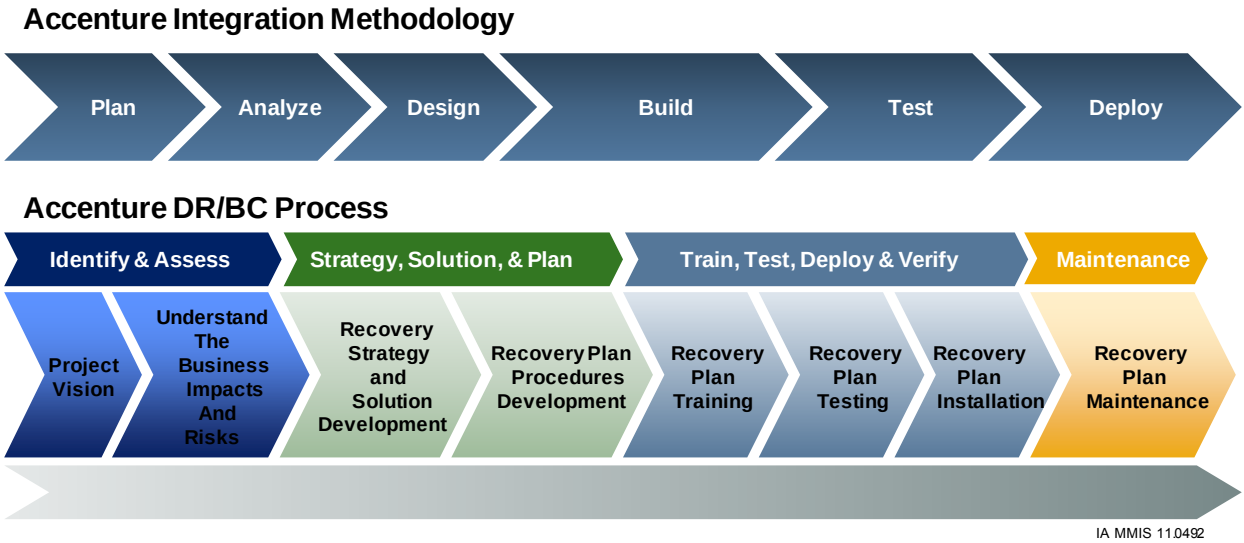



*Figure 8 - 42. Business Impact Analysis and Service Levels are validated for disaster recovery and business continuity with rigorous testing of possible event scenarios to reduce risk to the IME Medicaid operations*

**Stage 2: Strategy, Solution & Plan**
In Stage 2, we focus on developing the strategy, solution and plans for business continuity and disaster recovery:

- Strategy Development & Planning: We develop an overall business and disaster recover strategy that focuses on the key components of the State's MMIS to confirm that critical business functions can be recovered quickly in an organized, prioritized manner.
- Disaster Recovery Plan: Based on the overall disaster recover/business continuity strategy, we develop and document detailed, implementable business, operational and technology recovery plans according to the IME requirements. Each plan includes information such as detailed tasks and procedures, task owners, key stakeholders, and timelines.
- Program Governance: We identify the roles, responsibilities, policies, standards, tools, and reporting metrics to measure effectiveness of the business continuity program.

**Stage 3: Train, Test, Deploy & Verify:**
During Stage 3, we prepare and conduct training, conduct test exercise, deploy the plan and verify the results:

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

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

- Operationalize: Accenture maintains complete supporting documentation of State review and acceptance of the plan.
- Governance: Accenture provides M&O support for the live system. This includes release coordination and management across IME stakeholders, ongoing integration testing, and technical governance.

## *Personnel Business Continuity Planning*

Accenture understands that people are a key component of business continuity planning. In order to provide a comprehensive approach, our BCP also covers the following personnel-related topics:

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

## *Business Continuity Plan Submission and Review*

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

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

## Disaster Recovery Plan

x. Disaster Recovery Plan - The contractor(s) will develop during implementation and maintain throughout operations, a disaster recovery plan (DRP) and backup plan that addresses recovery of business functions, business units, business processes, human resources and the technology infrastructure. The IME must be protected against hardware and software failures, human error, natural disasters and other emergencies that could interrupt services. The contractor(s) must have onsite backup utilities and communications to support local operations until the recovery site is available. The contractor(s) will test said plan annually and report all findings to the IME. The contractor‟ s DRP must be integrated with the IME‟ s current DRP. The Department‟ s expectation is for bidders to provide the hardware and software necessary to create the disaster recovery back-up solution to be located in a state data center.

1. In the event of a natural or man-made disaster all data and files must be protected in an offsite location. The contractor(s) must provide an alternate business site if the primary business site becomes unsafe or inoperable. The business site must be fully operational within 72 hours from the time of the declaration or the primary business site becomes unsafe or inoperable. The contractor(s) shall provide the IME a hard and soft copy of the plan, including all revisions.

2. The disaster recovery and backup planning responsibilities of the contractor(s) are as follows:

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

ii. Provide for offsite storage of backup operating instructions, procedures, reference files, system documentation, programs, procedures and operational files. This must begin during the Implementation task of the DDI phase. Procedures must be specified for updating offsite materials. The DRP must be in place before operations are assumed. All proposed offsite procedures, locations and protocols must be approved in advance by the IME.

iii. Protect all data and files in an approved, secure offsite location. The contractor(s) must provide an alternate business site if the primary business site becomes unsafe or inoperable due to an event of a natural or man-made disaster. The business site must be fully operational within three business days of the primary business site becoming unsafe or inoperable. The contractor(s) must work and coordinate with the state of Iowa Information Technology Enterprise (ITE).

iv. Maintain appropriate checkpoint and restart capabilities and other features necessary to ensure reliability and recovery, including telecommunications for voice and data circuits and disaster recovery.

v. Prepare, maintain and test a DRP and provide the IME with up-to-date copies, at least once a year, during the term of the contract. The DRP must be submitted to the IME for approval prior to the systems implementation and whenever changes are required.

y. Ensure that each aspect of the DRP is detailed as to both contractor(s) and the IME responsibilities and that it satisfies all requirements for federal certification. Normal IME day-to-day activities and services must be resumed within three business days of the inoperable condition at the primary site(s).

1. The DRP must address checkpoint and restart capabilities.

2. The DRP must address retention and storage of backup files and software.

3. The DRP must address hardware backup for the main processor(s).

4. The DRP must address network backup for voice and data telecommunications circuits.

5. The DRP must address contractor(s) voice and data telecommunications equipment.

6. The DRP must address the Uninterruptible Power Source (UPS), at both the primary and alternate sites, with the capacity to support the system and its components, at a minimum:

i. 30 minutes of run time.

ii. An alternate power source that automatically switches over from the UPS and furnishes at least 24 hours run time.

7. The DRP must address the continued processing of transactions (claims, eligibility, provider file, and other transaction types), assuming the loss of the contractor's primary processing site; this shall include interim support for the IME online component of the new MMIS and POS and how quickly recovery can be accomplished.

i. The DRP must address backup procedures and support to accommodate the loss of online communication between the contractor's processing site and the IME.

ii. The DRP must contain detailed file backup plan and procedures, including the offsite storage of crucial transaction and master files; the plan and procedures shall include a detailed frequency schedule for backing up critical files and (if appropriate to the backup media) their rotation to an offsite storage facility. The offsite storage facility shall provide security of the data stored there, including protections against unauthorized access or disclosure of the information, fire, sabotage and environmental considerations.

iii. The DRP must address the maintenance of current system documentation and source program libraries at an offsite location.

iv. Provide and identify all backup processing capability at a remote site(s) from the contractor's primary site(s) to assure that all IME units continue to function as “normal,” in the event of a disaster or major hardware problem at the primary site(s).

8. Submit the DPR and backup plan for review and approval within a timeframe determined by the Department.

The Accenture Team performs disaster recovery planning and executes disaster recovery activities in accordance with the requirements set forth by the Department in the IME MMIS RFP. We provide the

hardware and the software for installation at the state DR/BC site. The Accenture Team executes the DR/BC tests in the state facility to demonstrate that the Disaster Recovery Plan (DRP) and Business Continuity Plan (BCP) have been correctly implemented and are operational.

Accenture's Disaster Recovery Plan is a companion deliverable to the Business Continuity Plan. As such, we follow the same methodology to develop the Disaster Recovery Plan in the previous section. The Disaster Recovery Plan identifies and addresses potential scenarios that may interrupt MMIS services including hardware and software failures, human error, and natural disasters. The plan includes provisions for onsite backup utilities and communications to support local operations if the recovery site is not immediately available. We also document target times for recovery based on the level of outage and allowable interruption time.

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

Our DR solution is to deploy the necessary equipment within the State's disaster recovery site. We have included in our hardware specifications a multi-purpose environment that serves as the user acceptance testing environment, business scenario test environment and the disaster recovery environment. This environment resides in the State's disaster recovery location and connected to the State's Data Center. This equipment includes the replication of all the mission critical components to recover production transaction processing and access. The Accenture Team works with the IME staff to construct the DR/BC plan according to State guidelines. The plan includes the identity of the critical production connections that require an alternate routing facility to the backup site. The alternate routing feature allows network control software to predefine a route that is used when moving the communications destination to the backup site. There may also be a re-destination of the production URL for Web portal users.

*Backup Solution*
Our initial hardware recommendations submitted with this proposal include an EMC disk based backup solution. We proposed two physical backup devices, one at the production site in the State's Data Center and the other at the State's disaster recovery site. The onsite, on disk backup means the State can immediately access backed up data in the event that a data restore is needed. Our proposed backup solution also includes the replication of the data to the disaster recovery site without the transfer of physical tape media. This provides the State with a number of advantages in a disaster situation by having the backed up data immediately available at the DR site. Our solution supports encrypted replication to the DR site. Backup to disk offers the ability to execute backs more often, resulting in a higher degree of data protection in the event of a failure. The solution performs inline data reduplication increasing backup efficiency and reducing the overall disk requirements.

*Procedures for Failover*
Working with the Department and State Data Center staff, we develop a disaster recovery plan that meets redundancy and failover capabilities that satisfy the requirements for federal certification. Working in a State facility, we will leverage the State's infrastructure and include in our DRP the specification and procedures that address retention and storage of backup files, the disaster recovery hardware for the main processors, backup for voice and telecommunication equipment and uninterruptible power sources. We work with state to confirm and test the procedures for disaster recovery and specify the recovery times based on the demonstration for the continuation of transaction processing. Our proposed backup and disaster recovery solution enables a failover capability that does not require any physical media to be retrieved or transported to the backup recovery location.

*Disaster Recovery Plan Submission and Review*
We conduct walk through meetings of the document content with IME prior to formal submission. In this way, we maintain a common understanding of the Department's expectations of the content as we

develop it. We submit the Disaster Recovery Plan to the Department for formal review at the beginning of the build phase of our methodology. Once the plan has been accepted, we conduct regular training on it with the Department and Accenture staff.

### Configuration Management

z. Configuration Management Plan - the Department requires software and hardware configuration that will support current operations and can accommodate future changes in programs, changes in standards and transactions and increased transaction volumes for the new MMIS and POS. The contractor(s) must:

1. Provide a software and hardware solution that is upgradeable and expandable.

2. Perform regular maintenance to ensure optimum performance.

3. Perform resource capacity utilization and capacity planning.

4. Implement needed expansions, at the contractor‟ s own expense, before ninety percent of maximum capacity is reached.

aa. Ensure all hardware, software or communications modules installed for use by the Department staff are compatible with the Department currently supported versions of the Microsoft Operating System, Microsoft Office Suite and Internet Explorer and current technologies for data interchange.

bb. Describe the planned system environments for testing, conducting knowledge transfer and production and the procedures and software tools for controlling the migration of software versions or releases between the environments. Refer to RFP Section 7 MMIS and POS System Requirements.

cc. Establish, implement and maintain a configuration management plan (CMP) that ensures support to all aspects of the life cycle of the project. The CMP shall address in detail the contractor‟ s organization, configuration identification, change management, internal audit procedures and other configuration aspects of the project.

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

- Provide the Department with a software and hardware solution that is upgradeable and expandable
- Perform regular maintenance to ensure optimum performance
- Hardware, software or communications modules installed for use by the Department staff are compatible with the Department currently supported versions of the Microsoft Operating System, Microsoft Office Suite and Internet Explorer and current technologies for data interchange
- Perform resource capacity utilization and capacity planning
- Implement needed expansions at the Accenture's expense, before ninety percent of maximum capacity is reached
- A solution is developed based on SOA principles
- Commercial off-the-Shelf (COTS) products are used extensively, minimizing custom development
- A solution that meets core MMIS requirements and be CMS-certifiable out-of-the-box
- A solution that provides a platform for today's requirements for interoperability and a framework for tomorrow's changing needs, whatever they might be
- MITA process areas provides the foundation for defining services, providing a MITA aligned solution that states can leverage to increase maturity

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

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

- A description of each of the environments planned for use during the IME MMIS implementation and operations including planned system environments for testing, conducting knowledge transfer and production and the procedures and software tools for controlling the migration of software versions and releases between the environments
- Hardware and software architecture and upgrade plans
- Operational system testing to monitor ongoing performance
- Maintenance planning
- Compliance with IME standards and guidelines
- Change management approach
- Configuration management roles and responsibilities across the Accenture and IME teams
- Configuration management tools and processes

### *8.3.1.3 Deliverables and Timeline*

v. These deliverables must be provided to the Department based on the dates included in the approved WBS.
a. The architectural and system requirements.
b. The results of the JAD sessions.
c. Methodology document for the development of the MMIS and POS systems.
d. Requirements Specification Document (RSD).
e. Requirements Traceability Matrix (RTM).
f. Detailed System Design (DSD).
g. Conversion Plan.
h. Interface Plan.
i. Test Management Plan.
j. Business Continuity Plan.
k. Disaster Recovery Plan (DRP).
l. Configuration Management Plan.

We create, review, and finalize the nine deliverables listed in Table 8 - 30 with the Department while completing the Implementation Tasks outlined in this RFP. We have incorporated the tasks for development, review, and approval of the deliverables listed below in the project work plan submitted with our proposal. The due dates below reflect the proposed plan. Upon formal submission of the work plan after project award, we understand that these dates may change based on IME input:

| Deliverables | Planned Submission Date |
|---|---|
| Architectural and System Requirements | 2/28/13 |
| JAD Sessions Results | 10/30/12 |
| MMIS Development Methodology Document | 2/28/13 |
| Requirements Specification Document (RSD) | 10/30/12 |
| Requirements Traceability Matrix (RTM) | 10/30/12 |
| Detailed System Design (DSD) | 2/28/13 |
| Conversion Plan | 2/28/12 |
| Interface Plan | 7/31/12 |
| Test Management Plan | 7/31/12 |

| Deliverables | Planned Submission Date |
|---|---|
| Business Continuity Plan | 7/31/12 |
| Disaster Recovery Plan (DRP) | 7/31/12 |
| Configuration Management Plan | 7/31/12 |

*Table 8 - 30. Accenture develops complete and accurate deliverables in collaboration with the Department.*

#### *8.3.1.4 Performance Standards*

a. Satisfactorily complete JAD sessions within the timeframe approved by the Department.
b. Provide the accurate analysis and design deliverables for review and approval within a timeframe determined by the Department.
c. Must meet a measurement of ninety-nine percent accuracy.

Analysis and design activities define and guide development of our IME APHP solution. The table below indicates our agreement to meet the performance standards outlined in this RFP associated with these activities.

| Performance Standards for Analysis and Design Activities | Meet or Exceed |
|---|---|
| a. Satisfactorily complete JAD sessions within the timeframe approved by the Department. | ✓ |
| b. Provide the accurate analysis and design deliverables for review and approval within a timeframe determined by the Department. | ✓ |
| c. Must meet a measurement of ninety-nine percent accuracy. | ✓ |

## 8.3.2 Development Activities (6.3.2)

#### *8.3.2.1 Data Conversion Task*

All historical and active data, including all imaged documents in the current MMIS and POS, must be converted. The Department requires a sound conversion strategy and approach that addresses data conversion using conversion programs and manual data entry. The data conversion task involves planning, identifying and analyzing conversion requirements, preparing a conversion plan, with specifications for developing and testing conversion programs and converting the data. Objectives of this task are described below:

a. Data integrity which is the characteristics of the data including business rules, rules for how pieces of data relate, dates, definitions and lineage must be correct for data to be complete.

b. Data quality which is the characteristic of data that bears on their ability to satisfy stated requirements in this RFP.

c. Data verification process wherein the data is checked for accuracy and inconsistencies after data migration is completed.

d. Data loads for testing purposes.

e. Data load completion.

f. The contractor(s) must address the data conversion requirements described for this task. The data conversion task must begin early in the life cycle of the project and all existing data must be converted and approved by the Department prior to the beginning of User Acceptance Testing (UAT).

The Accenture Team converts all historical and active data, including all imaged documents in the current MMIS to the new IME MMIS.

Data conversion is an especially challenging part of a system implementation. Data within the MMIS currently exists within complex data formats. Additionally, some information that is automated in the new IME MMIS is currently captured via paper forms. An accurate and complete data conversion of existing

MMIS data and manual data entry of critical information currently stored on paper-based documents is essential for the successful implementation of the IME MMIS System.

To help us plan and execute data conversion activities, we bring an experienced Data Conversion Manager, use Accenture leading practices and Accenture Data Conversion Specialists, and include S2Tech on our Data Conversion Team. Our Data Conversion Manager, Sean Hiatt, is an executive level IT manager and certified PMI Project Management Professional who brings 13 years of Medicaid knowledge gained through involvement in numerous MMIS implementations across 10 different states. Sean has led teams responsible for the creation, initiation, and ongoing management of comprehensive Data Services groups. Sean's expertise includes COBOL, CICS, PowerBuilder, Java, PLSQL, Informatica, Talend, Oracle Warehouse Builder, Oracle Data Integrator, and Camouflage.

An experienced team and Accenture leading data conversion practices support Sean through all aspects of the IME MMIS data conversion. Accenture has a practice that specializes in enterprise information management, data quality and integrity practices, data cleansing capabilities, and conversion best practices. We use this organization and their expertise for our data conversion, including the work we perform for the Department.

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

We recognize the importance of a sound conversion strategy and approach. Our experience with data conversion challenges and success strategies allow our team to develop an approach that delivers high-quality data and reduces the risks associated with enterprise implementation as shown in Figure 8 - 43.

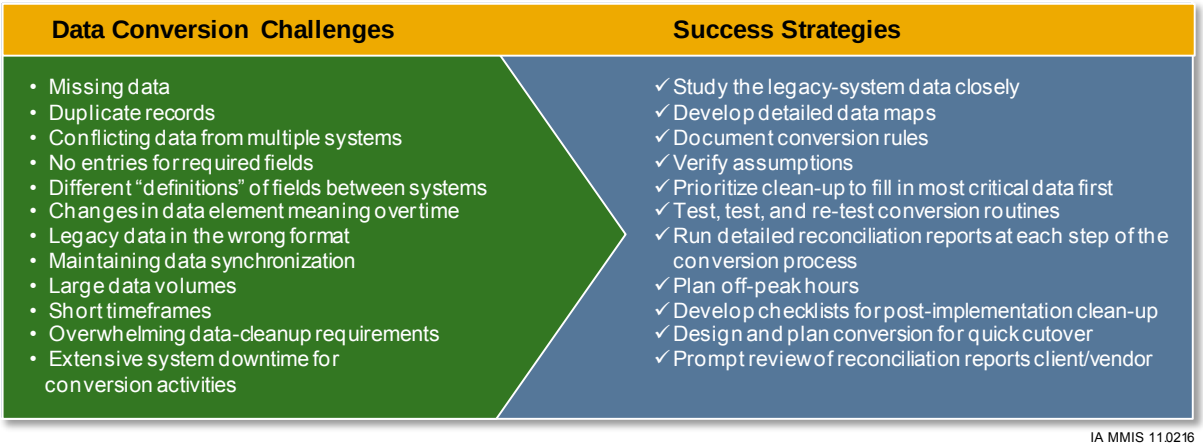



*Figure 8 - 43. We use proven success strategies in our data conversion approach to convert data accurately and completely.*

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

- Data conversion planning

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

Additionally, we perform data validation activities after production data deployment to verify data in the production environment.

**Data Conversion Planning**

Data conversion is the process of extracting, staging, mapping, transforming, and loading data from legacy MMIS systems into the new IME MMIS. These activities are shown in Figure 8 - 44

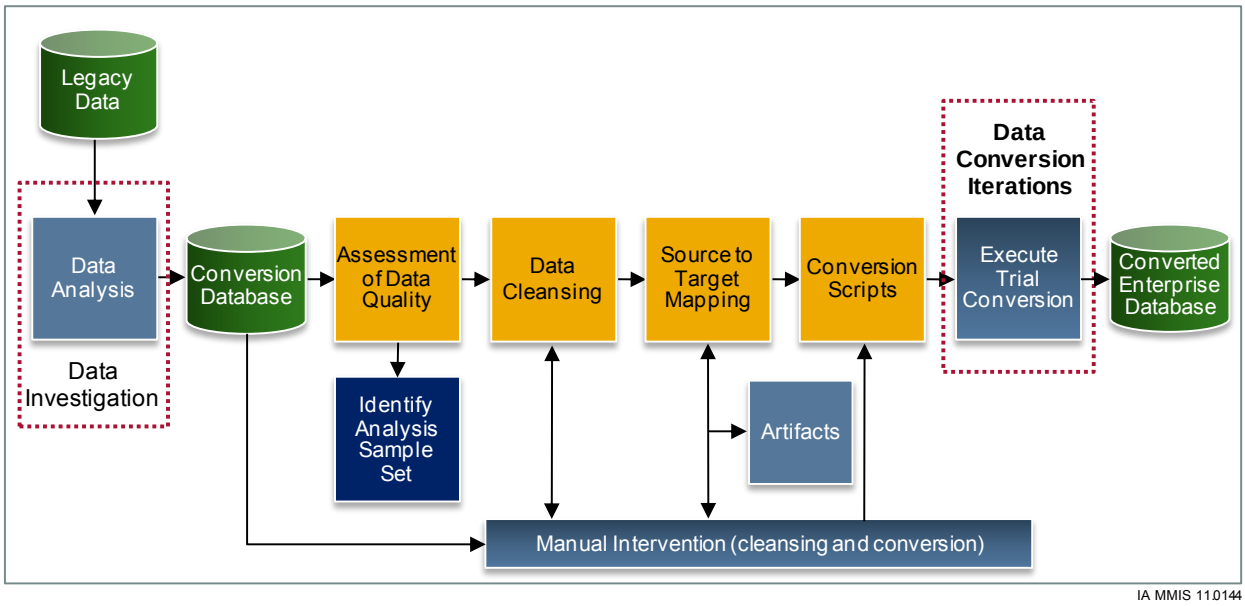



*Figure 8 - 44. Accenture stands on our knowledge and experience of data conversion to create a conversion process that works with all of the legacy data and classifies it correctly in the IME MMIS.*

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

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

- Approach to analyze current MMIS data
- Approach to bi-directionally map between legacy and target system data structures
- Any automated tools or software programs to be used in the conversion and testing of results
- Approach to reconcile converted and current MMIS data, including recommendations on how to handle any cases in the current MMIS that should be considered conversion exceptions

- Approach to data derivation for new data that is not in current MMIS but required to support target system data requirements
- Expected conversion issues and risks
- Proposed integrity rules, testing, and QA measures
- Proposed timelines, schedules, and resources for conversion activities

**Data Conversion Requirements Identification and Analysis**

The first step in conversion is data analysis. Data analysis is the processing of assessing the data to determine if it can be used in the new MMIS. This is shown in Figure 8 - 45.

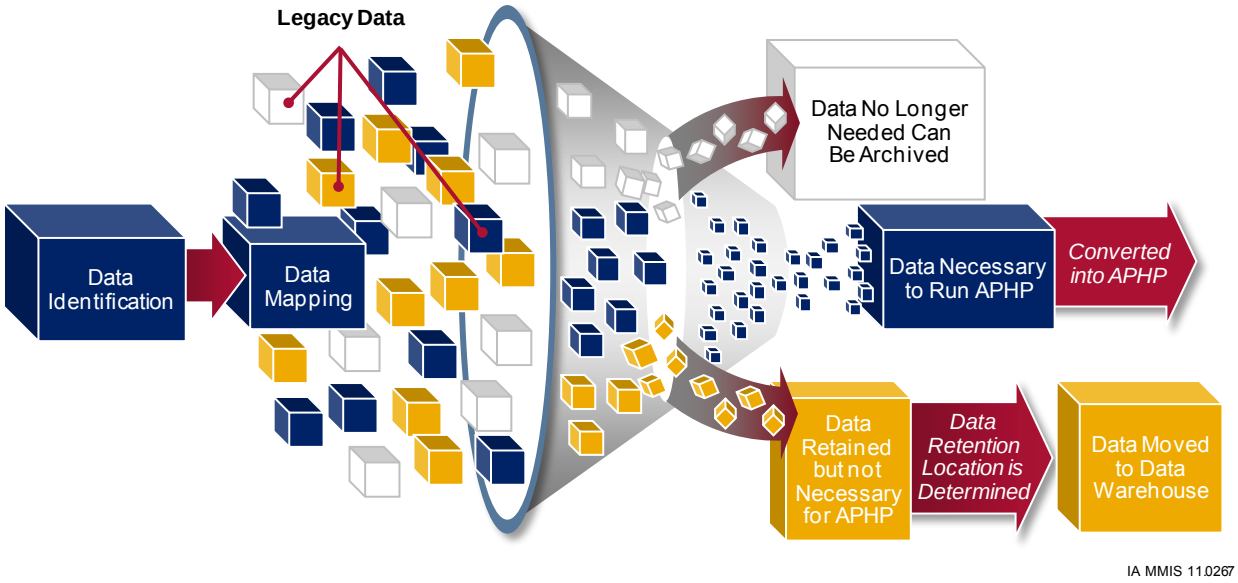



*Figure 8 - 45. Data analysis activities determine the legacy data to be cleansed and converted into the new system.*

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

Our data analysis effort includes a review of all historical and active data. For those legacy data elements that do not map directly to the new IME MMIS we work with the Department d to classify each data element and its disposition. This includes those data elements that are obsolete, redundant, calculated fields, or strictly used for the internal processing of the current systems. In addition, we identify information currently captured on paper that is stored electronically in the new IME MMIS. An initial load of this information is required to establish the data in the new IME MMIS.

During the data mapping process, the Accenture Team works with the Department to review data retention requirements, data dependencies, and data quality issues. Our effort also includes identifying data integrity constraints and co-existence and interface requirements. We identify data integrity constraints to restrict the data values to those allowed to be accepted into a data file. This preserves the correctness and consistency of stored data. We also identify any co-existence data elements. These requirements define how to address data elements stored in multiple sources and includes which source

takes precedence, when to sync up, which data is updated, when, and by whom. We also develop conversion requirements to be included in interface designs for data requiring an ongoing load via an interface following initial start-up. These activities help determine the scope of data to bring forward into the new IME MMIS.

We recognize that data conversion activities are dependent on verifying data quality and integrity and cleansing the various sources of input data. Data cleansing refers to the process of identifying data defects in the MMIS legacy systems, defining a resolution approach, managing the process of resolving defects, and incorporating resolved records into the data conversion process. Data defects result from incorrect processes or data entry errors in the legacy systems. Table 8 - 31 displays data cleansing examples.

| Data Cleansing Examples | |
|---|---|
| ***Example A*** | ***Example B*** |
| A claim has a different date of birth from the one the Department had on file for the beneficiary, so the claim's date of birth is cleaned (or scrubbed) by changing it to the Department's date of birth for the beneficiary. | A social security number or member ID has dashes in it, but the warehouse does not store dashes, so the dashes are removed from the data element before storing it in the data warehouse. |

*Table 8 - 31. Data cleansing allows conversion to the IME MMIS to be a more seamless implementation.*

Our APHP solution accommodates the assignment and recording of a unique recipient identifier for each Medicaid recipient. In addition, the solution maintains a history of any identifiers associated with the recipient, including previous Medicaid identifiers or social security numbers assigned in error. The claims adjudication process uses this list to assist in the recipient identification process of claims adjudication. We can assist in the identification of exact duplicate or suspected duplicate recipients and work with the Department to identify the proper steps to take to resolve these issues prior to go-live data conversion. This process includes searching for and merging duplicate recipient records, resolving apparent duplicates through automated workflow tools or when necessary, manually. We work with the Department and the current MMIS contractor to identify the legacy data issues. We jointly work to resolve data defects and cleanse legacy data prior to converting to the new IME MMIS.

**Design and Development of Data Conversion Programs**

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

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

Based on the created designs, the Data Conversion Team develops, tests, and deploys the data conversion programs required to put legacy system data in the correct format for the new IME MMIS system. Development of the data conversion programs includes:

- Extract programs used to produce data from the legacy system
- Loading of legacy system data into the new IME MMIS database within the Development environment
- Creation of PL/SQL translation scripts to select data from the MMIS legacy system and populate data in specifically formatted flat files used for converting the legacy data into the new IME MMIS database
- Use of data maps and detail designs as a guide to verifying that data is successfully inserted into the appropriate tables of the solution
- Internal code reviews to verify proper development standards are followed
- Development of any necessary data cleansing programs
- Design and development of manual data entry procedures

**Data Conversion Testing and Verification**

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

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

Coordinating the planning and verification of the data conversion with the Department and the current MMIS contractor provides for a seamless execution of the data conversion.

**Data Conversion Programs**

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

**Trial Conversions**

Trial data conversion is the final and primary method we use for testing the conversion process. Planning for trial conversions includes refinement of the Conversion Plan to include detailed conversion tasks identifying the sequence of the steps involved in automated and manual conversion processes. We perform trial conversions to practice the tasks that we execute during the go-live conversion. It provides the opportunity to execute all data conversion programs against the full production database and provides a formal review of the data by the Department. We also perform trial conversions to verify that the IME MMIS can perform tasks in a reasonable timeframe. Trial conversions allow staff participating in the conversions to become more familiar with new data, the tasks, methods and responsibilities. Trial conversions help build user and management confidence in the final conversion process. Early trial conversions allow us to resolve all major conversion issues before a final trial conversion. The final trial conversion must be a smooth simulation of the actual conversion process. We work with the Department to execute three trial data conversions as shown in Figure 8 - 46.

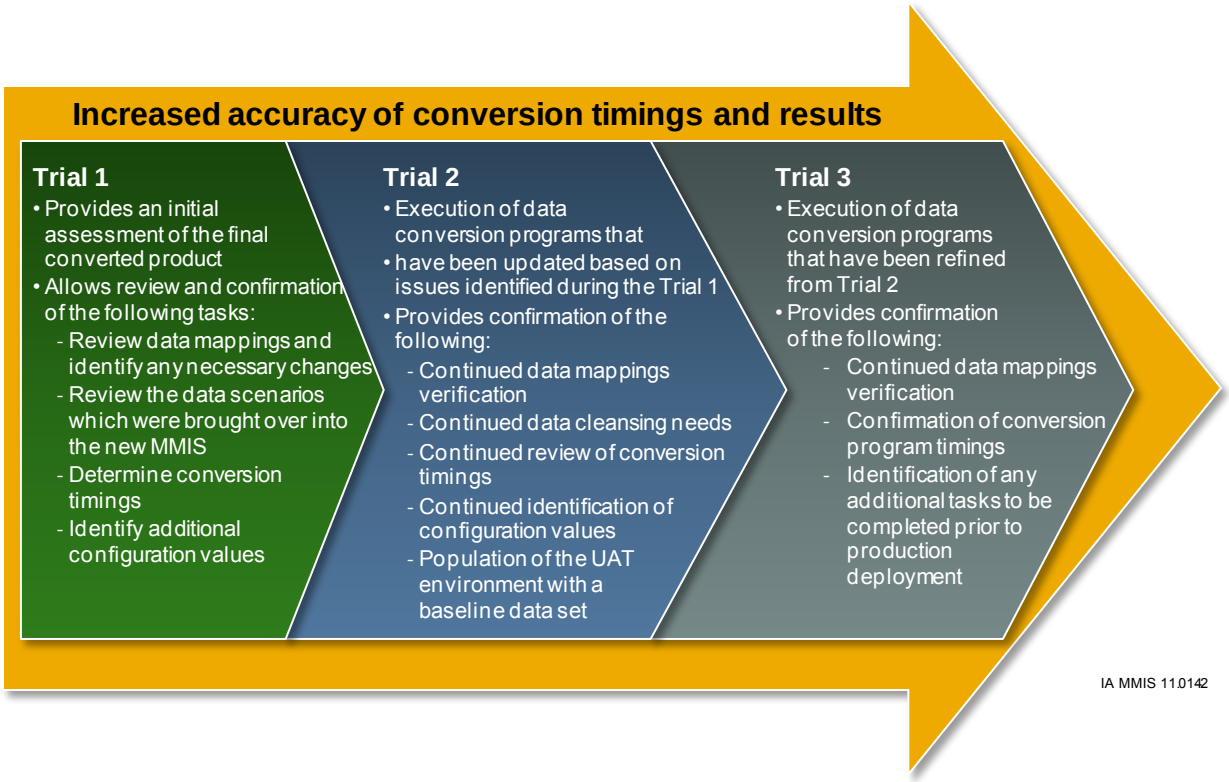



*Figure 8 - 46. We work with the Department to conduct three trial conversions to provide increasing verification of data conversion plans prior to production deployment.*

In addition to providing increased verification and accuracy for conversion timings, each of the three planned trial conversions has a specific purpose and objective. The following highlights the purpose of each mock conversion:

**Trial Conversion 1 - Technical Trial Conversion**
- Executed by Data Conversion Team Members
- Focuses on the technical execution of conversion programs
- Verifies estimates of system resources required and time requirements for the conversion process
- An iterative process with updates and fixes
- Converted data can be used with system test cycles

**Trial Conversion 2 - Performance Trial Conversion**
- Executed with Application Team Members
- Focuses on all technical executions associated with the conversion process
- Fine tunes conversion for performance taking into account the go-live timeframe
- Tests full target population
- Converted data can be used with system test cycles

**Trial Conversion 3 (Iterative) - Dress Rehearsal**
- Executed with involvement of Data Conversion and Application Team Members, representative end users, Technical Architecture Team, and Project Management
- Serves as a practice or dry run of go-live and encompasses all steps in the actual conversion
- Meets final conversion time requirements

- Execution environment identical to that of production
- Execution of all conversion procedures
- Verifies that conversion processes are ready for actual conversion
- Verifies that schedule fits within the designated window
- Tests full target population
- Converted data used with UAT

**Final Conversion**

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

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

The detailed Conversion Plan specifies the sequence of the steps involved in automated and manual conversion processes. Typically, four days, including a weekend, is required for performing the conversion to production activities. We work with the Department to determine the most reasonable timeframe for the conversion.

In preparing for the production conversion, we determine a cut-off point after which no data entry, online updates, or batch updates to legacy systems is possible. The Accenture Team “freezes” configuration/ configuration tables at a set point in time (usually one week) before the cut-off point for go-live. No entry to these tables is permitted through to the end of conversion, with the exception of entry done by the Data Conversion Team or through conversion processes.

After reaching the cut-off point, the legacy systems are frozen, allowing for the conversion from the legacy MMIS to the new IME MMIS. The IME MMIS is available for data entry after the conversion is executed successfully.

We validate and reconcile converted data with automated and manual activities. These activities include:

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

### 8.3.2.1.1 State Responsibilities

a. Provide Department implementation team with duties that include working with the contractor(s) on the data conversion of the MMIS and POS, advising on data reconciliation and participating in User Acceptance Testing (UAT) of converted data.

b. Review all data conversion checklists, reports, test plans and all deliverables defined in this section and provide quick response and comment. The standard turnaround for the Department review shall be 10 business days unless otherwise specified by the Department. The Department encourages early submission of draft documents to expedite the Department review.

| State Responsibilities | Acknowledgement |
|---|---|
| a. Provide Department implementation team with duties that include working with the contractor(s) on the data conversion of the MMIS and POS, advising on data reconciliation and participating in User Acceptance Testing (UAT) of converted data. | ✓ |
| b. Review all data conversion checklists, reports, test plans and all deliverables defined in this section and provide quick response and comment. The standard turnaround for the Department review shall be 10 business days unless otherwise specified by the Department. The Department encourages early submission of draft documents to expedite the Department review. | ✓ |

### 8.3.2.1.2 Contractor Responsibilities

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

The Accenture Team converts all data elements in the current MMIS for the new IME MMIS. We provide resources to complete the loading and application functionality to allow for the initial loading of all information currently captured on paper that will be automated in the new MMIS. We review the current MMIS documentation to determine which data elements are actually required for the conversion process and which are obsolete, redundant, or calculated fields as determined by the Department. We identify the fields that are strictly used for the internal processing of the current systems.

The Accenture Team works with the Department to establish the requirements for data conversion. We write programs, use tools and use existing extract routines to extract data from the current MMIS. We develop and provide knowledge transfer, documentation, maintenance and enhancement software identified in the conversion plan as being required to support the conversion from the existing systems to the new MMIS. We synchronize all source data with the converted data to confirm all records are tracked and validated.

Our Conversion Plan describes our approach to converting data for the IME System Services Project. While preparing for data conversion testing, we refine the Conversion Plan to include a detailed sequence of activities that includes activity timing and identifies the resources required for completion. The detailed Conversion Plan addresses both automated and manual conversion activities. For additional information on our Conversion Plan, defining conversion requirements and scope, developing conversion programs, and verifying data conversion results, see Section 6.3.2.1.

The following documents must be submitted for review and approval within a timeframe determined by the Department with minor revisions for the conversion tasks:

a. Final Conversion Plans – The contractor(s) will update the conversion plan for the MMIS and POS.

b. Data Conversion Checklists -The contractor(s) must prepare data conversion checklists, provide a walk-through for the Department staff, and then submit the checklist for the Department review and approval.

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

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

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

f. Conversion Test Results - provide the Department an interim report on each file and table conversion test within one business day of each scheduled file and table conversion test; this interim report will include the following for each file and table conversion:

1. All test results.

2. Any problems encountered and the impact on the rest of the conversion schedule; and before and after versions of each converted table, including default values.

3. A summary of the status of the test, including: Number of problems identified by type of problem, number of problems corrected and any significant outstanding issues, the effect of any findings on the implementation schedule and any other relevant findings.

g. Conversion Reports - At a minimum, the contractor(s) must produce the following reports to ensure adequate checks and balances in the conversion process:

1. Detailed mapping of the conversion elements (Source Fields to Target Fields) for each module and data files.

2. Weekly status reports on the conversion progress and any issues identified.

3. Conversion progress by environment, by module.

4. Statistics on conversion (e.g., % complete, % error, volume, exceptions):

i. By module.

ii. Time estimated versus actual time taken.

iii. Data verification reports.

iv. Manual spot check results.

v. Automated check results.

vi. Data reconciliation reports.

vii. Capacity plans (if applicable).

h. UAT of Converted Data - The contractor(s) must conduct UAT to confirm that data conversion has been done correctly, including verification that the “new” data matches the “old” data. The UAT test for data conversion must actively use all of the conversion functions, process all types of input and interfaces, and produce all conversion reports. The Department may require that the contractor(s) include certain types of data in the conversion test.

Our Data Conversion Team submits the documents listed in Table 8 - 32 to the Department for review and approval.

| Data Conversion Document | Description |
|---|---|
| ***Final Conversion Plans*** | During Analysis and Design activities, we work with the Department to create a Conversion Plan that describes our approach for the data conversion. As part of our preparation to begin trial conversions, we refine this plan to include a detailed sequence of tasks required to conduct and verify the data conversion. We continue to |

| Data Conversion Document | Description |
|---|---|
| | refine this detailed plan with each trial conversion. The Final Conversion Plan includes the verified list of activities that incorporates lessons learned from each trial conversion. |
| ***Data Conversion Checklists*** | Data Conversion Checklists identify the tasks necessary to successfully complete the data conversion. These checklists also include prescribed checkpoints to evaluate the effectiveness of previous conversion steps and communicate status to designated stakeholders. The checklists include all exit criteria for the data conversion. As we plan the conversion processes, we work collaboratively with Department to verify that all final implementation activities are accounted for in the checklists, the proper checkpoints are included, and communication strategies are in place.<br>We collaborate with the Department and the existing MMIS contractor to develop this checklist and conduct a formal walkthrough of the checklist prior to submission. |
| ***Data Reconciliation Procedures*** | Data Reconciliation Procedures and Scripts show what was extracted from the legacy system match what was loaded into the new IME MMIS system. We use these scripts during conversion testing to verify that our conversion processes and programs are delivering the right results. Reconciliation procedures are used during production to identify any potential problems requiring action prior to completion of deployment activities. We conduct a walkthrough of these procedures and scripts before submitting them to the Department for approval. |
| ***Data Reconciliation Results*** | Our Data Conversion approach includes three trial conversions. During these trials, we perform all conversion tasks planned for production, including reconciliation procedures and scripts. We create reports and detail results as we would with the production conversion.<br>Our trial conversions are a collaborative effort between the Accenture Team and the Department. Following each trial, we conduct a walkthrough of the reports and results, including reconciliation results, with the Department. The third trial conversion helps populate the UAT environment. We seek Department approval for converted data prior to incorporation for UAT. |
| ***Conversion Testing*** | We conduct conversion testing as detailed in the Conversion Plan. This includes testing individual conversion scripts, programs, and processes and trial conversions, which provide an integrated test of all conversion activities. Data conversion programs are verified during conversion testing using detailed test scripts. |
| ***Conversion Test Results*** | Our conversion and data cleansing strategy includes execution of multiple trial conversions. We conduct these trial conversions to prepare data for our system testing. Trial conversions help us prepare for full deployment into production at go-live. Each trial conversion produces reports that allow us to gauge the progress and success of the trial. Results from each trial conversion are available to the Department for review within one business day of each scheduled conversion test. Each trial conversion execution results in a report that includes the following for each file/table conversion:<br>• All test results<br>• Any problems encountered and the impact on the rest of the conversion schedule<br>• Before and after versions of each converted file/table, including default values<br>• A summary of the status of the conversion, including:<br>– Number of problems identified by type of problem<br>– Number of problems corrected and any significant outstanding issues<br>– The effect of any findings on the implementation schedule<br>– Any other relevant findings |
| ***Conversion Reports*** | After each trial conversion, we produce conversion execution reports to communicate to the Department that there are adequate checks and balances in our defined process. We work with Department to define the specific metrics required for each trial |

| Data Conversion Document | Description |
|---|---|
| | conversion. Our conversion reporting documents the metrics used to measure the completeness of the conversion process, including record counts for each major grouping of data elements from both the legacy source systems and the new system (i.e. number of persons, cases, resources, etc.). We additionally provide the Department with copies of all conversion programs and program listings used during the test. To provide information on the execution of the conversion process, we provide the following types of reports:<br>• Detailed mapping of the conversion elements (source fields to target fields) for each entity<br>• Weekly status reports on the conversion progress that identifies any issues<br>• Conversion progress by environment and by data area<br>• Statistics on conversion (% complete, % error, volume, exceptions); these include data:<br>– By data areas<br>– By application source<br>– Time estimated versus actual time taken<br>– Data verification reports<br>– Manual spot check results<br>– Automated check results<br>– Data reconciliation reports<br>– Data cleansing reports by data areas, by application data source<br>– Capacity Plans (if applicable)<br>After the completion of all data conversion activities, we prepare a Conversion Final Report. This report summarizes all data conversion activities and recommendations for ongoing data verification and/or reconciliation needs. |
| ***UAT of Converted Data*** | The third trial conversion is a dress rehearsal for the production conversion. This means we perform all conversion tasks as we would during the production conversion event. This includes performing all data reconciliation and verification activities. We also use the third trial conversion to populate the UAT environment. This allows the Department to verify data conversion results and provides realistic data scenarios for UAT. |

*Table 8 - 32. Our Data Conversion Team creates comprehensive planning and verification deliverables to guide a seamless conversion of data to the new IME MMIS.*

### 8.3.2.1.3 Deliverables

a. Final Conversion Plans.
b. Data Conversion Checklists.
c. Data Reconciliation Procedures.
d. Conversion Test Results.
e. Conversion Reports.
f. UAT Test Results.

We create, review, and finalize the six deliverables listed in Table 8 - 33 with the Department while completing the Data Conversion Tasks outlined in this RFP.

| Deliverables | Description |
|---|---|
| ***Final Conversion Plans*** | During Analysis and Design activities, we work with the Department to create a Conversion Plan that describes our approach for the data conversion. As part of our preparation to begin trial conversions, we refine this plan to include a detailed sequence of tasks required to conduct and verify the data conversion. We continue to refine this detailed plan with |

| Deliverables | Description |
|---|---|
| | each trial conversion. The Final Conversion Plan includes the verified list of activities that incorporates lessons learned from each trial conversion. |
| ***Data Conversion Checklists*** | Data Conversion Checklists identify the tasks necessary to successfully complete the data conversion. The checklists include all exit criteria for the data conversion. We collaborate with the Department and the existing MMIS contractor to develop this checklist and conduct a formal walkthrough of the checklist prior to submission. |
| ***Data Reconciliation Procedures*** | Data Reconciliation Procedures and Scripts show what was extracted from the legacy system matches what was loaded into new system. We use these scripts during conversion testing to verify that our conversion processes and programs are delivering the right results. Reconciliation procedures are used during production to identify any potential problems requiring action prior to completion of deployment activities. We conduct a walkthrough of these procedures and scripts before submitting them to the Department for approval. |
| ***Conversion Test Results*** | Our conversion and data cleansing strategy includes execution of multiple trial conversions. We conduct these trials to prepare data for our system testing. Trials help us prepare for full deployment into production at go-live. Each trial conversion produces reports that allow us to gauge the progress and success of the trial. Results from each trial conversion are available to the Department for review within one business day of each scheduled conversion test. Each trial conversion execution results in a report that includes the following for each file/table conversion:<br>• All test results<br>• Any problems encountered and the impact on the rest of the conversion schedule<br>• Before and after versions of each converted file/table, including default values<br>• A summary of the status of the conversion, including:<br>• Number of problems identified by type of problem<br>• Number of problems corrected and any significant outstanding issues<br>• The effect of any findings on the implementation schedule<br>• Any other relevant findings |
| ***Conversion Reports*** | After each trial conversion, we produce conversion execution reports to show the Department that there are adequate checks and balances in our defined process. We work with the Department to define the specific metrics required for each trial conversion. Our conversion reporting documents the metrics used to measure the completeness of the conversion process, including record counts for each major grouping of data elements from both the legacy source systems and the new system (i.e. number of persons, cases, resources, etc.). We additionally provide Department with copies of all conversion programs and program listings used during the test. To provide information on the execution of the conversion process, we provide the following types of reports:<br>• Detailed mapping of the conversion elements (source fields to target fields) for each entity<br>• Weekly status reports on the conversion progress that identifies any issues<br>• Conversion progress by environment and by data area<br>• Statistics on conversion (% complete, % error, volume, exceptions); these include data:<br>– By data areas<br>– By application source<br>– Time estimated versus actual time taken<br>– Data verification reports<br>– Manual spot check results<br>– Automated check results<br>– Data reconciliation reports<br>– Data cleansing reports by data areas, by application data source<br>– Capacity Plans (if applicable)<br>After the completion of all data conversion activities, we prepare a Conversion Final Report. This report summarizes all data conversion activities and recommendations for |

| Deliverables | Description |
|---|---|
| | ongoing data verification and/or reconciliation needs. |
| ***UAT Test Results*** | The third trial conversion is a dress rehearsal for the production conversion that populates data in the UAT environment. This allows the Department to verify data conversion results and provides realistic data scenarios for UAT. Our UAT Test Results includes data conversion reports, test script results, and a summary of defects identified. |

*Table 8 - 33. Accenture develops complete and accurate deliverables in collaboration with the Department*

### 8.3.2.1.4 Performance Standards

a. The contractor(s) must provide evidence to the Department that one-hundred percent of all appropriate data has been successfully converted.

Data conversion activities make data from legacy systems available for use by the new IME MMIS. Table 8 - 34 below indicates our agreement to meet the performance standards outlined in this RFP associated with these activities.

| Performance Standards for Analysis and Design Activities | Meet or Exceed |
|---|---|
| a. The contractor(s) must provide evidence to the Department that one-hundred percent of all appropriate data has been successfully converted. | ✓ |

*Table 8 - 34. Accenture understands and complies with defined Performance Standards.*

### *8.3.2.2 Configuration and Rules Engine*

The contractor(s) is responsible for configuration of all software and for populating the rules engine.

The Accenture Team configures the software and populates the rules engine needed to deliver the new IME MMIS.

The APHP solution for the IME MMIS is designed with a distributed business rules management model. In the distributed business rule model, the APHP framework is essentially the Business Rules Management System, (BRMS). Each component product integrated into APHP has its own native rules engine. Native capability allows each component to manage the rules associated with the functions and data processed within that specific component. It is the APHP framework that provides access to and information about business rules. This gives MMIS users streamlined, simplified tools with which to manage business rules. In APHP users can view, change, and audit business rules through our web-based Worker portal.

In order to identify the rules needed in the new IME MMIS, we start with the rules already existing in the legacy MMIS. We extract those rules and review the process and policy documentation to identify the rules

**Accenture SOA Fast Facts**

- Our suite of SOA and web services assets and best practices cover the spectrum of needs for successfully launching, delivering, accelerating and managing an SOA initiative
- We have more than 900 SOA projects in progress worldwide
- Accenture has over 41,000 people with proven SOA/Enterprise Integration design and delivery skills
- We employ more than 3,000 SOA architects specializing in Systems Integration & Technology
- Accenture has developed SOA and web services methodologies and tools from hands-on experience delivering 1,000+ SOA/Enterprise Integration programs

that must be populated in the new IME MMIS. We work with the Department during our JAD/Conference Room Pilot sessions to review and refine the existing rules and identify new rules that must be configured.

The Claims Engine, Enterprise Security, and Process and Workflow Rules Engine are the three main rules engines in APHP. They administer the enterprise-wide rules. The APHP Enterprise Service Bus orchestrates the conversations among all components so that the business rules are carried out in the correct order per the Department approved requirements, rules, and workflows.

The APHP solution is preconfigured to support MITA and Federal business rules. Once APHP is installed and integrated in the data center, the remaining changes to the system are configuration settings that enable the system to function according to state specific business rules. The COTS components of the APHP are preconfigured and tested within the APHP framework. During the configuration process, we generate activity and status reports throughout the lifecycle of the implementation effort at all the levels, from integration until production. These reports are viewable at any stage. This built in, ready to deploy system reduces the amount of time required to configure each component.

**MMIS Integration and Configuration Plan**

Accenture's approach to configuring and integrating modules into the framework is to reconfigure the APHP framework. APHP is designed around the MITA business process areas. APHP is pre-packaged with the configured, tested modules required to support the eight MITA business process areas. To enable the functionality required for state-specific requirements, we need only configure the modules to handle those requirements. Configuration change, while straightforward, is subject to standard project management practices. All configuration changes are thoroughly tested and approved before being put into production.

APHP utilizes adapters to preserve the integrity of the MITA business processes when modules in the COTS Application layers are changed. The adapters require the application to adjust to, or adapt, to fit the business process, rather than the other way around. The principles on which SOA is based have technology support services rather than services bend to technology. These principles have many benefits, one of which is eliminating redundancy between modules and services.

The Iowa Data Center is a critical hub supporting the architecture and multiple systems needed to provide state services. When changes are planned in the data center, the State needs to know exactly what is planned, when it will happen, and how they will be able to control those changes. Accenture provides a detailed MMIS Integration and Configuration Plan that describes the specific process and procedures for installing and integrating the APHP solution and solution components into the Iowa Data Center and Framework. For each component of the AME Core System, we include a detailed list of tasks, dates and resources in our overall project work plan. This enables the Department and Accenture to track and monitor activities and progress as the data center integration is completed.

The objective of this plan is to document the overall installation steps and configuration procedures that will be performed during the installation and integration of the APHP technical infrastructure into the state data center. Accenture includes the following information in this plan for each component of the AME Core System:

- Product overview
- Product inventory
- Technical infrastructure topology
- Product prerequisites for installation
- Users and groups
- Directory structures and partitions
- Naming conventions
- Installation checklists and validation/verification processes

- Installation gaps/issues
- Reference material
- Reference to the operations environment for start-up/shutdown procedures
- Reference to the operations environment for back-up/restore procedures
- Reference to the operations environment for recover procedures

As we develop the MMIS Integration and Configuration Plan we coordinate closely with state data center resources. In this way, we confirm necessary details specific to the data center are accurately reflected in the plan. We conduct walk-throughs of the document with state staff prior to formal submission as well. This enables us to identify and address state questions prior to the formal review so that the final plan is comprehensive and complete.

**Component-Based Functional Design**
Our completed detailed analysis of the IME MMIS requirements identifies and defines the APHP configurations that are needed to achieve your system requirements and support the Medicaid business processes. Starting with the inventory of Reports, Interfaces, Configurations, Extensions, Forms, and Workflow (RICEFW) processes we translate our knowledge of the APHP framework and the Iowa Medicaid business processes into a planned configuration. Then we configure the system accordingly as defined in our overall Project Work Plan.

We validate the planned APHP configuration with the key business users and project management. Then we configure APHP as defined in the product requirements, documenting the data structures, data flows, business logic, user interface design, interfaces and algorithms used to configure APHP and integrate it into the Iowa environment in the APHP Component Based Functional Design. We create this document based on the AME Core System/MMIS Framework Specification to document and describe the functional requirements and address performance goals, KPIs, service levels, and existing State infrastructure.

This APHP Component Based Functional Design represents the functional design of the integrated solution. It extends the conceptual design of the integration solution by fleshing out the process, data and application integration components: detail the functionality for the cross-application interfaces within a given business process or sub-process; identify business events or messages within the integration conceptual design; define common or shared data objects to capture the business event/message layouts; and map each of the interfacing applications to the shared objects at the entity and field levels and thus identify the data mapping rules.

### 8.3.2.2.1 State Responsibilities

a. Provide an implementation team with duties that include working with the contractor(s) on the design and development of the MMIS and POS.

b. Review all prototypes, screen designs, work plans and all deliverables defined in this section and provide quick response and comment. The standard turnaround for the Department review shall be 15 business days, unless otherwise specified by the Department. The Department encourages early submission of draft documents to expedite the Department's review.

| State Responsibilities | Acknowledgement |
|---|---|
| a. Provide and implementation team with duties that include working with the contractor(s) on the design and development of the MMIS and POS. | ✓ |
| b. Review all prototypes, screen designs, work plans and all deliverables defined in this section and provide quick response and comment. The standard turnaround for the Department review shall be 15 business days, unless otherwise specified by the Department. The Department encourages early submission of draft documents to expedite the Department's review. | ✓ |

### 8.3.2.2.2 Contractor Responsibilities

The contractor(s) is responsible for developing, testing, and documenting all MMIS and POS applications for the IME. Key elements associated with this task are:

a. Demonstrate that all hardware, software and communication linkages are functional and will support the Department's requirements.

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

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

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

e. Present all standard output reports.

f. Demonstrate functionality of all interfaces.

g. Populate the rules engine.

h. Update the CMP.

The Accenture Team develops, tests, and documents all MMIS applications for the IME. Key activities we perform are as follows:

- Demonstrate that hardware, software and communication linkages are functional and support the Department's requirements
- Confirm that the developed solution meets design criteria and satisfies the intended purpose
- Install and enhance or modify modules of the proposed systems, according to the specifications developed and approved by the Department in the systems design task
- Provide module walk-through and demonstrations to the Department
- Present all standard output reports
- Demonstrate functionality of all interfaces
- Populate the rules engine
- Update the Configuration Management Plan (CMP)

**Hardware, Software, Communication Setup**
The Accenture Team installs all equipment necessary to host the APHP product, including data storage devices and network connectivity components. The first installation hosts our development environment which allows the team to demonstrate the functionality of the product to the Department and other stakeholders. During the Implementation Phase we verify that the design criteria set forth in the requirements have been met and is functioning properly.

During the Implementation Phase, the team conducts demonstrations as a walk-through of each business function. These demonstrations verify that the requirements have been accommodated and the product is functioning as designed. These demonstrations are referred to as conference room pilots. The APHP product is an existing MMIS solution; prototypes and demonstrations are made available early in the project for Department review.

The APHP contains an application called Enterprise Reporting and Analytics which is designed to meet and exceed all the requirements for standard reports as well as provide ad hoc reports and dashboards. Figure 8 - 47 depicts the functionality of the module.

**Provide Module Walk-Through and Confirm Developed Solution**
We conduct JAD/Conference Room Pilot sessions with the Department and IME stakeholders to review and elaborate on the requirements for the new IME MMIS. We configure the solution to match those requirements and walk through the configured application again with the Department. This wave-based approach to analysis and design provides the Department the opportunity to see the new IME MMIS as it evolves during configuration. In addition to demonstrating the configured solution during the JAD sessions, we also walk through standard output reports to confirm the format and content with the Department.

We continue to gather Department feedback throughout these sessions to confirm the developed solution.

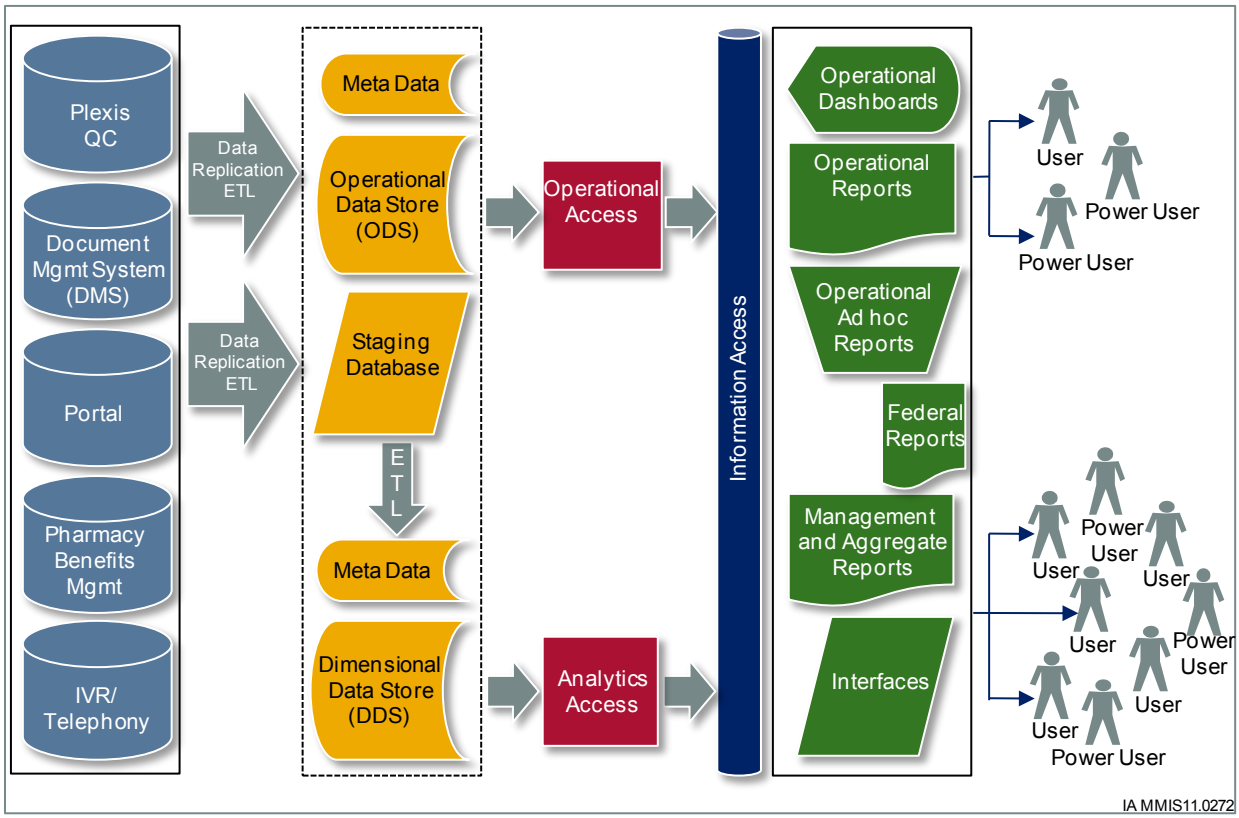



*Figure 8 - 47. Enterprise Reporting and Analytics. Standard reports and much more will be available to the IME users.*

**Install and Enhance or Modify Modules**

The APHP solution that we propose for the IME MMIS is a SOA-based framework of Commercial-off-the-Shelf software. We tailor the solution to Iowa's specific requirements via a straightforward configuration process. We start the configuration before we conduct the first JAD session with the Department. As we proceed with the JAD/Conference Room Pilot sessions, we continue to update the configuration based on input from the Department on the system and operational requirements.

The applications that provide business services within the APHP use configurable rules to process transactions against. The business rules are consolidated and accessible via the Worker Portal. This feature presents the rules in real time using easy to read language that does not require any computer programming background to understand. For example, if a pended claims examiner wanted to see which rules caused a claim to be pended, they have the ability via the Worker Portal.

APHP Business Rules are available to be added, deleted or modified online. The preferred process would be to change the rule in a test or staging environment and migrate the rule through the configuration management flow. However, in an emergency, the rule may be changed directly in the Production environment by following the appropriate security and quality control process.

The APHP configurable rules are the facilities used to satisfy state specific requirements during the startup phase of the project. These rules are populated by the Accenture Team business analysts because there is no need to have computer programming background.

Business analysts and developers use existing business rules and workflows in the APHP and configure new ones specific to IME's policies, practices and operations. The APHP product is composed of business services, a technical platform, and processes and procedures for implementation and operations. The business services are reusable business objects and business rules designed to be readily configurable to implement in multiple jurisdictions, different programs, policies, procedures and business needs. The components were designed for reuse from their inception, and we do not need to "re-platform" them to help meet the defined architectural standards within the IME APHP. Accenture developers from the other Medicaid projects and other health payer projects bring this knowledge to the Department.

Business rules engines are designed to produce decisions based on complex sets of criteria. These results are quicker, cheaper and more consistent than manual computation of the same rules. APHP uses Plexis Quantum Choice™ (QC) to deliver automated claims adjudication and assessment of prior authorization requests through use of the QC rules engine.

Authorized IME and contractor staff can configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions. Because QC is a robust COTS solution, rules changes or program additions become functional configuration changes instead of customizations at the code level. This enables trained, non-technical personnel to make rules changes without programmer intervention.

The QC rules engine also accommodates the testing of new or modified business rules, edits and audits by working in an inactive status on the State's production configuration. This status permits rules testing against current program data. Users can also review, test and evaluate rules changes in a "What-if" scenario without risk to the active configuration and system performance. Staff can also review rules online, including dependencies and exceptions.

The Accenture Team is geared to configure rules that deliver desired outcomes. This may include threshold monitoring for payment amounts, emergency provisions that circumvent longer business processes, or rules that assist with the assignment of benefit plans and Primary Care Providers. The QC rules engine produces results consistent with expected outcomes for claims adjudication and prior authorization request processing.

In our SOA solution, other COTS packages contain rules that do not rely on the QC rules engine for automated decision support. Other applications within the product will not use the QC rules engine to provide business services but are configured with the specific rules required to perform their functions. For example, our solution uses MS BizTalk in the event that a rules engine is required but not native to the application processing the transaction. As mentioned, QC manages provider and member data; however, the process of enrolling in Medicaid is not a function of the QC rules engine. We use BizTalk to evaluate rules for enrollment (forms complete, identity verification, licensing, etc.) and coordinate appropriate actions with other services, such as automatic letter generation for missing information.

Construction of BizTalk business rules happens in conjunction with our solution workflow tool, K2 blackpearl. K2 provides a BizTalk Rules Composer that allows non-technical users to create business rules within the K2 Studio application. Use of BizTalk also reduces cost and speed delivery of the APHP by leveraging BizTalk rules already in use.

As a result of the Implementation tasks above, the Accenture Team provides an updated CMP, documentation of the rules used to provide business functions within the platform, updated use cases, standard output reports, updated interface plan and component and user documentation manuals.

**Interface Functionality**
In order to demonstrate the functionality of all interfaces for the new MMIS, we plan and execute integration testing as part of our overall test plan. We deploy the new IME MMIS in our Conversion Testing environment as part of Integration Test activities. In this environment we run the IME MMIS with the other systems and trading partners to confirm system-to-system communication, data transfers, and interfaces are functioning as expected. Full details of our interface approach are included in the Interface Plan which is delivered within 45 days of contract award.

**Populate Rules Engine**
The Accenture Team populates the rules engine needed to deliver the new IME MMIS. The APHP solution for the IME MMIS is designed with a distributed business rules management model. In the distributed business rule model, the APHP framework is essentially the Business Rules Management System, (BRMS). Each component product integrated into APHP has its own native rules engine. Native capability allows each component to manage the rules associated with the functions and data processed within that specific component. It is the APHP framework that provides access to and information about business rules. This gives MMIS users streamlined, simplified tools with which to manage business rules. In APHP users can view, change, and audit business rules through our web-based Worker portal.

In order to identify the rules needed in the new IME MMIS, we start with the rules already existing in the legacy MMIS. We extract those rules and review the process and policy documentation to identify the rules that must be populated in the new IME MMIS. We work with the Department during our JAD/Conference Room Pilot sessions to review and refine the existing rules and identify new rules that must be configured. The rules population and configuration are then tested and validated throughout our testing phases.

**Update the Configuration Management Plan (CMP)**
We coordinate closely with Department and IME stakeholder resources as we proceed through the implementation activities for the project. We confirm necessary details specific to the data center are accurately reflected in the CMP. We conduct walk-throughs of the document with Department staff prior to formal submission as well. This enables us to identify and address state questions prior to the formal review so that the final plan is comprehensive and complete. We maintain the CMP throughout the life of the project so that it accurately reflects the IME MMIS solution environment and processes.

### 8.3.2.2.3 Deliverables

a. Updated CMP.
b. Documentation of all rules in the rules engine.
c. Updated use cases.
d. Standard output reports.
e. Updated interface plan.
f. MMIS and POS documentation and user documentation manuals.

We will create, review, and finalize the six deliverables listed in Table 8 - 35 with the Department while completing configuration tasks outlined in this RFP.

| Deliverables | Description |
|---|---|
| Updated Configuration Management Plan | During Analysis and Design activities we work with the Department to create a Configuration Management Plan. The updated CMP includes the verified list of all applications and type of configurations items to be under the control of configuration management. It also incorporates lessons learned from the solution architects. |
| Rules Engine Documentation | Our rules engine documentation contains a description of the native rules engines associated with the APHP COTS applications. All rules within each application is documented within applications native interactive development environment. During analysis and design these rules are documented and submitted to the project Repository. |
| Updated Use Cases | Use cases are kept up-to-date throughout the implementation and transition to operation phases of the project. These use cases can be viewed and reported on at anytime using the Rational ClearCase tool that links all use cases identified during analysis and design back to their associated requirements. |
| Standard Output Reports | Accenture provides a complete listing of the standard output reports from our APHP solution. These reports are generated during the integration and user acceptance testing phases of the project. |
| Updated Interface Plan | During the Analysis and Design activities we create a comprehensive interface plan that identify all external interfaces and methods on working with the interface partners to validate functionality. This plan is updated throughout the Implementation and Transition to Operations Phases of the project. |
| MMIS Documentation and User Documentation Manuals | The MMIS documentation and user documentation manuals are standard documentation with our APHP solution. User Documentation consists of the Provider, Member and Worker portions of the APHP Web Portal. We also include all COTS documentation with our overall documentation library. |

*Table 8 - 35. Accenture develops complete and accurate deliverables in collaboration with the Department.*

### 8.3.2.2.4 Performance Standards

a. All hardware, software, and communication linkages are functional and meet Department requirements.

b. Rules engine is populated in accordance with Department requirements.

Configuration activities align system capabilities with defined requirements and designs. The table below indicates our agreement to meet the performance standards outlined in this RFP associated with these activities.

| Performance Standards for Analysis and Design Activities | Meet or Exceed |
|---|---|
| a. The contractor(s) must provide evidence to the Department that one-hundred percent of all appropriate data has been successfully converted. | ✓ |
| b. Rules engine is populated in accordance with Department requirements. | ✓ |

### *8.3.2.3 Testing Tasks*

Planning for the testing task must occur as early in the project as possible to ensure acceptable test results and a successful implementation. Test plans must be written during the requirements analysis and design tasks and be approved by the Department prior to the start of testing. Test scenarios, test scripts and test cases within each phase of testing must align with the RTM to verify all requirements are accounted for. Successful test results will confirm all requirements have been thoroughly tested. Separate test environments are required to perform unit, module, integration and UAT, with acceptable results approved by the Department, ensuring that all IME requirements have been satisfied and successfully tested.

A successful implementation and thorough testing of the new MMIS and POS will ensure a successful implementation, and provide an enterprise that will appropriately process and pay all claims transactions, process and report eligibility determinations and updates, enroll providers, process prior authorization requests, update all types of files, produce required reports and support all analytical requirements. The contractor will be working closely with the Department and the IV&V and QA Services vendor during all testing phases. The contractor(s) must permit complete systems access to the Department and the IV&V and QA Services vendor and offer timely assistance when requested.

An on-time, low-risk, and reliable IME System Services Project implementation requires comprehensive testing using a proven methodology executed by a skilled and experienced team. Our testing methodology, used on more than 5,300 implementations, provides a structured approach to validating end-to-end-business processes and applications. Testing allows our skilled team to work with the Department along with IV&V and QA Services vendors to validate system specifications throughout the project lifecycle and verify the development process is on track to provide a solution that meets the Department's and CMS certification requirements.

**We bring a field-tested approach that helps deliver a robust new MMIS on time that meets Department and CMS requirements**

- Accenture's USA Public Service group has is assessed at CMMI Level 4
- V-model encourages early and iterative testing and uses a bottom-up test approach that aligns well with SOA designed systems
- Automated traceability using Rational tools set
- Standard defect management process provides a structured approach to identifying, analyzing, fixing, retesting, and implementing resolutions for system defects
- Includes the right mix of needed skills in testing efforts, including knowledge and expertise in Department business processes, the existing MMIS, the APHP-based IME MMIS solution, and Accenture systems implementation methodology and practices

Zach Rasmussen, our proposed Testing Manager, leads the testing effort for the IME System Services Project. He has 10 years experience providing IT program management, throughout project lifecycles. He combines his systems implementation expertise with knowledge of the unique perspectives of the provider, consumer and contractor. Zach has over four years experience with Texas Medicaid programs and systems, serving as Test Manager on the Texas Medicaid Fiscal Agent project. Zach uses his

knowledge of Medicaid systems and systems test planning and execution to develop and manage a comprehensive and achievable test plan, proactively identify risks, and swiftly resolve issues as they arise.

We tailored our testing approach to support the Department's testing and evaluation requirements detailed in the RFP. We provide a proven testing methodology based on our industry recognized "V" Model. This provides clear objectives and scope between environments and is structured to identify defects in the requirements, design and configuration stages as early as possible; avoiding more costly corrections in later phases. Our Accenture Team brings our combined industry best practices with our specific knowledge of Medicaid and health care systems to the State of Iowa resulting in a thorough testing approach to support all system engineering, transition/cutover, and sustainment activities, supported by repeatable processes and asset reuse.

**Test Approach**

Our ADM methodology provides an iterative and thorough testing of the IME MMIS solution. Our approach provides the Department with the confidence that the IME Project delivers a successful go-live of the Department's new MMIS developed using SOA architectures and aligned with CMS principles. Table 8 - 36 highlights the key features of our testing approach and the benefits for the Department.

| Features | Benefits |
|---|---|
| ***Proven Methodology*** | • Lowers implementation risk through early defect discovery and resolution<br>• Validates system quality from the technical, functional, and business perspective |
| ***Use of Converted Data for Testing*** | • Increases user confidence/acceptance<br>• Lowers go-live risk<br>• Promotes early identification of data problems |
| ***Integration with Requirements*** | • Provides validation that solution meets Department requirements<br>• Provides clear requirements traceability to verify each requirement is tested |
| ***Automated Testing Tools*** | • Lowers cost and accelerates test preparation and execution<br>• Allows reuse of materials for regression testing |
| ***Addresses SOA specific risks and mitigation approach*** | • Delivers well tested modular, interoperable, high performance system with reusable components and seamless integration with external entities |

*Table 8 - 36. Our comprehensive testing approach delivers an IME MMIS that meets the complete set of IME requirements.*

We adhere to a robust testing approach based on our industry recognized "V" Model. Our testing model shown in Figure 8 - 48 provides a framework for validating the quality of the IME MMIS and managing requirements compliance throughout the development process. This process of verification and validation attempts to identify as many errors as possible, as early as possible in the development lifecycle. We adhere to this comprehensive testing approach based on our decades of experience in delivering quality systems to our clients around the world. Our approach provides the Department the ability to verify and test quality from the initial requirements stages through to the final testing stages.

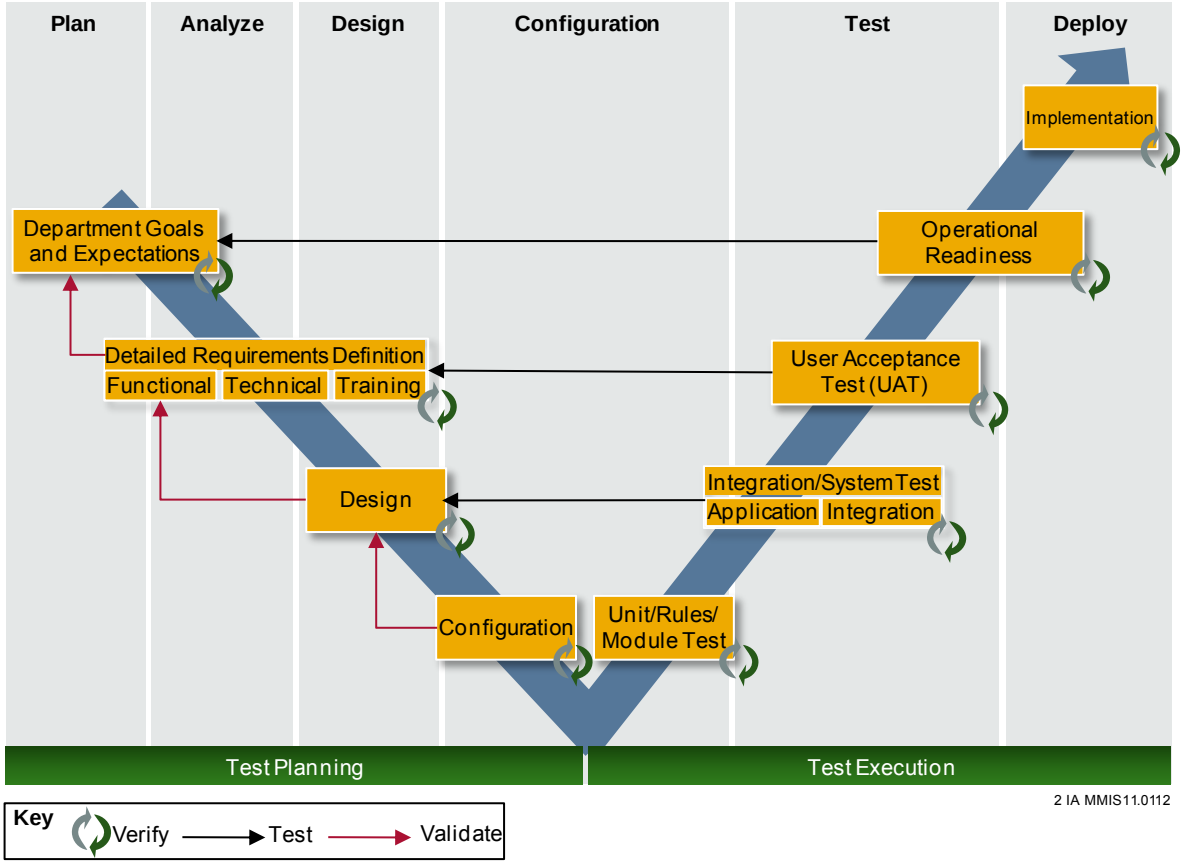



*Figure 8 - 48. The Department receives validation from multiple test iterations that the solution meets defined requirements.*

We use the following guiding principles throughout the IME System Services Project testing phases:

**Requirements Traceability**: We develop thorough test scripts using the IME MMIS requirements confirmed during Analysis activities. We execute the test scripts during multiple test cycles to validate each requirement of the IME MMIS solution. We use Rational RequisitePro to track requirements and provide traceability to test cases and documentation.

**Stage Containment**: We define specific entry and exit criteria for each test stage to maximize stage containment. This resolves system issues in the same stage they have been introduced. Our use of stage containment principles reduces software issues found in later stages of the project, reducing overall development costs and increasing system quality. We execute stage containment by formalizing the inputs and outputs of each test stage and working with the Department to validate that we meet the test stage objectives prior to completion of a given stage.

**Automated Test Tools**: We use the Rational Functional Tester to create and maintain automated scripts for regression testing. We also use the Rational Performance Tester to automate the execution of our performance test. Performance Tester simulates transaction volumes anticipated for the IME Project allowing us to resolve potential system performance issues early in the testing cycle. We use Functional Tester and Performance Tester to increase efficiency and promote reuse of test materials, particularly during subsequent releases and application maintenance.

**Test Environments**: We establish multiple test environments to accommodate our iterative testing approach. Our applications team performs configurations, unit testing and debugging activities in the development environment. Our Testing Team performs rules/module testing in the Development environment and integration testing in a separate test environment, the Conversion Test environment. User Acceptance Testing is conducted in a separate environment as well. This environment is a mirror image of the Production environment including financial records and reports. Like UAT, the Business Scenario Test environment is configured to mimic Production for use in Operational Readiness Test. Converted data is loaded into each of the dedicated testing environments to provide data of the highest quality for testing activities. Accenture's approach to providing multiple test environments through the use of virtualization of testing infrastructures means test environments and the associated hardware resources can be optimized and tailored for each test phase.

**Test Scripts, Scenarios and Cases**: We provide the Department test scripts, scenarios and cases for each test stage. We develop our test materials to maximize reuse to increase the efficiency and overall effectiveness of our testing efforts. Our use of Rational Test Manager enables us to keep our testing documentation including scripts, test data, and other documentation current throughout the project.

**Defect Tracking**: Our Defect Tracking process provides our team and the Department with transparent tracking of system issues. We refer to a potential defect as a System Investigation Request (SIR). We use a standard SIR tracking and resolution process to document, prioritize and resolve issues identified by our Testing Team in each testing stage. Our team uses Rational ClearQuest to track each SIR to resolution and to provide the Department timely and accurate testing effort status on a frequent basis.

**Test Stages**
Each stage of our testing shown in Figure 8 - 49 and highlighted below begins with the delivery of a test plan. We tailor these deliverables from pre-existing templates maintained within our ADM methodology. Our test plan deliverable defines the activities and responsibilities of the test effort. It also describes the test environment needs, test scenarios, test processes and procedures, and test tools.

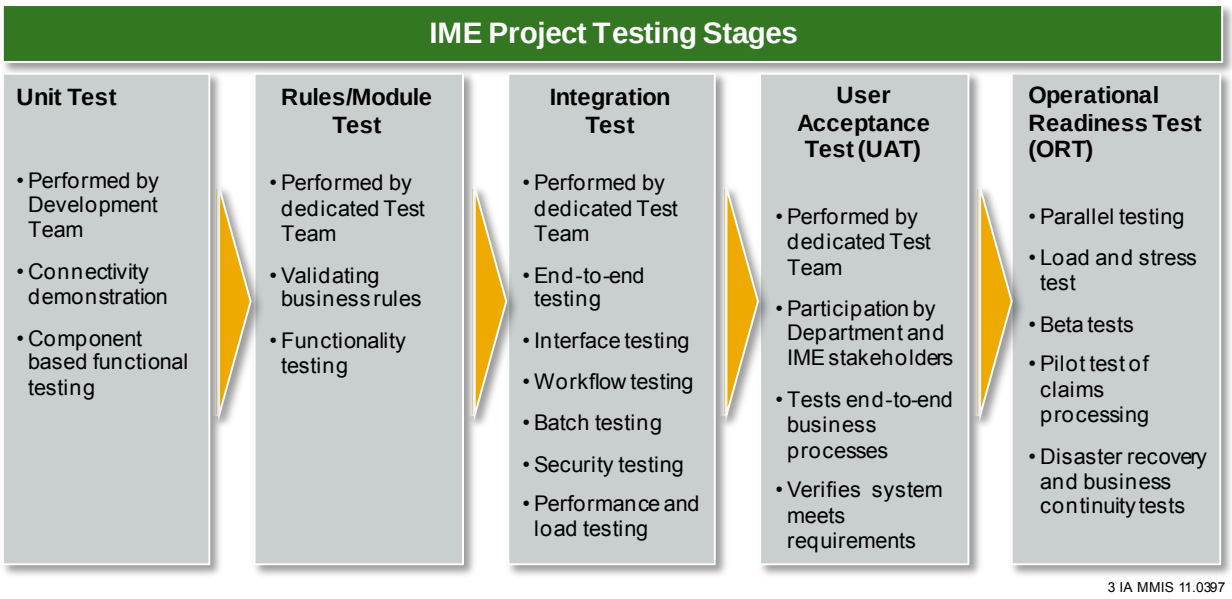



*Figure 8 - 49. Our test approach includes several sequential tests each with specific objectives to provide a well-tested system ready for deployment.*

- **Unit Test** - Our Development Team performs unit testing to verify that each individual module and interface is configured/coded according to defined requirements and as designed in the completed DSD document.
- **Rules Test** - Our dedicated Testing Team performs rules testing to verify that rules established within APHP components produce the right outputs for the applicable business process.
- **Module Test** - Our dedicated Testing Team verifies the system configuration and that each individual standalone system entity meets requirements defined in the RTM.
- **Integration Test** - Our dedicated Testing Team conducts an end-to-end test of the business requirements across all applications and platforms. We test with other systems to confirm system-to-system communication, data transfers and interfaces function as expected.
- **User Acceptance Test** - Our Testing Team supports the Department in validating that our IME MMIS solution meets approved business requirements and end-user expectations.
- **Operational Readiness Test** - Our Accenture Teams collaborate with the Department to validate that supporting system operations and business processes and procedures are in place. This test confirms the system is ready for production deployment.

We perform several additional tests throughout the Implementation Phase. Data Conversion testing verifies that we can extract and load the data needed by the system and make it available for use within the new MMIS. Data Conversion is discussed in more detail in Section 8.3.2.1. Performance testing verifies that the system performs according to defined performance requirements. Performance testing identifies and allows us to fix system performance issues before the system goes live. This includes load testing, stress testing, stability testing, throughput testing, and ongoing performance monitoring. Regression testing validates that changes to the software do not adversely affect other elements of the application. Regression testing includes use of automated testing tools to increase efficiency and quality.

**Test Timeline**

We begin developing our test plans during Analysis. We confirm our test processes and procedures and define our test environments. Once we confirm requirements, we develop test scenarios and conditions based on the Department approved requirements and use cases. We finalize test scripts during configuration and development. In line with our ADM methodology, we complete these scripts and obtain Department approval for the test plans prior to the execution of each respective test stage. These planning activities begin early in the project lifecycle as shown in Figure 8 - 50. Early planning enables us to develop thorough plans and verify that we have complete requirement coverage in our tests.

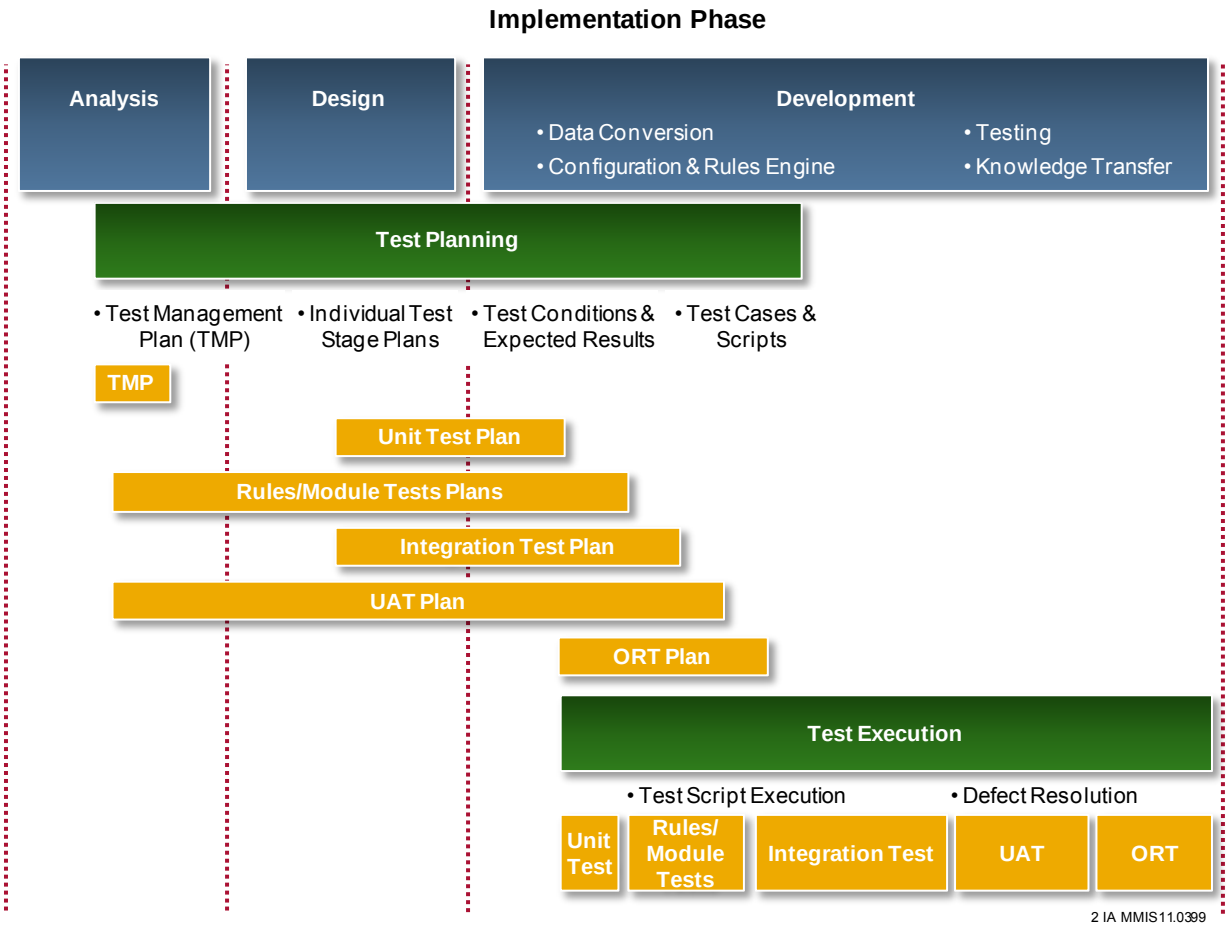



*Figure 8 - 50. We begin planning test activities early in the project lifecycle, allowing us to be ready to begin testing with thorough, comprehensive and Department approved test plans following configuration and development.*

We execute test stages sequentially, emphasizing stage containment in our test approach. This means that we verify that we have met the exit criteria for each test stage prior to moving to the next stage. This prevents defects from passing to a subsequent test stage. Prior to beginning UAT, we correct all defects or obtain acceptance of the remaining defects from the Department.

UAT, which is one of the later stages of testing, is typically the first time the Department is able to view the completed system and conduct hands-on validation of requirements. Since we are delivering a COTS-based solution aligned with MITA standards out-of-the-box we can demonstrate how our solution meets many Department requirements earlier in the project lifecycle. Our project approach incorporates solution demonstrations and walkthroughs during Analysis and Design activities. This builds confidence and comfort with the product early in the process and reduces the chance for surprises during the execution of UAT. Our UAT includes verification of a complete set of business processes, COTS products, and the business rules engine providing the Department a second opportunity to verify out-of-the box capabilities and a chance to validate our solution State specific configurations. UAT allows us to demonstrate that our system meets Department requirements and CMS certification criteria and our team is prepared to perform core MMIS operations.

**Test Documentation, Tools, and Results**

We complete a consistent set of planning and execution tasks for each test stage. These activities, shown in Figure 8 - 51, include detailed planning and preparation to address fully Iowa's IME MMIS requirements in our testing. During test execution, we run three passes of each test script and resolve all defects not accepted by the Department prior to moving to test execution of the next test stage.

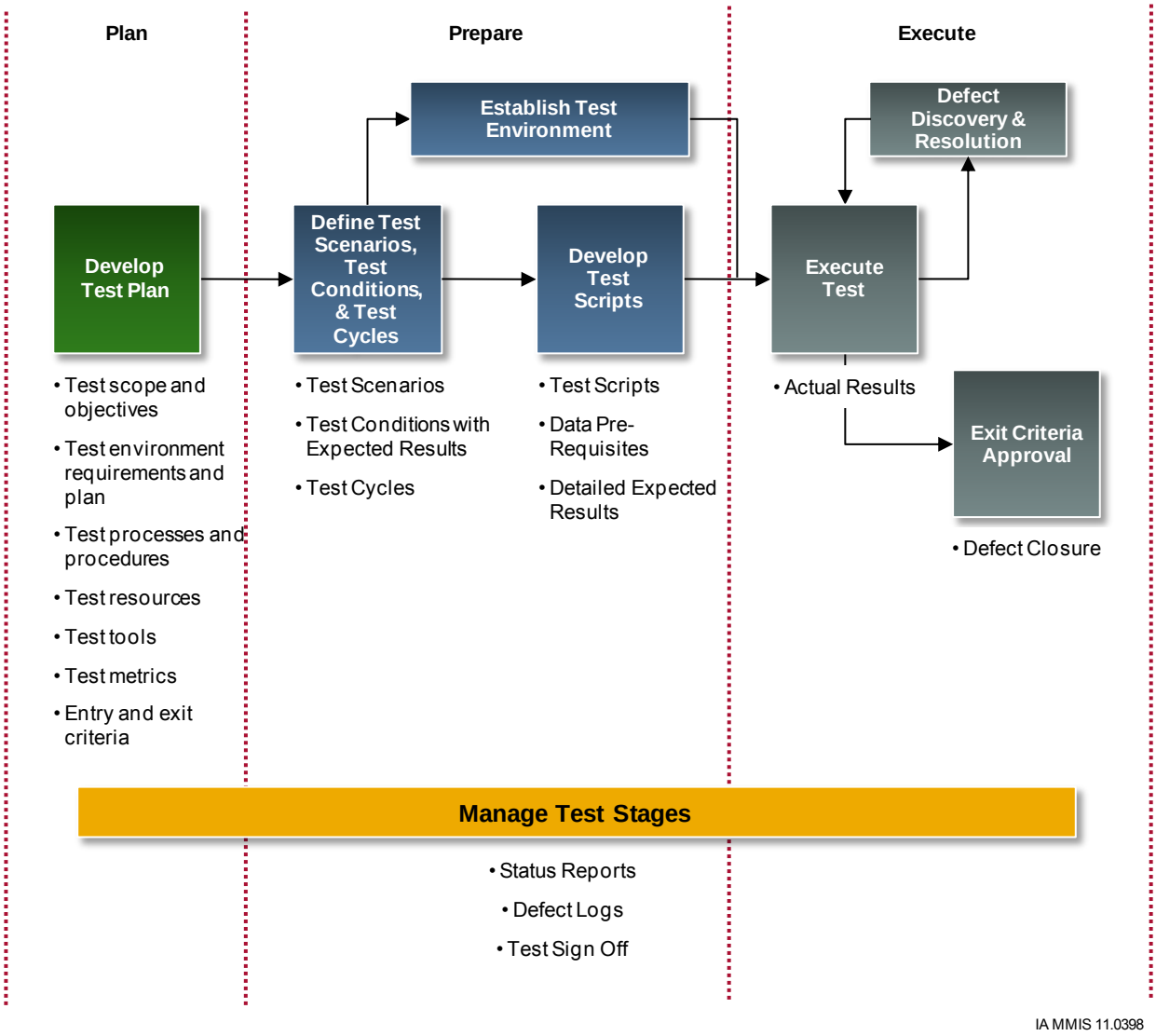



*Figure 8 - 51. Test scenarios, test scripts, and test cases align with requirements; successful test results confirm we have thoroughly tested all requirements.*

We create the following test documentation in preparation for test execution:

- **Test Scenarios**: High-level descriptions of functional and technical areas to test.
- **Test Conditions**: Comprehensive set of test conditions, based on the use cases and Department approved RTM, comprising of our RFP responses to the IME MMIS requirements.
- **Test Scripts**: The detailed steps, input data, and expected results for test conditions as defined in the Department approved RTM which consists of our RFP responses to the State of Iowa requirements. We develop test cases and test scripts for each stage of testing, including integration testing.
- **Test Cycle Control Sheet**: Plans for each test cycle within the context of the larger test.

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

**Testing Tools**

We use the Rational Toolset, which is part of the Accenture Delivery Suite of Tools (ADT), for testing activities. This approach creates repeatable test scripts for use during testing and enables reuse during regression testing. Using these established test tools, we trace requirements to test scripts to provide certainty of requirement coverage. This reduces overall technical risk and promotes improved Department buy-in.

We use the Requirements Traceability Matrix to trace RFP requirements to use cases, test scenarios, and defects. This traceability confirms that each RFP requirement has an associated test. The Rational RequisitePro (ReqPro) generated RTM provides traceability to test scripts written in Rational QualityManager.

Traceability between requirements, use cases, test conditions, and test scripts helps verify that we have incorporated all the requirements into the testing documentation. This in turn confirms that we verified all requirements in the final product.

Software tools from the Rational Toolset used during testing include the following:

- **Rational RequisitePro:** Provides configuration management of requirements and maintains bi-directional traceability within the hierarchy of analysis, design, and test requirements.
- **Rational ClearQuest:** Provides defect management, process automation, lifecycle traceability and reporting for better visibility and control of the software development lifecycle. The power of this tool comes from the tight integration with Rational RequisitePro and Rational QualityManager, enabling the ability to create real-time status reports identifying the impact of outstanding defects on test scripts and business requirements.
- **Rational QualityManager:** Used for effective test management, this tool manages manual test scripts, maintains traceability between test scripts and requirements, supports manual test script execution, and tracks test results for both manual and automated tests.
- **Rational Functional Tester:** This automated testing tool supports both Functional Testing and Regression Testing by enabling test scripts to be executed with minimal manual intervention, thus increasing the effectiveness of the testing resources.
- **Rational Performance Tester:** Used for predicting response time and capacity processing ability of browser-based applications, Rational Performance Tester uses limited hardware resources to create high magnitude of load on an application by emulating multiple, simultaneous users.

*Thorough testing promotes a successful implementation and provide a solution that is able to perform all Core MMIS operations on Day One. Our test approach includes detailed planning, initiated during Analysis, where we develop test conditions based on Department approved requirements and use cases. Rational tools provide automated traceability and help us track actual test results against requirements. This gives our team and the Department confidence that we have verified each requirement upon successful completion of test scripts.*

**Independent Verification and Validation (IV&V) Testing Support**
We support the need for your Independent Verification and Validation (IV&V) and QA Services contractors to monitor and validate test processes and results during implementation. We provide tool access to IV&V and QA Services that allows for independent review and validation of test results directly from the tools in addition to the plans, status reports and defect logs that are provided throughout the testing phases. We recommend that the Department engage the IV&V and QA Services vendors early in the project lifecycle in order to help them better understand our methodology and provide adequate time for the review of this content.

### 8.3.2.1.1 State Responsibilities (6.3.2.3.1)

a. Review and approve all test plans.
b. Review and approve all test results.
c. Maintain Department's UAT plan and results for reference by CMS review team during on-site certification review.
d. Provide an implementation team with duties that include working with the contractor(s) on the UAT and Operational Readiness Testing (ORT) testing activities.
e. Approve MMIS and POS for implementation.

| State Responsibilities | Acknowledgement |
|---|---|
| a. Review and approve all test plans. | ✓ |
| b. Review and approve all test results. | ✓ |
| c. Maintain Department's UAT plan and results for reference by CMS review team during on-site certification review. | ✓ |
| d. Provide an implementation team with duties that include working with the contractor(s) on the UAT and Operational Readiness Testing (ORT) testing activities. | ✓ |
| e. Approve MMIS and POS for implementation. | ✓ |

### 8.3.2.1.2 Contractor Responsibilities (6.3.2.3.2 )

The contractors' responsibilities include the following and are more fully described in the sections below:
a. Establish Environment.
b. Test Plans.
c. Test Cases and Scripts.
d. Test Results.

The Accenture Team acknowledges and understands the Contractor Responsibilities associated with the testing tasks. We have described our proposed approach to addressing each requirement in the table below.

| Testing Tasks – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| a. Establish Environment | • Our project plan includes the technical tasks required to support implementation and production deployment of the new MMIS. This includes setup and installation of the development, integration testing, conversion testing, and user acceptance testing environments. | 8.3.2.3.2.1 |
| b. Test Plans | • Test plans describe the approach and processes for completing IME Project testing activities. We create a separate test plan for each test | 8.3.2.3.2.1.1 |

| Testing Tasks – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| | stage. Test stages include Unit, Rules/Module, Integration, User Acceptance, and Operational Readiness Testing. | |
| c. Test Cases and Scripts | • Test cases allow our Testing Team to verify that our configured solution meets defined requirements and design specifications. Scripts provide the step-by-step instructions for verifying each identified test case. Test cases and scripts are stored in our Rational QualityManager tool. | 8.3.2.3.2.1.2 |
| d. Test Results | • Test results allow the Department to see which requirements have been successfully verified in our test environments. | 8.3.2.3.2.1.3 |

*Table 8 - 37. The Accenture Team fulfills the contractor requirements for all testing activities, including implementation tasks.*

### *8.3.2.3.2.1 Establish Testing Environment (6.3.2.3.2.1)*

Implement Testing Environments - The unit and system testing may be done in the contractor's development environment. Establishment of these environments is to be identified as milestones in the applicable work plan, to be approved by the Department.

In addition, the contractor(s) must establish the following environments:

a. Conversion Testing Environment: A mirror image of the future production, including reports and financial records, an environment that will be used to load converted data resulting from the data migration process that allows business users to test the future business logic against converted data.

b. UAT Environment: Contractor(s) will provide a UAT environment to be a mirror image of the production environment, including reports and financial records that allow users to perform system testing to ensure the system meets the requirements for the user community. Users must be able to mimic production work to ensure the system performs as expected. The contractor(s) will provide a method to refresh the UAT environment with a full set of data from the production system at the Department's request.

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

We create the following test environments to support the IME Project:

- **Development:** In this environment developers configure the system against the requirements and perform unit tests. Following unit testing, this environment is used for the Rules Test and Module Test phases. Our dedicated Testing Team performs the Rules and Module tests in this environment.
- **Conversion:** Data conversion testing occurs in this environment which is configured according to Production specification and contains a Production sized database. Once Rules and Module testing is complete, the MMIS is migrated to this environment and Integration Test is conducted to confirm the system interfaces, batch processes and end-to-end business scenarios produce results that meet requirements. Performance and security testing activities are also conducted in this environment. Security profiles are configured according to Department approved requirements and mimic Production Security profiles. Performance testing is conducted using Rational Performance Tester.
- **User Acceptance Test:** This environment is setup to mimic the production environment. Our Accenture Team, with participation by Department and QA Vendor personnel, validates the business requirements and end-user needs have been met by the solution. Users are able to mimic Production work to confirm the system performs as expected.
- **Business Scenario Test:** Like UAT, this environment is configured to mimic the Production environment in size, scale and capability. The environment supports full volume transaction processing of claims, interface data exchanges and batch cycles. Users are able to mimic Production work in the

environment and follow the same business operations procedures as done in Production. Operational Readiness Test, Beta Test and Parallel Test are conducted in this environment.

- **Production**: The Production environment is a separate physical instance with its own independent hardware, application, security, and data components. Production is where the MMIS runs once the system goes live. It is sized to support the expected system load and performance throughput for Iowa Medicaid processing per the RFP requirements. Prior to deployment, the Load and Stress testing portion of ORT is conducted in this environment to confirm the environment meets performance and capability targets based on requirements.

### 8.3.2.3.2.1.1 Test Plans (6.3.2.3.2.1.1)

The contractor(s) must use structured data tests to create test scenarios based on use cases. Actual test results will be supplied for all test cases including any scenarios submitted by the Department. All discrepancies, deficiencies and defects must be identified and explained, corrected and approved by the Department before moving to the next phase.

a. The contractor(s) will perform Automated Functional Testing in the conversion testing environment against the converted data (i.e., once the converted data is loaded and passes initial verification and validation, the contractor(s) will perform a series of tests to validate that the new system produces identical or expected results.) Six months after the new MMIS and POS are placed into full production; this environment is no longer needed.

b. Contractor (s) will perform UAT testing in the UAT environment and will include scenarios that test all modules and interfaces.

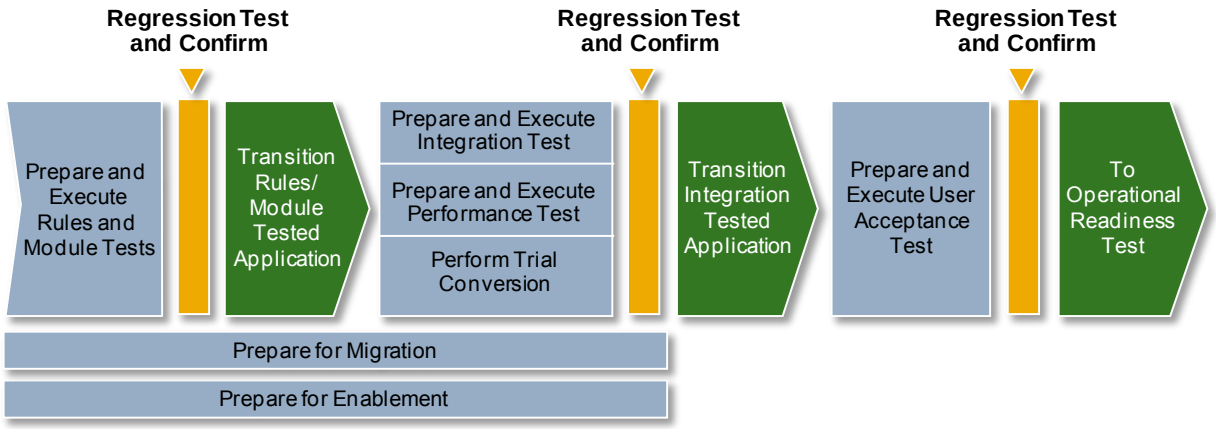
**Automated Functional Testing**

In addition to the Test Management Plan (TMP), the Accenture Team delivers a test plan for each individual stage of testing. These plans define the scope, approach, environment requirements, COTS products to be used, data requirements and personnel responsibilities for the respective phase of testing. The Accenture Team leverages use cases used during the requirements gathering phase in addition to use cases provided by the Department along with converted data as the foundation for developing the test scenarios and scripts to be executed in each phase. Our test plans, scenarios and scripts are tailored from pre-existing templates maintained within our ADM methodology allowing us to deliver consistent and high quality test plans quickly. Figure 8 - 52 highlights examples of tasks that the ADM includes for testing. Our test plans address these tasks and more to confirm the needs of stakeholders are met and a quality product is delivered following testing activities.

Test results for each phase of testing are recorded and available for review in Rational QualityManager. Using this tool allows us to quickly report on testing status and update the RTM based on testing progress. Access to Rational QualityManager is provided to IV&V and the QA Vendor allowing for independent validation of test results. Results for automated testing performed through Rational Functional Tester using converted test data are also be available for review and reporting in Rational QualityManager. The test plan details how these test results are collected from the tool and shared with Department stakeholders for review in the form, format and organization approved by the Department.

Defects discovered during testing are documented and tracked by testing phase to resolution in Rational ClearQuest. Rational ClearQuest allows us to manage defect workflow and quickly provide status reports based on defect activity. We can also trace the defects to the associated test cases and requirements to quickly show the impact of the defect on the RTM. Leveraging the capabilities of this tool allows the Department to quickly and easily review and approve defect resolutions.

We do not advance the solution to a subsequent phase of testing until all exit criteria defined in the test plan has been satisfied. This includes the resolution or acceptance by the Department of all identified defects. The RTM is also updated with the completion of each phase of testing.




| ADM Tasks | Description |
|---|---|
| Confirm test cycles | Every test condition is covered by at least one test cycle |
| Establish test environments | Identify responsibility and authority levels for managing code migration into environments |
| Prepare common test data | Use common test data across multiple test stages |
| Create test scripts | Organize test conditions and expected results into detailed test steps that cover each test scenario |
| Execute test | Execute test cycles and test scripts according to schedule |
| Perform fixes | Fix defects logged in defect tracking tool and perform regression testing |
| Prepare and train UAT users | Decide on stakeholder representatives who will participate in user acceptance test and conduct training sessions |
| Schedule user acceptance test | Determine number of tests to conduct for user acceptance test |
| Gather user feedback | Consolidate and categorize all user feedback in a structured format |
| Execute automated regression test scripts | Using Rational Tester, conduct regression tests at the end of each testing stage |

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*Figure 8 - 52. Example test related tasks from the ADM. The ADM contains a robust testing methodology that has been successfully applied to thousands of projects.*

**User Acceptance Testing**

Once the IME MMIS is thoroughly unit, module, rules, integration and performance tested and all identified defects have been resolved or accepted, the project moves into the UAT stage. UAT is facilitated by our Accenture Team who prepares the test plan, test scenarios and scripts that exercise all modules, internal and external interfaces and batch processes. Security profiles and single-sign-on capabilities are also thoroughly tested during UAT. The Department and QA Vendor participate in UAT test execution to validate results and confirm the new MMIS meets the needs of the Department. An updated RTM delivered at the completion of UAT shows all business and design requirements have been tested and all test cases have passed. Any remaining defects require Department approval before the exit criteria for UAT is considered complete. Completion of UAT confirms the project meets requirements and is ready to advance to Operational Readiness Test (ORT).

The contractor must establish a test plan and schedule for each phase of testing: unit, rules, conversion, integration, user acceptance, operational readiness and all components in the MMIS and POS. The plans must include the proposed path for a successful implementation and the contractor(s) must take responsibility for execution of the plans. The test plans must include:

a. A description of the test environments, methods, workflow and knowledge transfer required.

b. A description of test scenarios and expected test results.

c. An organization plan showing contractor(s) personnel responsible for testing.

d. A discussion of management of the testing process, including strategies for dealing with delays in the testing effort, backup plan and backup personnel.

e. A contingency plan for risk mitigation.

f. Procedures and Department approved tracking tool for tracking and correcting deficiencies and defects discovered during testing.

g. Procedures and Department approved tracking tool for tracking status of test scenarios and individual test cases.

h. A plan for updating the RTM based on test results.

i. A plan for updating the DSDs based on test results.

j. List of inputs to the tests.

k. Steps in the testing process.

l. COTS software tools used during testing.

m. A template progress report which will be issued at intervals approved by the Department as well as the content within the progress report.

n. Procedures for notifying the Department of problems discovered in testing, testing progress and adherence to the test schedule.

o. A plan for organizing test results for Department review.

p. A plan for system performance measuring and tuning, based on the results of load and stress testing.

q. A description of how the development of the test scenarios ensures that all modules, rules and functions of the new MMIS and POS for UAT are evaluated and accepted.

Our proven ADM methodology includes templates for effective test plans, test scenarios and test scripts. Instead of spending our time with the Department to define these templates the Accenture Team can instead focus on tailoring these existing templates to the needs of the Department and then completing the test plans.

Much of the required content of the test plans is already inherent to our ADM templates such as the description of the test scenario and the detailed steps needed to execute the scenario including the actions and corresponding expected results. The following figure describes the content of the test plans the Accenture Team delivers prior to the start of each test phase.

| Test Plans – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| a. A description of the test environments, methods, workflow and knowledge transfer | Each test plan outlines the environment requirements necessary. to complete the test phase. For example, in the case of UAT, the environment mimics production with a full sized database containing converted data. Any workflow requirements for the environment are outlined in the plan and any knowledge transfer needed between the Accenture Team, the Department, trading partners and vendors is also outlined in the test plan. | 8.3.2.3.2.1.1 |
| b. A description of test scenarios and expected test results | Our ADM templates capture the description of the test scenario. The description includes the data conditions or user actions that make the scenario unique from other test scenarios along with the expected test results based on that combination of data conditions and user actions. | 8.3.2.3.2.1.2 |
| c. An organization plan showing contractor(s) personnel responsible for testing | Our Staffing Management Plan shows the personnel involved in the test phase. Our test plans elaborate on these roles including individual responsibilities and any dependencies on those responsibilities that may impact the schedule of testing or the test results. | 8.2.3.7.6 |
| d. A discussion of management of the testing process, including strategies for dealing with delays in the testing effort, backup plan and backup personnel | Our Test Management Plan defines the overall strategies for testing including contingency plans to address delays in the testing effort. Our Staffing Management Plan describes in detail our plan for maintaining a high performance team throughout all phases of the project including the testing phases. | 8.3.2.3.2.1.1<br>8.2.3.7.6 |
| e. A contingency plan for risk mitigation | The Risk Management Plan focuses on minimizing potential threats, which if realized may prevent achievement of IME Project objectives. This deliverable provides a systematic approach for identifying appropriate contingency plans, and monitoring and reporting progress in reducing risk. | 8.2.3.7.3 |
| f. Procedures and Department approved tracking tool for tracking and correcting deficiencies and defects discovered during testing | Our ADM methodology contains a well defined defect management process. We use the Rational ClearQuest tool to document defects identified during testing and manage them to resolution. ClearQuest allows us to configure the defect workflow according to our methodology and Department approved processes. ClearQuest also facilitates reporting defect status and statistics as well as automated notifications based on defect activity. | 8.3.2.3.2.1.4 |
| g. Procedures and Department approved tracking tool for tracking status of test scenarios and individual test cases | Our ADM methodology also contains a well defined and proven set of testing processes and procedures that serves as the basis for the Test Management Plan. We define our test scenarios and individual test cases as part of each test plan that is delivered prior to the execution of the testing stage. The Department approved test scenarios and test cases are managed in the Rational QualityManager. Rational QualityManager features capabilities to easily manage test cases and track the status of our testing progress. Another powerful feature of the Rational Qualit Manager tool is the capability to integrate with Rational RequisitePro to manage requirements traceability and quickly | 8.3.2.3.2.1.4 |

| Test Plans – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| | update the RTM. | |
| h. A plan for updating the RTM based on test results | Leveraging the power of the ADT Rational Toolset, we are able to integrate requirements traceability between Rational RequisitePro, the repository for our requirements, and Rational QualityManager, the repository for our test scenarios, test cases, test scripts and test results. This powerful integration allows us to quickly update the RTM based on test results and defect discovery. An updated RTM is an exit criteria for each test phase and is documented in the test plan for that phase. | 8.3.2.3.2.1.1 |
| i. A plan for updating the DSDs based on test results | The Change Management Plan describes the process by which the project identifies, communicates, implements, documents, and manages change to the project's work products, including the DSDs. This process confirms the integrity of the DSDs through change control and versioning. | 8.3.2.3.2.1.6<br>8.2.3.7.9 |
| j. List of inputs to the tests | The Test Plan for each phase of testing contains the test scenarios and test cases to be executed in that phase. Each test case is accompanied by the list of inputs as well as the detailed steps necessary to achieve the expected results. This information is managed in the Rational QualityManager tool along with the associated test results. | 8.3.2.3.2.1.2 |
| k. Steps in the testing process | The Test Plan delivered prior to the execution of each test phase contains the detailed test scripts to be executed either manually by the tester or automatically through the Rational Functional Tester tool. Each individual step contains the step number, the action to be taken and the expected result. The actual results are recorded for each step as the test script is being executed. The test scripts and results are managed in Rational QualityManager. | 8.3.2.3.2.1.2 |
| l. COTS software tools used during testing | Our Accenture Team utilizes the powerful and proven Rational Toolset available as part of the ADT. The Department approved Test Management Plan describes how these tools are leveraged throughout testing. For example, the Rational QualityManager is used to manage test scenarios, test cases and test results while Rational ClearQuest is used to document and manage defects identified throughout the testing phases. | 8.3.2.3.2.1.1 |
| m. A template progress report which will be issued at interval approved by the Department as well as the content within the progress report | Our Accenture Team provides to the Department a status report based on a Department approved template that is reviewed and approved as part of project start-up activities. These status reports provide a current snapshot of the progress of testing activities. These reports contain metrics and status which we can quickly obtain from our Rational Toolset. This confirms that the Department is receiving the most current information available as promptly as possible. Our Accenture Team delivers status reports on weekly, monthly and quarterly timeframes or as directed by the Department. | 8.3.2.3.2.1.5 |
| n. Procedures for notifying the Department of problems discovered in testing, testing progress and | The Communications Management Plan describes the communication strategy for the IME Project. Any problems discovered during testing that introduce risk to the Project Work Plan are escalated to stakeholders identified in the Communications Management Plan through the communication channels also defined in the plan. The risks and issues are then managed according to the issue and risk management plans. | 8.2.3.7.1<br>8.2.3.7.3<br>8.2.3.7.4<br>8.3.2.3.2.1.4 |

| Test Plans – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| adherence to the test schedule | Defects identified in testing that do not introduce risk to the schedule defined in the Project Work Plan are managed according to the defect management process and are communicated to stakeholders through regular status reports. | |
| o. A plan for organizing test results for Department review | The Test Management Plan describes the roles and responsibilities of the testers which includes the responsibility of preparing test results for Department review. Our Accenture Team leverages the capabilities of the Rational Toolset offered through our Rational Tool suite to provide test results in the Department approved format defined in the Test Management Plan. In addition to format, our Accenture Team collaborates with the Department to prioritize and organize test results according to the needs of the Department in order to maximize efficiency during reviews of test results. | 8.3.2.3.2.1.1 |
| p. A plan for system performance measuring and tuning, based on the results of load and stress testing | As with other test stages; prior to executing load and stress testing, a test plan is created outlining the approach, conditions, target performance metrics and responsibilities for this stage. Performance testing is executed using Rational Performance Tester which facilitates the measurement and reporting of results. A Performance Tuning Document is created containing the analysis of the results including corrective action plans for any modules or services that do not perform within acceptable parameters. | 8.3.2.3.2.1.8 |
| q. A description of how the development of test scenarios ensures that all modules, rules and functions of the new MMIS and POS for UAT are evaluated and accepted | Our Rational Suite of tools provides powerful requirements traceability throughout the lifecycle of the project. Requirements are traced through design requirements and to test cases to show complete coverage of requirements and the associated modules, rules and functions through the testing effort. The RTM is updated throughout the development and testing lifecycle to promote confidence that all components of the new MMIS are adequately tested. The Test Management Plan describes the processes and responsibilities for maintaining this traceability in the Rational Toolset along with how the information is provided to the Department for validation.<br><br>Accenture is not bidding on POS systems or operations. | 8.3.2.3.2.1.1 |

### 8.3.2.3.2.1.2 Test Cases and Scripts (6.3.2.3.2.1.2)

The contractor(s) must deliver test case and scripts for each phase of testing, unit, rules, module, integration, user acceptance and operational readiness for each module in the MMIS and POS. These test cases and scripts will fulfill all contract requirements and provide very thorough testing for all enterprise functionality. Test cases will be tracked for all requirements and the status of each test will be traced through the RTM until all requirements are successfully met. Additionally, these scripts must provide step-by-step instructions for executing the tests. The test cases and scripts must address all business processes of the new MMIS and POS. All test scenarios and cases will be tracked using the Department approved tracking tool.

Our Accenture Team brings proven testing methodology from our Accenture Delivery Methods (ADM) used on thousands of projects world-wide. This includes templates for defining effective and comprehensive test cases and establishing complete requirements traceability. We use these templates to deliver a comprehensive test plan for each individual phase of testing to the Department for approval prior to executing any testing for that phase. The test plan includes all test cases along with input data conditions and the detailed steps to be taken during test execution. An individual step is represented by a sequence number (i.e. Step 1, Step 2, etc.), the individual action to be taken by the tester and the

corresponding expected result. Following the defined steps using the defined input data conditions achieves the expected result of the test case. When the actual result does not meet this expectation a defect is logged. The RTM is updated with each test plan to show requirements coverage of the test cases and is continuously updated throughout test execution to reflect the status of the effort. All requirements are covered in each phase of testing to prove that each business process of the new MMIS is thoroughly tested. Leveraging the Rational Toolset available as part of our ADT, we can quickly and reliably track the pass/fail status of each test case through the RTM by leveraging the powerful integration of the requirement management tool, Rational RequisitePro, and the test management tool, Rational QualityManager. Our rigorous testing methodology confirms the new MMIS is ready for delivery on time and of the highest quality.

#### 8.3.2.3.2.1.3 Test Results (6.3.2.3.2.1.3)

The contractor(s) must deliver test results for each phase of testing: unit, rules, module, integration, user acceptance and operational readiness and for every core module and ancillary module. The test results must be submitted to the Department for review, accepted as passed and approved by the Department before proceeding to the next phase; and must follow the proposed path for a successful implementation. The test results must:

a. Be submitted on a schedule to be determined by the Department.

b. Contain references to which requirements are fulfilled.

c. Provide an updated RTM weekly.

d. Be in a format acceptable to the Department (not Portable Data File (PDF)).

Test results are recorded and validated for all test cases in all testing phases in Rational QualityManager. These results include those for both manually executed test cases and test cases executed automatically through the automated testing tool, Rational Functional Tester. By utilizing the powerful features of these tools the Accenture Team can quickly produce updated status reports and an updated RTM based on testing progress. Test results are extracted from the tool and provided to the Department for validation and approval. Additionally, IV&V and QA Vendor staff have access to review test results directly in the tool independently from the deliverables produces by the Accenture Team. The Accenture Team does not proceed to the next phase of testing until all exit criteria is met for the previous phase. The exit criteria include Department approval of test results and the delivery of an updated RTM.

The Accenture Team delivers test results for Department review through the communication channels, on the schedule, and in the format defined in the Department approved Test Management Plan. Along with the test results, the Accenture Team delivers an RTM updated with testing status at least weekly or as approved by the Department.

#### 8.3.2.3.2.1.4 Test Tracking (6.3.2.3.2.1.4)

The contractor(s) must track all test scenarios, cases and all defects must be tracked through successful testing using the Department approved tracking tool. This tool must be identified as a milestone in the test work plan to be approved by the Department. All tests results must be acceptable to the Department and approved before testing is considered complete. The contractor(s) must make the changes necessary to the system to meet all contract requirements. Reports of metrics from the testing will be reported weekly from the test scenario and defect tracking tool on the status of all test scenarios until test results are accepted and approved by the Department. At a minimum, the automated tracking tool reports must include:

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

b. Organize test scenarios, cases and results by business process (module).

c. Cross-reference test scenarios and cases to the RTM.

d. Report metrics for test scenarios and cases, to include, but not be limited to number of test scenarios and cases per module, status of test scenarios and cases (i.e., passed, failed, retested, percentage passed and or failed).

e. Report metrics for defects, to include but not be limited to:

1. Number of defects per module.

2. Severity of defects.

3. Status of defects.

**Tracking Test Scenarios and Cases**

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

Rational QualityManager also offers powerful integration with Rational RequisitePro to maintain traceability between test cases and requirements. This allows the Accenture Team and the Department to reliably track the status of testing and the impact to requirements through the RTM in addition to the reports produced from the Quality Manager.

**Tracking Defects**

Defects identified during testing are logged and managed to resolution in the Rational ClearQuest tool. As with the other tools in the Rational Toolset, this one has powerful integration with Rational RequisitePro and Rational QualityManager allowing the Accenture Team to maintain traceability between defects and the impacted requirements in addition to the impacted test cases. Each defect is assigned a unique identifier and a severity. Severity is defined based on a scale from one through four. Table 8 - 38 below defines each value in this scale. ClearQuest provides reporting capabilities that the Accenture Team leverages to produce status and metric reports in the form and format approved by the Department in the Test Management Plan. These reports include the status of each defect as well as defects identified per module or business area.

| Severity Code | Severity Value | Severity Description |
|---|---|---|
| **1** | **Urgent** | Defect must be resolved immediately. Impact is the system is not working, or there is a negative impact to a large number of functional areas of testing. |
| **2** | **High** | Defect must be resolved. While testing potentially may continue, there is a significant negative impact downstream in a functional area of testing. Workarounds are available but not sustainable. |
| **3** | **Medium** | Attempts should be made to correct this prior to continuing further testing. The workaround is simple with no negative impacts to downstream testing activities. Issues are usually localized within a particular test case. |
| **4** | **Low** | Fix defined as being “nice to have.” Does not impact downstream testing activities. Execution continues with minimal impact to the test. Examples include formatting, or cosmetic defects to user interfaces. |

*Table 8 - 38. Our definitions of defect severity help assess and prioritize the impacts.*

### 8.3.2.3.2.1.5 Final Testing Reports (6.3.2.3.2.1.5)

At the end of each phase of testing, the contractor(s) must summarize the results of the testing in a final testing report, which will include but not be limited to:

a. A summary of the testing process, including but not limited to: number of test scenarios and cases tested, pass and or fail ratio.

b. Number of defects identified and corrected by module.

c. Number of defects identified and not corrected by module.

d. Description of issues outstanding at the end of acceptance testing, the plan for resolution and the impact on the Implementation tasks.

At the end of each phase of testing, the Accenture Team summarizes the results of the testing in a final testing report. This report includes:

- A summary of the testing process, including but not limited to: number of test scenarios and cases tested, pass and or fail ratio
- The number of defects identified and corrected by module
- The number of defects identified and not corrected by module
- A description of issues outstanding at the end of acceptance testing, the plan for resolution and the impact on the Implementation tasks

Status and metric reports for testing are defined in the Test Management Plan. The ADM provides templates for these reports that the Accenture Team customizes to the needs to the Department. The Department approves the form and format of these reports and then validates the content of each report as part of the exit criteria for each stage of testing. These reports contain a summary of test progress, including pass/fail metrics, along with defect metrics that include the number of defects identified and resolved by module or business process. Outstanding defects are accompanied by a mitigation plan. We leverage the features inherent to Rational QualityManager to facilitate the creation of these reports for test status. Likewise, we use Rational ClearQuest to facilitate the tracking and reporting of defects.

Defects and issues outstanding at the end of UAT must be resolved or accepted by the Department before the new MMIS can be implemented. Our Accenture Team provides a summary of outstanding issues and defects that are escalated based on the Issue and Risk Management Plans. However, we recognize that prompt decision making is vital in determining if the new MMIS is ready for implementation. Our Accenture Team escalates issues and defects that present a risk to deployment as they are discovered in UAT. This maximizes the ability of the Accenture Team and the Department to respond as early as possible to minimize the risk to the deployment. As part of the exit criteria for UAT, the Department accepts any remaining issues and defects before the deployment can begin. Any issues and defects not accepted must be resolved or mitigated before deployment can proceed.

### 8.3.2.3.2.1.6 Testing Activities (6.3.2.3.2.1.6)

#### Unit Testing

a. Unit Testing - The contractor(s) responsibilities for this deliverable include programming and unit testing on all IME functions. The contractor(s) must develop the application software for the required interfaces as defined in the completed DSD document. The contractor(s) must develop any bridges and integration code necessary for the IME to interface with other software and systems. The contractor(s) must test all modules (i.e., programs) as stand-alone entities. Unit testing ensures that a single module is resilient and will function correctly on a stand-alone basis (e.g., the modified module can take inputs and produce expected outputs). Submit successful unit test results to the Department for approval.

The Accenture Team performs all programming and unit testing on the new IME MMIS functions. We develop application software for the required interfaces as defined in the completed DSD document. We develop any bridges and integration code necessary for the IME to interface with other software and systems. We test all modules as stand-alone entities to confirm that each single module is resilient and functions correctly on a stand-alone basis. We submit successful unit test results to the Department for approval.

The first stage of testing that we conduct is unit testing. We base unit testing activities on clearly defined procedures. We use established practices from other Medicaid and health payer projects and other COTS-based solutions to conduct unit testing. Unit testing has a two-fold purpose. First, it verifies that the developer has developed or configured the component in accordance with detailed design. Second, it validates that the component meets the requirements traceable to it by comparing output data and expected results. Developers write, execute, and analyze the results of unit tests. They have detailed knowledge of the technical structure and of the code's logic. They focus on exercising different decision statements or paths through the code. They also test methods with different inputs, such as at and below minimums, at and below maximums, and at intermediate values.

We create a unit test plan and update it as necessary to provide for repeatable tests. This plan includes detailed component test conditions and expected results as well as a unit test cycle control sheet. Our testing lead works with the system development manager to develop unit test templates specific to each type of component. The test lead uses existing templates available in ADM to develop IME-specific templates tailored to the needs of the Department. These templates include instructions and checklist items to unit test components to demonstrate satisfaction of the agreed upon design requirements. For example, test conditions for a reporting module may include layout and formatting checklists to verify content is presented in an organized, easily readable and understandable format consistent with Department requirements.

Once the IME Project Manager approves the unit test templates, our developers unit test their components in the Development environment with input data and compare results with expected data outputs. The developers also perform unit test using converted data to determine if the component executes correctly with that data. The technical lead reviews the completed template during code review with the developer. Once developers have completed unit testing on a component, they integrate the results with the approved unit test plan, accompanying datasets, and automated test scripts with other articles of the Software Development documentation for delivery to the Department for validation and approval.

Accenture has years of relevant experience delivering large, component-based systems. As such, we understand the special planning considerations that component technology and SOA testing requires. Our team takes special consideration when unit testing the baseline application and the internal services used in our COTS based solution. Our SOA based solution may appear from a user's perspective to consist of components and services that are "black boxes." The hidden information keeps other components or services from having to know the details of how the COTS component implemented a service or data access method. We focus our unit testing for these components and their integration on the proper communication between services; that the services are passing and returning the correct information. While we also verify the expected business result is produced, using a COTS product that has gone through its own internal testing and quality assurance means a lower risk and reduced effort in testing logic and allows the tester to focus on verifying the rules are configured correctly and produce the desired business result. We conclude unit testing when we have completed agreed upon exit criteria for Unit Test, have met the agreed upon entry criteria for Integration Test, and the assigned technical team lead has approved and signed each unit test packet for baseline application component and conversion software program in accordance with the review process presented earlier. A subset of the exit criteria for Unit Test consists of the following:

- Unit Test packages have been peer and technically reviewed.
- Component and rules configuration have been tested.
- Unit Test packages have been checked into ClearCase and traced to agreed upon requirements.

Our Accenture Testing Manager audits the unit test packages in the MMIS repository to validate that we have completed the unit test packages and that we have met the agreed upon Unit Test exit criteria. ADT has an automated procedure that assists the manager in auditing unit test results and other composite deliverables. Once the manager validates that the team has met the agreed upon exit criteria and that the team has checked the unit test packages into MMIS repository, he or she communicates the results

verifying that we have completed unit test and that the baseline application and conversion processes are ready for the next stages of testing.

### Rules Testing

b. Rules Testing - The contractor(s) must test all rules populated into the rules engine. The testing function must be automated through test scenarios and test scripts and during the course of module and integration testing. Rules testing ensure the Department policy is accurately reflected in the rules engine. Additionally, the contractor(s) must update the DSD to reflect changes or additions to the rules.

We configure the rules engine in our APHP solution to meet the needs of the Department based on the requirements gathered during the Analysis and Design phases of the project. The Accenture Testing Team conducts rules testing in the Development environment to validate that configuration and verify the product is producing expected results consistent with the expectations of the Department. Because we are using a COTS-based approach we can quickly alter configurations and retest using our automated testing tools rather than spend costly time in development as is typically the case with custom development.

The Test Plan for Rules Testing utilizes the use cases defined in the requirements gathering and design phases of the project. Our test scenarios and scripts for rules testing are automated using Rational Functional Tester which facilitates reuse of the scripts for later rounds of regression testing. The results of the automated tests are recorded in Rational QualityManager where they can easily be extracted and provided to the Department for validation.

Using our COTS-based solution along with a highly automated testing process we quickly validate rules configurations to identify and correct any defects found during testing. If changes are required that impact the DSDs, we escalate those changes through the Change Management Process. One piece of the exit criteria for Rules Testing is that DSDs are updated with amendments identified during testing.

Another piece of the exit criteria is an updated RTM. The test cases run for rules testing are traced to requirements to show complete coverage of the business rules defined in the Analysis phase. The Rational Toolset facilitates the maintenance of this traceability and the updating of RTM.

### Module Testing

c. Module Testing - The contractor(s) must update the RTM and repository, verifying that all requirements have been addressed through test scenarios and test scripts. The contractor(s) must also verify that during the course of module and integration testing that the MMIS and POS systems successfully meet the requirements of the contract.

Like Rules Testing, the Accenture Testing Team executes Module Testing in the Development environment based on our established test procedures. Module Testing validates overall system functionality. We have a use case driven approach to Module Testing, as we do for Rules Testing. We create our Module Test conditions and expected results based on our use cases.

We prepare our module test scripts based on the test conditions we created in the Design stage. These conditions trace directly to the requirements identified in Requirements Verification. These scripts are our road maps for conducting Module Testing. We write the Module test scripts to as low level of detail possible. We base these test scripts on our existing and newly created use cases. The tester follows these steps to execute the test and document the results using Rational QualityManager.

As with all phases of testing, we maintain traceability between test cases and requirements using the powerful integration capabilities of the Rational Toolset. As test cases are executed we provide an updated RTM to show the progress of testing efforts against the associated requirements. The RTM shows that all requirements have test coverage for each phase of testing, including Module Testing.

One part of the exit criteria for the Module Testing phase is the approval of test results by the Department. We generate a results report for the Department's review using Quality Manager. This report includes the name and description of each test, the date and time of the test, the name of each test team member, the test environment, and the test results (module and regression). We keep track of the number of test steps and the progress of each test script. We also compare the actual and expected results to verify the requirements of the new MMIS have been fully satisfied.

**Integration Testing**

d. Integration Testing - The contractor(s) must test modifications within the context of the integrated modules in which it functions. Integration testing helps ensure that a defined set of interconnected modules will perform, as designed, after additions and or modifications to modules. The testing must also ensure that interfaces with external systems are exchanging data correctly. These tests must use a sample of preliminary converted files. Additionally, the contractor(s) must update the RTM and repository, verifying that all requirements have been addressed through test scenarios and test scripts. The contractor(s) must also verify that during the course of Module and Integration testing that the MMIS and POS systems successfully meet the requirements of the Contract.

We conduct Integration Testing in the Conversion Test environment to verify that the many functional areas work together to support the MMIS requirements. As the V-Model shows, we test the application's design. Our Integration Testing confirms that we have designed and built the MMIS properly while satisfying IME's requirements.

Our Integration Test Plan addresses the approach, schedule, environment and data requirements and required resources. We include details regarding tools, test environments, entry and exit criteria, and integration test metrics. Testing in this phase makes use of production data prepared through the data conversion process. For interfaces that require the exchange and use of files we use converted files to validate system-to-system communication and data exchange functions as intended.

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

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

We follow our testing methodology defined in the ADM to execute the Integration Test Plan. We have a use case driven approach to testing. This means that we create our test conditions and expected results based on our use cases. First, we write specific test conditions that define the test. After the test conditions are finalized, we prepare our integration test scripts. These scripts consist of the detailed steps that the testers take to test the series of modules that together deliver the desired business results. To show complete coverage of requirements we trace the scripts and test conditions to the associated requirements in ReqPro. Any requirements deliverables that require amendments based on the results of testing are updated and provided to the Department for validation and approval. The exit criteria for Integration testing include the completion and approval of these amended deliverables and an updated RTM.

### User Acceptance Testing

e. User Acceptance Testing - The User Acceptance Testing (UAT) demonstrates that the contractor(s) is ready to perform all required functions for the MMIS and POS; that the enterprise satisfies all contract requirements and CMS certification criteria; and that all reported defects have been corrected and accepted by the Department. All MMIS and POS systems and modules will be tested before the start of operations.

f. This will also include, but not be limited to, testing of all: business processes, COTS products and business rules engines. Modules of the testing will require that the contractor(s) demonstrate readiness to perform all Core MMIS and POS functions and contractual requirements, including manual processes. UAT will be conducted in a controlled and stable environment and no modifications to the software or files in the acceptance test library will be made without prior written approval from the Department. The UAT is designed to: test the existence and proper functioning of edits and audits; confirm accounting and federal reporting; verify the coding accuracy of claim records payment and file maintenance; and validate the format and content of all MMIS and POS outputs, including, but not limited to: outputs to the DW/DS. These tests must use all or select parts of preliminary converted files.

g. The contractor will provide during UAT few, if any, errors will be found. The MMIS and POS systems should have already been thoroughly debugged by the contractor(s) and perform as required by the requirements.

The User Acceptance Testing is conducted in the UAT environment which mimics production with a production sized database containing converted production data. The Test Plan for the UAT phase outlines these and all other environment requirements to adequately represent how the new MMIS performs in Production. We acknowledge that the environment cannot be modified without the approval of the Department to confirm test results reflect Production behavior.

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

In order to completely exercise the new MMIS, UAT brings together the scope of all previous phases of testing. The Rules Engine is tested to verify edits and audits are applied to claims correctly. Business processes and interfaces are tested to demonstrate provider and member information is correctly processed, data is exchanged as expected over the various interfaces and data is stored properly in the Data Warehouse, among other functions of the complete MMIS. Inbound interfaces are tested using converted files while outbound interface files are produced from the new MMIS using both converted data and newly processed transactions through the system. User security is thoroughly tested to confirm profile configurations grant access to intended content and functionality while appropriately limiting access to restricted content based on role. The security profiles are configured in UAT according to Production specification to verify the levels of access granted to users when the new MMIS is implemented. Along with security testing, single sign on capabilities are verified in UAT.

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

As with other test phases, regular status reports are provided to the Department and QA vendors in the form and format approved by the Department. These status reports include metrics for test execution such as pass/fail rates, updates to existing issues and risks and details on any new issues or risks that been discovered or raised. A final status report containing the results of UAT is provided as part of the exit criteria for UAT.

### 8.3.2.3.2.1.7 Data Certification Letter (6.3.2.3.2.1.7)

The contractor(s) must provide a letter certifying that all data, user manuals, testing facilities and security accesses necessary to perform UAT have been provided.

Prior to the start of UAT, we provide to the Department a certification letter confirming all converted data, user manuals, configurations and files, security rights and environment constraints have been provided. We populate the UAT environment with converted Production data to confirm testing is conducted with the highest quality data available. Since APHP is a COTS-based solution, user manuals are provided early in the development process and are available for UAT. Any and all configurations and files are migrated to the UAT environment once all entry criteria for the phase are met. The environment is configured according to Production Specification and access is granted based on role definitions to be used in Production.

### 8.3.2.3.2.1.8 Operational Readiness Testing (ORT)

The ORT is designed to ensure that the contractor(s) is ready to process all inputs, price claim records correctly, meet all reporting requirements, incorporate workflow management and have a demonstrated backup capacity. The contractor(s) also must assess the operational readiness of the contractor(s) staff performing activities, such as: customer service, correspondence management, drug rebate, financial operations, quality assurance and workflow and electronic document management.

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

As indicated in the V-model, ORT demonstrates that the Department's goals and expectations have been met. ORT includes parallel testing and load and stress testing using Production size volumes to verify the product performs to the levels required by the Department. Parallel testing of claims processing is conducted to show that APHP meets the needs of the Department. ORT also involves beta testing for externally facing user interfaces to demonstrate that the product meets the needs of external users as well. Successful completion of ORT demonstrates the new MMIS is ready to go live.

The Accenture Team works with the Department and QA Vendors to define the criteria and performance metrics for operational readiness that must be met to consider a business function ready for deployment. The ORT Test Plan describes the test scenarios and cases needed to demonstrate the new MMIS meets or exceeds these targets. The business organization that operates these functions tests the new MMIS using their defined business processes to replicate Production activity in the Business Scenario Test environment. While testing demonstrates that requirements are still being met by the MMIS, requirements have been thoroughly tested in earlier phases and verified by the Department and the QA Vendor in UAT. The focus of ORT is to confirm the system is ready to assume operation of Production activities.

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

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

### Parallel Test

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

The Accenture Team processes no less than three months of claims in the new IME MMIS that were previously adjudicated in the current MMIS. We leverage our experience with parallel testing to confirm claims are processed correctly with the same expected results regardless of which system processes the claim files. For example, in the State of Texas we use converted production claim files to verify system changes in a test environment. We submit the converted files through the rules engine in the test environment and compare results to the Production results. We electronically verify that dollar amounts paid on claims match those amounts paid in Production. We also verify that claims denied in Production are denied for the same reasons, same edits, audits, EOBs, etc. and these values are set for those claims. Any differences discovered are explained by requirement changes that are not present in the current MMIS. This same process is applied to the new IME MMIS to show that claims are adjudicated correctly.

The Accenture Team executes full financial batch cycles in the Business Scenario Test environment using converted data. Testing full batch cycles demonstrates the batch processes complete within target timeframes so as to avoid negatively impacting system availability for the Department, vendors, providers and clients.

Table 8 - 39 outlines our acknowledgement of the criteria for the selection of claims datasets to be used for the Parallel Testing portion of ORT.

| Criteria for Parallel Testing | Acknowledgement |
|---|---|
| a. A representative set of claims that have been processed through the current MMIS is chosen to be processed through the new MMIS. | ✓ |
| b. The selected set of claims must represent a minimum of three months of claims that have been processed through the current MMIS. | ✓ |
| c. The selected set of claims must be a subset of the claims processed in the nine month period prior to the production installation date of the new MMIS. | ✓ |
| d. The selected set of claims must include paid, denied and suspended by the current MMIS. | ✓ |

*Table 8 - 39. Accenture understands and complies with defined Parallel Testing Requirements.*

### Load and Stress Test

b. Load and Stress Test: The contractor(s) performs this test using a load testing tool, such as Mercury Interactive or an equivalent Department approved tool, to document the MMIS and POS will function within the normal business day, business week and business month schedule of the Department. The contractor(s) must conduct load and stress testing to determine online, web-access and batch performance levels under expected system loading conditions with production-sized databases. Load and stress testing must also be conducted to evaluate how the systems performs under maximum stress conditions and to determine the maximum capacity within specified performance levels. The results of the load test may also result in re-work and systems tuning if the processing schedule negatively impacts the Department's ability to work a normal business day. These tests must use converted files.

Load and Stress Testing during ORT demonstrates the MMIS meets performance targets when processing Production sized volumes of load and with the upper limits of concurrent users. The Accenture Team uses Rational Performance Tester to conduct load and stress testing. This tool features the capabilities to simulate Production levels of transactions, both user based and batch based, to verify the MMIS performs within operational readiness targets. Using Performance Tester we test transaction volumes that meet and exceed typical Production business volume levels for regular daily, weekend and month end and other peak usage windows. We use the features provided by Performance Tester to analyze results and evaluate the operational readiness of the various user interfaces and batch processes. Since Load and Stress Test for ORT is conducted in the Production environment and on Production hardware the test results compiled in Performance Tester provide an accurate expectation of maximum capacity levels of the new MMIS.

While executing Load and Stress testing during ORT the Accenture Team develops a Performance Tuning Document based on ongoing analysis of Load and Stress Test results. The Performance Tuning Document identifies any processes, modules or services that do not meet performance targets and contains an associated action plan to improve performance. This document is provided to the Department for review. Before performance enhancements are implemented as recommended in the Performance Tuning Document they must be approved by the Department.

Progress towards the completion of Load and Stress Testing during ORT, along with the metrics against targets, is provided in the ORT status reports delivered to the Department and QA Vendor. Final Load and Stress Test results are included in the final ORT status report.

### Beta Tests

c. Beta Tests: For system modules that affect external users, such as web portals, web-based claims submission and data; the contractor(s) must have a beta testing plan, allowing external users to participate in the testing process. The contractor(s) must describe its approach to beta testing in response to this RFP. Beta Testing is a part of the ORT Period.

Our Accenture Team is backed by years of experience facilitating beta testing with providers. For example, we conducted beta testing in the State of Texas with a large number of providers to verify the Texas MMIS was prepared to implement a large set of system changes for the National Provider Id compliance project. During the NPI contingency period when Texas accepted new NPI based transactions along with legacy transactions we continued this coordination with thousands of providers to confirm compliance with new NPI standards. We know from experience that forward thinking, creative and innovative beta testers can provide highly valuable and actionable feedback; not just confirming expected behavior. For this reason, the Accenture Team works with the Department and the provider management contractor to identify and recruit providers of various types and interests.

The ORT Test Plan describes the approach for conducting beta testing during the ORT phase. With the Department's recommendation, we confirm the number of beta testers to participate in beta testing and the key functions to focus on while testing. In the ORT Test Plan we describe the schedule and communication plan for coordinating with beta testers. Providers have the option to conduct the testing remotely, if possible, or the option to test in-person in a testing facility prepared by the Accenture Team. The Accenture Team provides system access and test data as appropriate for the beta testers. Beta

testers submit transactions through the various provider facing user interfaces and review the results. They then provide feedback on their experiences.

Feedback is collected by the Accenture Team and provided to the Department for consideration. The form and format for this feedback is described in the ORT Test Plan. The status and progress of Beta Test is included in the ORT status reports provided to the Department and QA Vendor.

### Disaster Recovery and Business Continuity Test

d. Disaster Recovery and Business Continuity Test: The contractor(s) performs this test to demonstrate that the DRPs and BCPs have been correctly implemented and operational.

The Accenture Team performs Disaster Recovery (DR) and Business Continuity (BC) testing on the new IME MMIS. We provide the hardware and the software for installation at the state DR/BC site. The Accenture Team executes the DR/BC tests in the state facility to demonstrate that the Disaster Recovery Plan (DRP) and Business Continuity Plan (BCP) have been correctly implemented and are operational.

The Accenture Team's approach to Disaster Recovery and Business Continuity includes planned, tested, and documented procedures to restore mission-critical business functions in the event of an unplanned outage. The Accenture Team creates the Disaster Recovery Plan (DRP) and Business Continuity Plan (BCP) that detail the retention and storage of back-up files, hardware and networks. They also include a staff chart and back-up procedures and support to accommodate the loss of online communications and procedures to restore mission-critical services to users. These plans are developed early in the requirements gathering process to provide ample opportunity to develop options that minimize cost and increase flexibility by leveraging existing IME capabilities.

During ORT, this plan is put into action in the Business Scenario Test environment, which mimics Production, to verify performance measures and recovery time. Based on Disaster Recovery requirements collected and documented in the DRP and BCP, the Accenture Team develops recovery plan test scenarios that mimic the procedures documented in the plans. The results of the tests are presented to the Department and are used to refine the Disaster Recovery Plan to improve processes that did not meet or exceed target results.

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

### Operational Readiness Test Report

e. Operational Readiness Test Report: The contractor(s) must submit a report that details the results of the operational readiness tests and assessments; and certifies that the new MMIS and POS, its modules, functions, processes, operational procedures, staffing, telecommunications and all other associated support is in place and ready for operation. The metrics, developed by the Department and the IV&V and QA Services vendor, on the contractor(s) staff performance during the operational readiness test, must also be included in this report.

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

Along with this report, we provide a certification letter certifying that ORT was successfully completed, and documenting that all identified issues have been corrected. In this letter we also provide certification

that the new MMIS, its modules, functions, processes, operation procedures, staffing, telecommunications and all other related support are in place and have met or exceeded the operational readiness criteria defined in the ORT Test Plan. The report also includes the metrics developed by the Department and IV&V and QA Services vendor to measure the performance of the business operations staff during the ORT.

### 8.3.2.1.3 Deliverables (6.3.2.3.3)

Listed below are deliverables to be submitted and approved by the Department for each phase of testing unit, rules, module, integration, user acceptance, operational readiness and each module in the MMIS and POS.

a. Test Plans.

1. Unit.
2. Rules.
3. Module.
4. Integration.
5. UAT.
6. ORT.

b. Test Cases and Scripts.

1. Unit.
2. Rules.
3. Module.
4. Integration.
5. UAT.
6. ORT.

c. Test Results.

1. Unit.
2. Rules.
3. Module.
4. Integration.
5. UAT.
6. ORT.

d. Test Tracking (execution and defect tracking).

e. Performance tuning document.

f. Letter certifying that UAT data has been provided.

g. Final testing reports.

h. Operational readiness test report.

i. Update of the RTM.

Using our proven ADM methodology and associated templates, we create, review, and finalize the deliverables listed in Table 8 - 40 with the Department while completing the testing tasks outlined in this RFP.

| Deliverables | Description |
|---|---|
| Test Plans:<br>Unit Test Plan<br>Rules Test Plan<br>Module Test Plan<br>Integration Test Plan<br>UAT Test Plan<br>ORT Test Plan | The Test Plans define scope, approach and responsibilities for each corresponding phase of testing. Additionally, each test plan defines environment requirements and data conditions that must be present in order for test execution to begin. The Test Plan defines the scope of the testing phase using use cases and test scenarios.<br><br>Each Test Plan is submitted to the Department for validation and approval prior to the execution of the testing for that phase. Test Plans are maintained in the Rational ClearCase tool. |

| Deliverables | Description |
|---|---|
| Test Cases and Scripts:<br>Unit Test Cases and Scripts<br>Rules Test Cases and Scripts<br>Module Test Cases and Scripts<br>Integration Test Cases and Scripts<br>UAT Test Cases and Scripts<br>ORT Test Cases and Scripts | Test Cases define the required inputs and expected results to be achieved based on those inputs. The Test Scripts contain the detailed steps the tester must execute in order to achieve the expected results for the test case. The scripts contain the individual action to the taken and the corresponding expected result for each step through the process being testing.<br><br>Test Cases and Scripts are provided to the Department for approval as part of the Test Plans delivered for each phase of testing. Test Cases and Scripts are maintained in the Rational QualityManager tool. |
| Test Results:<br>Unit Test Results<br>Rules Test Results<br>Module Test Results<br>Integration Test Results<br>UAT Test Results<br>ORT Test Results | As tests are executed, either manually or automatically, the results are recorded in the Rational QualityManager tool. Reports are then generated from the tool containing the details of the test cases and the recorded results. These reports are provided to the Department for review. Additionally, IV&V and QA Vendors have access to independently review test results recorded in the tool. |
| Test Tracking (execution and defect tracking) | Test execution for each phase is tracked in the Rational QualityManager tool which facilitates updating the RTM with the current status of testing. The RTM is provided to the Department regularly along with regular status reports that contain testing status and metrics gathered from the tool.<br><br>Defects identified during testing are documented and managed to resolution in the Rational ClearQuest tool. As with test execution, defect status and metrics are gathered from the tool and provided to the Department in regular status reports. |
| Performance Tuning Document | While analyzing the results of Load and Stress Test, the Accenture Team develops the Performance Tuning Document that highlights processes, modules or services that do not meet target performance metrics or are candidates for performance enhancements. The Performance Tuning Document also contains recommended action plans to tune those objects to meet target metrics. |
| UAT Data Certification Letter | The Accenture Team compiles the requirements of the UAT environment, data, access and facilities and certifies those requirements have been met. This letter is delivered to the Department for review and approval. |
| Final Testing Reports:<br>Unit Test Results<br>Rules Test Results<br>Module Test Results<br>Integration Test Results<br>UAT Test Results | Once testing is complete for a specific test stage, we provide to the Department a Final Testing Report containing test results and metrics such as defect rates by module or business area.<br><br>As mentioned above, test results are recorded in Rational QualityManager and defects are recorded in Rational ClearQuest. Information from both of these tools is compiled to produce the Final Test Reports for each stage of testing. |
| Operational Readiness Test Report | The Accenture Team compiles the results of ORT and provides this report to the Department certifying the new MMIS is ready for operation. The report also includes performance metrics for the performance of the operations staff during ORT. |

| Deliverables | Description |
|---|---|
| Updated RTM | The RTM is updated throughout the project and provided to the Department at regular intervals. Using the powerful integration of the tools we provide through the ADT we update the RTM quickly and accurately whenever requirements, designs, configurations and test cases and scripts change. Our tools also facilitate the tracking of status for the test cases in the RTM along with the impact to the associated requirements. |

*Table 8 - 40. Accenture develops complete and accurate deliverables in collaboration with the Department*

### *8.3.2.3.3.1 Performance Standards (6.3.2.3.3.1)*

a. Provide the Department with a testing schedule.
b. Provide the Department with a testing plan.
c. Provide updated RTM and DSD.

Testing activities verify that our solution meets defined requirements and is ready for production deployment. Our Accenture Team communicates the testing schedule to the Department through multiple deliverables. The Project Work Plan outlines a detailed schedule of activities including those test related. The Test Management Plan provides a high level schedule of all testing activities including Unit Test, Integration Test and Operational Readiness Test. Additionally with each test stage, a detailed test plan is provided to the Department for review and approval. These stage specific test plans provide detailed activities and schedules, along with responsibilities of testers and stakeholders, environment requirements and other key requirements for the test stage. Part of the exit criteria described in each of these test plans is the need to provide to the Department an updated RTM reflecting the testing results of the corresponding testing phase. As testing activities are conducted, any changes to DSDs resulting from discovered defects or issues are controlled through the Change Control process. Updated DSDs based on test results are also one of the exit criteria for each test phase. Table 8 - 41 indicates our agreement to meet the performance standards outlined in this RFP associated with these activities.

| Performance Standards for Analysis and Design Activities | Meet or Exceed |
|---|---|
| a. Provide the Department with a testing schedule. | ✓ |
| b. Provide the Department with a testing plan. | ✓ |
| c. Provide updated RTM and DSD. | ✓ |

*Table 8 - 41. Accenture understands and complies with defined Performance Standards*

### *8.3.2.4 Knowledge Transfer Activities*

#### 8.3.2.4.1 State Responsibilities (6.3.2.4.1)

a. Work with the contractor(s) to identify staff knowledge transfer needs.
b. Make staff available for knowledge transfer activities.
c. Review and approve all knowledge transfer materials.

| State Responsibilities | Acknowledgement |
|---|---|
| a. Work with the contractor(s) to identify staff knowledge transfer needs. | ✓ |
| b. Make staff available for knowledge transfer activities. | ✓ |
| c. Review and approve all knowledge transfer materials. | ✓ |

#### 8.3.2.4.2 Contractor Responsibilities (6.3.2.4.2)

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

Knowledge transfer will begin during the development part of the Implementation phase. Prior to UAT, the Department staff and the IME units involved in testing must be trained on the use of the complete enterprise. The contractor(s) must also create knowledge transfer plans for IME units and implement knowledge transfer with other IME staff prior to ORT. The contractor(s) must monitor calls to the call centers to ensure the IME unit's ability to utilize the new system to address these calls as part of the knowledge transfer effort.

The Accenture Team develops knowledge transfer plans and knowledge transfer documentation for identified Department and IME contractor users and trainers supporting the new IME MMIS functionality, business processes and other knowledge transfer needs. We provide knowledge transfer to the Department and professional services contractor staff, including IME MMIS users, trainers, administrators, managers and test teams in compliance with the IME MMIS RFP requirements. Knowledge transfer begins during the development part of the Implementation phase. Prior to UAT, we train the Department staff and the IME units involved in testing on the use of the complete enterprise.

In Accenture's experience, the knowledge transfer program plays an important role in the overall success of any new system implementation. Our knowledge transfer approach draws upon our experience preparing end-users and other State staff for successful transitions.

We design the Knowledge Transfer program to provide knowledge recipients with a comprehensive understanding of the IME MMIS, presented in a relevant, creative and dynamic fashion that allows for a smooth transition. We build our approach on the premise that learners have different learning needs and that adults learn in a variety of ways. We integrate visual, auditory, and learn-by-doing delivery techniques to address the range of adult-learning styles. We also structure the curriculum to be specific to the variety of roles. Knowledge Transfer is a key element of rollout and we integrate knowledge transfer into our preparation for implementation of the IME MMIS.

We bring you the latest instructional designs, the best curriculum, and the deepest knowledge transfer skills in the industry. We have a demonstrated track record of delivering knowledge transfer for public

sector clients that enables a smooth transition to new processes and technology. Our knowledge transfer approach addresses the specialized knowledge transfer for personnel assigned duties and responsibilities related to the management, administration, and security of the IME MMIS. Our approach also effectively equips and supports trainers who deliver knowledge transfer to Department and Professional Services contractor end-users and IME providers. Table 8 - 42 describes the features and benefits of our knowledge transfer program for the IME System Services Project.

| Features | Benefits |
|---|---|
| Based on Proven Methodology | • Minimizes risk for the Department by using methods refined over the last 30 years<br>• Provides knowledge transfer that is flexible and scalable to accommodate the roll out of the IME MMIS to the end users.<br>• Addresses the different learning styles and needs of the end users and professionals assigned duties requiring specialized skills. |
| Role-based | • Maximizes time spent in knowledge transfer sessions.<br>• Enables participants to attend only sessions relevant to their specific roles and responsibilities. |
| Hands-on and Interactive | • Maximizes user involvement through hands-on practice with realistic scenarios in a knowledge transfer environment.<br>• Enables learners to reinforce practical skills. |
| Effective Blend of Knowledge Transfer Methods | • Increases retention by providing instruction in ways to accommodate different learning styles. |
| Train-the-Trainer Approach | • Increases retention by integrating Department perspective and business office context into the knowledge transfer.<br>• Prepares trainers to deliver IME MMIS content to users with confidence.<br>• Establishes super users that can provide ongoing support to their respective units. |
| Self-Sufficiency | • Provides the tools that maximize users' ability to solve their own issues, problems, and queries post go-live, including online help, online tutorials, a training environment, and participant guidebooks and other job aids.<br>• Reduces calls to help desk. |
| Measures Results | • Reduces implementation risk because of timely identification of areas requiring remediation.<br>• Provides the Department with summary measures of the training program success, such as participant registration, attendance, and training results. |

*Table 8 - 42. We provide an effective knowledge transfer program for the IME MMIS end user that maximizes learners' time in knowledge transfer sessions and minimizes implementation risk*

Accenture recognizes that the knowledge transfer process is a critical component of the overall success of the IME MMIS implementation. Accenture designs comprehensive knowledge transfer plans with associated materials based on successful processes used for past implementation and operations activities. Accenture has an extensive history of successfully providing knowledge transfer for staff, providers, and stakeholders. Our use of just-in-time knowledge transfer allows the knowledge recipient to incorporate the new knowledge into their daily tasks. This practice results in better efficiency and less errors as staff work new systems and applications. Our knowledge transfer evaluation and process improvement approaches enable us to identify ways to deliver a better product to the knowledge transfer audience.

**Knowledge Transfer Methodology**
We use our ADM, refined over the last 30 years, to develop and deliver successful knowledge transfer in thousands of implementations each year. We have applied our methodology successfully to help change many other federal, state and local governments, including Texas Medicaid, where we trained end users using a similar approach.

ADM follows standard instructional design models and provides knowledge transfer tools, processes and templates that we bring to the IME System Services Project. Our knowledge transfer methodology is integrated with the work of the application and technology teams.

This reduces the risk of the final knowledge transfer materials being out-of-synch with the final system. Our methods provide proven, repeatable processes that help create an effective and sustainable learning program for Department and IME staff. Figure 8 - 53 shows the key knowledge transfer activities we perform.

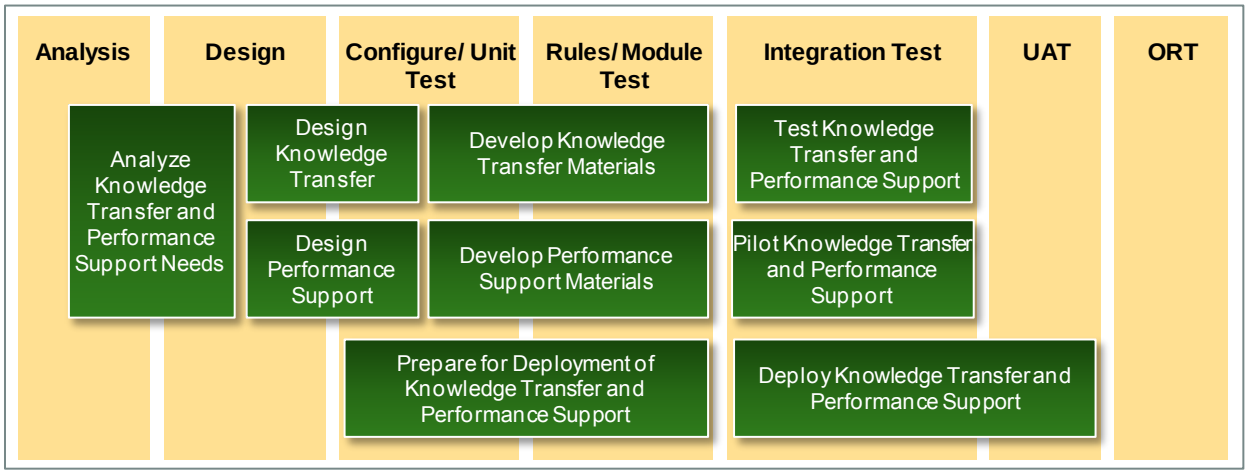


*Figure 8 - 53. Our knowledge transfer program provides a structured approach to identifying knowledge transfer needs, developing and delivering knowledge transfer programs, and assessing knowledge transfer results to continuously improve the quality of the knowledge transfer we provide for the Department and our IME Professional Services counterparts.*

**Knowledge Transfer Methods and Tools**
The Knowledge Transfer Plan identifies the delivery methods and tools for each knowledge transfer audience based on their unique learning needs. A description of each knowledge transfer delivery method we offer and how it may be used for specific audiences is provided below.

- **Instructor-Led Training** - Instructor-Led Training (ILT) is one of the primary methods we use for knowledge transfer. ILT consists of carefully structured oral presentation of a subject delivered by a qualified trainer and an assistant in each classroom. The trainer encourages discussion and questions as appropriate. The advantages of ILT include:
  - Opportunity for students to ask questions and receive immediate feedback.
  - Interactions with other trainers and participants.
  - Hands-on activities such as realistic scenarios in a low risk environment to practice the newly learned skills.
  - Opportunity to practice using Online Help and other support tools in a supported environment, which facilitates self-sufficiency once knowledge transfer is complete.

- **Self-Paced Training** - Our Knowledge Transfer approach includes a number of mechanisms to allow end users to learn about IME MMIS functions and practice scenarios. This includes our proposed online help, online tutorials, and the knowledge transfer environment. In addition, our proprietary Rapid

Transition Suite tools allow us to create presentations, demonstrations, and screen recordings with voice-over that can be shared with providers. These knowledge transfer mechanisms are designed to be self-paced and help to minimize users' time away from their job. These knowledge transfer materials are available on demand, providing point of need support and remediation when needed.

- **Job Aids** - Job Aids are Word, Excel or PowerPoint documents that provide step-by-step instructions to complete transactions in the new IME MMIS. Job aids are critical support tools that help project team members, technical operations and security personnel and end users complete their day-to-day jobs.
- **Job Shadowing** - Many people learn new jobs best in real life situations. Job shadowing provides a way for the knowledge recipient to see and experience first-hand the daily activities performed by Project Team Members. Project Team SMEs are paired with their knowledge recipient counterparts. During Job Shadowing, the SME explains a job task, performs the job task, answers questions regarding the job task, enables the knowledge recipient to perform the task, and provides feedback to the knowledge recipient. The SMEs provide feedback on the ability of the knowledge recipient to perform designated tasks. Knowledge recipients provide feedback regarding their comfort level with performing the task without supervision. With this method, knowledge transfer activities are hands-on and delivered at the point of need. Through job shadowing, the knowledge recipient gains extensive knowledge on project-specific content required for his/her role. Job shadowing allows the knowledge recipient to communicate and interact with other system areas. This enables the knowledge recipient to gain a better understanding of how his/her job functions interact with other staff job functions.
- **Mentoring** - Mentoring is the collaboration of an experienced person with a less-experienced colleague to facilitate professional growth and development for the benefit of the mentor and the mentee. When logistically possible, Project Team SMEs are paired with the appropriate knowledge recipients to enable the SMEs to mentor and coach the knowledge recipients. Mentoring, similar to job shadowing, allows the SMEs to walk through job tasks, answer questions, and discuss lessons learned. Mentoring provides knowledge recipients with a "go-to" person for direct questions related to the IME System Services Project and their target roles.

In the sections that follow, we provide additional details defining our knowledge transfer plan and using these delivery methods to implement our knowledge transfer plan for the IME System Services Project.

### 8.3.2.4.3 Staff and Management User Knowledge Transfer (6.3.2.4.3)

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

a. System Features and System Interoperability.

b. Process and Operations.

c. Reporting.

d. Document Management and Workflow.

e. Security.

f. Authentication and Registration.

g. System Tutorials and System Navigation.

h. Rules-Based Engine.

i. Provider Enrollment and Management.

j. Claims Processing.

k. Prior Authorization.

l. TPL Module.

m. Member Module.

n. Web Portal.

The Accenture Team provides knowledge transfer to Department and IME personnel who have varying computer skills and who perform different functions within their respective units. We provide both train-the-trainer and instructor-led knowledge transfer sessions for Department and IME staff that promote Day One readiness and provide tools for ongoing just-in-time knowledge transfer. Train-the-Trainer involves training identified trainers or super users and equipping them with the knowledge and skills to in turn transfer knowledge to their respective units. This form of knowledge transfer not only provides knowledge of the IME MMIS and planned session materials, but also includes mentoring identified trainers on facilitation and coaching skills.

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

We design our train-the-trainer and instructor-led training based on the following principles:

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

**Role-Based and Process Driven**

We design knowledge transfer for Department and IME staff to be practical and directly relevant to an individual's role in supporting the IME MMIS and IME MMIS Operations. The knowledge transfer incorporates staff new system security roles and makes efficient use of staff time by demonstrating and practicing new job functions using the revised business processes for the IME MMIS.

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

**Hands-On and Interactive**

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

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

**Incremental and On-Going Learning**

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

**Knowledge Transfer Modules**
We work with the Department to assess knowledge transfer needs during Analysis and Design. We identify specific knowledge transfer modules based on identified needs and document these modules in our Knowledge Transfer Plan. As previously mentioned, modules are role-based and center around core IME MMIS functions, including:

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

## 8.3.2.4.4 Knowledge Transfer Plan (6.3.2.4.4)

The contractor(s) must create, maintain, and update, as required, an approved Knowledge Transfer Plan. The Knowledge Transfer Plan must include at least the following:

a. Provide an overview of the knowledge transfer methodology for a security and role-based enterprise environment and knowledge transfer objectives for Department and IME users.

b. Ensure all staff has security access to the knowledge transfer environment prior to the session.

c. Identify the knowledge transfer courses and associated course objectives, competency level, and skill set assessment tools, including the format and content of all knowledge transfer material to be developed by the contractor(s).

d. Identify procedures to ensure a working production environment exists for conducting knowledge transfer.

e. Identify the knowledge transfer presentation style, as approved by the Department.

f. Identify the number of role-based knowledge transfer sessions necessary to train all identified Department and IME staff per designated security levels.

g. Identify the number of users to receive the knowledge transfer.

h. Identify the length of each knowledge transfer course.

i. Describe the online real-time knowledge transfer on electronic communications and claims and other documentation.

j. Define procedures for implementing and maintaining a knowledge transfer database.

k. Provide for evaluation of knowledge transfer sessions and feedback to the Department.

l. Provide milestones for knowledge transfer.

Knowledge transfer begins at the start of the project. During Analysis activities, as shown in Figure 8 - 54, the Accenture Team works with the Department to analyze learning needs and confirm the plans for addressing those needs. We document our approach in the Knowledge Transfer Plan. This plan addresses the use of the IME MMIS by end-users. It also describes how we support the needs of Department personnel requiring specialized knowledge transfer to prepare them for roles related to the management, administration, and security of the system.

**Our clients recognize our ability to define and structure effective knowledge transfer and learning programs**

Accenture used an Instructor-Led Training approach to deliver training to 400 agency end users for Florida Office of Financial Regulation (OFR). The OFR project management was impressed with the training executed for the agency and has since requested Accenture's assistance in implementing a formal training program for the agency.

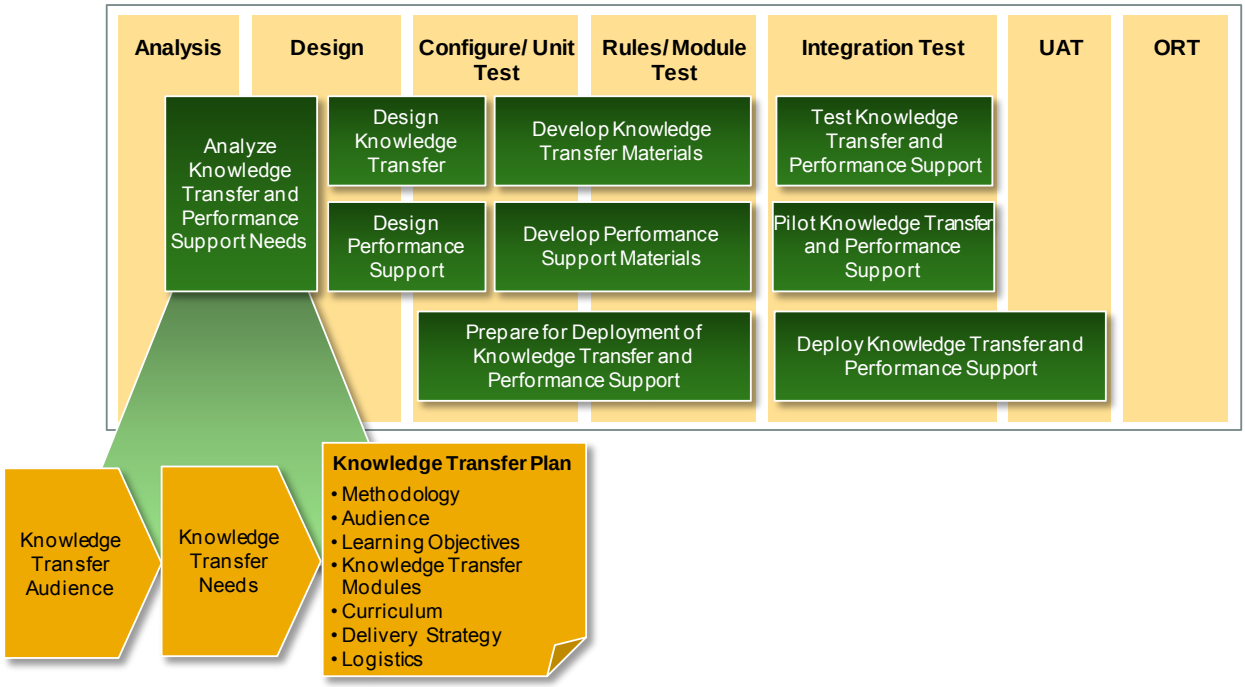


*Figure 8 - 54. We create our Knowledge Transfer Plan collaboratively with the Department and IME Professional Services contractors to develop our approach to building the knowledge and skills required for a smooth transition to the new IME MMIS.*

The Accenture Team creates, maintains, and updates, an approved Knowledge Transfer Plan. The Knowledge Transfer Plan includes the following:

- An overview of the knowledge transfer methodology for a security and role-based enterprise environment and knowledge transfer objectives for Department and IME users
- Staff security access to the knowledge transfer environment prior to the session
- The knowledge transfer courses and associated course objectives, competency level, and skill set assessment tools, including the format and content of all knowledge transfer material to be developed by the contractor(s)
- Procedures to confirm a working production environment exists for conducting knowledge transfer
- Knowledge transfer presentation style, as approved by the Department
- The number of role-based knowledge transfer sessions necessary to train all identified Department and IME staff per designated security levels
- The number of users to receive the knowledge transfer
- The length of each knowledge transfer course
- A description of the online real-time knowledge transfer on electronic communications and claims and other documentation
- Procedures for implementing and maintaining a knowledge transfer database.
- Evaluation process for knowledge transfer sessions and feedback to the Department
- Milestones for knowledge transfer

Our Knowledge Transfer Plan documents the results of our knowledge transfer needs analysis and explains our approach to meeting identified knowledge transfer needs. It describes our methodology, identifies knowledge transfer modules and curricula, and lays out the plan for developing and deploying knowledge transfer to the Department and IME staff. This includes developing all knowledge transfer

materials, establishing the knowledge transfer environment, coordinating and delivering knowledge transfer sessions, and assessing and evaluating these sessions. A sample table of contents for our Knowledge Transfer Plan is shown in Figure 8 - 55 below.

***Sample IME MMIS Knowledge Transfer Plan***

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*Figure 8 - 55. Our Knowledge Transfer Plan provides a comprehensive and proven approach to instill the knowledge and skills needed to successfully use the IME MMIS on Day* One.

### 8.3.2.4.5 Provider Knowledge Transfer Documentation and Materials (6.3.2.4.5)

The contractor(s) must develop the provider knowledge transfer documentation, such as Frequently Asked Questions and instructions, by provider type. The contractor(s) must also develop web seminar and video-based provider knowledge transfer materials to be distributed through the Provider Services unit.

The knowledge transfer must be structured to address the new MMIS and POS functionality, to include: claim submission, claim processing and edits, prior authorization, provider enrollment and use of the web portal. There must be specialization of knowledge transfer tailored to meet the needs of providers that do not currently use the new MMIS and POS.

Our knowledge transfer strategy for the IME System Services Project supports initial training for IME providers and includes development of tools and materials that serve as ongoing references and guides.

We deliver initial knowledge transfer for providers using a Train-the-Trainer approach. Our experienced professional trainers, in coordination with our project SMEs and the Department, create courses and knowledge transfer materials that allow the IME Provider Services unit to deliver training to IME providers. Our trainers develop a curriculum that equips providers with the knowledge and tools necessary to perform their responsibilities on Day 1 and includes reference materials for point-in-time specific needs.

**Materials for IME Provider Services Trainers**

- **Instructor Guidebooks** - Instructor Guidebooks contain all participant materials for provider end user knowledge transfer sessions. This includes an overview of the provider knowledge transfer curricula and a description of course objectives. The participant materials provide step-by-step procedures for performing core system functions, such as claim submission, claim processing and edits, prior authorization, provider enrollment, and the provider portal. The guidebook also includes all materials needed to setup, facilitate, and debrief interactive session activities. In addition, the Instructor Guidebook provides tools to help IME Provider Services Trainers prepare for and facilitate effective knowledge transfer sessions. This includes speaker notes, training tips, and delivery points.

**Materials for IME Providers**

- **Participant Guidebooks** - Participant Guidebooks provide providers with the information they need to participate in end user knowledge transfer sessions. This includes knowledge transfer curricula and objectives, step-by-step procedures for core system functions that are tailored to providers, and materials for interactive knowledge transfer activities. We provide these guidebooks to the IME Provider Services unit so that they can be made available to providers through the provider portal.
- **Web Seminar/Video-Based Materials** - Our Rapid Transition Suite allows us to quickly develop screen recordings with voice-over. This allows us to provide system demonstrations and training presentations to the IME Provider Services unit that can be made available to providers through the online provider portal.
- **Frequently Asked Questions (FAQs)** - Our FAQ job aid includes questions and answers specifically tailored for providers. We create initial FAQs based on our knowledge implementing healthcare solutions for the Medicaid and healthcare industry. We maintain these FAQs based on the feedback received from the Department, the IME Provider Services unit, and providers.
- **Online Help** - Online help provides targeted support information to help users perform system functions. We create specific online help content for providers. Online help is context sensitive, providing the users information relevant to the page they are currently viewing.
- **Online Tutorial** - The online tutorial provides screen recordings with voice-over to demonstrate system functionality to uses, including IME providers.
- **Training Environment** - The training environment allows IME providers to enter non-production data to simulate production system functions.

We create knowledge transfer materials that provide information on both general system information and provider-specific functions. Table 8 - 43 summarizes our mix of general and specific knowledge transfer materials. General systems knowledge transfer materials help providers understand how to request access to the system and interact with the user interface to perform system functions. These materials

help experienced MMIS users understand the differences between the legacy and new IME MMIS and provide tutorials for new system users.

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

*Table 8 - 43. Our knowledge transfer strategy supports a mix of general systems and provider-specific knowledge transfer materials that can help both experienced and new IME MMIS users successfully use the new system.*

### 8.3.2.4.6 Develop, Provide and Maintain Knowledge Transfer Documentation (6.3.2.4.6)

The contractor(s) must develop and update all knowledge transfer e-documentation, manuals, materials, knowledge transfer guides, speaker notes and course curricula including knowledge transfer objectives and outcomes. The contractor(s) must develop a document version control plan and allow for the version control and maintenance for knowledge transfer documentation to include all user and provider knowledge transfer e-documentation.

The contractor(s) also must incorporate online help, online policy and procedure manuals and hard copy user manuals for the delivery of conducting knowledge transfer. All knowledge transfer materials must be reviewed and approved by the Department before the start of the knowledge transfer. The contractor(s) must provide sufficient copies of all knowledge transfer materials for all Department staff and IME units. The contractor(s) must provide all electronic source documents and graphics used in the development and presentation of all aspects of knowledge transfer.

Upon completion of implementing a knowledge transfer database, the contractor(s) must submit a letter certifying the knowledge transfer database is built and software is operational.

Our knowledge transfer documentation begins with our Knowledge Transfer Plan. This document identifies the knowledge transfer materials our team creates and explains how we create them. We develop our knowledge transfer documentation and materials in accordance with this approved plan.

Our knowledge transfer approach is role-based and is directly relevant to each affected group's IME MMIS role. This enables efficient use of knowledge recipient time. In alignment with our overall knowledge transfer strategy, we design role-based knowledge transfer materials. This allows us to present the right skills and knowledge for each audience in an effective and dynamic way to promote a successful transition to the new IME MMIS.

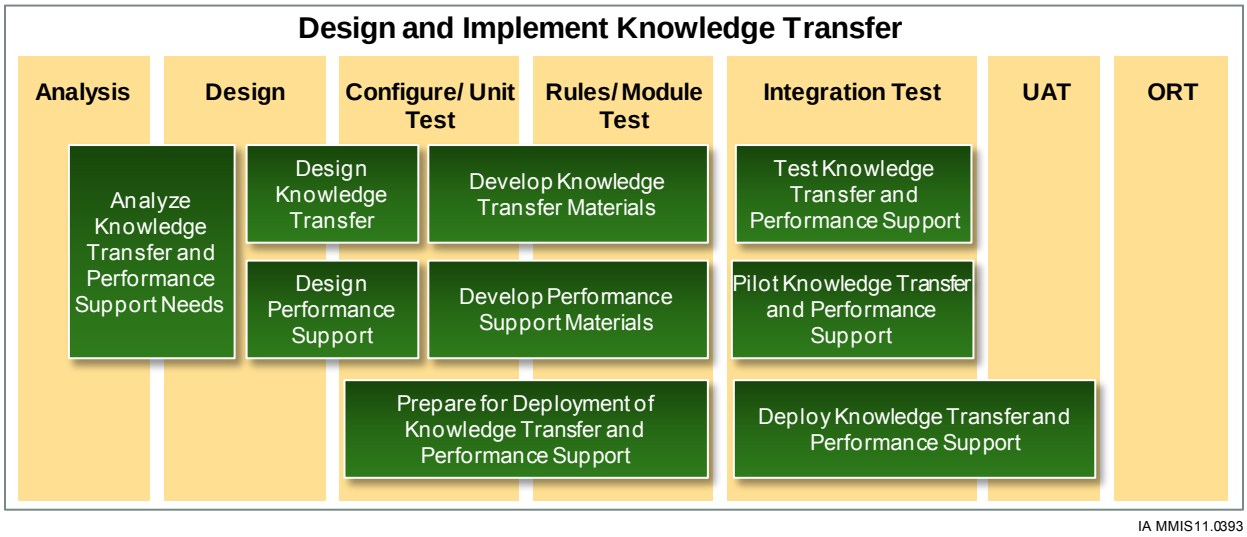
The Accenture Team provides the Department with knowledge transfer materials needed to conduct knowledge transfer for affected groups. The Accenture Team knowledge transfer materials and courseware go beyond basic manuals to include instructional guidebooks, a training database, evaluation tools, and training methodology. Table 8 - 44 below describes the reusable courseware provided by the Accenture Team's solution to support ongoing IME MMIS knowledge transfer needs. We design the courseware to be practical and easily maintained. The Accenture Knowledge Transfer Team provides electronic copies of the courseware and knowledge transfer documentation to the Department for reproduction as needed to support the instructor-led sessions and self-paced knowledge transfer activities.

Knowledge Transfer Documentation for the IME MMIS includes:

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

*Table 8 - 44. We use multiple types of training materials to support the IME MMIS knowledge transfer.*

Upon Department approval of our Knowledge Transfer Plan, we execute the plan using our proven methodology to design, build, test, and deploy knowledge transfer materials. Figure 8 - 56 shows how we apply our methodology to develop IME MMIS knowledge transfer materials that are clear and understandable for both the system end users and technical staff.




IA MMIS11.0393

*Figure 8 - 56. We follow our mature methodology to develop our knowledge transfer materials, lowering risk and increasing the quality and effectiveness of the knowledge transfer program.*

Following summarizes the activities we perform to develop the knowledge transfer materials:

**Design**
During Design, the Knowledge Transfer Team works with Department Subject Matter Experts, leadership, and the project Functional Teams to determine the overall look and feel for the instructional content and online help. The team creates designs for each course identified in the IME MMIS Knowledge Transfer Plan, identifying specific exercises that illuminate and reinforce the course objectives most effectively.

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

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

**Configure**
During Configuration activities, the Knowledge Transfer Team develops the knowledge transfer materials, online help, online tutorials, and job aids, in a manner that is clear and understandable to the respective audiences.

Our team works with the Department to develop materials that reflect realistic scenarios based on Department standard business processes and procedures, tailored to the IME MMIS. The Knowledge Transfer Team works in collaboration with other IME MMIS teams to create the knowledge transfer environment and data based on the approved designs. This phase requires coordination with multiple teams. For example, we work with the Technical Team to create the training environments, establish the procedures for refreshing the database after knowledge transfer sessions, and establish technical support plans for online tutorials.

**Test**
After completing development of knowledge transfer materials, team members thoroughly test the content. We conduct a practice of each knowledge transfer session to confirm the knowledge transfer data supports the scenarios. The team also prepares the logistics and completes the administrative functions for training the trainers, including preparing training facilities. During training for User Acceptance Testing (UAT), the team identifies additional refinements.

**Deploy**
Our Knowledge Transfer Team deploys knowledge transfer materials as follows:

- We conduct Train-the-Trainer sessions to prepare IME staff trainers who deliver training to providers. Training for trainers use the training materials prepared for end users.
- We make verified online help and tutorials available for use during knowledge transfer sessions and/or by the first day of system and/or feature implementation.
- We establish the processes and procedures that we use to keep training materials and tutorials current and accurately reflect current system functionality.
- We provide and maintain the IME MMIS Knowledge Transfer Materials (e.g., hardcopy and softcopy) for each training session, consistent with the IME MMIS Knowledge Transfer Plan.
- Upon completion of implementing a knowledge transfer database, the contractor(s) must submit a letter certifying the knowledge transfer database is built and software is operational.

**Initial Versions of Knowledge Transfer Documentation**
We provide and maintain the IME MMIS knowledge transfer materials and support resources. Initial knowledge transfer materials to be used for system implementation are available to support knowledge transfer activities. Hard copy documentation, if applicable, is delivered to end-users by the first day of any Instructor-led, classroom training.

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

## 8.3.2.4.7 Online Tutorial (6.3.2.4.7)

The Contactor(s) must provide an online tutorial capability for each module in the MMIS and POS. This tutorial must provide basic "dummy" data, and allow the user to enter or modify information to simulate actual use of the system. This tutorial must be used for knowledge transfer and made a part of the final new MMIS and POS, so that new users accessing the enterprise will have an online tutorial to assist in learning the system's functionality. Users must be allowed to click their way through the entire process, including, but not limited to:

a. Mass adjustment processing.

b. Financial transaction processing.

c. Prior authorization.

d. Benefit packages.

e. Edits and audits.

f. Rules engine.

g. Reporting.

h. Account and Federal report coding.

I. Web portal application.

j. Drug rebate processing.

k. Electronic document and workflow management.

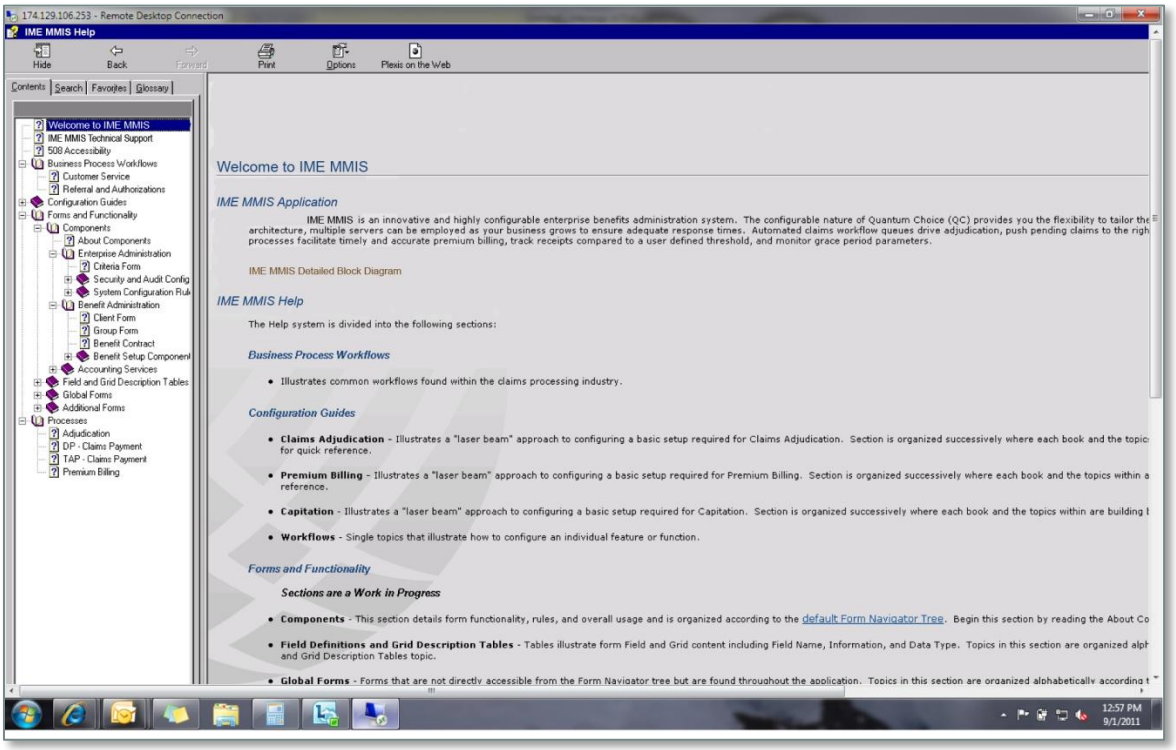
As part of our IME MMIS solution, users have access to self-paced tutorials and interactive learning online. This allows users to complete knowledge transfer activities independently, without the interaction

or guidance of a live instructor. Our solution provides these self-paced online capabilities through three methods:

- Online help
- Online tutorials
- Training environment

**Online Help**

Our APHP solution provides topic-specific online help out-of-the-box. Figure 8 - 57 provides a sample online help screen that demonstrates key usability features, such as a table of contents and search function. Should users require additional assistance, they can link directly from online help screens to an online tutorial providing voice recordings for the selected application function.




To view a demonstration of this functionality, select the Online Tutorial

IA MMIS11.0437

*Figure 8 - 57. Users can link directly from our IME MMIS online help to an online tutorial that walks users through the system function.*

**Online Tutorial**

Our knowledge transfer strategy is based on our proprietary Rapid Transition Suite. Our Rapid Transition Suite is an innovative, web-based suite of tools that intuitively guides teams through a successful knowledge transfer program. Our Rapid Transition Suite provides the ability to easily and quickly create screen recordings with voice-over that guides users through screen functions. We create our online tutorial for the IME MMIS using this capability.

We adapt our existing online tutorial to match the configuration changes implemented to tailor the APHP solution to the IME MMIS-specific requirements. During design activities, we work with the Department to confirm the specific modules for the online tutorial as shown in Figure 8 - 58. The online tutorial describes the business processes and provides step-by-step walkthroughs for each defined module.

*Figure 8 - 58. We work with the Department during design activities to confirm modules for the IME MMIS online tutorial.*

Once developed, we verify the Online Tutorial against the Department-approved designs and submit for Department approval along with all training materials.

**Training Environment**

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

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

### 8.3.2.4.8 Knowledge Transfer Schedule (6.3.2.4.8)

The contractor(s) must create and maintain ongoing knowledge transfer schedules. Sessions are to begin during the development part of the Implementation phase and be completed prior to UAT for Department staff and IME units and prior to ORT for other IME staff. The contractor(s) must provide knowledge transfer throughout the operations and maintenance stage for new staff and staff who change positions. Knowledge transfer must be provided at a contractor(s) facility and the contractor(s) must schedule knowledge transfer with the Department and IME units. The knowledge transfer will be conducted Monday through Friday, excluding the state holidays, between the hours of 9:00 a.m. and 4:00 p.m. Central Time. The contractor(s) is responsible for furnishing the trainees with knowledge transfer materials, as necessary.

We begin knowledge transfer activities at the start of each project. As we discuss and review business processes during Analysis activities, we identify business process changes and the groups affected by these changes. We begin to identify overall knowledge transfer needs based on the proposed business process changes. We later refine these needs during Design activities and define the knowledge transfer curriculum for each affected group. During system configuration and development, we begin to prepare for implementing knowledge transfer activities as shown in Figure 8 - 59. This includes creating the knowledge transfer schedule.

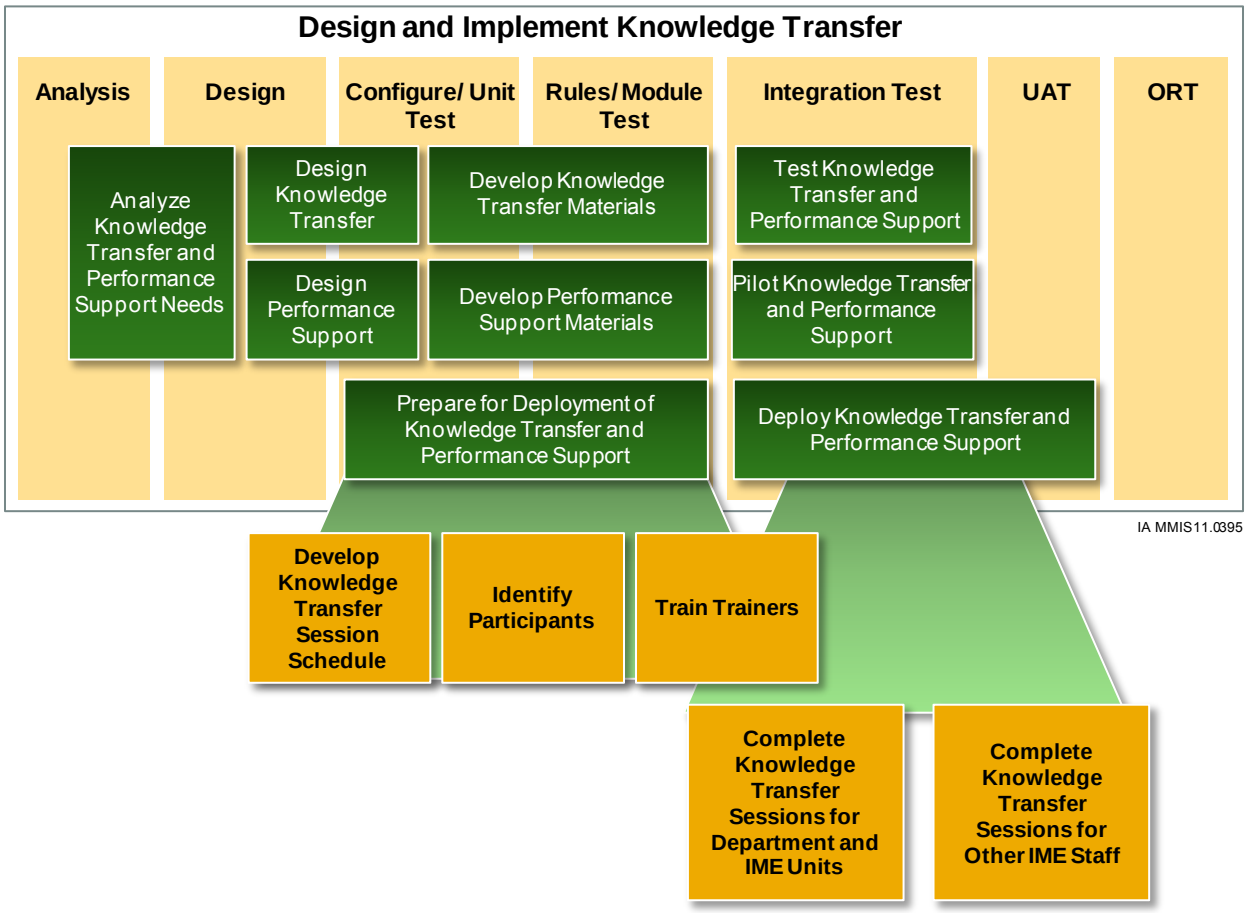
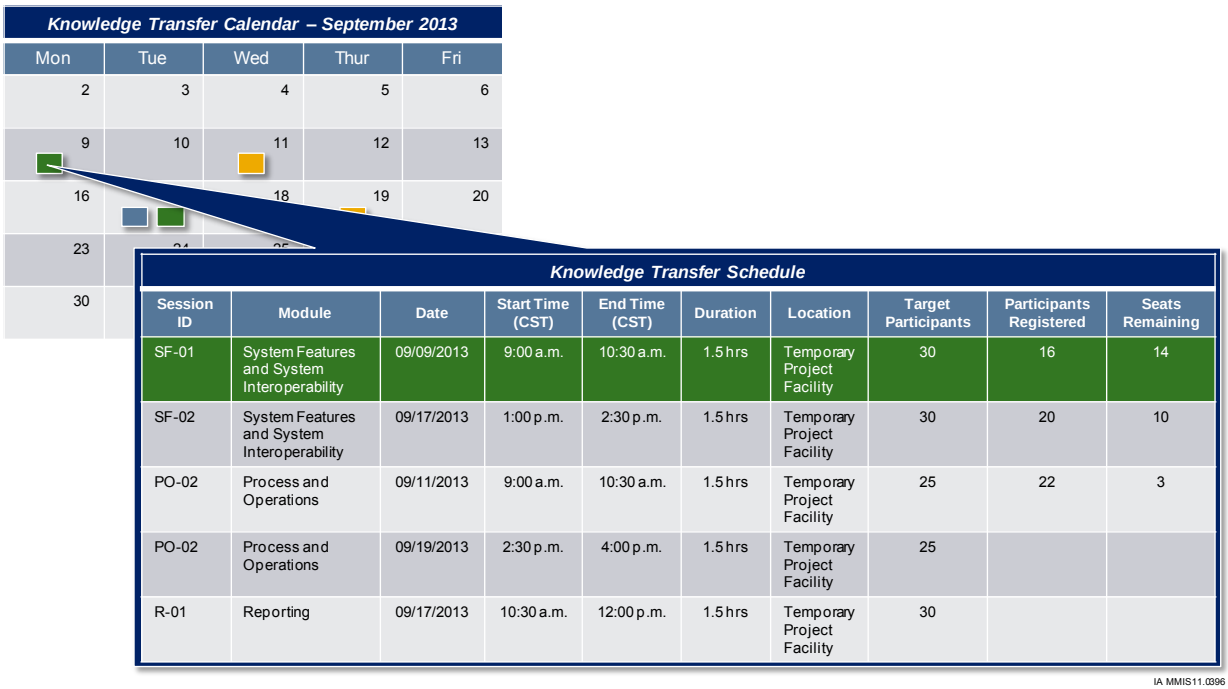



*Figure 8 - 59. Knowledge transfer preparation includes developing an achievable schedule that delivers the right information to the right people at the right time.*

Our knowledge transfer sessions are role-based and process driven. This means that knowledge recipients only attend those sessions that are relevant to their specific roles and responsibilities. Knowledge transfer curriculums identify the sessions each target group should complete to gain the skills needed to perform their job. Our knowledge transfer schedule identifies when and where we conduct these sessions. When developing the knowledge transfer schedule, we consider the following:

- **Project milestones** - We develop our schedule in coordination with our system implementation timeline. We setup the knowledge transfer environment and support a version of our IME MMIS solution in this environment before we begin knowledge transfer sessions. We complete Train-the-Trainer sessions with enough time to allow IME staff to present and conduct provider knowledge transfer before system deployment. We complete knowledge transfer sessions for Department and IME units before UAT and for all other IME staff before ORT.
- **Target number of participants** - Our experience has taught us that learning occurs best when individuals can receive the new information through multiple channels. Our knowledge transfer approach includes a variety of hand-on activities in addition to presentations. These hands-on activities minimize passive listening and reading. They allow participants to try scenarios that they will perform after implementation. Our knowledge transfer sessions are interactive. We use tools and techniques to encourage participation. To effectively support interactive activities and participant questions, we establish a maximum number of participants in each session based on the session topic and activities planned.
- **Course complexity** - Our schedule accommodates specific course content and complexity. Courses that require more hands-on activities or those with complex topics will be longer in duration or divided into two sessions.
- **Incremental learning** - Knowledge transfer activities are not just single events. Our Knowledge Transfer Plan is comprised of multiple knowledge transfer modules that mirror specific job skills. The IME MMIS knowledge transfer session-based modules are progressive and build on the skills and materials presented in previous modules. Our schedule accounts for sequencing knowledge transfer sessions to most effectively deliver information to participants.
- **Number of sessions** - We identify the number of sessions required for each knowledge transfer module by comparing the total participants identified to receive the knowledge and the recommended maximum number of participants for the module's knowledge transfer session.
- **Availability of session participants** - We seek to understand critical timeframes when target groups or individuals are unavailable to attend knowledge transfer sessions, due to professional or personal reasons. We offer sessions for each knowledge transfer module multiple times to accommodate participant schedules. We also understand that our knowledge transfer sessions cannot affect current operations. We schedule enough sessions to allow individuals within the same operational area to attend sessions on different dates or at different times. We work with the Department to develop strategies to minimize impacts to operations, including identifying backfills for session participants as necessary.
- **Advance notice** - We understand that Department and IME staff time is valuable. We create and begin registration for instructor-led knowledge transfer sessions for the initial IME MMIS deployment several weeks before sessions begin. This allows participants to proactively manage their personal calendars.

Our knowledge transfer schedule identifies planned knowledge transfer sessions. As shown in Figure 8 - 60, our knowledge transfer schedule includes a calendar, which provides a summary view of sessions planned, and a Microsoft Excel spreadsheet that provides detailed information for each session.




| Session ID | Module | Date | Start Time (CST) | End Time (CST) | Duration | Location | Target Participants | Participants Registered | Seats Remaining |
|---|---|---|---|---|---|---|---|---|---|
| SF-01 | System Features and System Interoperability | 09/09/2013 | 9:00 a.m. | 10:30 a.m. | 1.5 hrs | Temporary Project Facility | 30 | 16 | 14 |
| SF-02 | System Features and System Interoperability | 09/17/2013 | 1:00 p.m. | 2:30 p.m. | 1.5 hrs | Temporary Project Facility | 30 | 20 | 10 |
| PO-02 | Process and Operations | 09/11/2013 | 9:00 a.m. | 10:30 a.m. | 1.5 hrs | Temporary Project Facility | 25 | 22 | 3 |
| PO-02 | Process and Operations | 09/19/2013 | 2:30 p.m. | 4:00 p.m. | 1.5 hrs | Temporary Project Facility | 25 | | |
| R-01 | Reporting | 09/17/2013 | 10:30 a.m. | 12:00 p.m. | 1.5 hrs | Temporary Project Facility | 30 | | |

*Figure 8 - 60. Our Knowledge Transfer Schedule provides both an "at-a-glance" and detailed view of planned knowledge transfer sessions.*

We develop our knowledge transfer schedules during the implementation phase, based on the course(s) to be completed and the number of occurrences required of each course. The schedules accommodate the complexity of the material. The duration of a training session increases as the complexity of the material increases. We work closely with Human Resources (HR) to schedule the different courses according to when staff is hired and brought on board.

**Ongoing Training Needs**

We conduct appropriate orientation and knowledge transfer for new staff or existing staff assuming new responsibilities. We conduct orientation activities according to the Staffing Management Plan and knowledge transfer according to the Knowledge Transfer Plan. We identify specific knowledge transfer activities based on the individual's previous experience and training for existing staff, and new responsibilities for both new and existing staff. We schedule ongoing knowledge transfer activities in the Operations Phase on an as needed basis. We maintain the Knowledge Transfer Schedule to reflect any new or changed knowledge transfer activities.

**Specific Knowledge Transfer Schedule Requirements**
We work collaboratively with the Department in developing our Knowledge Transfer Schedule. Our schedule aligns with defined Department requirements. Table 8 - 45 indicates our acknowledgement of these requirements.

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

*Table 8 - 45. Our knowledge transfer schedule provides an up-to-date view of knowledge transfer sessions planned and completed.*

### 8.3.2.4.9 Certificate of Completed Knowledge Transfer (6.3.2.4.9)

Knowledge transfer must be implemented in accordance with the Contractor's approved knowledge transfer plans. Upon completion of the knowledge transfer, the contractor(s) must submit a letter certifying that all initial knowledge transfer has been completed for Department staff and IME units.

The Accenture Team completes knowledge transfer activities according to the Knowledge Transfer Plan and Training Schedule. After we complete knowledge transfer activities that satisfy all defined objectives and acceptance criteria for the initial IME MMIS deployment, we provide the Department with a certificate certifying that all staff and provider training (as needed) has been completed.

### 8.3.2.4.10 Prepare Evaluation Tool (6.3.2.4.10)

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

Before we deploy the new IME MMIS, we need to be sure Department and IME contractor staff and trading partners are equipped with the knowledge and skills necessary to perform their jobs. Our knowledge transfer approach includes a variety of methods and tools to help these groups be successful on Day 1. Our online evaluation tool allows us to verify that these methods and tools are achieving the expected outcomes.

Feedback from knowledge transfer recipients is one of the most immediate and accurate evaluation sources available to assess our success in meeting defined knowledge transfer objectives. We gather feedback from knowledge transfer recipients on the appropriateness of session content, duration, and delivery method; effectiveness of instructor (for instructor-led sessions); and knowledge and skills gained. We capture this feedback through the following methods using our online survey tool:

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

**Pre-Course and End-of-Course Assessments**. Our team uses pre-course and end-of-course assessments to determine the amount of knowledge retained at course completion and measure the knowledge gained from the course. End-of-course assessments offer the course participant and the instructor immediate feedback on the participant's ability to answer questions related to course material. The questions measure participant knowledge levels against targets and expectations defined in the Knowledge Transfer Plan. We compare end-of-course assessment results to pre-course assessment results to understand the degree to which the course increased participant knowledge.

**Evaluation Surveys.** Knowledge recipients also complete an evaluation survey at the end of each knowledge transfer session. Our online survey tool captures feedback on course content, course materials, and course delivery. Knowledge recipients who attend an instructor-led knowledge transfer session also provide feedback on the effectiveness of the session's instructor. Each evaluation survey question asks recipients to determine if they strongly agree, agree, somewhat agree, disagree, or strongly disagree with each evaluation criteria. Examples of the evaluation criteria include:

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

Our evaluation surveys also enable participants to provide free-form text indicating the areas of the course that were most effective, those least effective, and any additional feedback. Figure 8 - 61 displays some of the feedback we received while delivering training for the Florida Office of Financial Regulation REAL Project.

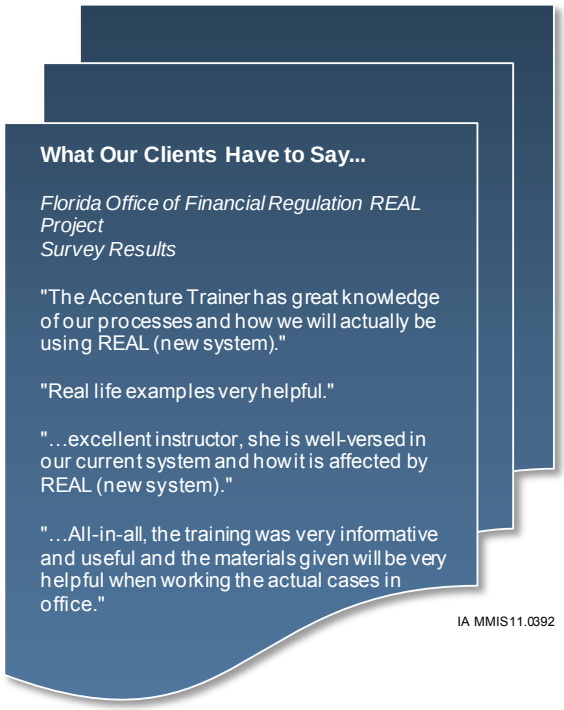



*Figure 8 - 61. We use knowledge transfer practices that have proven successful at our past system implementation projects.*

**Three View Form Questionnaires.** We also monitor knowledge transfer activities that occur outside of the traditional instructor-led sessions. This includes job shadowing and mentoring. For these types of knowledge transfer activities, we verify that we

are conducting knowledge transfer activities according to plan, knowledge transfer is progressing according to expectations, and knowledge recipient satisfaction is achieved at acceptable levels.

One way we do this is by obtaining feedback using a “three view form.” A “three view form” is a specific knowledge transfer satisfaction form that captures information about knowledge transfer activities from the perspective of three types of participants:

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

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

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

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

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

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

We use the results from our evaluation tool as shown in Figure 8 - 62 to identify opportunities to improve our knowledge transfer materials, delivery methods, and instructor effectiveness.

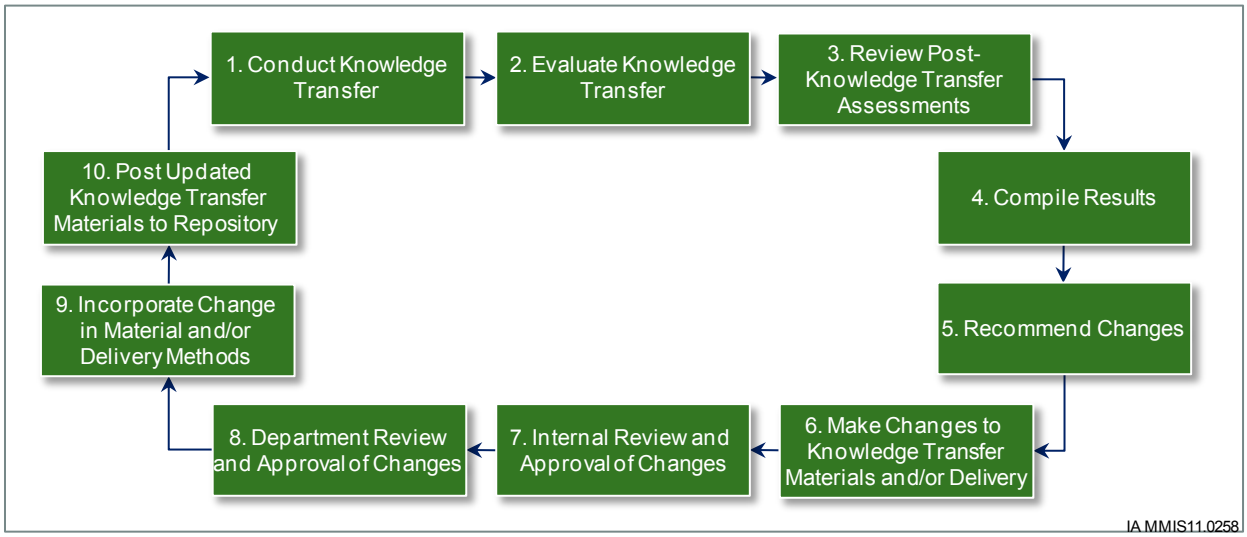



*Figure 8 - 62. Accenture's knowledge transfers evaluation processes facilitate encourage communication of ideas continuous improvements.*

Our team considers information received from all feedback mechanisms to identify opportunities to improve knowledge transfer effectiveness. We identify and implement knowledge transfer improvements as shown in Figure 8 - 62. Our process includes compiling results from our various feedback mechanisms to identify areas assessed consistently below target levels. This includes commonly missed proficiency test questions, poorly rated job aids, and dissatisfied target groups. We track all items requiring corrective action electronically through resolution. We develop recommendations to address these items, including plans to update courses, job aids, or replace instructors if needed, and we discuss these recommendations with the Department. Once we receive Department approval, the designated instructors compile and incorporate all changes to the knowledge transfer content and materials. We conduct peer and supervisor reviews on these changes. We then submit the updated knowledge transfer materials and courseware to the Department for review, feedback, comments, and written approval prior to delivery in a knowledge transfer session.

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

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

We incorporate any changes identified through staff polls as described in Figure 8 - 62.

### 8.3.2.4.11 Knowledge Transfer Reports (6.3.2.4.11)

The contractor(s) must develop knowledge transfer reports that include information, such as, but not limited to: target group, the number of knowledge transfer sessions, type of knowledge transfer, knowledge transfer locations, number of trainees, results of the evaluation survey testing and recommendations for follow-up knowledge transfer.

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

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

We define the specific metrics, information, and format for this report with the Department when creating our Knowledge Transfer Plan. Table 8 - 46 displays a few sample metrics we can include in our report.

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

*Table 8 - 46. Our Knowledge Transfer Report provides the Department with regular feedback on the progress of our knowledge transfer activities.*

In addition, our report includes brief narratives and materials that support the report metrics. This includes:

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

We create and submit the Knowledge Transfer Report on a weekly basis after completion of the first knowledge transfer session and continue to produce and distribute this report each week until all sessions for the initial deployment are complete. During the Operations Phase, we create and submit this report within 10 business days of completion of the knowledge transfer session.

### 8.3.2.4.12 Deliverables (6.3.2.4.12)

The following documents must be submitted for review and approval within a timeframe determined by the Department:

a. Knowledge transfer plan and knowledge transfer schedule including train-the-trainer plan and schedule.

b. Electronic knowledge transfer documentation.

c. Knowledge transfer database and application software.

d. Letter certifying the knowledge transfer database is built and software is operational.

e. Document version control plan.

f. Knowledge transfer schedule and conduct knowledge transfer.

g. Letter certifying completion of knowledge transfer.

h. Evaluation survey tools.

i. Knowledge transfer reports.

We create, review, and finalize the deliverables listed in Table 8 - 47 with the Department while completing the knowledge transfer tasks outlined in this RFP.

| Deliverables | Description |
|---|---|
| ***Knowledge Transfer Plan and Schedule*** | Our Knowledge Transfer Plan defines our approach to planning, conducting, and evaluating knowledge transfer activities. It includes our strategy for both user knowledge transfer for Department and IME contractor users and train-the-trainer for preparing IME staff to conduct knowledge transfer sessions for IME providers. The plan describes the timeline for analyzing, designing, developing, and testing knowledge transfer materials. It provides a high-level schedule for knowledge transfer delivery. We refine this schedule as we communicate available sessions to participants and participants register for sessions. |
| ***Electronic Knowledge Transfer Documentation*** | We create electronic versions of our knowledge transfer materials to provide easy, ongoing access to up-to-date knowledge transfer materials and information needed to operate or use the system. Documentation includes knowledge transfer session materials, such as course information, speaker notes, and training attendance sheets; manuals and user guides; and online help documents. The specific list of knowledge transfer materials is defined in our Knowledge Transfer Plan. |
| ***Knowledge Transfer Database and Application*** | Our knowledge transfer approach involves a number of instructional strategies to help individuals who will perform or support IME MMIS Operations. This includes creating a Knowledge Transfer Database that allows individuals to practice case scenarios in the |

| Deliverables | Description |
|---|---|
| ***Software*** | training environment that mirrors the "real world." The training environment allows users to perform scenarios and execute processes associated with each IME MMIS module using non-production data. |
| ***Knowledge Transfer Database and Software Certification Letter*** | After we complete setup of the knowledge transfer environment and installation of knowledge transfer tools, we submit the Knowledge Transfer Database and Software Certification Letter certifying the knowledge transfer database is built and software is operational. |
| ***Document Version Control Plan*** | We maintain up-to-date knowledge transfer materials. Our knowledge transfer approach, similar to our approach for this entire project, encourages continuous improvement. Our approach includes mechanisms to capture feedback from both the Department and knowledge transfer recipients. We assess and use this feedback to improve our knowledge transfer delivery and materials. We also update knowledge transfer materials anytime we make system changes affecting the user interface or IME MMIS Operations. This helps keep knowledge transfer documentation in sync with the production system. We implement changes using approved processes defined in our Configuration Management Plan. |
| ***Knowledge Transfer Schedule*** | The Knowledge Transfer Schedule identifies the date, time, location, and expected attendees for each planned knowledge transfer session. The schedule includes both user knowledge transfer sessions for the approximately 500 MMIS users, trainers, administrators, managers, and test teams and train-the-trainer sessions for IME staff expected to deliver provider training. We develop a schedule for the initial rollout of the IME MMIS and then maintain this schedule during operations and maintenance to support ongoing training for new staff or existing staff assuming new responsibilities. |
| ***Knowledge Transfer Completion Certification Letter*** | Upon completion of knowledge transfer activities for the initial deployment of the IME MMIS, we provide the Department a letter certifying that knowledge transfer for the Department and IME staff is complete. |
| ***Evaluation Survey Tools*** | We provide a web-based tool to collect feedback on knowledge transfer sessions. Evaluation begins at the beginning of each session with a brief assessment. The assessment asks participants a series of multiple-choice questions that allows participants to demonstrate existing knowledge on session topics. Upon completion of each session, participants complete both an assessment and a survey to evaluate the session content and delivery. Conducting the assessment at the beginning and end of each session enables us to understand the increase in knowledge gained from the session. The evaluation survey allows participants to indicate the degree of agreement with statements, such as, "The knowledge transfer objectives were clear and concise." In addition, it provides participants the opportunity to document additional, free form feedback. We also use our evaluation tool to administer proficiency tests. These tests measure knowledge gained by a recipient at the completion of their planned curriculum. Our evaluation tool provides the capability to generate summary reports describing evaluation results. |
| ***Knowledge Transfer Reports*** | In coordinating knowledge transfer logistics, we identify and register participants for specific knowledge transfer sessions. We use session attendance sheets to capture actual participation for each session. We use this information, combined with pre-course and end-of-course assessments, evaluation surveys, and proficiency test results from our evaluation tool, to gain an understanding of our knowledge transfer progress. We provide a Knowledge Transfer Report with our weekly status report during knowledge transfer delivery. This report identifies expected and actual training results. Our team emphasizes continuous improvement. One of the ways we do this is by using the results from our knowledge transfer evaluation tool to identify opportunities for improvement. The Knowledge Transfer Report also includes our recommendations for ways we can delivery knowledge transfer more effectively. |

*Table 8 - 47. Accenture develops complete and accurate deliverables in collaboration with the Department.*

## 8.3.2.4.13 Performance Standards (6.3.2.4.13)

a. Provide the Department a list of all attendees that successfully completed the knowledge transfer courses. 100 percent of all required staff must successfully complete the knowledge transfer courses.

Knowledge transfer activities enable effective use and support of the new IME MMIS. The table below indicates our agreement to meet the performance standards outlined in this RFP associated with these activities.

| Performance Standards for Knowledge Transfer Activities | Meet or Exceed |
|---|---|
| a. Provide the Department a list of all attendees that successfully completed the knowledge transfer courses. One-hundred percent of all required staff must successfully complete the knowledge transfer courses. | ✓ |

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# 8.4 Transition to Operations (6.4)

The contractor(s) will plan and prepare to assume all responsibilities of the MMIS and POS contractors. The contractor(s) must convert all data necessary to operate the new MMIS and POS and meet all requirements. The Transition to Operations tasks will end upon successful assumption of all contractors" responsibilities and resolution of startup issues.

**Our transition approach includes collaborative implementation planning and preparation with the Department to be ready for Core MMIS operations on Day One. Our field-tested transition approach minimizes disruption to services and provides a smooth and low-risk transition to the new system.**

The Iowa Medicaid Enterprise (IME), which processes $4.2 billion of claims annually from providers delivering services to eligible Medicaid members, plays an important role in fulfilling the Department's mission to "help individuals and families achieve safe, stable, self-sufficient, and healthy lives." A smooth transition to the new MMIS system and Core MMIS operations minimizes disruption to the critical services the IME provides.

A smooth transition to a new MMIS in Iowa's unique and complex business model requires a Systems Integrator with a field-tested transition approach that can collaboratively work with the Department, IME stakeholders and contractors to plan and execute a low-risk transition ready for operations on Day One. Maintaining consistency and minimizing disruption for the State's most vulnerable citizens is a critical requirement for the MMIS implementation. This requirement is at the heart of the Accenture approach.

**Our experienced team provides a low-risk approach that facilitates a smooth transition to the new MMIS system and Core MMIS operations and that maintains consistency for users**

- Our focus on Day One is to continue to taking care of your customers including paying claims correctly and avoiding service disruption for recipients and providers
- Our experienced team uses a proven methodology to integrate conversion, system, knowledge transfer, support, and readiness activities during the Transition to Operations phase
- Our approach uses the knowledge and experience gained from more than 30 years of experience implementing systems within the Health and Public Service industry
- Tools, templates, and project artifacts developed while assisting more than 800 different health care clients, including multiple Medicaid projects, reduce transition risk by providing reliable starting points for planning

Accenture is not bidding on POS systems and operations.

## Tested and Confirmed Transition Approach

Data conversion is often not given enough emphasis on large-scale technology change programs like this one and becomes "Something that would be taken care of later". We view data conversion as mission critical: the outcome of data conversion can mean the success – or failure – of workers, providers, and members to accept the new system.

Accenture's Health and Public Service practice has spent the last 30 years implementing systems that helped clients support the needs of their constituency groups. Accenture has completed many health and government projects for large counties and states, including 29 of the 50 United States and the District of Columbia.

Our work with the Texas Medicaid and Healthcare Partnership (TMHP) is an example of the work we do for Health and Public Service clients. We are currently the lead technology provider for the operations of the Texas Medicaid program, the nation's third largest Medicaid program. As lead technology provider,

Accenture has responsibility for all aspects of technology and support for overall program management, including transition from the incumbent service provider. We planned and successfully executed the transition from the incumbent, transitioning all systems and operations on or ahead of schedule. Our transition approach minimized disruptions to operations throughout the transition. In the first financial cycle following transition, we processed claims three times faster and paid more claims ($1.6 million more) than the incumbent paid in any previous cycle.

Our transition approach incorporates the knowledge and experiences gained from our 30 years of experience delivering solutions for the Health and Public Service industry, including our successful transition of Medicaid claims processing systems for the TMHP. We propose a similar approach in Iowa starting with the creation of the Transition Steering Committee in our Governance Model.

*Collaboration with the Department and IME Stakeholders*
A successful transition requires collaboration with the Department, IME stakeholders, and the incumbent MMIS contractor at all stages of the transition. To help facilitate this collaboration, we create a Transition Steering Committee, which is composed of members representing key stakeholder groups as described in Figure 8 - 63 below. These groups include the Department, Trading Partners, the incumbent MMIS contractor, and the Accenture Team.

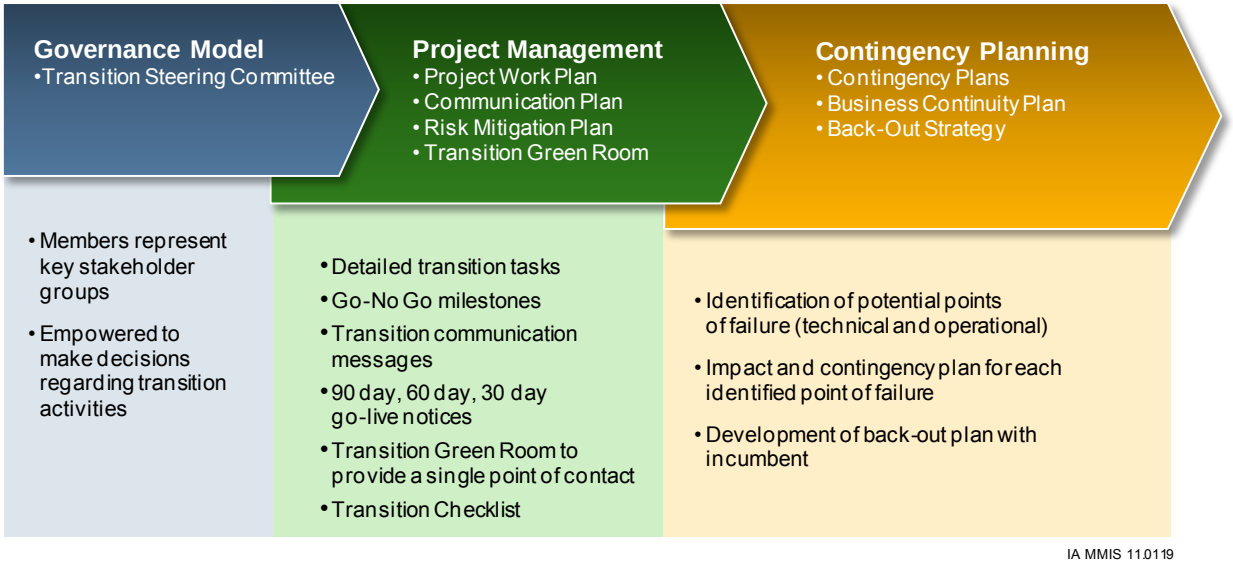


*Figure 8 - 63. Our transparent transition approach includes a collaborative approach to transition governance to proactively mitigate risks and swiftly resolve issues.*

During transition planning, the Transition Steering Committee jointly identifies the scope and expectations of the transition. The Transition Steering Committee provides input to the development of the Transition to Operations Plan deliverable. This input includes defining the success criteria and expectations for the transition including:

- Data conversion
- Production environment setup
- System deployment
- Knowledge transfer activities
- Operational Readiness Tests (ORT) completion
- Help desk and support tools setup

The committee participates in deliverable reviews and helps verify that the plan meets defined requirements and expectations.

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

One month prior to the go-live date, the Accenture Team establishes a Transition Green Room. This provides a single point of contact for all stakeholders concerning transition activities and status. The Green Room is the communication hub for managing and coordinating transition preparation and go-live activities. The Accenture Team creates Implementation Checklists, which we post and update in the Transition Green Room, as well as our SharePoint site, to help provide a consistent understanding and set of expectations for production implementation. We create a separate checklist for three weeks, two weeks, and one week prior to implementation go-live. Additionally, we create a separate checklist for each day within one week of the go-live date. These checklists include all transition tasks that the IME Project Teams need to complete by the end of the week or day, depending on the timeframe to go-live.

## Managed Transition

The use of a proven transition approaches that are field-tested during transitions are similar in size, scope, and complexity, such as the transition with the Texas Medicaid and Healthcare Partnership. Active collaboration with key MMIS stakeholders helps identify potential risks and points of technical and operational consideration. We use our experience in system implementations and operations transitions along with our deep technical skills to work with IME stakeholders to develop a mitigation plans for each identified risk. While we don't anticipate any failures, we plan for all scenarios and have documented contingency plans for each potential failure point.

Our risk management process, depicted in Figure 8 - 64 enables us to take a proactive approach to problem identification and resolution and is consistent with the industry leading practices of the Project Management Institute (PMI) and CMMI. Our team works with the Department to manage risks and mutually agree on escalating issues using established processes. The project management team disseminates and shares information and status across the teams and stakeholders.

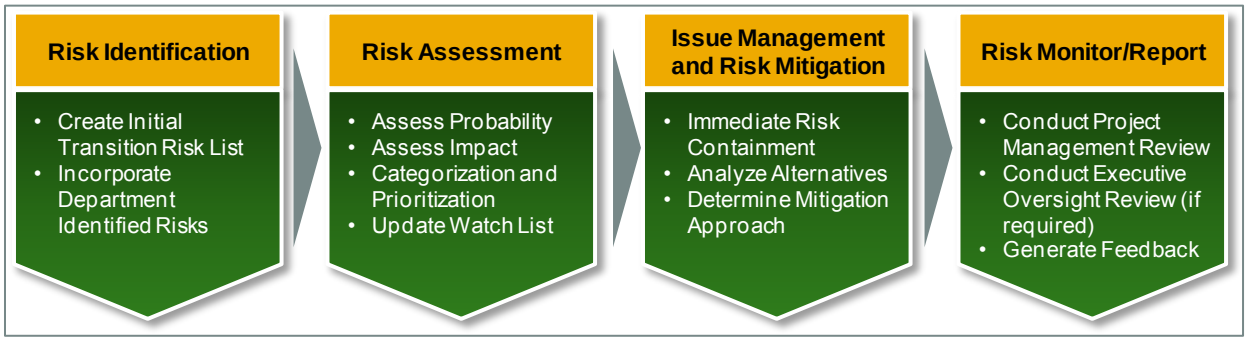


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*Figure 8 - 64. Our rigorous Risk Management approach lowers transition risk by proactively assessing and mitigating risks to avoid service disruption.*

Our transition approach includes the following components to reduce risk and minimize any potential negative impacts to schedule, budget, and operations. These include:

- Our transition approach uses the knowledge and experience we have gained executing on time, on-budget system implementations and operations transitions similar in size and scope to this effort.
- Our approach emphasizes collaboration with all stakeholder groups to identify, plan appropriate mitigation and contingency plans for potential risks and failure points.
- We collaborate with the Department to develop a transition schedule that phases in operations on a schedule that minimize risk.
- Our approach includes early and continuous monitoring of transition contingency, business continuity, and back-out plans.
- Our team includes S2Tech, who has extensive knowledge of the existing IME environment, operations, and system, to help plan and execute transition activities.
- We use our Accenture Delivery Methods and CMMI Level 4 assessment repeatable processes, which provide the knowledge that enables Accenture to deliver successfully predictable, high-quality results on time and within budget.
- Transition tools including Accenture's Rapid Transition Suite (RTS) to facilitate knowledge transfer.
- Our approach includes creation of a Transition Steering Committee to provide governance for transition planning and execution.
- We establish a Transition Green Room to provide centralized management over transition activities.

## Focus on Day One Readiness

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

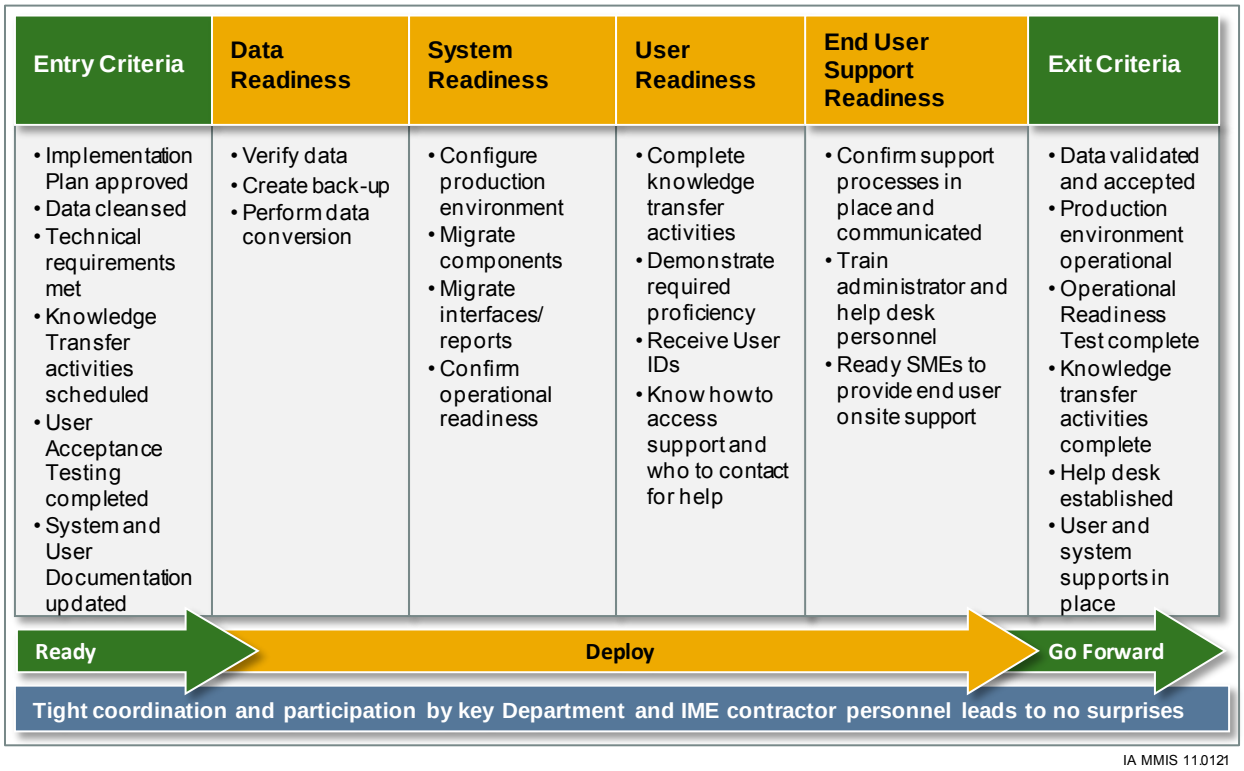


*Figure 8 - 65. Our transition approach includes plans to establish and validate data, system, technical, user, operations, and support readiness.*

As shown in Figure 8 - 65, transitioning the IME to the new MMIS and Core MMIS Operations requires careful planning and coordination of a number of simultaneous activities to:

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

**Data Readiness**

An accurate and complete data conversion of existing MMIS data is essential for the successful implementation of the MMIS System. To help us plan and execute activities related to data conversion and transition activities we have teamed with S2Tech. S2Tech is currently a MMIS system maintenance subcontractor and provides the majority of the staff currently performing system maintenance activities for the legacy MMIS system. We are pleased and excited to have S2Tech as part of the Accenture Team, they are uniquely qualified to help plan and support data conversion activities. Their existing knowledge and familiarity with the current MMIS data formats aids in the creation of a comprehensive data conversion plans with lower overall conversion risk.

To complete the data conversion, the Accenture Team performs the following activities prior to production data deployment:

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

Additionally, we perform data validation activities after production data deployment to verify data in the production environment. By integrating multiple checks and balances into our data conversion approach, we maintain data integrity during the transition to the new MMIS.

**Data Conversion Planning**

All historical and active data, with the exception of those data elements that are identified as obsolete, redundant, calculated fields (as determined by the Department), and those strictly used for the internal processing of the current systems, must be converted. In addition, the Accenture Team performs an initial load of information currently captured on paper that is required or automated in the new MMIS. The Accenture Team works with the Department during data conversion planning to develop the Data Conversion Plan. This plan helps coordinate data conversion activities to verify the solution operates properly with converted data. In the Data Conversion Plan we:

- Define the scope of the conversion effort
- Document the data controls that provide checks and balances to evaluate conversion results
- Define conversion responsibilities
- Testing procedures

The plan also details the Data Conversion Checklist that we use during data conversion testing and production deployment to verify that we have completed all conversion activities.

With the completion of data conversion into production, the Accenture Team works with the Department, and IV&V and QA Services contractors as appropriate, to validate that the data was migrated into the production database correctly. We perform this data validation using the following three methods:

- Data Reconciliation: Data reconciliation involves comparing the final data counts of the production data deployment to the results of the final trial conversion. This process provides an assurance that the migration performed as expected based on prior tests.
- Manual Data Validation: We select a subset of data and manually compare the converted data within the new MMIS database against expected results.
- Error Log Review: We review reports and error logs that allow validation of conversion success. These reports include:
  - Summary Error Report: Displays a summary of all errors encountered during automated conversion program runs at an aggregate level by source table and error type.
  - Conversion Statistical Report: Displays the control data by table (e.g., total number of records processed, skipped, inserted, number of active claims converted, dollar amounts, etc.)

Collaboration and transparency are two characteristics of our data conversion approach. We provide all requested reports and status updates as requested in the RFP throughout each stage of the data conversion, including planning, development, testing, and final production execution.

**System Readiness**

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

**User Readiness**

We use the Rapid Transition Suite (RTS) tool to facilitate knowledge transfer. RTS is an innovative, web-based suite of tools that intuitively guides teams through a successful transition program. This tool and process suite, which uses existing and emerging collaboration tools, facilitates rapid knowledge transfer and tracks knowledge transfer progress. It allows employees to transfer critical knowledge and experience quickly. Benefits of the RTS include:

- Ability to have continuous knowledge transfer throughout the project
- Ability to measure and monitor the overall success of the knowledge transfer
- Knowledge-rich materials archived for future transition purposes
- Reduced dependence / burden upon Department subject matter specialists throughout the transfer
- Our web-based suite of tools intuitively guides teams through a successful knowledge transfer resulting in cohesive, efficient, and cost-effective transition.

Prior to implementation, we verify that all required Department and IME professional services contractor staff have completed Knowledge Transfer activities and achieved desired system proficiency levels. We also complete a User Readiness Assessment to:

- Assess user knowledge of the new MMIS
- Assess user perception of the value of the new MMIS
- Assess user attitudes toward using the new MMIS
- Collect user concerns about the MMIS roll-out

We develop an action plan to excite and motivate users to use the new MMIS based on information collected during the assessment and incorporate this plan into the communication and training plans.

**End User Support Readiness**

End User support readiness includes verifying that appropriate user and technical support is in place both during and following MMIS deployment. Assessing support readiness includes:

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

Prior to deployment, we verify that required support is in place to guide the Department and system users through a smooth transition to the new MMIS.

*Deployment Authorization*

We coordinate and execute deployment activities according to the approach and schedule detailed in the implementation plan. The Transition Steering Committee, which includes key stakeholders from the Department, verifies readiness for deployment and provides authorization to begin execution of the implementation plan once Go-Live criteria have been met. We work with the Department to define specific

**Accenture has a track record of successfully implementing and operating mission-critical systems**

"The Consortium sought a partner in the vendor community that would deliver on its commitments, no matter what challenges arose. We found that partner in Accenture. For the C-IV System, from the development and implementation phase and now in the maintenance and operations phase, Accenture has delivered-on time, on budget and with high quality. Not only is the C-IV System one of the most innovative web-based public assistance systems in the country, it is probably the most maintain-able. We are proud of the success of the C-IV System and of our relationship with Accenture."

*John Boule*
*Consortium IV Project Director*

Go-Live criteria for the IME Project in the Transition to Operations Plan deliverable. At a minimum, criteria include:

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

The Accenture Team submits an implementation certification letter to the Steering Committee, prior to seeking Department authorization to begin deployment. This letter provides clear evidence of system and operational readiness. It certifies that the system is ready for production and established Go-Live criteria have been met.

**Conclusion of Transition to Operations Tasks**

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

We deliver a successful transition by demonstrating to the greatest extent possible that facilities, systems and operations are able to process the projected volumes in the required timeframe at the targeted service level objective. We accomplish this by running end-to-end operations in 'dress rehearsal' mode, termed Operational Readiness Testing (ORT). The live cut-over is not attempted until ORT demonstrates that the people, systems, and processes are ready to provide services in a manner that meets performance thresholds. Our approach to ORT is collaborative and transparent. We provide the Department with access to ORT results and discuss any issues identified during testing. Open communication of testing approach and progress allows the Department to feel confident the system is ready for operations once testing is complete.

After transition, we administer operations under a single management operations and governance approach. Once the operation is live, we monitor daily system operations and provide reporting to the Department. We measure key operational criteria on an ongoing basis to identify variances and address them before they have a critical impact on operations. We use an operational excellence approach to maintain a measurable, reliable, repeatable operation and to drive continuous improvements. We maintain Standard Operating Procedures (SOPs) for business processes and which are available online to the Department. We work collaboratively with subject matter owners to plan and implement maintenance and enhancement requests according to Department timelines.

We understand the success of the implementation process is not only measured by an on-time and within budget delivery of the MMIS, but also by the ability to operate and maintain the system once it is live. Our Operational Excellence Dashboard, shown in The figure below is an online tool built into our solution It shows unit performance against service levels and provides the Department a standard view of contractual requirements and Service Level Metrics (SLMs). The dashboard provides:

- Automated, online service reporting against contractual agreements available 24x7
- Digital dashboard views of service performance
- Comparison of historical data and current performance against targets

3 IA MMIS 11.0280c

*Figure 8 - 66. Our APHP Operational Excellence Dashboard provides easy-to-navigate views of the IME MMIS operational data so that users can monitor system performance at any point in time.*

## 8.4.1 Activities

The contractor(s) must produce a Transition to Operations Plan at least six months prior to the planned implementation date. The contractor(s) must update the Implementation Plan, as necessary, to reflect all project activities that directly impact implementation. The most critical update to the plan during this task is the development of a contingency plan for identifying, mitigating and resolving those risks that have been identified as impacting implementation. It must address the strategies for business and system continuity planning, as a result of implementation issues. The contingency plan must include one or more alternate solutions for each risk that are acceptable to the Department and must include back-out criteria and plan. The contractor(s) must execute the contingency plan as issues arise during implementation, upon approval of the Department. The contractor(s) upon approval of the Department must implement the MMIS and POS solution in accordance with the contractor's approved Implementation Plan.

### Initial Plan Development

The Accenture Team jointly develops a Transition to Operations Plan with the Department during Transition to Operations Planning Sessions. This plan identifies the scope and expectations for the transition. It provides the framework for all areas of the transition, including data conversion, setup of the production environment, system deployment, completion of knowledge transfer activities, completion of all operational readiness tests, and establishment of help desk and support tools.

We begin our transition planning early. We have a dedicated Data Conversion Team that begins planning data conversion during the execution of Analysis and Design tasks. Assessment of the technical architectures also begins during Analysis and Design. Knowledge transfer and test planning can begin once we have confirmed system requirements and business processes with Department and IME staff stakeholders during JAD sessions.

Our project work plan provides a comprehensive set of activities required to plan, execute, monitor and complete the transition of the MMIS and Core MMIS operations. This plan provides a planned end date for each task. We work with the Department during the Start-Up Phase to review, finalize, and baseline the project work plan for the IME Project. Our review with the Department includes verification that the planned completion date for the Transition to Operations Plan is acceptable to the Department.

We tailor our Transition to Operations Plan to meet the Department's needs. Figure 8 - 67 shows our proposed table of contents for the Transition to Operations Plan. This plan:

- Described the processes and approach for planning, executing, and monitoring for the implementation
- Defined milestones and metrics to monitor and assess transition progress
- Identifies criteria for implementation go-live and commencement of operations following completion of implementation activities
- Identifies potential risks and failure points and develop mitigation strategies that allows the team to lessen the negative impact to the project and IME operations should any of the risks be realized
- Describes the tools that is established to support users and IME staff, including the Transition Call Center

**Transition to Operations Plan Table of Contents**

A. Introduction
B. Objectives
C. Roles and Responsibilities
D. Plan Stakeholders
E. Plan and Process Dependencies
F. Transition Scope
  i. Requirements
  ii. Stakeholder Expectations
G. Transition Plan
  i. Detailed Implementation Task List
  ii. Go-No Go Milestones
  iii. Transition Call Center
H. Transition Readiness
  i. Entry/Exit Criteria
  ii. Implementation Checklist
I. Contingency Plan
J. Back-Out Strategy
K. Business Continuity Plan (BCP)
L. Implementation Report
M. Implementation Certification

IA MMIS11.0124

*Figure 8 - 67. The Transition to Operations Plan describes and defines criteria for both production deployment and operations transition.*

We review the Transition to Operations Plan deliverable with the Transition Steering Committee. This review focuses on verifying that the plan accurately captures stakeholder expectations for the transition and includes sufficient detail and quality control measures to promote a low-risk transition.

**Our Transition to Operations Plan is based on the successful transition approach we have used repeatedly with to support our Public Sector clients**

- 40% reduction of the defect rate during the first 8 months of operations for the Texas Medicaid and Healthcare Partnership
- 2 million Californians access Medicaid eligibility determination, public assistance and employment programs through our California C-IV implementation

Our Accenture Delivery Methods (ADM) for Service Transition addresses the entire scope of integrated transition activities needed to establish service delivery operations that meet requirements of the proposed solution design. Our transition methodology defines the processes to control and direct the transition program along with managing stakeholders, delivery, and quality until closing the transition program and handing over the responsibility to responsibility to our operations team. Accenture continually tunes our delivery methodologies and tools and dedicates practitioners to continuous process improvement programs. The latest version of ADM provides important enhancements to testing and quality processes, as well as a new integrated, industry standard tool (built on the IBM Rational toolset) for document management. We implemented our ADM for Service Transition successfully on projects of similar size and complexity, such as the Texas Medicaid and Healthcare Partnership (TMHP). We use this methodology of managing transitions to help facilitate development of the Transition to Operations Plan for the Department. The Accenture Team incorporates our methodology to guide us in transitioning the Department from legacy applications operations to the new MMIS.

*Plan Elaboration*

Our Transition to Operations Plan is a living document. Several implementation planning and testing activities help us learn more and grow smarter about the approach and plan we need to take to successfully deliver the new MMIS system for the Department. For example, we gain a more accurate estimate of the time it takes to convert and load data from the legacy MMIS to the new MMIS with each trial conversion run. We produce and update the plan as necessary to reflect all project changes that directly affect implementation. In this case, we update our detailed implementation schedule with the more accurate timing information. We address changes to transition scope through our change control process.

*Contingency Plan and Back-Out Strategy*

The most critical update to the plan during implementation preparation is the development of a Contingency Plan for identifying, mitigating, and resolving risks, which if realized, may affect implementation quality, schedule, cost, or successful system adoption. The Contingency Plan addresses the strategies for business and system continuity planning. We follow our Risk Management approach to identify, analyze, mitigate, and monitor potential implementation risks. We develop a primary and secondary contingency plan for each identified implementation risk and seek approval from the Department for these plans during regular Transition Steering Committee meetings. As is consistent with our overall project Risk Management approach, we regularly identify and review potential implementation risks and update our Risk Log and Contingency Plans as appropriate.

The Contingency Plan also details the process for addressing any issues should they arise during implementation. This includes the process for reporting the issue, escalation procedures and approval procedures. The Accenture Team executes contingency plans for any issues that arise during implementation according to these Department-approved procedures.

As part of our contingency planning, we also prepare an emergency Back-Out Strategy and plan, which we execute in the unlikely event that service disruptions or system performance issues prevent the MMIS

from successfully performing. We review this plan with the Department as part of implementation preparation activities.

*MMIS Solution Implementation*
Our Transition to Operations plan includes a series of checkpoints and Go/No Go decision points. This allows stakeholders to discuss current project status and make deliberate decisions to proceed with implementation activities. This approach also gives stakeholders time to discuss any issues and request resolution of issues prior to moving forward with implementation activities. One of the most critical checkpoints occurs prior to proceeding with production deployment. Prior to seeking Department authorization to begin production deployment, the Accenture Team submits an Implementation Certification Letter. This letter certifies that appropriate readiness activities have been completed and the system is ready for production. After receiving approval to begin deployment, the Accenture Team implements the MMIS system according to the approved implementation plan.

### *8.4.1.1 State Responsibilities*

a. Participate in Transition to Operations Planning sessions.

b. Provide the Implementation Team.

c. Review all implementation deliverables related to Transition to Operations. The standard turnaround for the Department review shall be 10 business days. The Department encourages early submission of draft documents to expedite the Department review.

d. Approve the new MMIS and POS for operations, upon successful conclusion of all activities described in this phase.

| Implementation Tasks - State Responsibilities | Acknowledgement |
|---|---|
| Participate in Transition to Operations Planning sessions | ✓ |
| Provide the Implementation Team | ✓ |
| Review all implementation deliverables related to Transition to Operations. The standard turnaround for the Department review shall be 10 business days. The Department encourages early submission of draft documents to expedite the Department review | ✓ |
| Approve the new MMIS and POS for operations, upon successful conclusion of all activities described in this phase | ✓ |

### *8.4.1.2 Contractor Responsibilities*

The contractor(s) will have the following responsibilities for the Transition to Operations task including, at a minimum:

a. Development of a Transition to Operations Plan.

b. Establish a production environment.

c. Develop and obtain the Department approval of the back-out strategy.

d. Produce and update all system, testing, user, provider, operations and security documentation.

e. Produce and distribute report distribution schedule.

f. Establish hardware, software and facility security procedures.

g. Develop and obtain the Department approval of the production schedule.

h. Develop and implement backup and recovery procedures.

i. Develop and maintain a Business Continuity Plan (BCP).

j. Ensure complete and accurate final data conversion.

k. Complete knowledge transfer for all Department staff and IME units.

l. Ensure that communications between the Department and IME users and the MMIS and POS contractor(s) that the systems have been established and meet communication performance requirements.

m. Establish and begin all ancillary operations (e.g., IVRS and mailroom).

n. Repeat portions of the ORT, as requested by the Department.

o. Obtain written approval from the Department to start operations.

p. Begin operations.

The Accenture Team acknowledges and understands the Contractor Responsibilities associated with the MMIS implementation tasks. We have described our proposed approach to addressing each requirement in Table 8 - 48 below.

| Implementation Tasks – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| a. Development of a Transition to Operations Plan | The Transition to Operations Plan identifies the scope and expectations for the implementation and transition. This plan:<br>• Describes the processes and approach for planning, executing, and monitoring for the implementation.<br>• Defines milestones and metrics to monitor and assess transition progress.<br>• Identifies the criteria for implementation go-live and commencement of operations following completion of implementation activities.<br>• Identifies potential risks and failure points and develops mitigation strategies that would allow the team to lessen the negative impact to the project and IME operations should any of the risks be realized.<br>• Describes the tools that are established to support users and IME staff, including the Transition Call Center. | 8.4<br>8.4.1.1 |
| b. Establish a production environment | We establish the production environment upon completion of the MMIS Operational Readiness Testing (ORT). ORT verifies the production environment's readiness to handle the new system. It is made up of three components:<br>• Operations testing verifies that the correct functionality, architecture, and procedures are defined and implemented to allow production support teams to run, maintain, and support the system in production in accordance with common practice or defined SLAs.<br>• Deployment testing verifies that all system components collate and correctly deploy to the production environment in the time required.<br>• Deployment verification testing confirms that the system is correctly | 8.4<br>8.4.1.6 |

| Implementation Tasks – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| | installed and configured in the production environment.<br>To establish the production environment, we populate production tables with the appropriate configuration, conversion and other reference data required to support production activities. We execute standard benchmarks prior to the implementation of each MMIS environment to confirm that it is properly sized. | |
| c. Develop and obtain the Department approval of the back-out strategy | Our transition approach focuses on achieving operational readiness on Day One. To do this, our approach includes thorough planning and validation of transition activities. This includes:<br>• Multiple trial data conversions to verify accurate data mappings, data translation programs and timing and sequencing of conversion execution tasks.<br>• Operational Readiness Testing using full volumes of converted data<br>• Role-based knowledge transfer activities and materials that are evaluated and improved.<br>This approach helps us produce stable applications that meet product release requirements. Following system deployment, we provide the Department with the agreed upon evidence of how the new MMIS application is performing, demonstrating its adherence to Service Level Metrics, and its reliability.<br>As part of our contingency planning, we develop an emergency back-out strategy with the existing MMIS contractor, to be executed in the unlikely event that service disruptions or system performance issues prevent the MMIS from successfully performing. We review the emergency back-out strategy with the Department as part of the implementation activities. | 8.4.1 |
| d. Produce and update all system, testing, user, provider, operations and security documentation | A key ingredient for a successful implementation is providing the user community with the information and tools they need to do their work. The Project Team's job includes helping make users successful in using the new MMIS. This includes providing users with the resources and documentation they need. We develop a user-centric approach to documentation using the information we have gained from working with users during our many health and human services systems implementations.<br>From our experience working with users of new systems, we know that they want to have easy access to support materials. To that end, we develop desk aids for staff to use at any time after go-live. Users will receive desk aids during training that users can keep at their desks and quickly refer to when using the system.<br>We also develop and deliver system documentation, including operation and maintenance manuals. Additionally, we provide searchable online help for COTS products and tools implemented. Our approach is to provide the right information in the right format in the right place at the right time. We work with the Department during the Start-Up Phase to verify the documentation required to satisfy Department needs.<br>It is the Department's desire that Department and IME contractors can add and update MMIS documentation to the MMIS document repository. We work with the Department to define procedures to enable Department representatives to add approved documentation to the MMIS processing environments, as needed. Our documentation tracking processes will support staff in making sure the "latest and greatest" documentation is available for their needs. | 8.4.2.1<br>8.4.2.2<br>7.5<br>7.6 |

| Implementation Tasks – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| e. Produce and distribute report distribution schedule | MMIS reports provide the Department management staff timely information to help the staff complete the difficult task of planning, directing, and controlling the Iowa Medicaid program. We identify and validate the MMIS reports required to support the Department Management collaboratively with Department stakeholders and IME SMEs during JAD sessions. We review and finalize the report distribution schedule with the Department based on requirements defined during these sessions. We provide a final and verified report distribution schedule to the Department during implementation preparation activities. | 8.4.8 |
| f. Establish hardware, software and facility security procedures | We work with the Department to establish the appropriate level of security procedures to apply to hardware, software and facility security. We include in-depth security testing in our testing plans. Developing security procedures begins during the Implementation phase by defining security requirements. We develop a test case for each security requirement and verify hardware, software, and facility adherence to these requirements through thorough testing. | 8.2.2.3<br>8.4.1.8<br>8.4.1.9 |
| g. Develop and obtain the Department approval of the production schedule | The Plexis Quantum Data Services product provides an integration component framework that incorporates the use of many different integration methodologies, including batch and real time integration capabilities. While the desire is to move to more real time processing and integration, we understand that a need for batch integration and processing still exists. Our solution enables both capabilities. As part of implementation preparation and Operational Readiness Testing, we define and verify the schedule for all production batch interfaces and processing jobs. | 8.4.8 |
| h. Develop and implement backup and recovery procedures | The Accenture Team will work collaboratively with the Department to develop comprehensive, cost-effective business continuity and disaster recovery strategies to reduce the impact of unexpected service outages. These strategies include contingency plans, clear definition of what events must occur to trigger a contingency response and the redeployment of personnel and activation of resources needed to restore levels of program functionality. We perform backup, disaster recovery (DR), and contingency activities at sites specified in our plan, subject to Department approval. We include space to house IME key staff as identified by Department in the event of a disaster. | 8.4.1<br>8.4.1.4 |
| i. Develop and maintain a Business Continuity Plan (BCP) | We conduct Joint Application Design (JAD) sessions jointly with the Department to confirm all business processes using the new MMIS system. As part of implementation preparation, we develop a BCP that addresses how each of these core business processes is handled during an emergency or situation that disrupts normal operations, leaving office facilities damaged or inaccessible. The BCP includes the following information for each identified business process:<br>• Potential system failures.<br>• Risk analysis.<br>• Impact analysis.<br>• Definition of minimum acceptable levels of outputs.<br>• Contingency plans for each identified potential system failure and risk<br>• Definition of triggers for activating contingency plans.<br>• Discussion of establishment of a business resumption team.<br>• Hierarchy of management, including a recall list.<br>• Description of maintenance of updated disaster recovery plans and procedures. | 8.4.1<br>8.4.1.4 |

| Implementation Tasks – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| | • Procedures for accessing necessary Electronic Protected Health Information (ePHI) in the event of an emergency and for continued protection of ePHI during emergency operations.<br>• Discussion of planning for replacement of personnel.<br>Consistent with our approach for all project documents, we update and maintain this document as necessary based on approved changes. At a minimum, we conduct a formal review of the BCP, including the management hierarchy, with the Department on a quarterly basis. | |
| j. Ensure complete and accurate final data conversion | We recognize the importance of providing accurate and timely conversion data to support implementation activities. Data residing in the legacy systems undergo conversion to the database to support the required functionality of the new MMIS. We work with the Department to conduct periodic data conversion planning and multiple trail conversions. Our collaborative approach throughout the conversion lifecycle keeps the Department informed about the progress of the MMIS conversion and avoid surprises.<br>Prior to executing the trial conversions, we develop a file transfer plan that identifies:<br>• Name of each file, table, or database.<br>• Destination of transferred data.<br>• Transfer start and completion times.<br>• Location and phone numbers of person(s) responsible to execute the transfer.<br>• A complete back-out plan, if the file transfer does not go as planned.<br>Trial conversions provide us with the opportunity to validate the file transfer plan prior to production go-live. After the completion of all data conversion activities, we prepare a conversion report. This report will summarize all data conversion activities and recommendations for ongoing data verification and/or reconciliation needs. | 8.4<br>8.4.1.7 |
| k. Complete knowledge transfer for all Department staff and IME units | The Accenture Team recognizes the importance of training Department staff and IME units prior to implementation of the new MMIS. We complete knowledge transfer activities according to the approved Knowledge Transfer Plan developed collaboratively by the Accenture Team and the Department. This plan includes process and tools to evaluate the effectiveness of knowledge transfer activities and assess user readiness for system implementation. Our knowledge transfer approach includes assessment checkpoints and opportunities to improve knowledge transfer process and materials to address any assessed deficiencies. | 8.4 |
| l. Ensure that communications between the Department and IME users and the MMIS and POS contractor(s) that the systems have been established and meet communication performance requirements | Communications between stakeholder's systems begins with integration testing and continues through to ORT. The ORT includes load and stress testing to confirm that all interface partners and IME users can meet performance levels under expected system loading. All interface partners are required to test with the IME MMIS at production volumes as part of the readiness testing to prove the necessary telecommunications and associated support is in place and ready for operations. | 8.3.1 |
| m. Establish and begin | As part of our planning processes, we discuss and confirm Core MMIS | 8.4 |

| Implementation Tasks – Contractor Responsibilities | Our Approach | RFP Response Section |
|---|---|---|
| all ancillary operations (e.g., IVRS and mailroom) | processes and affected ancillary processes during JAD sessions. During these sessions, we identify ancillary operations affected by the new MMIS implementation and confirm target processes for each ancillary operation. These ancillary operations include IVRS and the mailroom.<br>As part of the implementation process, we staff and train mailroom staff to support the new MMIS. We train the staff on confirmed processes that allow our mailroom staff to receive incoming mail, log claims, screen claims documents and attachments, sort and batch complete documents by type, return documents failing screening to providers, and pick up and deliver mail and reports to external entities as required. Additionally, we work with the incumbent to confirm no backlogs exist, and we secure postmaster approval to pick up mail from the post office on Day One.<br>We also develop and implement a plan to transition operations of the existing Interactive Voice Response System (IVRS). Similar to our approach for mailroom, we confirm operations procedures for IVRS during transition planning. We train our staff responsible for IVRS activities according to our Knowledge Transfer Plan.<br>We seek approval from the Department to begin operations, including ancillary operations. | |
| n. Repeat portions of the ORT, as requested by the Department | We deliver a successful transition by demonstrating to the greatest extent possible that facilities, systems and operations are able to process the projected volumes in the required timeframe at the targeted service level objective. We accomplish this by running end-to-end operations in 'dress rehearsal' mode, termed operational readiness testing (ORT). The live cut-over is not attempted until ORT demonstrates that the people, systems, and processes are ready to provide services in a manner that meets performance thresholds.<br>Our approach to ORT is collaborative and transparent. We provide the Department with access to ORT results and discuss any issues identified during testing. We work with the Department to resolve any issues identified during ORT and re-execute ORT activities as necessary to satisfy ORT exit criteria. | 8.4 |
| o. Obtain written approval from the Department to start operations | Our implementation plan includes a series of checkpoints and Go/No Go decision points. This allows stakeholders to evaluate implementation status and make a deliberate decision to proceed with transition activities. This approach gives stakeholders time to discuss any issues and request resolution of issues prior to moving forward with the transition. One of the most critical checkpoints occurs following completion of production deployment, when the Accenture Team seeks approval from the Department to begin operations. Prior to seeking approval, the Accenture Team submits a Final Implementation Report detailing the results of production deployment activities. This report certifies that production deployment activities are complete and satisfy the exit criteria defined in the approved Transition to Operations Plan. The Accenture Team will request written approval from the Department to start operations when submitting the Final Implementation Report. The Accenture Team will begin operations according to the Transition to Operations Plan once we receive written approval from the Department. | 8.4 |
| p. Begin operations | The Accenture Team is prepared to assume operations of the IME MMIS once written approval from the Department has been received. | 8.4 |

*Table 8 - 48. The Accenture Team provides a comprehensive approach to fulfill our requirements for all project activities, including implementation tasks.*

### *8.4.1.3 Correction and Adjustment Activities*

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

Our implementation approach includes comprehensive planning and testing activities; however, we understand that even with the best preparation and planning, issues may occur. We need to be prepared to address system deficiencies discovered after implementation swiftly and thoroughly.

To help prepare for potential issues, our implementation planning includes development of a Contingency Plan document. This document identifies implementation risks and includes a primary and secondary contingency plan for each identified risk. The Contingency Plan also details the process for addressing any issues should they arise during implementation. This includes the process for reporting the issue, escalation procedures and approval procedures. The Accenture Team executes contingency plans for any issues that arise during implementation according to these Department-approved procedures.

The Accenture Team establishes a project-wide governance approach that will address and handle project issues in an objective and managed fashion on Day One. The Project Management Office (PMO) promotes timely delivery of status reports and updates to the Project Management SharePoint site. Strong program management processes are implemented that focus heavily on proactive risk management and project management disciplines. This, coupled with an open and inclusive management approach, allows stakeholders to tackle issues openly and head-on while not losing focus on overall objectives.

Once the system is live, we perform daily monitoring of systems, reporting and the development of maintenance and enhancement requests. We measure key operational criteria on an ongoing basis to identify any variances that occur. The Accenture Team informs the State within one hour of its awareness of any significant implementation problem that may indicate a possible need to execute the back-out plan.

We use the defect tracking mechanisms in ClearQuest to document and track any defects and problems identified. We use this tool to develop and provide the Department with a regular Problem Report to promote open communication of system issues. This report provides detailed descriptions of the problem, our proposed resolution approach, problem impacts, and the planned implementation date for the problem resolution. The Department also receives access to the project management tool suite to monitor and review these defects following system go-live. When appropriate, we invoke the Change Control Process to address a scope change to the baseline requirements.

The Accenture Team modifies the MMIS to resolve identified problems according to our Change Management Plan. The Change Management Plan guides assessing, approving and managing change requests. The plan would also list the stakeholders responsible for reviewing and approving the change requests. The use of our Change Management Plan and our CCB allows the State to track and prove resolution for each identified problem. This disciplined approach demonstrates compliance to the Department.

### *8.4.1.4 Execution of Contingency Plans*

If any part of the MMIS and POS does not perform according to specifications, the contractor(s) must execute the appropriate section of its emergency back-out strategy according to the contingency plan and BCP.

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

### *8.4.1.5 Final Implementation Report*

The contractor(s) must produce an implementation report detailing the results of all implementation activities.

Our project work plan provides a comprehensive set of activities required to plan, execute, monitor and complete the transition of the MMIS and Core MMIS operations. This task list includes development of a Transition to Operations Plan. The Accenture Team jointly develops a Transition to Operations Plan with the Department during Transition to Operations Planning Sessions. This plan identifies the scope and expectations for the transition. It provides the framework for all areas of the transition, including data conversion, setup of the production environment, system deployment, completion of knowledge transfer activities, completion of all operational readiness tests, and establishment of help desk and support tools.

This plan also identifies specific and measurable exit criteria for system go-live and entry criteria for commencement of operations. It also provides the template, including format and required content, for the Final Implementation Report. This report details the results of implementation activities. The Accenture Team will create this report following successful go-live. The report includes actual start and end times for implementation tasks. It identifies variances that occurred from the defined implementation plan and describe any issues encountered during the implementation process.

Members operating the Transition Green Room will have an accurate status of implementation progress at any point in time during the production go-live. The Accenture Team updates the Final Implementation Report throughout the implementation process in this Transition Green Room. The Accenture Team submits the report to the Department following completion of the last system go-live task to seek written approval to start operations.

### *8.4.1.6 Implementation Certification*

The contractor(s) must provide an implementation certification letter that certifies that the system is ready for production. The certification letter must confirm, at a minimum:

a. All knowledge transfer activities required have been completed and approved as successful by the Department.

b. All staff has completed non-technical knowledge transfer.

c. All data has been converted, cleaned, tested and accepted.

d. All site preparation requirements have been met.

e. A help desk is established.

f. All user and system supports are in place.

g. All production jobs have been through the version control process and locked down in production libraries.

h. All production databases have been appropriately sized and are ready for production processing to begin.

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

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

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

*Figure 8 - 68. Our thorough and comprehensive deployment planning leads to a successful IME MMIS deployment.*

We submit an implementation certification letter to the Steering Committee, as shown in Figure 8 - 68, prior to seeking Department authorization to begin deployment. This letter provides clear evidence of system and operational readiness. It certifies that the system is ready for production and all established Go-Live criteria have been met.

### *8.4.1.7 Final Data Conversion and Transfer*

The contractor(s) must ensure that the MMIS and POS are ready to be implemented and that the Department approvals have been obtained to begin operations of the new MMIS and POS solution. To be ready for implementation, the systems must satisfy all the functional and technological requirements specified in the RFP and documented during the requirements analysis and systems design activities. The Department staff must be given sufficient time to review all system, testing, user, provider, operations and security documentation for completeness prior to implementation. The systems response time and all user and automated interfaces must be clearly assessed and operational. A complete file transfer plan must be developed and executed. This plan must identify:

a. The name of each file, table or database.

b. Destination of transferred data.

c. Transfer start and completion times.

d. Location and phone numbers of person(s) responsible to execute the transfer.

e. A complete back-out plan, if the file transfer does not go as planned.

Our implementation plan includes a series of checkpoints and Go-No Go decision points. This allows stakeholders to discuss current project status and make deliberate decisions to proceed with implementation activities. This approach also give stakeholders time to discuss any issues and request resolution of issues prior to moving forward with implementation activities. One of the most critical checkpoints occurs prior to proceeding with production deployment. To review deployment readiness, the Transition Steering Committee will conduct a deployment authorization meeting. During this meeting, committee members will assess readiness for deployment and review all go-live criteria. We also develop and execute a complete File Transfer Plan containing the details specified in Figure 8 - 69.

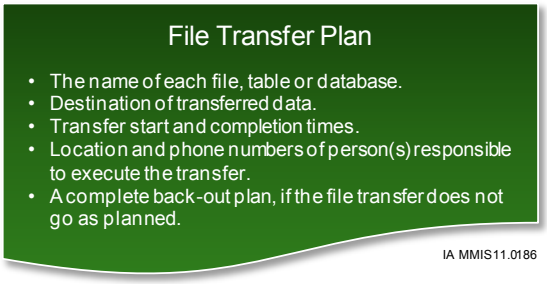


*Figure 8 - 69. We validate and improve our File Transfer Plan with each Trial Conversion.*

The Accenture Team acquires approval from the Transition Steering Committee, along with additional stakeholders as identified by the Department, that the IME MMIS has met and proven through UAT and ORT that all functional and technological requirements in the RFP have been meet and to begin production deployment. We submit an Implementation Certification Letter that certifies our completion of appropriate readiness activities and system readiness for production. After receiving approval to begin deployment, the Accenture Team will implement the MMIS system according to the approved implementation plan.

As discussed in Section 8.4, we execute many trial conversions prior to production go-live. Each trial conversion executes the tasks and activities necessary to migrate data from the legacy MMIS into the new MMIS database. This includes development of a file transfer plan as depicted in Figure 8 - 69, execution of the data conversion tasks in the detailed implementation plan, and completion of the data conversion sections of the Final Implementation Report. This allows us to approve and verify all data conversion activities prior to production go-live.

### *8.4.1.8 Deliverables*

The following documents must be submitted to the Department for review and approval within a timeframe determined by the Department with minor revisions:

a. Implementation report.

b. Updated contingency plan.

c. Production schedule.

d. Backup and recovery procedures.

e. Hardware, software and facility security manual.

f. Final implementation checklist.

g. File transfer plan.

h. Final implementation report.

i. Implementation certification letter.

We create, review, and finalize the nine deliverables listed in the table below with the Department while completing the Implementation Tasks outlined in this RFP.

| Deliverables | Description |
|---|---|
| **Implementation Report** | The Implementation Report identifies the scope and detailed task list for the implementation of the MMIS system. |
| **Updated Contingency Plan** | The Contingency Plan identifies potential implementation risks and outlines a primary and secondary contingency plan for each risk. It documents steps required to back out the new MMIS in the unlikely event that service disruptions or system performance issues prevent the new MMIS from successfully performing. |
| **Production Schedule** | This plan describes the schedule of production batch jobs. |
| **Backup and Recovery Procedures** | Backup and Recovery Procedures document the steps to execute in the unlikely event that service disruptions or system performance issues prevent the MMIS from successfully performing. |
| **Hardware, Software, and Facility Security Manual** | The Hardware, Software, and Facility Security Manual all contain information on security policies and procedures related to MMIS hardware, software, and facilities. |
| **Final Implementation Checklist** | The Final Implementation Checklist is a detailed list of all tasks that must be completed prior to implementation of the MMIS system. The Accenture Team develops and receives approval from the Department for this checklist early in implementation planning. The Accenture Team uses the checklist to verify that the team has completed all activities required to implement the MMIS system and achieve a smooth transition. |
| **File Transfer Plan** | The File Transfer Plan identifies the following information for each file to be migrated during the production data conversion:<br>• Name of each file, table, or database<br>• Destination of transferred data<br>• Transfer start and completion times<br>• Location and phone number of person(s) responsible to execute the transfer<br>• Complete back-out plan, if the file transfer does not go as planned |
| **Final Implementation Report** | The Final Implementation Report builds upon the report created during implementation planning. It details the results of implementation activities. This report includes:<br>• Actual start and end times for implementation tasks<br>• List of issues encountered and documented resolutions<br>• List of lessons learned |

| Deliverables | Description |
|---|---|
| **Implementation Certification Letter** | The Accenture Team provides an Implementation Certification Letter to the Department to certify that all go-live criteria has been satisfied and the MMIS system is ready for production. |

*Table 8 - 49. A comprehensive set of deliverables provides confidence, accountability and transparency for the State's new IME MMIS implementation.*

### *8.4.1.9 Performance Standards*

The following documents must be submitted to the Department for review and approval within a timeframe determined by the Department with minor revisions:

a. Implementation report.

b. Updated contingency plan.

c. Production schedule.

d. Backup and recovery procedures.

e. Hardware, software and facility security manual.

f. Final implementation checklist.

g. File transfer plan.

h. Final implementation report.

i. Implementation certification letter.

The Accenture Team submits all required implementation documents to the Department for review and approval within the timeframe specified in the Transition to Operations Plan. The Accenture Team and the Department will collaboratively develop this plan through a series of Transition to Operations Planning sessions. We incorporate feedback from the Governance Model Transition Steering Committee as we develop these documents. This enables us to account for the impacts to each of the IME stakeholder groups who are affected. Table 8 - 50 indicates our agreement to meet the performance standards outlined in this RFP for documents created while planning and executing implementation tasks, along with a description of the planned content. We collaborate with the Department during the document development process to finalize the outline and expectations for each document.

| Performance Standards for Implementation Tasks | Description | Meet |
|---|---|---|
| Implementation Report | We will document the results of the implementation in our Implementation Report. We evaluate and document the original assessment goals and compare them to the actual results. The Accenture Team summarizes the actions taken to correct any deficiencies identified during each implementation and the corresponding outcomes of those corrective actions. | ✓ |
| Updated Contingency Plan | The contingency plan includes identification of possible risks associated with the implementation and the mitigation strategies for those risks. The Accenture Team classifies the likelihood of a risk occurring, its impact on the project and the actions required to control the risk. We confirm these risk ratings with the Department so that the combined management team agrees with the priorities and the planned actions. | ✓ |
| Production Schedule | We provide an updated schedule for production batch jobs. | ✓ |
| Backup and Recovery Procedures | The Accenture Team works collaboratively with the Department to develop comprehensive, cost-effective | ✓ |

| Performance Standards for Implementation Tasks | Description | Meet |
|---|---|---|
| | business continuity and disaster recovery strategies to reduce the impact of unexpected service outages. These strategies include contingency plans, clear definition of what events must occur to trigger a contingency response and the redeployment of personnel and activation of resources needed to restore levels of program functionality. The procedures include a description of the trigger events and associated responses. | |
| Hardware, Software, and Facility Security Manual | We provided updated copies of the hardware, software, and facilities manuals, including facility security. The software documentation includes any updated documentation for the packaged software incorporated into our overall solution. We also include the documentation for the installation and configuration of each of our system environments - both physical and virtual. | ✓ |
| Final Implementation Checklist | This document contains the list of all items and activities that are required prior to system implementation. It is part of the formal approval process prior to go-live to verify that all checklist activities have been performed. | ✓ |
| File Transfer Plan | We deliver an updated file transfer plan that includes the name of each file, destination of transferred data, transfer start and completion times, location and phone numbers of person(s) responsible to execute the transfer, fall back plans for each file if there is an issue with the transfer. | ✓ |
| Final Implementation Report | The Final Implementation Report details the results of all implementation activities. The Accenture Team coordinates with the Department to define the final reporting criteria as part of transition governance. This includes defined exit criteria and the tasks needed to successfully meet the criteria. Examples of exit criteria include:<br>• Knowledge transfer is completed according to plan<br>• Key roles and responsibilities in the new organization are identified, staffed and made operational<br>• New leadership team and governance model are in place and operational<br>• Communications with stakeholders are executed according to plan<br>• Alignment with Department business objectives is established<br>• Responsibility for ongoing service delivery is fully transferred in accordance with agreed upon requirements<br>• Key procedure and application knowledge is maintained and documented<br>• Policies and procedures are documented and implemented<br>• Service Level Metrics and reporting are implemented<br>We track and review progress against the defined exit criteria as part of regularly scheduled weekly status | ✓ |

| Performance Standards for Implementation Tasks | Description | Meet |
|---|---|---|
| | meetings, with final approvals conducted during implementation completion activities. | |
| Implementation Certification Letter | This letter is issued by the Accenture Team at the conclusion of the implementation activities and certifies that the new IME MMIS is ready for final implementation. The certification letter confirms that:<br>• Required training activities have been completed<br>• Staff have completed non-technical training<br>• Data has been converted, cleaned, and accepted<br>• Site preparation requirements have been met<br>• Help desk is established<br>• User and system supports are in place<br>• Production jobs have been through the change control process and locked down in production libraries<br>• Production databases are appropriately sized and ready for production processing to begin | ✓ |

*Table 8 - 50. Accenture understands and will comply with defined Performance Standards.*

## 8.4.2 Post Implementation Activities

The contractor(s) will be required to assign contractor(s) resources to conduct a post-implementation evaluation.

The Accenture Team extends the Transition Green Room we establish for pre-go-live support to post-implementation. We use the Green Room to provide a central hub for questions, concerns, and collaboration during the initial operations of the new MMIS. The Systems Implementation Manager along with the Department and IME contractor leads, evaluate the implementation activities and document any issues, ongoing risks, workarounds or other post-implementation items that require attention. Once the Final Implementation Report has been reviewed and accepted by the Department, we decommission the Green Room. The Final Implementation Report contains a list of all encountered issues, documented resolution and a list of lessons learned from the go live effort.

During the evaluation and Final Implementation Report review, both the State and Accenture is looking at the following:

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

### *8.4.2.1 Systems Documentation*

The contractor(s) is responsible for providing to the Department complete, accurate and timely documentation of all system modules. Once development is complete, the contractor(s) must prepare updates to the system documentation to incorporate all system enhancements and modifications that have resulted from the completion of open items and defects noted during UAT.

All MMIS and POS systems documentation must be maintained online with access for the Department authorized personnel. Provide the Department a complete electronic copy of the MMIS and POS systems documentation with versions of date changes. Each previous copy must be available and viewable online and on demand.

The Accenture Team provides the Department with complete, accurate and timely documentation of all system modules. Once development is complete, we prepare updates to the system documentation to incorporate system enhancements and modifications that have resulted from the completion of open items and defects noted during UAT. We maintain the IME MMIS systems documentation online in our Rational Suite of tools. We provide the Department and authorized personnel with access to the online repository as well. At regular intervals throughout the project, we extract and consolidate a copy of the system documentation for complete, formal submission to the Department as both electronic and hard copy. We upload and maintain a copy of each formal extract submission in our project SharePoint deliverable repository so that each previous copy is available and viewable online and on demand.

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

Additionally, our approach to system modification includes the use of defined exit criteria at the end of each development phase. This prevents issues or errors from progressing to later stages of the life cycle. One of the defined exit criteria is that all system and user documentation is up-to-date.

Project documentation, including systems documentation, is stored in a central, online Microsoft SharePoint document repository. This provides authorized users easy and secure access to project documentation.

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

## Vendor Documentation

The contractor(s) shall provide all existing vendor documentation for each COTS System Component (as appropriate) to the Department. The list of documentation to be included (if available) shall include:

Product Roadmap

Product Business Rules and Controls

Product Graphical User Interface (GUI), Features and Functions

Product Hardware (Optimal Performance) Specifications

Product Software Components/ Third-party Components

Product Training Curricula/Services

Product Technical Services

Product Support Services

Product Definition of Terms/Glossary

Product Desktop/Browser Specifications

Product Operating System Specifications

Product Crosswalk to Documentation Base

The contractor(s) shall provide the Department all supporting documentation supplied by each equipment or commercial software vendor.

The contractor(s) shall provide any additional documentation, such as system administration manuals, related to the external system and its interface to the MMIS and POS.

The Accenture Team provides the Department with the appropriate existing vendor documentation for each COTS System Component. We provide the following COTS documentation to the Department if it is available and appropriate for the solution COTS tools:

- Product Roadmap
- Product Business Rules and Controls
- Product Graphical User Interface (GUI), Features and Functions
- Product Hardware (Optimal Performance) Specifications
- Product Software Components/ Third-party Components
- Product Training Curricula/Services
- Product Technical Services
- Product Support Services
- Product Definition of Terms/Glossary
- Product Desktop/Browser Specifications
- Product Operating System Specifications
- Product Crosswalk to Documentation Base

We provide the Department supporting documentation supplied by each equipment or commercial software vendor. We also provide the Department with additional information as appropriate such as system administration manuals related to the external system and its interface to the IME MMIS.

The APHP solution, displayed in Figure 8 - 70, is a COTS-based solution. This means that core business functionality is provided through multiple commercial-off-the-shelf products, with each product delivering specialized business features and functions. The COTS products in our solution include:

- Plexis Healthcare Systems Quantum Choice - Claims Processing Engine
- Microsoft Dynamics - Customer Relationship Management (CRM)
- Hyland Software OnBase - Electronic Document Management and Workflow Services
- Accenture Public Health Platform - SOA platform and web portal that integrates commercial products in support of Medicaid Management Information System
- K2 blackpearl - enterprise class workflow application used to develop complex workflows across multiple business functions

- Microsoft Dynamics - customer relationship management system that allows APHP to manage multiple channels of communication with IME MMIS customers (providers and members)
- Microsoft SQL Server Reporting Services (SSRS) - enterprise class reporting platform providing comprehensive reporting capabilities for standard reports, dashboards and analytical analysis
- Microsoft SharePoint Internet Sites Standard - internet collaboration software that provides content management, search and sharing of web site content
- Microsoft BizTalk - enterprise service bus used by APHP to orchestrate the classes of MITA aligned web services that allow communication and interoperability between APHP components and external healthcare applications

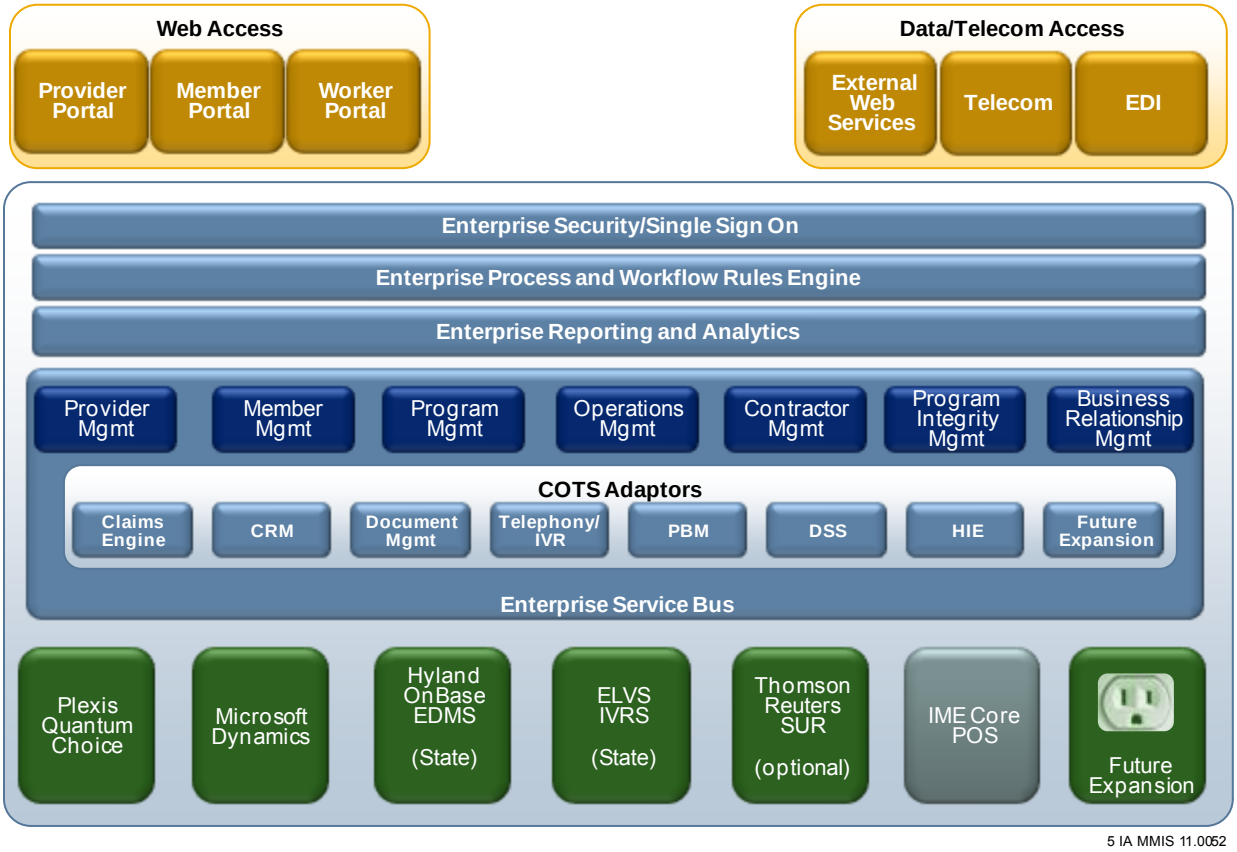


*Figure 8 - 70. APHP is a SOA-based, MITA-aligned MMIS that delivers core business functionality through loosely coupled COTS components.*

The components that comprise the APHP solution are commercially available products. Each of these components is a mature product with roadmaps for upgrades and releases. We provide the Department with all documentation provided with each COTS product incorporated into our proposed APHP solution. When available, we provide the following documentation for each COTS product:

- Product Roadmap
- Product Business Rules and Controls
- Product Graphical User Interface (GUI), Features and Functions
- Product Hardware (Optimal Performance) Specifications
- Product Software Components/ Third-party Components
- Product Training Curricula/Services
- Product Technical Services

- Product Support Services
- Product Definition of Terms/Glossary
- Product Desktop/Browser Specifications
- Product Operating System Specifications
- Product Crosswalk to Documentation Base

We maintain available software, hardware, and product documentation in our project document repository on Microsoft SharePoint. The Department is able to access documentation from this repository at any point throughout the project. If the latest version of documentation is stored on a vendor website, we provide this information in our repository. In addition, we provide hard copies of the information upon request.

The contractor(s) shall ensure that the MMIS and POS Documentation is complete and available in the specified forms, both hardcopy and electronic. The contractor(s) agreement with Department shall include an unlimited right to copy, both for softcopy and hardcopy, all MMIS related documentation for internal use by the Department. This shall include all product documentation provided by the contractor(s) to Department, unless otherwise restricted by the original vendor. The contractor(s) shall work with Department to establish MMIS and POS documentation update procedures that allow authorized Department representatives to update and add documentation to the MMIS and POS processing environments as needed.

Deliverable documentation is stored in our SharePoint repository and available to users in either hard or soft copy form. The versioning capabilities provided by SharePoint automatically tracks document updates and versions. Accenture's agreement with the Department includes an unlimited right to copy, both for softcopy and hardcopy, all system-related documentation for internal use by the Department. This shall include all product documentation provided by the Accenture Team to the Department, unless otherwise restricted by the original vendor.

Our PMO maintains user access rights for our SharePoint repository. We work with the Department to identify the individual users requiring access to the project repository and the appropriate access to the entire site or specific folders within the site. SharePoint provides the following four main permission levels:

- Full Control: The Full Control permission level is for site owners. We assign this permission level to specific individuals within our PMO Team who is responsible for maintaining user access and the project repository. We grant Department stakeholder this permission level as requested by the Department.
- **Design**: The Design permission level allows individuals to create new lists, add folders, and modify repository styles and formatting. All individuals within our PMO Team will have, at a minimum, this permission level. We grant Department stakeholder this permission level as requested by the Department.
- **Contribute**: The Contribute permission level allows individuals the ability to add, edit, or delete items from repository lists or the document library. We provide this access level to members of the Department who need to add or modify project or systems documentation.
- Read: Users with this permission level can access the site and retrieve project documents; however, these users is unable to add new documents, edit documents, or remove documents from the repository.

The Accenture Team work with the Department to develop and document a process for authorized Department representatives to update and add documentation to the system processing environment. Once the process has been approved by the Department, the Accenture Team develops training materials for the authorized Department representatives and schedules training for the staff.

The contractor(s) shall establish that the documentation is current, that it accurately and completely reflects the existing MMIS and POS, and that it meets all contractual documentation requirements. The contractor(s) shall submit the completed assessment report for DHS' written approval. The contractor(s) shall provide the Department one corrected copy in a Department-approved secure electronic media and if requested two hard copies of each corrected document with the MMIS and POS Documentation Inventory List.

The MMIS and POS Documentation Inventory List shall include a complete assessment report for each of the following, but not be limited to:

1. Architectural Design.
2. System Functional Design.
3. Detailed Program Design.
4. Detail Program Specifications.
5. Data Descriptions.
6. Data Element Dictionaries.
7. Database Descriptions.
8. Job and Process Scheduling.
9. Computer Operations Procedures.
10. User and System Documentation.
11. Master List of all MMIS manuals.
12. An assessment of all system software.
13. Documentation to facilitate prospective successor contractors understanding of overall standards, network bandwidth needs, hardware capacity, software needs, and network topology to transfer, operate, and maintain the current MMIS and POS.
14. Master index of all records maintained by the contractor(s) pursuant to its records retention responsibilities that shall, for each record, include the name, span of dates covered, and volume and medium.
15. Pursuant to the cost reimbursement provisions of the contract, lists of all cost-reimbursed:
a. Purchased or leased equipment and software.
b. Print shop supplies, forms, and specifications used within the MMIS and POS.
c. Reports for the end-of-contract payments.
16. List of post office boxes, telephone numbers, facsimile numbers, and any other Department-approved method of accessing the contractor(s) to receive information, including but not limited to, MMIS and POS forms, data, and inquires; and a description of the purpose of each method listed above.

Our APHP solution is a COTS-based solution. COTS solutions provide a number of benefits to the Department, including shorter development timeframes, support of innovation, and increased affordability. While the solution provides a number of benefits, the use of COTS solutions also mean that all requested systems documentation may not be available. For example, behind-the-scenes schemas for our COTS products may not be included in the product's systems documentation.

The Accenture Team maintains current, accurate, and complete documentation that reflects the new IME MMIS and meets contractual documentation requirements. We submit the completed assessment report for the Department's written approval. We provide the Department one corrected copy via Department-approved secure electronic media. If requested we also provide two hard copies of each corrected document with the MMIS Documentation Inventory List. The MMIS Documentation Inventory List includes a complete assessment report for each of the following:

- Architectural Design
- System Functional Design
- Detailed Program Design
- Detail Program Specifications
- Data Descriptions
- Data Element Dictionaries
- Database Descriptions
- Job and Process Scheduling
- Computer Operations Procedures
- User and System Documentation
- Master List of all MMIS manuals
- An assessment of all system software
- Documentation to facilitate prospective successor contractors understanding of overall standards, network bandwidth needs, hardware capacity, software needs, and network topology to transfer, operate, and maintain the current MMIS and POS
- Master index of all records maintained by the Accenture Team in accordance with our records retention responsibilities that include the name, span of dates covered, and volume and medium for each record

- Pursuant to the cost reimbursement provisions of the contract, lists of all cost-reimbursed:
  - Purchased or leased equipment and software.
  - Print shop supplies, forms, and specifications used within the MMIS
  - Reports for the end-of-contract payments
- A list of post office boxes, telephone numbers, facsimile numbers, and any other Department-approved method of accessing the contractor(s) to receive information, including but not limited to, MMIS forms, data, and inquires; and a description of the purpose of each method listed above

In order to meet this requirement we provide systems documentation requested to the Department for components we develop during DDI activities. We document all configurations, workflows we model, and sequence diagrams we create. These documents are stored in our Microsoft SharePoint project repository.

We maintain accurate and current documentation. Our systems implementation methodology provides stage containment. This means that our team verifies at the end of each stage that project documentation is up-to-date and aligns with current requirements and system functions. In addition, our robust and structured change management and configuration management process helps keep project documentation up-to-date and an accurate reflection of project decisions and actual product configurations and setup. Using these processes, we maintain documentation throughout the entire project. As part of our post-implementation verification process, we additionally complete an assessment report that documentation:

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

We submit this assessment report to the Department for written approval. If we find any document to not meet the assessment standards, we correct the document to bring it in line with standards. We provide the Department with the corrected document in a Department-approved secure electronic media and two hard copies upon request.

The contractor(s) is responsible for providing any copies requested by CMS.

Our team will comply with CMS requests, including providing copies of documents as requested. We have a demonstrated relationship and compliance with the CMS, including our project with the Office of the National Coordinator of Health.

The systems documentation must:

a. Be available and updated on electronic media storage and must be maintainable after turnover.

b. Have all narrative created and maintained in Microsoft Word (compatible with Department version) and be provided to the Department on request on CD-ROM or other designated media.

c. Have all narrative also maintained in .html or .htm format for online use.

d. Be organized in a format which facilitates updating and any revisions must be clearly identified.

e. Include system, program and application narratives that are understandable by non-technical personnel.

f. Contain an overview of the system including:

1. A narrative of the entire system.

2. A description and flowcharts showing the flow of major processes in the system.

3. Multiple sets of hierarchical, multi-level charts that give a high, medium and detail view of the systems for both online and batch processes.

4. A description of the operating environment.

5. The nomenclature used in the overview must correspond to nomenclature used in module documentation. All modules must be referenced and documentation must be consistent from the overview to the specific modules and between modules.

g. Module level documentation for each module must contain:

1. Module name and numeric identification.

2. Module narrative.

3. Module flow, identifying each program, input, output and file.

4. Process flows within each module, identifying programs, inputs and outputs, control, process flow, operating procedures and error and recovery procedures.

5. Name and description of input documents, example of documents and description of fields or data elements on the document.

6. Listing of the edits and audits applied to each input item and the corresponding error messages.

7. Narrative and process specifications for each program or module.

8. Screen layouts, report layouts and other output definitions, including examples and content definitions.

9. A list and description of all control reports.

10. File descriptions and record layouts with reference to data element numbers for all files, including intermediate and work files.

11. A list of all files by identifying name, showing input and output with cross-reference to program identifications.

12. Facsimiles or reproductions of all reports generated by the modules.

13. Instructions for requesting reports must be presented with samples of input documents and or screens.

14. Narrative descriptions of each of the reports and an explanation of their use must be presented.

15. Definition of all fields in reports, including a detailed explanation of all report item calculations.

16. Desk level procedures.

h. Documentation of all rules in the rules engine. The rules engine solution must meet the same Federal standards established by CMS related to Medicaid eligibility rules engine to ensure federal enhanced matched rates. This includes both a technical definition of the rule and a business definition of the rule. Additionally, our preference is for a rules engine where it links to policy, state law, and federal law can be established and maintained within the rules engine solution.

i. Program documentation, to include, at a minimum:

1. Program narratives, including process specifications for each, the purpose of each and the relationships between the programs and modules.

2. A list of input and output files and reports, including retention.

3. File layouts.

4. File names and dispositions.

5. Specifics of all updates and manipulations.

6. Program source listing.

7. Detailed program logic descriptions and edit logic or decision tables including, at a minimum, the sources of all input data, each process, all editing criteria, all decision points and associated criteria, interactions and destination links with other programs and all outputs.

8. Physical file definitions.

9. File descriptions and record layouts with reference to file names and numbers for all files including intermediate and work files. Data element names, numbers, number of occurrences, length, type, record names, numbers, lengths, file maintenance data, such as number of records, file space and any other data necessary to manage the data or utilize the documentation. Lists by identifying name of all files inputs and outputs with cross-references to the programs in which they are used.

j. Service Oriented Architecture (SOA) documentation will include:

1. Unified Modeling Language (UML) 2.0 with the following structural diagrams:
i. Class diagram.
ii. Object diagram.
iii. Module diagram.
iv. Deployment diagram.
2. Behavioral diagrams:
i. Use Case diagram.
ii. Sequence diagram.
iii. Collaboration diagram.
iv. Department chart diagram.
v. Activity diagram.
3. Three types of model management diagrams:
i. Package diagram.
ii. Model diagram.
iii. Module diagram.
k. Other documentation, to include: Extensible Markup Language (XML) Metadata Interchange (XMI), XML Schema Definitions (XSDs), Business Process Modeling Notation (BPMN) where appropriate, Abstract and Concrete Web Services Description Language (WSDL), and Business Process Execution Language (BPEL) Code.

The Accenture Team provides the Department with comprehensive systems documentation appropriate to the SOA and COTS-based architecture and design of the proposed solution. Table 8 - 51 provides a comprehensive listing of the system documentation that we supply with APHP for the IME MMIS solution.

One of the many advantages of using packaged COTS solutions is that documentation, including system documents and users guides, are available to users for out-of-the-box functionality. Most of these products are highly configurable and already come with thorough and user-friendly documentation such as technical specifications, configuration guides, and user guides.

We create systems documentation for functionality that we create or modify, through either configuration or custom development. Accenture uses a wide variety of subject matter skills to create accurate yet easy to understand technical and operational documents. One of our strengths in documentation development is our structured methodology, which removes the guesswork from creating technical or process documents. ADM uses standards and templates that foster consistency to enable updates and version control, with flexibility to trace documentation back to the requirements level.

We customize documentation processes and templates from ADM to meet the Department's standards and practices. For the IME System Services Project, we use Microsoft SharePoint to store project documentation. Accenture has extensive experience using Microsoft SharePoint and other tools to provide effective version control.

The Department benefits from our documentation approach, honed and standardized on thousands of projects from around the world. We provide the Department with easily accessible and searchable documentation for our technical and business process solutions, stored electronically in a centralized document repository. Figure 8 - 71 provides a view of this document solution, outlining the typical project documents included.

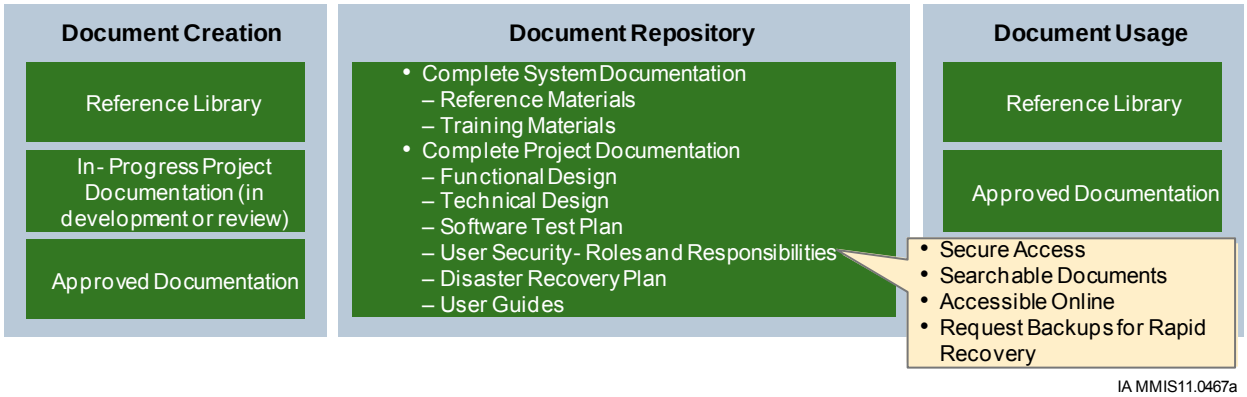


*Figure 8 - 71. The way we create, store and retrieve documents provides the most current project information to the Department.*

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

We follow our lifecycle documentation management approach depicted in Figure 8 - 72 to create, build, test and deploy IME System Services Project applications and related documentation. We create and validate the format of documents for each major task early in the project.

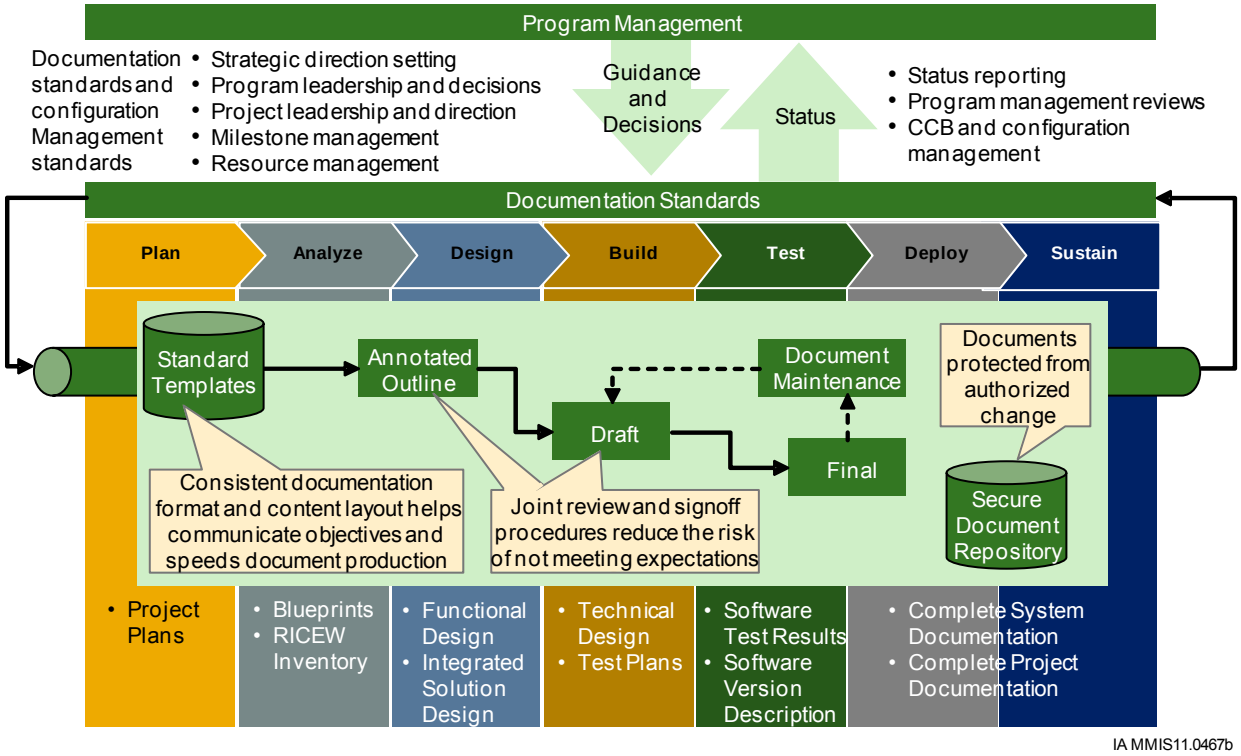


*Figure 8 - 72. The Department is involved in every step of the documentation management process, leading to clear, up-to-date, user-friendly documents.*

Department users are invited to participate in document development explicitly to validate the documentation is user-friendly and appropriately accessible. We use document templates from our methodology, and review the template format with key Department users prior to starting work on the document. We also work with the Department to define specific requirements regarding document versioning.

Our document repository stores information in electronic formats such as Microsoft Word, PDF (for COTS vendor supplied documentation) and HTML, allowing the use of an online search tool. In addition, our design will replicate the integrity, security and disaster recovery requirements that we apply to our overall solution components.

The table below demonstrates our agreement to meet the Department's documentation requirements.

| Systems Documentation Requirement | Acknowledgement |
|---|---|
| a. Be available and updated on electronic media storage and must be maintainable after turnover. | ✓ |
| b. Have all narrative created and maintained in Microsoft Word (compatible with Department version) and be provided to the Department on request on CD-ROM or other designated media. | ✓ |
| c. Have all narrative also maintained in .html or .htm format for online use. | ✓ |
| d. Be organized in a format which facilitates updating and any revisions must be clearly identified. | ✓ |
| e. Include system, program and application narratives that are understandable by non-technical personnel. | ✓ |
| f. Contain an overview of the system including:<br>1. A narrative of the entire system.<br>2. A description and flowcharts showing the flow of major processes in the system.<br>3. Multiple sets of hierarchical, multi-level charts that give a high, medium and detail view of the systems for both online and batch processes.<br>4. A description of the operating environment.<br>5. The nomenclature used in the overview must correspond to nomenclature used in module documentation. All modules must be referenced and documentation must be consistent from the overview to the specific modules and between modules. | ✓ |
| g. Module level documentation for each module must contain:<br>1. Module name and numeric identification.<br>2. Module narrative.<br>3. Module flow, identifying each program, input, output and file.<br>4. Process flows within each module, identifying programs, inputs and outputs, control, process flow, operating procedures and error and recovery procedures.<br>5. Name and description of input documents, example of documents and description of fields or data elements on the document.<br>6. Listing of the edits and audits applied to each input item and the corresponding error messages.<br>7. Narrative and process specifications for each program or module.<br>8. Screen layouts, report layouts and other output definitions, including examples and content definitions.<br>9. A list and description of all control reports.<br>10. File descriptions and record layouts with reference to data element numbers for all files, including intermediate and work files.<br>11. A list of all files by identifying name, showing input and output with cross-reference to program identifications.<br>12. Facsimiles or reproductions of all reports generated by the modules.<br>13. Instructions for requesting reports must be presented with samples of input documents and or screens.<br>14. Narrative descriptions of each of the reports and an explanation of their use must be presented.<br>15. Definition of all fields in reports, including a detailed explanation of all report item calculations.<br>16. Desk level procedures. | ✓ |

| Systems Documentation Requirement | Acknowledgement |
|---|---|
| h. Documentation of all rules in the rules engine. The rules engine solution must meet the same Federal standards established by CMS related to Medicaid eligibility rules engine to confirm federal enhanced matched rates. This includes both a technical definition of the rule and a business definition of the rule. Additionally, our preference is for a rules engine where it links to policy, state law, and federal law can be established and maintained within the rules engine solution. | ✓ |
| i. Program documentation, to include, at a minimum:<br>1. Program narratives, including process specifications for each, the purpose of each and the relationships between the programs and modules.<br>2. A list of input and output files and reports, including retention.<br>3. File layouts.<br>4. File names and dispositions.<br>5. Specifics of all updates and manipulations.<br>6. Program source listing.<br>7. Detailed program logic descriptions and edit logic or decision tables including, at a minimum, the sources of all input data, each process, all editing criteria, all decision points and associated criteria, interactions and destination links with other programs and all outputs.<br>8. Physical file definitions.<br>9. File descriptions and record layouts with reference to file names and numbers for all files including intermediate and work files. Data element names, numbers, number of occurrences, length, type, record names, numbers, lengths, file maintenance data, such as number of records, file space and any other data necessary to manage the data or utilize the documentation. Lists by identifying name of all files inputs and outputs with cross-references to the programs in which they are used. | ✓ |
| j. Service Oriented Architecture (SOA) documentation will include:<br>1. Unified Modeling Language (UML) 2.0 with the following structural diagrams:<br>i. Class diagram.<br>ii. Object diagram.<br>iii. Module diagram.<br>iv. Deployment diagram.<br>2. Behavioral diagrams:<br>i. Use Case diagram.<br>ii. Sequence diagram.<br>iii. Collaboration diagram.<br>iv. Department chart diagram.<br>v. Activity diagram.<br>3. Three types of model management diagrams:<br>i. Package diagram.<br>ii. Model diagram.<br>iii. Module diagram. | ✓ |
| k. Other documentation, to include: Extensible Markup Language (XML) Metadata Interchange (XMI), XML Schema Definitions (XSDs), Business Process Modeling Notation (BPMN) where appropriate, Abstract and Concrete Web Services Description Language (WSDL), and Business Process Execution Language (BPEL) Code. | ✓ |

*Table 8 - 51. The Accenture Team system documentation meets Department requirements and standards.*

### *8.4.2.2 User Documentation*

The contractor(s) must prepare user documentation and user manuals including: web-published materials for external use such as provider manuals, program materials, procedure updates and EDI billing instructions. The structure and format must be prior approved by the Department. The contractor(s) must prepare draft user documentation during the development task for use during the testing task, with updates made during the testing and implementation tasks, as appropriate. The contractor(s) will be responsible for the production and distribution of all user documentation updates in a timely manner. The following are minimum requirements for MMIS and POS user documentation:

a. Must be rules-based driven, using metadata where ever possible, allowing for automatic updates to the documentation when system or requirement changes occur. The documentation must also include online, context-sensitive help screens for all MMIS and POS functions, including web-based modules.

b. Must include the use of content and document management capability to link, track and update all documentation affected by a system or requirement change.

c. Must be available online via the MMIS and POS application and provide an online search capability with context-sensitive help; the Department requires one paper copy using 8-1/2" x 11" pages in three-ring binder form, pages numbered within each section and a revision date on each page. Revisions must be clearly identified in bold print.

d. Must be created and maintained in Microsoft Office 2007 Suite or higher (consistent with the current Department standard) and Visio and must be provided on request to the Department on external media storage and be accessible via the web to users during the Operations Phase.

e. Must be written and organized so that users not trained in data processing can learn from reading the documentation on how to access the online windows and screens and read module reports and perform all other user functions.

f. Must be written in a procedural step-by-step format and should be aligned with the business transformation documents.

g. Instructions for sequential functions must follow the flow of actual activity that is, balancing instructions and inter-relationship of reports.

h. User manuals must contain a table of contents and an index.

i. Descriptions of error messages for all fields incurring edits must be presented and the necessary steps to correct such errors must be provided.

j. Definitions of codes used in various sections of a user manual must be consistent.

k. Acronyms used in user instructions must be identified and must be consistent with windows, screens, reports and the DED.

l. All system errors must be handled by a standardized error handling module that translates technical messages into commonly understood terminology.

m. Abbreviations must be consistent throughout the documentation.

n. Field names for the same fields on different records must be consistent throughout the documentation.

o. Each user manual must contain "tables" of all valid values for all data fields (e.g., provider types, claim types) including codes and an English description, presented on windows, screens and reports.

p. Each user manual must contain illustrations of windows and screens used in that module, with all data elements on the screens identified by number.

q. Each user manual must contain a section describing all reports generated within the module which includes the following:

1. A narrative description of each report.

2. The purpose of the report.

3. Definition of all fields in the report, including detailed explanations of calculations used to create all data and explanations of all subtotals and totals.

4. Definitions of all user-defined, report-specific code descriptions; a copy of one page of each report and number of pages of each report.

r. Instructions for requesting reports or other outputs must be presented with examples of input documents and or screens.

s. All functions and supporting material for file maintenance (e.g., coding values for fields) must be presented together and the files presented as independent sections of the manual.

t. Instructions for file maintenance must include both descriptions of code values and data element numbers for reference to the DED.

u. Instructions for making online updates must clearly depict which data and files are being changed.

v. A desktop guide must include appropriate instructions from this section and that provides users with all the information they need for role-based access to the screens and functions that are necessary to perform their jobs.

w. Draft user documentation, as well as final versions, will be used as the basis for UAT and for knowledge transfer before the start of operations, unless otherwise specified by the Department.

The Accenture Team develops the IME MMIS user documentation with a focus on promoting self-sufficiency for end users. We promote self-sufficiency starting Day One and throughout the project to prepare the Department and system users to work effectively and efficiently in the new system. We work with the Department to develop user support documents. These documents help the Department use the new system more easily and accurately. Effective understanding and use of the system on Day One helps the Department begin to achieve their goals of improved Core MMIS Operations more quickly.

Performance support is part of our standard methodology for implementing commercial off-the-shelf (COTS) solutions. We work with the Department as a part of our Knowledge Transfer activities to identify user and performance support needs based on business processes confirmed during Analysis and Design tasks. Our Knowledge Transfer Plan deliverable documents the strategy and approach for addressing the identified needs. We use the defined strategy to draft the performance support materials during Development tasks. We tailor and refine templates and samples from our previous successful implementations to help accelerate the development of the Department's user documentation. We review each document and tool created with the Department to verify acceptance. Additionally, we further evaluate and refine these documents during Training and Testing tasks.

We develop user documentation that is clear, thorough, readily accessible, and tailored to meet the Department's needs. Specifically, user documentation will meet all requirements described in the table below.

| User Documentation Requirement | Our Approach | Acknowledgement |
|---|---|---|
| a. Must be rules-based driven, using metadata where ever possible, allowing for automatic updates to the documentation when system or requirement changes occur. The documentation must also include online, context-sensitive help screens for all MMIS functions, including web-based modules. | Our APHP solution provides context-sensitive online help out-of-the-box. As part of the IME System Services Project, online help screens allow users to link directly to online tutorials for additional information and support. | ✓ |
| b. Must include the use of content and document management capability to link, track and update all documentation affected by a system or requirement change. | We use the Rational Suite of tools to develop requirements, design, and test documentation. Every requirement is linked to one or more design documents. Every design document links to one or more test cases. The traceability provided by the Rational Suite enables our team to assess changes to project documentation due to changes in requirements. | ✓ |
| c. Must be available online via the MMIS application and provide an online search capability with context-sensitive help; the Department requires one paper copy using 8-1/2" x 11" pages in three-ring binder form, pages numbered within each section and a revision date on each page. Revisions must be clearly identified in bold print. | APHP online help is context-sensitive. We can provide binders containing hard copies of this help to the Department upon the Department's request. | ✓ |
| d. Must be created and maintained in Microsoft Office 2007 Suite or higher (consistent with the current Department standard) and Visio and must be provided on request to the Department on external media storage and be accessible via the web to users during the Operations Phase. | We create user documentation using Department Microsoft Office standards. Documentation is provided on external media storage upon request. All documentation is accessible via the web on our Microsoft SharePoint repository. | ✓ |

| User Documentation Requirement | Our Approach | Acknowledgement |
|---|---|---|
| e. Must be written and organized so that users not trained in data processing can learn from reading the documentation on how to access the online windows and screens and read module reports and perform all other user functions. | We create user documentation using plain English to allow those unfamiliar with the technical aspects of the system, including data processing, to read and understand how to use the system. | ✓ |
| f. Must be written in a procedural step-by-step format and should be aligned with the business transformation documents. | Our knowledge transfer materials include participant guidebooks and job aids that contain step-by-step procedures for IME MMIS user functions. | ✓ |
| g. Instructions for sequential functions must follow the flow of actual activity that is, balancing instructions and inter-relationship of reports. | Procedural documentation will identify any process constraints or process pre-requisites. | ✓ |
| h. User manuals must contain a table of contents and an index. | Project documentation includes a table of contents. User and system manuals additional include an index. | ✓ |
| i. Descriptions of error messages for all fields incurring edits must be presented and the necessary steps to correct such errors must be provided. | Error messages focus on providing the user with the information they need to complete a successful interaction with the system. | ✓ |
| j. Definitions of codes used in various sections of a user manual must be consistent. | Consistency within and across user documentation helps promote ease of use and understanding. | ✓ |
| k. Acronyms used in user instructions must be identified and must be consistent with windows, screens, reports and the DED. | We identify all acronyms used in user documentation at the beginning of each document. Additionally, the acronym is spelled out the first time the acronym is used. | ✓ |
| l. All system errors must be handled by a standardized error handling module that translates technical messages into commonly understood terminology. | Error messages presented to the user are clear and expressed in non-technical terms. | ✓ |
| m. Abbreviations must be consistent throughout the documentation. | Consistency within and across user documentation helps promote ease of use and understanding. | ✓ |
| n. Field names for the same fields on different records must be consistent throughout the documentation. | Consistency within and across user documentation helps promote ease of use and understanding. | ✓ |
| o. Each user manual must contain "tables" of all valid values for all data fields (e.g., provider types, claim types) including codes and an English description, presented on windows, screens and reports. | Valid values are standard pieces of information provided in user manuals. | ✓ |
| p. Each user manual must contain illustrations of windows and screens used in that module, with all data elements on the screens identified by number. | User manuals include screenshots to help walk users through system functions. | ✓ |

| User Documentation Requirement | Our Approach | Acknowledgement |
|---|---|---|
| q. Each user manual must contain a section describing all reports generated within the module which includes the following:<br>1. A narrative description of each report.<br>2. The purpose of the report.<br>3. Definition of all fields in the report, including detailed explanations of calculations used to create all data and explanations of all subtotals and totals.<br>4. Definitions of all user-defined, report-specific code descriptions; a copy of one page of each report and number of pages of each report. | User manuals describe key system functions, including reports. | ✓ |
| r. Instructions for requesting reports or other outputs must be presented with examples of input documents and or screens. | Report request instructions provide users with the information they need to successfully complete the request. | ✓ |
| s. All functions and supporting material for file maintenance (e.g., coding values for fields) must be presented together and the files presented as independent sections of the manual. | File maintenance instructions are comprehensive and organized according to Department standards. | ✓ |
| t. Instructions for file maintenance must include both descriptions of code values and data element numbers for reference to the DED. | File maintenance instructions describe any code values or data elements. | ✓ |
| u. Instructions for making online updates must clearly depict which data and files are being changed. | Instructions identify data and files. | ✓ |
| v. A desktop guide must include appropriate instructions from this section and that provides users with all the information they need for role-based access to the screens and functions that are necessary to perform their jobs. | Job aids, such as desktop guides, are created as part of our role-based knowledge transfer approach. | ✓ |
| w. Draft user documentation, as well as final versions, is used as the basis for UAT and for knowledge transfer before the start of operations, unless otherwise specified by the Department. | Including user manuals and documentation in UAT enables our team to verify documentation meets user needs prior to system deployment. | ✓ |

*Table 8 - 52. Our user documentation and manuals help prepare the Department and system users to effectively use the system on Day One*

### 8.4.2.3 State Responsibilities

a. Provide the Implementation Team.

b. Identify deficiencies and review corrective action plans.

c. Review all post implementation deliverables. The standard turnaround for the Department review shall be 10 business days. The Department encourages early submission of draft documents to expedite the Department review.

| Transition to Operations - State Responsibilities | Acknowledgement |
|---|---|
| Provide the Implementation Team | ✓ |
| Identify deficiencies and review corrective action plans | ✓ |
| Review all post implementation deliverables. The standard turnaround for the Department review shall be 10 business days. The Department encourages early submission of draft documents to expedite the Department review. | ✓ |

### 8.4.2.4 Contractor Responsibilities

Contractor(s) responsibilities for the post implementation evaluation task will be to:

a. Provide unobstructed access to the evaluation team to review operational and system areas.

The Accenture Team uses our standard Project Management Portal and tools to track post implementation status and system performance. We use the following tools:

- SharePoint: stores formal deliverables, meeting minutes, and status reports for the project
- Rational ClearQuest: repository of project risks and issues
- Service Level Dashboard (SLD): provides a standard view of contractual requirements and Service Level Metrics (SLMs) with graphical dashboard views of service performance

These tools and reports are available to the Department and their designees, including Independent Verification and Validation (IV&V) and Quality Assurance (QA) Services vendors. All monitoring tools are available to the Department and their designees throughout the project from startup through operations. We provide unobstructed access to the evaluation team during the project operational readiness testing to demonstrate proficiency of the operations staff and the production environment. Once live, the same tools validate a successful operation.

Contractor(s) responsibilities for the post implementation evaluation task will be to:

b. Prepare a corrective action plan (CAP) for problems or deficiencies identified by the evaluation team for review and obtain approval by the Department.

Accenture recognizes that although we conduct thorough testing, we need to be prepared to address problems or deficiencies that may occur following production deployment. We work with the Department prior to deployment to develop approved contingency plans for any known deployment risks. We also confirm our approach for discussing, seeking approval for, and implementing corrective actions to address unplanned deployment issues.

We develop a Corrective Action Plan (CAP) for any problems or deficiencies identified by the evaluation team. These deficiencies could be in regards to the System, Framework, Components, Products, Technical Infrastructure, or support. If the evaluation team identifies deficiencies, our team develops a CAP for Department approval that describes the issue and identifies our plan for addressing this issue. The table below displays the six components of are CAP.

| CAP Components |
| --- |
| 1. Problem description, including root cause analysis |
| 2. Areas/users affected by the problem, including business processes, system functions, interfaces, and user groups |
| 3. Potential risks to proceeding with deployment |
| 4. Proposed resolution and implementation approach |
| 5. Proposed implementation schedule and resources required/assigned |
| 6. Department coordination and approvals required |

*Table 8 - 53. Our team conducts a thorough investigation of deficiencies to address the issue, support areas and users affected by the issue, and prevent issue reoccurrence*

We track all identified deficiencies, including those requiring a CAP, in the Rational ClearQuest tool. This allows for easy access, tracking, and reporting on deficiencies.

Contractor(s) responsibilities for the post implementation evaluation task will be to:
c. Develop the post implementation evaluation report for review by the Department.

To facilitate completion of post-implementation activities, Accenture presents evidence to the Department that we have satisfied all deployment-related requirements. Following deployment, Accenture assesses the IME MMIS with the Department. Our assessment includes evaluation of the following:

- Issues encountered and resolution
- Lessons learned, especially issues and risks that may affect successful completion of initial operations and certification
- Recommendations for improvements to the new MMIS
- Proposed updates to the Project Management Plans, including the Risk Management Plan

Our post-implementation evaluation report includes the results of our post-deployment assessment. We also provide any supporting documentation as appropriate.

Contractor(s) responsibilities for the post implementation evaluation task will be to:
d. Execute the CAP.

In the event that a CAP is required, we develop a CAP that contains the approach, including solution, schedule, and resources, for implementing the proposed resolution to identified deficiencies. We review the CAP with the Department to gain approval according to the defined process. We promote any system changes according to processes defined in our Configuration Management Plan and our implementation approach defined in our Transition to Operations Plan. We track closure of the CAP using Rational ClearQuest.

Contractor(s) responsibilities for the post implementation evaluation task will be to:
e. Archive all first-run federally required reports for inclusion in the CMS certification documentation.

We store all federally required reports in OnBase, our proposed electronic document management system for the IME MMIS. In addition, we create for all CMS certification documentation a set of electronic folders in our project documentation repository in SharePoint. For each federal report that we use for certification, that report is stored in OnBase as with all production reports, but will have a corresponding reference (hyperlink) in the SharePoint folder that point to the report in OnBase. This provides for a single location, SharePoint, to review all certification documentation and deliverables (or links to deliverables).

### 8.4.2.5 Deliverables

Deliverables to be produced by the Contractor for the post Implementation task must include the following:

a. All required CAPs.

b. CMS certification documentation including archived versions of all first-run federally required reports.

c. System documentation.

d. User documentation.

We create, review, and finalize the four deliverables listed in Table 8 - 54 with the Department while completing the Post Implementation Tasks outlined in this RFP.

| Deliverables | Description |
|---|---|
| Required CAPs | We develop CAPs for deficiencies identified during post implementation evaluation. These CAPs include our proposed approach and implementation plan. We implement resolutions following approval of the CAPs according to the defined implementation plan. |
| CMS Certification Documentation | We coordinate with the Department to create, store and archive all documentation required for CMS Certification. This includes archived versions of all first-run federally required reports. |
| System Documentation | Systems documentation supports the ongoing development, maintenance, and support of the system. We provide online, electronic, and paper copies of the documentation as requested by the Department. |
| User Documentation | User documentation helps Department and IME stakeholders, including providers, access and use the system. We provide online, electronic, and paper copies of the documentation as requested by the Department. |

*Table 8 - 54. Accenture develops complete and accurate deliverables in collaboration with the Department.*

### 8.4.2.6 Performance Standards

The following documents must be submitted to the Department for review and approval within a timeframe determined by the Department with minor revisions:

a. All required CAPs.

b. CMS certification documentation including archived versions of all first-run federally required reports.

c. The contractor(s) must implement and maintain MMIS and POS systems documentation. The contractor(s) must provide one copy of systems documentation within 60 calendar days prior to the Operations Phase. Additionally any updates to the systems documentation must be submitted to the Department during the Operations Phase on a quarterly basis.

d. The contractor(s) must implement and maintain MMIS and POS user documentation. The contractor(s) must provide one copy of the user documentation within 60 calendar days prior to the Operations Phase. Additionally all updates to the user documentation must be submitted to the Department during the Operations Phase on a quarterly basis.

e. The electronic version of the approved systems documentation and user documentation for the MMIS and POS must be posted to the web site within three business days of the Department's approval.

The Accenture Team submits all required post implementation documents to the Department for review and approval within the timeframe specified in the Transition to Operations Plan. The Accenture Team and the Department will collaboratively develop this plan through a series of Transition to Operations Planning sessions.

Table 8 - 55 below indicates our agreement to meet the performance standards outlined in this RFP for documents created while planning and executing post implementation tasks.

| Performance Standards for Implementation Tasks | Meet or Exceed |
|---|---|
| a. All required CAPs | ✓ |
| b. CMS certification documentation including archived versions of all first-run federally required reports. | ✓ |
| c. The contractor(s) must implement and maintain MMIS and POS systems documentation. The contractor(s) must provide one copy of systems documentation within 60 calendar days prior to the Operations Phase. Additionally any updates to the systems documentation must be submitted to the Department during the Operations Phase on a quarterly basis. | ✓ |
| d. The contractor(s) must implement and maintain MMIS and POS user documentation. The contractor(s) must provide one copy of the user documentation within 60 calendar days prior to the Operations Phase. Additionally all updates to the user documentation must be submitted to the Department during the Operations Phase on a quarterly basis. | ✓ |
| e. The electronic version of the approved systems documentation and user documentation for the MMIS and POS must be posted to the web site wihting three business days of the Department's approval. | ✓ |

*Table 8 - 55. Accenture understands and will comply with defined Performance Standards.*

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# Tab 9 MMIS or POS System Requirements (9.2.10)

The bidder shall address each contract requirement within section 7 MMIS and POS System Requirements of the RFP the bidder is addressing in the proposal.

Complete Columns A-E below using the following information for each column.

The proposal description referenced by Column E should have a description of how the requirement will be met. COTS solutions should address the description of the product and the implementation process; system modifications should explain the type of modification (i.e., change rules engine, modification and addition to system code). The reference number in the table below will be used to track the requirement throughout the project. System Requirements are grouped for convenience only and may apply to more than one module or group.

Bidders will also explain in detail how they plan to approach each MMIS and POS system requirement for the contract function.

Bidders are to list the requirement numbers for addressed requirements above the paragraph or set of paragraphs that addresses them.

We understood that a true SOA-based solution had to be more than just a commercial claims engine surrounded by commercial off-the-shelf (COTS) products. To bring the MITA model to life, we needed to integrate COTS components into a framework that delivers business services specific to Medicaid. In 2010, we began demonstrating prototypes of the Accenture Public Health Platform (APHP) to Medicaid Directors across the country. We asked for and received excellent feedback and refined APHP based on the insight gained during the demonstration cycle. We tightened the alignment with the MITA process areas and tested the expandability and extendibility of the solution.

With this in mind, Accenture's APHP solution is built on the following principles:

- **SOA** - The principles of SOA will be followed as strictly as possible - optimizing performance, yet creating a solution that is maintainable, extendable, and configurable.
- **Start with a Framework** - At the heart of APHP will be a framework, rather than a product or a custom application. This framework will provide the infrastructure upon which COTS products, portals and external interfaces operate, securing and streamlining all activity within the system.
- **COTS** - Commercial components will be used extensively, minimizing custom development and providing benefit from functionality developed for broader industry.
- **Total Cost of Ownership (TCO)** - The solution will be built to change - assuming future replacement of components, splitting apart components and interoperability with other systems. We focused on TCO, aiming to reduce the number of future change orders and reducing the time and effort to implement those that are needed.
- **Build to MITA, rather than adapt to MITA** - Following both architectural and business area tenets of MITA, abstracting the functionality of component products and operating in alignment with the MITA models.
- **Certifiable** - Be CMS-certifiable out-of-the-box, incorporating the MECT checklists into our designs and testing process.

As we enter the market, we recognize that architectural principles are not enough. We also established a core set of principles for how we work.

- **Invest** - Accenture committed to the Medicaid business before having our first client for APHP and have already completed the first release of our solution. We will not build our MMIS on the back of our first client - putting their Medicaid program and program stakeholders at risk.
- **Move fast -** by leveraging proven COTS products for functionality and not just for infrastructure, we are able to move quickly and produce a functioning product faster than by using traditional methods.
- **Be Selective -** Accenture is focusing on states where there is alignment with our approach and a demonstrated commitment to moving the Medicaid program forward.

- **Deliver -** by leveraging the core competencies of Accenture as a global system integrator, drawing upon our experience across all facets of technology, government and healthcare and bringing the right team to bear so that we deliver what we sign up for.

Accenture is pleased to propose our commercial product, APHP, to the Department as the solution for the IME MMIS. We believe that APHP is the right solution to meet your needs today, but more importantly, prepares the IME for the future, as Medicaid and healthcare continue to evolve.

The sections that follow provide detailed responses to the system requirements as defined in the RFP. For your convenience, we have provided an overview of our proposed solution at the beginning of each section. In the final section, we present the completed system requirements table as the requirements traceability matrix. Sections are organized as follows:

9.1 MMIS System Requirements

9.2 External Interfaces

9.3 MMIS Infrastructure Requirements

9.4 Requirements Traceability Matrix

# 9.1 MMIS System Requirements

This section includes the following topics:

7.1: Requirements Instructions

7.1.1: Table Descriptions

7.1.2: MMIS System Requirements

7.1.3: MMIS and POS Infrastructure Requirements

7.1.4: MMIS Infrastructure Requirements

7.1.5: Current MMIS External Interfaces

7.1.6: Pharmacy Point-of-Sale (POS) System Requirements

As result of the system requirements, it is the Department's intention to replace the following current ancillary systems which will become part of the new MMIS:

Buy-In, HIPP, MEPD, MIPS, ISIS and Title XIX

The requirements set forth are for the functional, infrastructure and interface requirements for the MMIS and the POS.

Complete Columns A-E below using the following information for each column.

## Introduction

The Department will benefit from a modular SOA-based, MITA aligned system based on COTS products. APHP satisfies all of these attributes. SOA enables components to be integrated in a loosely coupled manner so that there is less interdependency and much more focus on providing Medicaid business services. Each APHP component meets specific business requirements and conforms to well-defined interface standards. Each component can be independently updated with little or no impact to the overall system.

APHP is a layered solution; it has three layers: Access, Business Integration and Services, and COTS Applications, as depicted in the following figure.

- **The Access Layer** - Provides users with an entry point to the MMIS.
- **The Middle Layer** - Business Integration and Services, is organized by the eight MITA process areas, as defined in MITA 2.1 and adaptors that aggregate the functionality of the COTS products to business processes and enterprise-wide services. The Enterprise Service Bus facilitates interoperability among all modules.
- **The COTS Application Layer** - Contains all the packaged applications that provide business functionality to one or more MITA service areas, that are made available through one or more of the user interfaces in the Access layer.

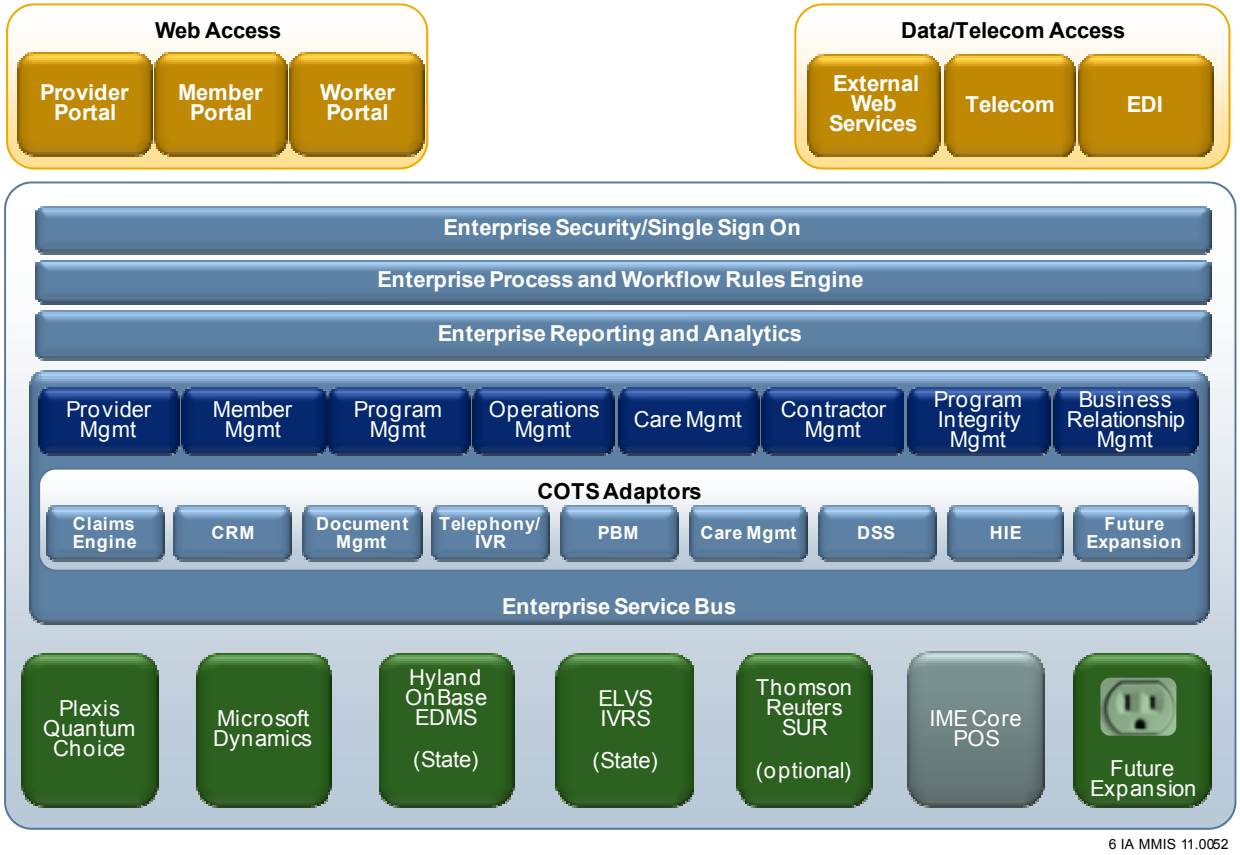


*Figure 9 - 1. APHP satisfies the Department's requirements for a SOA-based, MITA-aligned modular MMIS with interoperability among modules.*

The components that comprise the APHP solution are commercially available products. Each of these components is a mature product with roadmaps for upgrades and releases. As new versions are available, they are tested, integrated and released into APHP.

Commercial packaged software often leads to the adoption of standards, as it is these very standards that enable their existence. As such, our software vendors are committed to investing in their software products to align with applicable MITA and HIPAA standards as well as others that apply to the health care industry. Updates to support these standards are included in version releases to the core platform, giving the Department the benefit of receiving software changes as part of an overall solution rather than having to fund, plan and manage systems modifications.

Accenture understands that the IME Professional Services contractors use a combination of MMIS, Department-supplied and contractor-specific tools and systems to obtain the functionality required to

perform their contractual responsibilities. If any of the contractors wish to use APHP functionality in the performance of their responsibilities, Accenture is pleased to work with the Department and contractors to scope and size the requirements and provide them as part of the core APHP product. APHP core functionality, as described in this MMIS System Requirements Overview, is available to the IME Professional Services contractors, including the following:

- Medical Services
- Pharmacy Medical Services
- Provider Services
- Member Services
- Revenue Collections
- Estate Recovery Services
- Provider Cost Audits and Rate Setting
- Program Integrity

We present the APHP overview in its entirety, not to suggest that APHP is going to supplant functionality that current contractors wish to retain, rather to show the full range of functionality available.

## Access Layer

The APHP Access Layer provides a consistent user interface and standards-based external services via the web portal. This layer abstracts the specific functions of the applications into common business services for providers, members and IME workers. Additional portals can be added to APHP as necessary.

The APHP web portal is not just a browser-enabled version of a legacy window or screen, but an advanced medium through which a well-constructed interface provides better, faster ways of doing work.

Access to the APHP portal is strictly controlled through single sign-on and role-based security profiles. Each user is assigned a role and each role is assigned levels of access. Access is defined at the functional and data levels to prevent unauthorized transactions and exposure of sensitive or protected information to unauthorized users. For a more technical narrative on the APHP security service, please see the Enterprise Security Service description later in this section.

**Provider Portal**

The Provider portal gives providers an intuitive interface designed to make their interactions with the MMIS as easy as possible. Key functions available via the provider portal include:

- On-line provider enrollment and updating
- Member eligibility verification
- Claims submission, claim status inquiry
- Prior authorization requests and status
- Remittance and payment inquiry

There are many more functions available via the Provider portal. Essentially, authorized inquiries or functions required by providers or taken on behalf of providers in order to participate in the program are able to be configured for self service via the Provider portal.

The Medicaid Enterprise Certification Toolkit (MECT) requirements for Provider Management were used to inform the design of the Provider portal. A screen shot of the IME Provider portal home page is presented in Figure 9 - 2.

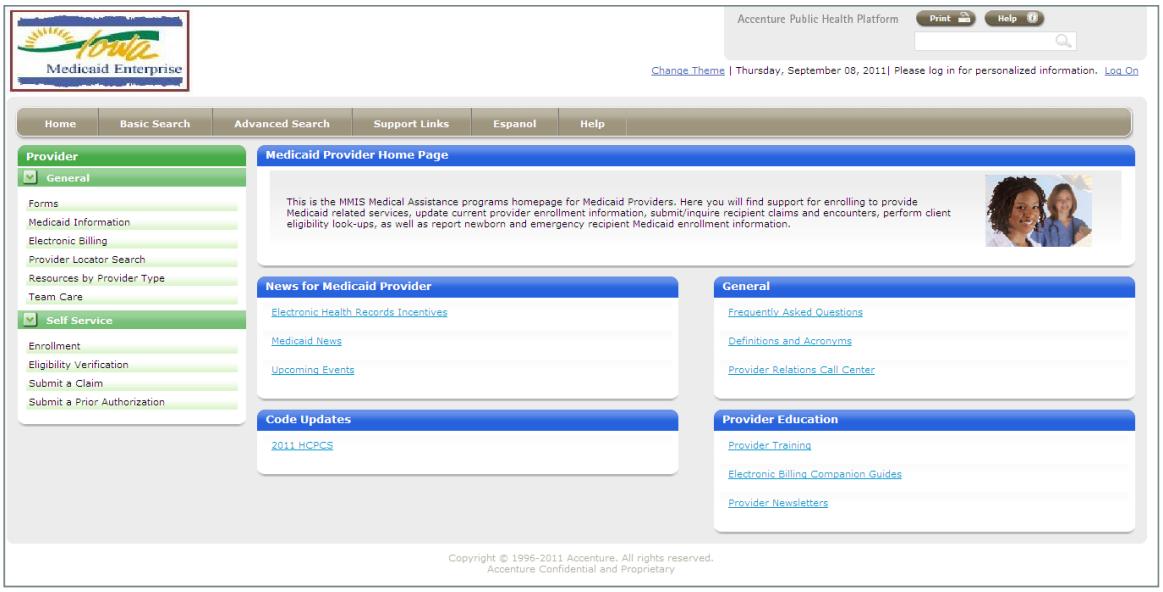


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*Figure 9 - 2. Providers benefit from efficient self-service functionality as well as the depth and breadth of information available to them via the Provider portal.*

**Member Portal**

The Member portal gives members access to their benefit plan, profile and transactions, allowing them to become stewards of their information and engaging them in the management of their health. Many functions are available to members, such as:

- Benefit plan summary
- Claim status inquiry
- Member claims history
- Eligibility status
- Program news

The Member portal is a key feature for IME expansion and change. Today, members have limited engagement with the MMIS and it is usually transactional, such as notification after a prior authorization decision is made. The APHP portal can "host" other member portal functions or "serve" MMIS functions to other portals to achieve "no wrong door." It is truly expandable to integrate services from other systems and platforms for members and to interoperate with other IME programs.

The MECT requirements for Member Management were used to inform the design of the Member portal. A screen shot of the home page of the IME Member portal is presented in Figure 9 - 3.

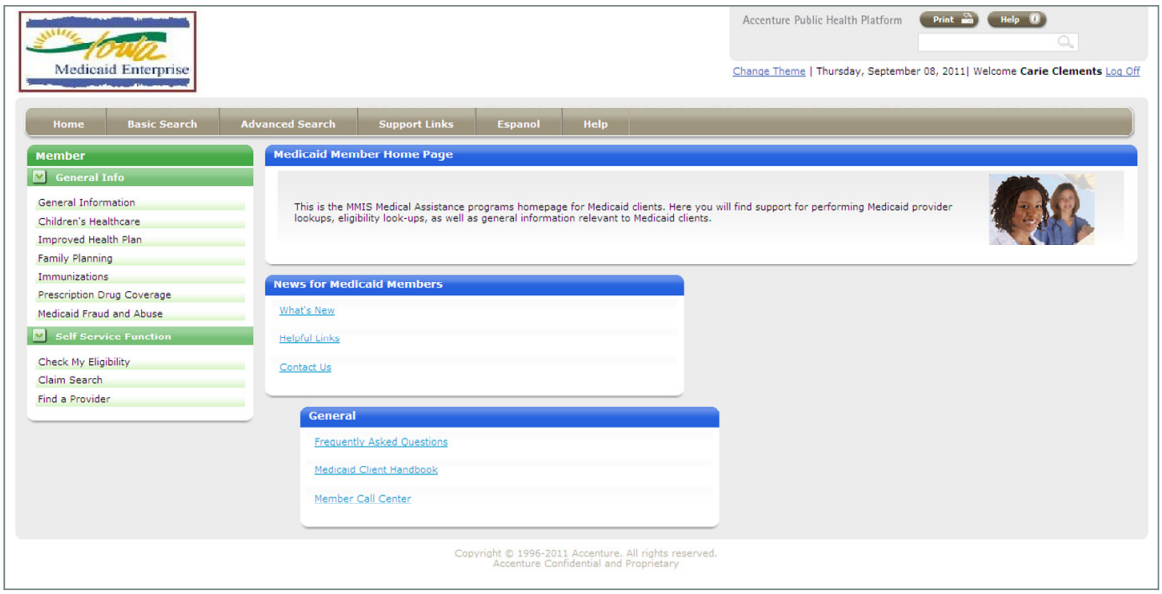


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*Figure 9 - 3. APHP makes it easy to share information with members, which allows them to engage with the IME and get involved in their health care.*

**Worker Portal**

The Worker portal gives access to the Department, IME Professional Services contractors and other authorized users who rely on the MMIS, or information from it, to perform their job responsibilities. A wide range of functions are available via the Worker portal, including:

- Suspended claim adjudication
- Provider enrollment
- Provider and member call center assistance and inquiry
- Prior authorization processing and inquiry
- Business rule access and management
- Operations monitoring via the APHP dashboard
- Ad-hoc and CMS reporting

The Worker portal has the same look and feel as the Provider and Member portals. Likeness in work tools helps people connect and work together effectively. This is especially relevant to tasks that are collaborated between workers, for example, from a professional services contractor to the Department. The Worker portal increases productivity. The worker is presented with everything needed to complete end-to-end processes, from document images to code explanations to letter generation, all in one continuous process. Data fields are pre-populated or menu-driven via business rules, improving quality.

Each of the MECT checklists contains requirements for workers who use the MMIS or information from it to perform their responsibilities. As such, all of the MECT checklists were used to inform the design of the Worker portal. In the following figures, we present two screen shots from the IME Worker portal.

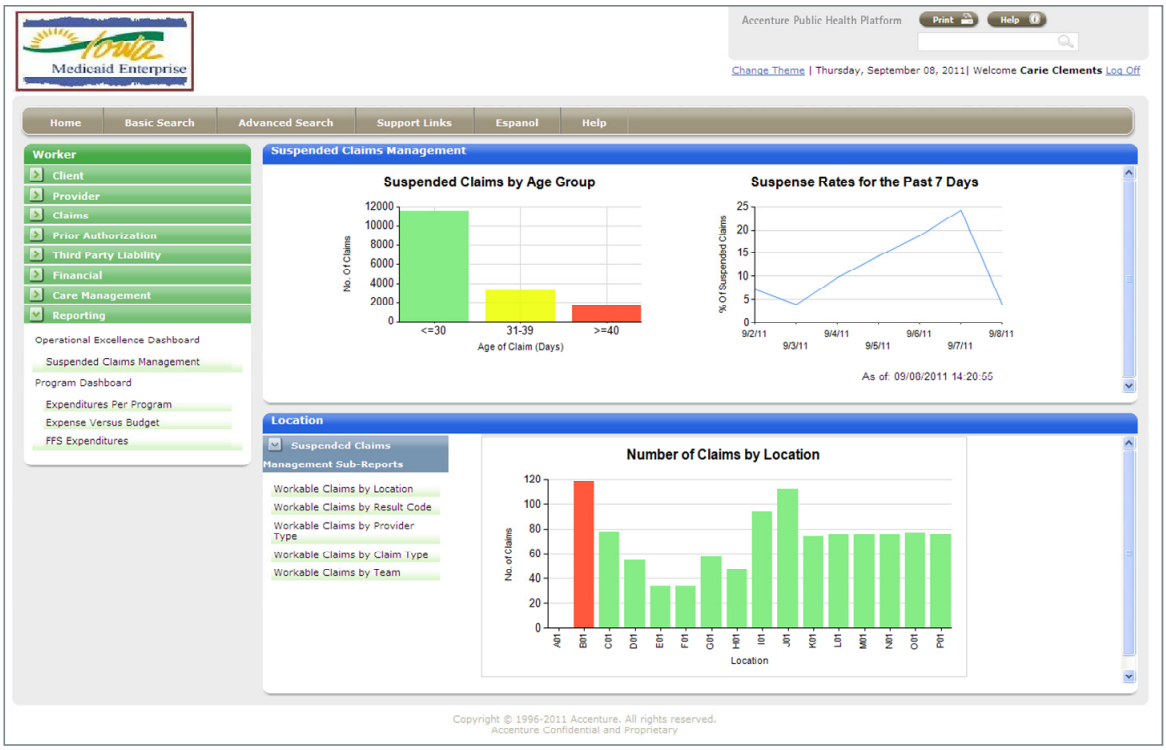


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*Figure 9 - 4. MMIS workers have easy access to reports via the Worker portal, removing the need for users to make special requests and providing transparency to MMIS information.*

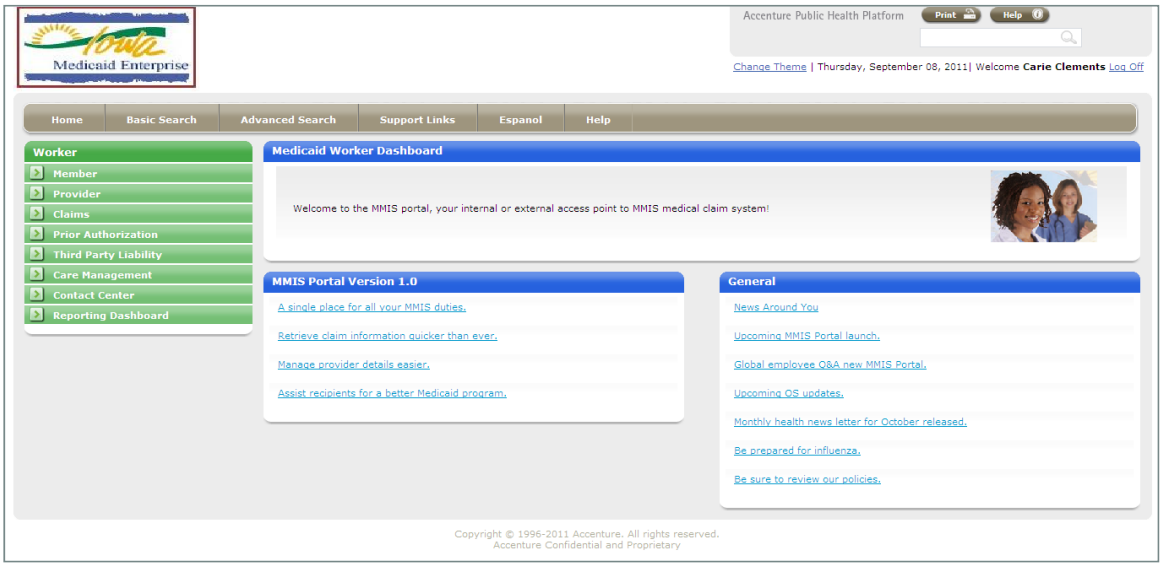


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*Figure 9 - 5. MMIS workers are given tools to manage their work load and perform their job responsibilities efficiently and effectively.*

**External Web Services**
APHP web services can be exposed externally for use by authorized entities. This gives the Department the ability to share services with other agencies or departments, other states or the federal government. The Department can allow new external entities to integrate with the MMIS without having to build custom interfaces. For example, if the Department wanted to use software as a service solution to provide new functionality to a class of provider, the standards-based integration could occur without system modification.

The MMIS is made available via the web to entities and individuals that are not authorized users under security protocols. Some examples of the types of entities and individuals that may access the MMIS through an external web service are providers seeking information about participating in the program and members looking for information about eligibility. In addition, the Department may wish to make information widely available, such as vision statements, strategic plans and Medicaid brochures. All content that is published on the external web site is coordinated with and approved by the Department. Content is easily published on APHP external web site for the Iowa MMIS so that it can be consumed by external sources.

**Telecom**
The State's Electronic eligibility and Verification System (EVS) is used as the telecommunications access point for providers seeking date specific information, such as member eligibility and managed care enrollment.

**Electronic Data Interchange (EDI)**
The APHP EDI component is an interface application supplied by Plexis Healthcare Systems called Quantum Data Service (QDS). QDS is an advanced, full-featured electronic gateway that combines EDI, an XML-based translator and a data conversion interface with a powerful validation engine that conforms to Department's information flow, as depicted in Figure 9 - 6. The modules work together to move HIPAA X12 4010/5010 and other electronic data formats to and from the APHP claims engine with maximum efficiency.

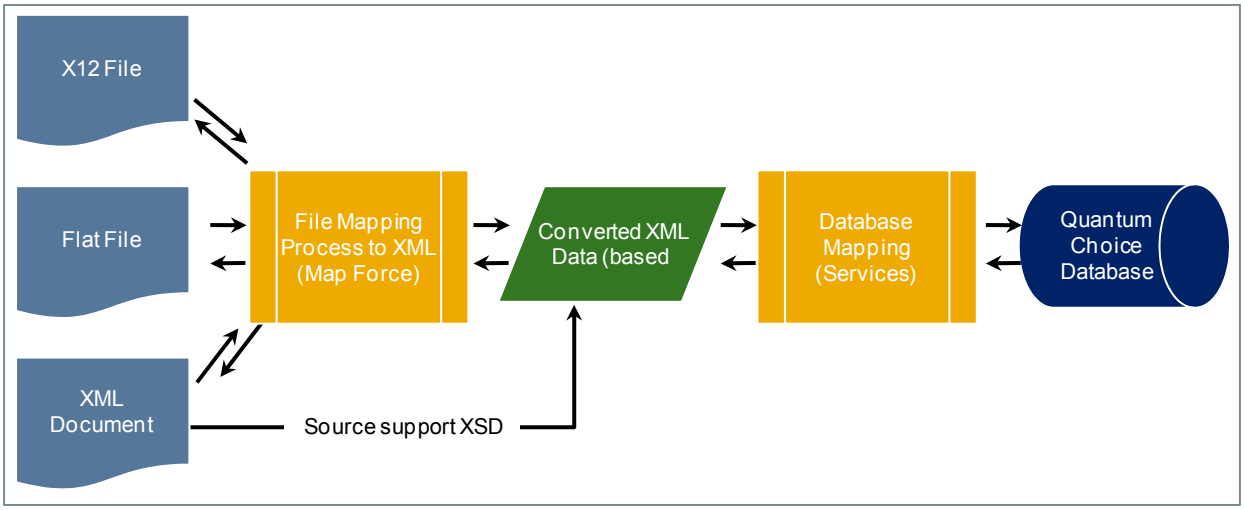


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*Figure 9 - 6. APHP's EDI gateway is pre-packaged to work out of the box with the claims engine, providing the Department with an efficient, low-risk EDI solution.*

QDS facilitates import and export of the most widely used HIPAA X12 formats. It supports data transfer of non-standard formats to and from the APHP claims engine through a network of user-specific data

translation and parsing maps. QDS makes calls to the core application's services for data review, insertion and validation. Plexis' Bridging Filter Technology supports modularity and integration with other APHP enterprise applications.

Configurable EDI rules allow business analysts to map, scrub, translate and validate data and set-specific business rules to accommodate state-specific requirements. By maintaining proprietary business rules, verifying the integrity of imported data and providing crosswalk functionality, QDS saves time and reduces administrative costs associated with paper claims processing and managing trading partner agreements. QDS features configurable benefit administration and claim processing rules. It supports flat file formats for executing one-time data conversion routines.

QDS provides flexible services and functionality to multiple data formats, destinations and configurations. It provides for detailed logging with transparent tracking to streamline issue resolution. QDS is an extendable gateway that is easily adaptable to new requirements for data exchange.

## Business Integration and Services Layer

The APHP Business Integration and Services layer has been architected around the eight business process areas published in the MITA 2.1 Business Process Model. This layer acts as an integration engine and broker between the user interface in the Access layer and the individual COTS applications. APHP uses a connector design to link COTS applications to business services. Adaptors in the Business Integration and Services layer essentially connect the business functionality from the COTS application to the appropriate business process areas.

These adaptors are well defined interfaces from the target applications to the business processes providing a true service orientation. The adaptors provide the mechanism to isolate the applications from the business processes and enterprise services. This means that changes in COTS applications, whether new releases, upgrades, patches or retirement, do not affect the business and enterprise services. The adaptors allow COTS applications to be changed while preserving the integrity of the Business Integration and Services layer.

The APHP product comes out of the box preconfigured with Title XIX mandatory and optional benefit structures, a full set of commonly used edits, audits and other business rules, robust performance and service level reporting and business process workflows to enable the professional services contractors to design a best practice operations. In addition, because many of the IME-specific requirements map to common requirements in the health care payer market, many of the state-specific requirements are met out of the box as well. The remaining business rules need only to be configured to meet IME's requirements.

A summary of the eight MITA process areas that provide the foundation for the Business Integration and Services layer are presented below. Each of the Medicaid Enterprise Certification Toolkit (MECT) checklists has been used to inform requirements definition for all of the MITA process areas.

**Provider Management**

The Provider Management business area is a collection of business processes that focus on enrolling providers, maintaining provider information, communicating with providers and providing general MMIS functionality and support. The effective use of business processes in the Provider Management area results in a better, more persistent provider network, which in turn, leads to better access to care and improved health care outcomes. Interactive service between providers and the MMIS is accomplished via the Provider portal. The portal makes information and functionality available online that was previously only available via other means, such as paper and live representative inquiry.

**Member Management**
The Member Management business area is a collection of business processes taken by or on behalf of IME members, such as eligibility and enrollment. These processes use common member-related assets, such as the member eligibility file, to make information available to members and to downstream processes, such as claims processing. The effective use of business processes in Member Management may improve health care outcomes and help the Department attain higher levels of member satisfaction. APHP makes extensive use of member information to fulfill MMIS requirements in other MITA process areas, such as Operation Management. The Member portal provides access to detailed information and self service functionality to members.

**Program Management**
The Program Management business area focuses on the planning, policy making, monitoring, and oversight activities of the Department for the IME. Specific functions performed within Program Management include code set maintenance, program accounting functions and performance monitoring. The Worker portal provides the Department and other authorized entities access to the information that supports these processes. Access to timely and relevant information improves the Department's ability to perform effectively and deliver expected outcomes.

**Operations Management**
The Operations Management business area contains the core claims processing functions for the IME. It includes processes that are used to receive, track and adjudicate claims, process service authorizations, coordinate with third parties where other payer liability is established, pay providers and managed care organizations, pay Medicare premiums and complete other claim, benefit plan and service transactions. Common business processes include validating claim requests for payment and determining payable amounts, responding to premium payment schedules and determining payable amounts, and identifying and pursuing recoveries. All of the Operations Management processes are supported via the Worker portal.

**Care Management**
The Care Management business area focuses on health care management processes. Care Management collects information about the needs of individual members, plans of treatment, targeted outcomes and individual health status. This business area also includes processes that support population management, a major thrust for Medicaid programs. APHP supports the users in this business area with functionality delivered via the Worker portal.

**Contractor Management**
The Contractor Management business area contains the processes required to initiate, manage and evaluate administrative and health services contracting. This includes a variety of health care service delivery and administrative services contracts (e.g., professional services contractors). APHP improves the Contractor Management process by providing the Department with real-time operational and service information, accessed via the Worker portal. This gives the Department the transparency and tools it needs to monitor contractors and their performance as part of the broader IME.

**Program Integrity Management**
The Program Integrity Management business area focuses on compliance activities, such as auditing, tracking medical necessity and quality of care and uncovering erroneous payments and fraud, waste and abuse. Program Integrity relies on data about providers and members. Data is exported from the APHP Enterprise Reporting and Analytics service to defined interfaces, such as the DW/DSS. Rules for extracting data are configurable to satisfy the Department's requirements.

**Business Relationship Management**
The Business Relationship Management business area focuses on collaboration between state Medicaid agencies and federal entities involved in Medicaid and public health administration. The processes include those used to define standards for electronic data interchange and interoperability between the

Department and other data trading partners. Standardization of communication protocols, security requirements and trading partner agreements help control the transfer of information among entities involved in the Business Relationship Management process area. The APHP framework configures and enforces standardization across the participating programs. APHP already provides for the enforcement of the HIPAA published formats as they relate to the transaction sets required for MMIS processing.

**MITA 3.0**
Based on the current MITA 3.0 proposal, new process areas will be added for Eligibility and Enrollment Management and Financial Management. Program Management will change to Health Plan Management and Program Integrity Management will change to Performance Management. APHP is architected to accommodate change of this nature without disruption or long development projects.

**Enterprise Services within the Business Integration and Services Layer**
Accenture architected APHP with a distributed business rules management model. Each of the component products in APHP has a native rules engine. Native capability allows each component to manage the rules associated with the functions and data processed in that component.

There are three main enterprise-wide rules categories for the MMIS: administration, activity and process. The Claims Engine, Enterprise Security and the Process and Workflow Rules Engine, respectively, are the three main rules engines in APHP that administer the enterprise-wide rules. The Enterprise Service Bus orchestrates the conversations among all components so that the business rules are carried out in the correct order per the Department approved configurations.

The APHP framework delivers the capability for users to view, change and audit business rules online through a purpose-built graphic user interface through the Worker portal. APHP provides consistent, IME-specific web pages to allow authorized users to tailor business rules using configuration settings. In the distributed business rule model, the APHP framework is essentially the Business Rules Management System, (BRMS). It is the framework that provides access to and information about business rules, giving MMIS users streamlined, simplified tools with which to manage business rules for the IME.

**Enterprise Security/Single Sign-On (SSO)**
APHP Security provides controlled user access to all functions and data. The common security framework provides robust protection and control of sensitive data to users, both internal and external to the IME.

APHP Security is administered by the Microsoft Active Directory Federation Services (Active Directory) product. Active Directory provides a central location for information security protocols, role-based rules for permission to access functions and synchronization of directory updates across the platform. Active Directory records all access attempts, successes and data inquiries and provides for the monitoring and notification of potentially unauthorized access.

The Identity Management module is provided by Microsoft Forefront Identity Manager. It validates that only authorized users have access to APHP and that strict access and authentication controls are managed in one place. This identity management module is based on an open security standard for interoperability between systems and platforms. The open standard provides compliance with federal, state and the Department security policies. The identity management module also provides the ability to synchronize identities and credentials across multiple internal products. The module shares identity profiles with other State Data Center resources to help regulate access to components across the IME.

The SSO module provides end user convenience while maintaining the levels of security and privacy necessary to safeguard protected and sensitive information. With this functionality, a user logs in once and gains access to other components without being prompted to log in again for each of them. The single sign-on feature provides the first layer of access control.

At the COTS product layer, an additional level of authentication is applied, providing access control down to the data field level. This feature is native to each of the COTS applications in the APHP framework. It is used to prevent data from being seen by users who have no need to know.

**Enterprise Process and Workflow Rules Engine**
The APHP Enterprise Process and Workflow Rules Engine is powered by an application provided by K2, a leader in business process management tools. The application is called K2 blackpearl. It is used to build process and workflows and automate and manage workflow.

The APHP Enterprise Process and Workflow Rules Engine perform two main enterprise functions. It establishes process flows that direct transactions to behave in pre-determined ways. It also assigns and tracks work load to queues throughout the entire process.

The native rules capability in APHP Enterprise Process and Workflow Rules Engine makes it easy for developers and business analysts to configure and reconfigure rules as necessary to respond to change. MMIS user involvement in process definition and improvement is facilitated by the application's design environment which encourages multiple users to collaborate. Business analysts, workers, SMEs, developers can make contributions to the creation of viable and efficient process and workflows. This is especially beneficial to the IME because there will be many contractor stakeholders that need to be represented in designing process and workflows, such as the IME professional services contractors and the PMO.

APHP Enterprise Process and Workflow Rules Engine provide tools that help decompose business logic and translate it into rules that are exposed to other applications and interfaces. It consolidates, organizes and displays the tasks to be completed by workers. Workers and their supervisors are notified of work in the queue via the APHP Worker portal. Timers are used to notify supervisors of impending deadlines for work activities with defined performance standards so that work can be prioritized and reassigned. Notifications to the professional services contractors and the Department are automated when work is not completed within a specified threshold.

The Enterprise Process and Workflow Rules Engine functionality is provided via the Worker portal to the Department and its authorized users. The Department has visibility into the queues so that there is complete transparency about the work load.

**Enterprise Reporting and Analytics**
Accenture's component for Enterprise Reporting and Analytics provides a full range of tools and services to help workers create, use, and manage reports. It has features that enable the extension and customization of the reporting functionality. The component has capability to produce reports at the program (IME), operations (MMIS), and service (contractor) level.

Authorized users access Enterprise Reporting and Analytics via the Worker portal. User profiles established and managed in the Security service determine the users that have access to the component, as well as the types of reports they are allowed to access.

The Enterprise Reporting and Analytics component is a server-based reporting application that provides comprehensive reporting functionality using the APHP Operational Data Store (ODS) and the APHP Dimensional Data Store (DDS). The Microsoft SQL Reporting Service tool is used to generate standard reports.

The ODS houses near real-time data and is used for time-sensitive operational excellence reporting. The DDS houses historical data that is used for standard reports and queries. The ODS accumulates data from a variety of sources and posts that data in a central repository for use in a virtually limitless number of scenarios. The ODS allows online query processing as well as ad-hoc reporting. It eliminates the interference that is normally caused by accessing a transaction processing source database for report

information. Operational data from the Process and Workflow Rules Engine, operating system logs and transaction processing logs are also recorded in the ODS. Interactive, tabular, graphical or free-form reports from relational, multidimensional or XML-based data can be generated.

The DDS also accumulates data from a variety of sources and stores it in a central repository for use in a number of ways, most typically for reporting completed activities, demographic information and other static accounts of Program, operational or service performance.

The Enterprise Reporting and Analytics component enables workers to create ad hoc reports based on predefined models and to interactively explore data within the model. Workers can select from a variety of viewing formats, export reports to other applications and subscribe to published reports. The reports and views that are created can be accessed over a web-based connection, to include viewing on smart phones or having reports emailed directly to allowable addresses on a 24-7 basis. In Figure 9 - 7, we depict the flow of data into and through the ODS and DDS and then made available to users.

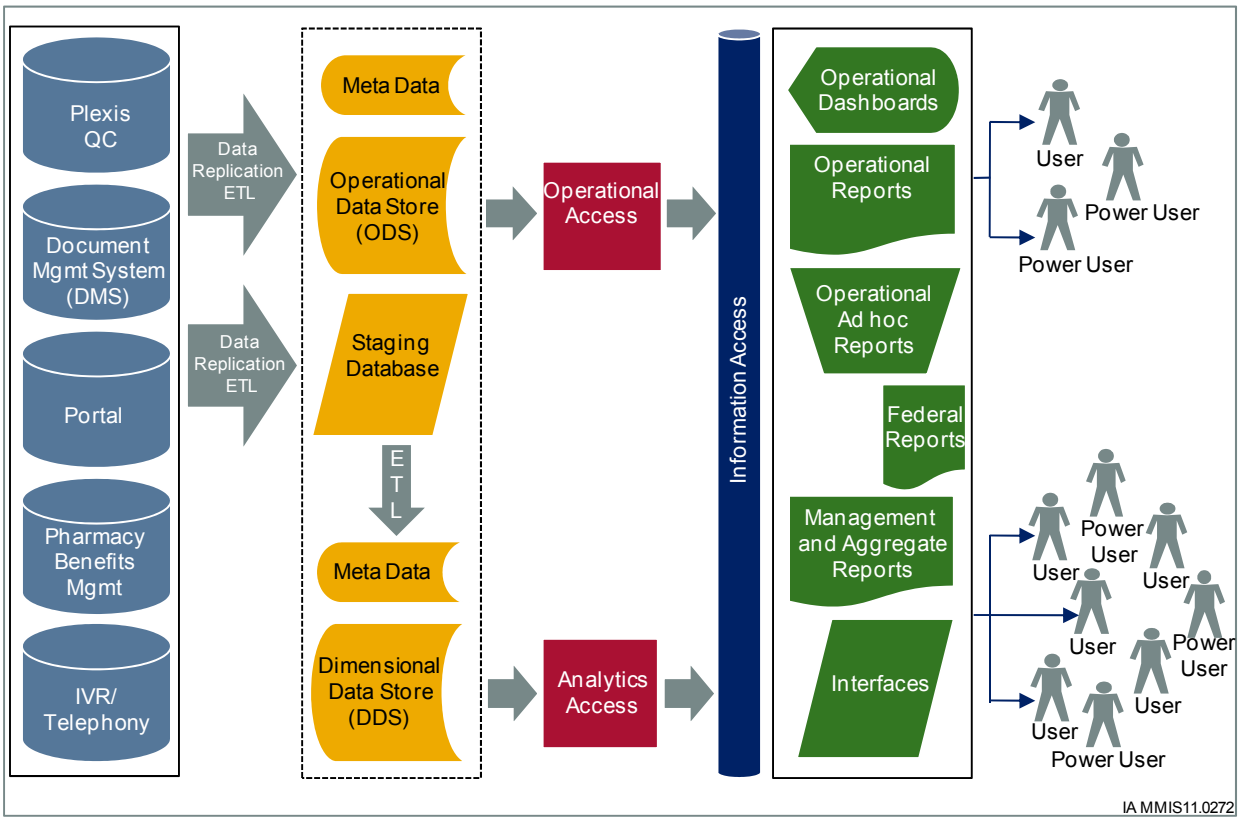


*Figure 9 - 7. Accenture's Enterprise Reporting and Analytics product features an Operation and Dimensional Data Store that provides comprehensive data for program, operations and service performance.*

Accenture's solution for Enterprise Reporting and Analytics includes a powerful dashboard that gives the Department and professional services contractors a real-time view into the MMIS across all operational and service areas. The views can be tailored to the user's preference. The cells within the dashboard can be interrogated further to drill down into the underlying statistical data that makes up the dashboard display. One of the benefits of the drill down technique is to assist in diagnosing abnormal indicators, such as large work queues. In Figure 9 - 8, we present a view of an operations dashboard that would be displayed to an authorized user via the Worker portal.

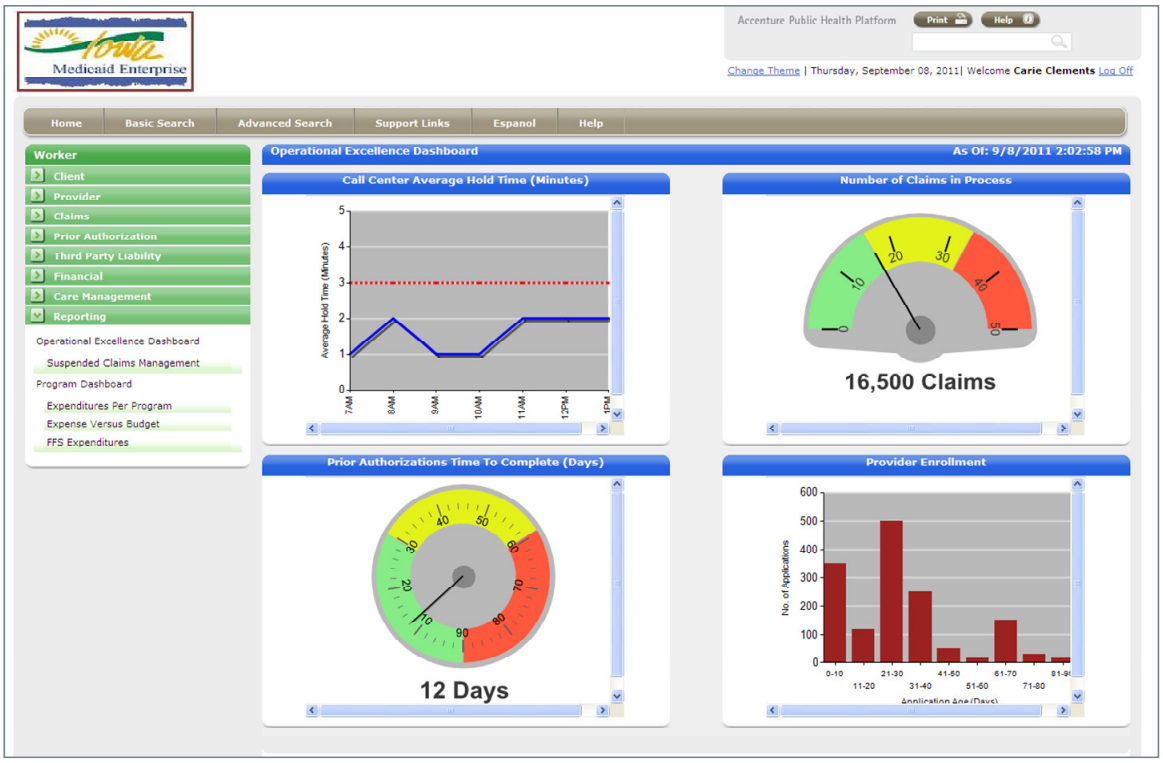


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*Figure 9 - 8. The Department and professional services contractors get a real-time view of MMIS performance, providing transparency and a tool to proactively address trouble spots.*

**Enterprise Service Bus**

The APHP Enterprise Service Bus (ESB) provides the connection between and among native rules engines to make sure the business rules are invoked in strict compliance with defined requirements. APHP uses Microsoft's BizTalk to provide a server solution for connectivity and integration among COTS products. BizTalk is a mature product on its seventh release. BizTalk includes tools to connect both proprietary and standards-based systems and integrates with the .NET Framework. It is a central part of Accenture's SOA strategy.

The ESB accepts inbound messages and performs operational processes, such as delivery and presentation. To determine the service required, the core processing components require a message to contain associated instructions or metadata that define the service to be invoked. Structured messaging contracts between systems and applications allow effective and rapid deployment of new interfaces with the ESB. This approach provides loose coupling between services, meaning the ESB does not require prior knowledge of the specific protocol for each service request. It simply needs to know the possible range of protocols and what processes to apply to each. The ESB provides endpoint runtime discovery and virtualization, along with dynamic routing. APHP's ESB component allows for protocols to be bound through configuration at deployment or runtime.

**COTS Adaptors**

Adaptors are the interface between the Business Integration and Services layer and the COTS Application layer. Adaptors run at the integration source, (the middle layer), to the targets in the COTS Application layer. Their role in a SOA-based framework is to control movement and invoke processes of the target applications to the integration layer.

In “SOA-like or SOA-light” systems, adaptors are more like application programming interfaces (APIs) that one application uses to communicate with another. This type of adaptor is commonly found in systems that have a SOA wrapper around a legacy core. The adaptors in this scenario, sometimes called thin adaptors, have limited functionality and require programming to implement. More importantly, with this type of adaptor, development projects are necessary whenever a COTS application change is made.

APHP uses adaptors that are sometimes called “thick” adaptors. They are differentiated from thin adaptors because they have software and functionality that takes the COTS application’s functionality and adapts it to the business need. In essence, the adaptor makes the application look like a business process to the middle layer.

APHP’s adaptors also insulate the Business and Integration Services layer from the complexities of the applications. This means that when a COTS application and adaptor is changed, the business and service framework stays in place, requiring no programming to change COTS applications. This feature of APHP helps the Department get several important attributes it wants for the new MMIS, including modularity, maximum use of industry standards, flexibility and responsiveness to change. Additionally, with an adaptor, the application does not have to be a COTS product; it could be from a cloud-based service or a third party provider. This gives the Department even more flexibility to evolve the IME based on need and best value, rather than on what the technology will and will not allow.

## COTS Application Layer

APHP components that provide business functionality reside in the COTS Application layer. APHP unifies the service structure and each component delivers specialized business features and functions. Each component is independently configurable within the SOA environment; therefore, as changes are made to one component, the others are not impacted. The products that comprise this layer are summarized below.

**Claims Processing Engine - Plexis Healthcare Systems Quantum Choice™**
Quantum Choice™ was built from the ground-up using SOA principles and business services to provide operational efficiency, integrity and flexibility. Quantum Choice™ combines user-configurable rules-based processing engines, a .NET platform and a distributed architecture to deliver powerful MMIS solution. It is aligned with MITA process areas, specifically Member, Provider, Operations and Care Management. The claims processing engine accepts, processes and adjudicates all standard claim types used by the Department for the IME. Should claim types change in the future, the Department receives the new functionality as part of a product release. The Quantum Choice™ ™ product aligns with the Microsoft Connected Health and Human Services (HHS) Framework for interoperability across multiple program agencies. It was selected by Microsoft as one of the initial Connected-HHS Strategic Alliance Partners in 2008. Quantum Choice™ provides the ability to support multiple benefit plans and agencies and comprehensive claims processing in a single application.

Quantum Choice™ stands up to the demanding environment in which the Medicaid program operates. A highly configurable application, it provides table-based rules for efficient claims adjudication and payment, member premium billing, provider and member service, prior authorization processing and care management functions.

Built on a .NET framework, Quantum Choice™ integrates well with other packages. It is both a provider and consumer of services through the APHP Business Integration and Service layer. Installed, configured, volume and performance tested within the Accenture Innovation Lab, Quantum Choice™ provides responsiveness to change at all levels at the product and program level. When rules or set-ups need to change, it is a simple matter of configuring the changes. When state or federal legislation cause downstream change to the MMIS, the changes to the claims processing engine are straightforward and can be implemented timely.

**Customer Relationship Management (CRM) - Microsoft Dynamics**

Microsoft Dynamics is the tool used to track EDI help desk tickets for inquiries to Accenture's IME MMIS Operation. Calls are automatically entered in the CRM tool, tracked from initiation to closure and updated with inquiry and resolution. APHP's CRM component also supports representatives with guided process descriptions, scripted dialogues and knowledge maps for complex inquiries. If the Department wants to make this tool available to the other Professional Services contractors, APHP can easily scale to accommodate additional users and user environments.

**Electronic Document Management System (EDMS) - Hyland OnBase (State-supplied)**

By adding the OnBase component in APHP's COTS Application layer, the workflows created by the Department and IME Professional Services contractors are preserved. Additionally, all imaged claims, prior authorizations and other documents are stored in OnBase. If the Department wishes to use APHP's Process and Workflow Rules Engine and the associated k2 blackpearl business application, APHP can accommodate both components. This might be an option to consider for new or reengineered business processes. Regardless of COTS component used for EDMS, the presentation of workflow queues and images to users is the same. The APHP framework insulates the user from the technology behind the business process.

**Interactive Voice Response System - Electronic Eligibility and Verification System (State-supplied)**

The Department's Electronic Eligibility and Verification System (ELVS) is added to the COTS Application layer to give providers a telephonic solution for validating date-specific information, such as eligibility and managed healthcare participation. ELVS is configured on a standards-base application and fits easily into the APHP framework to deliver all the functionality available today.

**Pharmacy Benefit Management (PBM) - IME Point of Sale (POS) Contractor**

Accenture is not submitting a proposal for the pharmacy POS scope of work, therefore, we show the integration of PBM data in the APHP framework as a placeholder. Based on the Department's requirements for the POS system, Accenture is confident of seamless integration of PBM in the APHP framework.

**Surveillance and Utilization Review (SUR) - Thomson Reuters**

If the Department selects Accenture's SUR option, the COTS component for SUR is the Thomson Reuters J-SURS application. If, however, another product is selected by the Department, Accenture is confident of seamless integration in the APHP framework.

**Future Expansion**

We show future expansion to illustrate the ease with which new products are added to the APHP framework. When the Department is ready to add functionality to the MMIS for using data from the state Health Information Exchange (HIE), Accenture is able to add it to the APHP framework without interruption to other MMIS business processes.

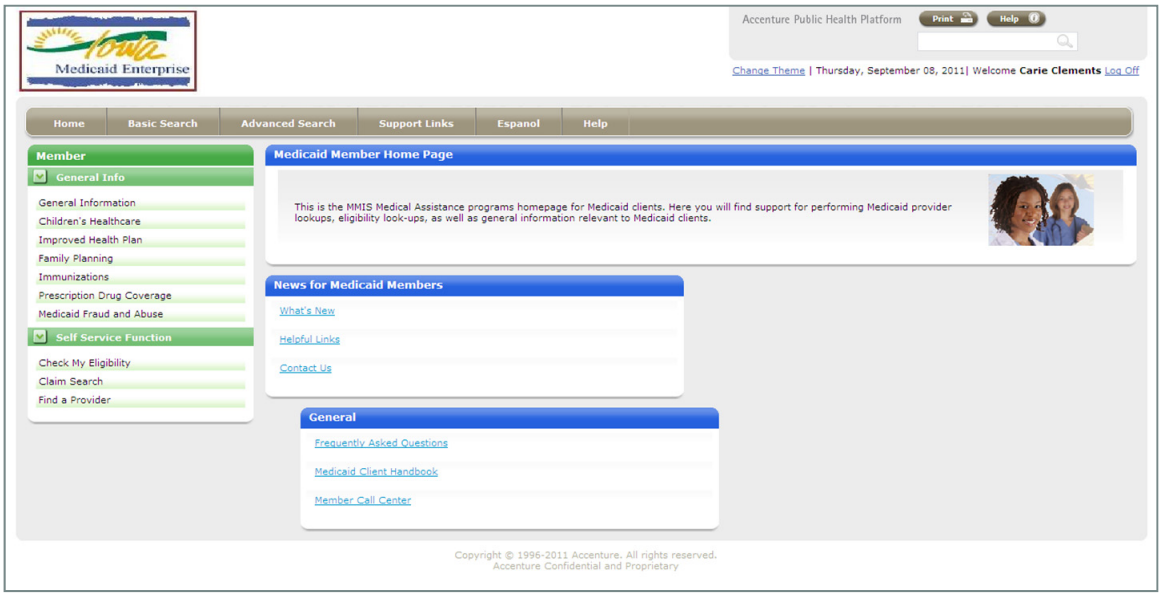
## 9.1.1 Member Management

### *9.1.1.1 Introduction to the APHP Member Management Function*

The member management module of the Accenture Public Health Platform (APHP) receives demographic and eligibility information for members eligible for Medicaid, maintains current and historical data and makes this information available to both internal and external areas of operations to support claims processing, reporting, surveillance, eligibility verifications and utilization reviews. The APHP Member Management module accepts member eligibility information from source systems through standard X12 interfaces, or as necessary to accommodate non-standard source systems, through custom interfaces. Interfaces are scheduled to run at designated times or are performed on-demand. Inconsistencies in the source files or specific transactions are reported and routed to the appropriate work queue based on the workflow defined in APHP. As errors are resolved, the data is transmitted back to the member file and reprocessed. APHP allows management of members by population group. This provides the Department a clearer view of the population set and more than just an eligibility category.

#### Features

- One of the hallmarks of the APHP solution is the capacity to easily and seamlessly capture and display available services for virtually limitless combinations of benefit plan and date segments. Each member has one record that contains all the date segments of coverage, using all associated benefit plans for each coverage period.
- Family level benefit plan administration can be accommodated and is easy to implement and maintain.
- APHP has the capability to publish or host other web functions from other systems to provide a “no wrong door” experience for the member.
- The APHP portal opens up communication channels with members and allows the Department and IME Contractors to add functionality aimed specifically at members, such as health education and awareness, personal health management and cost sharing calculators. The APHP portal provides a self-service portal for members that allow them to view coverage options, understand their benefit plan choices, and be involved in their healthcare choices.
- Additional programs could be administered by APHP, such as foster care, juvenile care and school services simply by creating benefit plans for each new program.




3 IA MMIS 11.0280f

*Figure 9 - 9. The APHP portal for members to view coverage options, understand their benefit plan choices, and be involved in their healthcare choices*

### 9.1.1.2 System Requirements and Responses

| Requirement Number: | BE1.01, BE1.01.02 |
|---|---|

*Support a member data set that contains all required data elements.*

*Maintain member demographic data, including, but not limited to the following: a. Mailing address. b. Residential address. c. County of residence. d. Multiple instances of county of legal settlement. e. Guardian name and address. f. Custodian name and address. g. Representative payee name and address. h. Zip plus four on all addresses. i. Date of birth. j. Date of death. k. Pregnancy date of delivery. l. Race(s). m. Gender. n. Marital status. o. Ethnicity or tribal designation. p. Emancipated youth indicator. q. Deprivation code. r. Primary language spoken. s. Primary language for correspondence. t. Benefit address. u. Custody status. v. Telephone numbers such as home, cell, work, guardian and individual ownership of phone) – must store multiple numbers. w. Fax number. x. Email address example, attach e-mail address to member. y. Text number or pager number. z. Head or member of household. aa. Foster care indicator. bb. Foster care for Early and Periodic Screening Diagnosis and Treatment (EPSDT) mailing indicator. cc. Immunization Registry data received and displayed in the Medicaid Management Information System (MMIS). dd. Social Security Number. ee. State ID from the eligibility system. ff. Multiple indicators of disability, chronic or other condition as identified by Iowa Medicaid Enterprise (IME). gg. Member name, legal and preferred. hh. Eligibility span. ii. Case Number. jj. Others as determined by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The Accenture Public Health Platform (APHP) functions as the source for all required member specific data elements and has the ability to capture data from many diverse sources. The Member Management functions within APHP receive and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for Medical Assistance in the State and supports analysis of the data contained within the member database.
- The APHP supports the collection and maintenance of all required member data to facilitate claims payment, and support other MMIS business functions including analysis and reporting. Member eligibility data includes member basic demographic data, historical eligibility segments, restriction data, specific program eligibility, Medicare

| Requirement Number: | BE1.01, BE1.01.02 |
|---|---|

coverage, and other TPL data. The APHP provides comprehensive relational data storage capabilities that include data elements required to support Member data. APHP databases are designed to handle large volumes of data and are optimized for fast querying. The APHP member databases support the collection and maintenance of the data fields listed in this requirement, from item a through jj.

- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files. The APHP Portal combines the capability of specialized commercial software to support Medicaid business processes as defined by MITA, all in an attractive, consistent, and accessible web based interface. The APHP Member Inquiry process allows access to member information via the web portal for both internal and external entities, voice response telephone inquiries, and eligibility verification transactions.

| Requirement Number | BE1.02, BE1.02.01 |
|---|---|

*Process all transactions that update the member data set on a timely basis as determined by IME, edit fields for reasonableness and control and account for transactions with errors.*

*Provide controls to assure that records received from the eligibility system were properly applied.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Member update processes within APHP provide an accurate, current, and historical source of member demographic and eligibility information. APHP contains multiple secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files.
- Medicaid eligibility updates are passed from the State's eligibility system in the form of daily transaction files and periodic on-request reconciliation files. Member, eligibility and enrollment data for other programs may also be received from other source systems (e.g., breast and cervical cancer program, special medical services), as defined by the State and according to State program policies. Incoming data is edited per defined business rules for accuracy and reasonableness and errors are reported on transaction error reports. Authorized users will have the ability to update member data through the APHP Worker Portal.
- APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This include records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors. APHP has integrated alerts that are configurable to inform appropriate State and contractor staff on the status of interface data processing, including notification of the completion of processing or processing interruptions due to errors.
- Authorized State and contractor staff can configure business rules through an easy-to-use interface that comprehensively supports all aspects of member management MMIS functions.

| Requirement Number: | BE1.02.02, BE1.02.03 |
|---|---|

*Provide a weekly listing, in electronic form, "Notices of Decision (NOD)" to recipients for non-payable Medicaid service claims, combined with the ambulance notice of decision listing, that contains the following information in alphabetical order by member last name: a. Member name and member number. b. Provider name and provider number. c. TCN and denial notice number. d. Date of service and date of NOD. e. Exception code. f. Written reason for denial. g. Same format as current ambulance NOD.*

*Provide the capability to generate claims based on NOD for denials of selected services such as therapy services, rehabilitation therapy service, claims for occupational therapy, physical therapy and speech therapy.*

| Requirement Number: | BE1.02.02, BE1.02.03 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP provides the ability to generate custom interfaces or correspondence based on state defined business rules.
- APHP will generate Notices of Decision (NOD) for non-payable Medicaid service claims in combination with ambulance notice of decision in a format that is defined by the State. All required data elements are available for reporting in APHP and include a. Member name and member number. b. Provider name and provider number. c. TCN and denial notice number. d. Date of service and date of NOD. e. Exception code. f. Written reason for denial
- APHP produces outbound ANSI X12 claim formats based on NOD for services defined by the State, including therapy services, rehabilitation therapy service, claims for occupational therapy, physical therapy and speech therapy.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities.

| Requirement Number: | BE1.03 |
|---|---|
| *Support management of member information, including archives, reports, transaction and transaction error tracking.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- Member Management functions within the APHP include those system and operational components that capture, store, and disseminate member information, including archives for use in MMIS processes including claims processing and reporting.
- Current and historical eligibility data is accessible to authorized users, providers and members through the applicable portal pages. APHP State and contractor users will have the ability to view and update Member data as necessary based upon state guidelines
- APHP will archive Member data based upon state guidelines
- Transactions as well as any errors encountered while processing files received from various vendors are captured and available for reporting purposed
- All current and archived member data is easily accessible through the data warehouse and will be included in state defined reporting.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of Member data as well as enabling advanced analytics.

| Requirement Number: | BE1.04 |
|---|---|
| *Generate notification when member information is received from external sources to update member records.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Accenture understands the complexities inherent with enrolling members in the Medicaid program. More

| Requirement Number: | BE1.04 |
|---|---|

importantly, we understand the risks and impacts of improper enrolment. With numerous eligibility categories, data sources, and financial allocations, careful control and updating of eligibility information is critical to ensure proper claims payment.

- APHP supports the receipt of Social Security Administration, State Data Exchange, state specific and other external eligibility interfaces through the receipt of standard X12 transactions as well as configurable custom file interfaces.
- Upon receipt and processing of the adds/updates records notification of receipt and process of the file as well as errors or those requiring user review and intervention will be routed via the workflow to the appropriate areas.
- These workflow tasks will be invoked to generate an automated business process such as a letter or report, or can create work items or queues that appear in the workers 'work list' on the worker portal to allow the authorized user to review and accommodate the member record updates per State guidelines.

| Requirement Number: | BE1.05 |
|---|---|

*Receive and process member eligibility information from external sources such as, IME"s Integrated Eligibility System or Social Security Administration (SSA"s) state data exchange(SDX), for a given period of time; produce total and detail information that supports error correction and synchronization. Apply reconciliation changes to master file. Produce a file of changed records to be sent to originating source.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The APHP Member Management component contains processes that obtain and maintain member demographics and eligibility information for individuals receiving benefits under any of the MMIS maintained healthcare programs. The largest and most complex of which comes from the State's Eligibility Division. Other sources may include State agencies responsible for determining medical necessity for Medicaid waiver or state administered programs. Additionally, child support, non-custodial data, and other healthcare coverage information may be received from the Child Protective Services Agency within the State.
- APHP supports the receipt of Social Security Administration, State Data Exchange, state specific and other external eligibility interfaces through the receipt of standard 834 X12 transactions as well as configurable custom file interfaces.
- Member records received in these files are synchronized and reconciled against current member data, upon completion workflow tasks are invoked to generate automated business processes such as report generation for full visibility into record totals and errors.
- The business process of eligibility determination establishes the type of eligibility, reviews required fields, corrects required fields where appropriate, verifies application information with external entities, assigns a Medicaid ID, establishes eligibility categories and hierarchy, and associates services in which the member may be eligible.
- Add/update records with errors or those requiring user review and intervention will be routed via the workflow to the appropriate work queues in the Worker portal to allow the authorized user to review and accommodate the member record updates per State guidelines.
- APHP provides feedback information to the originating source that includes reconciliation of records added and/or updated in APHP against the incoming source file. Details from the reconciliation process provide for proper totaling and support error correction and synchronization.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

| Requirement Number: | BE1.06 |
|---|---|

*Archive member data sets and update transactions according to IME provided parameters.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP is designed to accommodate large volumes of transactions and provides for the storage of the data necessary to support MMIS functionality. Measurement of system performance makes APHP accountable to MITA standards and provides information needed to plan for future changes. Over time, performance measures may dictate the need to transfer inactive, outdated records from current databases to archive databases. Member information files received are archived in their original format based upon guidelines defined by the State. Archived files may be accessed by approved users for control, balance and audit purposes as necessary.
- Upon receipt of member data from external trading partners, APHP compares this data to the member information currently on file. Updates are made to the APHP member records based upon State provided parameters. Certain authorized users will also have the ability to view and update member records through the Worker portal.
- The APHP provides comprehensive relational data storage capabilities that include data elements required to support the required member functionality. APHP databases are designed to handle large volumes of data and are optimized for fast querying.
- Data suitable for archiving will be identified as per the State provided parameters.
- This data will be transferred to an archive database using APHP data transfer utilities. Archive information is available to authorized APHP users and may be transferred back to the current APHP databases upon request.

| Requirement Number: | BE1.07, BE1.07.01, BE1.07.02, BE1.07.03, BE1.07.04, BE1.07.05 |
|---|---|

*Provide member data to support case identification, tracking and reporting for the EPSDT services covered under Medicaid.*

*Provide the capability to meet the business requirements of EPSDT.*

*Provide the capability to track screenings, referrals and treatments for EPSDT members.*

*Identify all members eligible for EPSDT services within the benefit plan administration rules engine.*

*Provide the capability for recording all case activity including, but not limited to: a. Logs of notices. b. Recommended dates of service from the periodicity table. c. Actual dates of services. d. IME and contractor contacts. e. Case notes.*

*Use the workflow management process to provide and log notices, track services provided and enter case notes for each eligible member in a program (such as EPSDT) and at a minimum, include processes listed below: a. Automatically generate notification letters or electronic communications, according to specifications set by IME. Identify the family head of household or foster care worker and generate screenings letters and or electronic communications to this individual, even if the child resides at a different address. b. Retrieve data from the MMIS claims and encounter data (if applicable) to compare to services recommended from the periodicity table. c. Provide for the inclusion of claims attachments. d. Automatically compare and report claims to the periodicity table, to determine if the member received the health checkup examination and related services at the recommended intervals.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The Accenture Public Health Platform (APHP) provides the powerful ability to design and implement benefit packages using an industry tested and endorsed COTS solution. Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit focuses on eligible low-income children and teens ages birth to 21. EPSDT emphasizes preventive care, especially screening services, to promote good health and identify and treat problems early and effectively.

| Requirement Number: | BE1.07, BE1.07.01, BE1.07.02, BE1.07.03, BE1.07.04, BE1.07.05 |
|---|---|

- EPSDT benefit package will be set up to identify EPSDT services
- Members will be identified and linked to the EPSDT benefit package
- Services will be adjudicated and tracked at the claim level for EPSDT participants.
- Member data, provided in conjunction with EPSDT utilization, is applied at the member record level to promote the capability to identify, track and report on the EPSDT applicable services covered under Medicaid.
- The APHP benefit configuration and Accumulator processes support configuration and enforcement of EPSDT periodicity schedules. The ability to define the benefit plans coupled with APHP workflow processes provide the ability to set up triggers for routing records requiring review and follow-up to the appropriate queues. Correspondence processes support configuration of triggers to generate notifications and reminder cards for members requiring follow-up or timeliness visits.
- APHP has native workflow capabilities for the automation of member and benefit plan processing and other MMIS related functions.
- The APHP claims adjudication rules will assign the EPSDT benefit plan to claims for members associated with the plan making the claims identifiable as such.
- APHP tracks, by member, the screening and related diagnosis and treatment services the member receives under the configured Early and Periodic Screening Diagnosis, and Treatment, (EPSDT) benefit plan.
- The APHP supports tracking of services and related diagnosis codes covered under the EPSDT program with the definition of an EPSDT specific benefit plan.
- The APHP centralized reporting data store will provide access for reporting of EPSDT specific services based on claims obtained from the claims processing database.
- APHP provides the ability to track all services rendered to EPSDT clients as well as produce and maintain audit trail information for notices. Users have the ability to enter case notes for eligible members.
- APHP correspondence in conjunction with workflow allows for the automatic generation of letters and electronic communications based upon multiple addresses and other state defined rules.
- APHP allows for the submission of claims attachments through the online web portal as well as standard X12 transactions.

| Requirement Number: | BE1.08 |
|---|---|

*Provide an indicator to suppress generation of documents containing member identification for confidential services or other reasons.*

This requirement will be met through a system modification.

**Type of Modification (change rules engine or modification and addition to system code): System Modification and Addition**

**Description of Product**

- There are instances when specific member information should be highly and immediately visible to anyone viewing that member's record, such as the presence of lock-in restrictions, or when member information is highly confidential and should be treated with the utmost sensitivity. For example, a business rule may be configured that provides for all or specific types of letters or other correspondence to be suppressed based on member confidentiality issues.
- Typical member confidentiality scenarios might include:
  - Good Cause – do not reveal data to outside entities
  - Member health condition confidentiality issues – do not reveal data to outside entities
  - Lock-In – member services are restricted to identified providers.
- Member records meeting this criteria may be flagged by authorized users through the Worker portal, therefore suppressing the generation of specific documents
- The APHP solution provides the flexibility to support configuration of State specific business rules to implement and enforce State policy.
- At the enterprise level, our solution automates business processes using our workflow applications and rules engines. Workflow definition can identify steps in a business process that act as triggers for automatic letter generation, or that provides for the suppression of letters based on specific circumstances.

| Requirement Number: | BE1.08 |
|---|---|

- APHP provides the ability to mask confidential information through role-based user interface definitions.

| Requirement Number: | BE1.09, BE1.09.01, BE1.09.02, BE1.09.03 |
|---|---|

*Maintain indicators such as clinical or utilization and special needs status for such programs as lock-in, disease management, outcomes and high-dollar case management files.*

*Provide the capability to maintain date-specific data necessary to support long term care claims processing, such as level of care (LOC), patient financial responsibility, admit and discharge dates, home-leave days and hospital-leave days.*

*Support the processing of nursing facility, Intermediate Care Facility for the Mentally Retarded (ICF/MR), Home and Community Based Waiver and other long-term care (LTC) claims through the maintenance of member specific LTC data.*

*Support the processing of nursing facility, ICF/MR, Home and Community Based Waiver and other long term care claims through the maintenance of provider specific certification and rate data.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP member management functionality will support the use of indicators that identify status for such programs requiring a more comprehensive case management approach such as lock-in to a specific or set of specific providers to facilitate disease management cases, outcomes-based cases and the management of high dollar cases for IME members.
- These indicators will be date driven and will be set upon eligibility and benefit assignment based on member information received from the interface from the state eligibility files. Indicators will also be set manually, and/or through a business rule invoked via the automated workflow, via the APHP worker portal, by authorized individuals whom have the responsibility for member management in the areas of DM, LTC, HCBW and ICF/MR.
- Data to support the comprehensive claims processing needs specific to LTC will be captured at the member record level or in conjunction to the member's episode of care for LTC admission. Data captured will include the admission and discharge dates (upon discharge, the LTC episode will be closed), level of care (LOC) information, the patient's financial responsibility to be applied as claims are received, and stay days or "bed" days as they apply to Medicare and Medicaid coverage rules.
- Program specific benefit plans, such as LTC, HCBW and ICF/MR will be assigned to designated members who are eligible to receive these services. Through the use of Level of Care and Specialty Care code assignments at both the member and provider record levels respectively, the appropriate benefits will be applied and payment for those benefits calculated accurately using the prescribed provider rate fee schedule(s) which correlate with the appropriate level of care for which each member is being treated.
- Access to historical claims information, current benefit plan assignment and episode of care management for each member identified for comprehensive Disease Management (DM) will be available to authorized individuals via the APHP web portal. DM caseworkers will have access to utilization limitations, designated clinical diagnosis, episode of care administration that links all case histories for each member, case tracking notes that represent a record of all communication between the member, associated providers and the various IME contractors, plus historical member eligibility span history.

| Requirement Number: | BE1.10 |
|---|---|

*Maintain record and audit trail of a member's requests for copies of personal records (including time and date, source, type and status of request).*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Upon request of information by the member, either through the web portal or via other contact methods, the APHP creates an audit trail that details the actions taken to fulfill the request.
- Audit records are maintained that include time/date, source, type and status of the request.
- Authorized users have the ability to link to the complete audit record for the member's data, which provides comprehensive information about when and who changed data on the member's record, when members requested specific actions such as copies of records or the generation of a new ID card, and when providers submitted prior authorizations requests or eligibility verification requests for the member.
- APHP meets both NIST and HIPAA security requirements. We use extensive surveillance and recording of user actions and security events using ArcSight Enterprise Security Manager, ArcSight logger, Microsoft Active Directory and Microsoft Active Directory Federated Services.

| Requirement Number: | BE1.11, BE1.11.01, BE1.11.02 |
|---|---|

*Maintain record and audit trail of errors during update processes, accounting for originating source and user.*

*Provide the capability to produce daily audit trail reports and allow inquiries showing all member data updates applied to the member management module.*

*Provide the capability to maintain an audit trail to document date, time and user who accessed a member record through the real-time interface.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP sends, receives and validates member eligibility information from multiple data sources. APHP also allows authorized users to update member data directly through the Worker Portal. Since there are many sources of member data, the application of audit trails to member records down to specific data fields is critical to resolving any data discrepancies with the source systems.
- For all updates APHP builds the audit trail to reflect the date/time the updates were made, through what originating source and user the updates were received, which updates were applied, and reports errors during update processes. Errors are routed through the APHP workflow to the correct person or work unit for follow-up and resolution.
- APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This include records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors. All summary and error reports are generated after completion of file processing and are accessible to authorized users.
- The APHP creates a comprehensive audit trail to record the information about the authorized user who entered, modified or viewed member data, including the date and time of the action. APHP provides the capability to produce daily audit trail reports and APHP audit information is available via the web portal for those APHP users with authorized security rights.

| Requirement Number: | BE1.12, BE1.12.01 |
|---|---|

*Allow authorized users to update member records online.*

*Provide the capability for authorized users to have online inquiry into the member module with access, at minimum, by case number, member state identification number (SID), social security number (SSN) and member name or partial name.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP captures and maintains member information from multiple source files, including demographic information, addresses, head of household and family relationship, categories of eligibility, and benefit plan assignment.
- APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Authorized users with proper security level designation have the ability access and update member records using the APHP Worker Portal.
- The APHP Worker Portal allows secure web access to view and update Member data by authorized users. Users have the ability to search for member data by case number, member state identification number (SID), social security number and member name/partial name.
- Predefined business rules are applied to both interface files and on line updates in order to maintain the integrity of the data.

| Requirement Number: | BE1.13 |
|---|---|

*Support and track the identification of duplicate recipient records based on state-defined criteria.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The APHP solution provides the State with maximum flexibility in defining and maintaining healthcare program benefit packages. These benefit plans are then be assigned to the member based on State policy. Some healthcare programs impose spending and service limits on members, and the coordination of services and care given members may be monitored to provide the best service levels. For these reasons, diligence must be taken to provide for a single record of healthcare enrollment for a member.
- When a new member record is added, checks are done using State defined criteria to determine if the member record already exists.
- Edits are defined based on the State's policy, to identify and prevent 'exact' matches, and add with notification 'suspect' duplicates. Criteria used to determine exact and suspected duplicate is configurable, and typically includes checks against SSN, first and last name, HIC number, and date of birth.
- APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Criteria used to determine exact and suspected duplicate is configurable using the rules engine capabilities within APHP
- The APHP workflow is configured through the features of our integrated workflow to either take action on the duplicate record or route the record to a user for manual review and intervention.
- APHP uses automated process schedulers to complete reconciliation processes on a State defined schedule
- to keep eligibility current and accurate, check for duplicate records, and support processes to merge member records based on state defined criteria.
- Our workflow solution provides the ability to route and track suspect duplicate records from identification through resolution.

| Requirement Number: | BE1.SS.01 |
|---|---|
| *Provide the capability to generate file of new and changed eligible members to the contractor responsible for generating eligibility cards as directed by IME including production on demand.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files.
- APHP will generate eligibility files of new and changed member records in either standard X12 format or custom layout to be transferred to the contractor responsible for generating eligibility cards.
- This file is produced on a regular schedule defined by IME and also on demand as the business need arises.

| Requirement Number: | BE1.SS.02 |
|---|---|
| *Provide the capability to generate an alert when a member gives birth or when a pregnancy is terminated.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP includes capabilities to generate alerts that are event driven and can provide response to time sensitive activities.
- APHP's rules-based workflow function will provide automated alert generation based on the solution configuration, including requirements for generation of alerts when a claims are received indicating a member has given birth or terminated a pregnancy.
- Letters, mailings, notifications, and alerts are automatically generated by our workflow solution based on the rules configured in the system.

| Requirement Number: | BE1.SS.03 |
|---|---|
| *Eligibility segments must be date driven and provide accurate eligibility information at any point in history.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Accenture Public Health Platform (APHP) functions as the source for all required member specific data elements and has the ability to capture data from many diverse sources. The Member Management functions within APHP receive and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for Medical Assistance in the State and supports analysis of the data contained within the member database.
- APHP maintains distinct effective and terminate dates for each eligibility record and benefit plan assignment so that accurate information can be accessed at any point in time by user inquiry, claims processing or reporting.

| Requirement Number: | BE1.SS.04 |
|---|---|
| *Provide an online change-correction process, which allows the database record to be modified according to users" security access levels.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture has developed a Worker Portal in APHP that allows secure web access to view and update Member data by authorized users. APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes.
- Authorized users with proper security level designation have the ability access and update member records using the APHP Worker Portal.
- Predefined business rules are applied to both interface files and on line updates in order to maintain the integrity of the data.

| Requirement Number: | BE1.SS.05 |
|---|---|
| *Provide links between all modules, such that the user can easily navigate with one "click" according to users" security access levels.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Designed by the Accenture User Experience team and leveraging best practices from the Accenture Delivery Method's (ADM) for Web Portal design, the APHP web portal employs leading practices for usability and navigation drawn from our experience at Accenture's Healthcare Center of Excellence (HCoE). Our HCoE has developed five portals for major healthcare clients, winning design awards for our WellPoint portal implementation.
- The APHP Web Portal is designed to allow users to easily access and navigate between all modules of the MMIS.
- APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Users have the ability to view and navigate to areas that are designated within their security profile.

| Requirement Number: | BE1.SS.06 |
|---|---|
| *Provide the capability to produce reports and notices, as required by a wholesale income change.* | |

- As indicated in Amendment 2, this requirement has been removed in its entirety.

| Requirement Number: | BE1.SS.07 |
|---|---|
| *Provide the capability to maintain current and historical information, with inquiry and update capability, for authorized IME users, on Medicare Part A, B, C, D coverage, including but not limited to: a. Effective dates. b. Termination dates. c. Medicare identification number. d. Medicare advantage plan information. e. Part D coverage. f. Other health plan information. g. Medicare buy-in information. h. Part C coverage. i. Other information as defined by IME.* | |

| Requirement Number: | BE1.SS.07 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The identification and enrollment of Medicaid members into the Medicare programs (Part A, B, C, and D) is required to enable proper cost avoidance for the Medicaid program.
- We identify potential dual eligible members and interface with CMS using the Medicare Modernization Act (MMA) interface process.
- The resulting response information from CMS is used to capture the member's Medicare coverage information, including Part A, B, C and D start dates, end dates, Medicare identification number, advantage plan information and buy in information.
- All data received on the MMA file is captured on the member's eligibility record and is available for viewing, updating, and reporting by authorized APHP users.

| Requirement Number: | BE1.SS.08 |
|---|---|

*Provide a monthly extract of members that are dually eligible for Medicare and Medicaid, to the Medicare Part A, Part B and Part D carriers, or coordination of benefits carrier and CMS.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP includes a highly configurable EDI tool which interfaces with source systems using the HIPAA compliant X12 format. APHP will generate monthly extracts of dual eligible member data and send information to various entities including, Part A, Part B and Part C carriers, COBC and CMS.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

| Requirement Number: | BE1.SS.09 |
|---|---|

*Provide the capability to periodically archive member records using criteria approved by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP is designed to accommodate large volumes of transactions and provides for the storage of the data necessary to support MMIS functionality. Measurement of system performance makes APHP accountable to MITA standards and provides information needed to plan for future changes. Over time, performance measures may dictate the need to transfer inactive, outdated records from current databases to archive databases. Member information files received are archived in their original format based upon guidelines defined by the Department. Archived files may be accessed by approved users for control, balance and audit purposes as necessary.
- Data suitable for archiving will be identified as per the Department provided parameters.
- This data will be transferred to an archive database using APHP data transfer utilities. Archive information is available to authorized APHP users and may be transferred back to the current APHP databases upon request.
- All current and archived member data is easily accessible through the data warehouse and will be included in state defined reporting.

| Requirement Number: | BE1.SS.10 |
|---|---|
| *Provide the capability to void and retain member information as determined by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP provides the ability to void and retain member information based upon business rules defined by IME. Indicators are set on the member eligibility record, either through designation on an interface file or on-line entry by authorized users that have the ability to suppress the use of identified members in provider inquiry, claims processing and reporting. All eligibility information for voided members remains visible through the web portal to authorized users

| Requirement Number: | BE1.SS.11 |
|---|---|
| *Provide the capability to perform reconciliation of the member module with 100% accuracy, approved by IME to all eligibility files in the eligibility system on a schedule to be determined by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Member update processes within APHP provide an accurate, current, and historical source of member demographic and eligibility information.
- Medicaid eligibility updates are passed from the State's eligibility system in the form of daily transaction files and periodic reconciliation files. Member, eligibility and enrollment data for other programs may also be received from other source systems (e.g., breast and cervical cancer program, special medical services), as defined by the State and according to State program policies.
- Regular APHP reconciliation processes ensure eligibility is current and accurate, checks for duplicate records, and supports process to merge member records based on state defined criteria.
- Files are synchronized and reconciled against current member data, upon completion, workflow tasks will be invoked to generate automated business processes such as report generation for full visibility into record totals and errors.

| Requirement Number: | BE1.SS.12 |
|---|---|
| *Provide the capability to generate Medicare eligibility files for the Medicare claims processor to use in processing crossover claims.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP includes a highly configurable EDI tool which interfaces with source systems using the HIPAA compliant X12 format. APHP will generate Medicare eligibility files and send information to the Medicare claims processor.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

| Requirement Number: | BE1.SS.13 |
|---|---|
| *Provide address type and effective dates for each address maintained in the member management module. Provide the capability to select the type of address when mailings are prepared for members, example Third-Party Liability (TPL), Explanation of Medical Benefits (EOMBs), EPSDT letters and prior authorization determinations.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Accenture Public Health Platform (APHP) functions as the source for all required member specific data elements. Comprehensive member information is carried to include the member's date of birth, email address and other information to facilitate communication with the member. Member records within APHP provide for the entry of multiple address records with corresponding begin/end dates. Each address is identified with an address type to designate the definition of each address such as mailing, residential, etc, and provide for the use of specific address types when generating letters and other correspondence to the member.
- APHP allow users to select specific address types when manually generating letters and other correspondence, and is configurable to define business rules that select specific addresses when automatically generating correspondence based on system triggers, such as Third-Party Liability (TPL), Explanation of Medical Benefits (EOMBs), EPSDT letters and prior authorization determinations, based upon State guidelines.

| Requirement Number: | BE1.SS.14 |
|---|---|
| *Provide a robust search capability in the member database using minimal steps and keystrokes to search for all available member data elements.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP web portal allows authorized users to search for member data with various data elements, including but not limited to: Medicaid identification number, social security number, characters within the first and last name and date of birth.
- The web portal is designed to allow access to member data from a single point of entry with minimal keystrokes.
- The APHP web portal employs leading practices for usability and navigation drawn from our experience at Accenture's Healthcare Center of Excellence (HCoE). Our HCoE has developed multiple portals for major healthcare clients, including state Medicaid and commercial payors, winning design awards for our WellPoint portal implementation.

| Requirement Number: | BE1.SS.15 |
|---|---|
| *Provide the capability to view a single eligibility episode that is comprised of multiple eligibility segments for example see "the beginning and end date" for all contiguous eligibility segments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP web portal logically organizes member data for quick access and ease of use.
- Information related to eligibility segments and benefit plan assignments are visible in one location and provide the user, be it a provider, member or worker, the ability to view a single eligibility episode for a specified period of time whether it contains a single or multiple records.
- The APHP web portal employs leading practices for usability and navigation drawn from our experience at Accenture's Healthcare Center of Excellence (HCoE). Our HCoE has developed multiple portals for major healthcare clients, including State Medicaid and commercial payers, winning design awards for our WellPoint portal implementation.

| Requirement Number: | BE1.SS.16 |
|---|---|
| *Provide the capability to accept and send data using various media options such as, online, Internet Direct Data Entry (DDE), Electronic Data Interchange (EDI) and reports to other state agencies and other external sources, in the format required by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound. This allows the APHP to accept and send data using various media options such as, online, Internet Direct Data Entry (DDE), Electronic Data Interchange (EDI) and reports to other state agencies and other external sources, in the format required by IME.

| Requirement Number: | BE1.SS.17 |
|---|---|
| *Provide the capability to provide authorized staff with real-time access to all modules of the MMIS, for inquiries during normal business hours.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP Worker Portal is a Self Service web based portal available 24x7 and designed to allow users to easily access and navigate between all modules of the MMIS through a single point of entry. APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Users have the ability to view and navigate to areas that are designated within their security profile.

| Requirement Number: | BE1.SS.18 |
|---|---|
| *Provide the capability to identify the name(s) of the provider(s) to which the member is locked-in.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Through the APHP web portal authorized users have the ability to view member eligibility data including lock-in information. This information includes both provider identifier and name of the provider(s) to which the member is locked-in. Authorized users inquiring to confirm eligibility status of members will be provided with the lock-in status contained in the APHP database.

| Requirement Number: | BE2.01, BE2.01.01, BE2.01.02, BE2.01.03, BE2.01.04, BE2.01.05 |
|---|---|

*Provide data storage and retrieval for TPL information; support TPL processing and update of the information.*

*Support the assignment of members to benefit plans based on rules in the rules engine and provide the capability to set the effective date of enrollment in a Benefit Plan on the date of enrollment, a default date or any state defined date.*

*Provide the capability to determine if a member is enrolled in multiple benefit plans for example HCBS, Medically Needy, PG (Pregnancy), ICF-MR, QMB and SLMB. Provide the capability to distinguish which benefit plan will fund the service based on the hierarchy as established by IME.*

*Support a universal identifier for members across all benefit plans and cross-reference that identifier with all prior established benefit plan identifiers.*

*Maintain the benefit package associated with each benefit plan, including the rules that apply to provider enrollment, claims processing, reporting and any other processing rules.*

*Provide the capability to maintain insurance coverage data in the member management module including, but not limited to: a. Carrier. b. Policy number. c. Group number. d. Pharmacy Benefit Manager (PBM) ID and member identification number. e. Sponsor, subscriber or policy holder name and identification number(s). f. Type(s) of coverage. g. Dates of coverage. h. Date the coverage was added to the database. i. Date the coverage was updated. j. Court order including date ranges and responsible payer. k. Part D enrollment indicator -The record should indicate the member is enrolled in Medicare Part D and identify the plan the member is enrolled. l. Allow for multiple insurance policies.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP provides the State with the unique ability to define multiple benefit plans for a member, to control inclusion or exclusion into the benefit plan for each member, and to define the subsequent hierarchy of benefit coverage during claims adjudication, based on configurable business rules.
- APHP receives, processes, and stores eligibility data, including TPL information, from multiple source systems.
- Member demographic and eligibility data is then used to enroll the member into specific benefit plans, based on configurable business rules driven by State policies.
- The assignment process has the ability to use the following information to assign one or more benefit plans to an individual:
  - Eligibility ‘category of eligibility’
  - Living arrangement
  - Citizenship
  - Level of care
  - Other insurance coverage
  - Other program inclusion / exclusion
- All members are assigned a unique personal identifier which ties to all current and previous benefit plan assignments.
- Enrollment in each benefit plan is date stamped based upon state defined rules, including but not limited to date of enrollment or a default date. Individual benefit plan effective date is maintained separately from the member’s eligibility date span information.
- The APHP benefit administration module is designed to accommodate a wide variety of benefit package configurations, and provides for the definition of services included in the benefit plan, services that are restricted or limited as well as provider enrollment and claims processing rules.
- Authorized State and contractor staff can configure benefit plan assignment rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration and member management.
- Because APHP is a robust COTS solution, rules changes or program additions become functional configuration changes instead of customizations at the code level. This enables trained, non-technical personnel to make rules changes without programmer intervention.

| Requirement Number: | BE2.01, BE2.01.01, BE2.01.02, BE2.01.03, BE2.01.04, BE2.01.05 |
|---|---|

- APHP allows for the retention of multiple insurance records and includes the ability to maintain at a minimum the following data elements: a. Carrier. b. Policy number. c. Group number. d. Pharmacy Benefit Manager (PBM) ID and member identification number. e. Sponsor, subscriber or policy holder name and identification number(s). f. Type(s) of coverage. g. Dates of coverage. h. Date the coverage was added to the database. i. Date the coverage was updated. j. Court order including date ranges and responsible payer. k. Part D enrollment indicator.

| Requirement Number: | BE2.02, BE2.02.01, BE2.02.02, BE2.02.03, BE2.02.04 |
|---|---|

*Supports the assignment of members to Medicaid benefits and benefit packages based on federal and or IME-specific eligibility criteria.*

*Provide the capability to maintain a historical record of benefit assignment(s) for a member, including identifying dual-eligibility spans.*

*Provide the capability to create new benefit plans by configuring through the rules engine using a defined process for testing and promoting changes.*

*Provide the capability to create new benefit plans by a business analyst without involvement of programmers.*

*Provide the capability to maintain a historical record of benefit assignment(s) for a member, including identifying dual-eligibility spans.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP applies criteria driven rules that are established by Federal and/or State guidelines to assign Medicaid benefits/benefit packages appropriately to members. Once the member data has been updated with eligibility data from the Eligibility source systems, APHP uses that data to determine the benefit plans that the member is assigned to.
- The assignment process may use a variety of data elements to enroll a member, including the 'category of eligibility' derived from the source system, as well as other data such as living arrangement, citizenship, level of care, other insurance coverage, and other program inclusion / exclusion rules to determine which benefit plan to assign to an individual.
- These rules are driven by State policies and are configurable. Based on the business rules applied, the member may be assigned to one or many benefit plans.
- Information about the benefit plan assignment for a member is maintained separately from eligibility data, is date span specific and provides a historical record of all benefit plan assignments for a given member, including dual-eligibility spans.
- Benefit plan enrollment is used by the MMIS claims adjudication process to determine how to adjudicate submitted claims.
- APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Authorized State and contractor staff can configure benefit plan assignment rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration and member management. Changes to benefit plans by business users are promoted to a test environment for verification and then promoted to Production.
- The APHP portal configuration console makes tailoring to specific State requirements a simple process, and does not require the use of system or application programmer support.

| Requirement Number: | BE2.02, BE2.02.01, BE2.02.02, BE2.02.03, BE2.02.04 |
|---|---|

- Because APHP is a robust COTS solution, rules changes or program additions become functional configuration changes instead of customizations at the code level. This enables trained, non-technical personnel to make rules changes without programmer intervention.

| Requirement Number: | BE2.03 |
|---|---|

*Apply appropriate benefit limitations for members based on federal and or IME-specific criteria.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP allows multiple benefit packages and delivery models to concurrently exist. The APHP benefit administration module is designed to accommodate a wide variety of benefit package configurations, and provides for the definition of services included in the benefit plan as well as those services that are restricted or limited.
- Benefit limitations are defined in the benefit plan package and/or at the benefit framework or contract levels within APHP.
- APHP captures and stores benefit plan and contract assignment for each member and assigns effective and end dates to each to establish the history of the plan assignment.
- Appropriate limitations are configured based on Federal and/or State specific criteria. The APHP Claims Adjudication processes apply benefit limitations as each claim line is processed.
- The APHP portal configuration console makes tailoring to specific State requirements a simple process, and does not require the use of system or application programmer support

| Requirement Number: | BE2.04 |
|---|---|

*Maintain record of member benefit limitation information.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP allows multiple benefit packages and delivery models to concurrently exist. The APHP benefit administration module is designed to accommodate a wide variety of benefit package configurations, and provides for the definition of services included in the benefit plan as well as those services that are restricted or limited.
- Through easily configured benefit plans, APHP stores coverage information and benefit limitations based on State defined rules
- Each member receives a benefit plan assignment along with effective and end dates to each to establish the history of the plan assignment.
- APHP captures claim data and records data compared to benefit limitations in the members assigned benefit plan.
- Members benefit limitation information along with remaining services allowed is easily viewable to Providers, Members as well as State and contractor staff through the APHP web portal.

| Requirement Number: | BE2.04 |
|---|---|
| • The APHP claims processing engine ties member claims information to the specific benefit plan assigned. | |

| Requirement Number: | BE2.05 |
|---|---|
| *Calculate and apply member cost-sharing, including premiums and co-pays, for particular benefits based on federal and or IME-specific criteria.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP benefit administration module is designed to accommodate a wide variety of benefit package configurations, and provides for the definition of services included in the benefit plan as well as those services that are restricted or limited.
- Member cost-sharing (including premiums and co-pays) are defined in the benefit plan package and/or at the benefit framework or contract levels within APHP.
- Driven by criteria established at the Federal levels and/or from State policy rules, APHP calculates and applies member cost-sharing methods such as premiums and co-pays for benefits defined in the member's associated benefit plan.
- The APHP portal configuration console makes tailoring to specific State requirements a simple process, and does not require the use of system or application programmer support
- APHP uses flexible, table-driven rules and services that are configured through easy to use screens.

| Requirement Number: | BE2.06 |
|---|---|
| *Maintain record of member cost-sharing and provide the capability to retain "to date" accumulations for cost sharing if a client moves between benefit plans.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP allows for the ability to define different co-insurance, co-pay and/or deductible type amounts per benefit plan for each member. Thus, as a member may be assigned to different benefit plans, the member may have different financial responsibility based on the actual services received.
- Driven by criteria established at the Federal levels and/or from State policy rules, APHP calculates and applies member cost-sharing methods such as premiums and co-pays for benefits defined in the recipient's associated benefit plan. APHP supports the ability to "seed" a member's personal liability utilization as well, thus allowing for calculation of total member resources applied and total member resources available (this would mainly apply to LTC patient liabilities, etc).

| Requirement Number: | BE2.07 |
|---|---|

*Maintain record audit trail of any notice of benefit(s) sent to members including time and date, user source and reason for notice.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP retains all communication history with members to allow either automated or manual report generation for statistical purposes.
- Upon generation of a notice, letter, or other correspondence to the member, the APHP creates an audit trail that details the action including time/date, type of correspondence sent, if the notice was system generated or manually sent (and by whom) and the reason for the notice
- Authorized users have the ability to view complete audit trail information captured in APHP

| Requirement Number: | BE2.SS.01; BE2.SS.02 |
|---|---|

*Provide the capability of real time updates to the member module as directed by IME.*

*Provide the capability to perform mass re-assignment of members prior to the end of the month or on an as needed basis.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP captures and maintains member information from multiple source files, including demographic information, addresses, head of household and family relationship, categories of eligibility, and benefit plan assignment.
- Accenture has developed a Worker Portal in APHP that allows secure web access to view and update Member data by authorized users.
- APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes.
- Authorized users with proper security level designation have the ability access and update member records real time using the APHP Worker Portal.
- Predefined business rules are applied to both interface files and on line updates in order to maintain the integrity of Member data
- Mass re-assignment of members' benefit plan assignment, eligibility categorization or other "mass" member record update is supported through the use of automated business rule management via the COTS automated workflow and process component within the APHP business integration services layer. Authorized individuals will have the capability to invoke business process rules to re-assign member benefits on an as needed basis. Audit trails will capture all changes made to member records, regardless if the change was made through mass re-assignment or manually at the individual member record level. History for all member assignment will be held at the eligibility span level and available for view via the APHP web portal to those authorized for access.

| Requirement Number: | BE2.SS.03 |
|---|---|
| *Provide the capability to maintain a real time interface with the POS to verify member eligibility as directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP provides data services for data access for inter-agency and external communications. This includes the data services necessary to support real time eligibility updates between the MMIS and POS.
- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files.
- APHP processes inbound and outbound ANSI X12 EDI messages.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

| Requirement Number: | BE2.SS.04 |
|---|---|
| *Provide the capability to identify and report data exchange transactions that fail either fatal and or non-fatal update edits back to the originating module and user area.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP Member Management component contains processes that obtain and maintain member demographics and eligibility information for individuals receiving benefits under any of the MMIS maintained healthcare programs.
- Member records received in these files are synchronized and reconciled against current member data. Upon completion, workflow tasks will be invoked to generate automated business processes such as report generation for full visibility into record totals and errors.
- The business process of eligibility determination establishes the type of eligibility, reviews required fields, corrects required fields where appropriate, verifies application information with external entities, assigns a Medicaid ID, establishes eligibility categories and hierarchy, and associates services in which the member may be eligible.
- Add/update records with errors or those requiring user review and intervention will be routed via the workflow to the appropriate work queues in the Worker portal to allow the authorized user to review and accommodate the member record updates per State guidelines.
- Upon completion of these steps, updated eligibility information within APHP can be distributed to agencies and trading partners at the State's direction.

| Requirement Number: | BE2.SS.09, BE2.SS.08 |
|---|---|
| *Provide the capability to lock-in a member to a certain physician, hospital, pharmacy or all.*<br><br>*Provide the capability to report on the number of members in lock-in status, the reason for the lock-in, the number of unauthorized providers billing for services during lock-in time segments.* | |

| Requirement Number: | BE2.SS.09, BE2.SS.08 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP interfaces with State eligibility agencies to update and maintain current eligibility information for all members. Based on up to date information members can be referred for lock-in if:
  - A member's name shows up in fraud detection reports that are run on the MMIS data
  - A member is caught for drug abuse
- As a result of these pre defined business rules, members are identified as members for the lock in program. Identified members are reported to allow for further consideration and action by State or contractor resources.
- APHP provides the ability to lock-in a member to a certain physician, hospital, pharmacy or all. Authorized users will have the ability to add or update lock-in information through the worker portal.
- Lock-in information is then used in the APHP claims adjudication process and is available for state defined reporting including the number of members in lock-in status, reason and unauthorized providers billing for services during lock-in segments.

| Requirement Number: | BE3.01, BE3.02, BE3.03, BE3.04 |
|---|---|

*Provide eligibility status for date(s) queried in response to an eligibility inquiry made through the MMIS. Track and monitor responses to queries.*

*Provide notification of third-party payers who must be billed prior to Medicaid in response to an eligibility inquiry made through the MMIS.*

*Provide notice of participation in a managed care program in response to an eligibility inquiry made through the MMIS.*

*Provide notification of program and service restrictions, such as lock-in or lock-out, in response to an eligibility inquiry made through the MMIS.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Eligibility information contained within the APHP database will be available for inquiry by date through the following access points:
  - Web portal
  - IVR
  - Call center
  - HIPAA compliant X12 270/271
- Only authorized inquiries with be provided with member eligibility information.
- APHP maintains an HIPAA compliant X12 270/271 access point for external entities to connect securely and query member eligibility information.
- The APHP web portal provides secure access to eligibility information for authorized APHP users, including State and contractor users, providers, members and other State approved trading partners.
- For IVR and call center access the caller identification is verified as per State defined rules and the voice calls are recorded.
- In response to eligibility inquiries made through APHP we will return required information, such as eligibility status, dates of coverage, benefit plan information, participation in a managed care program, any service
- Restrictions such as lock-in or lock-out and notification of third-party payers who should be billed prior to Medicaid.
- Our system tracks and monitors inbound and outbound eligibility transactions and responses to verification queries. Archiving of files in their original format maintains an audit trail of transactions and archived files are maintained per

| Requirement Number: | BE3.01, BE3.02, BE3.03, BE3.04 |
|---|---|

State guidelines.

- Access tracking information is available to view by authorized users through the worker portal.

| Requirement Number: | BE3.05 |
|---|---|

*Maintain record and audit trail of responses to eligibility inquiries.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture understands the need to maintain a detailed record of eligibility inquires for all methods of verification requests. The Member Eligibility Inquiry process allows access to member information via the web portal, voice response telephone inquiries, call center and the X12 EDI interface.
- APHP maintains comprehensive logs of all responses which are maintained in a comprehensive response logging database. Responses can be viewed by authorized MMIS workers through the web portal.
- Details recorded for web and X12 access are:
  - Login
  - Role
  - Originating IP address
  - Data sent in the response including field level logging
  - Every log entry is time stamped
- Images of emails and printed letters are stored in the EDWM against the member profile.
- For IVR and call center access the caller identification along with the recorded voice call file is stored against the member profile.

| Requirement Number: | BE4.01 |
|---|---|

*Support system transmission and receipt of all current version X12N eligibility verification transactions. System is required to support future standards through the life of the contract at no charge to the State of Iowa.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture's approach to obtaining and transmitting member eligibility status includes using the standard HIPAA compliant ANSI X 12 270/271 transactions.
- APHP contains a highly configurable EDI tool and provides the capability to transmit and receive all current-version X12N and NCPDP eligibility verification transactions.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.
- APHP is a COTS based product which stays current with industry and regulatory standards. As part of the maintenance agreement the state receives updates to include any new standards.

| Requirement Number: | BE4.02 |
|---|---|
| *Support production of X12N 270 transactions to query other payer eligibility files and ability to process responses.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- To support business processes for member data, APHP provides the ability to generate and submit 270 transactions to other payer eligibility files. APHP will also process the 271 response files as returned from the other systems.
- APHP EDI component supports X12N 270 transactions to query other payer eligibility files and process responses.
- APHP contains a highly configurable EDI tool and provides the capability to transmit and receive all current-version X12N eligibility verification transactions.
- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files.
- APHP processes inbound and outbound ANSI X12 EDI messages.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

| Requirement Number: | BE4.SS.01, BE4.SS.02 |
|---|---|
| *Provide the capability to produce Health Insurance Portability and Accountability Act (HIPAA) certificates of creditable coverage on a scheduled and ad-hoc basis.*<br>*Provide the capability to produce HIPAA privacy notices on a scheduled and ad hoc basis.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- APHP provides the ability to produce Health Insurance Portability and Accountability Act (HIPAA) certificates of creditable coverage and privacy notices through the use of SQL Server Reporting Services.
- Templates for these letters are created and maintained just as templates for standard reports are created based upon state defined business rules and are produced on a schedule determined by the State.
- Just as with standard reports, letters can also be generated on an ad-hoc basis should the business need arise.
- Scheduling of report generation is maintained through the easy to use APHP worker portal by authorized business users.

| Requirement Number: | BE4.SS.03 |
|---|---|
| *Track disclosure of protected health Information (PHI) and have the capability to indicate persons authorized to discuss PHI for a member.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP allows for protected health information (PHI) to only be accessible to designated users with the proper security credentials. These users may be member assigned or part of the IME contractors. Role-based security allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Based upon the credentials provided, APHP provides the ability to mask confidential information.
- APHP meets both NIST and HIPAA security requirements. We have the ability to track the disclosure of protected health information (PHI) through extensive surveillance and recording of user actions and security events using ArcSight Enterprise Security Manager, ArcSight logger, Microsoft Active Directory and Microsoft Active Directory Federated Services.

| Requirement Number: | BE5.01 |
|---|---|
| *Identify and track potential Medicare buy-in members according to IME and CMS-defined criteria.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Identification of individuals that may participate in buy-in is configurable in APHP. Most States will pay the Medicare Part B premium and will buy-in individuals who are entitled to Medicare Part B and are enrolled in one or more of the following eligibility groups:
  - Cash assistance SSI
  - Medical assistance only
  - Qualified Medicare member (QMB)
  - Low Income Medicare member (SLMB).
- The state may also pay the Medicare Part A premium for individuals receiving QMB coverage. Additionally, Medicare Part D premiums may be paid for those individuals dually eligible for Medicaid and Medicare Part B, and those individuals qualified for Low Income Subsidy (LIS).
- APHP provides the ability to interact with required trading partners to identify Medicare buy-in members. Once members are identified APHP workflow tracks member records as they navigate through the buy-in process.
- APHP workflow and business rules are configured according to IME and CMS-defined criteria.

| Requirement Number: | BE5.02 |
|---|---|
| *Transmit IME-identified buy-in member information for matching against CMS-specified federal Medicare member database(s).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The buy-in process consists of two separate file exchanges with the Centers for Medicaid Services (CMS). The files are used to communicate accretion and deletion requests to CMS, and the corresponding response from CMS.
- The first file is referred to as the input file and contains a list of all buy-in actions the state is requesting. This includes requests for new accretions, deletions, and changes to buy-in data. APHP generates this file and it is sent to CMS monthly. The file uses special codes called transaction codes to communicate the specific action.
- The business logic to generate the list of transactions based on buy-in eligibility criteria, as well as the specific action code, and is configurable within the APHP application.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound. Custom file formats are easily configured by business users through the online windows.

| Requirement Number: | BE5.03; BE5.SS.03 |
|---|---|
| *Accept buy-in member response information from CMS-specified federal Medicare member database(s).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The buy-in process consists of two separate file exchanges with the Centers for Medicaid Services (CMS). The files are used to communicate accretion and deletion requests to CMS, and the corresponding response from CMS.
- The second file in this process is referred to as the receiving file and contains a buy-in response to each action the state is requesting. CMS responds to each action requested by the state. In addition, the receiving file may also contain changes and other informational messages initiated by CMS. APHP has the ability to receive, process and take action against this interface file. Changes to the member's eligibility record, such as death or shift in eligibility category will be reflected in the response file to CMS such that proper deletions can be accounted for accurately.
- The business logic to generate the list of transactions based on buy-in eligibility criteria, as well as the specific action code, and is configurable within the APHP application.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound. Custom file formats are easily configured by business users through the online windows.

| Requirement Number: | BE5.04 |
|---|---|
| *Process change transactions to update buy-in member information. Identify and track errors or discrepancies between IME and federal buy-in member information.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP supports the interface between APHP and CMS Federal Medicare database that transmit State-identified Buy-In Member information.
- APHP is prepared to receive, process and update buy-in member information. The files used in the CMS Buy-In process use special codes called transaction codes to communicate the specific action. The business logic to generate the list of transactions based on buy-in eligibility criteria, as well as the specific action code, and is configurable within the APHP application.
- APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This include records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors

| Requirement Number: | BE5.05 |
|---|---|
| *Provide buy-in member information for program or management use including: a. Transactions processed. b. Errors identified. c. Error correction status. d. Medicare premiums to be paid by member.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- The APHP reporting tool provides the analytical and reporting capability to generate management and administrative reports.
- The transaction reports for Buy-In premium management will include:
  - Transactions processed
  - Errors identified
  - Error correction status
  - Medicare premiums to be paid by Member
- APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This include records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors
- The APHP solution provides SQL Server Reporting Services which is a very versatile reporting tool with in-depth analytical capabilities.
- The reports as specified by IME will be available on the APHP portal to authorized MMIS workers.

| Requirement Number: | BE5.06 |
|---|---|
| *Track buy-in exceptions for those members who are identified as eligible, but whose premiums have not been paid.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The State Part A and Part B Medicare premium liability is calculated by CMS once a month. CMS prepares a separate Part A and Part B Medicare premium liability Summary Accounting Statement (SAS) for each State. Each state is expected to reconcile the premiums owed against their Medicare buy-in member population; however, payment is due in full when CMS submits the SAS to the State. Discrepancies are reviewed by CMS once supporting information is submitted by the State and any subsequent correction is reflected in the next month's SAS.
- Since CMS bills the States prospectively, the SAS represents premiums for Medicare coverage for the following month.
- APHP processing for Buy-In premium information includes a reconciliation process that identifies those members eligible for Medicare buy-in, but for whom no payment of the premium has been made for the month being billed by CMS.
- APHP includes configurable workflows that assist in the reconciliation process with CMS.
- For the development of workflow business processes, the APHP workflow engine provides for the implementation of workflow business rules throughout the MMIS system.
- APHP provides support for business process rules related to the MMIS Medicare Buy-In processes.

| Requirement Number: | BE5.SS.01 |
|---|---|
| *Provide the capability to send an alert of all buy-in transactions that may affect eligibility status or cost shares for buy-in members.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- APHP has integrated alerts that are configurable to inform appropriate State and contractor staff upon the identification of various business scenarios.
- These alerts will be configured to notify designated individuals of buy in transactions that may affect status, cost share or buy-in members.
- Alerts are easily defined within the automated workflow and process rules engine component of APHP. Rules invoke the alerts that can be set to be delivered in form of a call, text or email and are easily updated by authorized users through the APHP web portal.

| Requirement Number: | BE5.SS.02 |
|---|---|
| *Provide the capability to generate buy-in premiums and provide the information required to support IME payment of premiums.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP supports premium-billing administration natively with a commercial claims engine component. Members identified to participate in the Medicare buy-in program, or any other premium based program administered by the IME, will receive premium bills on a monthly basis (or within the timeframe required by the State) that identify how much premium is required to be collected. IME may support the payment of the premium as needed or pass the responsibility onto the member.
- Upon collection of the premium, the member record will note that the premium due has been satisfied and designated services will be available for the member. IME has the ability to suspend member services until outstanding premium bills have been processed. Utilizing the APHP web portal, both members and IME contractors will have access to associated member premium amounts and updated status of premium billing/payments.

| Requirement Number: | BE5.SS.03 |
|---|---|
| *Provide the capability to send a file to CMS of all buy-in deletions due to Medicaid and or Medicare eligibility termination or death and changes.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The buy-in process consists of two separate file exchanges with the Centers for Medicaid Services (CMS). The files are used to communicate accretion and deletion requests to CMS, and the corresponding response from CMS.
- The second file in this process is referred to as the receiving file and contains a buy-in response to each action the state is requesting. CMS responds to each action requested by the state. In addition, the receiving file may also contain changes and other informational messages initiated by CMS. APHP has the ability to receive, process and take action against this interface file. Changes to the member's eligibility record, such as death or shift in eligibility category will be reflected in the response file to CMS such that proper deletions can be accounted for accurately.
- The business logic to generate the list of transactions based on buy-in eligibility criteria, as well as the specific action code, and is configurable within the APHP application.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound. Custom file formats are easily configured by business users through the online windows.

| Requirement Number: | BE5.SS.04 |
|---|---|

*Provide an alert and a weekly report of when Centers for Medicare and Medicaid Services (CMS) notifies the IME that another state has bought into Medicare for a member.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Reporting Services/K2 blackpearl**

**Description of Product**

- APHP has integrated alerts that are configurable to inform appropriate State and contractor staff upon the identification of various business scenarios, including the receipt of information from CMS regarding buy-in.
- These alerts will be configured to notify designated individuals of instances when another state has bought into Medicare for a member. Alerts are easily defined within the automated workflow and process rules engine component of APHP. Rules invoke the alerts that can be set to be delivered in form of a call, text or email and are easily updated by authorized users through the APHP web portal.
- APHP will generate a weekly report of all members where other states have bought into Medicare. This will allow the data to be reviewed and the duplicate Medicare payment to be resolved between the State of Iowa and the other State.

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| Requirement Number: | BE5.07, BE5.07.01 |
|---|---|

*Support automated data exchange process or processes, as specified by CMS, in order to identify and track Medicare Part D dual-eligible and Medicare Low-Income Subsidy (LIS) eligible members for the purposes of cost-avoidance on prescription drug claims and calculating spenddown payments.*

*Provide the capability to maintain an interface with CMS to assure the timely accretion of Medicare eligible members for Part A and Part B benefit buy-in.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Identification of individuals that may participate in buy-in is configurable in APHP. Most States will pay the Medicare Part B premium and will buy-in individuals who are entitled to Medicare Part B and are enrolled in one or more of the following eligibility groups:
  - Cash assistance SSI
  - Medical assistance only
  - Qualified Medicare member (QMB)
  - Low Income Medicare member (SLMB)
- 
- The state may also pay the Medicare Part A premium for individuals receiving QMB coverage. Additionally, Medicare Part D premiums may be paid for those individuals dually eligible for Medicaid and Medicare Part B, and those individuals qualified for Low Income Subsidy (LIS).
- Once third party payer information, including Medicare Part A, B or D, is established on the APHP databases, it is used during claims adjudication to determine the final disposition of a submitted claim.
- The APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. APHP databases are designed to handle large volumes of data and are optimized for fast querying.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound. The APHP uses a secure SFTP connection with comprehensive audit trails to support control and auditing of interface files received from / to CMS.

| Requirement Number: | BE.SS.01 |
|---|---|
| *Maintain historical date-specific spenddown information.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP maintains historical spenddown information (member share for services prior to Medicaid funds being applied) just as it does for member coinsurance and deductible maintenance in the commercial health market. APHP keeps a running total, generated from each applicable claim line, of the member's total spenddown amount to date for each current benefit plan in which the member is assigned. Total spenddown may be split between more than one benefit plan if necessary and totals reset at the monthly, quarterly or yearly levels as necessary.
- Previous or historical views of spenddown assignment are maintained with the member's previous spenddown benefit plan assignment, located on the member's eligibility span history.
- APHP creates a comprehensive audit trail to record the information about the authorized user who entered, modified or viewed member data, including the date and time of the action.
- APHP audit information is available via the web portal for those APHP users with authorized security rights.

| Requirement Number: | BE.SS.02 |
|---|---|
| *Allow for providers to submit claims electronically for spenddown application for the member and family of the members.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP accepts verified medical expense claim forms from providers and workers on the member's (and family of the member's) behalf. Once verified, these expenses are tracked and calculated against member's spenddown requirement.
- Using system editing, any validated expenses received outside of the time guidelines for submitting medical expenses ,or for those expenses otherwise not eligible to be applied to the spenddown requirement are rejected to help verify that claims are not paid or denied erroneously.

| Requirement Number: | BE.SS.03 |
|---|---|
| *Allow for providers to submit inquiries concerning spenddown requirements for a member.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- APHP Provider portal allows Providers to submit inquiries regarding member spenddown requirements through the provider self-service functionality capabilities within the web portal. All provider inquiries will be routed to the IME provider services contractor via the automated workflow and process rules engine for real time receipt and resolution.

| Requirement Number: | BE.SS.04 |
|---|---|
| *Allow members to view spenddown information on the web portal including claims that were submitted and used toward spenddown.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Real time status of the current spenddown amounts on a member by member basis is available to both Department and contractor staff via the APHP web portal. Information, such as claims applied to spenddown amounts, will be made available to authorized members and will include associated medically needy data including certification periods used to meet spenddown amounts.
- APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Authorized users with proper security level designation have the ability access and update member records using the APHP Worker Portal.
- The APHP Worker Portal allows secure web access to view and update Member data by authorized users. Users have the ability to search for member data by case number, member state identification number (SID), social security number and member name/partial name.

| Requirement Number: | BE.SS.05 |
|---|---|
| *Generate notice to provider and member of claims that were applied to spenddown and amount of unmet spenddown.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP will automatically generate member, provider or department notifications, including portal messages sent broadly or via secure inbox, letters and other printed documents based on various triggers and conditions that will be applied through the automated workflow and process rules engine that enables efficient communication. APHP is highly configurable to generate customized notification documents to providers and members as claims are applied to spenddown accumulations and once spenddown requirements have been met.
- Notifications of claims can be sent through outbound mail, email or through notification for an outbound call through our integrated workflow tool to the Member or Provider call centers. The frequency and need of this documentation, as well as the recipients of the documents, is determined based on the specifications set by the Department.

| Requirement Number: | BE.SS.06 |
|---|---|
| *Apply the amount of claims that are denied for unmet spenddown to the spenddown balance.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP will manage spenddown claims for members deemed medically needy using the same logic as coinsurance processing is applied in the commercial healthcare payer space. Using the appropriate IME policies to determine the benefit plan structure for spenddown claims processing, all claims that are processed in conjunction with a member's spenddown benefit plan will calculate toward the total balance of claims for the member.
- A running total of all claims processed against the benefit plan and denied due to "spenddown not met" will be kept current and available for review. Upon reaching the member's spenddown total amount, claims will be paid using appropriate Medicaid funds.

| Requirement Number: | BE.SS.07 |
|---|---|
| *Provide the capability to prevent duplicate use of claims for spenddown.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP maintains strict duplicate claim processing edits that prevent any unnecessary accruals of member responsibilities, such as spenddown limits. Duplicate processing logic is triggered prior to member responsibility edit logic in the claims step engine. Thus, once a duplicate claim has been identified, an immediate denial status disposition is assigned and the claims editing logic stops.

| Requirement Number: | BE.SS.08 |
|---|---|
| *Provide capability to manually deduct claims originally applied to unmet spenddown as directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP claims processing management, via the Worker Portal, supports the ability to override adjudicated claims as necessary prior to being placed in the claims payment processing status. Therefore, if the need arises to manually deduct claims amounts that had originally applied to the spenddown total for a member, the claim adjudication process can be manually overridden to reflect the change.
- After the claims payment cycle has run, any claims that must be manually deducted from a member's spenddown total must be voided to accurately reflect claims history. The void claims process functionality will also be available via the APHP Worker portal.

| Requirement Number: | BE.SS.9 |
|---|---|
| *Support edits which prevent payment of claims that were applied to spenddown in whole or part.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP is delivered with a pre-packaged set of edits to support and accurately apply any member responsibility (coinsurance, deductible, co-pay, other), especially spenddown amounts across benefit plans for all claims submitted. Each line item is treated as an individual claim, worthy of applying edits to correctly access and apply member responsibility specific to spenddown, per the business rules defined in the respective benefit plan configuration, in whole or in part as the claim requires.
- APHP result codes will be tailored during the configuration phase of the DDI to align with IME standard edit text.

| Requirement Number: | BE.SS.10 |
|---|---|
| *Return spenddown met indicator (fund code) to eligibility system once the spenddown amount is met.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Once the claim that meets spenddown requirements for the certification period is adjudicated, the fund code is updated in the member's data and the State eligibility system is notified of the change in status. Once the updates are received and reconciled, the change of fund code triggers the appropriate notifications that the member is now Medicaid eligible. All areas that call on eligibility verification, such as ELVS, OCRA and the APHP self-service web portals, retrieve the most current member data from the APHP databases.
- These processes are automated in APHP via the rules engines and integrated workflow tool.

| Requirement Number: | BE.SS.11 |
|---|---|
| *Ensure claims are applied to spenddown in the Medically Needy file on a first in, first used basis.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Claims received for covered services within a member's current certification period are systematically applied to the member's spenddown accumulator on a first in, first used basis (i.e., applied chronologically by date of submission). Claims received outside of these criteria, such as for non-covered services or expenses outside of the current certification period, fail editing and are routed to the appropriate staff for resolution. When manual intervention is required to help verify that claims are applied to the accumulator in the proper order, staff is trained to follow the guidelines of the correct order of deduction.

| Requirement Number: | BE.SS.12 |
|---|---|
| *Allow claims for household members and or relatives of the member, to be applied against the spenddown amount per Iowa rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP member management supports the roll up of an individual member to include the entire immediate family eligibility and enrollment information. Leveraging the commercial practice of "subscriber" and associated family members, APHP will be able to identify "head of household" as the subscriber and will link family member records accordingly. Just as coinsurance amounts can be spread across several members of a family tied to a subscriber, so can the spenddown be shared across multiple household family members per IME policy.

| Requirement Number: | BE.SS.13 |
|---|---|
| *Provide online screens showing the Medically Needy spenddown amount, the amount of claims that have accumulated towards the spenddown amount, information for each certification period, the date spenddown is met and information about claims used to meet spenddown.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Real time status of the current spenddown amounts on a member by member basis is available to both Department and contractor staff via the APHP web portal. Information such as accumulated claims applied to spenddown amounts, will be made available to authorized members and will include associated medically needy data including certification periods used to meet spenddown amounts. The date in which spenddown totals have been met will also be captured on the member record and accessible via the APHP web portal.
- APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Authorized users with proper security level designation have the ability access and update member records using the APHP Worker Portal.
- The APHP Worker Portal allows secure web access to view and update Member data by authorized users. Users have the ability to search for member data by case number, member state identification number (SID), social security number and member name/partial name.
- The APHP web portal allows both providers and members to access spenddown data at any time. Providers have the ability to submit inquiries concerning the spenddown requirements of a member and members have the ability to view claims submitted and which were used to meet spenddown requirements.

| Requirement Number: | BE.SS.14 |
|---|---|
| *Provide a summary screen of the member's certification history.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP member management maintains historical data on a member's certification periods within the eligibility span and associated benefit plan assignments page of the member data. This historical data is accessible by authorized users as needed for research for the proper adjudication of claims. Authorized members, providers and IME contract workers will have access to this APHP portal page.

| Requirement Number: | BE.SS.15 |
|---|---|
| *Apply the unpaid portion of Medicare Crossover Claims to the Medically Needy spenddown amount if the amount is greater than zero.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP will apply unpaid portion of Medicare Crossovers (coinsurance and deductible) to the Medically Needy spend down amount for those members with Medicare coverage. These amounts will be tracked against the member or family specific medically needy coinsurance that is managed as an accumulator within spenddown benefit plan setup.

| Requirement Number: | BE.SS.16 |
|---|---|
| *Transmit the following information to the IME each time MMIS loads file transfers from the external systems: a. Confirmation of the date each file is received and loaded. b. The number of files and or records that were successfully transmitted and posted. c. The number and detailed information of the records that were rejected. d. The rejection reason code for each record rejected.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP contains multiple secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files.
- APHP has integrated alerts that are configurable to inform appropriate State and contractor staff on the status of interface data processing, including notification of the completion of processing or processing interruptions due to errors.
- APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This include records successfully

| Requirement Number: | BE.SS.16 |
|---|---|

written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors.

- Authorized State and contractor staff can configure business rules through an easy-to-use interface that comprehensively supports all aspects of member management MMIS functions. These rules include sending automated alerts and generating reports based upon IME guidelines.
- APHP will generate and transmit reports related to file transfers which contain the required information to include: a. Confirmation of the date each file is received and loaded. b. The number of files and or records that were successfully transmitted and posted. c. The number and detailed information of the records that were rejected. d. The rejection reason code for each record rejected.

| Requirement Number: | BE.SS.17 |
|---|---|

*Reversals of claims should automatically adjust spenddown.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- After the claims payment cycle has run, any claims that must be manually deducted from a member's spenddown total must be voided, or reversed, to accurately reflect claims history. The reversal/void claims process functionality will also be available via the APHP Worker portal and will automatically adjust the spenddown calculations for the reversed claims and the running total of the member accordingly.

| Requirement Number: | BE.SS.18 |
|---|---|

*Spenddown balances should be made available real-time to the pharmacy point-of-sale system and should be verified before claims are paid.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- With the integration onto the APHP framework, the IME POS will have direct, real time access to member eligibility records, including spenddown status, to support accurate member responsibility calculations for pharmacy transactions at the point of sale.

| Requirement Number: | BE.SS.19 |
|---|---|
| *Process and maintain inputs and outputs including but not limited to the following: Inputs: a. Data from the eligibility systems. b. Provider data. c. EPSDT data. d. Federal and state enrollment rules. e. Data entered and uploaded by professional service contractors. Outputs: a. Notices of Decision and appeal rights to members on denied ambulance claims and denied rehabilitation therapy service claims as directed by the Department. b. Notices of Decision to members for denied and modified prior authorizations. c. State Supplementary Assistance checks to the address on file for each Residential Care Facility (RCF) member. d. Weekly file listing the state ID numbers, names, dates of service, amount paid and date paid of all Medicaid clients for whom a Medicare crossover claim has been paid, but for whom Medicare eligibility is not indicated on the eligibility record. e. Data entry and edit exception reports to the Department for reconciliation with eligibility data. f. Run a monthly report showing any possible duplicates that exist on the MMIS member eligibility file. g. Histories for inquiries with dates of service for which data has been archived. h. All IME specified reports. i. Data extracts for Medicaid Statistical Information System (MSIS), Payment Error Rate Measurement (PERM) and Office of Inspector General (OIG) audits or any federal or state audits.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl/SQL Server Reporting**

**Description of Product**

- These specific requirements are discussed in detail in earlier parts of this section. In summary APHP is highly configurable and is able to meet the requirements of IME for both inputs and outputs.
- Inbound files that APHP will accept and process in either standard X12 format, custom file layout or through the online web portal include, but are not limited to:
  - Data from the eligibility systems.
  - Provider data.
  - EPSDT data.
  - Federal and state enrollment rules.
  - Data entered and uploaded by professional service contractors.
- 
- APHP is prepared to produce and make available to authorized users a myriad of letters, notifications, interface files reports and data extracts as defined by IME including but not limited to:
  - Notices of Decision and appeal rights to members on denied ambulance claims and denied rehabilitation therapy service claims as directed by the Department.
  - Notices of Decision to members for denied and modified prior authorizations.
  - State Supplementary Assistance checks to the address on file for each Residential Care Facility (RCF) member.
  - Weekly file listing the state ID numbers, names, dates of service, amount paid and date paid of all Medicaid clients for whom a Medicare crossover claim has been paid, but for whom Medicare eligibility is not indicated on the eligibility record.
  - Data entry and edit exception reports to the Department for reconciliation with eligibility data.
  - Run a monthly report showing any possible duplicates that exist on the MMIS member eligibility file.
  - Histories for inquiries with dates of service for which data has been archived.
  - All IME specified reports.
  - Data extracts for Medicaid Statistical Information System (MSIS), Payment Error Rate Measurement (PERM) and Office of Inspector General (OIG) audits or any federal or state audits

## 9.1.2 Provider Management (PR)

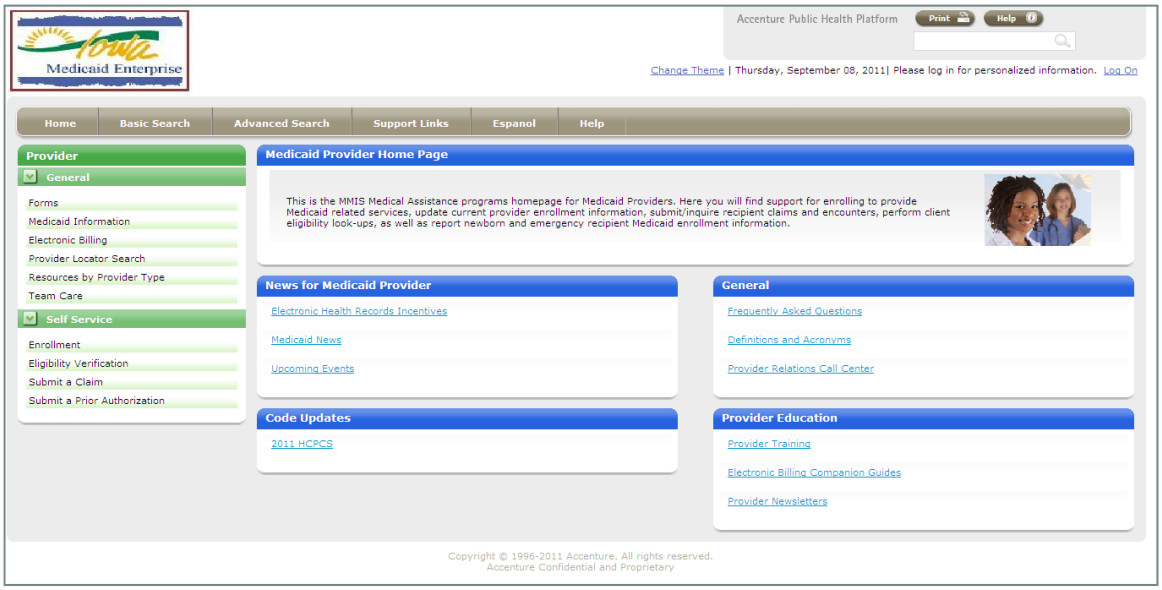
### *9.1.2.1 Introduction to the APHP Provider Management Function*

Provider Management focuses on enrolling providers, maintaining provider information, communicating with providers and providing general MMIS functionality and support.

The APHP Provider Management module accepts provider enrollment applications, processes applications for eligibility to participate in the Medicaid program using edits, audits and credentialing requirements established by the Department. Provider information from approved enrollment applications is transmitted to the provider file and is made available for downstream processes such as provider search and claims processing. APHP maintains and supplies users with a complete history of provider enrollment and payment information. The provider file is updated in real-time based on actions taken by providers, IME Professional Services contractors, the Department and other authorized users. Reconciliations are performed at regular intervals. APHP is a MITA aligned solution with a single consistent user interface to access all the business functions. All MMIS information is available through the APHP Enterprise Reporting and Analytics component.

#### Features

- The APHP Provider web portal is a dynamic, intuitive, real time interface into the Iowa Medicaid program providing self-service functionality to support a collaborative relationship between the Department, the various IME contractors and the Medicaid provider community.
- New providers can access all information needed to successfully enroll into the Iowa Medicaid program and active providers can enjoy web based eligibility verification for all of the members in which they serve. Simply having access to comprehensive member information such as eligible benefits, service limitations, third party coverage and member liabilities will help providers to better serve their patients.
- Claim submission, prior authorization requests, claims status inquiry and remittance advice receipt are just a few of the self service features available for providers using the APHP portal.
- IME Provider Services and other IME contractor staff will excel using the automated workflows and enterprise reporting services in place to support the complex business processes associated with Medicaid provider management.




3 IA MMIS 11.0280k

*Figure 9 - 10. Providers access a broad range of information, such as billing material look-up, as well as submitting claims and prior authorizations*

### *9.1.2.2 System Requirements and Responses*

| Requirement Number: | PR1.01, PR1.01.01, PR1.01.02, PR1.01.03, PR1.01.04, PR1.01.05 |
|---|---|
| *Provide secure access to provider applications.*<br>*Have security to maintain control over all data pertaining to provider enrollment.*<br>*Provide authorized IME and contractor user inquiry access to provider data stored within the system.*<br>*Provide update access only to authorized IME and contractor staff to make updates to the provider data.*<br>*Provide the ability to recall provider applications by several different key fields such as name or reference number as defined by IME.*<br>*The provider module must process provider data in an online, real-time mode and produce audit trails of all updates.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice**<br><br>**Description of Product**<br>• • APHP provides a secure Web portal for access to provider applications and the data contained within by approved program stakeholders only. This portal is the central access point for provider data in the Medicaid program, and supports communication and data submission between the provider community and the State.<br>• • APHP portal provides consistent and integrated access to approved program stakeholders.<br>• • APHP provides authorized users a flexible access channel through role-based security to view, update, create, verify, and maintain provider application data through a common security framework provided by Microsoft Active Directory Federated Services.<br>• • The APHP portal provides the capability for authorized users to search and view provider applications in their entirety. Search fields include provider first name, last name, organization name, reference number, NPI/API, and | |

| Requirement Number: | PR1.01, PR1.01.01, PR1.01.02, PR1.01.03, PR1.01.04, PR1.01.05 |
|---|---|

Medicare number. Users can pull up a .pdf of the enrollment application or view the application through the portal screens as it was filled out by the provider.

- • The APHP Portal combines the capability of specialized commercial software to support Medicaid business processes as defined by MITA, all in an attractive, consistent, and accessible web based interface that can process provider data in an online, real-time mode. When updates to the provider data, either by the system or by a user, an audit trail is captured showing the data element that was changed, the previous value, the date/time that the update occurred, and the user that made the update.

| Requirement Number: | PR1.02, PR1.02.01, PR1.02.02, PR1.02.03, PR1.02.04, PR1.02.05, PR1.02.06, PR1.02.07, PR1.02.08, PR1.02.09. PR1.02.10 |
|---|---|

*Provide capability to route provider applications, collect and processes provider enrollment and status information.*

*Provide edits, in the provider enrollment and update process, to track and identify errors and inconsistencies.*

*Accept electronic signature on enrollment without hard copy as allowed by IME, state and federal regulations.*

*Provide capability to upload provider enrollment files electronically and create electronic audit trail with ability to review applications.*

*Edit appropriate provider applications and existing providers against the CMS excluded provider list.*

*Provide capability to manually exclude providers and mark the provider as "Terminated by Medicaid Authority". Providers marked as "Terminated by Medicaid Authority" must be manually released for participation in Medicaid prior to any claims payment. Providers marked as terminated by Medicaid authority must be terminated on the date provided.*

*Provide the capability to suspend a provider application in pending status, until additional information is received from the provider.*

*Assign a unique tracking number to each provider enrollment application or correspondence document.*

*Provide the capability to tie provider correspondence documents to appropriate enrollment application when applicable.*

*Identify and report providers (individual or group) that have initiated the enrollment process but have failed to return required information necessary to complete the enrollment into the Medicaid Program.*

*Provide the capability to identify sanctioned providers and facilities to prevent the enrollment of members in sanctioned facilities.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

• Only health care practitioners and health care facilities that meet the State's conditions of participation and eligibility requirements may be enrolled in the State's Medicaid program. In addition, for other healthcare programs administered by the State, the State may choose to require providers to enroll via an application process. Our Accenture Public Health Platform (APHP) provider management solution is the control point and central source of application data for providers.

• Working in conjunction with an integration of our business process workflow tool, APHP is the point of entry and enrollment for providers and maintains status on provider enrollment activities. Each enrollment application and provider update is assigned a unique tracking number that is communicated back to the provider to assist them in tracking the status of their transaction. This number is also used to link documentation submitted by the provider to the enrollment application or update.

• The process of enrolling providers is managed automatically by business process checklists that define required procedures, documents and verification steps. There may be separate checklists or business process steps for each provider type or benefit program. APHP offers the ability to view the status of all enrollment applications through

| Requirement Number: | PR1.02, PR1.02.01, PR1.02.02, PR1.02.03, PR1.02.04, PR1.02.05, PR1.02.06, PR1.02.07, PR1.02.08, PR1.02.09. PR1.02.10 |
|---|---|

operational dashboard configuration as well as backend reporting. Providers may also use the APHP provider web portal to view the status of their application.

• The enrollment process for Medicaid includes credentialing, endorsement, and licensure verification to ensure that all providers are in good standing in the community. Interfaces with other State and Federal agencies accomplish validation of the provider's credentials, NPPES, CMS and other exclusion and sanction lists, license and certification information.

• Our APHP configurable workflow tool includes multiple automated and manual steps to assist APHP workers in reviewing and processing all submitted provider applications to a final status.

• The APHP provider enrollment application portal uses a logic driven flow within the user interface along with the ability to configure required fields to help minimize the number of data errors and inconsistencies that are common for most other application and update processes. Incoming data is edited per defined business rules for accuracy and reasonableness and errors are reported on transaction error reports.

• The APHP provider web portal utilizes electronic signature so that hardcopies are not required. This feature complies with federal guidelines and can be configured to meet the needs of IME.

• APHP offers the capability for users to upload provider enrollment applications and/or the supporting documentation for the application such as certificate, license or other documentation as required by IME. Accenture realizes that for most rendering provider only applications, that the group will sometime keep copies of the group specific information and just add those to the rendering providers' application pages thus creating more paper applications to process. APHP has taken this into consideration while building the provider enrollment application module and has simplified the process by auto-populating the group specific information so that only the rendering provider's information needs to be entered.

• APHP maintains the ability to manually exclude providers during the enrollment process or after the process is completed. Indicators are placed on the provider's record that prevent the application process from finalizing or in the case that the provider is already enrolled, the indicator prevents claims payment. Standard indicators are used to show that the enrollment application is in a pending status waiting for additional information from the provider or the descriptions of these indicators are configurable and can be used to represent "Terminated by Medicaid Authority".

• Credentialing checks required for each provider type are managed in a business rule matrix, which makes certain all appropriate verification is done prior to enrolling a provider. Based on State policy, the process may include criminal background checks.

• Based on responses from the credentialing authorities, workflow capabilities dynamically and automatically trigger further automated processing actions.

• Providers that are identified with sanctions, licensure actions or suspected fraud and abuse as a result of the credentialing process are reported to the State for further review. This information is collected and stored on the provider's record to prevent the provider from being re-enrolled until the sanction will be removed.

• The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. Workflow steps and logic are built using a wizard user interface. Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time.

• APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics. Providers (individual or group) that start but never submit their supporting documentation can be identified and reported on through the APHP operational dashboards.

| Requirement Number: | PR1.03, PR1.03.01, PR1.03.02 |
|---|---|

*Produce notices to applicants of pending status, approval or rejection of their applications. Provide online real-time update capability for the provider file.*

*Automatically generate notices to providers including but not limited to status change, approvals, denials and license expiration as determined by IME.*

*Provide the capability for a provider to choose to receive provider communications by secure encrypted email, fax or combination or as directed by the IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

Our APHP configurable workflow tool, K2 blackpearl, includes multiple automated and manual steps to assist APHP workers in reviewing and processing all submitted provider applications to a final status. After the enrollment application, supporting documentation and approvals are obtained and the provider is entered into APHP via the web portal in real-time and is immediately part of the master provider file.

• As the application progresses through the steps, automated actions may be triggered by either a system action or worker request, to include notification to providers of status, to create letters to the providers or other entities that request additional information, or perform other actions as deemed appropriate for the business step.

• In addition, using the APHP provider web portal, providers may view and track the status of submitted applications and update existing enrollment information as needed.

• APHP supports the creation and modification of letter templates, including letterhead and signature blocks. It uses industry standard authoring and editing tools, such as Microsoft Word, to allow authorized users to make required changes or updates. These notices include status changes, approvals, denials, and license expiration and can be manually or automatically generated to the provider. Providers will have the capability to choose to receive their notices via the APHP secure portal inbox, paper letter, or fax.

| Requirement Number: | PR1.04, PR1.04.01, PR1.05 |
|---|---|

*Maintain a provider numbering system with unique numbers that may be used to identify a provider's type and ensure that appropriate provider number ranges are allowed to prevent system problems in processing. Map NPI numbers to internal assigned numbers. Assign and maintain provider numbers for providers not eligible for an NPI number.*

*Perform an automated duplicate checking process prior to adding applications to the file.*

*Flag and route for action if multiple internal provider numbers are assigned to a single provider.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy.

• The provider's NPI information is captured during provider enrollment and is validated through NPPES.

• The APHP provider management module has the functionality to assign an internal number to each provider that can be used for further identifying a provider within the APHP system.

• Our system enables us to assign unique provider numbers to each provider record. When a provider record is added to the APHP databases as part of the provider enrollment process, checks are done to determine if the provider record already exists. Edits may be defined based on the State's policy, to identify and prevent exact' matches, and add with notification 'suspect' duplicates.

• APHP also has the native ability to assign and track provider identifiers, including Atypical Provider Identifiers (API),

| Requirement Number: | PR1.04, PR1.04.01, PR1.05 |
|---|---|

legacy Medicaid provider identifiers, provider identifiers assigned via other systems(i.e. Medicare/CMS), and other identifiers such as Drug Enforcement Agency (DEA) numbers. Each identifier is captured with an effective date span, type and source.

• APHP will quickly and easily configure rules in response to changing legislative policy and program changes that may require additional provider identifiers, or additional validation requirements for specific identifier types.

• Criteria used to determine exact and suspected duplicate is configurable, and typically includes checks against provider identifiers including NPI, API, SSN, EIN, provider first and last name or provider business name, and / or date of birth.

• When a provider is identified as either an exact or suspect duplicate (i.e. multiple internal numbers are assigned to a single provider), a user is notified through the capabilities of our business workflow tool to follow-up. The exact steps taken to resolve suspected provider duplicate records are configurable through the features of our integrated workflow product.

• Authorized State and contractor staff will configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.

• The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. Workflow steps and logic are built using a wizard user interface. Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time.

| Requirement Number: | PR1.06, PR1.06.01, PR1.06.02 |
|---|---|

*Support communications to and from providers. Track and monitor responses of communications.*

*Support mailings to multiple provider addresses as requested by the provider electronically or as directed by IME.*

*Support different notifications to be sent to providers by program area or benefit plan (e.g., LTC, Home and Community Based Services (HCBS) and EPSDT).*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

Accenture provides a secure Web portal for access by approved program stakeholders. The APHP portal is the central access point for providers into the Medicaid program, and supports communication and data submission between the provider community and the State.

• The Web portal allows providers to communicate with the State and other providers as appropriate through the use of banner messages, secure email, "Contact Us" features and system/transaction based correspondence. These communications can be based upon program area criteria such as LTC providers receive bulletins while EPSDT providers receive email/letters.

• The portal also includes information such as downloadable enrollment forms, claims and special billing forms, upcoming training announcements, field representatives' names and phone numbers, a hot link to the State's website, Provider inbox to receive correspondence, and other material that would be useful to Providers as approved by the State.

• Data from the MMIS, document imaging and management systems and the customer management system platform will be viewable from a single web-screen, using roles-based permissions. This web-screen is the window to view all correspondence sent to and received from the provider.

• Provider records within APHP provide for the entry of multiple address records with corresponding begin/end dates. Each address is identified with an address type to designate the definition of each address such as mailing, physical address, 1099 address, email, etc, and provide for the use of specific address types when generating letters and other correspondence to the provider.

• During the processing of provider data from external sources predefined business rules are enforced which require specified data elements, including date of birth, phone numbers and addresses. The format of the inbound transaction record will be set up to include up to four address sets, per the State's request. Records without required

| Requirement Number: | PR1.06, PR1.06.01, PR1.06.02 |
|---|---|

data are routed through the workflow for review and intervention.

• APHP accommodates the production of correspondence in multiple formats. These include informational notices or newsletters sent as printed copies or transmitted electronically, and the ability to generate mailing labels.

| Requirement Number: | PR1.07 |
|---|---|

*Support a provider appeals process in compliance with federal guidelines contained in 42 CFR 431.105.*

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

Providers have the right to appeal enrollment and claims payment decisions that adversely affect their right to provide medical services or receive adequate compensation for services rendered.

• Complaints may be received via phone call, letter/fax, or any form of contact with Provider Services, the State Provider Enrollment agency, any other State agency administering a MMIS healthcare program, or the Governor's office. Our CRM technology provides the ability to transfer and escalate those calls identified as a complaint, grievance or appeal request.

• The complaint must be recorded, investigated, and a resolution decision documented and communicated to the provider within a State-specified number of calendar days of the original grievance request.

• Through the use of the workflow features and the Case Tracking Notes, APHP supports compliance with Federal guidelines contained in 42 CFR 431.105 with the capability to capture and record information received from providers in an appeals case, systematically attach claims, member, payment and historical transactions to the provider's appeal record, and provides workflow routing and business processes that provide information for review to the appropriate staff at the appropriate time. Our APHP workflow solution provides the ability to route and track progress through the workflow, including those related to document imaging or electronic transactions (portal).

• Decisions may be escalated by the provider and an administrative hearing may be requested. When the request for an administrative hearing is received and recorded within APHP, it initiates a fair hearing process whereby the provider is granted a hearing and any processes and documents associated with the fair hearing are captured and tracked. Finally, the final decision of the hearing is captured and any required modifications to enrollment and / or claims are adjusted.

| Requirement Number: | PR1.08, PR1.08.01, PR1.08.02 |
|---|---|

*Provide for date-specific provider enrollment and demographic data*

*Enable provider application processing statistics by type, month, year and processor.*

*Provide the capability to track all provider enrollment denials in the provider tracking database.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• The Provider Management module in APHP maintains date-specific enrollment and demographic information for all individuals and groups who are approved to provide services to the State's Medicaid members and participants in any other related programs supported by the State. APHP offers the configurability to take the baseline enrollment application and expand it through configurations to capture state specific data elements as required by IME.

• The APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. APHP offers the ability to view the status of all enrollment applications through operational dashboard configurations as well as backend reporting. Dashboards can be configured to show enrollments per status (i.e. approved, pending, denied), per provider type, date of submission or approval (month/day/year) and the user that approved the enrollment.

| Requirement Number: | PR1.09 |
|---|---|

*Generate information requests, correspondence or notifications based on the status of the application for enrollment.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• APHP is the point of entry and enrollment for providers and maintains status on provider enrollment activities. The process of enrolling providers is managed by automated, configurable business process checklists that define required procedures, documents and verification steps. During the verification steps it may be determined that certain other documentation is needed. APHP offers the functionality for authorized users to manually send the information request to the provider to complete the enrollment application process. If the provider does not respond and the application has not changed status, the system can automatically generate second and third notices to the provider to request the outstanding information.

| Requirement Number: | PR1.10 |
|---|---|
| *Track the sending of IME furnished information to enrolled providers.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

Quality customer service is essential to the success of provider support. Offering a diverse set of communication channels and tracking communication are the foundations for provider communication and outreach support.

• APHP tracks all correspondence with the provider. Upon generation of a notice, letter, or other correspondence to the provider, the APHP creates an audit trail that details the action.

• Audit records are maintained that include time/date, type of correspondence sent, if the notice was system generated or manually sent (and by whom) and the reason for the notice.

• A copy of the correspondence is maintained within the Electronic Document Management System (EDMS) that will be subsequently viewed by authorized APHP users.

• Authorized users have the ability to link to the complete audit record for the provider's data, which provides comprehensive information about when and who changed data on the provider's record.

• By providing access to a centralized repository of scanned documents and outbound correspondence, the APHP document management and workflow solutions lead to improved communication among internal and external State users.

• APHP will track verbal and written correspondence with Providers and members. Letters sent to providers link to the provider's information in APHP.

| Requirement Number: | PR1.11 |
|---|---|
| *Produce responses to requests and or inquiries on the adequacy of the Medicaid provider network based on provider and or member ratios by geographic region and or provider type.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

The APHP Enterprise Reporting services component provides multiple capabilities and program status features to bring program transparency and automation to program reporting, provider reporting, 1099 earnings reporting, and State and Federal report inputs.

• APHP reporting tools may be used to create a series of dashboards and graphical reports that provide the information necessary to determine the adequacy of the Medicaid provider network based on provider / member ratios by geographic region, provider type and other data fields as requested by the State.

• APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

• Using the MITA Business Process Model (BPM) as a common point of reference, the APHP Data Warehouse is structured to support business functions and capabilities directly related to the MITA framework. Additionally, APHP will provide a number of data management artifacts and tools to allow the State to govern and mature their data management practices.

| Requirement Number: | PR1.12 |
|---|---|
| *Provide for consistent provider naming conventions to differentiate between first names, last names and business or corporate names to allow flexible searches based on the provider name.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• APHP Provider Management Solution maintains key demographic data of providers such as provider first and last name, business or corporate name and 'doing business as' names.

• APHP enforces the data entry in specified form fields using consistent naming conventions as specified by the State policy.

• Maintaining a consistent data structure within the APHP database allows flexible searches for provider data based on provider name.

• The APHP portal configuration console makes tailoring to specific State requirements a simple process, and does not require the use of system or application programmer support

| Requirement Number: | PR1.SS.01 |
|---|---|
| *Support editing for address standardization, according to United States Postal Service (USPS) standardization.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• APHP functionality includes address standardization in the various provider functions included in the web portal. During enrollment, as the provider enters an address into the enrollment application, an interactive call is made to an external address validation and standardization service. The address is validated, standardized and displayed back to the provider to acknowledge the change(s) and accept the standardized address. The provider may choose to keep the address as entered if they feel that the standardized value doesn't reflect the address accurately. This functionality is available on address fields in the enrollment application as well as the provider update form.

| Requirement Number: | PR1.SS.02 |
|---|---|
| *Enrollment tracking process must be fully integrated with the MMIS and Point-of-Sale (POS) so that information can be tracked from enrollment request through provider enrollment without requiring duplicate entries in systems.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

• The APHP workflow and process rules engine component can be configured for provider enrollment information to be fully integrated with the MMIS and the Point-of-Sale (POS) systems to allow users ease of access to see non-approved applications and their status as well as the approved/finalized enrollments without having to switch between systems for duplicate entry. This is achieved through the consistent and integrated single sign on (SSO) access and integration with Microsoft Active Directory Federated Services.

| Requirement Number: | PR2.01 |
|---|---|
| *Track and support the screening of applications and ongoing provider updates for NPIs, state licenses and specialty board certification as appropriate. Review team visits when necessary and any other state and or federal requirement.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

• APHP controls the enrollment process by workflow steps that are configurable based on the State's business processes. It interfaces with State and Federal agencies to accomplish validation of the provider's credentials, including National Provider Identification (NPI) and taxonomy, license and certification information.

• Provider specific information (type, specialty) may determine what credentials and documents are necessary.

• Credentialing checks required for each provider type are managed in a business rule matrix, which makes certain all appropriate verification is done prior to enrolling a provider.

• Based on responses from the credentialing authorities APHP workflow capabilities dynamically and automatically trigger further automated processing actions which will include review team visits as required by State specified business rules.

• Providers that are identified with sanctions, licensure actions or suspected fraud and abuse as a result of the credentialing process are reported to the State for further review.

• The APHP supports multiple programs and taxonomies for a single provider enrollment.

• Credentials needed to support a specific taxonomy may include licenses, certifications, training, and education.

• APHP uses these automated processes to support both initial enrollments and annual verification of enrollment credentials and certification.

• The APHP Portal combines the capability of specialized commercial software to support Medicaid business processes as defined by MITA, all in an attractive, consistent, and accessible web based interface.

• APHP includes business services to support business functionality. Business services are designed as loosely coupled and integrated with other COTS products and/or premier service vendors (such as print fulfillment services and document imaging) through our workflow engine to provide enterprise wide business processes.

• Authorized State and contractor staff will configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.

| Requirement Number: | PR2.02 |
|---|---|
| *Track and support any established provider review schedule to ensure providers continue to meet program eligibility requirements.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

The APHP provider management solution provides for a single source of all provider data. This includes controls and edits to maintain a reliable source of provider information. Providers will have the ability to view their existing information and submit requests to update information through the portal. APHP uses automated workflow processes to support both initial enrollments and annual verification of enrollment credentials and certification. The APHP provider management functions will track and support any State established provider review schedule to ensure providers continue to meet program eligibility requirements.

• APHP provides support for business process rules related to the MMIS beyond the claims adjudication application. An example includes the evaluation of rules for provider enrollment or provider review (forms complete, identity

| Requirement Number: | PR2.02 |
|---|---|

verification, licensing, etc.) that includes the coordination of appropriate actions with other services, such as automatic letter generation for missing information.

• The APHP Provider portal allows access to the MMIS for submission and review of provider enrollment or provider review information. Further, it integrates these functions with document management so that document images are immediately available to the user as appropriate.

| Requirement Number: | PR2.02.01 |
|---|---|

*Maintain the capability to place a provider on either prepayment or post payment review including the capability to identify whether the status is no review, prepayment review, post payment review, or both pre-and-post payment review and include an indicator to identify the reason the provider was placed on review.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• APHP has the capability to place providers on prepayment or post payment review. Information contained in the provider record identifies the status of the provider as no review, prepayment review, post payment review or both prepayment and post payment review and includes an indicator to identify the reason the provider was placed on review. As directed by the Department, APHP also has the ability to suspend, terminate or withhold payments from providers under investigation.

| Requirement Number: | PR2.03 |
|---|---|

*Verify provider eligibility in support of other system processes (e.g., payment of claims).*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• As part of the APHP rules engine, specific edits and audits are in place to validate that provider eligibility is reviewed during claims adjudication and again, prior to any systematic claims payment decisions have been made.

• Via the APHP rules engine, specific edits and audits will be configured to validate that provider eligibility is reviewed during claims adjudication, prior authorization approval, and other business processes as defined by the State.

| Requirement Number: | PR2.04, PR2.04.01, PR2.04.02 |
|---|---|

*Capture Clinical Laboratory Improvement Amendments (CLIA) certification information and the specific procedures each laboratory is authorized to cover. Link the information for use in claims adjudication.*

*Receive updates to CLIA numbers and certification information. The CLIA and certification information must be maintained by date segment, including an audit trail of the changes made.*

*Use CLIA information from the national data site in the enrollment process.*

| Requirement Number: | PR2.04, PR2.04.01, PR2.04.02 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• The Clinical Laboratory Improvement Amendments (CLIA) establishes quality standards for all laboratory testing and provides a categorization of specific laboratory tests by level of complexity.

• CLIA requires all entities that perform laboratory testing meet certain Federal requirements, register with the CLIA program and be provided with an authorization level to specify the procedures that the laboratory is authorized to cover and determine the fees that may be assessed.

• A provider is required to obtain a CLIA certificate for each laboratory location where they perform testing.

• APHP automates many of the credentialing and authentication checks required to validate a provider based on the electronic availability of the credential and license information including the Clinical Laboratory Improvement Amendments (CLIA) certification from the national data site.

• Periodic updates to CLIA numbers and certification information can be made and each CLIA is captured with an effective date span. Audit trails are maintained and viewable within the APHP worker portal for all changes made to CLIA information.

• CLIA information for the provider's location is used during claims adjudication to determine whether the provider will perform a given test, and if so, the amount of reimbursement that may be paid to the provider.

| Requirement Number: | PR2.05, PR2.05.01 |
|---|---|

*Cross-reference license and sanction information with other state or federal agencies.*

*Provide the capability of matching providers based on a file of sanctioned providers received from the appropriate state licensing authority and other provider licensing boards, as well as other licensing and certification boards and flagging and updating the provider's record for termination.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

• Cross referencing of license and sanction information with other State or Federal creates a very clear and consistent picture of a provider's credibility.

• The validation process occurs automatically based on the requirements and availability of data and as configured in the workflow tool.

• Providers that are identified with sanctions, licensure actions or suspected fraud and abuse as a result of the credentialing process are reported to the State for further review. This information is collected and stored on the provider's record to prevent the provider from being re-enrolled until the sanction will be removed.

• Providers that are identified with sanctions, licensure actions or suspected fraud and abuse as a result of the credentialing process are reported to the State for further review while the provider record is flagged for termination.

| Requirement Number: | PR2.06, PR2.06.01, PR2.06.02, PR2.06.03 |
|---|---|
| *Generate notices to providers of expiring Medicaid agreements and or state licenses.*<br>*Automatically generate letters to providers requesting license certification renewal prior to end date of current certification or license as directed by IME.*<br>*Automatically generate an alert and a provider termination notice when the provider fails to respond within 30 days with updated license renewal information.*<br>*Have the capability to edit the provider master file for license end date.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**<br><br>**Description of Product**<br>• Our APHP configurable workflow tool includes multiple automated and manual steps to assist APHP workers in reviewing provider information on a timely schedule for a re-review process.<br>• As the provider review progresses through the steps, automated actions may be triggered by either a system action or worker request, to include notification to providers of status, to create letters to the providers or other entities that request additional information, or perform other actions as deemed appropriate for the business step.<br>• A system action, such as review of an expiration date against a defined threshold of 30 days, will automatically generate a notice to providers informing them of their upcoming license/certification expiration date and a workflow to track the progress of recertification of an expiring Medicaid agreements or State licenses/certifications and track responses.<br>• If the provider does not respond within 30 days, the system will automatically generate alerts in the appropriate format as required by IME as well as a provider termination notice that will be sent to the provider. As the final step the provider master file is updated to reflect the terminated status of the provider along with the license/certification end date. | |

| Requirement Number: | PR2.07, PR2.07.01 |
|---|---|
| *Maintain multiple provider specific reimbursement rates with beginning and ending dates consistent with IME policy including but not limited to: a. Per Diem. b. Percentage of charges. c. Fee-for-Service (FFS). d. Ambulatory Payment Calculations (APC). e. Diagnosis Related Groups (DRG). f. Other.*<br>*Provide the capability to store and maintain provider rates including historical rates and date changes.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice**<br><br>**Description of Product**<br><br>• The APHP solution supports a multitude of industry standard provider reimbursement rates. Accenture maintenance standards for APHP are maintained with begin and end dates for all assigned reimbursement rates to ensure historical rates are maintained along with the applicable date(s) that the rates were changed.<br>• Payment methodologies utilize configurable criteria within the fee schedules and are automated within the APHP user interface.<br>• Automated payment methodologies will include, but are not limited to per diems, level-of-care per diems, case mix, percentage-of-charge rates, rates based on level of care, preferred provider agreements, managed care agreements, volume purchase contracts, or other cost containment initiatives. | |

| Requirement Number: | PR2.SS.01 |
|---|---|
| *Maintain the capability to limit billing and providers to certain benefit plans, services, by procedure codes, ranges of procedure codes, member age or by provider type(s) or as otherwise directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP provider module has the capability to limit a provider's eligibility to perform services under certain benefit plans based upon provider type, specialty, geography or other criteria as directed by IME. Benefit plans are also configured to allow certain services by procedure codes or ranges of procedure codes, age of members that can be seen or other limiting factors for certain providers included in the specific benefit plans.

| Requirement Number: | PR2.SS.02, PR2.SS.04 |
|---|---|
| *Provide data elements to capture provider contact information.*<br>*A data element must exist to capture the facility bed size.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• APHP delivers a single source of provider data that is controlled and verified to support accurate, up-to-date information through the promotion of a secured, easily accessible portal. The Provider Management module in APHP maintains date-specific enrollment and demographic information for all individuals and groups who are approved to provide services to the State's Medicaid members and participants in any other related programs supported by the State.

• Information such as provider basic demographic information (name, title, SSN, date of birth, email and web address, telephone and fax numbers), qualifications such as licenses and certifications, accepting new patient information, hours and office location updates, provider contact information including role, address and phone information for each contact, whether the provider accepts special needs patients, whether the provider offers Teletype writing device for the deaf/teletypewriter (TTD/TTY) and handicap capabilities for hearing-impaired people, languages spoken, number of beds within the facility and claim submission information is maintained on the provider record and is updateable by authorized APHP users, including providers using the self-service capabilities of the APHP web portal.

• Provider records within APHP provide for the entry of multiple address records, including zip codes and county data, with corresponding begin/end dates. Each address is identified with an address type to designate the definition of each address such as mailing, physical address, 1099 address, etc, and provide for the use of specific address types when generating letters and other correspondence to the provider.

| Requirement Number: | PR2.SS.03 |
|---|---|
| *Provide online view of all provider specific rates.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP worker portal offers the ability to view all fee schedules for both professional and inpatient services. If required by IME, providers may inquire on specific services or a range or procedure codes and dates to obtain the most accurate information about the rates that are applicable to them.

| Requirement Number: | PR2.SS.05 |
|---|---|
| *Ensure all end dates are linked, so they can be synchronized to the end date of the licenses of the state of servicing location or other licenses as directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. All dates that are applicable to the provider license or certification are linked to that provider and have the capability to be synchronized as directed by IME.

| Requirement Number: | PR2.SS.06 |
|---|---|
| *Provide a mechanism to identify provider types not required to have a license.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. If IME standards dictate that some providers do not need a license either because of their type or because of the services that they render, APHP can configure an indicator separate from others to identify atypical providers or provider types that are not required to have a license.

| Requirement Number: | PR2.SS.07 |
|---|---|
| *Ensure the billing provider is enrolled and has a provider number. Individual practitioners associated with the billing provider will be linked to the billing provider ID.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy.

• As providers are enrolled, if an individual wishes to be linked to a group billing provider, APHP maintains that link and keeps that relationship available. This helps processes such as claims processing verify the integrity of the claim data as related to the providers billing and rendering services. Providers can be searched by both by the group that they belong to as well as searching for all of the members of a group.

| Requirement Number: | PR2.SS.08 |
|---|---|
| *Support automated criminal background checks for all providers as specified by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

The enrollment process includes steps to verify that the provider has valid credentials and licenses, and has maintained a good standing in the community and does not have any unacceptable criminal charges on his/her record.

• APHP will interface with appropriate external data source systems to collect criminal background information and place the results on the provider record as necessary. APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

• Based on responses from the credentialing authorities, workflow capabilities dynamically and automatically trigger further automated processing actions.

| Requirement Number: | PR2.SS.09 |
|---|---|
| *Store geographic codes for provider locations.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• As part of the enrollment process, APHP geocodes each of the provider's physical addresses at which they perform services. This enables the online provider lookup functionality to map the provider to a specific location. It also allows the member that is searching for the provider to obtain the most accurate directions to the provider's location. The geocodes are updated when a provider updates their address.

| Requirement Number: | PR2.SS.10 |
|---|---|

*Enable different provider enrollment rule definitions by provider, provider type, program, geographic area and other areas, as defined by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP enrollment application is fully configurable to fit the needs and standards of IME. Accenture realizes that most paper enrollment applications are much more than most providers need to fill out in order to complete the application and in knowing this we have developed our provider enrollment application to only display to the user the questions/data fields that need to be filled out to complete the enrollment. An example of this would include fields that are needed for specific provider types but would not be included in other provider types. Individual vs. organization, program and geographic areas (in-state vs. out-of-state) questions/data fields are configurable for use by IME if directed.

| Requirement Number: | PR3.01, PR3.01.01 |
|---|---|

*Accept, validate and process transactions or user entries to update and maintain provider information.*

*Provide for the collection and maintenance of additional data in the provider database, including, but not limited to: a. Sanction information. b. Accreditation information. c. Provider links to Taxpayer Identification Number (TIN) and parent organizations. d. Inactive and active filter. e. Care management and or lock-in restrictions. f. Case load assignments. g. License number and licensure status. h. Pay for performance (P4P) indicator. i. Restrictions for payments (no payment for surgeries). j. Flag for Electronic Funds Transfer (EFT) information. k. Flag for electronic claim submission. l. Drug Enforcement Administration (DEA). m. County. n. Email contact information.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

Enabling providers to view and update their own data in a real time fashion results in up to date, accurate provider data. Current information enables members and other providers insight into and up to date access to provider locations and information.

• Provider information is easily updated through APHP by users with the appropriate approvals and security profile.

• Maintaining current and accurate provider records is a key component in supporting accurate claims adjudication and access to care for the constituents of the state.

• All updates to provider records, whether initiated through the APHP Portal or interface update transactions, are available immediately upon approval for use in processing and are accessible through user interfaces.

• APHP delivers a single source of provider data that is controlled and verified to support accurate, up-to-date information through the promotion of a secured, easily accessible portal. The Provider Management module in APHP maintains date-specific enrollment and demographic information for all individuals and groups who are approved to provide services to the State's Medicaid members and participants in any other related programs supported by the State, and supports the minimum data set prescribed by Chapter 11 of the State Medicaid Manual (SMM).

• Information such as provider basic demographic information (name, title, SSN, date of birth, email and web address, telephone and fax numbers), qualifications such as licenses and certifications, accepting new patient information, hours and office location updates, contact information including role, address and phone information for each contact, whether the provider accepts special needs patients, whether the provider offers Teletype writing device for the deaf/teletypewriter (TTD/TTY) and handicap capabilities for hearing-impaired people, languages spoken, and claim submission information is maintained on the provider record and is updateable by authorized APHP users, including providers using the self-service capabilities of the APHP web portal.

| Requirement Number: | PR3.01, PR3.01.01 |
|---|---|

• Provider records within APHP provide for the entry of multiple address records, including zip codes and county data, with corresponding begin/end dates. Each address is identified with an address type to designate the definition of each address such as mailing, physical address, 1099 address, etc, and provide for the use of specific address types when generating letters and other correspondence to the provider.

• Enrollment information for the provider is also captured and maintained in APHP, including application and enrollment dates and status, enrollment status code. Information obtained as a result of verifying the provider's license or credentials is captured, including any provider under Review and sanction data and a provider suspense flag.

• The configuration parameters in APHP drive the benefits delivered to the correct payment methodology and fee schedule. APHP maintains provider information that will be used to classify providers for reporting and claims processing, and that will be used to establish the connection within APHP between benefit contracts and payment contracts. This information includes taxonomy or provider type, NPI, provider specialties with effective dates, payment information including specific contracted rates, and information on contracts or agreements specific to the provider.

• The APHP supports association links to defined provider entities such as networks and network sets, groups, MCOs, chains, ownerships and partnerships. Such association links are configurable through the APHP Portal. This allows us to capture full demographic information for the associated entity (network, MCO, chain, ownership etc), including the name (of billing agent, owner, chain, partner, etc), address, SSN, date of birth and other information needed for that entity. This is how the APHP solution also supports affiliations with multiple groups, clinics, hospitals, district medical officers (DMOs), chief medical officers (CMOs), or other organizations.

• Vendors are the basic payee record in APHP; Vendors may be associated with many records such as Providers, Networks and individual members. Anyone receiving a payment from the MMIS must be set up as a vendor. Vendor information that is maintained within APHP includes Payee TIN, Federal EIN, or SSN and Tax exempt status.

| Requirement Number: | PR3.02, PR3.02.01 |
|---|---|

*Provide user access to provider data and allow extraction of information. The extracts or reports could include such items as: a. The current status of providers" records. b. An alphabetical provider listing. c. A numeric provider listing. d. A provider rate table listing. e. An annual re-certification notice. f. A provider "group affiliation" listing. g. A provider specialty listing. h. A provider listing by category of service.*

*Provide the functionality to produce a variety of standard production reports, as well as user-defined, parameter-driven reports and listings of data contained in the Provider Master file.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

Enabling providers to view and update their own data in a real time fashion results in up to date, accurate provider data. Current information enables members and other providers up to date access to provider locations and information.

• Provider information is easily updated through APHP by users with the appropriate approvals and security profile.

• Maintaining current and accurate provider records is a key component in supporting accurate claims adjudication and access to care for the constituents of the state.

• All updates to provider records, whether initiated through the APHP Portal or interface update transactions, are available immediately upon approval for use in processing and are accessible through user interfaces.

• Our solution includes roles-based web portals for viewing the MMIS using a .NET architecture. Providers, Members and staff equipped with the appropriate access credentials will have web-based access to the MMIS through their computer browser. No client components are required to use the APHP portal.

• The APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. APHP databases are designed to handle large volumes of data and are optimized for fast querying for standard production reports as well as user-defined, parameter-driven reports and

| Requirement Number: | PR3.02, PR3.02.01 |
|---|---|
| listings of data contained in the provider master file. | |

| Requirement Number: | PR3.03 |
|---|---|
| *Track and control the process of reconciliation of errors in transactions that are intended to update provider information.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

The Provider update processes within APHP provide an accurate, current, and historical source of provider demographic and program participation information.

• Incoming data is edited per defined business rules for accuracy and reasonableness and errors are reported on transaction error reports.

• Authorized users will have the ability to update provider data through the APHP Worker Portal.

• APHP contains multiple secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files.

• APHP has integrated alerts that are configurable to inform appropriate State and contractor staff on the status of interface data processing, including notification of the completion of processing or processing interruptions due to errors.

• Authorized State and contractor staff will configure business rules through an easy-to-use interface that comprehensively supports all aspects of member management MMIS functions.

• APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This include records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors.

| Requirement Number: | PR3.04 |
|---|---|
| *Maintain current and historical multiple address capabilities for providers.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

• Provider records within APHP provide for the entry of multiple address records with corresponding begin/end dates. Each address is identified with an address type to designate the definition of each address such as mailing, physical address, 1099 address, etc, and provide for the use of specific address types when generating letters and other correspondence to the provider.

• During the processing of provider data from external sources predefined business rules are enforced which require specified data elements, including date of birth, phone numbers and addresses. The format of the inbound transaction record will be set up to include up to four address sets, per the State's request. Records without required data are routed through the workflow for review and intervention.

• The APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality.

• APHP accommodates the production of correspondence in multiple formats. These include informational notices or

| Requirement Number: | PR3.04 |
|---|---|
| newsletters sent as printed copies or transmitted electronically, and the ability to generate mailing labels. | |

| Requirement Number: | PR3.05, PR3.05.01 |
|---|---|
| *Maintain an audit trail of all updates to the provider data for a time period as specified by IME.*<br>*Provide an online audit trail that is easily queried for all transactions applied to provider record(s), with the date of the transaction, time of the transaction, type of transaction (e.g., add, change) and the identification of the person applying the transaction.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

The application of audit trails to provider records down to specific data fields is critical to resolving any data discrepancies. APHP sends, receives and validates provider eligibility information from multiple data sources. APHP also allows for authorized users to update provider data directly through the APHP Worker Portal. Additionally, providers may use the APHP Provider Portal to request data changes. For all updates, APHP builds the audit trail to reflect the date/time the updates were made, through what source the updates were received, which updates were applied, and reports errors during update processes. Errors are routed through the APHP workflow to the correct person or work unit for follow-up and resolution. All summary and error reports are generated after completion of file processing and are accessible to authorized users.

• The APHP creates a comprehensive audit trail to record the information about the authorized user who entered or modified/changed provider data, including the date and time of the action.

• APHP audit information is available via the web portal for those APHP users with authorized security rights.

• APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This include records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors.

| Requirement Number: | PR3.07 |
|---|---|
| *Update and maintain financial data and all necessary information to track consolidate and report 1099 information including current and prior year 1099 reported amounts.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• Accenture produces the 1099 files by interfacing with the Social Security Administration (SSA) and Internal Revenue Service (IRS).

• APHP is updated with all current applicable laws and regulations to ensure 1099 and interface file production meets current regulations without needing to redesign and recode 1099 forms, rules, and interface files each year.

• Provider 1099 data for current and prior years, along with the State requirement of four previous years, will be maintained and updated within APHP as part of the functionality within the provider financial management component.

| Requirement Number: | PR3.08 |
|---|---|
| *Maintain links from providers to other entities such as groups, Managed Care Organizations (MCO), chains, networks, ownerships and partnerships.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The ability to cross reference individual providers to groups and MCOs, chains, networks ownerships and partnerships is required to deliver accurate provider enrollment, claims processing, reimbursement and reporting

• APHP enables the creation of relationships among providers. Individual providers may be associated with one or multiple groups, organizations, or MCOs as specified by State policy.

• The APHP provider management component supports the capability to manage and link providers at the individual, group, network and network set, call group and MCO, ASO and other organizational levels to support providers that have multiple office locations, pay to identifiers and address, business associates, and group / practice affiliations.

| Requirement Number: | PR3.09, PR3.09.01 |
|---|---|
| *Provide capability to do mass updates to provider information based on flexible selection criteria.*<br>*Maintain the capability to apply mass updates to provider-specific rates based on IME"s specified criteria.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• APHP will provide the ability to perform criteria based, mass updates to provider information including provider specific rates through the APHP Portal via web services.

• APHP will provide the capability for mass updates through special scripts that will be customized through the web portal UI.

• Customizations will involve setting up rules and assigning updates to the data elements within the provider database.

• APHP uses flexible, table-driven rules and services that are configured through easy to use screens.

| Requirement Number: | PR3.10 |
|---|---|
| *Maintain indicators to identify providers that are Fee-for-Service (FFS), MCO network only and other state health care program participants.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

As the system of record for provider information, APHP contains current and historical provider information, for both medical and non-medical providers, such as demographics, credentialing, MCO and provider group affiliations and Electronic Funds Transfer (EFT). In addition, stored Medicaid provider and claims data will identify providers with specialties and service indicators indicating potential for enrollment as primary care, disease management, and waiver providers. The APHP solution contains a relationship structure between benefit plans, members, providers, vendors (payees), and payment contracts. This structure provides tremendous flexibility in defining what services are

| Requirement Number: | PR3.10 |
|---|---|

covered, how those services are delivered, and how payments are made. This structure allows the APHP solution to identify providers that are fee-for-service (FFS), MCO network only, and other State health care program participants, including pharmacy-specific indicators for different specialties such as chains and compounding pharmacies and retain the data according to State policy.

• APHP provides the ability to create Fee Schedules that are attached to Payment Contracts. Payment contracts specify payment processing rules and parameters during claims adjudication, and are configurable to assign to the correct payee (vendor).

• Vendors are the basic payee record in APHP; Vendors may be associated with many records such as Providers, Networks and individual members. Anyone receiving a payment from the MMIS must be set up as a vendor.

• There exists a connection within APHP between benefit contracts and payment contracts, and APHP drives the benefits delivered to the correct payment methodology and fee schedule.

• The provider may be assigned to a different contract where they receive fee-for-service under one benefit plan, and act as a capitated case manager in another.

| Requirement Number: | PR3.11 |
|---|---|

*Maintain a flag for providers who are eligible to use EFT and electronic claims submission.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

The APHP provider database facilitates electronic payments to Medicaid payees (vendors) by maintaining indicators and the bank account and routing information necessary for payment by Electronic Funds Transfer (EFT). APHP also identifies all providers that submit electronic transactions to the APHP MMIS in the provider database.

• Our APHP EDI gateway allows for electronic submission of claims/encounters/adjustments and submissions. Providers, clearinghouses and other entities that submit electronically are assigned a submitter ID and the electronic claim submission indicator is added to the provider record.

• The APHP provider database maintains the Electronic Funds Transfer (EFT) indicator and the bank account and routing information for providers who do not wish to receive a paper check.

• The EFT information stored and maintained includes bank name, account number and routing information, bank account type, and an effective and end date.

• Multiple instances of bank information will be maintained to reflect the history of EFT information, but only one account may be active at a time.

• APHP also maintains tax related information including Tax Identification, Social Security Number (SSN), Tax Identification Number (TIN), IRS withholding indicators and Backup Withholding (B-Notice) information.

• APHP generates batch files with provider payment data that is transferred to the bank electronically over a secure connection for processing.

• The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

| Requirement Number: | PR3.SS.01 |
|---|---|
| *Provide the capability to match the data received from the death registry interface and create an alert when there is a match with an active provider name. Verify the match and disenroll the provider if match is accurate.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

• APHP provides the capability to interface with multiple interfaces including the death registry.

• The name validation process against the death registry occurs automatically based on the requirements and availability of data and as configured in the workflow tool.

• Providers that are identified to be included in the death registry will trigger an automated alert to the appropriate APHP staff member and inserts an event into the workflow component for further verification that the match is accurate and take the appropriate actions to inactivate the provider.

| Requirement Number: | PR3.SS.02 |
|---|---|
| *Provide the capability to reactivate a previously enrolled provider without complete reenrollment.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

• APHP maintains all provider data regardless of active/inactive status. The active/inactive status is only an indicator on the provider record and can be removed to allow previously enrolled providers that have been inactivated to be reactivated. A provider must contact the IME Provider Services contractor for a definition of IME guidelines for reactivation into the program and the APHP provider management module will maintain a shortened provider reactivation workflow as defined by IME guidelines to support this situation.

| Requirement Number: | PR3.SS.03 |
|---|---|
| *Maintain a minimum of five years of provider demographic information, rates and claim payment history data for online inquiry by the contractor and authorized IME staff. All demographic information and rates must be maintained by date segments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• Accenture maintains a minimum of five years of provider demographic information in an online searchable audit trail of reference information and update transactions, including errors in changes and suspended changes.

• This helps users research archival information in many ways - how pricing was calculated, to identify how limitations and restrictions were applied to processed claims through editing and auditing, to uncover other data that impacts claims payments, and the like.

• Reference data is date specific, and the reference tables store both current and retired pricing information, including reasonable and customary charge data.

• The online searchable audit trail stores the time and date of each entry on the reference data tables and the user

| Requirement Number: | PR3.SS.03 |
|---|---|

identification (ID) logged in.

• Every updated transaction to the reference data is stored.

• Reference data updates completed via the Code Import process is archived in Import History. The history list contains a listing of the file types with corresponding effective dates and the import date and time.

• Online/manual updates allow the user to indicate the code type with effective segments. The applicable version is also referenced on the procedure record.

| Requirement Number: | PR3.SS.04 |
|---|---|

*Enable a process to suspend, terminate or withhold payments from providers under investigation.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• APHP effectively tracks and makes accurate payments, including withholds or withholding percentage amounts to providers who are under investigation.

• The APHP enables workers to set and monitor payment data related to providers, including withheld percentages of payments. The APHP payment process facilitates this requirement through the hold of payments for validation and full or partial release of funds.

• When a benefit plan such as an HCBS waiver is configured in our system, workers can define specific rules for permitting payments against services identified in the plan.

• As claims are received, our solution compares the claim information against the provider's payment status and automatically suspends/withholds payments based on those rules.

| Requirement Number: | PR3.SS.05 |
|---|---|

*Provide the capability for automated disenrollment procedures according to IME defined criteria.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

Only health care practitioners and health care facilities that meet the State's conditions of participation and eligibility requirements may be enrolled in the State's Medicaid program. As such, APHP supports the disenrollment of providers that do not continue to meet the State's conditions of participation and eligibility requirements.

• Providers may be disenrolled from Medicaid program participation for reasons including but not limited to the following:

o Voluntary termination

o They remain inactive for more than the state specified timeframe

o Notification from a sanctioning or licensing authority of disqualification

o State request

• Based on the State's business process rules, APHP provides automated and configurable workflow capabilities that define and control the termination process.

• Information related to the termination, including the termination date and reason are captured. This information is reviewed should the provider submit a new application for enrollment, and may be used per the State's business

| Requirement Number: | PR3.SS.05 |
|---|---|

policy to prevent the provider's re-enrollment.

• The APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. APHP databases are designed to handle large volumes of data and are optimized for fast querying.

• The termination process is configured in the APHP workflow tool. Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time.

| Requirement Number: | PR3.SS.06 |
|---|---|

*Ability to identify if the provider uses electronic health records (EHR) and the CMS certification number of the EHR system.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy and will also support the IME objectives to meet the guidelines established within the Meaningful Use directives issued by CMS.

• The provider's EHR status information is captured during provider enrollment and the CMS certification number of the EHR system is captured at this point.

• APHP has the native ability to assign and track provider identifiers, including CMS EHR certification number, Atypical Provider Identifiers (API), legacy Medicaid provider identifiers, provider identifiers assigned via other systems(i.e. Medicare/CMS), and other identifiers such as Drug Enforcement Agency (DEA) numbers. Each identifier is captured with an effective date span, type and source.

| Requirement Number: | PR4.01 |
|---|---|

*Require (when appropriate), capture and maintain the ten digit NPI.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy.

• The provider's NPI information is captured during provider enrollment and is validated through NPPES and revalidated as ongoing maintenance against the NPPES database. Based on the State's business rules, NPI may be a required data field based on criteria such as provider type or taxonomy.

| Requirement Number: | PR4.02 |
|---|---|
| *Accept the NPI in all standard transactions mandated under HIPAA.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and accepts NPI in all standard electronic transactions mandated under HIPAA.

• APHP processes inbound and outbound ANSI X12 EDI messages.

• The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

| Requirement Number: | PR4.03 |
|---|---|
| *Interface with the National Plan and Provider Enumeration System (NPPES) to verify the NPI of provider applicants once the Enumerator database is available.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The enrollment process for Medicaid includes credentialing, endorsement, and licensure verification to ensure that all providers are in good standing in the community. Interfaces with other State and Federal agencies accomplish validation of the provider's credentials, including National Provider Identification (NPI) and taxonomy, license and certification information. Provider specific information (type, specialty) may drive what credentials and documents are necessary.

• APHP interfaces with various entities to review defined credentialing data including:

o General Services Administration (GSA) Excluded Parties List System (EPLS),

o Verification of the NPI in the National Plan and Provider Enumeration System (NPPES),

o The State Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE),

o Drug Enforcement Agency (DEA),

o Clinical Laboratory Improvement Amendments (CLIA) certification,

o Centers for Medicare and Medicaid Services (CMS) sanction lists

o Credit checking through the Online Solution for Complete and Accurate Reporting (e-OSCAR),

o Council for Affordable Quality Healthcare (CAQH) Universal Provider Data Source (UPD

• The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

| Requirement Number: | PR4.04 |
|---|---|
| *Do not allow atypical provider to be assigned numbers that duplicate any number assigned by the NPPES.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

The APHP provides a single data entry source for provider applications. By processing applications through a single source, provider numbers are assigned to providers according to State policies.

• Our system enables us to assign unique provider numbers to each provider record. When a provider record is added to the APHP databases as part of the provider enrollment process, checks are done to determine if the provider record already exists. Edits may be defined based on the State's policy, to identify and prevent exact matches, and add with notification 'suspect' duplicates.

• For atypical providers, the APHP system generates a unique number that is not reused, is ten alphanumeric digits, and does not follow the same pattern as the NPI.

| Requirement Number: | PR4.05 |
|---|---|
| *Provide ability to link and de-link to other Medicaid provider IDs for the same provider (e.g., numbers used before the NPI was established, erroneously issued prior numbers, multiple NPIs for different subparts). Capture and crosswalk subpart NPIs used by Medicare, but not Medicaid, to facilitate Coordination of Benefits (COB) claims processing.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy.

• The provider's NPI information is captured during provider enrollment and is validated through NPPES.

• The APHP provider module has the functionality to assign an internal number to each provider that can be used for further identifying a provider within the APHP system.

• APHP also has the native ability to assign and track provider identifiers, including Atypical Provider Identifiers (API), legacy Medicaid provider identifiers, provider identifiers assigned via other systems(i.e. Medicare/CMS), and other identifiers such as Drug Enforcement Agency (DEA) numbers. Each identifier is captured with an effective date span, type and source.

• Claims processing within APHP uses the information submitted on the claim to crosswalk and obtain the correct provider record. This is true regardless of the method of claim entry, including Medicare crossover claims received via the COBA crossover files. APHP facilitates the Coordination of Benefits (COB) processing against Medicare crossover claims in addition to coordinating benefits with other member third party payer coverage.

| Requirement Number: | PR4.SS.01 |
|---|---|
| *Provide the capability to process an NPI, taxonomy and other fields as specified by IME including secondary NPI.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy.

• The provider's NPI information is captured during provider enrollment, validated through NPPES and used when processing transactions as submitted to APHP. This includes identifying the different providers on a claim, validating that the provider is eligible to perform services for IME, approve authorizations and disbursing claim payments. APHP can be configured to accept a secondary NPI for processing purposes as specified by IME.

| Requirement Number: | PR4.SS.02 |
|---|---|
| *Be capable of producing a random sample of providers for audit purposes based on IME established selection criteria.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/SQL Server Reporting Services**

**Description of Product**

• APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics. Providers (individual or group) that start but never submit their supporting documentation can be identified and reported on through the APHP operational dashboards. Through this reporting data store, APHP can produce a random sample of provider for audit purposes based on IME established selection criteria.

| Requirement Number: | PR4.SS.03 |
|---|---|
| *Send alert if multiple provider numbers are assigned to a single atypical provider.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

The APHP provides a single data entry source for provider applications. By processing applications through a single source, provider numbers are assigned to providers according to State policies.

• Our system enables us to assign unique provider numbers to each provider record. When a provider record is added to the APHP databases as part of the provider enrollment process, checks are done to determine if the provider record already exists. Edits may be defined based on the State's policy, to identify and prevent exact matches, and add with notification 'suspect' duplicates.

• Criteria used to determine exact and suspected duplicate is configurable, and typically includes checks against provider identifiers including NPI, API, SSN, EIN, Atypical identifiers, provider first and last name or provider business name, and / or date of birth.

• When a provider is identified as either an exact or suspect duplicate, a user is notified through the capabilities of our business workflow tool to follow-up. The exact steps taken to resolve suspected provider duplicate records are

| Requirement Number: | PR4.SS.03 |
|---|---|

configurable through the features of our integrated workflow product.

• Authorized State and contractor staff will configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.

• The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. Workflow steps and logic are built using a wizard user interface. Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time.

| Requirement Number: | PR4.SS.04 |
|---|---|

*Process actions and responses to B Notices from Internal Revenue Service (IRS) as determined by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP will support the IME Provider Services contractor and the Department as defined to support the processes and actions necessary when handling B Notices from the IRS. Upon either receipt of an electronic IRS file via the APHP EDI component or information uploaded through the APHP portal, providers subject to B Notice actions are identified and automated workflows will be available to support the processing of IME designated actions, correction and/or updates.
- The back-up withholding process begins when the Internal Revenue Service (IRS) sends a mismatch file to IME listing the Medicaid providers whose name and tax identification number (TIN) do not match what is on file with the IRS. This file is created using 1099 information that APHP sends to the IRS each year.
- From this list, first and second B-Notices are mailed to the providers requesting updated information. A first B-Notice requires the provider to return a completed W-9 to APHP. A second B-Notice (when a provider shows up on the IRS file more than once in a three-year period) requires the provider to obtain their name and TIN verification from the Social Security Administration or “letter 147c” verification from the IRS.
- The provider has 30 business days from the date of the B-Notice to provide verification.
- If APHP does not receive the required information within the appropriate time frame, a back-up withholding of 30 percent (may fluctuate depending on IRS regulations) must be deducted from any future payments until the verification is received. When APHP receives verification, the back-up withholding is discontinued within 30 working days of providers’ notification.

| Requirement Number: | PR.SS.01 |
|---|---|
| *Provide online inquiry to summary information regarding provider year-to-date claims submittal and payment data.* | |

This requirement is met through the use of COTS.

**COTS Product Name: APHP/SQL Server Reporting Services**

**Description of Product**

• APHP reporting component provides multiple capabilities and program status features to bring program transparency and automation to program reporting, provider reporting, 1099 earnings reporting, and State and Federal report inputs.

• APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

• Utilizing APHP reporting tools and SQL Server Reporting Services, we will be able to create a dashboard for provider payment summary. This graphical user interface will allow users to review annual summary with drill-down capability to view claims and other financial transactions which resulted in payment summary.

| Requirement Number: | PR.SS.02 |
|---|---|
| *Maintain the flexibility to change provider type categories and convert history records to reflect new provider type categories.* | |

This requirement is met through the use of COTS.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• Accenture understands the importance of provider data management function for a Medicaid operation and the need to change provider type categories based on business demand.

• The APHP provider management module is a configurable and flexible product which can be set up to define values for specific data types without requiring a developer to code values in backend tables. Using provider management screens, users have the flexibility to add/update/change or simply delete provider type categories. Using a utility for data management, we will be able convert history records to reflect new provider type categories, all while maintaining date defined parameters for historical research and processing needs.

| Requirement Number: | PR.SS.03 |
|---|---|
| *Provide the capability to store multiple provider addresses per provider and a corresponding e-mail address for each of the mailing addresses on the provider file. Addresses include but are not limited to a location address, pay-to address, corporate address and correspondence address.* | |

This requirement is met through the use of COTS.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• It is important that provider data file is maintained accurately and in a timely manner. This will allow efficient communication with the provider community. Our solution exceeds these needs.

• APHP Provider data management web pages allow the capability to store multiple provider addresses per provider. Each address record has dates associated to indicate the period for which each address is effective. There is an address type field for each record. The address type is user-configurable so it can be set to capture different address types i.e. mailing, physical, pay-to address, corporate, correspondence or any other address type needed. Each

| Requirement Number: | PR.SS.03 |
|---|---|

record also has a placeholder for corresponding email address in case the provider chooses to receive communication electronically.

• The APHP solution provides flexibility for users to define various address types for provider community and easily maintain this data for Medicaid operations.

| Requirement Number: | PR.SS.04, PR.SS.05 |
|---|---|

*Capture and maintain vendor code field in MMIS for HMO or MediPASS providers.*

*Provide the capability to add new provider types with situational parameters for data such as rates, types, service limitations as directed by IME.*

This requirement is met through the use of COTS.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• Because APHP is a robust COTS solution, based on the dynamics of commercial managed care benefit administration and claims processing system, rules changes or program additions become functional configuration changes instead of customizations at the code level. This enables trained, non-technical personnel to make rules changes without programmer intervention. Authorized users can configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing, provider management, member management and financial management.

• APHP recognizes the Vendor ID as a "pay to" entity in which either a single provider or group of providers can be associated with for payment. APHP provides flexibility to capture and maintain multiple Vendor ID assignments to providers so as to support providers who participate in various managed care contractor arrangements such as MediPASS but also provide services to the FFS community. Using provider management web pages, authorized users can capture and maintain the associated Vendor ID(s) for HMO and MediPASS providers.

• The provider management web pages in APHP also provide the capability to add new provider types. Specific attributes like rates, types and service limitations are key elements of benefit plan and fee schedule configuration. APHP will deliver a variety of options for the use of provider types, rates and service limitations to IME.

| Requirement Number: | PR.SS.06 |
|---|---|
| *Provide the capability to support periodic provider re-enrollment.* | |

This requirement is met through the use of COTS.

**COTS Product Name: APHP**

**Description of Product**

• Accenture understands the importance of the provider re-enrollment function to maintain data quality and integrity of master provider file. For a re-enrollment process, the State would define the data elements from original application which can be leveraged and providers will have to furnish additional data elements to complete the application. Intent of the re-enrollment function is to validate the current information for master provider file.

• With service oriented architecture, APHP solution can be easily tailored to meet provider re-enrollment business process. Also, the automated workflow in K2 blackpearl can be designed such that Provider Services contractor can easily perform provider re-enrollment function. For re-enrollment process, APHP solution makes it easy for providers to validate the data captured previously through enrollment process.

| Requirement Number: | PR.SS.07 |
|---|---|
| *Provide the capability to produce a provider file audit report to document the processing of all update transactions for the previous day, showing a facsimile of the old record, the new record and the ID of the staff updating the files.* | |

This requirement is met through the use of COTS.

**COTS Product Name: APHP/SQL Server Reporting Services**

**Description of Product**

• APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

• All update transactions for provider master data are captured as part of standard audit trail process. This includes new record, old record, user ID who made the updates and a timestamp of when the update was made. The audit trail data will be transferred to operational data store. By having a centralized data store, APHP can easily provide the capability to produce a file audit report to show all provider updates. This can be used to support any external audits, research provider questions etc.

| Requirement Number: | PR.SS.08 |
|---|---|
| *Produce provider mailing labels based on specific provider attributes and merge with letters as directed by the IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Standard Register Dynacom**

**Description of Product**

• APHP accommodates the production of correspondence in multiple formats. These include informational notices or newsletters sent as printed copies or transmitted electronically, and the ability to generate mailing labels.

• Using master provider data in APHP, data elements for mailing elements are submitted to the fulfillment product Dynacom including specific attributes defined by IME. The fulfillment product software will be able to merge the mailing labels with specific letters. These letters are delivered to providers based on their preferred method of communication (i.e., mail or email.)

| Requirement Number: | PR.SS.09 |
|---|---|
| *Provide the capability to identify the entity that holds a lien against the provider if applicable, total lien amount, periodic payment amounts withheld, cumulative payment amounts withheld, and lien balance.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• APHP will support both provider withholds established directly on the provider record as well as configuration of financial management pages in APHP to set up liens against provider payments. The data elements captured when the lien is set up include the entity name and lien amount.

• As provider payments are processed, the system will check if there are any liens against the provider before issuing payments. If the provider payments are withheld against a lien, they are tracked in financial management providers including total lien balance at any time.

• APHP financial management capabilities provide the IME contractors an effective solution for lien set up and tracking lien balances and defining provider payments to be withheld against the liens.

| Requirement Number: | PR.SS.10 |
|---|---|
| *Provide the capability to produce alphabetic and numeric provider lists with totals and subtotals that can be restricted by selection parameters such as provider type, provider specialty, county, zip code and enrollment status.* | |

This requirement is met using COTS products.

**COTS Product Name: SQL Server Reporting Services**

**Description of Product**

• The APHP Enterprise Reporting services solution employs a suite of tools that allows business users easy access to data without having to know anything about the technical structure such as table names and table column names. Instead, users access the data via a graphical interface with a simple drag and drop functionality to help them build queries to obtain the data they desire in the format they want. Additionally, data is available in an aggregated fashion to support instantaneous retrieval of summary information. Users have the ability to drill down to get to the atomic level data if needed and save the query results in multiple formats.

• Using the APHP reporting capability, users can easily produce alphabetic and numeric provider lists with totals and subtotals. The lists can be generated based on specific parameters such as provider type, provider specialty, county, zip code and enrollment status.

| Requirement Number: | PR.SS.11 |
|---|---|
| *Provide capability to provide data required for rate setting.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• The IME Provider Cost Audits and Rate Setting contractor is generally responsible for all activities related to fiscal analyses and recommendations for rate setting for the Iowa Medicaid Program. This encompasses the tasks to determine reimbursement rates for the Department-specified provider types and for auditing the accuracy of provider cost records.

• APHP access is available to this contractor via the web portal. Additionally, APHP provides easy to configure outbound interfaces which can be used to build an interface required for the rate setting contractor. This interface will include all data elements required for rate setting including member information, provider information and claims. The information can be delivered via web services or through secure FTP for easy access to rate setting contractor. In addition to the file interface, authorized users from rate setting contractor can be provided access to APHP Portal screens so they can research and access the data required for rate setting tasks.

| Requirement Number: | PR.SS.12, PR.SS.13, PR.SS.14, PR.SS.15 |
|---|---|
| *Provide the capability to update licensure data based on electronic files from occupational licensing entities.*<br>*Synchronize data with statewide provider directory Health Information Exchange (HIE) and licensing boards.*<br>*Accept and upload enrollment information, including NPI if required on providers from external source.*<br>*Accept and upload rate information from external sources including excel spreadsheets.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• APHP EDI component provides secure data exchange with easy to configure inbound or outbound interfaces which can be used to import or export data out of APHP tables. There will be some standard interfaces configured which would be applicable for any standard Medicaid implementation e.g. receiving of NPI data file from NPPES (National Plan & Provider Enumeration System) and loading the data into APHP tables. For state specific interfaces, external data elements can be mapped to data elements in APHP tables to create an interface. APHP user interface allows authorized users to build validation rules to ensure data integrity before the data is loaded into APHP tables. Once the interface is configured, it can be scheduled to run at a pre-defined frequency. The files will be exchanged with trading partners using secure transmission methods.

• Using this approach, APHP will be able provide the capability to

- Update licensure data based on electronic files received from occupational licensing entities
- Synchronize data with statewide provider directory Health Information Exchange (HIE) and licensing boards
- Accept and upload enrollment information from external source including NPI
- Accept and upload rate information from external sources including Excel spreadsheets

| Requirement Number: | PR.SS.16, PR.SS.17 |
|---|---|
| *Provide the capability to identify providers whose licenses, certifications, provider agreements and permits are set to expire ninety (90) days prior to the end date of current certification, licensing or permit period and notify the contractor of the pending expiration.*<br>*Perform automated checks of national databases and bulletin boards for exclusions, sanctions or license revocation* | |

| Requirement Number: | PR.SS.16, PR.SS.17 |
|---|---|
| *in other states or by CMS.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

• APHP stores all data needed to maintain a comprehensive provider record database for IME Medicaid operations. This includes importing of license, certifications and provider agreements/permits information from external data sources. Using external interfaces, this information would be stored in APHP and include end date or expiration date of their license/certificate/permit period. Using automated workflow in K2 blackpearl, a work flow can be configured to identify any providers whose license/certificate/permit is about to expire. The expiration period can be configured in the workflow to 90 days. This value can be changed easily if the Department decides to do so. The automated workflow will identify all providers whose information is about to expire and send out notification triggers to fulfillment system. The fulfillment system will generate the necessary notification to providers.

• Using interfaces configured in APHP, we will import data from national databases and bulletin boards for exclusions, sanctions or license revocation from other states into the MMIS. An automated workflow will be configured to run checks against this data. If any of the providers are found as a match on these exclusion lists, appropriate users will be notified through automated alerts. The users can take appropriate action based on State policy for these exclusion lists.

• We understand the importance of maintaining provider data in Medicaid and validating it against external data sources on an on-going basis. This will be a streamlined automated operations based on our easy-to-configure and automated tools.

| Requirement Number: | PR.SS.18 |
|---|---|
| *Identify providers that have a foreign mailing address and provide the capability to not send payment to a foreign mailing address.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• APHP Provider data management screens allow the capability to store multiple provider addresses per provider. Each address record has dates associated to indicate the period for which each address is effective. There is an address type field for each record. The address type is user-configurable so it can be set to capture different address types including a description and indicator as to if the address is a foreign address.

• The payment configuration screens allow users to set which address should be used to send payments. A rule can be easily configured to not allow payments to be sent to a foreign address. This is how APHP can identify providers that have foreign mailing address and provide the capability to not send payments to these addresses.

| Requirement Number: | PR.SS.19 |
|---|---|

*Provide the functionality to allow multiple provider status codes to be valid for the same or overlapping timeframes.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• APHP Provider management allows multiple statuses associated with a provider ID. Each status will have a timeframe associated with it. This allows the system to allow multiple provider status codes to be valid for the same or overlapping timeframes. For example, a provider can be on review but still submit claims - so, the provider record would have two statuses – "active" and "on review" for the same timeframe.

| Requirement Number: | PR.SS.20 |
|---|---|

*Process and maintain inputs and outputs including but not limited to the following: Inputs: a. Provider enrollment data. b. Provider demographic changes. c. Provider rate changes. d. State and federal licensing and certification documentation. e. Provider sanction listings. Outputs: a. Daily, monthly and on request reports and address labels. b. Daily provider files. c. Produce and deliver to the IME all reports requested by the IME from the provider data maintenance function, at the specified frequency, medium and delivery destination. d. Remittance advices in electronic format and X12N 835. e. Annual 1099s, on federally approved forms and mail to providers. f. Group mailings and provider labels based on selection parameters such as provider type, zip code, specialty, county and special program participation. g. Report identifying any providers who have changed practice arrangements (e.g., from group to individual of from one business to another) by provider type as requested by the IME. h. Data required for rate setting as required by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/SQL Server Reporting Services**

**Description of Product**

• APHP Portal provides user-friendly graphical interface for providers or internal users to process enrollment applications and data updates. The information captured through Portal can be routed to appropriate users using automated workflow tools.

• APHP EDI component supports secure data exchange and provides capabilities to configure inbound or outbound interfaces which can be used to import or export data out of APHP tables. There will be some standard interfaces configured which would be applicable for any standard Medicaid implementation. For state specific interfaces, external data elements can be mapped to data elements in APHP tables to create an interface. APHP user interface allows authorized users to build validation rules to ensure data integrity before the data is loaded into APHP tables. Once the interface is configured, it can be scheduled to run at a pre-defined frequency. The files will be exchanged with trading partners using secure transmission methods.

• The APHP reporting solution employs a suite of tools that allows business users easy access to data without having to know anything about the technical structure, table names and table column names. Instead, authorized users access the data via a graphical interface with a simple drag and drop functionality to build queries and obtain the data desired in the format best suited for the individual.. Additionally, data is available in an aggregated fashion to support instantaneous retrieval of summary information. Users have the ability to drill down to get to the atomic level data if needed and save the query results in multiple formats.

• APHP will be able to process and maintain the following inputs and outputs for Iowa Medicaid. The corresponding COTS product is listed in parentheses after each item.

Inputs

- Provider enrollment data (APHP Portal)
- Provider demographic changes (APHP Portal)
- Provider rate changes (APHP Portal or APHP Interfaces)

| Requirement Number: | PR.SS.20 |
|---|---|
| - State and Federal licensing and certification documentation (APHP Interfaces)<br>- Provider Sanction listings (APHP Interfaces)<br>Outputs<br>- Daily, monthly and on request reports and address labels (APHP Reporting)<br>- Daily provider files (APHP Interfaces)<br>- Reports related to data maintenance function (APHP Reporting)<br>- Remittance advices in electronic format and X12N 835 (Plexis Quantum Choice and APHP)<br>- Annual 1099s, on federally approved forms (Plexis Quantum Choice)<br>- Group mailing and provider labels based on selection parameters (APHP fulfillment)<br>- Report on provider changes in practice arrangements (APHP Reporting)<br>- Data required for rate setting as required by IME (APHP Interfaces) | |

### 9.1.3 Claims Receipt (CR)

The APHP accepts claims and other transactions via the web portal, electronically and in hard copy. Providers use the Provider portal to submit claims and related information, including most attachment types, using standard X12 transaction types and standard codes, such and ICD and HCPCS. Electronic claims and other transactions are transmitted to APHP using standard interface X12 protocols. Electronic claims are reconciled at the file and transaction level. Errors are automatically routed to the appropriate work queue for review and resolution. Hard copy claims and other transaction are received at the facility, processed through standard mailroom processes, scanned, imaged and indexed for processing. All claims receive a transaction control number (TCN) that uniquely identifies the claim throughout its life in the MMIS. Any attachments associated with a claim remain with that claim through its existence. All claims, regardless of source or submission mode, are immediately written to APHP and routed to the appropriate workflow. Claims are processed in accordance with HIPAA compliant standards, or, as approved by the Department for IME-specific claim and transaction types, in accordance with the Department's standards. APHP is a MITA aligned solution with a single consistent user interface to access all the business functions. All the MMIS information is available through the APHP Enterprise Reporting and Analytics component.

#### Features

- APHP provides complete end-to-end traceability from claims receipt to final disposition regardless of claim media. The APHP solution features a real time dashboard that consolidates data from claims and encounters submitted via the web portal, on paper or via electronic means in one place. The dashboard is accessible to the Department for monitoring volumes in each queue in the workflow.
- APHP provides multiple channels of claims receipt, including paper submissions, direct entry into the APHP web portal or secure Electronic Data Interchange (EDI) transmissions. Regardless of the method of submission, each transaction goes through the same basic processes and rigorous controls prior to processing and adjudication.
- Attachments can be submitted separately from their associated claims and matched during the claims receipt process.
- By providing access to a centralized image repository of scanned and imaged documents, the APHP document imaging and workflow solutions lead to improved communication among internal and external State users.

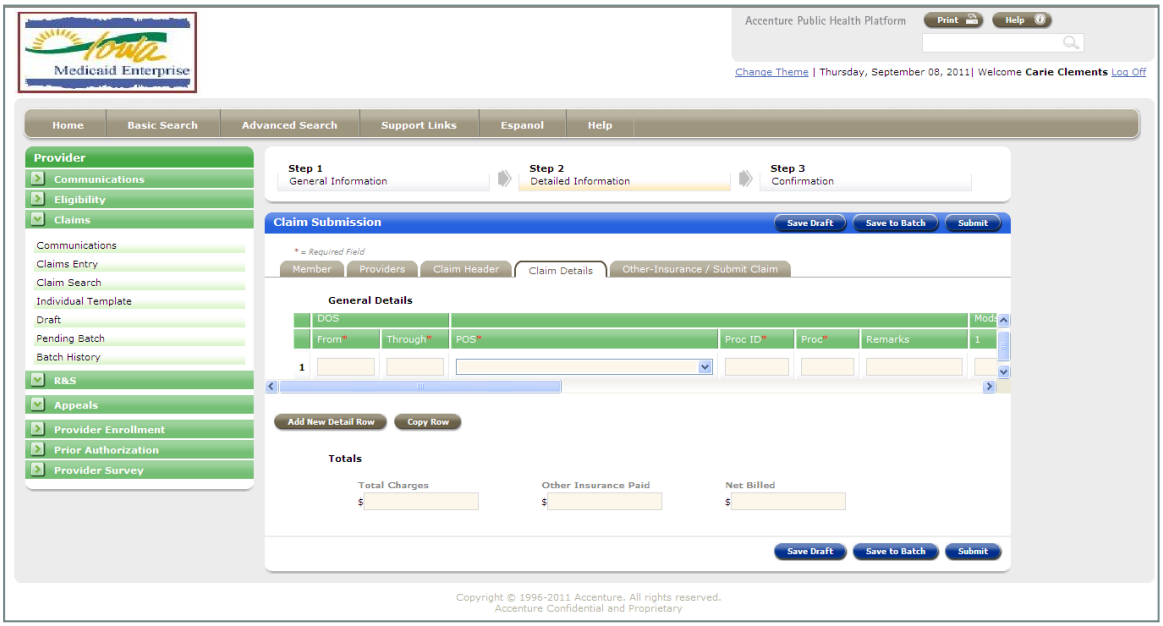



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*Figure 9 - 11. Direct data entry through the APHP Provider portal is one of the channels available to providers for claims submission; others are paper submissions or secure Electronic Data Interchange (EDI) transmissions.*

### 9.1.3.1 System Requirements and Responses

| Requirement Number: | CR1.01 |
|---|---|
| *Capture accurately all input into the system in the timeframe required by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva/OnBase**

**Description of Product**

The APHP solution supports multiple channels of capturing inputs into the system. The claims that come through:

- Paper - scanned, imaged using Captiva software for OCR and then stored in OnBase EDMS,
- direct data entry (DDE) - using the APHP Provider Portal
- EDI - through HIPAA compliant EDI gateway in Plexis Quantum Choice.

By configuring appropriate validation controls in each channel, we are able to capture accurately all input into the system in the timeframe required by IME.

| Requirement Number: | CR1.02 |
|---|---|
| *Provide and maintain interfaces with designated entities as required by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

APHP solution provides configurable inbound/outbound interfaces which makes it easy for IME to import or extract data out of MMIS. This also allows for easy to maintain data exchanges with authorized trading partners and designated entities. The interfaces can be scheduled to run at defined frequency by IME & designated entities, so there is no manual intervention needed. The files are exchanged using secure methods to protect data privacy & maintain data integrity.

| Requirement Number: | CR1.02.01 |
|---|---|
| *Assign each claim a unique identifier upon its entering the system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva**

**Description of Product**

- A unique control number is assigned to each paper claim and any supporting attachment, indicating the date of receipt which is imprinted on the hardcopy.
- Each batch of electronic claims received through the EDI gateway is assigned a unique batch number.
- Once the claims are received by Plexis Quantum Choice, each claim is assigned a unique identifier. The numbering convention for this unique identifier is configurable and based on Department specified rules.

| Requirement Number: | CR1.03, CR1.04, CR1.05 |
|---|---|
| *Accept and use the common hospital paper billing form developed by the National Uniform Billing Committee (NUBC) for non-electronic claims.*<br>*Accept and use the common non-institutional paper claim form developed by the National Uniform Claim Committee (NUCC) for non-electronic claims.*<br>*Accept and use the common dental paper billing form developed by the American Dental Association (ADA) for non-electronic claims.* | |

This requirement is met using COTS products.

**COTS Product Name: Captiva/OnBase**

**Description of Product**

- Captiva accepts and uses the current institutional paper billing form (UB04) developed by the National Uniform Billing Committee (NUBC), for non-electronic claims.
- Captiva accepts and uses the current non-institutional paper claim form (CMS 1500) developed by the National Uniform Claim Committee (NUCC), for non-electronic claims.
  Captiva accepts and uses the current dental paper billing form (ADA2006) developed by the American Dental Association (ADA) for non-electronic claims.
- Accenture establishes guidelines and procedures, with State input, to handle the processing of institutional, professional and dental paper claims appropriately.

| Requirement Number: | CR1.03, CR1.04, CR1.05 |
|---|---|

- All the paper claims is scanned in the Captiva system and using OCR (Optical Character Recognition), all the data elements from the paper claim forms is systematically captured. This includes all defined data fields from CMS 1500, UB-04 and Dental form elements, rendering provider identifiers, prescribing provider identifiers, prior authorization numbers, Third Party Liability (TPL) data, place of service, National Provider Identifier (NPI), and taxonomy numbers. If OCR process fails for any data fields, this is manually data entered by our Operations team in the Captiva system.
- The output of OCR & data entry will result in HIPAA compliant 837 claim format (Professional, Institutional or Dental) which is transmitted to our Claims Engine for adjudication.
- The original claims image is saved to OnBase, which is the EDMS for APHP.
- The claim record on the APHP worker portal contains the link to the original paper image of one click retrieval by the worker if needed. Single sign-on means the worker will automatically be signed into OnBase to view the image.

| Requirement Number: | CR1.06, CR1.07 |
|---|---|

*Control, track and reconcile captured claims to validate that all claims received are processed.*

*Provide the ability to identify claims input for control and balancing hardcopy and electronic media.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva/OnBase**

**Description of Product**

- Our solution supports multiple channels of receiving claims into the system. The claims can come in on paper through Captiva, via DDE on APHP Portal or through HIPAA compliant EDI gateway in Plexis Quantum Choice. Irrespective of the claim media type, we are able to control, track and reconcile captured claims to validate that all claims received are processed.
- A unique control number is assigned to each paper claim and any supporting attachment, indicating the date of receipt which is imprinted on the hardcopy.
- Each batch of electronic claims received through EDI gateway is assigned a unique batch number.
- Once the claims are received by Claims Engine, each claim is assigned a unique identifier. The numbering convention for this unique identifier is based on pre-configured rules in the system based on Iowa needs.
- Accenture will establish system procedures and staff protocols to verify the proper controls (TCNs, ICNs, and DCNs) are in place and are being appropriately applied through a quality control process. This process will include audit controls such as validation and reconciliation procedures and is automated where appropriate.
- Accenture's automated systems provide extensive audit controls and reporting capabilities that track every step of both the EDI and hardcopy claims (and document) functions and ensure all claims and documents that are received through any means are properly tracked and processed.
- Batch controls ensure that all hardcopy claims are properly accounted for and reconciled with claims processed during adjudication.
- Similarly, our EDI system has automated built in workload management reporting to ensure that batches are controlled, all claims are accounted for, and all transactions are processed.
- Claims in batches with an out-of-balance condition cannot be released for adjudication until the condition is resolved.
- Balance/out-of-balance reports are used to confirm that batches are entering the system correctly and expeditiously.
- Each paper claim's image is stored in the OnBase repository. The electronic claim in Claims Engine contains a cross-reference to this image identifier so it is easy to control and balance hardcopy and electronic media.

| Requirement Number: | CR1.08 |
|---|---|
| *Provide and maintain a data entry system that includes but is not limited to hardcopy claims and claim adjustment and or voids which provide for field validity edits and pre-editing for: a. Provider number. b. Member ID number. c. Procedure codes. d. Diagnosis codes.* | |

This requirement is met using COTS products.

**COTS Product Name: Captiva**

**Description of Product**
For hardcopy claims and claim adjustments/voids which could not be automatically captured using OCR while scanning; Accenture uses the Captiva system as data entry system. During this data entry, field validity edits and pre-edits are performed to confirm key data elements are accurate before the claim is adjudicated. The field validity edits and pre-edits are configurable and are performed against master data in production. If the validity edits fail, the paper claim is returned to providers with appropriate communication as directed by the State. Validity editing includes, but are not limited to, the following:

- Provider number & NPI
- member ID number
- Valid procedure code
- Valid diagnosis code

| Requirement Number: | CR1.09 |
|---|---|
| *Produce an electronic image of hardcopy claims and claims-related documents and perform quality control procedures to verify that the electronic image is legible and meets quality standards.* | |

This requirement is met using COTS products.

**COTS Product Name: Captiva/OnBase**

**Description of Product**

- Using our scanning capability in Captiva, we are able to produce an electronic image of all hardcopy claims and claims-related documents which are scanned. These images are stored in OnBase repository for retrieval for future use.
- Captiva reports any hardcopy claims that fail OCR and sends them to the claims operations staff for inspection and rescanned if necessary. Illegible originals are returned to providers with appropriate communication as directed by the State.
- Non claim images are inspected and manually indexed. These images are rescanned as necessary or if the original is illegible returned to the sender.
- Accenture will work with IME to determine and approve the appropriate quality control procedures to verify that the electronic image is legible and meets quality standards.

| Requirement Number: | CR1.10 |
|---|---|
| *Screen and capture electronic images, date-stamps, assign unique control numbers, batch hardcopy claim forms and attachments, adjustment and or void forms and updated turnaround documents.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva/OnBase**

**Description of Product**

| Requirement Number: | CR1.10 |
|---|---|

- Our solution supports multiple channels of receiving claims and claim attachments into the system. Electronic attachments that are medical or diagnostic images are screened and stored in OnBase, date stamped and assigned a DCN and associated with the associated claim or authorization record.
- For paper claims and related documents, our mailroom procedures batch hardcopy forms and attachment and Captiva then scans and captures the batch for further processing. The image is stored in OnBase. A unique control number is assigned to each paper claim and any supporting attachment, indicating the date of receipt which is imprinted on the hardcopy. Each batch of paper claims received is assigned a unique batch number. Captiva will keep track of each batch & claims within the batch in the batch control system.
- Any illegible documents or documents that we are not able to be processed will be sent back to the originator. A turnaround document is created and logged for all return to provider documents and used to balance mailroom transactions.

| Requirement Number: | CR1.11 |
|---|---|

*Log each batch into an automated batch control system.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva/OnBase**

**Description of Product**

- Our solution supports multiple channels of receiving claims into the system. The claims can come in on paper through Captiva, via direct data entry on APHP Portal or through HIPAA compliant EDI gateway in Plexis Quantum Choice. Irrespective of the method of submission, we are able to track each claim from receipt to final disposition.
- For paper claims and related documents, Captiva scans and captures the electronic image. The image is stored in OnBase. A unique control number is assigned to each paper claim and any supporting attachment, indicating the date of receipt which is imprinted on the hardcopy. Each batch of paper claims received is assigned a unique batch number. Captiva will keep track of each batch & claims within the batch in the batch control system.
- For electronic claims submitted directly on APHP Portal by providers, they are submitted in batch or individually. Each batch is assigned a unique batch number in the Portal. Each claim is assigned unique identifier so it can be tracked and reported.
- For EDI submitters using EDI gateway in Plexis Quantum Choice, each batch of electronic claims received through EDI gateway is assigned a unique batch number. Once the claims are received by Claims Engine, each claim is assigned a unique identifier.
- Accenture establishes system procedures and staff protocols to verify the proper controls (TCNs, ICNs, and DCNs) are in place and are being appropriately applied through a quality control process. This process includes audit controls such as validation and reconciliation procedures and is automated where appropriate.
- Accenture's automated systems provide extensive audit controls and reporting capabilities that track every step of both the EDI and hardcopy claims (and document) functions and ensure all claims and documents that are received through any means are properly tracked and processed.

| Requirement Number: | CR1.12 |
|---|---|

*Provide the ability to identify claim entry statistics to assess performance compliance.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva/OnBase**

**Description of Product**

| Requirement Number: | CR1.12 |
|---|---|
| Each COTS product captures the data related to claims entry statistics. This data is used collected and used to populate the Operational Data Store to be used to produce performance compliance measure for display on the Operational Excellence Dashboard (OED) to confirm that Accenture is compliant with performance standards established for claims entry statistics. | |

| Requirement Number: | CR1.13 |
|---|---|
| *Provide a unique submitter number for each billing service or submitter that transmits electronic or paper claims to the MMIS for a single provider or multiple providers.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice/Captiva**<br><br>**Description of Product**<br>• For users on APHP Portal, Accenture provides a unique user id associated with a single provider or multiple providers. This user ID is associated with all claims submitted by the user on APHP Portal.<br>• For EDI users, once the provider is enrolled, submitter id is established as a relationship between submitter ID and provider. This submitter id is associated in Plexis Quantum Choice for all claims submitted using this ID.<br>• For paper claims we capture the provider number to identify the submitter. A unique ID is also provided by Captiva for each paper claim submitted to the MMIS. | |

| Requirement Number: | CR1.14, CR1.14.01 CR1.14.02, CR1.14.03 |
|---|---|
| *Provide an attachment indicator field on all electronic media claims to be used by the submitter to identify claims for which attachments are being submitted separately.*<br><br>*Provide the ability to tie the electronic claim to all related paper claim images, attachments and adjustments that are submitted for the claim.*<br><br>*Receive and process electronic attachments and apply them to one or more claims based on IME rules.*<br><br>*Provide the capability to accept attachments to any transactions (e.g., claim, prior authorization, eligibility) and apply an attachment indicator in the MMIS.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice**<br><br>**Description of Product**<br>• Accenture provides an attachment indicator field on all electronic media claims to be used by the submitter to identify claims for which attachments are being submitted separately.<br>• The web based APHP portal supports submission and linkage of claim and prior authorization attachments. The electronic claim is tied to corresponding images through document control number assigned to paper documents when they were scanned.<br>• The EDI gateway in Plexis Quantum Choice supports the submittal of the 275 electronic attachment transactions for linkage with claim and prior authorization records.<br>• The APHP claims adjudication process further utilizes claim and prior authorization attachments to drive the application of rules and transaction disposition outcomes. We are able to receive and process electronic attachments and apply them to one or more claims based on IME rules. | |
| *Support testing of new provider claims submission systems by allowing providers to submit electronic claims test files that are processed through the adjudication cycle without impact on system data.* | |

| Requirement Number: | CR1.14, CR1.14.01 CR1.14.02, CR1.14.03 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/EDIFECS**

**Description of Product**

- For new providers wanting to use APHP Portal for electronic claims submission, we allow them to submit claims in our Integration Test environment so they can test their claims without impact on system data. The supporting data in the Integration Test environment is a copy of select Production data so providers are able to simulate adjudication results without any impact to production data.
- For providers who want to submit claims through EDI gateway, we want to make sure that they are submitting HIPAA compliant X12 claims. We are planning to use 3rd party product called EDIFECS. This is used to support testing of new provider claim submission process before submitting to the APHP systems. Once past the EDIFECS testing, submitters will be able to test as stated above, through the adjudication cycle within the Integration Test environment.

| Requirement Number: | CR1.17, CR1.17.01, CR1.17.02 |
|---|---|

*Identify any incomplete claim batches that fail to balance to control counts.*

*Provide a return transmission that verifies the number of claims received and accepted.*

*Maintain electronic data interchange (EDI) transmission logs of all transactions (i.e., successful or failed).*

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice**

**Description of Product**

Plexis Quantum Choice's EDI gateway is able to identify any incomplete claim batches that fail to balance to control counts. Examples of this include, number of claims in a batch do not match with number of claims specified in the batch header. Incomplete batches are returned back to submitters. Also, the EDI component maintains log of all transactions. Appropriate responses are sent back (TA1, 997, 999, 277CA) which include the number of claims received and accepted.

| Requirement Number: | CR1.18 |
|---|---|
| *Provide and maintain the capability to process standard financial transactions, including recoupments and payouts which cover more than one claim and or service.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP is able to recoup fixed dollar amounts and/or a percentage of payments at the provider level as needed, such as cases covering multiple claims and/or services.
- Similarly, APHP is capable of initiating and processing payouts, as required.
- Depending on the specific recoupment or payout situation, rules can be configured to apply the recoupment or payouts all at once or on a recurring basis.
- The web based APHP worker portal is the central point of access for entering, managing, and viewing financial transactions

| Requirement Number: | CR1.SS.01 |
|---|---|
| *Accept pharmacy claims from the POS.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

APHP solution provides configurable inbound/outbound interfaces which makes it easy for IME to import or extract data out of MMIS. We are able to configure an inbound interface to accept a pharmacy claims processed on an external POS system. Our reporting solution provides a comprehensive view since pharmacy claims combine with Medicaid claims in our reporting data store.

| Requirement Number: | CR1.SS.02 |
|---|---|
| *Provide the capability for authorized IME users to directly enter a claim online when IME deems necessary.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

Our Portal allows an authorized user to enter Professional, Institutional and Dental claim for a specific provider or a list of providers. Using our flexible security administration screens, we are able to set up authorized IME users to be able to enter claims online for specific providers as directed by IME.

| Requirement Number: | CR1.SS.03 |
|---|---|
| *Record time and date and user in the record for any online updates.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

APHP solution contains a common auditing service which records date, time and user for any online updates. This auditing service is invoked by appropriate online screens for any data changes that require a comprehensive audit trail. Data integrity is very critical in a MMIS and we are committed to providing a complete audit trail for any online updates.

| Requirement Number: | CR1.SS.04 |
|---|---|
| *Provide the edit capability to check for correct provider number when the provider submits the claim (e.g., at the front end).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva**

**Description of Product**

Our solution checks for correct provider number on the claim before it is accepted into the system. This is irrespective of the method of submission - Paper, Portal or EDI. The edit checks against same master provider file so data integrity is not compromised and data is not replicated in multiple places. By configuring this edit, we accept the claims only when the provider number is validated in the front end.

| Requirement Number: | CR1.SS.05 |
|---|---|
| *At a minimum, accept the following types of electronic claims: electronic batch, individual electronic, DDE and paper claims converted to electronic by an imaging process.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva**

**Description of Product**

- Our solution supports multiple channels of capturing inputs into the system.
- APHP Portal accepts electronic claims (individual or batch) for Professional, Institutional & Dental services
- Plexis Quantum Choice EDI component accepts HIPAA compliant X12 electronic batches in 837P, 837I and 837D format
- Captiva accepts paper claims in CMS1500, UB04 and ADA format. Using OCR & data entry, these is converted into electronic claims

| Requirement Number: | CR1.SS.06 |
|---|---|
| *Provide the capability to edit for potential duplicate services across all claim types as defined by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice**

**Description of Product**

The system provides out of the box capability to edit for potential duplicate services across all claim types. The duplicate rules can be set up based on combination of number of data elements including procedure code, diagnosis code, date of service, member id, provider number, place of service etc. We work with IME to configure the rule accordingly to check for duplicate services.

| Requirement Number: | CR1.SS.07 |
|---|---|
| *Report all claim lines billed by a provider as a single claim, or HIPAA transaction, by a provider, as a single claim document, to users and providers.* | |

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice**

**Description of Product**

Our Claims Engine assigns unique identifier to each claim received irrespective of media type. All claim lines on this claim are captured as individual claim details but are linked to claim header. Each claim line is adjudicated separately but the claim is reported as single claim document to users and providers.

| Requirement Number: | CR1.SS.08 |
|---|---|
| *Provide the ability to process all claims real-time.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

When the claims are submitted either using APHP Portal or EDI gateway in Plexis Quantum Choice, they are processed in real-time going through all the necessary edits and audits rules set up for Iowa Medicaid. The advantage of processing claims real-time is that providers know quickly if their claims are accepted or rejected since it will pass all validity edits as soon claim is processed. If the claim passes all edits and audits, it is priced and included in the next payment cycle.

| Requirement Number: | CR1.SS.09 |
|---|---|
| *Support a customized (reduced data requirements) online claim submission feature for waivered services, and other entities not covered by HIPAA.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

Accenture works with IME to define a form in K2 blackpearl product which reduces data elements required for claim submission for waivered services and other entities not covered by HIPAA. Using automated workflow, this information is submitted to Claims Engine for adjudication and processing.

| Requirement Number: | CR1.SS.10 |
|---|---|
| *Provide and maintain a data entry system that accepts and stores all data elements deemed necessary by IME including but not limited to the following: a. Provider type. b. Specialty. c. Sub-specialty. d. Member age and or gender restrictions. e. Prior authorization required. f. Modifiers. g. Place of service. h. Co-payment indicators (overrides). i. Eligibility aid category. j. Family planning indicator. k. Claim type. l. Emergency indicator. m. Units of service. n. Tooth number or letter and or quadrant. o. National billing uniform editor code set. p. Care management authorization number.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

APHP Portal provides data entry screens that accepts and stores the data elements in Plexis Quantum Choice. The Portal screens are user-friendly and guide the users to enter appropriate fields based on claim type. For example, for dental claims, tooth related fields will display on the screen. Tooth related fields are hidden for professional and institutional claims screen. The data elements will include *a. Provider type. b. Specialty. c. Sub-specialty. d. Member age and or gender restrictions. e. Prior authorization required. f. Modifiers. g. Place of service. h. Co-payment indicators (overrides). i. Eligibility aid category. j. Family planning indicator. k. Claim type. l. Emergency indicator. m. Units of service. n. Tooth number or letter and or quadrant. o. National billing uniform editor code set. p. Care management authorization number.*

| Requirement Number: | CR1.SS.11, CR1.SS.12 |
|---|---|
| *Produce a summary of EDI transmissions daily.*<br>*Provide the capability to respond with appropriate acknowledgement transactions such as the TA1, 997, 999 and 277CA as directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice**

**Description of Product**

- EDI gateway tracks of all EDI transmissions and produce daily summary reports of all EDI transactions.
- EDI gateway is also capable of producing appropriate acknowledgement transactions to EDI submitters. This includes,
- TA1 (technical acknowledgement sent back to submitter when there is an error at the enveloping level of X12

| Requirement Number: | CR1.SS.11, CR1.SS.12 |
|---|---|

transaction)
- 997 and 999 (file level acknowledgement to submitter that the file is received)
- 277CA (response to claim details including HIPAA rejections and claim status)
- 824 (application advice - HIPAA rejection for non-claim transactions)

| Requirement Number: | CR2.01 |
|---|---|

*Accept, record, store and retrieve documents submitted with, or in reference to, claim submission activity including but not limited to the following: a. Operative reports. b. Occupational, physical and speech therapy reports. c. Durable Medical Equipment (DME) serial number, cost and warranty data. d. Manufacturer's tracking data for implants. e. Waivers and demonstration specific requirements.*

This requirement is met using COTS products.

**COTS Product Name: Captiva/OnBase/Plexis Quantum Choice**

**Description of Product**

- Captiva is able to scan and image documents submitted with, or in reference to, claim submission activity. The images are stored in OnBase repository and can be retrieved by authorized users. Examples of such documents include, but not limited to, a. *Operative reports. b. Occupational, physical and speech therapy reports. c. Durable Medical Equipment (DME) serial number, cost and warranty data. d. Manufacturer's tracking data for implants. e. Waivers and demonstration specific requirements.*
- For any electronic attachments submitted through APHP Portal or Plexis Quantum Choice, these documents is stored in OnBase similar to paper attachments. They are available for easy retrieval like paper images to authorized users.

| Requirement Number: | CR2.02 |
|---|---|

*Receive claim attachments associated with electronic media or paper claims and auto-archives or forwards to appropriate operational area for processing.*

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice/Captiva/K2 blackpearl**

**Description of Product**

Using Captiva and Plexis Quantum Choice, we are able to receive claim attachments associated with electronic or paper claims. These are auto-archived or forwarded to appropriate operational area for processing based on the workflow rules configured in K2 blackpearl.

| Requirement Number: | CR2.03, CR2.03.01 |
|---|---|

*Accept Medicare crossover claims for Medicare coinsurance and deductible or Medicare Explanation of Benefits (EOB) claims attachments.*

*Provide the capability to accept and process Medicare and other carrier crossovers electronically at the claim and line level.*

| Requirement Number: | CR2.03, CR2.03.01 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva/OnBase**

**Description of Product**

- The APHP accepts Medicare and Medicare Advantage plan cross-over claims and Medicare Explanation of Benefits (EOB) claims attachments (paper and electronic).
- APHP has the capability to accept various electronic and paper formats either through the web based APHP portal, EDI X12 275 transaction, or through our document imaging process

| Requirement Number: | CR2.04 |
|---|---|

*Accept prior authorization attachments such as: a. Surgical and or anesthesia reports. b. Medical records. c. X-rays and or images. d. Orthodontic study models. e. LTC prior authorizations. f. Other items required by IME.*

This requirement is met using COTS products.

**COTS Product Name: Captiva/OnBase**

**Description of Product**

- Using Captiva, we are able to receive and accept prior authorization attachments such as a. Surgical and or anesthesia reports b. medical records c. X-rays and or images d. orthodontic study models e. LTC prior authorizations f. other items required by IME. Each attachment is assigned unique identifiers and the images are stored in OnBase for retrieval by authorized users.
- For any electronic attachments submitted through APHP Portal or Plexis Quantum Choice, these documents is stored in OnBase similar to paper attachments. They are available for easy retrieval like paper images to authorized users.

| Requirement Number: | CR2.05, CR2.05.01 |
|---|---|

*Accept other claim related inputs to the MMIS including but not limited to the following: a. Sterilization, abortion and hysterectomy consent forms. b. Manual or automated medical expenditure transactions which have been processed outside of the MMIS (e.g., spenddown). c. Non claim-specific financial transactions such as fraud and abuse settlements, insurance recoveries and cash receipts. d. Electronic cost reports. e. Disproportionate share reports. f. Any other inputs required for services under the state's approved plan.*

*Accept and process all standard data that can be submitted on any claim or claim type*

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva/OnBase**

**Description of Product**

- Accenture accepts other claim related inputs to the APHP, including but not limited to:
  - Sterilization, abortion, and hysterectomy consent forms
  - Manual or automated medical expenditure transactions that have been processed outside of the MMIS (e.g., spend-down)
  - Non-claim-specific financial transactions such as fraud and abuse settlements, insurance recoveries, and cash receipts
  - Electronic cost reports
  - Disproportionate share reports

| Requirement Number: | CR2.05, CR2.05.01 |
|---|---|

- Any other inputs required for services under the State's approved plan

- The APHP supports configuration of Prior Authorization/Consent forms capable of tracking consent to perform services.
- The APHP accepts the entry of medical expenditure transactions processed outside of the MMIS. These may be processed into the MMIS through the APHP portal or electronic interface where possible.
- The APHP financial subsystem accepts non-claim financial transactions and support application of those receipts towards recovery of funds for claims and/or posting to outstanding accounts receivables.
- The APHP central reporting data store supports the generation of cost reports defined in coordination with IME.
- The APHP central reporting data store come standard with Disproportionate share reports which may be tailored as directed by IME.
- APHP is able to integrate and display various claim related input and converted images for review and approval via the web portal.
- APHP supports and accepts the standard data that can be submitted on any claim or claim form.

| Requirement Number: | CR3.01, CR3.01.01 |
|---|---|

*Provide system support for the sending and receiving of electronic claims transactions containing valid codes required by 45 CFR Parts 160 and 162 as follows: a. Retail pharmacy drug claims (NCPDP) in POS only. b. Dental health care claims 12N 837D including voids and replacements. c. Professional health care claims 12N 837P including voids and replacements. d. Institutional health care claims 12N 837I including voids and replacement. e. Coordination of benefits data when applicable. f. Future claims attachments required under HIPAA.*

*Receive standardized managed care encounters in 837 formats.*

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice provides standard HIPAA-compliant X12 EDI gateway for 4010 and 5010 formats for providers and submitters who prefer to submit healthcare transactions electronically. There are several advantages of using standard healthcare transaction set - consistency among healthcare payers, immediate responses for claim adjudication and faster payments for providers.
- Our solution provide system support for the sending and receiving of electronic claims transactions containing valid codes required by 45 CFR Parts 160 and 162 as follows:
  - Retail pharmacy drug claims (NCPDP)
  - Dental health care claims (X12N 837D)
  - Professional health care claims (X12N 837P)
  - Institutional health care claims (X12N 837I)
  - Coordination of benefits data, where applicable
  - Future claims attachments required under HIPAA
- All claims submissions go through HIPAA validation of electronic transactions based on WEDI SNIP levels of editing and reporting.
- The APHP EDI component standardizes on the 5010 HIPAA X12 transactions and the NCPDP format.
- Our solution also supports receiving and processing standard managed care encounters in 837 formats.

| Requirement Number: | CR3.02 |
|---|---|
| *Provide secure HIPAA compliant software and documentation for use by providers to submit electronic claims.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP Web Portal is a secure, HIPAA compliant internet-based web portal and provides user instruction documentation for use by Providers to submit electronic claims.
- The APHP EDI component performs HIPAA validation on all received transactions.
- Companion guides is available to assist the providers in submitting their claims in the HIPAA X12 837 format.
- Claims submitted using the Web Portal or directly through the EDI component use the secure SFTP or HTTPS protocols.
- The APHP EDI component utilizes HIPAA validation software to ensure that all transactions are HIPAA compliant.

| Requirement Number: | CR3.03 |
|---|---|
| *Process batch 837 claims rejecting only individual bad claims and accepting all others.* | |

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice**

**Description of Product**

- The APHP EDI component applies HIPAA validation and business rules to inbound 837 transactions.
- APHP utilizes transaction level processing for the X12N 837 claims in order to only reject the claims that are bad, but to ensure that the maximum number of claims are accepted.
- All HIPAA mandated transactions are accepted, edited, and processed according to industry standards.
- The APHP EDI component is a full-featured electronic gateway that combines validation, mapping, transaction level processing.

| Requirement Number: | CR3.04 |
|---|---|
| *Employ an electronic tracking mechanism to locate archived source documents or to purge source documents in accordance with HIPAA security provisions.* | |

This requirement is met using COTS products.

**COTS Product Name: OnBase**

**Description of Product**

All source documents are imaged and stored in OnBase repository. Based on HIPAA security provisions and IME rules, authorized users track and locate archived source documents. The system is configurable to automatically purge source documents if it has passed the retention period as directed by IME.

| Requirement Number: | CR3.SS.01 |
|---|---|
| *Provide capability to perform front-end edits to claims prior to acceptance with IME-defined edits that include but are not limited to the following: a. Checking provider enrollment. b. Member enrollment. c. Revenue codes. d. Prior authorization number. e. Procedure codes. f. Diagnosis codes. g. Send rejection notification to the provider if the claim fails any of these edits and create a log of all rejected claims.* | |

This requirement is met using COTS products.

**COTS Product Name: Captiva/Plexis Quantum Choice**

**Description of Product**

- Upon receipt of a claim submitted by a provider, the claim undergoes front-end edits to ensure that data is valid before the claim is adjudicated by claims engine. For paper claims, these are configured in Captiva and for electronic claims, they is configured in Plexis Quantum Choice
- Based on IME-defined edits, we are able to configure appropriate front-end edits to claims prior to acceptance. The edits would include but not limited to the following a. checking provider enrollment b. member enrollment c. revenue codes d. prior authorization number e. procedure codes f. diagnosis codes
- For claims which fail any of these edits, the system is configured to send rejection notification to providers. The system will maintain a log of all rejected claims for audit purposes.

| Requirement Number: | CR3.SS.02 |
|---|---|
| *Provide capability to ensure that all electronic claims submitters are enrolled within the system and every provider for whom claims are submitted is registered as having an agreement with the submitter.* | |

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice**

**Description of Product**

When a new provider is enrolled, they are given an option to become an electronic claim submitter. There are many benefits for providers and State if the providers choose to submit claims electronically compared to paper. In order to qualify for electronic submitter, the provider is prompted to sign an agreement. Provider is given the option to establish a new submitter ID or set up relationship with an existing submitter ID. Once the agreement is executed, a relationship is established between electronic submitter ID and provider. Using Plexis Quantum Choice, we are able to validate this relationship for all electronic claims coming through EDI gateway. This provides us the capability to ensure that all electronic claims submitters are enrolled within the system with valid submitter IDs and every provider for whom claims are submitted are registered with an agreement.

| Requirement Number: | CR3.SS.03 |
|---|---|
| *Provide the capability to track and document all changes to system edits.* | |

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice/Rational Tool Suite**

**Description of Product**

All changes to system edits are performed in Plexis Quantum Choice. Before the system edit is changed in Production, it is applied in our test environment to validate the results. Using defined change management process in Rational Tool Suite, we track all documentation related to changes to system edits including validation results, specific edit changes and approval documentation from appropriate stakeholders.

| Requirement Number: | CR3.SS.04 |
|---|---|
| *Provide the capability to produce a claim in hardcopy and electronic format.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

Using APHP Portal, any authorized user is able to view the claim in electronic format and print it if needed. Also, any images associated with paper claims are stored in OnBase. Any authorized user is able to view and print this image.

| Requirement Number: | CR.SS.01 |
|---|---|
| *Provide an Enterprise Application Integration (EAI) translator and EDI integrated mapping software that: a. Offers flexible mapping functionality supporting all required formats and transactions. b. Allow for both structure and information to be extracted directly from database tables. c. Provide the ability to assemble, validate, encrypt and transport batches of data to and from providers and other interface partners. d. Accept, code, decode and transmit all mandated HIPAA healthcare transactions. e. Provide support for automatically resubmitting the transaction in the event that it encounters an error. IME will define the number of attempts that the system will process before the transaction is considered failed. f. Capture any errors that result during transmission, store the information and notify the sender that the transaction failed. g. Analyze and reject improperly formatted HIPAA healthcare transactions. h. Allow for the quick implementation of all new transactions.* | |

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice EDI component provides an enterprise application integration (EAI) translator and EDI integrated mapping software to process X12 and non-X12 transactions.
- The tool offers user-friendly interface to define flexible mapping functionality to support necessary formats and transactions including 837P, 837I, 837D and NCPDP formats.
- Using non-X12 transactions, inbound or outbound interfaces is configurable to import or extract data directly from the database tables.
- Using secure FTP, any authorized interface trading partner, transports batches of data to and from APHP platform. This would be secure and encrypted to be compliant with HIPAA privacy rules.
- The EDI gateway is compliant with all mandated HIPAA healthcare transactions
- Automatic retry attempts are configurable if a particular batch encounters an error during transmission.

| Requirement Number: | CR.SS.01 |
|---|---|

- EDI reconciliation functionality tracks all transactions including any errors and provides the information to senders using TA1, 997, 999 and 277CA acknowledgment responses. This will include rejected transactions which were improperly formatted per HIPAA rules.
- The COTS approach means that future product release will stay current with new HIPAA transactions; allowing for quick implementation of all new transactions through product upgrades.

| Requirement Number: | CR.SS.02 |
|---|---|

*Provide capability to produce custom EDI reports regarding: a. Transactions submitted by transaction type. b. Transactions received by transaction type. c. Cumulative reports over time to support forecasting.*

This requirement is met using COTS products.

**COTS Product Name: Plexis Quantum Choice**

**Description of Product**

- Our EDI solution provides for a full reporting and accounting of EDI transactions submitted to the State.
- The accounting includes the number, type and submitting entity for all X12 transactions and includes metrics on the total number of transactions submitted, received and any transactions that were rejected due to format, content or structural errors.
- Our EDI reporting also provides historical information on volumes, time of day, frequency, submitters and types of transaction volumes. This data allows both Accenture and the State to view these trends and project future trends based on historical data.

| Requirement Number: | CR.SS.03 |
|---|---|

*Accept and use the state targeted medical care paper billing form for non-electronic claims.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- Our system accepts and uses standard paper billing forms (CMS1500, UB04 and ADA) for non-electronic claims.
- For any non-standard paper billing form for non-electronic claims, our Portal screens are able to accept claim data with reduced data elements

| Requirement Number: | CR.SS.04 |
|---|---|
| *Assign a unique transaction control number to each transaction and control all transactions throughout the processing cycle. Assign the transaction control number of the claim to all associated attachments such as consent forms, documentation showing medical necessity, claim adjustments and prior authorization requests in a timely manner.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Captiva**

**Description of Product**

- A unique document control number is assigned to each paper claim and any supporting attachment, indicating the date of receipt which is imprinted on the hardcopy. This includes consent forms, documentation showing medical necessity, claim adjustments and prior authorization requests.
- Once the claims are received by Claims Engine, each claim is assigned a unique transaction control number. The numbering convention for this unique identifier is based on pre-configured rules in the system which can be adjusted based on the needs of the State. For paper claims, the document control number is linked to transaction control number for easy reference.
- Prior authorization entered into the Claims Engine is assigned a unique authorization number. The authorization number is associated with any claims that use the authorization to approve and process the claim.
- The unique transaction control number is tracked throughout the processing cycle. This allows us to track the claim from the front end as soon as we receive it until it is finalized.

## 9.1.4 Claims Adjudication (CA)

### *9.1.4.1 Introduction to the APHP Claims Adjudication Function*

Claims adjudication is the process in which a transaction goes through editing, pricing, payment (or denial), and application of other system logic parameters. The APHP claims processing engine integrates with other COTS applications to maintain complete control of a transaction from initial entry through final disposition. APHP's Business Process and Workflow Rules Engine routes claims, attachments, prior authorizations and related transactions to the appropriate work queue. Every movement and location is tracked through virtual and physical processing flows. APHP's Claims Processing Engine validates claims for eligibility, edits and audits for service as well as benefit plan and payment parameters through to adjudication. Prior authorizations are processed in the same manner as claims except that adjudication does not result in payment, rather an approval for a service to be rendered or a product dispensed to a member. Whether claims or prior authorizations are received via the Provider portal, Electronic Data Interchange (EDI) or paper, the processing flow, edits and audits are the same, (i.e., in a parallel test the same claim processed via three different media would result in the same adjudication status, and if payable, the same payment amount.) APHP is a MITA aligned solution with a single consistent user interface to access all the business functions. All the MMIS information is available through the APHP Enterprise Reporting and Analytics component.

### Features

- The Claims Processing Engine is a commercial component with pre-packaged adjudication rules for federally mandated benefits. Many standard rules are pre-packaged out-of-the-box. The remaining rules are configured, not coded, shortening implementation time as well as allowing the Department to introduce change more quickly.
- The combination of the native rules capability in the Claims Processing Engine and Business Rules and Workflow Engine allow configurable adjudication rules, process flows and work queue management as one seamless process.
- Users see all rules for a given service, benefit plan or payment method on a single console, eliminating the need to go to multiple subsystems to assemble or report rule logic.
- The APHP Portal provides stakeholders with a complete array of services including Medicaid manuals, forms, eligibility verification, claim status inquiry, state and federal code updates, fraud reporting, client phone numbers, account management, and more to support the accurate and efficient adjudication and subsequent payment for services provided to eligible members.

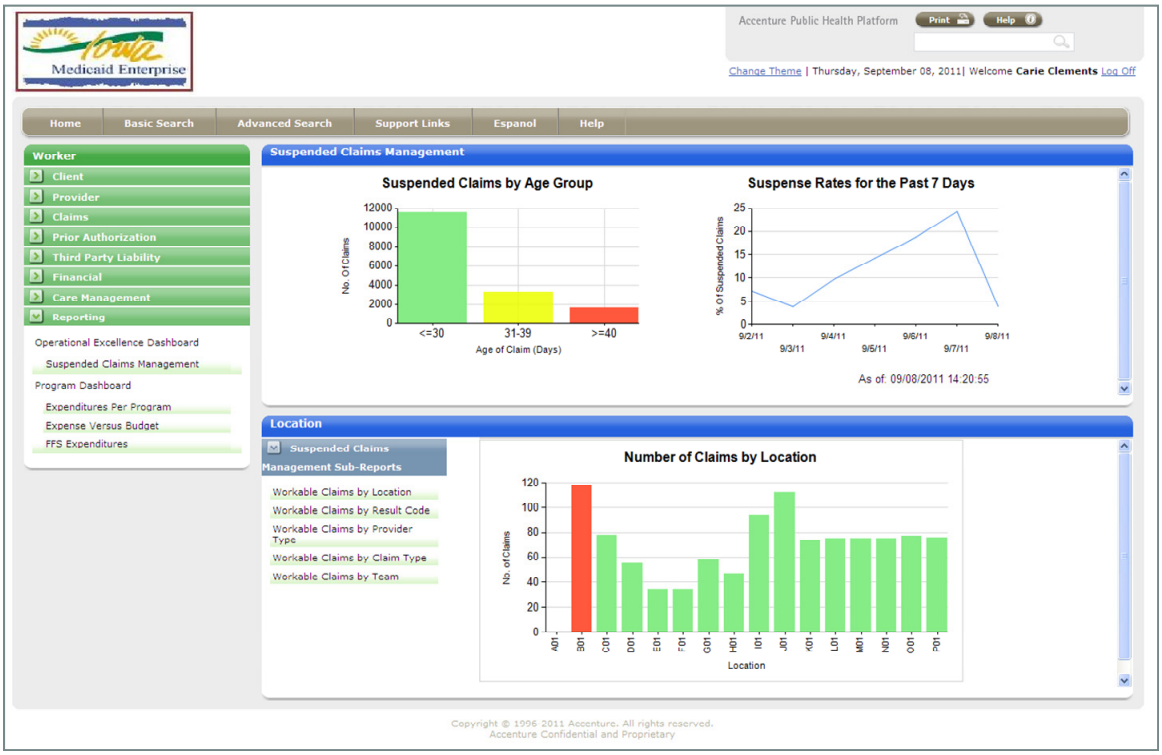


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*Figure 9 - 12. APHP Workflow Engine allows configurable adjudication rules, process flows and work queue management as one seamless process*

### 9.1.4.2 System Requirements and Responses

| Requirement Number: | CA1.01, CA1.01.01 |
|---|---|

*Track all claims within the processing period paid, suspended, pending or denied.*

*Reconcile prepaid services with actual expenses for Consumer Choice Option (CCO) and automatically generate adjustment claim.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl/SQL Server Reporting Services**

**Description of Product**

- APHP utilizes on-line dashboards and reporting supported by SQL Server Reporting Services to track and monitor claims in all statuses including in-process, paid, suspended, denied, adjusted and rejected.
- Configurable K2 blackpearl workflows manage the claim adjudication process to route and track the progress of transactions through final adjudication based upon Plexis Quantum Choice rules agreed upon with IME.
- APHP contains automated transactional processes that perform balancing routines to confirm records received are processed and have final disposition within the system. This include records successfully written to the database, routed through our error resolution workflow and resolved, or reported back to the originating source for unresolved errors.
- Plexis Quantum Choice claims adjudication processes reconcile in-process claims against prior authorized and prepaid services as within the Consumer Choice Option (CCO) plan. Adjustment and Out of Sequence (OOS)

| Requirement Number: | CA1.01, CA1.01.01 |
|---|---|
| processes within Plexis Quantum Choice will support custom configurations to automatically generate claims per user requirements. | |

| Requirement Number: | CA1.02, CA1.02.01, CA01.02.02 |
|---|---|
| *Suspend claims with exceptions and or errors and routes for correction to the organizational entity that will resolve the exception and or error unless automatically resolved. The organizational entity will resolve the claim based upon the state's criteria.*<br><br>*Suspend and review as required by IME those specific members, providers, procedure codes or provider types placed on prepayment review by IME.*<br><br>*Allow for the user defined suspension of claims by variable parameters (e.g., member, provider, date range, procedure, benefit limits, benefit plans).* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The APHP solution seamlessly integrates the claims adjudication rules with its native workflow capabilities. As claims fail for a rule configured for manual review, the K2 blackpearl workflow process identifies and routes the claim to the appropriate work location based on the predefined configuration.
- Accenture will configure the K2 blackpearl workflows to route claims with systematically irresolvable errors to the appropriate work locations based on IME specific requirements, and will be updated with new configurations as business needs change and evolve.
- Accenture's specialized claims analysts, supervisors, specialty care groups are then able to access the suspended claims through the APHP worker portal for error review and resolution.
- The Plexis Quantum Choice claims adjudication process is comprised of user configurable rules that adjudicate and systematically resolve the greatest percentage possible of claims resulting in a finalized state. These rules support configuration of guidelines for *specific members, providers, procedure codes or provider types placed on prepayment review by IME, and rules inclusive of or specific to a date range, procedure, benefit limits or benefit plans.*
- Accenture will work with IME to define error specific resolution procedures that will be available online to authorized users performing claim resolution activities.

| Requirement Number: | CA1.03 |
|---|---|
| *Verify that suspended transactions have valid error and or exception codes.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice provides the capability for IME to predefine and configure those error and exception codes that, when encountered on a claim, require transactions to suspend.
- APHP provides for claims analysts monitoring and working claims within suspense queues to validate the error against predefined IME approved rules for correctness. In addition Accenture provides quality controls to randomly validate claims are suspending appropriately against the predefined rules.
- APHP provides users the ability to view all applicable business rules in a single screen making it easy to see how the system interpreted policy. For example, a claims worker would be able to see all edits, audits, workflow, or other rules associated with a suspended claim.

| Requirement Number: | CA1.04 |
|---|---|
| *Track claims flagged for investigative follow-up because of third party discrepancies.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The APHP Solution is able to identify, through configuration, claims with suspect or confirmed third party resources for subsequent follow-up.
- The flexibility of the Plexis Quantum Choice claims solution provides the option of suspending the claims for review, or allows them to pay and be reviewed post-payment.
- Using result code configuration within Plexis Quantum Choice, claims with related third party resources may be pended, routed, and tracked through the K2 blackpearl workflow to the appropriate work queues for follow-up activities.

| Requirement Number: | CA1.05, CA1.05.01 |
|---|---|
| *Generate audit trails for all claims and maintain audit trail history.*<br>*Generate and maintain audit trails for all claims activity including add, update, inquiry and or delete.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP provides extensive audit controls and reporting capabilities that track every step of both the EDI and hardcopy claims (and document) functions, and ensure all claims and documents that are received through any means are properly tracked, processed, and maintained.
- APHP contains a logging functionality for all record updates, including claims, that will include time, date, identifier, and reference of the data that was modified where appropriate for adds updates, inquiries or deletions.
- Accenture and IME authorized users will have access to claim audit trails through the APHP worker portal.

| Requirement Number: | CA1.06, CA1.10 |
|---|---|
| *Verify that all claims for services approved or disallowed are properly flagged as paid or denied.*<br>*Assign claim status (i.e., approved, denied, pended, rejected) based on the state's criteria.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture develops the necessary protocols and report mechanisms to appropriately review claims for services paid or denied are properly flagged and available for review via the APHP portal interface.
- Claims adjudicated and priced within the Plexis Quantum Choice claims engine reflect the benefit plan, fee schedule used, Pay To, and additional information to assist users in clearly viewing the reimbursement methodology followed.
- Disallowed/Denied claims processed within the Plexis Quantum Choice claims engine reflect the configured rule or

| Requirement Number: | CA1.06, CA1.10 |
|---|---|

rules failed by display of the appropriate assigned result codes with specific systematic and rule error messages. Rules will be configured based on IME specific criteria.

- The APHP provides users the ability to view all applicable business rules in a single screen making it easy to see how the system interpreted policy. For example, a claims worker would be able to see all edits, audits, workflow, or other rules associated with a denied claim.

| Requirement Number: | CA1.07 |
|---|---|

*Document and report on the time lapse of claims payment flagging or otherwise noting clean claims (error free) that are delayed over 30 days. See 447.45 CFR for timely claims payment requirements.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- The Plexis Quantum Choice claims engine identifies and flags claims as "clean" or error free upon successfully passing key rules required for a clean claim. This indicator as well as claim receipt and status dates support effective reporting of claim age.
- APHP uses SQL Server Reporting Services to generate key program reports and our Service Reporting Dashboard (SRD) to provide additional transparency with a metrics dashboard to monitor all manner of claims processing activity. This will include the documenting and reporting on the time lapse of claims payment, flagging or otherwise noting clean claims (error free) that are delayed over 30 days.
- Standard state and federally mandated reports are provided online for ready access to Accenture and IME staff for timely monitoring of clean claims finalization within mandated payment deadlines.

| Requirement Number: | CA1.08 |
|---|---|

*Provide prompt response to inquiries regarding the status of any claim through a variety of appropriate technologies, track and monitor responses to the inquiries. Process electronic claim status request and response transactions ANSI Accredited Standards Committee (ASC) X12N 276 277) required by 45 CFR Part 162.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Cisco IVR**

**Description of Product**

- Responses to claim inquires will be available through a variety of appropriate technologies including: the HIPAA mandated 276/277 Claim Status Inquiry/Response transactions via the Plexis Quantum Choice EDI gateway supporting batch and real-time inquiries, the APHP provider portal for online inquiries, and the Cisco IVR (interactive voice response) system for real time for single transactions.
- The Plexis Quantum Choice EDI gateway solution supports configurable EDI interfaces to allow low effort for inclusion or exclusion of 277 response data elements per IME direction.

| Requirement Number: | CA1.09 |
|---|---|

*Provide claims history for use by Program Management and Program Integrity.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

| Requirement Number: | CA1.09 |
|---|---|

**Description of Product**

- Claims history data is available through the online APHP portal. This data may be extracted using configurable Plexis Quantum Choice and SQL Server Reporting Services to support program management and integrity reviews.

| Requirement Number: | CA1.11, CA1.11.01, CA1.11.02 |
|---|---|

*Verify that claim correction activities have entered only valid override code(s) or manual prices.*

*Process payment for any specific claim(s) as directed by IME on an exception basis using edit override codes and a security system approved by IME.*

*Provide the ability to accumulate and report statistics on why claims edits are overridden.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- The APHP portal and Plexis Quantum Choice will be configured such that only IME specified override codes can be used by authorized users to override a claim's edit, perform manual pricing or process payment exceptions when indicated per IME special requests or approved processes and procedures.
- Every override and manually priced claim is tracked and recorded to the user so that a complete audit trail is maintained and available for review through the APHP worker portal and SQL Server Reporting Services.

| Requirement Number: | CA1.11.03 |
|---|---|

*Provide the capability to track payments for each member in total and to limit payments to any combination of benefit plans based on total services or an overall dollar ceiling as set by rules in the benefit plan administration rules engine.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice is configured with accumulators to track and limit payments for each enrolled member based on enrollment record limits and configuration of the benefit plan(s) in which the member is enrolled. Limitations are enforced real-time during claims adjudication to allow or disallow payment based on these limitations.
- The APHP provider portal provides online access to accumulator information for each enrolled member to support communication of current usage as well as overall limits.

| Requirement Number: | CA1.12, CA1.13, CA1.13.01, CA1.13.02 |
|---|---|

*Identify and hierarchically assigns status and disposition of claims (i.e., suspend or deny) that fail edits based on the edit disposition record.*

*Identify and track all edits and audits posted to the claim in a processing period.*

*Provide the capability to configure and apply all edits and audits with a rules engine.*

*Allow unlimited edits to any claim as defined by IME. Provide the capability to limit the number of errors on a single*

| Requirement Number: | CA1.12, CA1.13, CA1.13.01, CA1.13.02 |
|---|---|

*claim before denying the claim.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Plexis Quantum Choice rules based claims processing engine identifies and hierarchically assigns claim status from the most severe to least severe based on prioritization of the configured Result Codes assigned to the claim details within the adjudication process.
- Accenture reviews pre-configured claims processing and disposition rules, and work with IME to adjust these rules and configure new rules to meet state specific requirements.
- The APHP portal provides users the ability to view all applicable business rules in a single screen making it easy to see how the system interpreted policy. For example, a claims worker would be able to see all edits, audits, workflow, or other rules associated with a pended or denied claim.

| Requirement Number: | CA1.14 |
|---|---|

*Provide and maintain for each error code, a resolution code, an override, force or deny indicator and the date that the error was resolved, forced and or denied.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Claim adjudicators can approve, deny, or according to assigned authority, they can override an edit or limitation through the APHP portal based on APHP's online security configurations.
- Plexis Quantum Choice tracks and records each and every override and forced denial creating a comprehensive audit trail to record the information about the authorized user who entered or modified the claim status including the date and time of the action, a force or deny indicator, and error override codes.

| Requirement Number: | CA1.SS.01 |
|---|---|

*Provide the ability to process a claims payment file daily, weekly and as specified by IME.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- The Plexis Quantum Choice Payment and Disbursement process is managed by a scheduling utility that supports configuration of various claims payment processing schedules to meet IME's needs for a daily, weekly or other specified schedule.
- Claims payment schedules will be defined for processing the claims payment file based on IME direction.

| Requirement Number: | CA1.SS.02 |
|---|---|
| *Provide the capability to stamp the date, federal report code and state account code at the claim and line level of each claim.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- Plexis Quantum Choice Payment and Disbursement process applies state-defined rules to each financial transaction to derive accounting attributes, including but not limited to account code and date stamp for a claim payout.
- The APHP data warehouse captures and stores these accounting attributes for each claim from Plexis Quantum Choice and apply the appropriate federal report code. The data warehouse will make accounting and claim transactions available to all types of reporting (pre-defined reports, ad hoc queries, and data extracts) where they can be used to categorize and/or summarize costs.

| Requirement Number: | CA1.SS.03 |
|---|---|
| *Apply edits to prevent payments for services covered under a waiver program to a Medicaid provider who does not have a provider agreement.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP provider portal provides access to providers to initiate or maintain a Provider Agreement to provide services under a waiver program as part of the enrollment process.
- Plexis Quantum Choice manages providers within Networks that are assigned to waiver program benefit plans. Providers must maintain an active agreement to provide services within the waiver program/benefit plan's Network. The claims edit engine adjudication process disallows payments to provider's that have not maintained an active agreement and Network assignment.

| Requirement Number: | CA1.SS.04 |
|---|---|
| *Provide the ability to process a corrected claim through all edits and audits after corrections are applied to a rejected claim.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice fully re-adjudicates claims based on the configured rules for new, adjusted and re-submitted claims to include the use of all or some edits and audits based on the configuration.
- The corrected or re-processed claim status is set based on the disposition configuration of Result Codes that are applied indicating Pay, Deny, or Suspend status.

| Requirement Number: | CA1.SS.05 |
|---|---|

*Provide the ability to store in the MMIS claims processed through the POS.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- The APHP EDI component accepts Retail pharmacy drug claims from the POS in the NCPDP or HIPAA compliant 5010 X12 837 claim formats. These claims are then transformed and loaded into the Plexis Quantum Choice database for online retrieval through the APHP supported methods.
- The SQL Server Reporting Services support access to POS claims for back-end reporting needs.

| Requirement Number: | CA2.01, CA2.01.01 |
|---|---|

*Verify all fields defined as numeric contain only numeric data.*

*Support claim adjudication based on HIPAA standard code sets in effect on the date of service.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP provides multi-stage validations that must occur for claims entry. The APHP portal and paper claims entry interfaces disallow keying of non-numerical values in fields defined as numeric. Numeric claim fields are further validated as manually entered and electronic EDI claims are processed within Plexis Quantum Choice as a standard X12 834 transactions which natively enforces field level and HIPAA validations for code sets in effect on the date of service.
- APHP flags invalid field entries and rejects or routes claims for resolution through the automated workflow engine depending on entry source and claim media.

| Requirement Number: | CA2.02, CA2.02.01 |
|---|---|

*Verify all fields defined as alphabetic contain only alphabetic data.*

*Support claim adjudication based on HIPAA procedure modifiers in effect on the date of service (i.e., the ability to bring in all modifiers and use a hierarchy defined by IME).*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP provides multi-stage validations that must occur for claims entry. The APHP portal and paper claims entry interfaces disallow keying of non-alphabetic values in fields defined as alphabetic. Alphabetic claim fields are further validated as manually entered and electronic EDI claims are processed within APHP as a standard X12 834 transactions which natively enforces field level and HIPAA validations.
- APHP supports usage of all HIPAA compliant procedure code modifiers based on their effective dates, including state or user defined U* modifier codes.
- The Plexis Quantum Choice rules engine supports user configuration of rules for modifier specific usage rules.
- APHP flags invalid field entries and rejects or routes claims for resolution through the automated workflow engine depending entry source and claim media.

| Requirement Number: | CA2.03 |
|---|---|
| *Verify all dates are valid and reasonable.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP provides multi-stage validations that must occur for claims entry. The APHP portal and paper claims entry interfaces disallow keying of non-date values in fields defined as a date.
- Date claim fields are further validated as manually entered and electronic EDI claims are processed within APHP as a standard X12 834 transactions which natively enforces field level and HIPAA validations.
- The APHP flags invalid field entries and rejects or routes claims for resolution through the automated workflow engine depending entry source and claim media.
- Authorized State and Accenture staff can configure business rules for date validation and reasonableness through an easy-to-use interface that comprehensively supports all aspects of claims functions.
- Because the APHP is a robust COTS solution, rules changes or program additions become functional configuration changes instead of customizations at the code level.
- This enables trained, non-technical personnel to make rules changes without programmer intervention.

| Requirement Number: | CA2.04 |
|---|---|
| *Verify all data items which can be obtained by mathematical manipulation of other data items, agree with the results of that manipulation.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice solution performs balancing to confirm validity of calculated values. Examples include validation that the final allowed amount derived from manipulation of other claim data elements, fee schedule amounts and cutback percentages are in alignment.

| Requirement Number: | CA2.05 |
|---|---|
| *Verify all coded data items consist of valid codes (e.g., procedure codes, diagnosis codes, service codes) that are within the valid code set under HIPAA Transactions and Code Sets (TCS) and are covered by the state plan.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP supports automated data load capabilities to load HIPAA standard code sets covered by the state plan into the Plexis Quantum Choice and APHP portal for immediate claims processing use. Each code is supported with effective date parameters allowing for codes to be activated/deactivated per state requirements.
- The APHP uses flexible, table-driven rules and services that are configured through easy to use screens.
- Authorized State and Accenture staff can configure business rules through an easy-to-use interface that comprehensively supports the flexible use of approved code sets during claims processing and payment, and other

| Requirement Number: | CA2.05 |
|---|---|
| core MMIS functions. | |

| Requirement Number: | CA2.06 |
|---|---|
| *Verify any data item that contains self-checking digits (e.g., member ID number, NPI number) passes the specified check-digit test.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Accenture verifies that any data that contains self-checking digits passes the specified check-digit test. APHP has rules that will be applied to verify appropriate data entry type.
- One example of the validation process is enforcement of the Luhn algorithm against entered National Provider Identifiers (NPI).

| Requirement Number: | CA2.07 |
|---|---|
| *Verify numeric items with definitive upper and or lower bounds are within the proper range.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP and Plexis Quantum Choice business rules are configurable to correctly identify definitive upper and/or lower numeric value ranges. Accenture will work with the IME to define appropriate ranges based on state rules during the DDI phase of this project.

| Requirement Number: | CA2.08 |
|---|---|
| *Verify required data items are present and retained including all data needed for state or federal reporting requirements (See State Medicaid Manual (SMM) 11375).* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- The APHP retains all submitted and computed claim related data within the Plexis Quantum Choice database as well as in the centralized reporting data store to support State and federally mandated reporting.
- The APHP reporting solution supports predefined reporting to meet Federal needs where applicable. Accenture will work with IME to define and develop additional APHP reporting and IME data warehouse data transmittal requirements.

| Requirement Number: | CA2.08.01 |
|---|---|
| *Retain and transmit to data warehouse all data elements on an all paper and electronic claims even if data element is not used for adjudication on the date the claim is adjudicated.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- The APHP retains all submitted and computed claim related data within the Plexis Quantum Choice database as well as in the centralized reporting data store to support state data requirements.
- Accenture will work with IME to define and develop IME data warehouse data transmittal requirements for all data elements on paper and electronic claims.

| Requirement Number: | CA2.09 |
|---|---|
| *Verify the date of service is within the allowable time frame for payment.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice is configured to correctly identify that the claim date of service is within the allowable timeframe for payment in accordance with rules agreed upon with IME.
- Authorized State and Accenture staff can configure payment deadline rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, and claims processing and payment functions.

| Requirement Number: | CA2.10 |
|---|---|
| *Verify the procedure is consistent with the diagnosis.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP uses flexible Plexis Quantum Choice table-driven rules and services that are configured through easy to use screens providing the ability to select preloaded procedure and diagnosis codes to create allowable relationships for each benefit plan. The claims adjudication process references the latest configurations to only allow payment of claims with an appropriate procedure code and diagnosis relationship.
- The Plexis Quantum Choice rules engine supports integration of third party tools such as a real-time call out to a claims billing rules component for validation against further government and industry standard rules.
- Accenture will work with IME to identify where current state approved procedure and diagnosis code relationships may be further enhanced by the adoption of additional rules based on government and industry standard rules, regulations, and policies for improved claims validation.

| Requirement Number: | CA2.11 |
|---|---|
| *Verify the procedure is consistent with the member's age.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP uses flexible Plexis Quantum Choice table-driven rules and services that are configured through easy to use screens providing the ability to select preloaded procedure codes to create allowable age restriction criteria for each benefit plan. The claims adjudication process references the latest configurations to only allow payment of claims with an appropriate member age for the procedure code billed.
- The Plexis Quantum Choice rules engine supports integration of third party tools such as a real-time call out to a claims billing rules component for validation against further government and industry standard rules.
- Accenture will work with IME to identify where current state approved procedure to age relationships may be further enhanced by the adoption of additional rules based on government and industry standard rules, regulations, and policies for improved claims validation.

| Requirement Number: | CA2.12 |
|---|---|
| *Verify the procedure is consistent with the member's gender.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP uses flexible Plexis Quantum Choice table-driven rules and services that are configured through easy to use screens providing the ability to select preloaded procedure codes to create allowable gender restriction criteria for each benefit plan. The claims adjudication process references the latest configurations to only allow payment of claims with an appropriate member gender for the procedure code billed.
- The Plexis Quantum Choice rules engine supports integration of third party tools such as a real-time call out to a claims billing rules component for validation against further government and industry standard rules.
- Accenture will work with IME to identify where current state approved procedure to gender relationships may be further enhanced by the adoption of additional rules based on government and industry standard rules, regulations, and policies for improved claims validation.

| Requirement Number: | CA2.13 |
|---|---|
| *Verify the procedure is consistent with the place of service.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP uses flexible Plexis Quantum Choice table-driven rules and services that are configured through easy to use screens providing the ability to select preloaded procedure codes to create allowable place of service restriction criteria for each benefit plan. The claims adjudication process references the latest configurations to only allow payment of claims when the procedure code was administered at the correct place of service.
- The Plexis Quantum Choice rules engine supports integration of third party tools such as a real-time call out to a claims billing rules component for validation against further government and industry standard rules.

| Requirement Number: | CA2.14 |
|---|---|
| *Verify the procedure is consistent with the category of service (COS).* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice configured rules validates that services provided are appropriate for the category of service (COS) by validating the provider's type, specialty, subspecialty as well as other configured criteria.
- Using a rules engine, APHP applies state-defined rules to each claim transaction to derive reporting attributes, including but not limited to, COS. The APHP data warehouse will capture and store these claim attributes and make them available to all types of reporting (pre-defined reports, ad hoc queries, and data extracts) where they can be used to categorize and/or summarize costs and services provided.

| Requirement Number: | CA2.15 |
|---|---|
| *Flag and route for manual review claims with individual procedures and combinations of procedures which require manual pricing in accordance with state parameters.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The Plexis Quantum Choice fee schedules support simple configuration of procedure codes that require manual pricing. This may include the specification of additional criteria, or rules, to drive very specific terms for when the system may price the procedure vs. requiring manual pricing, such as durable medical equipment claims.
- The APHP's native K2 blackpearl workflow capabilities integrate with the claims processing and other MMIS related functions to automatically identify and route pended claims requiring manual pricing to the appropriate work unit. The pended claims are then manually priced through the APHP Portal for timely finalization.

| Requirement Number: | CA2.16 |
|---|---|
| *Verify the billed amount is within reasonable and acceptable limits or if it differs from the allowable fee schedule amount by more than a certain percentage (either above or below) then the claim is flagged and routed for manual review for the following: a. Possible incorrect procedure. b. Possible incorrect billed amount. c. When too high possible need for individual consideration.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Plexis Quantum Choice verifies that the billed amount is within reasonable and acceptable limits. If it differs from the allowable fee schedule amount by more than a certain percentage (either above or below), then the claim is flagged and routed for manual review based on IME criteria.
- The APHP's native K2 blackpearl workflow capabilities integrate with the claims processing and APHP portal functions to automatically identify and route claims requiring manual review to the appropriate work unit.

| Requirement Number: | CA2.17 |
|---|---|

*Verify the claim is not a duplicate of a previously adjudicated claim including a prior one in the current processing period.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice performs real-time and historical monitoring of claims with duplicate services. Duplicate claim criteria is based on a defined set of criteria including, but not limited to, member, same or different provider, claim type, date of service(s) and procedure code. These rules include comparing claims as they are processed against historical claims and duplicate claims or claim details within the same processing cycle.

| Requirement Number: | CA2.18 |
|---|---|

*Verify the dates of service of an institutional claim do not overlap with the dates of service of an institutional claim from a different institution for the same member.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice performs real-time and historical monitoring of claims with duplicate and/or overlapping institutional stays. Duplicate claim checking criteria is based on a defined set of criteria including, but not limited to, member, same or different provider, claim type, date of service(s) and services provided.

| Requirement Number: | CA2.19, CA2.21 |
|---|---|

*Verify the dates of service for a practitioner claim do not overlap with the dates of service for another claim from the same practitioner for a single member unless the additional services are appropriate for the same date of service.*

*Flag for review claims from a single provider for multiple visits on the same day to a single member.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice duplicate claim rules validate that the dates of service for a practitioner claim do not overlap with the dates of service for another claim from the same practitioner, for a single Member, unless the additional services indicate they are appropriate and not a duplicate. Configuration of additional matching criteria such as procedure code modifiers supports the needs of this requirement.
- Configuration of Plexis Quantum Choice rules includes capabilities of configuring result codes applied to claims as a result of duplicate claim rules to suspend the claim for review. Suspended claims are immediately routed to the appropriate work queue for review and resolution.

| Requirement Number: | CA2.20, CA2.20.01 |
|---|---|

*Utilize data elements and algorithms to compute claim reimbursement for claims that is consistent with 42 CFR 447.*

*Provide the capability to pay different rates for the same service based on the program or benefit plan as specified by IME.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice is configured to support the many reimbursement methodologies required to support the MMIS as defined within the state plan and 42 CFR 447. These include but are not limited to Cost Sharing, Medicare Payment Withholds due to prior overpayment, Capitation payments, Federal withholdings and provider specific reductions.
- Just as in applying specific criteria for allowable services, Plexis Quantum Choice uses flexible, table-driven rules and services that are configured through easy to use screens to apply claim payment rules. Authorized State and contractor staff can configure reimbursement rules that comprehensively support all aspects of benefit administration, claims processing and payment functions.

| Requirement Number: | CA2.22 |
|---|---|

*Verify the provider type is consistent with the procedure(s).*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Plexis Quantum Choice has the capability to configure procedure code to provider type, specialty, sub-specialty and taxonomy restriction rules within the benefit plan setup in accordance to IME policy and will provide system edits to flag for inconsistencies.
- The Plexis Quantum Choice rules engine supports integration of third party tools such as a real-time call out to a claims billing rules component for validation against further government and industry standard rules. Accenture will work with IME to identify where current state approved procedure to provider type relationships may be further enhanced by the adoption of additional rules based on government and industry standard rules, regulations, and policies for improved claims validation.

| Requirement Number: | CA2.23 |
|---|---|
| *Flag and route for manual intervention or automatically re-cycles claims based on IME rules that do not contain prior authorization if the services require prior authorization or require prior authorization after state-defined thresholds are met.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Plexis Quantum Choice has the capability to configure Prior Authorization (PA) rules within the benefit plan setup in accordance to IME policy and will provide system edits to flag claims for missing PA or when state-defined thresholds are met. Accenture will work with IME to identify and configure automated APHP rules and workflows to reduce the number of manual PA reviews necessary.
- APHP seamless integrates the K2 blackpearl workflow process with the Plexis Quantum Choice claims engine to efficiently route claims to the appropriate work queue for timely review and outcome.

| Requirement Number: | CA2.24 |
|---|---|
| *Flag and route for manual intervention claims that fail state-defined service limitations including once-in-a-lifetime procedures and other frequency, periodicity and dollar limitations.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Plexis Quantum Choice uses flexible, table-driven rules and services that are configured through easy to use screens providing the ability to build accumulators for the various service and dollar limitations and enforced frequencies.
- APHP seamless integrates the K2 blackpearl workflow process with the Plexis Quantum Choice claims engine to efficiently route claims to the appropriate work queue for timely review and outcome.

| Requirement Number: | CA2.25 |
|---|---|
| *Have the capability to pay claims per capita from encounter data or FFS.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Plexis Quantum Choice benefit plans and fee schedules will be configured to drive the per capita reimbursement of claims based on encounter for fee-for-service claims.
- Just as in applying specific criteria for allowable services, the APHP uses flexible, table-driven rules and services that are configured through easy to use screens to apply claim payment rules.

| Requirement Number: | CA2.26 |
|---|---|
| *Price out-of-state claims according to state policy (i.e., at the local rate, at the other state's rate or flags and routes for manual pricing).* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Plexis Quantum Choice criteria is configured within the fee schedules to support specific rates, as well as manual pricing, to ensure claims are reimbursed under the appropriate method.
- APHP seamless integrates the K2 blackpearl workflow process with the Plexis Quantum Choice claims engine to efficiently route claims to the appropriate work queue for timely review and outcome.

| Requirement Number: | CA2.27 |
|---|---|
| *Record and edit that all required attachments, per the reference records or edits have been received and maintained for audit purposes.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Plexis Quantum Choice online rules configuration supports the setup of criteria for when documentation must be attached and submitted with the claim. In these cases the rules engine can take specific action regarding the attachment type that is required, such as suspending claims and routing them through the automated K2 blackpearl workflow for manual review.
- Plexis Quantum Choice rules will also support the configuration of criteria to suspend or deny claims in cases where attachments are required and not received.

| Requirement Number: | CA2.28 |
|---|---|
| *Price claims according to pricing data and reimbursement methodologies applicable on the date(s) of service on the claim.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture will work with IME to define APHP configuration plans for all state pricing and reimbursement methodologies to address current and historical pricing data to be loaded into the appropriate fee schedules.
- Plexis Quantum Choice is fully configurable and various pricing methodologies can be applied in real-time and on the date of service(s) of the claims. The pricing component reimburses claims under the applicable fee schedule based on claim date of service as well as criteria to include claim, provider, and member or benefit plan specific indicators.

| Requirement Number: | CA2.29, CA2.29.01, CA2.29.02 |
|---|---|

*Deduct TPL paid amounts and Medicare paid amount as defined in the state plan when pricing claims.*

*Provide the capability to account for cost recovery at either the claim or line level as specified by IME.*

*Ensure that the claims payment process accurately reads the TPL resource file including the benefit coverage.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Plexis Quantum Choice rules engine provides online configurability of benefit plan rules to deduct TPL and Medicare paid amounts as defined in the State Plan when pricing claims.
- Authorized State and Accenture staff can configure business rules for deducting TPL and Medicare paid amounts per the state plan for each benefit plan configuration through an easy-to-use on-line interface that comprehensively supports all aspects of benefit administration, claims processing and payment.
- Plexis Quantum Choice reduces the claim paid amounts based on the reported TPL or Medicare paid amounts to ensure the reimbursed fee schedule amount is adjusted accordingly. These reductions are retained and tracked at the claim detail level, and are available for review through the APHP portal and centralized reporting data stores.

| Requirement Number: | CA2.30, CA2.30.01 |
|---|---|

*Deduct member co-payment amounts as appropriate when pricing claims.*

*Allow as directed by IME, payment of co-pay on behalf of the member when IME is not the primary payer, if co-pay is less than IME allowed amount and member has other insurance (including Medicare).*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Plexis Quantum Choice rules engine provides online configurability of benefit plan rules to automatically deduct member copayment amounts when pricing claims where other insurance or Medicare coverage is involved. Authorized State and Accenture staff can configure or update the rules for deducting member copayment amounts per IME direction for immediate inclusion of the rule into real-time claims processing.
- While calculating the claim payable amount Plexis Quantum Choice reduces the claim paid amount based on the member copayment amounts to ensure the reimbursed fee schedule amount is adjusted accordingly. These reductions are retained and tracked at the claim detail level, and are available for review through the APHP portal and centralized reporting data stores.

| Requirement Number: | CA2.31 |
|---|---|
| *Price Medicare coinsurance or deductible for crossover claims depending on IME policy at the lower of the Medicaid or Medicare allowed amount.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Authorized State and Accenture staff can configure Plexis Quantum Choice fee schedule criteria including reimbursement based on Medicare Crossover reported coinsurance and deductible amounts through an easy-to-use on-line interface that comprehensively supports all aspects of benefit administration, claims processing and payment.
- Plexis Quantum Choice compares the reported Medicare coinsurance or deductible amounts on crossover claims to the state allowed amount on the fee schedule within APHP. The final reimbursement amount is the lower of the state approved Medicaid or Medicare allowed amount.

| Requirement Number: | CA2.32 |
|---|---|
| *Price services billed with procedure codes with multiple modifiers.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Authorized State and Accenture staff can configure Plexis Quantum Choice fee schedule criteria to support specific rates, including the use of one or multiple procedure code modifiers to drive reimbursement under the appropriate method.
- Additional fee schedule criteria include but are not limited to the use of member, provider, and benefit plan and claim data to identify the appropriate claim pricing.

| Requirement Number: | CA2.33 |
|---|---|
| *Edit claims for consistency and payment limitations using the Medicare Correct Coding Initiative (CCI) or similar editing criteria based upon the state plan.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Plexis Quantum Choice rules engine integrates real-time interaction with industry standard CCI tools within the claims adjudication process. This additional feature provides logic that edits for items such as consistency, payment limitations, procedure unbundling, mutually exclusive procedures, incidental procedures, and investigational procedures, to name a few.
- Plexis Quantum Choice uses flexible, table-driven rules and services that are configured through easy to use screens that include result codes that will be applied on claims including those related to CCI recommendations. The result codes then drive the final outcome of the claim such as suspend, deny, or possibly apply a cutback on the allowed or payable quantity.
- The APHP portal provides users the ability to view all applicable business rules in a single screen making it easy to see how the system interpreted policy. For example, a claims worker will see all results of the included CCI rules in

| Requirement Number: | CA2.33 |
|---|---|
| addition to those applied by the Plexis Quantum Choice configured rules when viewing the claim through the APHP portal. | |

| Requirement Number: | CA2.34 |
|---|---|
| *Price claims according to the policies of the program the member is enrolled in at the time of service and edits for concurrent program enrollment.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Plexis Quantum Choice automated adjudication process assigns the appropriate benefit plan to each claim detail based on the member's enrollment as of the date of service, and hierarchy configured to select the most appropriate plan when the member is enrolled in multiple plans.
- The claim is then passed on to the pricing module where configured fee schedules are selected to price claims based on the assigned benefit plan, member, provider and claim data according to the configured criteria.

| Requirement Number: | CA2.35, CA2.35.01, CA2.35.02, CA2.35.03, CA2.35.04, CA2.35.05, CA2.35.06 |
|---|---|
| *Provide and maintain test claim processing capabilities including testing with providers.*<br>*Provide IME the ability to submit test data on hard copy forms, online or electronic media to the Integrated Test Facility (ITF).*<br>*Produce each output of ITF including files, reports, tapes and images separate from the corresponding routine MMIS output and identify as a test output.*<br>*Support the selection of pended and paid claims from the production files to create or append to test files. Provide access to inquire and update claims by authorized IME users.*<br>*Process a sample of claims through the ITF weekly. The sample of claims will test each edit in the production MMIS. The results of this test must be verified for correctness and maintained by the contractor for the duration of the Contract period.*<br>*Provide authorized IME users as specified by IME, inquiry access to the ITF. There must be two separate distinct environments that mirror the production environment in which testing can be done.*<br>*Provide in the ITF, the ability to model mass void and replace impacts through complete adjudication before running the void and replacements in a production cycle.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Accenture maintains multiple fully functioning test environments mirroring the current production environment that house robust production and test data elements.
- Providing multiple environments for use by authorized IME, contractor, and external providers/claim submitter users facilitates simultaneous test functions such as: validation of system code modifications and upgrades, verification of reference only and configuration data updates without impact of pre-release code modifications, and provider/claim submitter trading partner testing without impact of pre-release code modifications.

| Requirement Number: | CA2.35, CA2.35.01, CA2.35.02, CA2.35.03, CA2.35.04, CA2.35.05, CA2.35.06 |
|---|---|

- The key to effective APHP testing requires the test environments support full end-to-end functionality including entry of all paper and electronic media, active real-time and batch transaction processing, and a minimum of one weekly Payment and Disbursement cycle. Additional Payment and Disbursement cycles will be scheduled as testing schedules dictate the need. Supporting these processes Accenture maintains stringent naming standard conventions that clearly delineate production versus test input/output files, reports, tapes, images and all other media.
- Through APHP's re-adjudication filter, users can test mass adjustments due to rate changes, changes to benefit plans, for cost settlements, to group all claims for a particular provider, or other reasons which can be easily added per Department direction.
- The mass adjustment process causes re-adjudication of claims with the selected criteria and will perform the same processing that is done for single adjustments by negating claims or claim lines.
- When the request is entered all of the affected claims are displayed for review, as well as the dollar amounts affected, so that the user can assess the impact of the mass adjustment prior to executing it. Once satisfied, the user can release all or part of the adjustments based on the review.
- These functions can be used by IME users as a modeling tool through the test or impact analysis environments using selected pended, paid or denied production claims to determine the impact of potential business rules, policies, and rate changes.
- Using defined change management process in Rational Tool Suite, Accenture will track all documentation related to system tests including validation results and required approval documentation from appropriate stakeholders providing a complete and accessible audit trail for the term of the contract.

| Requirement Number: | CA2.SS.01 |
|---|---|

*Assign a federal report code on all transactions processed through an adjudication cycle based on IME provided business rules. The federal report code must cross walk to the correct report, report page, report line and report column.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP leverages the accounting functionality from the COTS Plexis Quantum Choice claims processing product. As transactions are created in the system (whether they're positive or negative), they are linked with the payee/provider and a pair of GL accounts.
- Additional information may be tracked in specific formats such as the Federal reporting codes for each transaction, ensuring that the appropriate Federal and State accounting and reporting codes are captured accordingly. The configurable solution provides the ability to adjust to changing IME needs for appropriate reporting.

| Requirement Number: | CA2.SS.02 |
|---|---|
| *Provide the capability to set maximum payment amounts for specified revenue and procedure codes and apply this to payment methodologies.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture will work with IME to define APHP configuration plans for all state pricing and reimbursement methodologies to address maximum pricing data to be loaded into the appropriate fee schedules for revenue and procedure codes. Plexis Quantum Choice is fully configurable and various pricing methodologies can be applied in real-time and on the date of service(s) of the claims.
- The pricing component reimburses claims under the applicable fee schedule based on claim date of service as well as criteria to include claim, provider, and member or benefit plan specific indicators.

| Requirement Number: | CA2.SS.03 |
|---|---|
| *Provide for automatic bundling and unbundling of claim lines based on rules established by IME.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP and Plexis Quantum Choice solutions harness the capabilities of COTS tools that are used in real-time during claims adjudication and pricing to apply industry standard bundling and unbundling rules such as the use of outpatient ambulatory payment classifications (APCs).
- The APHP integrated tools provide the flexibility to configure rules to align with IME guidelines.

| Requirement Number: | CA2.SS.04 |
|---|---|
| *Provide claims editing software for detection of claims for which service is not in compliance with generally accepted standards of medical practice.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The Plexis Quantum Choice rules engine supports integration of third party tools such as a real-time call out to a claims billing rules component for validation against further government and industry generally accepted standards of medical practice.
- Accenture will work with IME to identify where current claim billing rules may be further enhanced by the adoption of additional government and industry standard rules, regulations, and policies for improved claims validation.

| Requirement Number: | CA2.SS.05 |
|---|---|
| *Provide the capability to apply edits related to IME"s responsibility for nursing facility payments for a Medicare member (days 21-100) as defined by IME.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP and Plexis Quantum Choice solutions provide the flexibility to configure accumulators and edit criteria that monitor the number of days a Medicare eligible member resides within a Skilled Nursing Facility. This enables the solution to appropriately identify where Medicare will reimburse Skilled Nursing Facility days one through 20 at 100 percent and IME coverage of coinsurance amounts beginning on Day 21. The flexibility in rule criteria application enables further delineation of skilled and custodial providers to administer appropriate claim pricing.

| Requirement Number: | CA2.SS.06 |
|---|---|
| *Provide the capability to adjudicate claims based on criteria established in treatment plans including attachments to those treatment plans as defined by IME.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The web based APHP Portal features service functions which will allow those state agencies and departments, specifically authorized by IME, to access member plan treatment information along with recommendations and other pertinent attachment data.
- APHP will provide and maintain treatment case management and tracking tool(s) and display detailed services as described in the individual's approved plan of care for use in adjudicating claims according to the plan.

| Requirement Number: | CA2.SS.07 |
|---|---|
| *Provide the capability to create gross adjustments to make payments to members, providers and other entities for services for which a claim is not submitted by the provider (e.g., disproportionate share and EHR incentives).* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP leverages the financial management component from the Plexis Quantum Choice claims engine to support financial transaction management. Financial transactions are spawned off of claims transaction data during the Payment and Disbursement process. AR and AP transactions are identified based on the results of the claims adjudication process. During the claims payment processing tasks, reconciliation across the AR, AP and any provider credit balances occurs.

- With the integration of the automated workflow and process rules engine, business rules will be configured to support the auto creation of additional financial transactions based on manual inputs, claim outcomes and other trigger type scenarios.

| Requirement Number: | CA2.SS.08 |
|---|---|
| *Make payments from multiple benefit plans and track such payments for reporting using the account code stamped on each claim line and financial transaction.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP leverages the Plexis Quantum Choice claims component for all financial transaction processing. Configurable business rules drive the financial decisions based on IME payment policies. APHP sets GL account codes as necessary in alignment payments made from multiple configured benefit plans.

| Requirement Number: | CA2.SS.09 |
|---|---|
| *Determine the extent to which authorized benefits are payable under Title XIX using Medicare, Qualified Individual 1 (QI-1), SLMB and or QMB guidelines and procedures, from the appropriate Medicare fiscal intermediary or carrier, both in-state and out-of-state.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP leverages the Plexis Quantum Choice claims component for flexible configuration and administration of authorized benefits. The criteria driven rules for benefit plan setup will support setup of benefits payable under Title XIX using Medicare, Qualified Individual 1 (QI-1), SLMB and or QMB guidelines and procedures.
- Benefits can be further defined with specific coverage rules for in-state and out-of-state members.

| Requirement Number: | CA2.SS.10 |
|---|---|
| *Provide the capability to accumulate and report statistics on why claims are denied.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/ SQL Server Reporting Services**

**Description of Product**

- The robust reporting capabilities of APHP generate standard reports that detail services denied. These reports are analyzed to look for areas in which to improve adjudication efficiency.
- Based on this analysis, changes to edit parameters are recommended to IME for approval and rule implementation within the Plexis Quantum Choice adjudication engine.

| Requirement Number: | CA2.SS.11 |
|---|---|
| *Support claims edits, using a rules engine that are date sensitive and retain the date parameters for historical reference.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP utilizes the Plexis Quantum Choice rules based claims processing engine that identifies all active and historical edit criteria with effective start and end dates.
- Each rule update is tracked with a comprehensive audit trail that notates the data/criteria updated, date of the update and the user ID initiating the change.

| Requirement Number: | CA2.SS.12 |
|---|---|
| *Provide the ability to replace or add codes and have existing edits apply to the new codes, using a rules engine.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP utilizes the Plexis Quantum Choice rules based claims processing engine that identifies all active and historical edit criteria with effective start and end dates.
- These capabilities enable the rules engine to utilize individual or groups of old and new codes within the same edit criteria. Each rule update is tracked with a comprehensive audit trail that notates the data/criteria updated, date of the update and the user ID initiating the change.

| Requirement Number: | CA2.SS.13 |
|---|---|
| *Determine the deductible, coinsurance allowed and adjusted amounts applied, for each line on a claim.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The Plexis Quantum Choice rules engine provides online configurability of benefit plan rules to deduct TPL and Medicare deductible, coinsurance and adjusted amounts as defined in the State Plan when pricing claim lines.
- Authorized State and Accenture staff can configure business rules for deducting TPL and Medicare paid amounts per the state plan for each benefit plan configuration through an easy-to-use on-line interface that comprehensively supports all aspects of benefit administration, claims processing and payment.
- Plexis Quantum Choice reduces the claim paid amounts based on the reported TPL or Medicare amounts to ensure the reimbursed fee schedule amount is adjusted accordingly. These reductions are retained and tracked at the claim detail level, and are available for review through the APHP portal and centralized reporting data stores.

| Requirement Number: | CA2.SS.14 |
|---|---|
| *Support an online process to view every edit that applies to a data element (e.g., stand-alone entry of member, procedure.) or a combination of elements.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP portal provides user flexibility through online access to rules engine configuration criteria and current and historic reference data. Users can apply variable search criteria within the APHP portal to identify specific rules and configurations that apply to a data element (or combination of data elements) and its use.

| Requirement Number: | CA2.SS.15 |
|---|---|
| *Provide the ability to reduce, or increase, the amount allowed, by a specified amount or percentage, as defined by IME, at the time a claim is priced as defined by IME.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Plexis Quantum Choice fee schedules supports simple configuration of various payment methodologies and schedules. This may include the specification of additional criteria, or rules, to drive very specific terms for flat amounts or percentages of reduction or increase.
- The application order, or hierarchy, of reductions and/or increases will be configured per IME requirements to apply allowed amount changes in the appropriate order to achieving accurate payment amounts.

| Requirement Number: | CA2.SS.16 |
|---|---|
| *Use the Clinical Laboratory Improvement Amendments (CLIA) data in claims processing.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP utilizes the Plexis Quantum Choice rules based claims processing engine that performs real-time reference of the Provider's enrollment certifications that include the Clinical Laboratory Improvement Amendment (CLIA) certifications.
- The billed laboratory services are validated against the configured criteria and the provider's CLIA certification as of the date of service.

| Requirement Number: | CA2.SS.17 |
|---|---|
| *Process and adjudicate all Medicare crossover claims received from the Medicare COB contractor(s), ensuring that all Medicare benefits are expended before Medicaid payment is made.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Medicare crossover claims are accepted by APHP through paper form, the APHP Portal and Electronic Data Interchange (EDI) interfaces.
- Authorized State and Accenture staff can configure Plexis Quantum Choice fee schedule criteria including reimbursement based on Medicare Crossover reported coinsurance and deductible amounts through an easy-to-use on-line interface that comprehensively supports all aspects of benefit administration, claims processing and payment.
- Plexis Quantum Choice compares the reported Medicare coinsurance or deductible amounts on crossover claims to the state allowed amount on the fee schedule within APHP. The final reimbursement amount is the lower of the state approved Medicaid or Medicare allowed amount.
- Further configurations are definable within Plexis Quantum Choice to identify services not covered by Medicare that may be defined as a covered state benefit to limit the opportunity for IME payment of Medicare covered services.

| Requirement Number: | CA2.SS.18 |
|---|---|
| *Provide the ability to inquire on payment status of claim lines, associated voids, adjustments and payments (by provider and authorized user).* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/CISCO IVR**

**Description of Product**

- APHP provides multiple full service venues for authorized provider and user access to claim status and payment inquires covering all phases and status of the claim life cycle including: claim header and line payment status, associated voids, adjustments and associated payments. Payment status is available through:
  - The APHP portal
  - EDI X12 276/277 transactions
  - Interactive voice response (IVR)

| Requirement Number: | CA2.SS.19 |
|---|---|
| *Provide the ability to process for outlier payments.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- While outlier payment calculations and formulas may vary from state to state, the Plexis Quantum Choice fee schedules support simple configuration of various payment methodologies and schedules. This includes specification of state specific outlier payment criteria to adjust the overall reimbursement amount in cases where the calculated payable amount is substantially over or under the expected payment amount.

| Requirement Number: | CA2.SS.20 |
|---|---|
| *Allow the ability to cutback the amount to be paid on a claim based on criteria set by IME. When line cutback occurs, claims history and the remittance advice for claims that were cutback, will include, but not be limited to: a. Date billed. b. Submitted Units. c. Units Paid. d. Original payment calculation. e. Actual payment amount. f. Other criteria, as defined by IME.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Cutback amounts are applicable at the claim line detail when manually applied through the APHP portal or systematically during the automated adjudication process in Plexis Quantum Choice.
- Cutbacks may be applied due to exceeding accumulator limitation rules based on IME criteria, Medically Unlikely Edit (MUE) recommendations, or deemed outside of government and industry generally accepted standards of medical practice.
- Upon application of a cutback the claims edits engine applies a cutback specific result code as well as stores billing and payment information to include date billed, submitted units, units paid/allowed, original payment amount, and actual payment amount. All cutback related values are mad available for inclusion on the provider's paper or electronic X12 835 remittance advice, and online inquiry.

| Requirement Number: | CA3.01 |
|---|---|
| *Verify the provider is eligible to render service(s) during the period covered by the claim.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP solution supports online validation of all provider credentials at the time of enrollment. Automated processes re-validate provider's credentials on an on-going basis to ensure only active providers are reimbursed under the Medicaid program.
- The Plexis Quantum Choice claims adjudication rules validate the claim against the provider enrollment records at the time of service confirming the provider was active as of the date of service.
- Claims for ineligible providers are denied with the appropriate error response indicating as such.

| Requirement Number: | CA3.02, CA3.02.01, CA3.02.02 |
|---|---|

*Verify the provider is eligible to render the specific service covered by the claim.*

*Provide the capability to perform prepayment reviews on providers, as defined by IME.*

*Verify the referring provider is not excluded for the period covered by the claim.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Plexis Quantum Choice claims adjudication engine uses flexible, user configurable rules and services that are configured through easy to use screens providing the ability to:
  - Configure preloaded procedure codes to create allowable provider type, specialty or taxonomy restrictions that may vary for each benefit plan limiting providers to render only approved services.
  - Place providers on prepayment review per IME defined criteria with the application of a User Defined Result Code on the provider record that results in a pended claim. The claim is then routed to the appropriate review work queue through APHP's native workflow capabilities.
  - Configure benefit plan specific rules to enforce real-time validation of an active referring provider as of the claim's date of service.

| Requirement Number: | CA3.03 |
|---|---|

*Verify the provider is eligible to provide the specific service covered by the plan to the specific member.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture provider enrollment processes assign providers to provide services only under the benefit plans approved at the time of enrollment. By aligning providers with the appropriate benefit plans we are able to verify billed services are included in the members benefit plan.
- The APHP provider enrollment solution links providers to benefit plans containing the covered services via inclusion within a provider Network. Provider networks are then associated to one or many benefit plans allowing providers to administer services under only those plans
- The Plexis Quantum Choice claims adjudication rules assign a benefit plan to the claim as the system identifies an active benefit plan for the member covering the billed service as of the date of service. The final validation is that the provider is enrolled in a network associated to the assigned benefit plan.

| Requirement Number: | CA4.01 |
|---|---|
| *Verify the member was eligible for the particular category of service, at the time it was rendered.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

Accenture provides continual updates to benefit plan covered services and related member eligibility to support reimbursement of only those services the member is eligible for at the time of service.

- The APHP member eligibility interfaces assign each member to the appropriate benefit plan matching state specific programs. Each benefit plan configured within APHP facilitates the covered services and rules for coverage under each of those plans.
- The Plexis Quantum Choice claims adjudication rules assign a benefit plan to the claim as the system identifies an active benefit plan for the member covering the billed service as of the date of service. Claims for non-covered services are disallowed and indicate a result code with specific error message.

| Requirement Number: | CA4.02 |
|---|---|
| *Flag for review, claims for the same member, with a diagnosis and procedure which indicate an emergency that occurs within one day of a similar claim from the same provider.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The Plexis Quantum Choice adjudication engine uses flexible, table-driven rules to configure criteria for reimbursement of emergency services occurring within one day of a related service.
- The APHP portal provides users the ability to configure claim outcomes by supporting online updates to assigned result codes that define if a claim will pay, suspend or deny.

| Requirement Number: | CA4.03 |
|---|---|
| *Identify, by member, the screening and related diagnosis and treatment services the member receives for EPSDT.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- The Plexis Quantum Choice adjudication engine supports identification of services and related diagnosis codes covered under the EPSDT program with the definition of an EPSDT specific benefit plan. During the real-time adjudication process the configured rules will assign the EPSDT benefit plan to claims for members associated with the plan making the claims identifiable as such.
- The APHP centralized reporting data store will provide access for reporting of EPSDT specific services based on claims obtained near real-time from the claims processing database.

| Requirement Number: | CA4.04 |
|---|---|
| *Route and report on claims that are processed that indicate the member's date of death for follow-up by the member eligibility TPL personnel.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP native K2 blackpearl workflow processes support the routing claims where Plexis Quantum Choice applies a specific result code during claims adjudication that indicates the member's date of death was reported. These claims will be available for follow-up by the member eligibility or TPL personnel using automated triggers and workflow.

| Requirement Number: | CA4.05 |
|---|---|
| *Provide and maintain the capability to monitor services for suspected abusers using a "pay and report," lock-in or some equivalent system function that will provide report the claim activity for these members as scheduled or requested.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl/SQL Server Reporting Services**

**Description of Product**

- Suspect members will be identified within APHP by application of a User Assigned Result code on the member record. The result code is then systematically applied to processed claims during the Plexis Quantum Choice adjudication process flagging the claims for manual review or reporting.
- The K2 Blackpearl workflow process designed within the APHP architecture can be configured per IME criteria to automatically route suspect member claims based on result code to the appropriate work queue for review.
- The APHP reporting solution will produce reports to monitor specific program services for fraud, waste and abuse activities in addition to pay and report, and lock-in edit reports.

| Requirement Number: | CA4.06 |
|---|---|
| *Provide and maintain the capability to pend or deny claims for members assigned to the member lock-in program based on state guidelines.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl/SQL Server Reporting Services**

**Description of Product**

- Lock-in members will be identified within APHP by application of a User Assigned Result code and benefit plan on the member record.
- The result code is then systematically applied to processed claims during the Plexis Quantum Choice adjudication process flagging the claims for manual review or reporting.
- The K2 Blackpearl workflow process designed within the APHP architecture can be configured per IME criteria to automatically route lock-in member claims based on result code to the appropriate work queue for review.
- The APHP reporting solution will produce reports to monitor specific program services for fraud, waste and abuse

| Requirement Number: | CA4.06 |
|---|---|
| activities in addition to pay and report, and lock-in edit reports. | |

| Requirement Number: | CA4.07 |
|---|---|
| *Provide and maintain the capability to edit claims for members LTC facilities to ensure that services included in the LTC payment rate are not billed separately by individual practitioners or other providers.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP utilizes the real-time Plexis Quantum Choice duplicate and related claim processes to review claims across claim types to identify situations where a member is receiving services from an individual practitioner while in a LTC facility. Claim outcomes may be configured on the assigned Result Codes to support automated denial or pend of claims for review.
- The K2 Blackpearl workflow process designed within the APHP architecture can be configured per IME criteria to automatically route pended overlapping LTC facility and individual practitioner claims based on result code to the appropriate work queue for review.

| Requirement Number: | CA4.08 |
|---|---|
| *Provide and maintain the capability to process member cost sharing (e.g., co-payments, LTC patient liability) on any service specified by the state using a fixed amount or percent of charges.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- APHP provides and maintains the capability to process member cost sharing (e.g., co-payments, LTC patient liability) on any service specified by the state using a fixed amount or percent of charges through the configuration of Plexis Quantum Choice benefit plan and fee schedule criteria.
- Based on these configurations the real-time adjudication and pricing processes adjust the allowed amount of the claim by the fixed amount or percentage of charges.
- The pricing adjustments are retained and tracked at the claim detail level, and are available for review through the APHP portal and centralized reporting data stores.

| Requirement Number: | CA4.09 |
|---|---|
| *Edit claims for newborns" eligibility based upon state-defined newborn enrollment policies and procedures.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl/Plexis Quantum Choice**

**Description of Product**

- Multiple flexible newborn processes and workflows are supported by the APHP solution per the IME's guidelines:
- The APHP portal supports provider submittal of newborn information which is then routed for processing through APHP's native K2 blackpearl workflows. Newborn records are then identified by configured triggers and extracted or reported to state entities via an electronic file or reporting interface per IME requirements.
- The Plexis Quantum Choice claims adjudication process supports auto generation of a base eligibility segment for claims with reported newborns. Claims for the newborns may be paid or pended for further eligibility action per IME guidelines.
- The Plexis Quantum Choice claims adjudication process supports configuration of criteria to identify claims for newborns submitted under the mother's unique member identification number. Claims for the newborns may be paid or pended for further eligibility action per IME guidelines.

| Requirement Number: | CA4.10 |
|---|---|
| *Edit for member participation in special programs (i.e., waivers) against program services and restrictions.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP solution supports special programs through the configuration of program specific benefit plans within the Plexis Quantum Choice rules engine.
- The configured benefit plan and frameworks contain the data driven rules to be applied during claim adjudication for program specific restrictions such as member age, gender, diagnosis code, only to name a few.
- Because APHP is a robust COTS solution, rules changes or program additions become functional configuration changes instead of customizations at the code level. This enables trained, non-technical personnel to make rules changes without programmer intervention.

| Requirement Number: | CA4.11, CA4.SS.01 |
|---|---|

*Limit benefits payable by member eligibility category or other member groupings.*

*Update service limits for members when claims are voided or replaced and allow online access to member service limit data.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP solution supports the configuration of category and grouping specific benefit plans within the Plexis Quantum Choice rules engine. The configured benefit plan and frameworks contain the data driven accumulator rules that limit benefits payable during claim adjudication.
- The real-time claims adjudication and adjustment processes adjust member accumulator usage values as claims are voided or replaced. Current member service limit accumulator values are accessible to authorized users through the APHP portal.

| Requirement Number: | CA4.SS.02 |
|---|---|

*Process claims when members have multiple benefit plans, according to the hierarchy determined by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Plexis Quantum Choice automated adjudication process assigns the appropriate benefit plan to each claim detail based on the member's enrollment as of the date of service, and hierarchy configured to select the most appropriate plan (determined by IME) when the member is enrolled in multiple plans.
- The claim is then passed on to the pricing module where configured fee schedules are selected to price claims based on the assigned benefit plan, member, provider and claim data according to the configured criteria.

| Requirement Number: | CA4.SS.03 |
|---|---|

*Provide the capability to enable a bed hold payment process for members in facilities according to rules established by IME.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP benefit plans and fee schedules within Plexis Quantum Choice will support configuration to drive specific reimbursement methodologies to support bed hold payment process for members in facilities. Payment rules will be configured within the fee schedules according to IME rules.
- Just as in applying specific criteria for allowable services, the APHP uses flexible, table-driven rules and services that are configured through easy to use screens to apply claim payment rules.
- Authorized State and contractor staff can configure reimbursement rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and

| Requirement Number: | CA4.SS.03 |
|---|---|
| payment functions. | |

| Requirement Number: | CA4.SS.04 |
|---|---|
| *Provide the capability to identify claims for overlapping service dates between waiver and institutional claims and send alert to workflow process, according to rules established by IME.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Plexis Quantum Choice will perform real-time and historical monitoring of claims across benefit plans and claim types with duplicate and/or overlapping dates of service.
- Duplicate claim checking criteria is based on a defined set of criteria including, but not limited to, member, same or different provider, claim type, date of service(s) and services provided.
- Waiver and institutional claims identified as overlapping will be stamped with a specific result code for specific identification and routing to the appropriate work queue for action.
- The K2 Blackpearl workflow process designed within the APHP architecture will be configured per IME criteria to automatically route pended overlapping waiver and institutional claims based on result code to the appropriate work queue for review.

| Requirement Number: | CA4.SS.05 |
|---|---|
| *Support claims edits by benefit plan, age limitations, gender limitations and service limitations.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP uses the Plexis Quantum Choice rules adjudication engine that is configured by authorized users through easy to use screens.
- These configurable rules provide the ability to define service specific accumulator limitations, restrictions for age limitations, gender limitations, as well as many other claim, provider and member attributes.
- Once configured, these rules are attached to the benefit plan and framework for real-time limitation enforcement.
- The Plexis Quantum Choice rules engine supports integration of third party tools such as a real-time call out to a claims billing rules component for validation against further government and industry standard rules.
- Accenture will work with IME to identify where current state approved limitations may be further enhanced by the adoption of these additional rules.

| Requirement Number: | CA4.SS.06 |
|---|---|
| *Provide the capability to generate payments on demand outside of normal payment cycles.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP utilizes the native functionality within the COTS Plexis Quantum Choice claims engine to configure and schedule out-of-cycle Payment and Disbursement process cycles.
- The Plexis Quantum Choice financial process also supports manual entry of an Accounts Payable record, assign the payable to a designated account and/or funding source as well as to an expense type account if necessary. Payee information and reason code and description for issuance are also captured.
- All financial transaction records, be it claims payment generated or manually generated, are kept for historical purposes and available for inclusion in reporting.

| Requirement Number: | CA4.SS.07 |
|---|---|
| *Provide MMIS inquiry and reporting capabilities to authorized IME staff.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- MMIS inquiry and reporting capabilities will be provided to authorized IME staff through role-based security. Roles are set up for different categories of IME and contractor staff within the systems. APHP authorizes functionalities based on these roles.
- This helps to confirm that authorized users are only allowed access to the required information to do their jobs. Based on the assigned role(s), IME and contractor staff will have unified access from the main APHP portal page to all authorized APHP MMIS and reporting functions.
- This solution approach eliminates the need for users to access multiple systems or application for inquiries, transaction processing and reporting needs.

## 9.1.5 Prior Authorization (CA)

### *9.1.5.1 Introduction to the APHP Prior Authorization Function*

Accenture's primary goal is to maintain and provide accurate prior authorization data for the Department and Medical Services contractor, which enables proper care for Iowa Medicaid members while controlling program costs. Once received, each PA request is assigned a unique authorization number to identify it and provide the capability to track the request to completion. PA requests are submitted to a range of configurable business rules to confirm that only valid data is entered on the prior authorization record and duplicate requests are identified for denial back to the requestor.

Our easy-to-navigate, online APHP portal windows help providers, Department staff and contractor personnel review approval requests with regard to criteria such as medical necessity, procedure and/or diagnosis codes, date ranges, units of time or quantities, National Provider Identifier (NPI) taxonomy and member eligibility to perform and receive the requested service.

PA requests are routed to the appropriate Medical Services contractor staff for subsequent review and approval based on agreed upon business rules. Through an integrated workflow tool in APHP, the workflows used to route PA requests are configurable and are easily changed based on program needs. PAs are processed for provider and non-provider specific categories, proactively and retroactively. Providers or workers submit through the portal or on paper. Letters are automatically generated to providers, members and case workers when PA requests are approved and at other trigger points, such as when more information is needed. APHP retains a complete audit trail of all approvals, decisions and actions taken on PAs.

APHP is a MITA aligned solution with a single consistent user interface to access all the business functions. APHP is a powerful reporting and analytic platform that provides the Department a comprehensive view of prior authorization trends and member needs. All the MMIS information is available through the APHP Enterprise Reporting and Analytics component.

#### Features

- Attachments can be submitted separately from PA requests and associated to the right PA request via the Business Process and Workflow rules Engine.
- PA and claims data are integrated. When looking at a claim, a user can go right to the associated PA and get detailed information without having to launch a separate screen.
- APHP dashboards provide real-time inventory management capabilities, enabling MMIS workers to quickly identify issues in time critical tasks.
- Using the integrated workflow capabilities within APHP, PA requests are routed to the appropriate Medical Services contractor staff for subsequent review and approval based on agreed upon business rules. The workflows used to route PA requests are configurable and are easily changed based on program needs. APHP is capable of auto processing PA upon approval of the Department.
- PAs are searchable by provider or member ID number, PA number or status, date ranges and services requested or authorized. Searches can be conducted via the web portal or through integrated IVR. APHP supports processing for multiple types of service authorization requests.

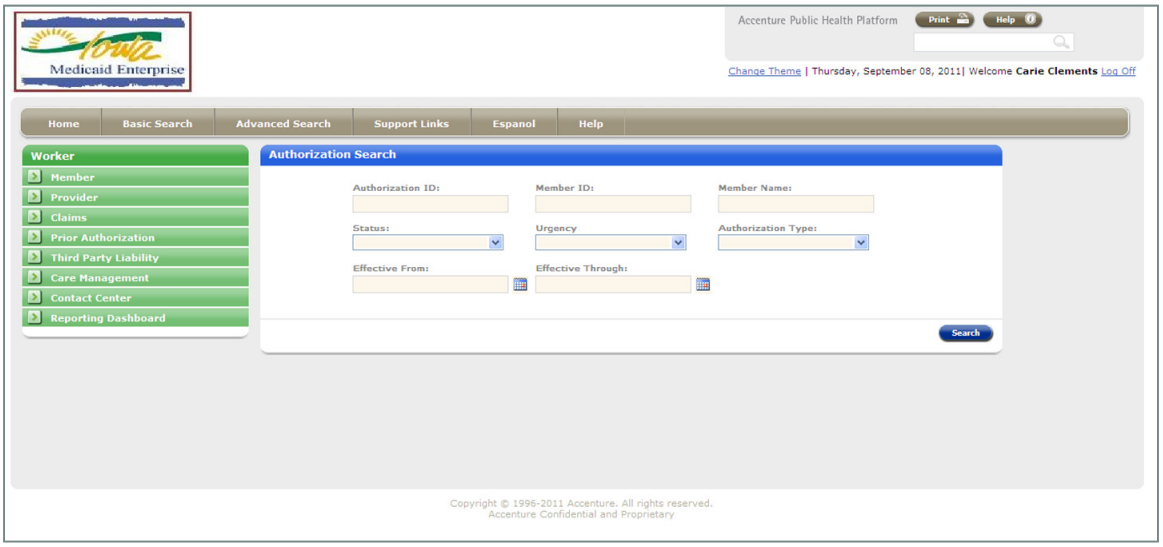


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*Figure 9 - 13. APHP assigns a unique PA number, automatically routes and tracks PA requests and retains PAs for use in downstream claims processing*

### 9.1.5.2 System Requirements and Responses

| Requirement Number: | CA5.01, CA5.01.01, CA5.01.02 |
|---|---|

*System will process and retain all prior authorization request data.*

*Provide the ability to edit claims against prior authorization data and track activity against approved prior authorizations.*

*Allow either a group or individual provider to be entered as the servicing provider on the prior authorization record. Claims processed against the prior authorization should pay for only a match to the provider listed on the prior authorization record.*

- This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Cisco IVR**

**Description of Product**

- APHP supports processing for multiple types of service authorization requests by providing the flexibility to accept entry from a variety of media, by providing a full range of configurable edits, and by providing business process routing and workflow capabilities.
- APHP can accept PA request data via the following mechanisms:
  - Electronically through the X12N 278
  - Electronically using proprietary formats with State approved PA vendors
  - On paper, via email or fax
  - Via the telephone Automated Voice Response System (AVRS)
  - Direct entry by authorized users through the APHP portal
- Each PA request is assigned a unique authorization number to identify it and provide the capability to track the request to completion.
- PA requests are subjected to a full range of configurable business rules to confirm that only valid data is entered on the prior authorization record, and that duplicate requests are identified for denial back to the requestor.
- Our easy-to-navigate, online APHP portal windows will help providers, State staff and contractor personnel review approval requests with regard to criteria such as medical necessity, procedure and/or diagnosis codes, date ranges, units or times and quantities, National Provider Identifier (NPI) taxonomy and member eligibility to perform

| Requirement Number: | CA5.01, CA5.01.01, CA5.01.02 |
|---|---|

and receive the requested service.

- PA requests are routed to the appropriate staff for subsequent review and approval, based on business rules such as type of authorization (for example, dental may route to a different queue than durable medical equipment), specific edits encountered, or the need for additional documentation.
- Approved PA requests are applied during the claims adjudication process.
- The PA may be applied systematically or manually as pre-determined by configuration. Manual application of the PA during claims adjudication requires the inclusion of the PA number on the claim submission. Systematic application of the PA is based on an automatic match between data elements on the PA and claim submission.
- APHP supports the establishment of provider Call Share Groups. Call Share Groups have the added capacity of allowing providers to share referrals and authorizations during the automatic claim to PA matching portion of claims adjudication.
- Editing during the claims adjudication process validates submitted claims data against approved PA data to verify reimbursement of appropriate, services, units, amounts, and providers.

| Requirement Number: | CA5.02 |
|---|---|

*Ensure there is a field for authorization or identification when an override indicator (force code) is used.*

- This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP brings real time capabilities to the State's PA business processes, implemented through edit guidelines that follow the business rules set forth by the State's policy definitions.
- We verify that there is a field for authorization or identification when an override indicator (force code) is used.
- APHP includes a field on the PA record to capture comments that are pertinent to the specific PA request and to record notes or observations related to that request.
- The APHP web portal provides full query, view and update access to the business functions for the authorization process.
- APHP has integrated alerts that are configurable to inform appropriate State and contractor staff when an override indicator or force code is required.

| Requirement Number: | CA5.03, CA5.03.01 |
|---|---|

*Support receiving, processing and sending of electronic health care service review, request for review and response transaction required by 45 CFR Part 162, as follows: a. Retain pharmacy drug referral certification and authorization. b. Dental, professional and institutional referral certification and authorization ASC X12N 278. c. Support Web or Internet submission or prior authorization request.*

*Support interface with prior authorization contractor or vendor for the exchange of HIPAA compliant transactions ASC X12N 278.*

| Requirement Number: | CA5.03, CA5.03.01 |
|---|---|

- This requirement is met using COTS products.

**COTS Product Name: APHP / K2 Blackpearl**

**Description of Product**

- Our solution streamlines the PA process, making it easier for providers, State entities and contractor staff to submit and inquire on requests.
- APHP supports receiving, processing and sending electronic health care service review, request for review, and response transactions required by the identified requirements of 45 CFR Part 162, for dental, professional and institutional referral certification and authorization (ASC X12N 278).
- APHP supports the expansion of X12N 278 transactions. This includes retail pharmacy drug referral certification and authorization.
- APHP provides support to providers that are requesting prior authorizations through our web portal and over a toll free telephone number.
- We will support automated workflow management and distribution of PA requests to appropriate medical professional specialists for review and determination.
- APHP can manage work assignment using multiple levels of criteria including but not limited to, characteristics of the claim or PA record, characteristics of the client, type of claim submission, and edit/audit type.
- • The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.
- APHP serves as the gateway for sending and receiving X12, XML and proprietary formatted prior authorization data authorization data between State and Federal agencies.
- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files.

| Requirement Number: | CA5.04, CA5.04.01 |
|---|---|

*Support the prior authorization staff's ability to send requests for additional information on paper or electronically.*

*Provide access to authorized IME staff and authorized contractors to the prior authorization module to create, edit and delete prior authorization information. System must track changes, time and users who complete the change.*

- This requirement is met using COTS products.

**COTS Product Name: APHP / OnBase**

**Description of Product**

- APHP enables PA staff to send letters to many different entities requesting additional information, and provides pre-defined standard letter templates for guidance and consistency in correspondence.
- The APHP correspondence component allows for both automatic and manual generation of letters to designated stakeholders.
- APHP is able to forward correspondence in various methods such as email, posting to the web portal, facsimile, and standard mail.
- APHP supports the creation and modification of letter templates, including letterhead and signature blocks. It uses industry standard authoring and editing tools, such as Microsoft Word, to allow authorized users to make required changes or updates.
- All authorization letters created and sent, whether automatic or manually generated, are stored in the APHP document repository. Authorized APHP users are able to use the APHP portal to access images and correspondence stored in the system document and imaging repository.
- APHP provides the functionality to include attachments with all communications sent by mail, email, web portal inbox or fax.

| Requirement Number: | CA5.04, CA5.04.01 |
|---|---|

- The APHP portal supports the ability to upload documents and images through secure links to our document imaging service. The APHP web portal supports upload of large documents in various formats (PNF, JPEG, GIF) and medical images such as X-rays, MRI, and ultrasounds.
- The APHP web portal functionality supports IME and authorized contractors in the online creation of new prior authorization and the modification of existing prior authorization records, including records received via file interface from contracting entities.
- APHP maintains comprehensive audit trails for all access to the authorization functions.
- The APHP solution provides a comprehensive tracking and routing solution through the use of configurable and automated workflows.
- APHP generates a comprehensive audit trail that records information about the authorized user who entered, modified, or authorized prior authorization data, including the date and time of the action.

| Requirement Number: | CA5.05 |
|---|---|

*Support searching for prior authorizations based on: a. Provider name. b. Provider ID. c. Member name. d. Member Medicaid ID Number. e. Date of submission range. f. Dates of service requested range. g. Service requested. h. Status of the request. i. Prior Authorization ID number.*

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP provides the ability to search PA requests using a single or a combination of multiple characteristics such as provider name, provider ID, member name, member ID, date of submission range, dates of service requested range, service requested, status of the request, and prior authorization number. Additional search criteria native to APHP include diagnosis code, practice office ID, and admit/discharge date.
- APHP provides PA data access and inquiry capabilities through the web portal.
- Access to information is granted based on security levels defined for each authorized APHP user.
- Our solution includes roles-based web portals for viewing the MMIS using a .NET architecture. The APHP web portal provides full query, view, and update access to the business functions for the authorization process.
- The database columns provided in the search are indexed to facilitate fast searching.
- The APHP database is designed to handle large volumes of data and is optimized for fast querying.

| Requirement Number: | CA5.06 |
|---|---|

*Support entry of retroactive prior authorization requests.*

- This requirement is met using COTS products.

**COTS Product Name: APHP / K2 Blackpearl**

**Description of Product**

- PA requests contain effective dates that allow an authorized APHP user to enter a PA request for a retroactive period.
- Configurable edits may be applied to each type of request, per the State's business rules, to allow or prevent the addition or modification of a PA request for a retroactive period.
- Establishment of PA requests for a retroactive period may generate workflows that include steps to review claims previously adjudicated for the retroactive time period.
- Our workflow tool is designed to quickly and easily create a business process from existing .NET services using its smart object and drag and drop features. Beyond existing services, our workflow tool can also integrate manual activities, reports, and MS Office tools, MS Mail, Excel, and others.

| Requirement Number: | CA5.06 |
|---|---|

- Our APHP workflow solution provides the ability to route and track progress through a workflow for submitted PA requests, including those related to document imaging or electronic transactions (portal).
- APHP has integrated alerts that are configurable to inform appropriate State and contractor staff when retroactive PA requests are entered.

| Requirement Number: | CA5.07 |
|---|---|

*Assign a unique prior authorization number as an identifier to each prior authorization request.*

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP assigns a unique identifier to each PA request.
- Authorized users may search and retrieve PA data using the uniquely assigned prior authorization identification number.
- Claims adjudication processing uses the benefit plan information to determine if a PA is required for a service.
- The PA may be applied to the claim record systematically or manually as pre-determined through configuration. Manual application of the PA during claims adjudication requires the submission of the PA number on the claim record. Systematic application of the PA is based on an automatic match between data elements on the PA and the claim. If a match is found, the PA number is applied to the claim record for processing.
- Editing during the claims adjudication process validates the submitted PA number, services, units, amounts, and providers against approved data on the PA record.

| Requirement Number: | CA5.08, CA5.08.01 |
|---|---|

*Edit prior authorization requests with edits that mirror the applicable claims processing edits.*

*Provide the capability to edit for ineligible member and do not allow processing of prior authorization if the service dates of the prior authorization are outside the member eligibility period or benefit program.*

- This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP has control edits to authenticate that only valid data is entered on the prior authorization record, and denies duplicate requests or requests that contain invalid data.
- Editing validates values on entered PA using current information on benefit plan, provider, member eligibility, and reference databases.
- Prior authorization edits that are applied, both during the entry of the service request, and the application of the authorization during claims adjudication, can be configured to mirror applicable claims processing edits. The APHP Reference data capabilities support the configuration and maintenance of edits, audits, prior authorization requirements, and other service restrictions that may be applied consistently across the system.
- APHP web portal provides full query, view and update access to the business functions for the authorization process.
- APHP uses flexible, table-driven rules and services that are configured through easy to use screens.
- Authorized State and contractor staff can configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.

| Requirement Number: | CA5.09, CA5.11 |
|---|---|

*Establish an adjudicated prior authorization record indicating: a. Single member or members. b. Status of the request. c. Services authorized. d. Number of units approved. e. Service date range approved. f. Cost approved. g. Provider approved (unless approved as non-provider-specific). Indicate if the authorization of units is daily, monthly, quarterly or if the units may be used at any time over the time period.*

*Capture and maintain both the requested amount and authorized amount on the prior authorization record.*

- This requirement is met using COTS products.

**COTS Product Name: APHP / K2 Blackpearl**

**Description of Product**

- The primary objective of the APHP PA function is to maintain a timely, accurate, automated, and date-sensitive data repository of PA data, including current and historical status, and unit and cost limits.
- APHP supports processing for multiple types of service authorization requests and captures decisions and approved information for each authorization. Captured information includes:
- Identification of the member (or members in the case of a newborn under the mother's eligibility ID)
  - Status of the request
  - Services authorized
  - Number of units requested (and if applicable, consumption frequency)
  - Number of units approved (and if applicable, consumption frequency)
  - Service date range requested
  - Service date range approved
  - Cost amount requested
  - Cost amount approved
  - Provider approved (unless approved as non provider specific).
- The authorization process follows a workflow defined by State policies that are configured using the APHP workflow component.

- The solution includes role-based web portals for viewing, approving, and maintaining prior authorization and other MMIS data using a .NET architecture.
- APHP captures and maintains the requested amount and authorized amount on the PA record.
- Claims processing interacts with the PA module during adjudication to confirm the existence of a PA and authorized available service criteria. The PA is updated based on claims processing activity (e.g., reconciling applicable units and dollars used and available based on claims payment or recoupment activity).
- • APHP provides data storage using industry standards for application flexibility.

| Requirement Number: | CA5.10 |
|---|---|

*Edit to ensure that only valid data is entered on the prior authorization record and denies duplicate requests or requests that contain invalid data.*

This requirement will be met through a system modification.

**Type of Modification (change rules engine or modification and addition to system code):** Modification of Plexis Quantum Choice Prior Authorization Rules Engine

- PA requests are subject to a full range of configurable business rules and data validation to confirm that only valid data is entered on the prior authorization record.
- APHP will support functionality to identify and properly adjudicate duplicate submissions of individual PA requests based on pre-determined data elements and applicable business rules.
- APHP will support and properly adjudicated duplicate PA file submissions from authorized external

| Requirement Number: | CA5.10 |
|---|---|

entities based on pre-determined business process and interface rules.
- APHP web portal provides full query, view and update access to the business functions for the authorization process.

| Requirement Number: | CA5.12 |
|---|---|

*Provide and maintain the capability to change the services authorized and to extend or limit the effective dates of the authorization. Maintain the original and the changed data in the prior authorization record.*

- This requirement is met using COTS products.

**COTS Product Name: APHP / K2 Blackpearl**

**Description of Product**

- The APHP provides authorized APHP users the ability to modify information on the PA record, including the effective period and authorized units.
- APHP maintains comprehensive audit trails for all access to the authorization functions.
- Audit information, including current and previous data values, and the time and date of modification, provide the user with information about the history of the changes that have been applied to the record.
- The APHP web portal provides unified, consistent and integrated access to the business functions for the authorization process.
- Our workflow tool is designed to quickly and easily create a business process from existing .NET services using its smart object and drag and drop features. Beyond existing services, our workflow tool can also integrate manual activities, reports, and MS Office tools, MS Mail, Excel, and others.
- Our APHP workflow solution provides the ability to route and track progress through a workflow for submitted PA requests and modifications, including those related to document imaging or electronic transactions (portal).
- APHP has integrated alerts that are configurable to inform appropriate State and contractor staff when PA requests are extended or modified.

| Requirement Number: | CA5.13, CA5.13.01 |
|---|---|

*Accept update from claim processing that "draw down" or decrement authorized services.*

*Update prior authorization records based upon claims processing results indicating that the authorization has been partially used or completely used. These activities include processing of original claims, adjustments and voids that "draw down" (decrement) and or "add back" authorized services (units, dollars, authorized dollar amount per unit).*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP PA functions allow for establishing authorized criteria, including member, provider, service, procedure, effective period, maximum units, and dollars, based on the business processes and rules established by State policy.
- APHP PA functions, in conjunction with other reference and financial modules, provide a broad range of prior authorization attributes including editing for benefit limits and exclusions.
- APHP PA services work in collaboration with claims processing functions to validate submitted services against approved PAs. During the adjudication process, the PA is decremented and reflects the outstanding amounts and/or units available. The adjustment and/or void of prior authorized services and amounts restore units to the PA.
- APHP provides users the ability to view PA and other applicable edits, audits, workflow, or rules associated with

| Requirement Number: | CA5.13, CA5.13.01 |
|---|---|
| claim adjudication on a single screen. The comprehensive view supports the user in identifying system interpretation and application of benefit plan rules supporting policy. | |

| Requirement Number: | CA5.15 |
|---|---|
| *Generate automatic approval and denial notices to requested and assigned providers, case managers and members for prior authorizations. Denial notices to members including the reason for the denial and notification of the member's right to a fair hearing.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / OnBase / K2 Blackpearl**

**Description of Product**

• Based on pre-defined actions or events, APHP can generate automatic Prior Authorization approval and denial notices to requesting and assigned providers, case managers, and members.

• Denial notices to providers, case managers and/or members may be configured to include the reason for the denial and notification of rights to an appeal and/or fair hearing.

• APHP has native workflow capabilities for the automation of PA processing. It is highly configurable to meet changing business demands.

• APHP supports the creation and modification of letter templates, including letterhead and signature blocks. It uses industry standard authoring and editing tools, such as Microsoft Word, to allow authorized users to make required changes or updates.

• At the enterprise level, our solution automates business processes using workflow applications and rules engines. Workflow definition can identify steps in a business process that act as triggers for automatic letter generation.

| Requirement Number: | CA.SS.5.0.1 |
|---|---|
| *Support a prior authorization process that is flexible across numerous programs, benefit plans and claim types.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl**

**Description of Product**

• The APHP solution provides flexibility in the application of prior authorization requirements across programs, benefit plans, and claim types through configuration.

• APHP supports the concurrent use of diagnosis, procedures, and other benefit plan components for program specific PA submission, review, approval, and claim adjudication rules.

• Workflows direct PA transactions and the claims process based on business rules associated with specific programs, benefit plan, and claim types.

• The workflow tool is designed to quickly and easily create a business process from existing .NET services using its smart object and drag and drop features. Beyond existing services, our workflow tool can also integrate manual activities, reports, and MS Office tools, MS Mail, Excel, and others.

| Requirement Number: | CA.SS.5.0.2 |
|---|---|
| *Provide the capability to perform mass updates of prior authorization records (e.g., globally change provider ID numbers or procedure codes and or modifiers for pending or approved but unutilized services).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

• The APHP Solution supports the update of prior authorization records through manual, on-line modification of PA data elements and systematic mass updates.

• APHP contains a data upload feature known as the Code Importer. The Code Importer function allows users to make a single change that automatically triggers updates throughout the system.

• The mass update process is inclusive of impact analyses within a test environment, implementation in the production environment, and quality review.

• Prior authorization segments list the effective from and through date for authorized procedures.

• APHP maintains data integrity within the PA module through the support of date sensitive updates and the ability to add new segments reflecting the effective date corresponding to the update.

| Requirement Number: | CA.SS.5.0.3 |
|---|---|
| *Allow a cutback on payment amounts instead of a denial once the prior authorized limit is reached.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

• Editing during the claims adjudication process validates submitted claims data against approved PA data to verify reimbursement of appropriate, services, units, amounts, and providers.

• APHP uses flexible table-driven rules and services that are configured through easy to use screens to enforce limitations on units, visits, costs, and utilization frequency.

• Global and user defined result codes drive the final outcome of the claim by suspending, denying, or applying a cutback on the allowed or payable services.

• APHP generates a notification to the provider regarding cutback through the use of result code messages on the remittance advice.

| Requirement Number: | CA.SS.5.0.4 |
|---|---|
| *Provide capability to identify services that have different procedure codes, but that are subject to the same prior authorization limitation and accumulate all like services against the prior authorization.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP functionality provides flexibility in configuring PA business rules with robust enforcement capability through the collaborative use of Benefit Frameworks and Accumulator Frameworks.
- The Benefit Framework provides a means of defining the service types that are subject to the prior authorization

| Requirement Number: | CA.SS.5.0.4 |
|---|---|

requirement.

- APHP supports the identification of more detailed code groupings within the service type and criteria placing conditions on the application of prior authorization requirements.
- The Accumulator Framework allows the user to define limits for the service types.
- APHP supports date bound segments for each code grouping applicable to the service type contained in the Benefit Framework and the Accumulator Framework.
- The component structure allows the user to accumulate multiple, defined procedures against a single limit.

| Requirement Number: | CA.SS.5.0.5 |
|---|---|

*Maintain an audit trail of prior authorization file updates accessible through online inquiry. Maintain control totals and provide balance information in response to online requests.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP provides PA data access and inquiry capabilities through the web portal.
- The APHP creates a comprehensive audit trail to record the information about the authorized user who entered, modified, or authorized prior authorization data, including the date and time of the action.
- APHP includes role-based security that allows authorized individuals to sign in and perform searches based on their specific profiles.
- Access to information is granted based on security levels defined for each authorized APHP user.
- APHP maintains comprehensive audit trails for all access to the authorization functions.
- The integrity of the PA file is maintained as a result of the interaction between the claims processing and PA functions.
- Claims processing activity decrements and increments the PA total, and the available/used counts are balanced against the original approved totals.

| Requirement Number: | CA.SS.5.0.6, CA.SS.5.0.7 |
|---|---|

*Provide the capability to produce, control and balance reports for prior authorization requests received from authorization entities and provide the reports to the state accessible online and in hardcopy upon state request.*

*Receive prior authorization request data through electronic data file, 278 transactions and manually keyed based on requests received by fax or mail.*

This requirement is met using COTS products.

**COTS Product Name: APHP / SQL Server Reporting Services**

**Description of Product**

- APHP supports processing for multiple types of service authorization requests by providing the flexibility to accept entry from a variety of media, by providing a full range of configurable edits, and by providing business process routing and workflow capabilities.
- APHP can accept PA request data via the following mechanisms:
  - Electronically through the X12N 278
  - Electronically using proprietary formats with State approved PA vendors
  - On paper, via email or fax
  - Via the telephone Automated Voice Response System (AVRS)
  - Direct entry by authorized users through the APHP portal

| Requirement Number: | CA.SS.5.0.6, CA.SS.5.0.7 |
|---|---|

- The APHP workflow process directs transactions to the appropriate unit for processing.
- The APHP workflow execution environment provides reports for tracking and analyzing process bottlenecks, user performance, and process throughput.
- The APHP solution provides full auditing and tracking of interactive and batch submissions.
- Auditing and tracking capabilities inherent to APHP support validation and balancing of interface partner and submitter transactions.
- APHP Reporting solution is based on Microsoft SQL Server Reporting package. The package provides a complete server-based platform that is designed to support a wide variety of reporting needs including managed enterprise reporting, ad-hoc reporting, embedded reporting, and web based reporting to enable organization to deliver relevant information where needed across the entire enterprise.
- Reporting services provide the tools and features necessary to author a variety of richly formatted reports from a wide range of data sources.
- Users may receive reports automatically through subscriptions, access the reports from a central repository, consume reports in the context of business processes through reports embedded into business or web applications, or via hard copy.

| Requirement Number: | CA.SS.5.0.8, CA.SS.5.0.9, CA.SS.5.10 |
|---|---|

*Support manual entry of prior authorization approvals.*

*Provide ability to allow approved service (e.g. private duty nursing) on one prior authorization to be used by multiple providers during overlapping dates of service based on IME rules.*

*Provide ability to process X12n 278 transaction real time using the rules engine for decision where applicable.*

This requirement is met using COTS products.

**COTS Product Name: APHP / K2 Blackpearl**

**Description of Product**

- APHP supports automated workflow management and distribution of PA requests to appropriate medical professional specialists for review and determination.
- APHP supports receiving, processing and sending electronic health care service review, request for review, and response transactions required by the identified requirements of 45 CFR Part 162, for professional and institutional referral certification and authorization (ASC X12N 278).
- The APHP workflow tool is designed to quickly and easily create a business process from existing .NET services using its smart object and drag and drop features. Beyond existing services, the workflow tool also integrates manual activities, reports, MS Office tools, MS Mail, Excel, and other applications.
- Business rules are integrated into the PA workflows defined in the APHP solution. The workflow business rules govern how a PA is routed for approval.
- APHP supports the manual review and approval of prior authorization requests and automatic approval based on business rules and triggers within the PA workflow.
- The APHP PA function uses the industry standard X12N 278 for PA submission and approval. The X12N 278 supports sending a single code or a range of codes as needed by the PA requestor.
- Authorized State and contractor staff can configure business rules through an interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.
- APHP Call Share Groups have the added functionality of allowing providers to share referrals and authorizations.
- APHP has integrated alerts that are configurable to inform appropriate State and contractor staff when an action is required based on established criteria, such as the entry or approval of an authorization that overlaps another.

| Requirement Number: | CA.SS.5.0.8, CA.SS.5.0.9, CA.SS.5.10 |
|---|---|

- APHP can be configured to accommodate sequencing as an option in business rule configuration to allow the appropriate PA to be used based on State policy to coordinate the process and selection of a PA when dates overlap.

| Requirement Number: | CA.SS.5.11 |
|---|---|

*Provide capability to relate prior authorizations to subsequent claims requiring such authorization.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- Each PA request is assigned a unique authorization number to identify it and provide the capability to track the request to completion.
- Our enterprise document management (EDM) function uses high-speed imaging and optical character recognition (OCR) to capture, store, and retrieve hard copy PA requests and associated documents.
- The APHP PA functions allow for establishing authorized criteria, including member, provider, service, procedure, effective period, maximum units, and dollars, based on the business processes and rules established by State policy.
- APHP PA services work in collaboration with claims processing functions to verify approval and accurately increment/decrement the services used /remaining information.
- Approved prior authorizations are applied during the claims adjudication process.
- The PA may be applied systematically or manually as pre-determined by configuration. Manual application of the PA during claims adjudication requires the inclusion of the unique PA number on the claim submission. Systematic application of the PA is based on an automatic match between data submitted on the claim and the approved authorization.

| Requirement Number: | CA.SS.5.12, CA.SS.5.13, CA.SS.5.14 |
|---|---|

*Produce statistical reports on prior authorization requests (e.g., received, approved, approved with modifications and denied).*

*Produce statistical reports on utilization of prior authorized services.*

*Produce statistical reports on the data source (e.g., X12n 278, electronic file, manually entered) of prior authorization requests.*

This requirement is met using COTS products.

**COTS Product Name: APHP / SQL Server Reporting Services**

**Description of Product**

- APHP functionality incorporates statistical reporting specific to prior authorization disposition, service utilization, and PA request data source. Reporting services provide the tools and features necessary to author a variety of richly formatted reports from a wide range of data sources.
- The APHP reporting solution is based on Microsoft SQL Server Reporting package. The package provides a complete server-based platform that is designed to support a wide variety of reporting needs including managed enterprise reporting, ad-hoc reporting, embedded reporting, and web based reporting to enable organization to deliver relevant information where needed across the entire enterprise.

| Requirement Number: | CA.SS.5.12, CA.SS.5.13, CA.SS.5.14 |
|---|---|

- Users may receive reports automatically through subscriptions, access the reports from a central repository, consume reports in the context of business processes through reports embedded into business or web applications, or via hard copy.
- APHP supports processing for multiple types of service authorization requests by providing the flexibility to accept entry from a variety of media, by providing a full range of configurable edits, and by providing business process routing and workflow capabilities. As previously stated, APHP can also provide statistical reports on the data sources of these PA requests.
- Data sources include:
  - Electronically through the X12N 278
  - Electronically using proprietary formats with State approved PA vendors
  - On paper, via email or fax
  - Via the telephone Automated Voice Response System (AVRS)
  - Direct entry by authorized users through the APHP portal

| Requirement Number: | CA.SS.5.15, CA.SS.01 |
|---|---|

*Process and maintain inputs and outputs including but not limited to the following: Inputs: a. Files from external prior authorization systems. b. Reports. Outputs: a. Prior authorization requests to approving entity for X12N 278 transactions.*

*Provide for ad hoc reporting, as appropriate, based on data needs.*

This requirement is met using COTS products.

**COTS Product Name: APHP / SQL Server Reporting Services**

**Description of Product**

- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. Secure delivery channels include the APHP portal, our Quantum Data Services (QDS) capabilities, web based services and flat files.
- APHP supports processing for multiple types of service authorization requests by providing the flexibility to accept entry from a variety of media, by providing a full range of configurable edits, and by providing business process routing and workflow capabilities.
- APHP supports receiving, processing and sending electronic health care service review, request for review, and response transactions required by the identified requirements of 45 CFR Part 162, for professional and institutional referral certification and authorization (ASC X12N 278).
- APHP can accept PA request data via the following mechanisms:
  - Electronically through the X12N 278
  - Electronically using proprietary formats with State approved PA vendors
  - On paper, via email or fax
  - Via the telephone Automated Voice Response System (AVRS)
  - Direct entry by authorized users through the APHP portal
- The APHP Reporting solution is based on Microsoft SQL Server Reporting package. The package provides a complete server-based platform that is designed to support a wide variety of reporting needs including managed enterprise reporting, ad-hoc reporting, embedded reporting, and web based reporting to enable organization to deliver relevant information where needed across the entire enterprise.
- Reporting services provide the tools and features necessary to author a variety of richly formatted reports from a wide range of data sources.
- Users may receive reports automatically through subscriptions, access the reports from a central

| Requirement Number: | CA.SS.5.15, CA.SS.01 |
|---|---|
| repository, consume reports in the context of business processes through reports embedded into business or web applications, or via hard copy. | |

| Requirement Number: | CA.SS.02 |
|---|---|
| *Provide the capability to download data for statistical data manipulation. This refers to report data, file extract data and billing information.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / SQL Server Reporting Services**

**Description of Product**

- The APHP solution brings a full suite of performance and operational metrics and dashboards as part of our Enterprise Reporting Management System.
- The centralized approach to the collection and reporting of metrics allow users to access the data through the APHP Worker Portal.
- APHP provides authorized users electronic access to information in pre-defined report format and user definable custom report format.
- The Microsoft's SSRS based reporting platform has the ability to download any report and supporting data in a number of standard desktop applications for data manipulation.
- The APHP Reporting solution will permit authorized users to download aggregate data in the format with which they are most familiar, including Microsoft Word and Excel.
- Microsoft SQL Server Reporting Services (SSRS) supports rendering to most common file formats including HTML, PDF, CSV, XML, and Image (TIFF) and also offers complete new rendering in Microsoft Office Word, Excel and Access.

| Requirement Number: | CA.SS.03 |
|---|---|
| *Provide help screens, help tabs or drop down help windows, for all modules of the system, including COTS products.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP and all of the component products are commercial software that includes technical and user documentation as well as on-line help functions to assist in configuration.
- APHP includes documentation and information, as well as configurations, standard workflows, and edit configurations to support the implementation and use of the product.
- The APHP web portal employs leading practices for usability and navigation drawn from our experience at Accenture's Healthcare Center of Excellence (HCoE).
- APHP follows HTML standards which includes the required standard web functionality for Online, context-sensitive help, Hovering, Hypertext links, Dropdown lists and menus, point and click, "Forward" and "Back" navigation, Cut and paste, shortcut Keys, drag and drop, Bookmarking with appropriate title and title tags and Customized views of web pages.
- APHP integrates help functionality throughout the portal. Help functionality is available in the window, tab or frame with current focus.

| Requirement Number: | CA.SS.03 |
|---|---|

- APHP provides overall site help, help associated with each module, and field specific hover help that is contextual to the section and field the user is viewing.
- The APHP framework allows access to standard documentation such as MMIS User Manuals, Provider Manuals, Data Dictionaries, MMIS system documentation, and other defined resources.
- APHP help documentation is designed to be independent of the application code which allows for user update and deployment of changes without major system release.

| Requirement Number: | CA.SS.04 |
|---|---|

*Provide mass adjustment capabilities for any period of time specified by IME, based on criteria including, but not limited to: cost report data, price adjustments.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP allows for the entry of mass adjustment requests based on a variety of criteria including but not limited to user defined dates, price adjustments, changes to benefit plans, cost report data, and other member, provider, or reference related data.
- APHP supports the mass adjustment process through the use of a re-adjudication filter and data uploads via the EDI secure portal.
- The mass adjustment process will allow for the re-adjudication of claims with the selected criteria and will perform the same processing that is currently done on single adjustments by negating claims or claim lines.
- The secure worker portal displays the affected claims and the dollar amounts affected allowing the user to assess the impact of the mass adjustment prior to execution.
- Automated mass adjustments can be requested due to rate changes, changes to benefit plans, for cost settlements or to group all claims for a particular provider, or other data.

| Requirement Number: | CA.SS.05 |
|---|---|
| *Reference any void and replacements (paper or electronic) to original claims.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / OnBase**

**Description of Product**

- APHP will accept and process both manually entered replacement and voids (direct data entry or paper submission pushed through OCR) or replacement and void transactions submitted by the providers through the web portal.
- OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are determined by Keywords. Additionally, the OnBase Workflow engine can be configured to look for documents with the same Keyword values and then initiate the proper business process review or notice process.
- The OnBase document relationships are dynamic and allow different file formats to be linked together.
- The APHP COTS claims engine links accounting transactions to corresponding claims for payments.
- APHP can track the provider (payee) from which a payment was received and other user-defined information.
- A user-definable topic may be configured for use with the accounting transaction form that allows for entry of claim line.
- APHP secure provider web portal will display all provider claims detail and connected payment information on a per claim basis for review.

| Requirement Number: | CA.SS.06 |
|---|---|
| *Provide the ability to allow voids and replacements to update an accounts receivable (AR).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl**

**Description of Product**

- APHP supports retroactive adjustments for previous incorrect payments and will create accounts receivables where appropriate.
- APHP will utilize the core claims COTS product to process all voided claims and adjustments to previously paid claim amounts and any incoming AR due to returned warrants. Funding source accounts will be updated to reflect the reversal or change in payment for affected services. Financial processing updates will be reflected at the transaction level.
- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.
- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically changing the AR status to accurately reflect the offset.

| Requirement Number: | CA.SS.07, CA.SS.08, CA.SS.10, CA.SS.11, CA.SS.12 |
|---|---|

*Allow all designated users to perform the following mass void and replace actions, including, but not limited to: a. Select and review. b. Release all. c. Release selected claims. d. Start over. e. Cancel.*

*Allow selection criteria for and mass void and replacements to be applied by, at least the following: a. Internal Control Number (ICN). b. Codes. c. Provider number or name. d. Provider type. e. Provider specialty. f. Date(s). g. Member. h. Other criteria, as defined by IME.*

*Provide the capability to void claims using the mass functionality (i.e., not replace the voids).*

*Provide a mass void and replace process when third party resource is recognized retroactively.*

*Support online void and replacements to previously adjudicated claims.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl**

**Description of Product**

- APHP supports individual, online and mass processing of adjustment and void claim transactions.
- Claim selection criteria supported by the APHP mass adjustment process includes but is not limited to the following.
  - Internal control number (ICN)
  - Codes
  - Provider number
  - Provider type
  - Provider specialty
  - Dates
  - Member
- APHP supports the mass adjustment process through the use of a re-adjudication filter and data uploads via the EDI secure portal.
- The mass adjustment process will allow for the re-adjudication of claims with the selected criteria and will perform the same processing that is currently done on single adjustments by negating claims or claim lines.
- The secure worker portal displays the affected claims and the dollar amounts affected allowing the user to assess the impact of the mass adjustment prior to execution.
- APHP allows authorized users to execute mass adjustments through the release of verified transactions into the cycle for processing. APHP functionality also supports the deletion of transactions identified by the mass adjustment process and cancellation of a mass adjustment request.
- The void process allows authorized users to reverse or negate previously paid claims. No replacement transaction is generated for voided claims.
- Automated mass adjustments can be requested due to rate changes, changes to benefit plans, provider updates, member eligibility changes, and retroactive updates to the member other insurance data.
- APHP supports configuration within the workflow process to automatically trigger a mass adjustment or mass void based on State business rules.

| Requirement Number: | CA.SS.06 |
|---|---|
| *Support a mass void and replace process that will allow adjustments by a specified amount or a percentage (e.g., based on an audit result from a sample of claims).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl / OnBase**

**Description of Product**

- APHP will identify and subject a statistically valid sample of claim transactions to analysis for quality control review.
- The APHP workflow process supports the user in identifying transactions for reprocessing, navigation of the approval process, notification of credit balance, fund recovery, and finalization of transactions.
- OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are determined by Keywords. Additionally, the OnBase Workflow engine can be configured to look for documents with the same Keyword values and then initiate the proper business process review or notice process.
- The OnBase document relationships are dynamic and allow different file formats to be linked together.
- The APHP COTS claims engine links accounting transactions to corresponding claims for payments.
- APHP can track the provider (payee) from which a payment was received and other user-defined information.

| Requirement Number: | CA.SS.13 |
|---|---|
| *Allow history only claims adjustments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP uses industry standard reason codes during the adjustment process.
- Configuration of financial reason codes determines the affect of the adjustment on financial reporting, positive, negative, or no affect.
- History only adjustments may modify fund category totals but have no affect on the provider's 1099.
- APHP financial management screens will allow tying of any refund or recovery back to the billed claim using a standard or history only transaction.

| Requirement Number: | CA.SS.14 |
|---|---|
| *Provide the capability to create financial transactions for the purpose of making non-claim based payments and recoveries from providers, members and other entities and provide the ability to indicate whether the payment is subject to offset against outstanding AR balances.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl**

- The APHP worker portal is the central point of access for entering, managing, and viewing financial transactions information, claim and non-claim specific.
- APHP utilizes native functionality within the COTS claims component that provides feature functionality to support the online entry and management of financial data such as debit and credit entry of cash receipts or other non-claim specific financial transaction (premium billing, invoice receipts, expense reimbursements, etc.)
- APHP leverages the COTS claims engine financial transaction capabilities for processing all claim based and non-claim based financials. This includes supporting AR, AP, processing refunds and accounting for returned warrants.
- Financial transactions are spawned off of claims transactions during the claims adjudication process. AR and AP transactions are identified based on the results of the claims adjudication process. During the claims payment processing tasks, reconciliation across the AR, AP and any provider credit balances occurs.
- All Financial transactions tie back to the chart of accounts to support fund allocation management.
- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs.
- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically changing the AR status to accurately reflect the offset.

| Requirement Number: | CA.SS.15, CA.SS.16, CA.SS.14 |
|---|---|
| *Provide the ability to identify uncollectable credit balances and flag all related financial balances as uncollectable.*<br>*Accept non-claim payment for the flagged uncollectable balances.*<br>*Provide the ability to indicate whether the recovery is to be offset against claims or gross adjustments payments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl**

**Description of Product**

- Automated workflow process rules can be configured to trigger an alert once a State-specified period of inactivity occurs for any provider, including those who have identified credit balances.
- APHP leverages the workflow process engine to automatically generate notifications to providers as credit balances and accounts receivables are created in the system. This is accomplished through the configuration of the business rules within the APHP workflow product.
- APHP leverages the COTS claims component for all financial transaction processing. Configurable business rules drive the financial decisions based on IME payment policies. APHP has the ability to set GL account codes as necessary and provides for the tracking of a pair of GL account codes across

| Requirement Number: | CA.SS.15, CA.SS.16, CA.SS.14 |
|---|---|

financial transactions, one of which could be set to an uncollectable credit balance account and the other reflective of standard payment process for a provider or other entity.

- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities.
- All data supporting credit balances, including non-claim specific payment toward uncollectable balances, will be referenced during the payment cycle to determine proper offset against claims or gross provider payments.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

| Requirement Number: | CA.SS.17 |
|---|---|

*Provide a summary screen that presents for each provider previous year, current year month-to-date, year-to-date and most recent payment information and number of pended claims.*

This requirement is met using COTS products.

**COTS Product Name: APHP / SQL Server Reporting Service**

**Description of Product**

- Accenture provides comprehensive online inquiry access for a variety of resources, including consolidated transaction and payment histories.
- Online consolidated transaction and payment history reporting will include:
  - Prior year reimbursement
  - Current year month-to-date reimbursement
  - Current year-to date reimbursement
  - Most recent cycle reimbursement
  - In-process (pended) claim counts
- APHP leverages the secure provider portal to display individual 1099 reporting for providers. APHP users may access the same individual 1099 reports as well as summary and processing reports associated with the 1099 via the APHP worker portal.

| Requirement Number: | CA.SS.18 |
|---|---|
| *Deny all claims submitted by providers other than the designated lock-in provider(s), unless emergency or referral consultation criteria are met. Ensure rules for referrals/claims for services outside of the medical home are followed e.g., medical home and or Primary Care Case Manager (PCCM).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The Benefit framework provider exception configuration provides the ability to lock specific providers or groups of providers to services that are specific to diagnosis codes, procedure codes modifiers and dates of service.
- APHP returns all required data elements upon receipt of eligibility verification requests from providers.
- A summary of lock-in status is displayed to providers inquiring on eligibility status through the web portal.
- Program service restriction information tied to programs such as Lock-in or Lock-out which is contained in APHP will be provided during eligibility inquiries.
- Lock-in members will be identified within APHP by application of a User Assigned Result code on the member record. The result code is then systematically applied to processed claims during the adjudication process resulting in a pended or denied claim based on the configuration of the result code.
- APHP will adjudicate locked-in member's claims in accordance with configured business rules and applicable referrals.
- APHP provides and maintains the capability to pend or deny claims for members assigned to the member lock-in program based on program guidelines.

| Requirement Number: | CA.SS.19 |
|---|---|
| *Provide the capability to process institutional claims for PMIC at the line level in accordance with IME rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP supports multiple industry standard reimbursement methodologies for claims processing and financial management.
- Reimbursement for electronic and paper institutional claims may be based on header or detail line data.
- The APHP can be configured to approve, adjust, re-price, suspend, or deny claims based on criteria presented on the transaction, provider, member, reference tables or the Rules Engine.
- Processing rules, including reimbursement methodologies for psychiatric institutions, may be applied at the claim header or claim detail level.

| Requirement Number: | CA.SS.20 |
|---|---|
| *Create and process capitation payments for non-emergency medical transportation broker and other contractors who are paid using capitation rates based on rules in the rules engine.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The APHP benefit plans and fee schedules will be configured to drive the per capita reimbursement of claims based on encounter.
- APHP supports the management and configuration of capitation rates on-line for immediate adjustments to assigned member payments.
- Member capitation rate data for non-emergency transportation and other capitated services may also be processed into APHP via automated interfaces and capitation rate changes. Capitation rate methodologies are adjusted on a schedule determined by the Medicaid program.
- APHP captures program-defined member factors including age, gender, category of eligibility, health status, and geographic location. The member factor data is used to calculate and allow capitation rate payments.
- APHP capitation processing accommodates comprehensive calculation methodologies to allow the appropriate payment for members with full month coverage, partial month coverage, or coverage for retroactively enrolled members.
- APHP adjusts capitation payment based on reconciliation of errors or corrections (e.g., retroactive adjustments to a particular capitation payment based on more accurate data that the MMIS obtains retroactively on member enrollments, disenrollment, and terminations).
- The APHP EDI solution supports the generation and receipt of X12 EDI 820 Remittance Advice.

| Requirement Number: | CA.SS.21 |
|---|---|
| *Receive and store non-emergency medical transportation and other managed care contractor encounter data.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP accepts eligibility and claim-like data from external sources for inclusion in the consolidated reporting functions.
- Examples of outside data may include:
  - Intake eligibility information
  - Managed care capitation payment data from the enrollment process
  - Managed care encounter data
  - Non-emergency medical transportation of other health claims processed by non-MMIS State systems
- Our open architecture and systems interoperability allow secure data exchange between APHP and State -approved entities. This approach consolidates disparate data and provides a comprehensive view into Medicaid and other healthcare programs.
- APHP provides the capability to perform adjustments to claims, inquire on the status of claims including the edits and audits that were applied, and resubmission of the claim through the Web Portal.
- This functionality is available for both fee-for-service (FFS) and encounter data.

| Requirement Number: | CA.SS.22 |
|---|---|
| *Provide capability to retrieve electronic images by control number, date of service, member number or provider number.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / OnBase**

**Description of Product**

- Accenture produces an electronic image of hardcopy claims, claims-related documents, and other state proprietary forms and performs quality control procedures to verify that the electronic image is legible and meets the objectives of quality standards.
- Paper claims and attachments flow through the DocIT scanning and OCR process where they are verified, validated, and classified in preparation for importing into the electronic document management system (EDMS).
- The DocIT process includes a verification tool, IQ Server which is used to read the data off the forms based on pre-determined coordinates, character sets, and formats. IQ Server must meet confidence levels set for each data element. If that confidence level is not met, the data element is flagged to stop during verification. This allows Key Data Entry (KDE) of information that has a low-confidence level from the OCR process or that could not be read at all.
- Document fields that fail established confidence thresholds are presented to users and corrected clerically, if possible, via key data entry or else rejected.
- A Control Number (CN), a unique identifier, is assigned to the document as the means of future retrieval of the document and related attachments.
- Document images processed via APHP are stored electronically in the data repository and available for online retrieval with complete search capabilities including control number, date of service, member number, or provider number.
- Once a document has been retrieved, the user may view online of print.
- The online EDMS allows for a myriad of print/view capabilities and options. Print/view options include zoom-in, zoom-out, thumbnails, keyword viewing, page-up, page-down, go-to abilities, and rotation of an image.

| Requirement Number: | CA.SS.23 |
|---|---|
| *Identify any inactivated claims or batches on daily control logs.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / SQL Server Reporting Service**

**Description of Product**

- APHP uses automated balancing and trigger processes to identify incomplete or inactivated claim batches on daily control reports.
- APHP has the capability through its EDI interface to track inbound claims batches and properly balance to control counts and provide feedback to submitters.
- The APHP EDI solution tracks submitted batches of electronic, portal and paper claim transactions.
- Drill-down functionality contained in APHP portal dashboards and reports provide users an in-depth into batch activity for research of balancing issues.

| Requirement Number: | CA.SS.24 |
|---|---|
| *Provide capability to relate prior authorizations to subsequent claims requiring such authorization. Provide capability to add new procedures requiring prior authorization as part of routine file maintenance.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl**

**Description of Product**

- Each PA request is assigned a unique authorization number to identify it and provide the capability to track the request to completion.
- Our enterprise document management (EDM) function uses high speed imaging and optical character recognition (OCR) to capture, store, and retrieve hard copy PA requests and associated documents.
- The APHP PA functions allow for establishing authorized criteria, including member, provider, service, procedure, effective period, maximum units, and dollars, based on the business processes and rules established by State policy.
- APHP PA services work in collaboration with claims processing functions to verify approval and accurately increment/decrement the services used /remaining information.
- Approved prior authorizations are applied during the claims adjudication process.
- The PA may be applied systematically or manually as pre-determined by configuration. Manual application of the PA during claims adjudication requires the inclusion of the unique PA number on the claim submission. Systematic application of the PA is based on an automatic match between data submitted on the claim and the approved authorization.
- The APHP solution provides flexibility in the application of prior authorization requirements across programs, benefit plans, and claim types through configuration.
- APHP supports the concurrent use of diagnosis, procedures, and other benefit plan components for program specific PA submission, review, approval, and claim adjudication rules.
- Workflows direct PA transactions and the claims process based on business rules associated with specific programs, benefit plan, and claim types.
- The ability to re-configure components online without adversely affecting unrelated programs support authorized users in updating benefit plans and other program specific code groups as part of file maintenance.

| Requirement Number: | CA.SS.25 |
|---|---|
| *Make payment only if an approval certification (validation number indicating Quality Improvement Organization (QIO) approval) is present on the claim and only for the approved number of days and at the specified LOC.* | |

This requirement will be met through a system modification.

**Type of Modification (change rules engine or modification and addition to system code):** Modification of Plexis Quantum Choice Claims Processing Rules Engine

- The APHP solution supports a multitude of industry standard provider reimbursement standards that are maintained with begin and end dates to ensure historical rates are maintained.
- Payment methodologies utilize configurable criteria within the fee schedules and are automated within the APHP user interface.
- Automated payment methodologies will include, but are not limited to: per diems, level-of-care per diems, case mix, percentage of charge rates, rates based on level of care, preferred provider agreements, managed care agreements, volume purchase contracts, or other cost containment initiatives.
- APHP edit functionality supports the systematic review of submitted claims data and adjudicates transactions based on the existence of appropriate approvals and program business rules.

| Requirement Number: | CA.SS.26 |
|---|---|
| *Support multiple methodologies for pricing claims, as established by the IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The APHP solution supports a multitude of industry standard provider reimbursement standards which are maintained with begin and end dates to ensure historical rates are maintained.
- APHP supports comprehensive reference data management such as procedure codes (CPT, NDC, HCPCS, UCR, RUG), diagnosis codes (ICD-9 and ICD-10) and payment method code sets including DRG, RBRVS. APHP supports online code updates, and changes are available for immediate use in claims, reporting, and other APHP functions.
- APHP has the capability to administer unlimited, complex payment methodologies that will support defined program guidelines and allow for multiple provider specific reimbursement rates with begin and end dates.
- Examples of configurable reimbursement methodologies within APHP's user interface include but are not limited to: per diems, level-of-care per diems, case mix, percentage-of-charge rates, rates based on level of care, preferred provider agreements, managed care agreements, volume purchase contracts, or other cost containment initiatives with begin & end effective dates.
- Payment methodologies utilize configurable criteria within the fee schedules and are automated within the APHP user interface.
- Rate setting automation is achieved through interfaces such as, but not limited to:
  - pricing and rate tables
  - rates set for managed care plans
  - files supplied by the State
  - pricing and rate tables for the various provider types by date range

| Requirement Number: | CA.SS.27 |
|---|---|
| *Edit billed charges for reasonableness and flag any exceptions (high or low variance).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP uses the claims processing rules engine, benefit plan information, and reference files in claims processing to drive all editing and systematically applies standard result codes during the editing process.
- The Payment Method field of the fee schedule supports the selection of the reimbursement method allowing pricing to be accomplished through the combined use of fee schedule, modifier tables, conversion factors, and similar reimbursement methods and the payment contract.
- APHP's pricing flexibility allows differentiated procedure code payment scenarios to match these client-defined billing standards.
- APHP will present the user with result codes during editing when billed charges exceed established thresholds.

| Requirement Number: | CA.SS.28 |
|---|---|
| *Provide online inquiry access to the status of any related limitations for which the member has had services.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP provides online inquiry access to authorized users for member coverage information, restrictions, service limitation and associated pricing and utilization data.
- Prior authorization and other coverage information are configured through the benefit plan through the use of criteria which restricts and/or allows coverage.
- Service limitations are established and monitored through the use of the accumulator framework.
- APHP systematically applies standard result codes during the editing process.
- Pricing is accomplished through the combined use of fee schedule, modifier tables, conversion factors, and similar reimbursement methods and the payment contract.
- When the prior authorized limit is met/exceeded, result codes are triggered for the transaction and are reported to the provider.
- APHP provides authorized user the ability to view member coverage, plan benefits, prior authorization status and utilization and numerous other claim related activities online via the portal.

| Requirement Number: | CA.SS.29 |
|---|---|
| *Provide the capability to hold for payment, for a time period determined by IME, all claims or claims for one or more providers.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl**

**Description of Product**

- APHP will support multiple options to load budget information into the accounting component of the new MMIS including direct entry via the web and worker portal and integration to the state financial system with all data exchange supported by secure APHP secure EDI application.
- APHP natively provides alerts to users based on business process rule definition. To assist in the real time management of budget monitoring and forecasting, APHP, through the use of automated workflow, will leverage triggers that can be set to alert key staff (via txt, email, phone) as to budget overages based on allocations being exceeded.
- Payment holds and releases can be put in place and invoked to support IME business needs.

| Requirement Number: | CA.SS.30 |
|---|---|
| *Provide security reports.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP components and infrastructure produce auditing and logging. APHP uses ArcSight to collect the logs and performs analysis and reporting to allow detailed reporting and alerting on internal, external, and compliance security events.
- The APHP components will log system activity in accordance with State Medicaid audit policies and procedures. This information is then exposed through ArcSight to alert and provide a consolidated view into APHP overall system activity.
- The ArcSight capability provides a means for more consistent event reporting across the entire APHP system and will be used heavily to provide security, incident reporting and mitigation mechanisms.
  - APHP will provide reports that that summarize the system activity based on defined security parameters. ArcSight will send out alerts when certain security thresholds are reached.
  - When a security event is encountered, appropriate action will be taken by the APHP system. For example, when the maximum number of login attempts is reached, the account will be locked to prevent further access until the issue is resolved.
  - When a security event is triggered in APHP based on certain security parameters, the audit data surrounding it will be preserved and analyzed by the appropriate APHP staff.

| Requirement Number: | CA.SS.31 |
|---|---|
| *Edit each data element of the claim record for required presence, format, consistency, reasonableness and or allowable values.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP processes X12 HIPAA compliant electronic transactions, as mandated by CMS and performs real-time claim validation against active provider, member and reference data loaded within the APHP.
- APHP supports 4010 and 5010 compliance.
- Reference data segments in APHP are date specific to provide the proper criteria for each claim based on the date of service.
- APHP supports routine maintenance of standard reference data such as procedure and diagnosis codes, as well as code sets based on HIPAA compliant values for data elements such as provider types, places of service, patient status codes and admit/discharge codes.
- The APHP EDI process performs editing for valid values on entered claims using current information on provider enrollment, member eligibility, and reference data. These rules are applied to paper, electronic and portal claims as all claim sources are transformed into standard 837 claim transactions.
- APHP returns both X12 HIPAA compliant response files for accepted and rejected transactions, as appropriate, per the HIPAA standards, rules, regulations and guidelines. APHP also returns proprietary response files to assist submitters in reconciling submissions.

| Requirement Number: | CA.SS.32 |
|---|---|
| *Establish dollar and or frequency thresholds for key procedures or services; identify any member or provider whose activity exceeds the thresholds during the history audit cycle and suspend the claim for review prior to payment.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl**

**Description of Product**

- APHP supports the configuration of benefit plans with defined frequency and dollar threshold limitations based on State guidelines and rules.
- Plan configuration will allow for the generation of result codes upon reaching threshold limits.
- The APHP solution seamlessly integrates the claims adjudication rules with its native workflow capabilities.
- The APHP claims adjudication process is comprised of user configurable rules that adjudicate and systematically resolve a large percentage of claims resulting in a finalized state.
- The automated workflow process identifies claims with systematically irresolvable errors and manual review configurations and routes the transactions to the appropriate work location based on the predefined configuration.
- APHP provides users the ability to manage workflows to support business processes where claims must be reviewed prior to payment through the assignment of claims to queues for routing, reviewing, tracking, and updating.
- APHP will present the user with result codes during editing when billed charges exceed established thresholds.

| Requirement Number: | CA.SS.33 |
|---|---|
| *Update the prior authorization record to reflect the service paid and to update the number of services or dollars remaining to be used on the record.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP provides PA data access and inquiry capabilities through the web portal.
- The APHP PA functions allow for establishing authorized criteria, including member, provider, service, procedure, effective period, maximum units, and dollars, based on the business processes and rules established by State policy.
- APHP PA functions, in conjunction with other reference and financial modules, provide a broad range of prior authorization attributes including editing for benefit limits and exclusions.
- APHP PA services work in collaboration with claims processing functions to validate submitted services against approved PAs. During the adjudication process, the PA is decremented and reflects the outstanding amounts and/or units available. The adjustment and/or void of prior authorized services and amounts restore units to the PA.
- APHP provides users the ability to view PA and other applicable edits, audits, workflow, or rules associated with claim adjudication on a single screen. The comprehensive view supports the user in identifying system interpretation and application of benefit plan rules supporting policy.

| Requirement Number: | CA.SS.34 |
|---|---|
| *Provide the online capability to change the disposition of edits to (1) pend to a specific location, (2) deny or (3) print an explanatory Message on the provider remittance advice.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The APHP adjudication system subjects claims through a hierarchy of edits and audits based on criteria established in the rules engine, the benefit plan administration component, and the reference tables.
- APHP utilizes a rules based claims processing engine that identifies and hierarchically assigns from the most severe to least severe status and disposition of claims (suspend or deny) that fail edits (based on the edit disposition record).
- The integrated APHP claims processing engine and workflow seamlessly route failed claims resulting in a suspended status directly to the appropriate work location.
- Claim suspense work locations are monitored online through APHP's online reporting dashboards providing current claims inventory reporting metrics.
- The APHP performs editing and returns the X12 HIPAA compliant response file with claim status messaging on the remittance advice to assist submitters in reconciling submissions.

| Requirement Number: | CA.SS.35 |
|---|---|
| *Provide a methodology to detect unbundling of service codes, including lab codes and reassign the proper code to the service (McKesson Claim Check, Bloodhound or similar product).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- As part of the edit/adjudication process, claims are processed against the Ingenix Claim Editing Software (iCES) software for National Correct Coding Initiative (NCCI) to ensure that the services requested on the claim are in line with generally accepted coding standards as published by the Centers for Medicare & Medicaid Services (CMS).
- The APHP rules engine integrates real-time interaction with iCES within the claims adjudication process. This additional feature provides logic that edits for items such as consistency, payment limitations, procedure unbundling, mutually exclusive procedures, incidental procedures, and investigational procedures.
- APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Result codes that will be applied on claims include those related to iCES recommendations. The APHP results codes then drive the final outcome of the claim such as suspend, deny, or possibly apply a cutback on the allowed or payable quantity.
- APHP provides users the ability to view all applicable business rules in a single screen making it easy to see how the system interpreted policy. A claims worker will see all results of the included iCES rules in addition to those applied by the APHP configured rules.

| Requirement Number: | CA.SS.36 |
|---|---|
| *Edit to ensure that FFS claims for out-of-plan services (e.g., outside coverage limits of managed care plans) are paid and claims covered by managed care plans are not paid.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP supports comprehensive benefit plan administration using commercial best practices as the basis for solid design and execution. Essentially, members are assigned, based on eligibility categories, to specific benefit plans based on what services they are eligible to receive.
- Members may be assigned to more than one benefit plan. FFS and managed care services (capitated programs) do not exist in the same benefit plan and are split to support accurate claims processing.
- Any services that are defined by a managed care plan will deny and not pay using FFS calculations.
- APHP's configurable, rules-based solution enables Accenture to automatically implement State and program rules to correctly identify and reimburse carve-out services.
- Using APHP's rules-based solution, we configure the system to identify services covered under capitation payments and automatically deny duplicate fee-for-service payments as a non-covered service that must be billed to the managed care plan.

| Requirement Number: | CA.SS.37 |
|---|---|
| *Maintain a user-controlled remittance and Message text data set with access by edit number, showing the remittance advice Message(s) for each error and the EOB Message(s), with online update capability.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- Result codes with corresponding adjustment reasons and remarks are assigned to claim transactions during the claims editing and adjudication process.
- APHP generates provider remittance advices that display standard reason, remark and reject (error) codes that are easy for providers to interpret.
- APHP provides authorized users access to view and update the message field to be printed on the RA for each error/reject code.

| Requirement Number: | CA.SS.38 |
|---|---|
| *Deny claims submitted more than 365 days from the last date of service appearing on the claim. Override the edit, if the failure to meet the timely filing requirements is due to retroactive member eligibility determination, delays in filing with other third parties or because the claim is a resubmitted claim and this information is documented on the claim or claim attachment. Exceptions may be granted by the Department for other reasons, such as court ordered payment, member or provider appeal, after the claim has been denied and the provider has made an inquiry.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP allows user to define program specific periods to be in effect for timely filing editing of all claims, including claim encounters.
- APHP supports timely filing exception processing based on retroactive eligibility, filing delays resulting from other insurance processing, or other documented and approved exceptions.
- The APHP workflow process can be configured to support filing limit requirements by routing claims for review or triggering actions based on pre-defined criteria.
- APHP will be configured to allow only specified override codes to override a timely filing claim edits.
- Claim adjudicators can approve, deny, or according to assigned authority, they can override an edit.
- The APHP creates a comprehensive audit trail to record the information about the authorized user who entered or modified the claim status, including the date and time of the action, and error override codes.

| Requirement Number: | CA.SS.39 |
|---|---|
| *Allow institutional claims to be processed in accordance with IME rules concerning multiple home health providers billing overlapping date spans for prior services.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- Authorized State and contractor staff can configure business rules through an interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.
- APHP Call Share Groups have the added functionality of allowing providers to share referrals and authorizations with adjudicating claims.
- APHP has integrated alerts that are configurable to inform appropriate State and contractor staff when an action is required based on established criteria, such as the entry or approval of an authorization that overlaps another.
- APHP can be configured to accommodate sequencing as an option in business rule configuration to allow the appropriate PA to be used based on State policy to coordinate the process and selection of a PA when dates of service overlap.

| Requirement Number: | CA.SS.40, CA.SS.41 |
|---|---|

*Support program management and utilization review by editing claims against the prior authorization file to ensure that payment is made accurately.*

*Edit claims requiring prior authorization (PA) but without a PA number for a match on the PA file of member, provider, service code and a range of dates. If a match is found, insert the PA number from the file into the claim record.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

• APHP supports processing for multiple types of service authorization requests by providing the flexibility to accept entry from a variety of media, by providing a full range of configurable edits, and by providing business process routing and workflow capabilities.

• The APHP PA functions allow for establishing authorized criteria, including member, provider, service, procedure, effective period, maximum units, and dollars, based on the business processes and rules established by State policy.

• APHP PA functions, in conjunction with other reference and financial modules, provide a broad range of prior authorization attributes including editing for benefit limits and exclusions.

• APHP PA services work in collaboration with claims processing functions to validate submitted services against approved PAs. During the adjudication process, the PA is decremented and reflects the outstanding amounts and/or units available. The adjustment and/or void of prior authorized services and amounts restore units to the PA.

• APHP provides users the ability to view PA and other applicable edits, audits, workflow, or rules associated with claim adjudication on a single screen. The comprehensive view supports the user in identifying system interpretation and application of benefit plan rules supporting policy.

• Each PA request is assigned a unique authorization number to identify it and provide the capability to track the request to completion.

• Our easy-to-navigate, online APHP portal windows will help providers, State staff and contractor personnel review approval requests with regard to criteria such as pricing, medical necessity, procedure and/or diagnosis codes, date ranges, units or times and quantities, National Provider Identifier (NPI) taxonomy and member eligibility to perform and receive the requested service.

• Approved PA requests are applied during the claims adjudication process.

• The PA may be applied systematically or manually as pre-determined by configuration. Manual application of the PA during claims adjudication requires the inclusion of the PA number on the claim submission. Systematic application of the PA is based on an automatic match between data elements on the PA and claim submission.

• Editing during the claims adjudication process validates submitted claims data against approved PA data to verify reimbursement of appropriate, services, units, amounts, and providers.

| Requirement Number: | CA.SS.42 |
|---|---|

*Provide capability to produce a file of paid claims that include HCPCS J codes.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The APHP solution supports a multitude of industry standard provider reimbursement standards which are maintained with begin and end dates to ensure historical rates are maintained.
- APHP supports comprehensive reference data management such as procedure codes (CPT, NDC, HCPCS, UCR, RUG), diagnosis codes (ICD-9 and ICD-10) and payment method code sets including DRG, RBRVS. APHP supports online code updates, and changes are available for immediate use in

| Requirement Number: | CA.SS.42 |
|---|---|

claims, reporting, and other APHP functions.

- Microsoft SQL Server Reporting Services (SSRS) supports the capability to produce a file to most common file formats including HTML, PDF, CSV, XML, and Image (TIFF) and also offers complete new rendering in Microsoft Office Word, Excel and Access.

| Requirement Number: | CA.SS.43, CA.SS.44 |
|---|---|

*Produce the following reports: a. Specific reports required for federal participation in LTC programs as defined by the Department. This requirement includes the Minimum Data Set (MDS). b. Analysis of leave days. c. Discrepancies between client participation amounts on the claim and on the LTC member data. d. LTC facility rosters. e. Tracking of non-bed-hold discharge days. f. Client participation amount and effective dates. g. Hospital claims and bed-hold analysis and comparison.*

*Produce the following reports: a. Report of claims inventory, processing activity and average age of claims. b. Report of adjustment claims and resubmitted claims. c. Inventory trend reports. d. Report of claims and payments after each payment cycle. e. Report of processed claims, tapes and EMC transmissions input into the semimonthly payment cycle. f. Error code analysis by claim type, provider type, provider and or input media. g. Suspense file summary and detail reports. h. Edit and audit override analysis by claim type, edit and audit and staff ID. i. Processing cycle time analysis by claim type, input media and provider type. j. Report of specially handled or manually processed claims. k. Report of claims withheld from payment processing.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / SQL Server Reporting Service**

**Description of Product**

- APHP through MS SQL Server Reporting Service (SRS) and Service Reporting Dashboard (SRD) tools provide the flexibility and structure to generate State and Federal Reports and other financial and business area reporting.
- The APHP reporting solution maintains a thorough catalog list of standard project management reports, their intended use, and the business area each support available and makes it available to users via role-based security access.
- APHP supports the configuration of multiple reports including, but not limited to the following.
  - LTC program reporting
  - Leave day analysis
  - Client participation amount discrepancies
  - LTC facility rosters
  - Non-bed hold discharge tracking
  - Client participation amount dates
  - Hospital claims and bed hold analysis comparison
  - Claim inventory and processing activity
  - Adjustment and resumbmission claims
  - Inventory trend reports
  - Payment cycle reporting
  - Electronic claims transmissions
  - Error code analysis
  - Suspense file summary & detail reporting
  - Edit/audit analysis
  - Processing cycle time
  - Special handle and manually process claims
  - Claims withheld from payment processing

| Requirement Number: | CA.SS.43, CA.SS.44 |
|---|---|

- APHP's automated, online solution provides the flexibility needed to address new reporting requirements quickly and effectively along with automated report balancing and verification procedures.
- The reporting solution produces required claims operations reports with real-time information on claims at any status or location such as claims backlog, key entry backlog, pending file status, and key performance metrics.
- Functionality within APHP reporting provides the option of customizing reports as necessary based on additional requirements.
- Complete and accurate claims, encounter history data and supporting reference data is stored in the APHP data layer.
- This data is transferred using an Extract Translate and Load (ETL) tool to the centralized reporting data store where the format and key structures are optimized for reporting and data extraction.
- The ETL tool allows for the consistent and easily maintained transformation of the data.
- In addition to optimized data selection, the reports database is designed to process large amounts of data.
- APHP reports will be available through the OnBase electronic document management system (EDMS) and repository. Operational statistical reports will also be accessible for review through the Operations Dashboard.

| Requirement Number: | CA.SS.45 |
|---|---|

*Produce reports that segregate and identify claim-specific and non-claim-specific adjustments by type of transaction (payout, recoupment or refund) and provider type, on a monthly basis.*

This requirement is met using COTS products.

**COTS Product Name: APHP / SQL Server Reporting Services**

**Description of Product**

- The APHP Enterprise Reporting service component will work in conjunction with the ESB to drive services across the framework that result in comprehensive reporting processes. Claims management is supported at both the individual claim transactional level as well as at the mass adjustment, history adjustment to claims as a whole. These two components, Enterprise reporting and claims management, will be orchestrated by the ESB to provide claim specific reports on a monthly basis that span across provider types and identify claim specific and non-claim specific (mass adjustments) information.
- APHP leverages the configurable capabilities within the Enterprise Document Management System to support the tailoring of the remittance advice report template. Additionally, upon complete integration, authorized stakeholders will be able to view the remittance advice via the secure portal.

| Requirement Number: | CA.SS.46 |
|---|---|

*Produce a weekly report listing the state ID numbers, names, transaction control numbers, date of service, amount paid and date paid of all Medicaid members for whom a Medicare crossover claim has been paid, but for whom Medicare eligibility is not indicated on the eligibility record.*

This requirement is met using COTS products.

**COTS Product Name: APHP / SQL Server Reporting Services**

**Description of Product**

- The APHP rules engine provides online configurability of benefit plan rules to deduct TPL and Medicare paid amounts as defined in the State Plan when pricing claim/encounters.
- The APHP maintains complete date specific instances of all Medicare data, including separate instances for Part A, Part B, Part C, and Part D, for use in all MMIS processing where third party information is required.
- APHP supports weekly reporting of the following information from paid crossover transactions for which the member's record does not indicate Medicare eligibility.
  - State ID number
  - Member name
  - Transaction control number
  - Date of service
  - Amount paid
  - Paid date
- The APHP reduces the claim paid amounts based on the reported TPL or Medicare paid amounts to ensure the reimbursed fee schedule amount is adjusted accordingly. These reductions are retained and tracked at the claim detail level, and are available for review through the APHP portal and centralized reporting data stores.
- APHP through MS SQL Server Reporting Service (SRS) and Service Reporting Dashboard (SRD) tools provide the flexibility and structure to generate State and Federal Reports and other financial and business area reporting.

| Requirement Number: | CA.SS.47 |
|---|---|

*Calculate the assessment fee as an add-on to rates paid to providers designated by IME. Automatically set up an AR to recover all or a portion of the assessment fee as directed by IME. The AR can be satisfied as an off-set to future payments or through receipt of payment from the provider as directed by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP leverages the financial component within the COTS claims engine to support all calculation of dollars associated with AR/AP transactional processing.
- Assessment Fees are identified as a type of AR, which must follow GAAP standards in handling.
- APHP will provide an avenue for processing, auditing and reporting to support the management of Assessment Fees based on the business rules approved by the State.
- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to

| Requirement Number: | CA.SS.47 |
|---|---|

the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically changing the AR status to accurately reflect the offset.

| Requirement Number: | CA.SS.48 |
|---|---|

*Process and maintain inputs and outputs including, but not limited to: Inputs: The current claim forms that are input in the system include: a. UB-9204. b. HCFACMS-1500. c. American Dental Association (ADA) form. d. Pharmacy Universal claim form. e. Long Term Care Turnaround Document (TAD) form. f. Targeted Medical Care (Waiver) form. g. ANSI 837 Transactions. h. Medicare crossover claims for deductible and coinsurance may be input to the system from hardcopy or in electronic format from Coordination of Benefits Carrier (COBC). Outputs: a. Produce all reports in the format and schedule required by IME. b. Send files of adjudicated claims and encounter data to entities as directed by IME. c. Produce user-requested ad hoc reports from adjudicated information. d. Member and provider history printouts of adjudicated and or suspended claims, which include, at a minimum, a description of procedure, drug, DRG, diagnosis and error codes. e. 1099 data. f. Standard accounting balance and control reports. g. Remittance Advices. h. Remittance summaries and payment summaries.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 Blackpearl**

**Description of Product**

- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. Secure delivery channels include the APHP portal, our Quantum Data Services (QDS) capabilities, web based services and flat files.
- APHP supports processing for multiple types of health related data by providing the flexibility to accept entry from a variety of media, by providing a full range of configurable edits, and by providing business process routing and workflow capabilities.
- The APHP Enterprise Reporting service component will work in conjunction with the ESB to drive services across the framework that result in comprehensive reporting processes. Claims management is supported at both the individual claim transactional level as well as at the mass adjustment, history adjustment to claims as a whole. These two components, Enterprise reporting and claims management, will be orchestrated by the ESB to provide claim specific reports that span across provider types and state defined time frames, and identify claim specific and non-claim specific (mass adjustments) information.
- APHP leverages the configurable capabilities within the Enterprise Document Management System to support the tailoring of the remittance advice report template. Additionally, upon complete integration, authorized stakeholders will be able to view the remittance advice via the secure portal.
- APHP will maintain and process inputs and outputs including but not limited to the following.

  Inputs
  - *UB-9204*
  - *HCFACMS-1500*
  - *American Dental Association (ADA) form*
  - *Pharmacy Universal claim form*
  - *Long Term Care Turnaround Document (TAD) form*

| Requirement Number: | CA.SS.48 |
|---|---|

- *Targeted Medical Care (Waiver) forms*
- *ANSI 837 Transactions*
- *Medicare crossover claims for deductible and coinsurance may be input to the system from hardcopy or in electronic format from Coordination of Benefits Carrier (COBC).*

*Outputs*

- *Produce all reports in the format and schedule required by IME*
- *Send files of adjudicated claims and encounter data to entities as directed by IME*
- *Produce user-requested ad hoc reports from adjudicated information*
- *Member and provider history printouts of adjudicated and or suspended claims, which include, at a minimum, a description of procedure, drug, DRG, diagnosis and error codes*
- *1099 data*
- *Standard accounting balance and control reports*
- *Remittance Advices*
- *Remittance summaries and payment summaries.*

| Requirement Number: | CA.SS.49, CA.SS.50, CA.SS.51, CA.SS.52, CA.SS.53 |
|---|---|

*Ability to customize and make changes to CCI edits as required by the IME.*

*CCI edits are applied to claims after the adjudication process.*

*System must have the ability to apply the CCI edits to the adjusted claim.*

*System must support all current and future national standards for code sets recognized by CMS.*

*System must have capability to apply CCI messages.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- As part of the edit/adjudication process, claims (including adjustments) are processed against the Ingenix Claim Editing Software (iCES) software for National Correct Coding Initiative (NCCI) to ensure that the services requested on the claim are in line with generally accepted coding standards as published by the Centers for Medicare & Medicaid Services (CMS).
- The APHP rules engine integrates real-time interaction with iCES applying NCCI editing after the claims adjudication process. This additional feature provides logic that edits for items such as consistency, payment limitations, procedure unbundling, mutually exclusive procedures, incidental procedures, and investigational procedures.
- APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Result codes that will be applied on claims include those related to iCES recommendations. The APHP results codes then drive the final outcome of the claim such as suspend, deny, or possibly apply a cutback on the allowed or payable quantity.
- APHP generates a message to be displayed based on editing and result code assignment.
- APHP provides users the ability to view all applicable business rules in a single screen making it easy to see how the system interpreted policy. A claims worker will see all results of the included iCES rules in addition to those applied by the APHP configured rules.
- The APHP supports IME in adhering to current code sets recognized by CMS and positions the program for national standards compliance in the future.

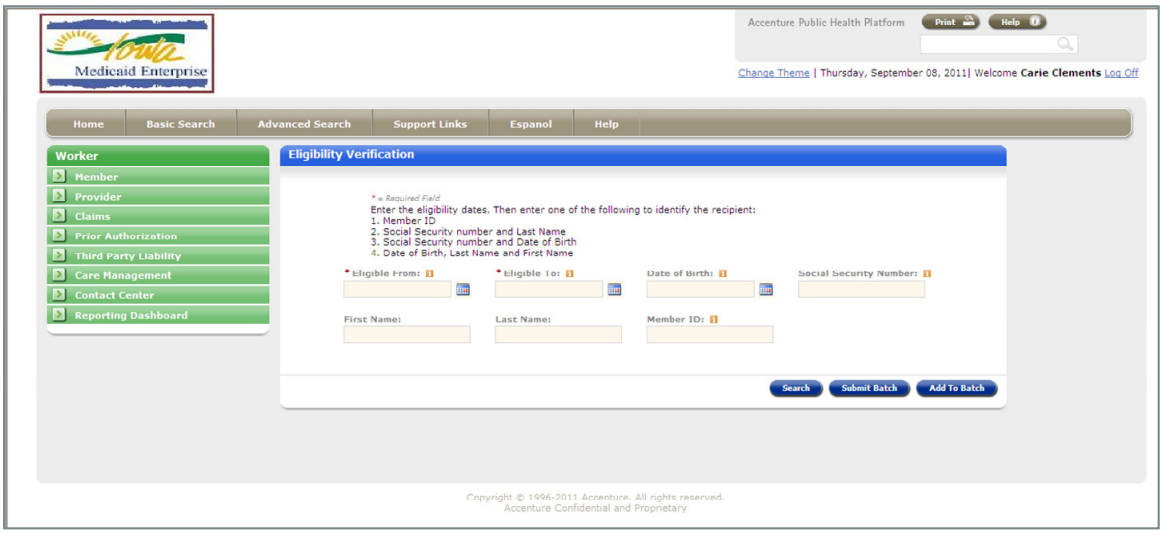
## 9.1.6 Reference Data Management (RF)

### *9.1.6.1 Introduction to the APHP Reference Data Management Function*

The Accenture Public Health Platform (APHP) provides a powerful enterprise wide reference data management system to manage reference data for the Department. APHP reference data management staff makes up part of our Service Operation to perform the required maintenance and updates of data to execute core APHP and required Department business rules and processes such as prior authorization and claims processing. APHP accepts reference data for service, procedure and diagnosis codes and payment methodologies, including Outpatient Prospective Payment System (OPPS), Diagnosis Related Group (DRG). Accenture reference data receipt is either regularly scheduled or on-demand via EDI using X12 standard data transmission protocols or flat files. APHP is a MITA aligned solution with a single consistent user interface to access all the business functions. All the MMIS information is available through the APHP Enterprise Reporting and Analytics component.

### Features

- APHP is pre-packaged with benefit plan configurations and core reference data that complies with federally mandated standards.
- Benefit plan configurations are pre-populated with reference data required to correctly administer benefits and make payments to providers. Modifications to service, diagnosis or procedure codes or payment parameters are made via configuration changes rather than systems development projects, dramatically reducing the time required to implement new processing and payment rules.
- The Department benefits from software upgrades as part of a licensed commercial product, which lowers total cost of ownership (TCO) over time when compared to the TCO of maintaining and evolving a legacy MMIS.




3 IA MMIS 11.0280j

*Figure 9 - 14. APHP accepts reference data for service, procedure and diagnosis codes and payment methodologies, including Outpatient Prospective Payment System (OPPS), Diagnosis Related Group (DRG) and eligibility*

### 9.1.6.2 System Requirements and Responses

| Requirement Number: | RF1.01, RF1.01.01, RF1.01.02, RF1.01.03, RF1.01.04 |
|---|---|

*Maintain reasonable and customary charge information for Medicaid and Medicare to support claims processing:*

*a. Reimbursement under the Medicaid program for other than outpatient drugs, Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Indian Health Services (IHS) and hospital inpatient and outpatient reimbursement is to be the lower of the provider's "usual and customary" charge, the rate established by the state, or the amount, which is allowed under the Medicaid program. "Usual and customary" charges are calculated from the actual charges submitted on provider claims for Medicaid payment. b. Reimbursement for outpatient prescription drugs are processed by the lowest of a) Federal Upper Limit (FUL) plus a dispensing fee b) State Maximum Allowable Cost (MAC) plus a dispensing fee c. Estimated Acquisition Cost (EAC), currently defined as the Average Wholesale Price (AWP) less 12%, 17 for specialty drugs, plus a dispensing fee d. The provider's usual and customary charge*

*Maintain all pricing files to ensure that claims are paid in accordance with IME Medicaid policy.*

*Provide a reliable and flexible system to maintain the reference data required for claims processing. The system must be configurable to adapt to changes in pricing policies and services and must allow for centralized control over data modifications.*

*Provide for the capability to apply the following pricing methodologies, including, but not limited to: a. DRG with multiple base rates. b. Ambulatory Patient Classification (APC) with multiple conversion factors. c. Lab Panel vs. Automated Test Panel (ATP). d. Edits and or limits. e. All-inclusive rates. f. Negotiated rates. g. Geographic rates. h. Waiver rates. i. Long Term Care rates. j. Resource-Based Relative Value Scale. (RBRVS) with Provider type. k. Bundling and or unbundling. l. Pharmacy pricing as defined by IME. m. Pay for Performance (P4P). n. Funding source. o. Per Diem. p. Fee schedule pricing as determined by IME. q. Present on Admission (POA). r. Medicare Fees. s. By Report. t. Cut Back. u. 340B pricing list. v. Dental rates. w. Modifiers. x. Place of service. y. Specific provider rates. z. Federal medical assistance percentage (FMAP) share only of any rate. aa. Other methodologies as specified by IME.*

*Accept updates from a variety of software programs including but not limited to: Excel, Word or Access.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Unlike traditional MMIS solutions where pricing methodologies are commonly hidden within custom code solutions, the APHP solution centrally manages claims pricing through a configurable online user interface for Professional and Institutional fee schedules.
- Both fee schedule types are based on procedure code or service codes, and code ranges that may have different payment methods and values assigned all within one or multiple fee schedules. Fee schedules are further enhanced by criteria configurations that utilize provider, member, and benefit plan claim attributes to identify appropriate pricing, as well as inclusion of modifier tables as extensions configured to adjust the payment parameters defined in the core fee schedule.
- These key simplified functions enable improved processes to maintain pricing files and pay claims in accordance with IME Medicaid Policies.

- Fee schedule and reference file maintenance is simplified in multiple methods with the APHP solution: online updates are applied directly through the Code Import function which consumes and takes advantage of third party industry standard files for CPT/HCPCS, ICD-9 & 10, UCR, RBRVS and other code updates, and inherent with the APHP and Plexis Quantum Choice Microsoft framework uploads from Excel, Word, Access and CSV files are easily enabled.
- These solutions enable IME and the Accenture team to work collaboratively and efficiently to address commonly changing pricing, policies and services. Our solution also supports functions such as duplication of fee schedules and code set groupings, reusability of configured rules and reference items, and pay percentage of a related fee schedule to simplify data set up and save configuration time.
- APHP solution for flexible fee schedule and criteria described above enable the solution to support key claim reimbursement methodologies and rates as set and required by IME for:

| Requirement Number: | RF1.01, RF1.01.01, RF1.01.02, RF1.01.03, RF1.01.04 |
|---|---|

- State & Medicaid established rates along with payment % adjustments where appropriate
  - - Usual and Customary Charge
  - - DRG with multiple base rates
  - - Ambulatory Patient Classification (APC) with multiple conversion factors
  - - Lab Panel vs. Automated Test Panel (ATP)
  - - Edits and or limit
  - - All-inclusive rate
  - - Negotiated rates
  - - Geographic rates
  - - Waiver rates
  - - Long Term Care rates
  - - Resource-Based Relative Value Scale. (RBRVS) with Provider type
  - - Bundling and or unbundling
  - - Pharmacy pricing as defined by IME
  - - Pay for Performance (P4P)
  - - Funding source
  - - Per Diem
  - - Fee schedule pricing as determined by IME
  - - Present on Admission (POA)
  - - Medicare Fees
  - - By Report
  - - Cut Back
  - - 340B pricing list
  - - Dental rates
  - - Modifiers
  - - Place of service
  - - Specific provider rates
  - - Federal medical assistance percentage (FMAP) share only of any rate
  - - Other methodologies as specified by IME which will be defined and addressed during the DDI phase

- APHP integrates real-time use of industry standard tools within the claims pricing process for accuracy on calculations of key functions such as DRG and APC derivatives, Lab Panel vs. ATP, and POA validation and impact to the DRG classifications.

| Requirement Number: | RF1.02, RF1.02.01, RF1.02.02 |
|---|---|

*Support Payment for Services by providing reference data including procedure, diagnostic and formulary codes 42 CFR 447.*

*Maintain the capability to limit payments to providers for specific services based on procedure codes or ranges of procedure codes, member age or by provider type(s).*

*Support the use of revenue codes and procedure codes as appropriate including but not limited to: inpatient and outpatient hospital, hospice, home health, dialysis, nursing facility, ICF/MR, Psychiatric Medical institutions for Children (PMIC) claim types submitted.*

| Requirement Number: | RF1.02, RF1.02.01, RF1.02.02 |
|---|---|

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Reference data centrally managed within APHP provides procedure, diagnostic, and formulary codes per 42 CFR 447, in support of payment for services. Configuration of procedure and diagnosis rules within claims adjudication and fee schedules further support the reimbursement rules as defined within the CFR.
- APHP provides the capability to limit payments to providers for specific services through the configuration of rules within the benefit plan and related fee schedules. Use of this functionality enables variations of reimbursement restrictions across the various state plans and policies.
- Configured rules include the use of procedure codes within groups which facilitate individual and ranges of procedure codes, as well as re-use or duplication of existing similar groups to reduce configuration time. The rules contain the specific restrictions such as member age, gender and provider types/specialties, just to name a few.
- APHP provides the flexibility for the acceptance and use of revenue and procedure codes on the various claim types accepted through the APHP portal, EDI gateway and on paper claim forms. Use and rules of the codes can be configured for needs unique to inpatient and outpatient hospital, hospice, home health, dialysis, nursing facility, ICF/MR, Psychiatric Medical institutions for Children (PMIC) claim types.

| Requirement Number: | RF1.03, RF1.03.01 |
|---|---|

*Process change transactions to procedure, diagnosis, formulary codes and other data. Ability to respond to queries and report requests.*

*Produce reports as specified by IME of updates applied to the procedure, drug and diagnosis files, including an error report to identify codes that did not update the appropriate procedure, drug and diagnoses files.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Fee schedule and reference file maintenance is simplified in multiple methods with the APHP solution. Online updates are applied directly through the Code Import function which consumes and takes advantage of third party industry standard files for CPT/HCPCS, ICD-9 & 10, UCR, RBRVS and other code updates, and inherent with the APHP and Plexis Quantum Choice Microsoft framework uploads from Excel, Word, Access and CSV files are easily enabled.
- These solutions enable IME and the Accenture to work collaboratively and efficiently to address commonly changing pricing, policies and services. APHP also supports functions such as duplication of fee schedules and code set groupings, reusability of configured rules and reference items, and pay percentage of a related fee schedule to simplify data set up and save configuration time.
- The APHP reference files and fee schedule updates are supported by operational reporting of updates applied for each project. Reporting address updates for but not limited to procedure, drug and diagnosis files and fee schedules. Error reports are generated from the Code Import and upload functions indicating any errors encountered on the file updates such as duplicate records, overlapping effective dates, unreferenced or invalid procedure or diagnosis codes. Reports are made available online and are accessible by authorized Department and Accenture team members.

| Requirement Number: | RF1.04 |
|---|---|

*Archive all versions of reference information and update transactions.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP portal maintains online access to a searchable audit trail of each version of reference and pricing information and update transactions. Reference data is date specific, and the reference tables store both current and historical information. This enables users to research archival information in many ways - how pricing was calculated, to identify how limitations and restrictions were applied to processed claims through editing and auditing, to uncover other data that impacts claims payments, and the like.

| Requirement Number: | RF1.05, RF1.05.01, RF1.05.02 |
|---|---|

*Process update transactions to the reasonable and customary charge data and respond to queries and report requests.*

*Provide capability to generate upon request hard copy listings on all data elements used in the reference management.*

*Produce a comprehensive fee schedule for all procedure codes (i.e., Produces standard, program specific codes) that is available online in an IME designated downloadable format. IME will define parameters (e.g., quantify, # of variations, by code) and frequency.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- Fee schedule and reference file maintenance is simplified in multiple methods with the APHP solution: online updates are applied directly through the Code Import function which consumes and takes advantage of third party industry standard files for CPT/HCPCS, ICD-9 & 10, UCR, RBRVS and other code updates, and inherent with the APHP framework uploads from Excel, Word, Access and CSV files are easily enabled.
- These solutions enable IME and the Accenture to work collaboratively and efficiently to address commonly changing pricing, policies and services. APHP also supports functions such as duplication of fee schedules and code set groupings, reusability of configured rules and reference items, and pay percentage of a related fee schedule to simplify data set up and save configuration time.
- The APHP reference files and fee schedule updates are supported by operational reporting of updates applied for each project. Reporting addresses updates for but not limited to procedure, drug and diagnosis files and fee schedules. Error reports are generated from the Code Import and upload functions indicating any errors encountered on the file updates such as duplicate records, overlapping effective dates, unreferenced or invalid procedure or diagnosis codes.
- Reports are made available online and are accessible by authorized individuals. In addition to standard update and error reporting, APHP central reporting data store will support additional report requests for specific sets of reference and pricing data per IME requests. This includes all data elements available with the reference management area.
- APHP supports static and interactive fee schedules. The static fee schedules will be available through the APHP portal containing standard and program specific procedure codes for all predefined fee schedules. Static fee schedules will be downloadable from the portal in a format designated by IME, such as PDF forms. The interactive fee schedules allow providers or internal users to select from pre-defined criteria to extract fee schedule information from the larger grouping of fee schedule data within APHP. Upon finalization of the interactive fee schedule it will be available for online viewing or download.

| Requirement Number: | RF1.06, RF1.07 |
|---|---|

*Retrieve as needed archived reference data for processing of outdated claims or for duplicate claims detection.*

*Generate a summary of history file transfers.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP maintains reference data with effective date specific references making it possible for the reference tables to store both current and historical information.
- This eliminates the need to archive reference data that may be needed for claims reprocessing or duplicate claims detection per the state's processing guidelines. Reference data is only archived once its inactivity/age exceeds state guidelines for use in claims processing or duplicate claims history detection.

| Requirement Number: | RF1.08 |
|---|---|

*Maintain current and historical reference data used in claims processing.*

*Accommodate retroactive rate changes.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP solution maintains reference data with effective date specific references making it possible for the reference tables to store both current and historical information. This solution retains reference data that may be needed for claims reprocessing or duplicate claims detection per the states processing guidelines.
- The use of date specific reference data within the APHP fee schedules enables current as well as retroactive rate changes. The integration of automated APHP rate mass adjustment processes support criteria driven claims adjustments. This allows authorized users to define criteria for claim selection related to the retroactive rates and automatically adjust the claims to apply the updated rates to previously processed claims.

| Requirement Number: | RF1.09, RF1.09.01, RF1.09.02 |
|---|---|

*Maintain online access to all reference tables with inquiry by the appropriate code.*

*Provide the capability to maintain and display online multiple pricing segments, status and effective dates for unlimited history segments.*

*Provide for role-based security to limit update access to reference tables to IME specified staff.*

| Requirement Number: | RF1.09, RF1.09.01, RF1.09.02 |
|---|---|

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP portal provides online access to all reference and fee schedule information based on the role and profile of authorized IME and Accenture team staff. The APHP portal provides a unified view of reference data from the top of the benefit plan configurations with capabilities to drill down through the levels of reference data configurations in the system, or perform a specific inquiry to go straight to a specific reference area such as retrieval of a procedure code. APHP provides a more simplistic view of the individual building blocks of system configuration and reference data with inquiry capabilities for specific searches.

- The APHP solution maintains reference data with effective date specific references making it possible for the fee schedules to store both current and historical information. This solution retains all historical pricing segments needed for claims processing and research activities. Since all historical records are active within the claims engine they are available for inquiry and display in the APHP portal.

- MMIS inquiry capabilities will be provided to authorized IME staff through role-based security. Roles are set up for different categories of IME and Accenture team staff within APHP which authorizes functionalities based on these roles. This helps to confirm that authorized users are only allowed access to the required information to do their jobs such as maintenance or inquiry of reference data.

| Requirement Number: | RF1.10, RF1.10.01 |
|---|---|

*Maintain an audit trail of all information changes including errors in changes and suspended changes.*

*Provide and maintain the following data fields for all reference data elements: a. Effective date. b. End date. c. Date when last changed. d. Who changed it. e. Source of change.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP maintains online access to a searchable audit trail of each version of reference and pricing information and update transactions. Reference data is date specific, and the reference tables store both current and historical information. Accenture maintains complete audit trails of project specific updates to reference and pricing data.
- This includes logging of errors in changes and keeping track of suspended changes which aides in follow-up training and potential process and procedure updates, as well as provides for the potential to reactive and proceed with implementation of a suspended change.
- As within all areas of APHP, configuration, reference and pricing data must retain and make available key attributes regarding the data. The reference and pricing are maintains change details to include before and after view of data, update date & time stamp, user id associated with the last update, source and project ID of the last update, and Effective start and end dates for the term the data is in effect.

| Requirement Number: | RF1.11 |
|---|---|
| *Maintain revenue codes and provide online update and inquiry access including: a. Coverage information. b. Restrictions. c. Service limitations. d. Automatic error codes. e. Pricing data. f. Effective dates for all items.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Reference file maintenance is simplified in multiple methods with the APHP solution using the Code Import function which consumes and takes advantage of third party industry standard files for CPT/HCPCS, ICD-9 & 10, Revenue codes and other code updates, and inherent with the APHP framework uploads from Excel, Word, Access and CSV files are easily enabled.
- These solutions enable IME and the Accenture team to work collaboratively and efficiently to address regularly scheduled updates to revenue codes. APHP also supports functions such as duplication of code set groupings and reusability of configured rules that utilize the code set groupings to simplify data set up and save configuration time.

- APHP maintains revenue codes and provides online update and inquiry access to authorized users through the APHP portal , including but not limited to:

a) Coverage information

b) Restrictions

c) Service limitations

d) Automatic error codes

e) Pricing data, and

f) Effective dates for each item

- The revenue code listing is contained within the procedure code sub-area of Enterprise Administration. Within this area, the user has the ability to define the coverage effective from and through date.

- Coverage information including revenue code sets is configured through the benefit plan through the use of criteria which restricts and/or allows coverage, and service limitations are established and monitored through the use of the accumulator framework.

| Requirement Number: | RF1.12, RF1.12.01, RF1.12.02 |
|---|---|
| *Maintain date sensitive parameters for all Reference Data Management data.*<br>*Maintain edit indicators for each procedure code in the Procedure File to allow for the inclusion or exclusion of the service and or procedure for the provider type and or specialty or any combination of the above, based on date of service.*<br>*Provide the capability to accommodate variable date sensitive pricing methodologies for identical procedure codes based on modifiers, benefit plans, member data, provider types and specialties. Provider specific data, HCPCS codes, place of service, member age and other criteria as defined by IME.* | |

| Requirement Number: | RF1.12, RF1.12.01, RF1.12.02 |
|---|---|

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- As within all areas of APHP, configuration, reference and pricing data must retain and make available key attributes regarding the data. The reference and pricing data maintain effective start and end date parameters for all values. This enables retention of active and historical reference and pricing data.

- The configurations of rules within APHP allow for simple creation of inclusion and exclusion rules that can be applied for an individual procedure code or for ranges of procedure codes. This functionality provides for simple configuration of provider type, specialty and/or taxonomy code restriction combinations. Each restriction is qualified with effective start and end dates for enforcement of the rule based on the claim's date of service.

- The APHP solution centrally manages claims pricing through Professional and Institutional fee schedules. Both fee schedule types are based on procedure code or service codes, and code ranges that may have different payment methods and values assigned all within one or multiple fee schedules. Fee schedules are further enhanced by the use of criteria configurations, driven with effective start and end dates and coupled with utilization of provider, member, and benefit plan claim attributes to identify appropriate pricing, as well as inclusion of modifier tables as extensions configured to adjust the payment parameters defined in the core fee schedule.

| Requirement Number: | RF1.14 |
|---|---|

*Support code sets for the payment of Medicaid-covered non-health care services (e.g., waiver services).*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP facilitates the definition of distinct code types outside of the standard HCPCS/CPT/Revenue/NDC code sets. Once enabled the Medicaid-covered non-health care service codes can be entered into the system.
- Each code is supported with short and long description fields, effective dates and additional attributes. Adjudication rules, fee schedules and groupings can be applied to the codes sets as the building blocks of the waiver specific benefit plans.

| Requirement Number: | RF1.16 |
|---|---|

*Maintain the trauma indicators to identify potential TPL cases.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- As with all other APHP reference data, trauma indicators are maintained. Users authorized to access the reference data management area maintain trauma indicators with effective start and end dates. Upon activation, trauma indicators are active for use on claim form entry, TPL and subrogation cases within the APHP enterprise.

| Requirement Number: | RF1.17 |
|---|---|

*Maintain diagnosis and procedure code narrative descriptions of each code contained in the files.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP maintains diagnosis and procedure code short and long narrative descriptions within the reference data management component. Descriptions are updatable for individual codes as well as mass update through the Code Import or upload functions.

- APHP provides online searchable definitions of each reference code, via the APHP worker portal.

| Requirement Number: | RF1.18 |
|---|---|

*Update all procedure, diagnosis and drug files if required prior to each payment cycle.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Reference file maintenance is simplified in multiple methods with the APHP solution: online updates are applied directly through the Code Import function which consumes and takes advantage of third party industry standard files for CPT/HCPCS/Revenue codes, ICD-9 & 10 Diagnosis Codes and Drug codes, and inherent with the APHP and Plexis Quantum Choice Microsoft framework uploads from Excel, Word, Access and CSV files are easily enabled.
- These solutions enable IME and the Accenture team to work collaboratively and efficiently to address updates. APHP also supports functions such as duplication of code set groupings, reusability of configured rules and reference items to simplify data set up and save configuration time.

- Accenture will maintain Reference Files and verify that accurate content is used in claims processing by:
  - Performing file changes to support compliance with Medicaid guidelines identified in this RFP
  - Adhering to our quality review process to monitor file consistency/accuracy
  - Maintaining documentation and tracking updates for Reference File changes through a controlled process

| Requirement Number: | RF1.SS.01 |
|---|---|

*Maintain and update the service frequency limitations for each procedure or for range of procedure codes contained on the edit.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP maintains service frequency limitations through benefit administration and the use of Accumulator Frameworks. Within an Accumulator Framework configurations define criteria to include limitations for quantity, budget, and service allowed amounts and related frequencies and rollover periods.
- Accumulators reference procedure code groups that accommodate individual and procedure code ranges, and can be further defined with criteria specifying member age, gender, etc.

| Requirement Number: | RF1.SS.02 |
|---|---|
| *Maintain relationship edits on procedure and diagnosis codes.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP maintains procedure and diagnosis code relationships through the configuration of allowable Treatment Types Sets.
- Each Treatment Type Set associated to the benefit plan contains a group or groups of allowable procedure codes and their related diagnosis code(s), along with effective dates for each. The procedure and diagnosis groups facilitate listings of individual and ranges of codes.

| Requirement Number: | RF1.SS.03 |
|---|---|
| *Provide capability to link from the claim detail line to the pricing table.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP portal provides the flexibility to navigate easily throughout the system to view claims and related data. Each claim detail displays detail information related to configuration and payment components utilized throughout adjudication and pricing to final outcome.
- The detail information displayed includes: eligibility selected, benefit plan assignment, fee schedule selection, as well as network assignment. By selecting any one of these details, such as the fee schedule, the user is taken to the fee schedule where they can view pricing detail lines and related criteria.

| Requirement Number: | RF1.SS.04, RF1.SS.05 |
|---|---|
| *Maintain current and historical coverage status for physician administered drugs.*<br>*Maintain current and historical coverage status for biologic drugs.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP solution maintains reference data with effective date specific references making it possible for the reference tables to store both current and historical information. This solution retains reference data that may be needed for claims reprocessing or duplicate claims detection per the states processing guidelines.
- Retention of the current and historical coverage status for physician administered and biologic drugs is maintained in the same manner as all other reference data with both active and historic references available for code sets, pricing and benefit plan coverage rules.

| Requirement Number: | RF2.01, RF2.02, RF2.02.01 |
|---|---|

*Manage all HIPAA-required external data sets (e.g., ICD-9, ICD-10, HCPCS and CPT).*

*Maintain all data sets defined by the HIPAA implementation guides to support all transactions required under HIPAA administrative simplification rule (e.g., gender, reason code).*

*Provide the capability to maintain and update edits, limits and restrictions to all codes that are included in any standard HIPAA transaction (e.g., procedure codes, discharge status codes, NDC); Provide online update and inquiry access including but not limited to the following:*

*a. Coverage information.*

*b. Restrictions.*

*c. Service limitations.*

*d. Automatic error codes.*

*e. Pricing data.*

*f. Effective dates for all items.*

*g. Benefit plan.*

*h. Pricing data.*

*i. Other as defined by IME.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Reference file maintenance is simplified in multiple methods with the APHP solution: online updates are applied directly through the Code Import function which consumes and takes advantage of third party industry standard or internally built files for HIPAA required CPT/HCPCS and ICD-9 & 10 code updates, and inherent with the APHP framework uploads from Excel, Word, Access and CSV files are easily enabled.
- These solutions enable IME and the Accenture team to work collaboratively and efficiently to address HIPAA standard code sets. APHP supports online updates of coverage information, restrictions and service limitations which are all considered key elements of the benefit plan configuration. Automatic error codes, pricing data with effective dates and other data elements key to claims processing and payment processing are all available online within the APHP reference data management functionality.

- The APHP reference data management area supports the maintenance of all data sets defined by HIPAA implementation guides such as standard gender and reason codes.
- Adjudication rules, fee schedules, benefit plan configurations and accumulators/limitations, as well as relationship audits can immediately take advantage of updated HIPAA compliant codes to support transactions required under the HIPAA administrative simplification rule.
- All HIPAA code sets are available for inquiry within the APHP portal.

| Requirement Number: | RF2.02.02 |
|---|---|
| *Provide capability to have an IME specific value for all indicators on any NDC code.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- As with maintenance and customization of procedure codes for Medicaid-covered non-health care services, the code maintenance functions within APHP facilitate the definition of IME specific NDC values outside of the standard NDC code sets.
- The IME specific NDC codes are available for use in adjudication rules, fee schedules and groupings, as well as considered valid for claim submittal once enabled.

| Requirement Number: | RF2.02.03 |
|---|---|
| *Provide the capability to capture the NPPES information file received from CMS to be easily extractable and reportable.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP captures and maintains the NPPES information file from CMS as extractable reference data for reporting purposes within the central data repository.
- The NPPES reference file is also used by the online APHP provider enrollment process for NPI validation purposes.

| Requirement Number: | RF2.02.04 |
|---|---|
| *Place edit and or audit criteria limits on types of service by procedure code, revenue code, diagnosis code and drug code and therapeutic class, based on:* | |

*a. Member age, gender, eligibility status, benefit plan and program eligibility.*

*b. Diagnosis.*

*c. Provider type and specialty.*

*d. Place of service.*

*e. Tooth and surface codes.*

*f. Floating or calendar year period.*

*g. Time periods in months or days.*

| Requirement Number: | RF2.02.04 |
|---|---|

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP supports flexible rules based edit criteria, accumulator limitation criteria and audit relationship criteria utilize extensive member, provider, claim and reference data elements to enforce edit and audit criteria limits for types of service by procedure code, revenue code, diagnosis code and drug code and therapeutic class. Included configurable elements include but are not limited to the requested IME elements of:

a. Member age, gender, eligibility status, benefit plan and program eligibility.

b. Diagnosis.

c. Provider type and specialty.

d. Place of service.

e. Tooth and surface codes.

f. Floating or calendar year period.

g. Time periods in months or days.

| Requirement Number: | RF2.02.05 |
|---|---|

*Maintain a user-controlled remittance and message text dataset with access by edit number, showing the remittance advice message(s) for each error and the EOB message(s), with online update capability.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP provides authorized access to manage system and user assigned Result Codes that are indicative of edits and audits/limitations that are applied to claims. Result Code maintenance includes updates and additions to result code numbers, descriptions, effective dates, usage and claim status outcome/disposition.

- A cross-reference of Result Code to HIPAA compliant EOBs and messages is online maintainable within APHP. This functionality allows authorized users to create new Result Codes and link them to the appropriate HIPAA EOB for inclusion on providers' remittance advice.

- The full Result Code and HIPAA compliant EOB relationship list and detailed descriptions are online searchable through the APHP portal.

| Requirement Number: | RF2.02.06 |
|---|---|

*Provide capability to add new procedures requiring prior authorization as part of routine rules engine maintenance.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP manages prior authorization requirements with the use of key reference data elements. Prior authorization rules for a procedure, or group of procedure codes, are user configured within the Benefit Plan's Choice List that specifies the rules for benefit coverage. Simple to complex prior authorization criteria may be specified utilizing extensive member, provider, claim and reference data elements within the criteria and specified operands.

- The APHP portal provides user access for searching and viewing prior authorization requirement definitions for each procedure code.

| Requirement Number: | RF2.02.07 |
|---|---|

*Process and maintain inputs and outputs including, but not limited to the following:*

*Inputs:*

*Update to all HIPAA code sets*

*a. Fee schedule updates.*

*b. Update to revenue codes.*

*c. Drug formulary file updates.*

*d. CLIA laboratory designations.*

*e. Any other reference data as required by the Department.*

*Outputs:*

*a. Reference data including fee schedules to the web portal as directed by the IME.*

*b. File of reference data for use by other applications.*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Reference file maintenance is simplified in multiple methods with the APHP solution: online updates are applied directly through the Code Import function which consumes and takes advantage of third party industry standard or internally built files for HIPAA required code set, and inherent with the APHP framework uploads from Excel, Word, Access and CSV files are easily enabled.
- These solutions enable IME and the Accenture team to work collaboratively and efficiently to address HIPAA standard code sets.

- The APHP reference data management area supports the maintenance of all data sets defined by HIPAA implementation guides such as standard gender and reason codes.
- Adjudication rules, fee schedules, benefit plan configurations and accumulators/limitations, as well as relationship audits can immediately take advantage of updated HIPAA compliant codes to support transactions required under the HIPAA administrative simplification rule.
- All HIPAA code sets are available for inquiry within the APHP portal.

| Requirement Number: | RF2.02.07 |
|---|---|

- The above system functions support the following inputs:
- Update to all HIPAA code sets

a. Fee schedule updates.

b. Update to revenue codes.

c. Drug formulary file updates.

d. CLIA laboratory designations.

e. Any other reference data as required by the Department.

- APHP supports static and interactive fee schedules. The static fee schedules will be available through the APHP portal containing standard and program specific procedure codes for all predefined fee schedules. Static fee schedules will be downloadable from the portal in a format designated by IME, such as PDF forms. The interactive fee schedules allow providers or internal users to select from pre-defined criteria to extract fee schedule information from the larger grouping of fee schedule data. Upon finalization of the interactive fee schedule it will be available for online viewing or download.

- APHP makes reference data available for use across the various COTS applications comprising the APHP enterprise. APHP's EDI gateway supports configuration of reference extracts for use by applications external to APHP or potential IME trading partners.

## 9.1.7 Third-Party liability Management (TP)

### *9.1.7.1 Introduction to the APHP TPL Management Function*

APHP provides a solution for maintaining a timely, accurate, automated data repository of recipient third party liability data, including at a minimum, carrier, group, policy, begin and end dates, and identification of types of services and coverage provided. Workflow business rules provide real time access for claim adjudicators to access vital information such as insurance coverage information from other carriers and Medicare enrollees, including Medicare managed care health plan enrollments. The APHP Third Party Liability Inquiry process allows the access to a recipient's other insurance information through the web portal for both internal and external entities, voice response telephone inquiries, and eligibility verification transactions. To discover potential third party resources, the APHP receives data input from local Departments of Social Services, data matches with Blue Cross and Blue Shield, the Social Security Administration, and the State's Worker's Compensation Commission, Central Payroll, Retirement and Child Support Enforcement Administration. The Managed Care Organization (MCO) enrollment broker collects TPL information that is passed to the State if the TPL is previously unknown or changed. APHP provides for the entry of subrogation cases to track and record the recovery of monies from other parties.

#### Features

- APHP captures matched and verified TPL data from a variety of sources and has the capability to easily add new sources of data. APHP adds the coverage information to the system for processing and research. Consolidation of information allows for better coordination of collections and recoveries associated with TPL, including estates, tort casualty, cost avoidance and asset balances.
- TPL is date segment specific and an unlimited number of TPL resource records can be captured and stored for an individual member.
- The configuration parameters within the APHP give the Department flexibility in defining cost avoidance and pay and chase criteria. The ‘type of coverage’ data field on the third partly liability insurance records helps determine what services are provided under the insurance policy and assist in defining how the other insurance information is applied to submitted claims.
- The APHP provides a comprehensive letter creation and management solution that automates and consolidates letter generation for notices and follow-up across TPL activities and programs.
- Automated, configurable, electronic workflows guide TPL specialists by identifying cases needing action and provide support for the tracking of activities related to TPL verification and recovery processes. Flexible workflow application allows process changes to be quickly and efficiently implemented.

### *9.1.7.2 System Requirements and Responses*

| Requirement Number: | TP1.01 |
|---|---|
| *Provide the storage and retrieval of TPL information including, but not limited to: a. Name of insurance company. b. Address of insurance company. c. Policy number. d. Group number. e. Name of policyholder. f. Relationship to Medicaid member. g. Services covered. h. Policy period. i. Employer of policy holder. j. Multiple resources under one member. k. Group health plan participants. l. Health Insurance Premium Payment (HIPP) participant. m. Long term care insurance.* | |

| Requirement Number: | TP1.01 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Third Party Liability Management function in APHP receives and maintains an accurate, current, and historical source of other insurance coverage information on individuals eligible for Medical Assistance in the state.
- As Third Party Liability (TPL) information is identified and channeled into the Department, either through electronic interface with various sources such as the eligibility system, child support enforcement system, various carriers and other state agencies, or from information contained on claims, referrals or other channels, the information will be captured in APHP.
- For each instance of TPL resource information identified for the member, APHP stores the following attributes and makes them available to application users through the user-friendly web interface.

  - Name of insurance company
  - Address of insurance company
  - Policy number
  - Group number
  - Name of policy holder
  - Relationship to Medicaid member
  - Services covered
  - Policy period
  - Employer of policyholder,
  - Multiple resources under one member,
  - Group health plan participants
  - Health Insurance Premium Payment (HIPP) participant
  - Long term care insurance

- APHP provides data fields to capture notes that pertain to the TPL resource record. Using the secure APHP portal, notes can be entered by any APHP user authorized to update TPL information.
- The 'type of coverage' data field on the third partly liability insurance record is used to determine what services are provided under the insurance policy. Typical coverage types include dental, vision, long term care (LTC), comprehensive medical (also Medicare Part C), pharmacy drugs (also Medicare Part D), inpatient services only (also Medicare Part A), and / or professional services only (also Medicare Part B).
- Coverage type values are configurable and may be compared to services on a submitted claim using procedure codes, drug codes or IME-defined service categories.
- The resulting comparison may cause automatic cost avoidance, pay and chase or pay and report activities, depending on the rules defined by the Department.
- Third Party Liability (TPL) and Medicare coverage is loaded into APHP for each member.
- Each member covered under a particular policy is captured as a separate coverage record, and is date span specific.
- Any third party liability resource information that can be obtained and verified for the member is loaded into APHP for subsequent use in claims adjudication processing, including those policies where the subscriber, or policyholder, is an absent or non-custodial parent.
- An unlimited number of third party liability resource records may be captured and stored within APHP for an individual member.
- The Accenture Public Health Platform stores date specific third party coverage information that can cover all periods of eligibility for the member, including historical periods.
- These dates are compared to the date of service on the claim and individual member periods of eligibility when determining when another party is liable.
- Accurate third party carrier and accounts receivable information is paramount for the recovery and cost avoidance process to work effectively.

| Requirement Number: | TP1.01 |
|---|---|

- Accenture will collect sources of TPL information available to the State to build a data source of third party information for each member.
- This information is available to Department and IME contractor staff through the APHP Worker Portal.
- The APHP web portal provides full query, view and update access to the business functions for the TPL information. Based on security set up, authorized Department and contractor staff will be able to query, view and update the third party resource information.

| Requirement Number: | TP1.01.01 |
|---|---|

*Accept file updates of carrier information from electronic files, excel spreadsheets and manually.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP provides for the capture and cross-reference of TPL carrier and employer information, as available from the originating source.
- Carrier and employer information can be used to confirm available coverage information for members, and is used to prepare and send bills for payment.
- APHP allows for the capture of carrier information by authorized APHP users using the APHP web portal, which allows direct entry or the upload of spreadsheet data.
- Additionally, Accenture can support interfaces and defined data interface standards to accept carrier information electronically.
- Our APHP solution supports standard ANSI X12 transaction formats, as well as the ability to configure to custom file formats as needed.
- Using the features of our integrated workflow application, APHP provides for the receipt of new carrier plan information that may trigger processes that perform mass updates of TPL information.

| Requirement Number: | TP1.01.02 |
|---|---|

*Provide the capability to identify the type of TPL recovery in the MMIS.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP captures the type of recovery when monies are recovered, and tracks TPL monies recovered back to individual claims or captures them as gross level adjustments.
- Our financial processing and payment management solution maintains financial data at the lowest level of detail and provides for TPL recoveries to be associated to the individual claim level.
- APHP allows non-claim specific gross level adjustments to be tied to the member or provider (or both). Recoveries are available for viewing and reporting within APHP.
- APHP allows authorized users to adjust claims and enter settlements against claims as needed to account for TPL recoveries.
- Once payment is received from a carrier, Medicare or other insurance vendor, a TPL specialist is prompted through the business workflow to disposition the payment across individual claims or claim lines.
- This activity is supported through the APHP history-only mass claim adjustment process, which provides verification steps throughout to assist the TPL specialist in assigning the monies to the appropriate claim.
- In addition, the APHP solution supports the entry of gross level history-only adjustments when payment cannot be

| Requirement Number: | TP1.01.02 |
|---|---|

tied back to individual claims.

- This process additionally allows authorized users to adjust previously reported cost-avoided payments for subsequent resubmission and payment amounts.
- APHP is configurable and has the ability to assign roles to staff members. Roles define the level of access each user has to system attributes and the actions they are allowed to perform including manual deletes and overrides of alerts/edits.

| Requirement Number: | TP1.01.03 |
|---|---|

*Allow for mass update of TPL information on carrier plans.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP provides for the capture and cross-reference of TPL carrier and employer information, as available from the originating source.
- Carrier and employer information can be used to confirm available coverage information for members, and is used to prepare and send bills for payment.
- APHP allows for the capture of carrier information by authorized APHP users using the APHP web portal, which allows direct entry or the upload of spreadsheet data and by automated mass adjustment when received via the APHP EDI component from external trading partners.
- Additionally, Accenture can support interfaces and defined data interface standards to accept carrier information electronically.
- Our APHP solution supports standard ANSI X12 transaction formats, as well as the ability to configure to custom file formats as needed.
- Using the features of our integrated workflow application, APHP provides for the he receipt of new carrier plan information that may trigger processes that perform mass updates of TPL information.

| Requirement Number: | TP1.01.04 |
|---|---|

*Generate TPL letters to members when a claim identifies a third party payment and there is no TPL span on the member record.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Our automated correspondence and alert capabilities are supported by our configurable workflow automation tools that streamline operations by using auto-triggered correspondence and routing capabilities.
- This means that APHP can recognize events, such as when a claim identifies a third party payment and there is no TPL on the APHP databases, to automatically trigger the production of correspondence to be either published to the portal, as a file for transmission or as a letter generated for appropriate distribution.
- Outbound communication to providers, carriers, attorneys and other authorized third parties can be configured in APHP to the Department's specifications.
- There is not a “one size fits all” protocol for outbound communications.
- Letter templates are developed for every situation, and as new situations arise, new templates are easily accommodated.
- When claims are presented that require outbound communication, APHP suggests the appropriate template to the

| Requirement Number: | TP1.01.04 |
|---|---|
| subcontractor's TPL specialist. | |

| Requirement Number: | TP1.01.05, TP1.01.06 |
|---|---|
| *Provide online notes capability for narrative about each TPL information data field.*<br><br>*Accommodate specific types of TPL coverage based on procedure codes, drug codes or IME-defined service categories, with sufficient detail for automatic cost-avoidance, pay and bill or pay and report, without manual review.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**<br><br>**Description of Product**<br>• The Third Party Liability Management function in APHP receives and maintains an accurate, current, and historical source of other insurance coverage information on individuals eligible for Medical Assistance in the state.<br>• APHP provides data fields to capture notes and narratives that pertain to the TPL resource record. Using the secure APHP portal, notes can be entered by any APHP user authorized to update TPL information.<br>• The 'type of coverage' data field on the third partly liability insurance record is used to determine what services are provided under the insurance policy.<br>• Typical coverage types include dental, vision, long term care (LTC), comprehensive medical (also Medicare Part C), pharmacy drugs (also Medicare Part D), inpatient services only (also Medicare Part A), and / or professional services only (also Medicare Part B).<br>• Coverage type values are configurable and may be compared to services on a submitted claim using procedure codes, drug codes or IME-defined service categories. The resulting comparison can result in automatic cost avoidance, pay and chase or pay and report activities, depending on the rules defined by the Department. | |

| Requirement Number: | TP1.01.07, TP1.01.08, TP1.01.09, TP1.01.10 |
|---|---|
| *Automatically identify previously paid claims when TPL resources are identified or verified retroactively.*<br><br>*Provide the capability to adjust claims history to reflect TPL recoveries that are claim-specific.*<br><br>*Provide the capability to account for TPL recoveries that are non-claim-specific at the provider and member level.*<br><br>*Adjust previously reported cost-avoided payments for subsequent resubmission and payment amounts.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl/Microsoft SQL Reporting Services**<br><br>**Description of Product**<br>• APHP claims adjudication provides TPL processing based on the State's specific business policies, and appropriately updates claims with TPL specific exception codes and amounts.<br>• This information is then used to bill appropriate parties for subsequent recovery, per the Department's defined business rules.<br>• APHP Workflow Processes control billing and recovery processes, including the generation of the 837 claim form for automated billing and the claims mass adjustment (history only) requests.<br>• Additionally, our workflow processes contain an auto letter generator to create and mail appropriate letters to request TPL information or payment.<br>• Establishment of TPL coverage for a member requires any claims that have been paid on behalf of that member be | |

| Requirement Number: | TP1.01.07, TP1.01.08, TP1.01.09, TP1.01.10 |
|---|---|

reviewed for potential billing to the third party.

- If coverage is established for a retroactive period, or a claim was paid under the 'pay and chase' rules, the claim amount may be billed to the third party for payment.
- The APHP solution provides automatic billing to the third party for any claim that is identified as requiring billing. When retroactive coverage is established, the APHP will produce an alert to the IME recovery unit, or others as designated by IME.
- APHP captures the type of recovery when monies are recovered, and tracks TPL monies recovered back to individual claims or captures them as gross level adjustments.
- Our financial processing and payment management solution maintains financial data at the lowest level of detail and provides for TPL recoveries to be associated to the individual claim level.
- APHP allows non-claim specific gross level adjustments to be tied to the member or provider (or both). Recoveries are available for viewing and reporting within APHP.
- APHP allows authorized users to adjust claims and enter settlements against claims as needed to account for TPL recoveries.
- Once payment is received from a carrier, Medicare or other insurance vendor, a TPL specialist is prompted through the business workflow to disposition the payment across individual claims or claim lines.
- This activity is supported through the APHP history-only mass claim adjustment process, which provides verification steps throughout to assist the TPL specialist in assigning the monies to the appropriate claim.
- In addition, the APHP solution supports the entry of gross level history-only adjustments when payment cannot be tied back to individual claims.
- This process additionally allows authorized users to adjust previously reported cost-avoided payments for subsequent resubmission and payment amounts.
- APHP Enterprise Reporting services functionality supports the revision of reports when retroactive adjustments are made to historical transactions requiring changes to cost-avoided payments.

| Requirement Number: | TP1.04 |
|---|---|

*Identify claims with trauma diagnosis codes, accident codes and indicators and route them for follow-up to see if there is TPL and generate a trauma lead letter sent to the member.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- As the payer of last resort, State Medicaid programs need to aggressively identify, research, and pursue any third party that may be responsible for paying health coverage for Medicaid members.
- This includes identifying liability and no-fault insurance when information on a submitted claim may identify the member as having an injury sustained by trauma.
- Our APHP Solution is able to identify, claims with trauma diagnosis codes, accident codes and indicators, and other indicators besides trauma (e.g., mesothelioma) that trigger the creation of a subrogation casualty case for subsequent follow-up.
- The flexibility of the APHP claims solution includes claim result code configuration that provides the option of suspending the claims for review, or allows them to pay and be reviewed post-payment.
- APHP systematically identifies claims with "suspect" trauma codes and contains the capability to place these claims into the automated workflow for TPL Unit review and follow-up.
- APHP workflow capabilities include the automatic generation of a trauma lead letter to the member requesting additional information, whenever a claim with a trauma code is identified.
- The flexibility of the subrogation process within APHP allows us to store electronically any information related to the subrogation case, including identified trauma claims, related insurance information, and payments received.

| Requirement Number: | TP1.07, TP1.07.01 |
|---|---|

*Accept and process verification data from employers, insurance companies, providers, members, attorneys and others. Verification data should include the "type of insurance coverage" for each policy (e.g., inpatient, outpatient, physician and dental).*

*Accept and process verification data from long term care insurance -nursing home.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Medicaid program is designed to provide health care coverage to individuals based on income and need qualifications, and is meant to be the last resort for health care.
- Since Medicaid is the payer of last resort, it is important to capture and verify the existence of other insurance information that may pay health care costs as primary for Medicaid eligible members.
- Our solution allows the capability to accept and process verification data received electronically from employers, insurance companies, providers, members, attorneys and others.
- Additionally, the APHP web portal allows online entry or update of TPL information by authorized APHP users, including Department staff.
- The verification data includes the type of insurance coverage for each policy, which is used to determine what services are provided under the insurance policy.
- Coverage type values are configurable and may include dental, vision, long term care (LTC), comprehensive medical (also Medicare Part C), pharmacy drugs (also Medicare Part D), inpatient services only (also Medicare Part A), and / or professional services only (also Medicare Part B).
- The APHP solution allows capturing of verification data electronically through user interface, web service or batch file interface.
- APHP accepts and process verification from multiple sources, such as the eligibility system, child support enforcement system, long term care facilities and or nursing homes, various carriers, including providers of long term care insurance coverage, other state agencies, or from information contained on claims, referrals or other channels.

| Requirement Number: | TP1.08, TP1.08.01, TP1.09, TP1.09.01 |
|---|---|

*Maintain all TPL resource information at the member-specific level.*

*Identify TPL resources that are liable for some, or all, of the member's medical claim by member, including absent parent.*

*Maintain multiple TPL coverage information for individual members for all of their periods of eligibility.*

*Carry unlimited TPL resource information segments for each member and historical resource data for each member that are date and benefit coverage specific.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Third Party Liability Management function in APHP receives and maintains an accurate, current, and historical source of other insurance coverage information on individuals eligible for Medical Assistance in the state.
- As Third Party Liability (TPL) information is identified and channeled into the Department, either through electronic interface with various sources such as the eligibility system, child support enforcement system, various carriers and other state agencies, or from information contained on claims, referrals or other channels, the information will be captured in APHP.

| Requirement Number: | TP1.08, TP1.08.01, TP1.09, TP1.09.01 |
|---|---|

- For each instance of TPL resource information identified for the member, APHP stores the following attributes and makes them available to application users through the user-friendly web interface.

  - Name of insurance company
  - Address of insurance company
  - Policy number
  - Group number
  - Name of policy holder
  - Relationship to Medicaid member
  - Services covered
  - Policy period
  - Employer of policyholder,
  - Multiple resources under one member,
  - Group health plan participants
  - Health Insurance Premium Payment (HIPP) participant
  - Long term care insurance

- APHP provides data fields to capture notes that pertain to the TPL resource record. Using the secure APHP portal, notes can be entered by any APHP user authorized to update TPL information.
- The 'type of coverage' data field on the third partly liability insurance record is used to determine what services are provided under the insurance policy.
- Typical coverage types include dental, vision, long term care (LTC), comprehensive medical (also Medicare Part C), pharmacy drugs (also Medicare Part D), inpatient services only (also Medicare Part A), and / or professional services only (also Medicare Part B).
- Coverage type values are configurable and may be compared to services on a submitted claim using procedure codes, drug codes or IME-defined service categories.
- The resulting comparison may cause automatic cost avoidance, pay and chase or pay and report activities, depending on the rules defined by the Department.
- Third Party Liability (TPL) and Medicare coverage is loaded into APHP for each member.
- Each member covered under a particular policy is captured as a separate coverage record, and is date span specific.
- Any third party liability resource information that can be obtained and verified for the member is loaded into APHP for subsequent use in claims adjudication processing, including those policies where the subscriber, or policyholder, is an absent or non-custodial parent.
- An unlimited number of third party liability resource records may be captured and stored within APHP for an individual member.
- The Accenture Public Health Platform stores date specific third party coverage information that can cover all periods of eligibility for the member, including historical periods. These dates are compared to the date of service on the claim and individual member periods of eligibility when determining when another party is liable.
- Accurate third party carrier and accounts receivable information is paramount for the recovery and cost avoidance process to work effectively.
- Accenture will collect sources of TPL information available to the State to build a data source of third party information for each member. This information is available to Department staff through the APHP Portal.
- The APHP web portal provides full query, view and update access to the business functions for the TPL information. Based on security set up, authorized Department and contractor staff will be able to query, view and update the third party resource information.

| Requirement Number: | TP1.10.01, TP1.10.02, TP1.10.03 |
|---|---|

*Generate eligibility matches with other payers using the HIPAA 270/271 transactions or proprietary format, if needed.*

*Support the use of the 270/271 transaction between entities.*

*Provide the capability for online inquiry and updates to the TPL module (e.g., resource and carrier). Online access is by member ID number, member name, carrier name and carrier ID number.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data.
- Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web based services and flat files.
- Member eligibility and TPL insurance information contained within the APHP database will be available for inquiry by date through the following access points:
  - Web portal
  - IVR
  - Call center
  - HIPAA compliant X12 270/271
- APHP processes inbound and outbound ANSI X12 EDI messages. APHP maintains an HIPAA compliant X12 270/271 access point for external entities to connect securely and query member eligibility and TPL resource information.
- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.
- Only authorized inquiries with be provided with member eligibility and TPL information. In response to inquiries made through APHP we will return required information, such as eligibility status, dates of coverage, benefit plan information, participation in a managed care program, any service restrictions such as lock-in or lock-out and notification of third-party payers who should be billed prior to Medicaid.
- The APHP web portal provides secure access to member eligibility and TPL information for authorized APHP users, including State and contractor users, providers, members and other State approved trading partners.
- Users have the ability to search for member data by case number, member state identification number (SID), social security number and member name/partial name.

| Requirement Number: | TP1.11, TP1.12 |
|---|---|

*Edit TPL data updates for validity and for consistency with existing TPL data.*

*Edit additions and updates to the member insurance information to prevent the addition of duplicates.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP provides for configurable edits that can be applied to update transactions, regardless of the source or media of the update (interface, web portal).
- These edits are applied according to the Department's specific program policies to provide validity and consistency with existing TPL data. APHP data mapping and data entry COTS solutions support configurable edits that do not require hard coding.
- APHP applies edits to additions and updates to the member insurance information to prevent the additional of duplicates.
- The specific parameters that are used to define a duplicate insurance policy are configurable, and may include carrier, effective dates, subscriber and primary coverage.

| Requirement Number: | TP1.13 |
|---|---|

*Provide a mechanism to correct outdated TPL information.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Our update processes allows outdated TPL information to be updated either systematically or manually.
- The APHP workflow COTS application can be configured to force review of aged records by MMIS workers according to DMS specified criteria.
- Additionally, the APHP solution provides a mechanism to correct outdated TPL information using either a web-based user interface or file based interface.
- APHP interfaces periodically with different source systems, including State eligibility agencies for Medicaid and other programs such as Breast and Cervical Cancer, other State departments such as Child Support Enforcement and Workers Compensation, insurance carriers, attorneys, Medicare agencies and other entities, to validate the existence of other insurance coverage for members.
- The TPL data received from these sources is matched against existing data and updates are done to maintain current data. All TPL insurance information is date span specific.

| Requirement Number: | TP1.14, TP1.14.01, TP1.14.02 |
|---|---|

*Generate and maintain an audit trail of all updates to the member insurance data, including those updates that were not applied due to errors, for a time period specified by the state.*

*Generate monthly or as directed by IME audit reports of TPL data additions, changes or deletions. The report must identify what was changed, when the change was made and the user making the update.*

*Contain an audit trail for all records and track the time, date and person who made the update to the record.*

| Requirement Number: | TP1.14, TP1.14.01, TP1.14.02 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- Since there are many sources of member insurance data, the application of audit trails to member insurance records, down to specific data fields, is critical to resolving any data discrepancies with the source systems.
- Whenever a data field is modified, the following information is maintained:
  - The value of the field prior to the update
  - The user ID or program id (if system applied) of the entity that changed the value
  - The date and time the value was changed

If the value was added for the first time, separate fields capture:

  - The user ID or program id (if system applied) of the entity that added the value
  - The date and time the value was added

- Using the APHP worker portal, authorized users have the ability to link to the complete audit record for the member's data, including TPL insurance information, which provides comprehensive information about when and whom changed data on the member's record, when members requested specific actions such as copies of records or the generation of a new ID card, and when providers submitted prior authorizations requests or eligibility verification requests for the member.
- This information will also be generated in the report format, either monthly or at the discretion of the Department.
- Using our APHP solution, we are prepared to send, receive and validate member eligibility information, including the member's TPL information, from multiple data sources.
- For updates received via interface process with another data system source, APHP builds the audit trail to reflect updates applied, and reports errors during update processes.
- Errors are routed through the APHP workflow to the correct person or work unit for follow-up and resolution.
- APHP solution maintains accurate audit trail information for all updates to member insurance data, including those updates that were not applied due to errors.

| Requirement Number: | TP1.15, TP1.15.01 |
|---|---|

*Cross-reference the health insurance carriers to the employers.*

*Maintain employer data that identifies employers and the health care plans they provide to employees.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP provides for the capture and cross-reference of TPL carrier and employer information, as available from the originating source.
- Carrier and employer information can be used to confirm available coverage information for members, and is used to prepare and send bills for payment. APHP allows for the capture of carrier information by authorized APHP users using the APHP web portal, which allows direct entry or the upload of spreadsheet data.
- Additionally, Accenture can support interfaces and defined data interface standards to accept carrier information electronically.
- Our APHP solution supports standard ANSI X12 transaction formats, as well as the ability to configure to custom file formats as needed. Using the features of our integrated workflow application, APHP provides for the he receipt of new carrier plan information that may trigger processes that perform mass updates of TPL information.

| Requirement Number: | TP1.16 |
|---|---|

*Allow only authorized staff members to do manual deletes and overrides of alerts and or edits.*

*Allow authorized users to adjust claims and enter settlements against claims as needed to account for TPL recoveries.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP manages security at the role based, field level for all claims related functional access, thus only allowing authorized staff to perform deletions and overrides of edits as well as adjust claims and enter settlement information that supports associated TPL recoveries.
- APHP claims adjudication provides TPL processing based on the State's specific business policies, and appropriately updates claims with TPL specific exception codes and amounts. This information is then used to bill appropriate parties for subsequent recovery, per the Department's defined business rules.
- APHP Workflow Processes control billing and recovery processes, including the generation of the 837 claim form for automated billing and the claims mass adjustment (history only) requests.
- Our workflow processes contain an auto letter generator to create and mail appropriate letters to request TPL information or payment.
- Establishment of TPL coverage for a member requires any claims that have been paid on behalf of that member be reviewed for potential billing to the third party. If coverage is established for a retroactive period, or a claim was paid under the 'pay and chase' rules, the claim amount may be billed to the third party for payment.
- The APHP solution provides automatic billing to the third party for any claim that is identified as requiring billing. When retroactive coverage is established, the APHP will produce an alert to the IME recovery unit, or others as designated by IME.
- APHP captures the type of recovery when monies are recovered, and tracks TPL monies recovered back to individual claims or captures them as gross level adjustments. Our financial processing and payment management solution maintains financial data at the lowest level of detail and provides for TPL recoveries to be associated to the individual claim level. APHP allows non-claim specific gross level adjustments to be tied to the member or provider (or both). Recoveries are available for viewing and reporting within APHP.
- APHP allows authorized users to adjust claims and enter settlements against claims as needed to account for TPL recoveries. Once payment is received from a carrier, Medicare or other insurance vendor, a TPL specialist is prompted through the business workflow to disposition the payment across individual claims or claim lines.
- This activity is supported through the APHP history-only mass claim adjustment process, which provides verification steps throughout to assist the TPL specialist in assigning the monies to the appropriate claim. In addition, the APHP solution supports the entry of gross level history-only adjustments when payment cannot be tied back to individual claims.
- This process additionally allows authorized users to adjust previously reported cost-avoided payments for subsequent resubmission and payment amounts.
- APHP is configurable and has the ability to assign roles to staff members. Roles define the level of access each user has to system attributes and the actions they are allowed to perform including manual deletes and overrides of alerts/edits.

| Requirement Number: | TP1.17 |
|---|---|

*Identify claims designated as "mandatory pay and chase", make appropriate payments and flag such claims for future recovery (i.e., identify services provided to children who are under a medical child support order and flag diagnosis information to identify prenatal care services provided to pregnant women and preventive pediatric services provided to children).*

| Requirement Number: | TP1.17 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Once third party payer information is established on the APHP databases, it is used during claims adjudication to determine the final disposition of a submitted claim.
- This processing is typically driven by business rules that are frequently referred to as the 'TPL Matrix'.
- The TPL Matrix drives the adjudication of the claim where other insurance coverage may apply. The final adjudication of the claim may result in the claim being processed as pay and chase, paid as Medicaid primary, denied for cost avoidance, or pended for manual review, based on the rules defined in the matrix.
- The APHP solution provides maximum flexibility to the State by allowing TPL Matrix business rules to be configured for each benefit plan, allowing the TPL Matrix to be different from one program to another.
- The configuration of the TPL Matrix business rules for the benefit plan may include rules that provide exceptions to normal service coverage rules.
- For example, there are some instances when State or Federal rules and policies mandate that certain services must always be paid by Medicaid, and then subsequently 'chased' for payment by the third party carrier. These services are defined as 'pay and chase TPL services', and may be identified using procedure codes, or provider type. In these instances, APHP will pay the claim as Medicaid primary when the member has another insurance information and the procedure codes or provider types are on the TPL excluded services list. Examples include pre-natal services, family planning, and services for pregnant women.
- Additionally, the configuration of pay and chase rules may include, for the benefit plan, a provision that identifies services provided to children who are under a medical child support order.
- APHP claims adjudication reviews information for each claim line when determining if TPL processing rules apply, and reviews the date of service against available TPL coverage.
- The adjudication process reviews TPL information at the line level that includes the amount paid by the third party and the reason for any adjustments applied by the third party.
- The APHP application supports real-time and batch claim adjudication and with the utilization of an embedded rules-based, step-engine, it allows for real-time call outs during the adjudication cycle to specific, targeted third party products, which specialize in the augmentation of specific data review and claims editing (such as bundling-unbundling edits, NCCI).
- APHP claims engine accounts for TPL payments to providers made by other payers in determining the appropriate Medicaid payment. This means that Medicaid only pays for the amount not covered by other insurance carriers.

| Requirement Number: | TP1.SS.01 |
|---|---|

*Provide IME with the capability to update member TPL Resource by batch interface or online real-time.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Third Party Liability Management function in APHP receives and maintains an accurate, current, and historical source of other insurance coverage information on individuals eligible for Medical Assistance in the state.
- As Third Party Liability (TPL) information is identified and channeled into the Department, either through electronic interface with various sources such as the eligibility system, child support enforcement system, various carriers and other state agencies, or from information contained on claims, referrals or other channels, the information will be captured in APHP. This can be completed in batch or in real-time online.
- Accenture will collect sources of TPL information available to the State to build a data source of third party information for each member. This information is available to Department staff through the APHP Portal. The APHP web portal provides full query, view and update access to the business functions for the TPL information.

| Requirement Number: | TP1.SS.01 |
|---|---|
| Based on security set up, authorized Department and contractor staff will be able to query, view and update the third party resource information. | |

| Requirement Number: | TP1.SS.02 |
|---|---|
| *Produce a file of all paid claims monthly for revenue collections contractor.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture can support the necessary interfaces and defined data interface standards to assure successful automated receipt of input data and proper distribution of output data between APHP and the Department's TPL subcontractor.
- We will produce a file of all paid claims monthly for the revenue collections contractor. If allowable by the Department, the IME Revenue Collection contractor will be granted access to the APHP portal for direct access to monthly paid claim reports and information.
- We work closely with the Revenue Collection contractor under our project management governance model to meet with designated representatives from the Department and the Revenue Collection contractor and create a plan to make configurable changes within our APHP as required by the Department and the Revenue Collection Contractor.

| Requirement Number: | TP1.SS.03 |
|---|---|
| *Accept automated updates to the TPL Management module.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Accenture Public Health Platform (APHP) provides an automated workflow and process rules engine that allows the Department to easily configure and modify the business rules associated with the Third Party Liability business processes to accept automated updates.
- Authorized State and contractor staff can also apply updates through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.
- The APHP solution accepts automated updates to the TPL management module by providing a user-friendly interface to develop and maintain business rules.
- This allows functional analysts and other authorized APHP users to create and validate business rules in real time without requiring developer support.

| Requirement Number: | TP1.SS.04, TP1.SS.05 |
|---|---|
| *Generate accurate user defined TPL reports in the format and media determined by IME.*<br>*Produce appropriate TPL reports on schedule and in a media as determined by IME.* | |

| Requirement Number: | TP1.SS.04, TP1.SS.05 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- Accenture delivers reports created within the TPL function according to the State approved specifications. Our team works closely with the State during the Design, Develop, Implement (DDI) phases to solidify the reporting requirements for the TPL area. Reports are created on a schedule defined by the Department and in the format and media defined by the Department, and are available to authorized APHP users to be printed in hardcopy.
- Our reporting solution allows for the rapid creation of reports to be deployed easily in standard crosstab format or a web dashboard. Transparency and visibility into the effectiveness of TPL cost avoidance and recovery processes requires both administrative and operational reports.
- Administrative reports for fiscal planning and control. Operation reports to measure the TPL unit's productivity, quality and efficiency. Key data can be summarized and stored for historical comparisons and trend analysis.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- This will allow us to provide accurate TPL reports to the State in a timely manner. Accenture maintains the information to provide accurate reporting to track cost-avoidance by private insurance, Medicare and other TPL resources, and can accurately report all cost avoidance dollars.
- Specific cost savings reports defined by the State can be created based on the available information in APHP databases.

| Requirement Number: | TP1.SS.06 |
|---|---|

*Generate formatted TPL correspondence with all fields displayed accurately.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Our automated correspondence and alert capabilities are supported by our configurable workflow automation tools that streamline operations by using auto-triggered correspondence and routing capabilities.
- This means that APHP can recognize events, such as when a claim identifies a third party payment and there is no TPL on the APHP databases, to automatically trigger the production of correspondence.
- Outbound communication to providers, carriers, attorneys and other authorized third parties can be configured in APHP to the Department's specifications. There is not a “one size fits all” protocol for outbound communications. Letter templates are developed for every situation, and as new situations arise, new templates are easily accommodated.
- When claims are presented that require outbound communication, APHP suggests the appropriate template to the subcontractor's TPL specialist.

| Requirement Number: | TP1.SS.07, TP1.SS.08, TP1.SS.09, TP1.SS.10 |
|---|---|

*Allow authorized users print capability to generate TPL reports in hardcopy.*

*Report on all TPL recoveries by claim type.*

*Generate a report of all pended claims in the TPL Management module. The report must group claims by type of recovery (e.g., drug, health and casualty) and identify the claim disposition.*

*Incorporate TPL information on the CMS-64.*

| Requirement Number: | TP1.SS.07, TP1.SS.08, TP1.SS.09, TP1.SS.10 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- Accenture delivers reports created within the TPL function according to the State approved specifications. Our team works closely with the State during the Design, Develop, Implement (DDI) phases to solidify the reporting requirements for the TPL area.
- Reports are created on a schedule defined by the Department and in the format and media defined by the Department, and are available to authorized APHP users to be printed in hardcopy.
- Our reporting solution allows for the rapid creation of reports to be deployed easily in standard crosstab format or a web dashboard. Transparency and visibility into the effectiveness of TPL cost avoidance and recovery processes requires both administrative and operational reports.
- Administrative reports for fiscal planning and control. Operation reports to measure the TPL unit's productivity, quality and efficiency. Key data can be summarized and stored for historical comparisons and trend analysis.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics. This will allow us to provide accurate TPL reports to the State in a timely manner.
- Accenture maintains the information to provide accurate reporting to track cost-avoidance by private insurance, Medicare and other TPL resources, and can accurately report all cost avoidance dollars. Specific cost savings reports defined by the State can be created based on the available information in APHP databases.
- Based on Department defined TPL claims editing criteria, the APHP claims adjudication process applies exception result codes and adjudication status to claims. This information is available on the APHP claims databases for subsequent viewing using the APHP portals, and is available for reporting. APHP can report on all claims that are pended for TPL, based on the exception results codes and claim status.
- Additionally, APHP provides the Department with the ability to capture and identify recovery monies by recovery type (i.e. drug, health, and casualty) and associate the money back to the individual claim for disposition. This information is also available for reporting by recovery type and claim type. Claim disposition is a filter item for report selection supporting the generation of reports by pended status.
- Accenture uses an extract, transform, and load (ETL) tool to pull data from the New MMIS data stores to automatically create a reporting database, which minimizes processing impact from report generation while maintaining accurate, up-to-date information. Using the centralized data store, APHP will be able to provide all data necessary to complete third-party section of CMS-64 data.

| Requirement Number: | TP1.SS.11 |
|---|---|
| *Enable the web portal to accurately display TPL information for providers, including carrier addresses.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP allows secure web access to the system for all stakeholders, including providers and members. The APHP Portal combines the capability of commercial software to support Medicaid business processes as defined by MITA, all in an attractive, consistent, and accessible web based interface.
- Providers, Members and Workers (State staff and the contractor) will each have secured access to information through portals designed to provide role-specific content.
- In addition to web access to an individual member's TPL coverage information, providers will have web access to carrier information, including the carrier's address, to facilitate the provider's efforts to bill the third party prior to billing Medicaid for the member's services.

| Requirement Number: | TP1.SS.12 |
|---|---|
| *Maintain accurate reporting to track cost-avoidance by private insurance, Medicare and other TPL resources.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- Accenture delivers reports created within the TPL function according to the State approved specifications. Our team works closely with the State during the Design, Develop, Implement (DDI) phases to solidify the reporting requirements for the TPL area.
- Reports are created on a schedule defined by the Department and in the format and media defined by the Department, and are available to authorized APHP users to be printed in hardcopy.
- Our reporting solution allows for the rapid creation of reports to be deployed easily in standard crosstab format or a web dashboard. Transparency and visibility into the effectiveness of TPL cost avoidance and recovery processes requires both administrative and operational reports
- Administrative reports for fiscal planning and control. Operation reports to measure the TPL unit's productivity, quality and efficiency. Key data can be summarized and stored for historical comparisons and trend analysis.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics. This will allow us to provide accurate TPL reports to the State in a timely manner.
- Accenture maintains the information to provide accurate reporting to track cost-avoidance by private insurance, Medicare and other TPL resources, and can accurately report all cost avoidance dollars. Specific cost savings reports defined by the State can be created based on the available information in APHP databases.

| Requirement Number: | TP1.SS.13 |
|---|---|
| *Account for TPL recoveries at the provider and member level for non-claim specific recoveries.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP claims adjudication provides TPL processing based on the State's specific business policies, and appropriately updates claims with TPL specific exception codes and amounts. This information is then used to bill appropriate parties for subsequent recovery, per the Department's defined business rules.
- The APHP solution provides automatic billing to the third party for any claim that is identified as requiring billing. When retroactive coverage is established, the APHP will produce an alert to the IME recovery unit, or others as designated by IME.
- APHP captures the type of recovery when monies are recovered, and tracks TPL monies recovered back to individual claims or captures them as gross level adjustments. Our financial processing and payment management solution maintains financial data at the lowest level of detail and provides for TPL recoveries to be associated to the individual claim level.
- APHP allows non-claim specific gross level adjustments to be tied to the member or provider (or both). Recoveries are available for viewing and reporting within APHP.
- APHP allows authorized users to adjust claims and enter settlements against claims as needed to account for TPL recoveries. Once payment is received from a carrier, Medicare or other insurance vendor, a TPL specialist is prompted through the business workflow to disposition the payment across individual claims or claim lines.
- This activity is supported through the APHP history-only mass claim adjustment process, which provides verification steps throughout to assist the TPL specialist in assigning the monies to the appropriate claim. In addition, the APHP solution supports the entry of gross level history-only adjustments when payment cannot be tied back to individual claims. This process additionally allows authorized users to adjust previously reported cost-

| Requirement Number: | TP1.SS.13 |
|---|---|
| avoided payments for subsequent resubmission and payment amounts. | |

| Requirement Number: | TP1.SS.14 |
|---|---|
| *Receive, process and update medical Support information received from child support enforcement agency.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Frequently, a non-custodial parent may provide health insurance coverage for children. Some non-custodial parents are court-ordered to provide coverage. In most cases, the non-custodial parent is not a member of the Medicaid household, and has not been assigned a Medicaid identifier since they may not be eligible for Medicaid. Most States, by federal rule, require the custodial parent to co-operate with State agencies to identify and track the non-custodial parent. These individuals must be identified, if possible, to allow child support and TPL to be pursued. The APHP Enterprise Solution captures information on the absent parent so that we can follow up on the possibility of other coverage,
- Our approach to obtaining member other insurance information includes both the import and export of member data using the standard HIPAA compliant X12 834 and 270/271 transactions in addition to customized interface layouts. As with other aspects of our solution, APHP is highly configurable and allows for quick and easy changes to existing formats and adoption of new interface formats that the Department may request.
- To discover potential third party resources, the APHP can receive data input from local Departments of Social Services, data matches with Blue Cross and Blue Shield, the Social Security Administration, and the State's Worker's Compensation Commission, Central Payroll, Retirement and Child Support Enforcement Administration.

| Requirement Number: | TP1.SS.15 |
|---|---|
| *Produce files to send to all eligibility systems for TPL coverage identified by the Revenue Collections contractor.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP EDI component will support the necessary interfaces and defined data interface standards to assure successful automated receipt of input data and proper distribution of output data between APHP and the IME Revenue Collections contractor.
- Upon notification of identification of TPL coverage for Medicaid members by the Revenue Collection contractor, APHP will interface with external eligibility systems to support file transfer processes that help to create a more comprehensive TPL data file.

| Requirement Number: | TP1.SS.16 |
|---|---|
| *Allow for online entry of TPL and COB rules by IME staff or contractor staff as defined by IME.* | |

This requirement is met using COTS products.

| Requirement Number: | TP1.SS.16 |
|---|---|

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture Public Health Platform (APHP) provides a secure web portal for Department and IME contractor staff to define TPL and COB rules associated with the Third Party Liability business processes.
- Authorized State and contractor staff can configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.
- The APHP solution accepts automated updates to the TPL management module by providing a user-friendly interface to develop and maintain business rules. This allows functional analysts and other authorized APHP users to create and validate business rules in real time without requiring developer support.

| Requirement Number: | TP1.SS.17 |
|---|---|

*Generate alerts to IME recovery units and others designated by IME when retroactive third party coverage has been identified.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP claims adjudication provides TPL processing based on the State's specific business policies, and appropriately updates claims with TPL specific exception codes and amounts. This information is then used to bill appropriate parties for subsequent recovery, per the Department's defined business rules.
- APHP Workflow Processes control billing and recovery processes, including the generation of the 837 claim form for automated billing and the claims mass adjustment (history only) requests. Additionally, our workflow processes contain an auto letter generator to create and mail appropriate letters to request TPL information or payment.
- Establishment of TPL coverage for a member requires any claims that have been paid on behalf of that member be reviewed for potential billing to the third party. If coverage is established for a retroactive period, or a claim was paid under the 'pay and chase' rules, the claim amount may be billed to the third party for payment.
- The APHP solution provides automatic billing to the third party for any claim that is identified as requiring billing. When retroactive coverage is established, the APHP will produce an alert to the IME recovery unit, which can take the form of an email or banner message on the worker's queue.

| Requirement Number: | TP1.SS.18 |
|---|---|

*Support the productions of claims history for the purpose of establishing receivables from members and automatically generate any claim payments or adjustments affecting the amount of the receivable.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Information on the APHP claims databases, including claims history and adjustment data, is available for analysis and review, and may be used for establishing and maintaining receivables from members. The APHP web portal provides full query, view and update access to the business functions for the TPL information.
- Based on security set up, authorized Department and contractor staff will be able to query, view and update the accounts receivable information.

| Requirement Number: | TP2.01, TP2.03 |
|---|---|

*Screen claims to determine if claims are for members with TPL coverage, if service is covered and if the date of service is within coverage period. Deny or suspend as provided in state rules, claims that are for products or services that are covered. Notify the provider of claims denied because of TPL coverage.*

*Account for TPL payments to providers in determining the appropriate Medicaid payment.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Once third party payer information is established on the APHP databases, it is used during claims adjudication to determine the final disposition of a submitted claim. This processing is typically driven by business rules that are frequently referred to as the 'TPL Matrix'.
- The TPL Matrix drives the adjudication of the claim where other insurance coverage may apply. The final adjudication of the claim may result in the claim being processed as pay and chase, paid as Medicaid primary, denied for cost avoidance, or pended for manual review, based on the rules defined in the matrix.
- The APHP solution provides maximum flexibility to the State by allowing TPL Matrix business rules to be configured for each benefit plan, allowing the TPL Matrix to be different from one program to another.
- The configuration of the TPL Matrix business rules for the benefit plan may include rules that provide exceptions to normal service coverage rules. For example, there are some instances when State or Federal rules and policies mandate that certain services must always be paid by Medicaid, and then subsequently 'chased' for payment by the third party carrier. These services are defined as 'pay and chase TPL services', and may be identified using procedure codes, or provider type. In these instances, APHP will pay the claim as Medicaid primary when the member has another insurance information and the procedure codes or provider types are on the TPL excluded services list. Examples include pre-natal services, family planning, and services for pregnant women.
- Additionally, the configuration of pay and chase rules may include, for the benefit plan, a provision that identifies services provided to children who are under a medical child support order.
- APHP claims adjudication reviews information for each claim line when determining if TPL processing rules apply, and reviews the date of service against available TPL coverage. The adjudication process reviews TPL information at the line level that includes the amount paid by the third party and the reason for any adjustments applied by the third party.
- The APHP application supports real-time and batch claim adjudication and with the utilization of an embedded rules-based, step-engine, it allows for real-time call outs during the adjudication cycle to specific, targeted third party products, which specialize in the augmentation of specific data review and claims editing (such as bundling-unbundling edits, NCCI).
- APHP claims engine accounts for TPL payments to providers made by other payers in determining the appropriate

| Requirement Number: | TP2.01, TP2.03 |
|---|---|
| Medicaid payment. This means that Medicaid only pays for the amount not covered by other insurance carriers. | |

| Requirement Number: | TP2.04 |
|---|---|
| *Track and report cost avoidance dollars.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- Accenture delivers reports created within the TPL function according to the State approved specifications. Our team works closely with the State during the Design, Develop, Implement (DDI) phases to solidify the reporting requirements for the TPL area.
- Reports are created on a schedule defined by the Department and in the format and media defined by the Department, and are available to authorized APHP users to be printed in hardcopy.
- Our reporting solution allows for the rapid creation of reports to be deployed easily in standard crosstab format or a web dashboard. Transparency and visibility into the effectiveness of TPL cost avoidance and recovery processes requires both administrative and operational reports.
- Administrative reports for fiscal planning and control. Operation reports to measure the TPL unit's productivity, quality and efficiency. Key data can be summarized and stored for historical comparisons and trend analysis.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics. This will allow us to provide accurate TPL reports to the State in a timely manner.
- Accenture maintains the information to provide accurate reporting to track cost-avoidance by private insurance, Medicare and other TPL resources, and can accurately report all cost avoidance dollars. Specific cost savings reports defined by the State can be created based on the available information in APHP databases.

| Requirement Number: | TP2.05 |
|---|---|
| *Allow for payment of claims that would have been rejected due to TPL coverage if provider includes override codes that indicate that benefits are not available.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Federal regulations and applicable state laws require that third party resources be used before Medicaid is billed. Providers are instructed to check the member's TPL information to verify that the third party liability (TPL) codes are accurate according to the TPL listing and the name of the third party insurance carrier.
- Claims submitted for payment will deny unless the insurance coverage is noted on the claim with the appropriate TPL code or unless a letter explaining the cancellation of the insurance from the carrier is attached to the claim. APHP provides the Department with flexibility in configuration of claim edits/audits, and will be configured to check for the presence of provider specified override codes on the claim that allow for payment of claims that would otherwise deny for TPL.

| Requirement Number: | TP2.11 |
|---|---|

*Associate third party recoveries to individual claims.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP claims adjudication provides TPL processing based on the State's specific business policies, and appropriately updates claims with TPL specific exception codes and amounts. This information is then used to bill appropriate parties for subsequent recovery, per the Department's defined business rules.
- APHP Workflow Processes control billing and recovery processes, including the generation of the 837 claim form for automated billing and the claims mass adjustment (history only) requests. Additionally, our workflow processes contain an auto letter generator to create and mail appropriate letters to request TPL information or payment.
- Establishment of TPL coverage for a member requires any claims that have been paid on behalf of that member be reviewed for potential billing to the third party. If coverage is established for a retroactive period, or a claim was paid under the 'pay and chase' rules, the claim amount may be billed to the third party for payment.
- The APHP solution provides automatic billing to the third party for any claim that is identified as requiring billing. When retroactive coverage is established, the APHP will produce an alert to the IME recovery unit, or others as designated by IME.
- APHP captures the type of recovery when monies are recovered, and tracks TPL monies recovered back to individual claims or captures them as gross level adjustments. Our financial processing and payment management solution maintains financial data at the lowest level of detail and provides for TPL recoveries to be associated to the individual claim level.
- APHP allows non-claim specific gross level adjustments to be tied to the member or provider (or both). Recoveries are available for viewing and reporting within APHP.
- APHP allows authorized users to adjust claims and enter settlements against claims as needed to account for TPL recoveries. Once payment is received from a carrier, Medicare or other insurance vendor, a TPL specialist is prompted through the business workflow to disposition the payment across individual claims or claim lines.
- This activity is supported through the APHP history-only mass claim adjustment process, which provides verification steps throughout to assist the TPL specialist in assigning the monies to the appropriate claim. In addition, the APHP solution supports the entry of gross level history-only adjustments when payment cannot be tied back to individual claims.
- This process additionally allows authorized users to adjust previously reported cost-avoided payments for subsequent resubmission and payment amounts.

| Requirement Number: | TP2.11.01 |
|---|---|

*Process revenue collection contractor file and update claims history.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP EDI component will support the necessary interfaces and defined data interface standards to assure successful automated receipt of input data and proper distribution of output data between APHP and the Department's TPL subcontractor. The MMIS claims history will be updated with the information supplied by the Revenue Collection contractor in a timely basis as well as, the contractor will be granted access to the APHP worker portal as desired by the Department to further support comprehensive TPL data management.
- Accenture will work closely with the Revenue Collection contractor under our project management governance model to meet with designated representatives from the Department and the Revenue Collection contractor and create a plan to make configurable changes within our APHP as required by the Department and the Revenue Collection Contractor.

| Requirement Number: | TP2.13 |
|---|---|

*Designate portions of claims amounts collected to reimburse CMS and the state with any remainder paid to the recipient.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP's financial processing solution allows for the disposition of TPL payment to a hierarchy of receivables, either using the original funding sources specified on the original paid claim, or based on configurable State business rules.
- Application of recovered TPL money is supported through the APHP history-only mass claim adjustment process, which provides verification steps throughout to assist the TPL specialist in assigning the monies to the appropriate claim.
- In addition, the APHP solution supports the entry of gross level history-only adjustments when payment cannot be tied back to individual claims.
- Financial transaction data maintained in APHP provides sufficient detail to support fund designation activities for the purposes of reimbursing CMS and the State. Funding information on the claim can be used to support financial payment and reconciliation to CMS and the State.

| Requirement Number: | TP2.14, TP2.14.01 |
|---|---|

*Prepare retroactive reports (reverse crossover) to Medicare Part A and B or the provider, as appropriate, for all claims paid by Medicaid that should have been paid by Medicare Part A and B.*

*Provide for the storage and retrieval of Medicare information for the proper administration of Medicare crossover claims and ensure maximum cost avoidance when Medicare is available.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Our TPL solution accepts a variety of TPL information, including Medicare, from multiple sources to be used in editing claims for cost avoidance and identifying potential recovery in payments from liable third parties. The 'type of coverage' data field on the other insurance record is used to determine what services are provided under the insurance policy.
- Typical coverage types include dental, vision, long term care (LTC), comprehensive medical (also Medicare Part C), pharmacy drugs (also Medicare Part D), inpatient services only (also Medicare Part A), and / or professional services only (also Medicare Part B). Medicare insurance information is used in APHP to adjudicate Medicare crossover claims and to provide maximum cost avoidance when Medicare is available.
- Establishment of TPL coverage, including Medicare, for a member require any claims that have been paid on behalf of that member to be reviewed for potential billing to the third party.
- If Medicare coverage is established for a retroactive period, the claim amount may be billed to Medicare or the provider for payment. The APHP solution provides automatic billing to the provider for any claim that is identified as requiring billing, or at the option of the State, provides a report of reverse crossover claim situations.
- The Accenture Public Health Platform (APHP) TPL solution produces the appropriate documentation for invoicing third parties for claims requiring post-payment recovery. If a claim was selected for billing, the claim is formatted into the proper ANSI X12 837 claim format (CMS-1550, UB04, dental, etc). Based on the provider, the claim may be submitted electronically or on paper.
- APHP solution can keep track of all billing to Medicare that was paid by Medicaid. From the operational reporting

| Requirement Number: | TP2.14, TP2.14.01 |
|---|---|
| data store, we can prepare retroactive reports for these reverse crossover claims. | |

| Requirement Number: | TP2.SS.01 |
|---|---|
| *Identify, at the claim line level, the amount paid by the third party and the reason for adjustments applied by the third party. If the claim is not adjudicated at the line level, identify the amount paid by the third party and the reason for adjustments applied by the third party at the header level.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP adjudicates claims at both the header and detail line level to provide maximum processing accuracy.
- APHP claims adjudication reviews information for each claim line when determining if TPL processing rules apply, and reviews the date of service against available TPL coverage. The adjudication process reviews TPL information at the line level that includes the amount paid by the third party and the reason for any adjustments applied by the third party.
- The APHP application supports real-time and batch claim adjudication and with the utilization of an embedded rules-based, step-engine, it allows for real-time call outs during the adjudication cycle to specific, targeted third party products, which specialize in the augmentation of specific data review and claims editing (such as bundling-unbundling edits, NCCI).
- APHP claims engine accounts for TPL payments to providers made by other payers in determining the appropriate Medicaid payment. This means that Medicaid only pays for the amount not covered by other insurance carriers.

| Requirement Number: | TP2.SS.02 |
|---|---|
| *Accept, process and respond to the HIPAA standard 837 TPL segment on a claim transaction.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Our APHP solution supports standard ANSI X12 transaction formats, as well as the ability to configure to custom file formats as needed. The Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the IME and the Department's multiple business partners as well as other Iowa State agencies.
- The ESB provides XML and fixed file format interfaces, both inbound and outbound. The APHP provides the ability to accept, process and respond to the HIPAA standard 837 TPL segment on the claim transaction.

| Requirement Number: | TP2.SS.03 |
|---|---|
| *Process and maintain inputs and outputs including, but not limited to: Inputs: a. Plan and coverage file from third parties. b. HIPP eligibility file. Outputs: a. Required Reports.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

| Requirement Number: | TP2.SS.03 |
|---|---|

**Description of Product**

- Accenture can support the necessary interfaces and defined data interface standards to provide successful automated receipt of input data and proper distribution of output data between APHP and the Department's defined data exchange entities.
- The APHP will accept and process plan and coverage file data from third parties and the HIPP eligibility file. Our APHP solution supports standard ANSI X12 transaction formats, as well as the ability to configure to custom file formats as needed.
- The Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the IME and the Departments multiple business partners as well as other Iowa State agencies. The ESB provides XML and fixed file format interfaces, both inbound and outbound.
- The Accenture Public Health Platform (APHP) provides an innovative technical solution for reporting and data extracts to satisfy the Program management and federal and state reporting requirements of the Department. Reports and extracts will comply with Department and federal formats, scope, and delivery methods.

## 9.1.8 Health Insurance Premium Payment (HP)

### *9.1.8.1 Introduction to the APHP HIPP Function*

Medicaid covered services include payment of group health plan premiums when a member's enrollment under a group health plan is cost-effective. A healthcare premium payment is generally considers cost-effective when the costs of a member's Medicaid services are likely to be greater than the cost of paying the premium for a member to receive care under the group health plan. This process is referred to as Health Insurance Premium Payment (HIPP). The APHP solution captures HIPP plan coverage information, premium payment information and TPL information from the State of Iowa Income Maintenance (IM) Social workers and the eligibility process. We enter the data received from the IME social workers into our member files and the eligibility process updates the member files with TPL plan and coverage information. We provide this information to the Department's TPL contractor through the APHP interface module. The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed, and are used to manage the cost effective determination and approval process. In addition, we capture the source of the TPL plan data in the member's COB eligibility information to provide the audit trail of where the TPL information originated. Once the premium is considered cost effective, we manage the premium payment process. Premium payments can include payments made to members and employers, as well as carriers for the HIPP program.

### Features

- The APHP Worker portal is used by the Department and IME contractors to research HIPP options, record HIPP data in member records, monitor HIPP activity and view standard and custom reports.
- The APHP provides a comprehensive letter creation and management solution that automates and consolidates letter generation for notices and follow-up across HIPP activities.
- Automated, configurable electronic workflows guide TPL specialists by identifying HIPP cases needing action and provide support for the tracking of activities related to HIPP cost effective determinations and premium payments. Flexible workflow application allows for process changes to be quickly and efficiently implemented.

### System Requirements and Responses

| Requirement Number: | HP.SS.01 |
|---|---|
| *Receive and process daily incoming transactions that identify members enrolled in HIPP.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice**<br><br>**Description of Product**<br>• The APHP solution is able to receive and process transactions that identify members enrolled in HIPP. The HIPP information can be included in the standard X12 834 member enrollment transaction or via a proprietary file that is generated from a separate IME system.<br>• The HIPP coverage information is loaded in the APHP TPL records for each applicable member. The APHP solution is able to store information that includes the policyholder data fields, premium amounts, policy number and group number fields which serve to relate the member to a specific TPL policy. | |

| Requirement Number: | HP.SS.02, HP.SS.03 |
|---|---|

*Receive and process incoming transactions that identify premium payments to be made to members, payees, insurers or employers on behalf of HIPP enrollees.*

*Generate payments and remittance advices to members, payees, insurers or employers on behalf of HIPP enrollees.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 Blackpearl**

**Description of Product**

- The APHP solution uses the receipt of a paycheck stub as one of the transaction types that initiate the process of making the premium payment to the member. In the case where the member is not paying for premiums via paycheck deductions, other transaction types such as invoice from the employer or insurer, will follow the same workflow and instead of the reimbursement payment being generated to the member, the payment can be made to the responsible party.
- The basic payee entity in the APHP system is a 'Vendor', meaning that anyone receiving a payment from the APHP system must have a correlating Vendor record, including members, payees, insurers and/or employers. The flexibility of the APHP system allows for multiple Vendors to be associated with a HIPP case in the scenario where multiple parties are receiving reimbursement for the premiums.
- Vendors have the capability to choose the type of payment they prefer to receive (i.e. EFT or paper check) and remittance advices can be generated and distributed per Vendor for HIPP payments.

| Requirement Number: | HP.SS.04, HP.SS.05 |
|---|---|

*Produce state defined reports for premium payments made associated with HIPP.*

*Produce state defined reports for monitoring cost avoidance associated with HIPP coverage based on TPL data.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP solution captures and stores the data necessary to comply with State and Federal reporting requirements. APHP contains a centralized reporting data store, tools and reporting functions providing an immediate and holistic view of operations, service, and performance as well as enabling advanced analytics for HIPP reporting.
- HIPP premium payment amounts and overall cost avoidance based upon TPL data for HIPP enrollees are produced by the APHP solution to give the State the ability to look at the benefit and cost of the HIPP program.
- The APHP Enterprise reporting component provides multiple capabilities and program status features to bring program transparency and automation to program reporting, provider reporting, and HIPP reporting.
- APHP reporting tools may be used to create a series of dashboards and graphical reports that provide the information necessary to determine the adequacy of the Medicaid provider network based on provider / member ratios by geographic region, provider type and other data fields as requested by the Department.

| Requirement Number: | HP.SS.06 |
|---|---|
| *Prevent HIPP enrollees from enrollment in managed care programs.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 Blackpearl**

**Description of Product**

- The APHP solution prevents HIPP enrollees from enrolling in managed care programs during the load of member information into the APHP system. APHP checks to see if the member exists as a HIPP enrollee and if the information coming from the eligibility determination system is for a managed care program.
- When this occurs, the APHP solution suspends the update for the member and put the update into the workflow for a specialist to manually review the data per Department guidelines and policies. The worker then determines if the update to the member information should be made.
- If yes, the member is disenrolled from HIPP, and is enrolled in a managed care program. If the worker determines that the update should be discarded, the system then automatically informs the eligibility determination system the reason why the update was not made.

| Requirement Number: | HP.SS.07 |
|---|---|
| *Accept a tax ID number for tracking and distributing HIPP payments.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP solution allows for a tax ID number to be associated to a HIPP case for tracking and distribution of payments that are made under the HIPP program.
- The basic payee entity in the APHP system is a 'Vendor', meaning that anyone receiving a payment from the APHP system must have a correlating Vendor record. A main attribute to the Vendor record is the tax ID or SSN. This attribute is used to track the payments made to Vendors and allows for remittance advices to be generated for the Vendor.

| Requirement Number: | HP.SS.08, HP.SS.09 |
|---|---|
| *Provide for payment to be made by either check or electronic means.*<br>*Provide for payments to be made on a daily basis or as directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Vendors are the basic payee record in APHP; Vendors may be associated with many records such as Providers, Networks, insurers, employers and individual members. Anyone receiving a payment from the MMIS must be set up as a vendor.
- The APHP facilitates electronic as well as check payments to payees by maintaining the bank account, mailing address of the vendors, and routing information necessary for payment by check or Electronic Fund Transfers (EFT).
- Stored and maintained EFT information includes bank name, account number and routing information, bank account type, and an effective and end date.

| Requirement Number: | HP.SS.08, HP.SS.09 |
|---|---|

- Multiple instances of bank information is maintained to reflect the history of EFT information, but only one account may be active at a time.
- APHP also maintains tax related information including Tax Identification, Social Security Number (SSN), Tax Identification Number (TIN), IRS withholding indicators and Backup Withholding (B-Notice) information.
- APHP generates batch files with payment data that is transferred to the bank electronically over a secure connection for processing.
- The APHP HIPP payment process is configurable to run at multiple frequencies as directed by the Department, including a daily payment cycle for specific HIPP payments.

| Requirement Number: | HP.SS.10 |
|---|---|

*Maintain online information related to HIPP cases including HIPP premium payout data and employer data, based on state specifications.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP solution offers the ability to store all data related to a HIPP case. This includes employer demographic data such as name, address, contact name, phone number, number of policies offered by the employer, coverage information for each policy, and premium information for each policy.
- APHP also allows for easy configurability of the cost-effectiveness formula for determining if a policy offered by the employer or offered directly to the member is eligible for premium reimbursement.

| Requirement Number: | HP.SS.11 |
|---|---|

*Create a member file for HIPP enrollees who are not Medicaid members (i.e., AIDS/HIV HIPP).*

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP solution allows for the creation of HIPP cases for enrollees that are not Medicaid members. This is accomplished through the creation of a Vendor record and the policy/premium information needed to determine eligibility for the HIPP program.
- The basic payee entity in the APHP system is a 'Vendor', meaning that anyone receiving a payment from the APHP system must have a correlating Vendor record, this includes members, payees, insurers and/or employers. Using APHP Enterprise Reporting services, the non-Medicaid members HIPP enrollees can be extracted to create a report that can be distributed to other entities as directed by the Department.

## 9.1.9 Program Management Reporting (PM)

### *9.1.9.1 Introduction to the APHP Program Management Reporting Function*

The main objectives of the Program Management reporting module are to keep the Department and IME Contractors up to date on all of the necessary information to properly monitor the IME MMIS and Core MMIS contractor performance and to administer and manage the Medicaid Program in a fiscally responsible manner. APHP's Program Management Reporting functionality supports that responsibility via dashboards and timely reports that are readily available. Accenture's proven approach provides a quantitatively managed project environment for precise program governance reporting, which enhances program performance and transparency into issues. APHP is a MITA aligned solution with a single consistent user interface to access all the business functions.

#### Features

- The Enterprise Reporting and Analytics component provides the ability to report on historical and prospective data with the same ease, without having to request programming support.
- These reports are matched to other corresponding reports.
- The Program Management Reporting module enables workers to create ad hoc reports based on predefined models and explore data within the model. APHP creates and saves previously executed queries and reports to allow for reuse. Saved queries and reports can be shared with others.
- Workers can select from a variety of viewing formats, export reports to other applications and subscribe to published reports. The reports and views that are created are accessible over a web-based connection, to include viewing on smart phones or having reports emailed directly to allowable addresses on a 24/7 basis.
- The Department's response to external inquiries, such as from the Iowa legislature, is faster than it is when attempting to report on data from a legacy MMIS. Reports are generated on-demand rather than having to request a special report run.

### *9.1.9.2 System Requirements and Responses*

| Requirement Number: | PM1.01, PM1.01.01 |
|---|---|
| *Provide capability to support the production of information and/or reports to assist management in fiscal planning and control.*<br><br>*Provide parameter-driven capability to download data required for management analysis to excel spreadsheet or other format required by IME data.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**<br><br>**Description of Product**<br>• In the ever-changing environment of Medicaid and increasing fiscal restraints, the ability to easily create ad-hoc, "what I need to know today" queries and reports are vital. APHP brings a reporting data store and powerful report generation tools that puts MMIS financial data at the fingertips of the Department.<br><br>• The full APHP reporting data store solution is an integrated and subject-oriented source of Medicaid-centric data optimally organized to deliver information needed for decision support services.<br>• By consolidating and conforming data from a variety of source systems, the APHP reporting data store enables near real-time and historical Key Performance Indicator (KPI) trending, data mining, data analysis and compliance | |

| Requirement Number: | PM1.01, PM1.01.01 |
|---|---|

reporting at both the State and Federal levels.

- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

- APHP report generation is handled by our Enterprise Reporting Services component. Pre-defined reports are created using Microsoft SQL Server Reporting Services, a COTS application which boasts robust capabilities and quick, easy report generation.
- APHP provides users with a straightforward access to data, including financial data, via a business-focused user interface as long as their security role allows.
- The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop.
- APHP's flexible query tools allow users to create quick pictures of policy and regulation impacts. For example, financial information can be used to show year-over-year costs and create projections using what-if scenarios.

| Requirement Number: | PM1.02 |
|---|---|

*Provide capability to support the production of information and/or reports required in the review and development of medical assistance policy and regulations.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- The information provided in APHP reports and the data that may be queried in the APHP reporting data store provide a wealth of information for program management analysis and to explore what-if scenarios. This can be especially useful, for example, in determining managed care policy.

- The full APHP reporting data store solution is an integrated and subject-oriented source of Medicaid-centric data optimally organized to deliver information needed for decision support services. By consolidating and conforming data from a variety of source systems, the APHP reporting data store enables near real-time and historical Key Performance Indicator (KPI) trending, data mining, data analysis and compliance reporting at both the State and Federal levels.

- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

- The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM1.03 |
|---|---|
| *Provide capability to support the production of information and/or reports to support the preparation of budget allocations by fiscal years.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Analysis Services**

**Description of Product**

- APHP provides reports to support expenditure projection using the data that may be queried in the APHP Dimensional Data Store (DDS). APHP provides a wealth of information for program management analysis and to explore what-if scenarios. For example, APHP's reporting data store includes financial information which can be used to show year-over-year expenditures and create projections under what-if scenarios.
- Because data from various source systems is housed in a common data model, reports can readily access disparate data, including expenditure data grouped into budget categories, in a single location providing for timely and efficient production of the reports.
- The APHP reporting tools can be used to quickly and accurately assign expenses into budget categories and capture that data in the reporting data store.
- The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM1.04 |
|---|---|
| *Provide capability to support the production of information and/or reports for projection of the cost of program services for future periods.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP will support the creation of reports to help with program cost projections for the future. The system allows drill-down to detail data which will be passed from the in the APHP Dimensional Data Store (DDS) and will provide a wealth of information for program management analysis and to explore what-if scenarios. For example, APHP Dimensional Data Store (DDS) financial information can be used to show year-over-year expenditures and create projections under what-if scenarios.
- The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

| Requirement Number: | PM1.05 |
|---|---|
| *Provide capability to support the production of information and or reports to compare current cost with previous period cost to establish a frame of reference for analyzing current cash flow.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- The information in APHP reports on information such as expenditures by period, which allows drill-down to detail such as Provider Type and/or Aid Category, and the data that may be queried in the APHP Dimensional Data Store (DDS) provide a wealth of information for program management analysis and to explore what-if scenarios.
- For example, APHP Dimensional Data Store (DDS) financial information can be used to show period-over-period expenditures by fund code and create projections under what-if scenarios.
- The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

| Requirement Number: | PM1.06 |
|---|---|
| *Provide capability to support the production of information and/or reports to compare actual expenditures with budget to determine and support control of current and projected financial position.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP reports on information such as budgeted expenditures and how they compare to actual expenditures. APHP allows drill-down to financial detail so as to see expenditures specifically by provider type, aid category and all associated fund categories. The queried data in the APHP Dimensional Data Store (DDS) provides a wealth of information for program management analysis to support an accurate view of the current and projected financial position of the IME.
- For example, APHP Dimensional Data Store (DDS) financial information can be used to show budget variance information and outliers for one-of-a-kind questions.
- The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

| Requirement Number: | PM1.07 |
|---|---|
| *Provide capability to support the production of information and or reports to analyze various areas of expenditure to determine areas of greatest cost.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/ /Plexis Quantum Choice/ Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provides extensive analytical capabilities to examine various areas of expenditure to determine ROI and areas of greatest cost and savings. This includes but is not limited to measuring the effectiveness of the HCBS waivers by cross-comparisons between HCBS, other institutions, and other in-home services.
- Because APHP contains a centralized reporting data store which houses claim expense data down to the claim line level, non-claim expense data, and expense data from systems outside of APHP, it provides a comprehensive source of expenditure data for use in financial analysis.
- The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM1.08 |
|---|---|
| *Provide capability to produce reports that provide data necessary to set and monitor rate-based reimbursement (e.g., institutional per diems and MCO capitation).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/ Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP Enterprise Reporting services will generate reports based on standard and ad hoc requests. A combination of rate history and detailed provider reports identifying who and how the rates were applied are just a couple of examples of reports that can be generated. APHP provides the insight into the data necessary to set and monitor rate-based reimbursement such as institutional or non-institutional per diems and Managed Care Organization (MCO) capitation.
- The APHP report generation tool uses configuration for filter and selection criteria and can be quickly and easily configured to accommodate reports in a format and according to a frequency that is defined by the State.

| Requirement Number: | PM1.09 |
|---|---|
| *Maintain provider, recipient, claims processing and other data to support agency management reports and analyses.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/ Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP maintains the data to support agency management reports and analyses such as information from provider, member, claims processing, financial, and reference areas.
- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to provider data, member data, claim and encounter data, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.
- Additionally, APHP will provide a number of data management artifacts and tools to equip Iowa to govern and mature their data management practices.
- APHP comes equipped with predefined reports ready to help the State analyze their Medicaid program. Additionally, the APHP report generation tool uses configuration for filter and selection criteria and can be quickly and easily configured to accommodate changes to existing reports or the creation of new reports in a format and according to a frequency that is defined by the State.

| Requirement Number: | PM1.10 |
|---|---|
| *Provide capability to support the production of information and or reports concerning: a. Service category (e.g., days, visits, units, prescriptions). b. Unduplicated claims. c. Unduplicated members. d. Unduplicated providers. e. Participation in waivers by county. f. Expenditures by service category. g. Other data elements as directed by IME. h. Age. i. Gender. j. Ethnicity. k. Premium collections, refunds and payments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP Business process functionality allows claims transactions and benefit plan administration to be comprised of units, days, timeframes and measures, is configurable, and is variable to meet any form of measures needed by management.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- APHP generates reports covering medical services details using the queried data in the APHP Dimensional Data Store (DDS) to provide a wealth of information for program management analysis. APHP provides the Department the ability to report on any data element within the MMIS including information on unduplicated claims, unduplicated members, unduplicated providers, participation in waivers by county, expenditures by service category, age, gender, ethnicity, premium collections, refunds and payments, among other data elements.

| Requirement Number: | PM1.10 |
|---|---|

- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

- The APHP reporting data store provides quick online inquiry capabilities using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM1.11 |
|---|---|

*Support online real-time summary information such as but not limited to: number and type of providers, members and services.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP Enterprise Reporting services will allow the Department access to the key data necessary for efficient and effective operation of the IME program. The APHP Operational Data Store (ODS) is a source of data that is kept current by near real-time data loads. Operational dashboards that provide a continual view into departmental operations and contextual KPIs data provide a wealth of information for program management analysis including defined summary information which includes but is not limited to number and type of providers, members and services.
- The ODS is a queried data source and using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

- APHP provides users with straightforward access to data in the ODS via a business-focused user interface as long as their security role allows. Using drag-and-drop functionality, users can gather atomic level data and create custom calculations and summarizations to meet all their data analysis needs.
- Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM1.12 |
|---|---|

*Track claims processing financial activities and provide reports on current status of payments.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP tracks claims processing financial activities and provides reports on current status of payments.

- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

- All reports are produced in the format and media and on the schedule specified by the Department and are available for access via the APHP worker portal by authorized individuals.

| Requirement Number: | PM1.12 |
|---|---|
| • APHP comes equipped with predefined reports ready to help the State analyze their Medicaid program, including status of payments and other financial activity. Additionally, the APHP report generation tool uses configuration for filter and selection criteria and can be quickly and easily configured to accommodate changes to existing reports or the creation of new reports in a format and according to a frequency that is defined by the Department. | |

| Requirement Number: | PM1.13 |
|---|---|
| *Provide capability to support the production of information and or reports on unduplicated counts, within a type of service and in total by month.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Microsoft SQL Reporting Services**<br><br>**Description of Product**<br>• APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.<br><br>• APHP can produce unduplicated counts within any grouping, including within a type of service and in total by month. Many predefined reports already include unduplicated counts to help the State analyze their Medicaid program.<br>• Additionally, the APHP online query tool allows users to build custom reports which, depending on the user's needs, could include unduplicated counts. | |

| Requirement Number: | PM1.14 |
|---|---|
| *Provide capability to support the production of information and or reports on the utilization and cost of services against benefit limitations.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**<br><br>**Description of Product**<br>• APHP Enterprise Reporting services contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.<br><br>• APHP contains pre-defined measures of cost and utilization that can be selected to see utilization and cost of services compared to benefit limitations across all benefit plans, member population groups and provider types as necessary. | |

| Requirement Number: | PM1.15 |
|---|---|
| *Assist in determining reimbursement methodologies by providing expenditure data through service codes including: a. HCPCS, previous and current versions. b. ICD, clinical modifier, previous and current versions. c. NDC, previous and current version. d. Future code sets as defined by industry standards and federal rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP contains hundreds of pre-defined, yet customizable, measures of cost and utilization that can be selected to assist in determining reimbursement methodologies by providing expenditure data through various service codes including:
  - HCPCS, current version and previous versions
  - ICD, Clinical Modification, current version and previous versions
  - NDC, current version and previous versions
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- APHP data structures and configuration components will support the implementation of future code sets as defined by industry standards in alignment with State and Federal rules.

| Requirement Number: | PM1.16 |
|---|---|
| *Provide capability to support the production of information and or reports on hospice services showing a comparison of hospice days versus inpatient days for each enrolled hospice member and for all hospice providers.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP produces a hospice report that provides detail and summary information and, at the detail level, compares hospice days versus inpatient days for each enrolled hospice member and for all hospice providers on a State-specified schedule.
- All reports are produced in the format and media and on the schedule specified by the State and will also be available for access via the APHP worker portal to authorized individuals
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Additionally, the APHP online query tool allows users to build custom reports which, depending on the user's needs, could include data regarding services provided to hospice patients and providers.

| Requirement Number: | PM1.17 |
|---|---|
| *Provide capability to support the production of information and or reports to analyze break-even point between Medicare and Medicaid payments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP produces reports to support the details of Medicare and Medicaid program expenditures which provide a break-even analysis between Medicare and Medicaid payments.
- Reports analyze the total Medicaid and Medicare expenditures for all Medicare crossover claims finalized by Medicaid and buy-in premium costs for all dually eligible Medicaid-Medicare members that were paid by Medicaid.
- All reports are produced in the format and media and on the schedule specified by the State and will also be available for access via the APHP worker portal to authorized individuals
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Additionally, the APHP online query tool allows users to build custom reports which, depending on the user's needs, could include data regarding Medicaid and Medicare payments for services provided to dually-eligible members.

| Requirement Number: | PM1.18 |
|---|---|
| *Provide capability to support the production of information and or reports to analyze cost-effectiveness of managed care programs versus FFS.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Analysis Services**

**Description of Product**

- APHP receives encounter data from managed care organizations and processes it through the claims payment component using the edits as requested by the State.
- Encounter data flows through to the reporting data store where it is available for reporting, in accordance with MSIS rules
- Our Business Process Monitoring and Business Activity Monitoring (BPM/BAM) tools deliver actionable data to the State for analysis and decision making for healthcare management and Medicaid program administration.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics
- Additionally, the APHP online query tool allows users to build custom reports which, depending on the user's needs, could include fee-for-service claim data and encounter data to be used for comparative analysis.

| Requirement Number: | PM1.19 |
|---|---|
| *Provide capability to support the production of information and or reports to track impact of Medicare drug program.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP collects data from disparate sources and combines them into an enterprise-wide reporting data store. The POS system is just one of many sources of data that used to collect and store Medicare drug program information for reporting. Member records can also contain Medicare D information, which upon receipt of information from external sources, could help the Department in better understanding the impacts of the Medicare drug program.

- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Additionally, the APHP online query tool allows users to build custom reports which, depending on the user's needs, could include drug claim data and member enrollment data to be used for comparative analysis.

| Requirement Number: | PM1.20 |
|---|---|
| *Provide capability to support the production of information and or reports on any change from baseline for any program or policy change.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Reporting Services**

**Description of Product**

- APHP uses a configurable rules engine for claims processing activities as well as for selecting and categorizing data on reports. Rules are date-driven, and rule history is maintained. This provides the ability to compare program performance over time, including but not limited to, the time that new policy changes were enacted. Baseline configurations and subsequent reporting capabilities to define reports that track changes to baseline using current configurations as a comparison will be supported by the Enterprise Reporting services component.

  The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM2.01 |
|---|---|
| *Provide capability to support the production of information and or reports to review errors in claim and payment processing to determine areas for increased claims processing knowledge transfer and provider billing knowledge transfer.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.

- APHP will provide operational and performance related dashboards that will support the provider outreach staff in identifying areas for improvement across each business office area.
- This includes the ability to review claims and payment processing for potential billing errors and areas for additional training and outreach.

| Requirement Number: | PM2.02 |
|---|---|
| *Provide claim processing and payment information by service category or provider type to analyze timely processing of provider claims according to requirements (standards) contained at 42 CFR 447.45.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.

- APHP will utilize Enterprise Reporting services to provide detailed reporting to support the analysis of the timeliness of provider claims processing by categories such as provider type and service category according to the standards from 42 CFR 447.45.
- Reports will be generated by the reporting component, Microsoft SSRS, and published to the APHP worker portal for review by authorized individuals.

  The APHP reporting data store provides quick online inquiry capabilities Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM2.03 |
|---|---|
| *Provide capability to support the production of information and or reports to monitor third party avoidance and collections per state plan.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to TPL data, claim and encounter data, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated.
- APHP Enterprise Reporting services will provide information supporting third party payments which combines claim payment information with an analysis of Third Party Liability (TPL) payments reported on the claim. Data is presented for each provider. State staff can use this report to monitor provider participation in reporting TPL payments.
- All reports are produced in the format and media and on the schedule specified by the State and are available to authorized individuals via the APHP worker portal.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

| Requirement Number: | PM2.04 |
|---|---|
| *Retain all information necessary to support state and federal initiative reporting requirements.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to claim and encounter data, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated.
- APHP contains a centralized reporting data store which maintains all data required to support State and Federal initiative reporting, and includes the tools and reporting functions to provide immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

| Requirement Number: | PM2.05 |
|---|---|
| *Provide access to information such as, but not limited to, paid amounts, outstanding amounts and adjustment amounts to be used for an analysis of timely reimbursement.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.
- The APHP Dimensional Data Store (DDS) supports analytical queries and can provide information on paid amounts, outstanding amounts and adjustment amounts along with other reimbursement information. Reports can be set to trigger alerts which are set within the claims processing and payment business rules configuration such that if timely processing does not occur, appropriate individuals can be notified via email or other method.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

  The APHP reporting data store provides quick online inquiry capabilities Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM2.06 |
|---|---|
| *Display and maintain information on claims at any status or location such as, but not limited to, claims backlog, key entry backlog, pend file status and other performance items.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Reporting Services**

**Description of Product**

- Through the Operations Dashboard, APHP provides ready access to key performance indicators consistent with the standard time dimension (daily, weekly, monthly, or as otherwise stated).
- We will report all metrics and performance to standards according to the reporting requirements including claims status and backlog totals, pend file resolution and other performance items associated with claims processing and update the performance portal with an integrated view of the data.
- The dashboard allows drill-down from high-level total claims per location to more detailed counts of edits by location, suspense by provider type, etc. The normal operational reports will also provide the standard claim processing statistics. Dashboard features include:
  - At-a-glance status of critical operations metrics
  - Extensive drill-down capability for quick cause analysis
  - Built on the APHP Central Reporting structure so that all operational data is available
  - Configurable metrics and limits are displayed to meet specific Department needs

| Requirement Number: | PM2.07 |
|---|---|
| *Identify payments by type such as, but not limited to, abortions and sterilizations.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.
- By using the standard code sets, APHP is capable of identifying payments by type, such as abortions or sterilizations, as requested by the Department. APHP will implement all new and existing code sets per State requirements.

| Requirement Number: | PM2.08 |
|---|---|
| *Provide capability to support the production of information and or reports to third party payment profiles to determine where program cost reductions might be achieved.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- APHP will support the use of detailed benefit plan information (services covered, limits and member financial responsibilities) from other insurers such that better overall benefit plan management can be achieved for the member all the while letting the Department perform as cost effectively as possible.
- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to TPL data, claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.
- Authorized users have online access to data in the APHP reporting data store, including TPL data, to analyze TPL in such a way as to identify potential savings to Iowa Medicaid.

| Requirement Number: | PM2.09 |
|---|---|
| *Maintain information on per diem rates, DRG, Resource Utilization Groups (RUG) and other prospective payment methodologies according to the state plan and monitor accumulated liability for deficit payments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP leverages a commercial claims processing component that supports the use of and maintains information on prospective payment methodologies including but not limited to per diem rates, DRGs, and RUGs.
- The financial transaction management component feeds information to the Enterprise Reporting service which assists with the ability to monitor accumulated liability for payments not reflective of the designated payment methodology.
- APHP worker portal promotes real time views of all payment methodologies currently or previously in use by IME programs to authorized individuals.

| Requirement Number: | PM2.10 |
|---|---|
| *Automatically alerts administration when significant change occurs in daily, weekly or other time period payments.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Business rules that are configured in the automated workflow and process engine drive the capability to send alerts that are tied to actions that result from business processes.
- Using configuration, APHP can systematically send alerts to the Department, a specific business area, the provider, or others as defined by the Department when key events such as but not limited to changes in daily, weekly, or other periodic payments exceed a defined threshold. Alerts can be received as communication alerts, texts, mobile alerts, emails, etc.
- System triggers based on transactional queues or automated workflow processes drive what communication protocol is used and to send the alerts.

| Requirement Number: | PM3.01 |
|---|---|
| *Provide capability to support the production of information and or reports to review provider performance to determine the adequacy and extent of participation and service delivery.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to provider data, claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.
- APHP produces standard provider reports, including enrollment by provider type and geography. Additionally,

| Requirement Number: | PM3.01 |
|---|---|

users can use the business-focused query interface to create their own reports by dragging and dropping data elements to create their own custom provider reports.

- Accenture will leverage the APHP Framework to assist the state in determining how to best review provider performance and adequacy levels on a schedule defined by the Department.

| Requirement Number: | PM3.02 |
|---|---|

*Provide capability to support the production of information and or reports to review provider participation and analyze provider service capacity in terms of member access to health care.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to provider data, claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.
- APHP produces standard provider reports, including member enrollment by provider type and geography. Additionally, users can apply the business-focused query interface to create their own reports by dragging and dropping data elements to create their own custom provider reports.
- Natively this is done at the entry level of a new provider, where specific office hours, days of the week and multiple office locations are captured and made available for member's to view via the APHP portal.
- Additionally, geo mapping is provided to assist members in finding provider offices that are centrally located to the member's home address. The APHP portal will also support secure messaging between a member and his/her provider such that members can ask non-emergency health related questions of their providers.
- Accenture will leverage the APHP Framework to assist the state in determining how to best review provider service capacity and support member access to health care services.

| Requirement Number: | PM3.03 |
|---|---|

*Provide capability to support the production of information and or reports to analyze timing of claims filing by provider to ensure good fiscal controls and statistical data.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP generates reports which display claims filing information on a per provider basis within the user selected prompt criteria. Analysis of this data within a logical grouping, such as pediatric physicians, allows users to review a provider's trends in claim filing compared to their peers within the same grouping.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

  The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users

| Requirement Number: | PM3.03 |
|---|---|

can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

| Requirement Number: | PM3.04 |
|---|---|

*Provide access to information for each provider on payments to monitor trends in accounts payable such as, but not limited to, showing increases and decreases and cumulative year-to-date figures after each claims processing cycle.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services/Microsoft SQL Server Integration Services**

**Description of Product**

- APHP provides flexible trending functions which allow users to see movement in the selected facts. For example, trends in accounts payable can be calculated as cumulative year-to-date figures after each claims processing cycle.
- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to provider data, claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

| Requirement Number: | PM3.05 |
|---|---|

*Produce information on liens and providers with credit balances or AR balances including periodic and accumulative payment amounts used to offset total lien amount*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services/K2 blackpearl**

**Description of Product**

- APHP leverages the Enterprise reporting capabilities to define business rules that drive report distribution upon key indicators related to providers, members, and claim activity.
- Within APHP's financial processing module, data related to provider financial status, credit balances and liens is updated and stored. This data is passed to the APHP reporting data store and is made available for reporting or ad hoc query access.
- APHP has standard reports on accounts receivables, including activity details and balances which are available via the APHP worker portal to authorized individuals.

| Requirement Number: | PM3.05 |
|---|---|
| • Automated work flow can be configured to identify credit balance holders as well. Enterprise reporting services will invoke a service to create and publish a report that accurately reflects providers with credit balances. | |

| Requirement Number: | PM3.06 |
|---|---|
| *Provide capability to support the production of information and or reports to produce provider participation analyses and summaries by different select criteria such as, but not limited to: a. Payments. b. Services. c. Types of services. d. Member eligibility categories.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- The Provider Participation Analysis and Averages report displays summarized and detail provider group participation counts. Users may review enrollment counts, participation percentages, paid amounts, services, and similar data within the available for types of services and member groups.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.
- The APHP reporting data store provides quick online inquiry capabilities Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM3.07 |
|---|---|
| *Provide capability to support the production of information and or reports to assist auditors in reviewing provider costs and establishing a basis for cost settlements.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- The Cost Settlement report provides information on fee-for-service, encounter, Medicare, and commercial insurance transactions to assist auditors in handling settlement issues with providers.
- APHP accepts and stores provider cost settlement information in a centralized reporting data store. The APHP inherent tools and reporting functions, along with the cost reporting data, are used to determine the Medicaid Cost Settlement based on requirements identified by the Department.
- The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM3.08 |
|---|---|

*Provide capability to support the production of information and or reports to monitor individual provider payments.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- Through the Operations Dashboard APHP provides ready access to key performance indicators consistent with standard time dimensions (daily, weekly, monthly, or as otherwise stated).
- We will report all metrics and performance to standards according to the reporting requirements of the RFP and update the performance portal with an integrated view of the data. Dashboard features include:
  - At-a-glance status of critical operations metrics
  - Extensive drill-down capability for quick cause analysis
  - Built on the APHP Central Reporting structure so that all operational data is available
  - Configurable metrics and limits are displayed to meet specific State needs
  - History and trends available at the click of a button
- APHP reports also provide drill down from high-level total claims per location to more detail information such as individual provider payments and are available for access via the APHP worker portal to authorized individuals.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

| Requirement Number: | PM4.01 |
|---|---|

*Provide capability to support the production of information and or reports to review the utilization of services by various member categories to determine the extent of participation and related cost.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to member data, claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.
- APHP produces standard utilization reports, including utilization by benefit category, age, and other member categories. Drill-down/up capabilities allow the State to spot trends and issues with serving Medicaid constituents and to foresee accessibility concerns. Users can print, email, or save the results in a number of different user-selected formats.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is

| Requirement Number: | PM4.01 |
|---|---|
| structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly. | |

| Requirement Number: | PM4.02 |
|---|---|
| *Provide capability to support the production of information and or reports to analyze progress in accreting eligible Medicare buy-in members.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- APHP provides reporting on Medicare buy-in member trends by accessing drill-down data details from the MMIS accessed by ad hoc queries. Report information helps the Department to track progression in the counts of Medicare buy-in members.
- APHP provides access to member data, claim and encounter data, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

| Requirement Number: | PM4.03 |
|---|---|
| *Provide capability to support the production of information and or reports to analyze data on individual drug usage.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- Our intellectual capital includes a well-established Health Informatics Department which is committed to accuracy, effective analysis, management, and providing useful information that enables decision-making. This department is staffed by pharmacists, biostatisticians, and healthcare analysts who serve as a bridge connecting IT to the rest of our business areas, including clinical management.
- Analysis is done at various levels from the broad drug class, all the way down to an individual drug and NDC. The Department will have access to the resources of this department and our Enterprise Reporting Group for outcome analyses, drug trend forecasting and analysis, strategic planning, and ad hoc reporting requests.
- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to claim and encounter data including drug information, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.

| Requirement Number: | PM4.03 |
|---|---|

The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM4.04 |
|---|---|

*Provide capability to support the production of information and or reports for geographic analysis of expenditures and member participation.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting solution provides a report with geographic analysis of expenditures and participation by member groups per State-defined geographic areas.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

  The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM4.05 |
|---|---|

*Provide capability to support the production of information and or reports on member data (including LTC, EPSDT and insurance information) for designated time periods.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- APHP member management capabilities are supported by the COTS claims processing component. All member records are date driven and reflect the particular benefit plans in which program eligibility is assigned. HCBS, LTC and EPSDT are all services areas in which benefit plans are defined based on IME business rules for utilization, covered services, plan limits and member responsibilities.
- The member management component supports a comprehensive list of member data at both the individual level as well as at the family level.
- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to member data, claim and encounter data including drug information, claim

| Requirement Number: | PM4.05 |
|---|---|

processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.

- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM4.06 |
|---|---|

*Provide capability to support the production of information and or reports summarizing expenditures, based on type of federal expenditure and the eligibility and program of the member.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Analysis Services**

**Description of Product**

- APHP provides reports with expenditure information grouped by State-specified categories such as Federal categories, eligibility assignments and member benefit plans supporting IME programs.
- The APHP reporting tools include a configurable rules engine that can be used to quickly and accurately implement rule changes for assigning expenditures to these categories.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

| Requirement Number: | PM4.07 |
|---|---|

*Provide capability to support the production of information and or reports on eligibility and member counts and trends by selected data elements such as, but not limited to, aid category, type of service, age and county.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Plexis Quantum Choice/Microsoft SQL Server Integration Services**

**Description of Product**

- APHP member management capabilities are supported by the COTS claims processing component. All member records reflect the particular data elements related to the member's specific program eligibility for a specific period of time, including but not limited to aid category, age, and geography.
- The member management component supports a comprehensive list of member data at both the individual level as well as at the family level.

| Requirement Number: | PM4.07 |
|---|---|

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. This includes but is not limited to member data, claim and encounter data including drug information, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.

- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

- The APHP reporting data store provides quick online inquiry capabilities. Microsoft Report Builder, a robust COTS application, provides users with straightforward access to data via a business-focused user interface as long as their security role allows. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM4.08 |
|---|---|

*Provide capability to support the production of information and or reports for member enrollment and participation analysis and summary, showing utilization rates, payments and number of members by eligibility category.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- APHP provides robust reporting on Medicaid member data, including enrollment, participation, utilization, and costs associated with payments for member services tracked by eligibility category. The Department can use these reports along with the robust APHP ad hoc query tools and capabilities to track and trend member information according to their needs.

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to member data, claim and encounter data including drug information, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.

- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

- The APHP reporting data store provides quick online inquiry capabilities. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM4.09 |
|---|---|
| *Provide the ability to request information online and to properly categorize services based on benefit plan structure.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP leverages a commercial claims processing system that segments service offerings based on benefit structures that define services covered, limits assigned to services, member responsibilities tied to receiving services and the identification of services within a plan that requires prior authorization.
- APHP allows for online information requests and configuration of the actual benefit plan structures themselves. Standard pre-packaged benefit plan templates assist in configuration of IME benefits for medical services such as lab, professional services, DME, family planning, surgery and many more.

  The APHP reporting data store provides quick online inquiry capabilities Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM4.10 |
|---|---|
| *Provide capability to support the production of information and or reports on dual eligible's pre and post Medicare Part D implementation.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting solution includes data related to dual eligibles prior to and post implementation of Medicare Part D and can assist the Department in evaluating the impact of Medicare Part D on the Iowa Medicaid program.

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- This includes but is not limited to member data, claim and encounter data including drug information, claim processing error codes, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed.

- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

- The APHP reporting data store is structured to support business functions and capabilities directly related to the MITA framework and applies retroactive and current changes to tables correctly.

  The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM5.01 |
|---|---|
| *Support report balancing and verification procedures.* | |

- This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP balances information across selected reports and verifies results. Procedures are in place to identify out of balance situations, escalate to the appropriate Department or IME contractor personnel, and make related updates.
- All reports are produced in the format and media and on the schedule specified by the State and are available via the APHP worker portal to authorized individuals.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

| Requirement Number: | PM5.02 |
|---|---|
| *Maintain a comprehensive list of standard program management reports and their intended use (business area supported).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP keeps a comprehensive list of standard reports, including program management reports, and the business areas each supports. The list is available to the Department and its designated representatives.
- All reports are produced in the format and media and on the schedule specified by the State and are available via the APHP worker portal to authorized individuals.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.

| Requirement Number: | PM5.03 |
|---|---|
| *Provide reports or access to reports for users designated by the IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Access to APHP reports is available via APHP worker portal. The security framework uses security roles that are created to allow and restrict access to reports, data, and functions within the APHP application.
-

| Requirement Number: | PM5.03 |
|---|---|
| • APHP staff will meet with the Department to define the security roles and associated lists of users for each role. Based on this security set up, only authorized users will be granted access to each report. These security roles are maintained in the system at all times. | |

| Requirement Number: | PM5.04 |
|---|---|
| *Maintain online access to at least four (4) years of selected management reports and five (5) years of annual reports.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Reporting Services**

**Description of Product**

- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- APHP retains reports for immediate access within the timeframes specified by the Department and all reports are published via the APHP worker portal and/or produced in the format and media and on the schedule specified by the Department.

| Requirement Number: | PM5.05 |
|---|---|
| *Meet state defined time frames and priorities for processing user requests.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP is a real time solution for MMIS activity and overall Medicaid program administration. APHP will meet all State-defined timeframes and priorities for responding to user requests in regards to system access, data and user security changes/additions and other MMIS system requests per defined scope of the contract.

| Requirement Number: | PM5.SS.01 |
|---|---|
| *Provide the capability to store and retrieve all reports per IME requirements.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting solution brings various capabilities for generating, storing, and retrieving reports and data files. Predefined reports or data files are provided to users in multiple ways. First, their generation can be triggered when some predefined criteria is met.
- This includes examples such as reaching a particular point in time, achieving a predefined data condition, on demand by user request, or completing an activity that is defined as a predecessor to the generation (such as completion of the financial cycle).
- When report generation is complete, the report can be stored and retrieved according to IME requirements in one

| Requirement Number: | PM5.SS.01 |
|---|---|

of the following ways:
- Direct delivery to one or more individuals (email, text, etc.)
- to a report repository of the Department's choice with online user access
- to a web-based repository which can be accessed by users via the APHP worker portal
- via secure file transfer

- Second, users have the ability to generate custom reports using the APHP ad hoc capabilities. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

- Reports can be exported to the user's desktop or other available storage location in various formats according to the user's desire. This includes but is not limited to Excel, Access, text, and comma separated files. (However, for some exceedingly large reports, this may not be practical.)

| Requirement Number: | PM5.SS.02 |
|---|---|

*Provide users easy and quick access to MMIS produced reports from their workstations, including, but not limited to: a. Query all MMIS reports. b. View all MMIS reports online. c. Export data and reports to desktop packages such as Excel, Word, ACCESS, text files and other software packages available on the State Local Area Network (LAN) and or the Wide Area Network (WAN). d. View online documentation, including dictionary of data and data fields for each report. e. Ability to print the report or selected portions of the report.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP reporting solution brings various capabilities for generating, storing, and retrieving reports and data files. Predefined reports or data files are provided to users in multiple ways. First, their generation can be triggered when some predefined criteria is met.
- This includes examples such as reaching a particular point in time, achieving a predefined data condition, on demand by user request, or completing an activity that is defined as a predecessor to the generation (such as completion of the financial cycle). When report generation is complete, the report can be stored and retrieved according to IME requirements in one of the following ways:
  - Direct delivery to one or more individuals (email, text, etc.)
  - to a report repository of the Department's choice with online user access
  - to a web-based repository which can be accessed by users via the worker portal
  - via secure file transfer
- Second, users have the ability to generate custom reports using the APHP ad hoc capabilities. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

- Reports can be exported to the user's desktop or other available storage location in various formats according to the user's desire. This includes but is not limited to Excel, Access, text, and comma separated files. (However, for some exceedingly large reports, this may not be practical.)

- APHP comes equipped with online report documentation including a data dictionary which lists all data fields used on the report along with business definitions and calculations.

- Reports can be printed using the inherent reporting capabilities of the internet browser being used. This allows users to print all or only selected portions of a report.

| Requirement Number: | PM5.SS.03 |
|---|---|
| *Provide the capability to archive all MMIS production reports for permanent storage in electronic media approved by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP archives all production reports for a period defined by the Department in a media approved by the Department.
- All reports are produced in the format and media and on the schedule specified by the State.

| Requirement Number: | PM5.SS.04 |
|---|---|
| *Provide the capability to run any report at any time.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The flexibility and robust capabilities of the APHP reporting solution make it possible for authorized users to run any report at any time.

| Requirement Number: | PM5.SS.05 |
|---|---|
| *Maintain the uniformity and comparability of data through reports including reconciliation between comparable reports and reconciliation of all financial reports with claims processing reports.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- Data is captured from the different MMIS source systems and transported to the APHP reporting data store for reporting and ad hoc query access.
- To support reporting needs, targeted data is accumulated into a "cube" which will support specific reporting calculations. By creating cubes and leaving the source data intact, it is always possible to reconcile back to the source and to comparable reports which use the same source data.
- APHP strictly adheres to good accounting principles including balancing activities from the transactional systems to the data store and its downstream reports.

| Requirement Number: | PM5.SS.06 |
|---|---|
| *Provide capability to support the production of information and or reports for county billings, on a monthly basis, identify paid claims for ICF/MR, Intellectual Disability (ID) and Brain Injury (BI) waivers and other services based on a report with details of the transactions and the client's "county of legal settlement" (which may differ from their "county of residence") and a billing for each county that lists each client and their related charges.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
  This includes but is not limited to claim and encounter data, claim and encounter adjustment data, benefit plan and services data such as ICF/MR, ID and BI Waiver information, provider data, member data, member county of residence, member county of legal settlement, diagnosis/condition data, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, accounts receivable, TPL, CHIP, etc..
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- The APHP reporting data store provides quick online inquiry capabilities. Using drag-and-drop functionality, users can gather data and create custom calculations to meet all their data analysis needs. Users can save their query and resulting report locally for access in the future, publish their report to selected other users, or publish their report to the global report repository for access by all authorized users.

| Requirement Number: | PM5.SS.07 |
|---|---|
| *Provide capability to report on the timely delivery of all scheduled reports.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP's reporting capability includes a configurable scheduler which is used to trigger the production of scheduled reports. When a report completes successfully, and entry is made recording the time the report was delivered. If a report does not complete successfully for any reason, it is restarted, and the delivery time of the successful run is tracked.

| Requirement Number: | PM5.SS.08 |
|---|---|
| *Process and maintain inputs and outputs including, but not limited to the following: Inputs: a. IME policy and rules. b. Budget information. Outputs: a. The financial, statistical and summary reports required by the state in managing the Iowa Medical Assistance Programs.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP captures, stores, and maintains inputs from multiple sources. Inputs include but are not limited to IME policies, IME rules for processing claims, IME rules for defining reporting categories, and budget information. APHP produces outputs of all types, including data files, reports, and correspondence.
- Some of the outputs that help Iowa manage their Medical Assistance Program are reports that group and summarize financial and statistical data into categories that are defined by the Department.

## 9.1.10 Federal Reporting (FR)

### *9.1.10.1 Introduction to the APHP Federal Reporting Function*

Accenture's component for Enterprise Reporting and Analytics provides a full range of tools and services to help workers create use and manage reports. All information generated or contained within the MMIS is available for use in report creation through the APHP Enterprise Reporting and Analytics component. APHP collects data from disparate sources and combines them into an enterprise-wide reporting data store. APHP maintains all the data sets required by CMS for MSIS reporting in a centralized reporting data store that houses claim data down to the claim line level.

APHP produces all federal reports including but not limited to the following:

- MSIS data file
- CMS-37 Medicaid Program Budget Report,
- CMS-64 Quarterly Expense Report
- CMS-21, 21B Quarterly State Children's Health Insurance Program (SCHIP) statement
- CHIP Statistical Enrollment Report
- CMS 372 HCBS Waiver Report
- SF269 Federal Financial Status Report
- CMS 416 (EPSDT Participation Report)
- Money Follows the Person Report

### Features

- The APHP data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data.
- Available to access through the APHP Worker Portal, the Enterprise Reporting and Analytics component is a services-based reporting application that provides comprehensive reporting functionality across all MMIS program areas using the APHP Operational Data Store (ODS) and the APHP Dimensional Data Store (DDS).
- The Enterprise Reporting and Analytics component enables the Department and IME contractors to create standard Federal, State and personalized ad hoc reports over a web-based connection and delivers results that are viewable on smart phones or simply sent to an email account.
- APHP provides the ability for workers to filter data and apply preferred selection criteria that can be quickly and easily configured to accommodate change in report frequency, reporting periods, and how data is displayed in the report.

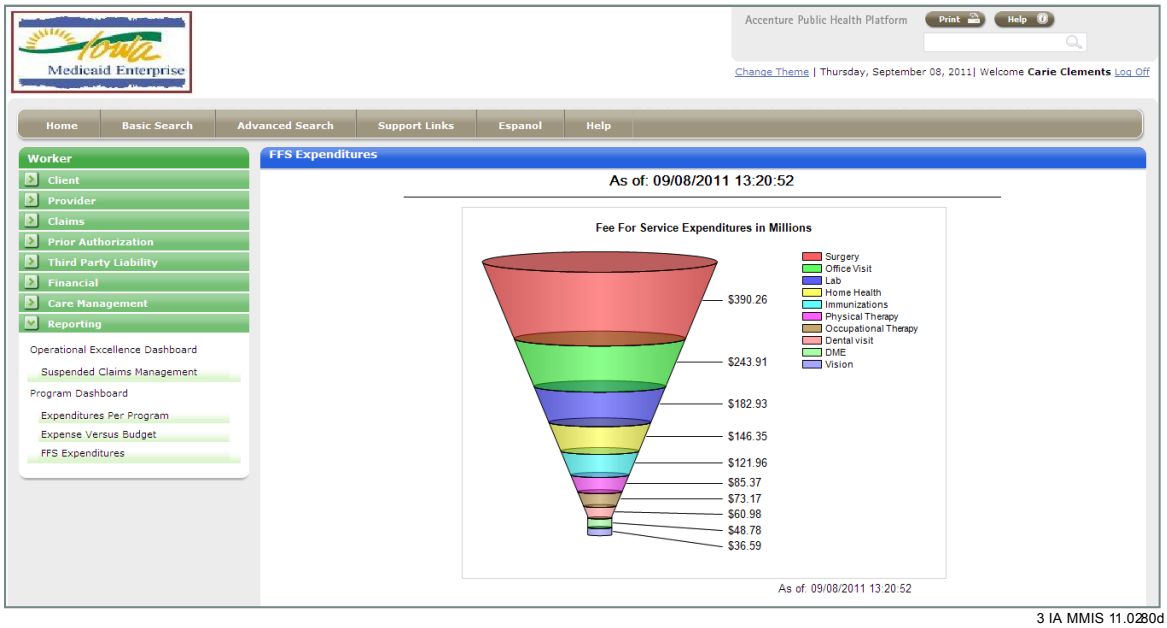



*Figure 9 - 15. The Enterprise Reporting and Analytics component enables workers to create Federal reports*

### 9.1.10.2 System Requirements and Responses

| Requirement Number: | FR1.01 |
|---|---|
| *Maintain data sets for Medical Statistical Information System (MSIS) reporting as required.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Analysis Services/Plexis Quantum Data Services**

**Description of Product**

- APHP maintains all the data sets required by CMS for MSIS reporting. Specifically:
  - Inpatient hospital claims
  - Long term care claims
  - Other, non-institutional claims
  - Prescription drug claims
  - Eligibles
- APHP contains a centralized reporting data store that houses claim data down to the claim line level. Each paid claim record is processed through a configurable rules engine that assigns a MSIS category of inpatient, long term care, other non-institutional, or prescription drug to the claim header or claim line as specified in the MSIS Data Dictionary rules. A quarterly job generates the four MSIS claims files and the eligibility file in the CMS defined format. All MSIS files are delivered to CMS using a secure Electronic File Transfer (EFT) process.

| Requirement Number: | FR1.02 |
|---|---|
| *Merge into MSIS data from outside sources if required: a. Capitation payment records from enrollment process. b. Eligibility characteristic data from eligibility intake-process. c. Medicaid services processed by non-MMIS state departments, such as mental health services. d. Utilization based on managed care encounters.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Plexis Quantum Choice/Plexis Quantum Data Services**

**Description of Product**

APHP accepts eligibility and claim-like data from sources outside of the MMIS and combines them with MMIS data for consolidated reporting functions. Examples of outside data may be:

- Intake eligibility information
- Managed care capitation payment data from the enrollment process
- Managed care encounter data including utilization information
- Mental/behavioral health claims processed by non-MMIS State systems
- Other claim data processed by non-MMIS State systems

- APHP EDI component allows secure data exchange between the MMIS and State –approved external entities. This approach consolidates disparate data and provides a comprehensive view into Medicaid and other healthcare programs.

| Requirement Number: | FR1.03 |
|---|---|
| *Provide and maintain MSIS data for the following adjudicated claims: a. Inpatient hospital. b. Long term institutional care. c. Prescription drugs. d. Other, not included in the above categories.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/ Microsoft SQL Server/Microsoft SQL Server Integration Services/ Microsoft SQL Server Analysis Services/Plexis Quantum Data Services**

**Description of Product**

- APHP maintains a comprehensive set of claims data that are used to support MSIS reporting. Specifically, the APHP reporting data store includes inpatient hospital claims, long term care claims, other non-institutional claims, and prescription drug claims. The APHP reporting data store also includes claims paid outside the APHP claims processing system as required by the State. Claim updates are captured and passed to the reporting data store so that the most up-to-date view of the claim is captured in the MSIS file.

- APHP collects data from disparate sources and combines them into an enterprise-wide reporting data store. This centralized reporting data store provides a holistic view of services provided to Medicaid clients through the use of claim data. Each paid claim record, regardless of the source system, is processed through a configurable rules engine that assigns a MSIS category of inpatient, long term care, other non-institutional, or prescription drug to the claim header or claim line as specified in the MSIS Data Dictionary rules. Financial transactions, adjustments, or other updates to claim data are applied according to business rules so that the APHP MSIS file captures the corrections in the applicable reporting period.

| Requirement Number: | FR1.04 |
|---|---|
| *Provide and maintain encounter data in appropriate claim(s) file.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server/Microsoft SQL Server Integration Services/ Microsoft SQL Server Analysis Services/Plexis Quantum Data Services**

**Description of Product**

- APHP receives encounter data from state managed care contractors and organizations and processes it through the claims payment component using the edits as requested by the State. Encounter data flows through to the reporting data store where it is available for reporting, in accordance with MSIS rules.
- Managed care contractors are just one of many sources from which data is collected and stored in the APHP reporting data store. Combining encounters with claim data helps equip the APHP reporting data store to deliver a comprehensive view of Medicaid utilization. As is the case with claims, encounters are passed through a rules engine that is configured according to the MSIS Data Dictionary to derive a MSIS reporting category. Adjustments, financial transactions, and other updates are applied to encounters according to business rules so that the APHP MSIS file captures the encounter corrections in the applicable reporting period.

| Requirement Number: | FR1.05 |
|---|---|
| *Follow the eligibility reporting guidelines of the MSIS tape specifications and data dictionary documents from CMS.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services/ Microsoft SQL Server Analysis Services/Plexis Quantum Data Services**

**Description of Product**

- APHP produces quarterly MSIS eligibility files that follow all CMS MSIS reporting guidelines per the MSIS File Specifications and Data Dictionary (formerly the MSIS Tape Specifications and Data Dictionary).

- After the end of each quarter, a configurable scheduler systematically initiates the MSIS file generation. The MSIS files are then encrypted with Secure Zip and submitted to CMS via electronic file transfer (EFT) in the required standard format as outlined in the MSIS File Specifications and Data Dictionary. APHP applies appropriate configuration of the CMS eligibility rules such that the MMIS is kept up to date with the most current CMS specifications. Similarly, APHP utilizes a configurable EDI tool to generate the file format. Through the use of this tool, the format can be quickly modified to conform to CMS rules and specifications.

| Requirement Number: | FR1.06 |
|---|---|
| *Meet MSIS reporting timeliness, providing MSIS tapes for submission in accordance with the tape delivery schedules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- The MSIS files are submitted after the end of each quarter according to federal guidelines.
- After the end of each quarter, a configurable scheduler systematically initiates the MSIS file generation. The MSIS files are then encrypted with Secure Zip and submitted to CMS via electronic file transfer (EFT) in the required standard format as outlined in the MSIS File Specifications and Data Dictionary. Through the use of a configurable scheduler, the delivery of the MSIS files can be quickly modified to conform to CMS schedule changes.

| Requirement Number: | FR1.SS.01 |
|---|---|
| *Provide data to support the production of SF269 Federal Financial Status Report.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Analysis Services/Plexis Quantum Data Services**

**Description of Product**

- APHP maintains all the data needed by the State for producing the CMS SF269 Federal Financial Status Report. Specifically:
  - Total expenditures with respect to time
  - Federal share with respect to time
  - Cost share with respect to time
- APHP collects data from disparate sources and combines them into an enterprise-wide reporting data store. If requested by the State, APHP may include in the data store detailed information related to the State's Cooperative Agreement with CMS, including data such as the Cooperative Agreement number, award dates and amounts, reporting schedule, reporting format, etc.
- A configurable rules engine is used to calculate the expenditures that qualify to be included in the Financial Status Report. By using a configurable rules engine, the qualifications can be quickly modified to keep current with the
- A configurable scheduler initiates the process of pulling data from the APHP data store to support the production of the SF269 report to CMS according to the agreed upon timelines.
- APHP produces interfaces using a configurable tool. This tool generates data files in specified formats that can quickly and easily be modified to meet the State's formatting needs.

| Requirement Number: | FR1.SS.02 |
|---|---|

*Support Payment Error Rate Measurement (PERM) processing in compliance with CMS quarterly claims sample frequency requirements as directed by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/ Microsoft SQL Server Reporting Services/Plexis Quantum Data Services**

**Description of Product**

- The APHP data store is a comprehensive source of Medicaid-centric data. Data is collected from various sources, both internal and external to APHP, and transformed in a way that relates data from different sources. This centralized reporting data store provides a holistic view of claim payments.
- A configurable scheduler initiates the process to pull a claims listing to be supplied to the PERM contractor. The list will include fee for service claims as well as managed care encounters selected from the APHP reporting data store.
- The APHP interface generation tool uses configuration for filter and selection criteria and can be quickly and easily configured to accommodate change in frequency, reporting periods, and data elements to be used in selecting and filtering the claims data to be included in the interface.
- The PERM contractor provides a list of their selections to APHP via an interface that is formatted according the State requirements. APHP systematically utilizes that list as an input into the process that selects associated claim details and delivers them to the PERM contractor via an output interface file.
- APHP produces interfaces using a configurable EDI tool. This tool generates data files in specified formats that can quickly and easily be modified to meet the State's formatting needs. All files are delivered in a format and media requested by the State.

| Requirement Number: | FR2.01 |
|---|---|

*Produce the CMS-416 report in accordance with CMS requirements. The report must include: a. The number of children provided child health screening services. b. The number of children referred for corrective treatment. c. The number of children receiving dental services. d. The state's results in attaining goals set for the state under section 1905(r) of the Act provided according to a state's screening periodicity schedule.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP compares the State's periodicity schedule to Medicaid eligibility and enrollment data in conjunction with claim and encounter data to produce reporting of health screening utilization statistics, corrective treatment referral statistics, and dental service utilization statistics by age group.
- Health screening services include those identified by CMS and any others the State may require, including but not limited to comprehensive health and developmental history, comprehensive unclothed physical exam, appropriate immunizations, laboratory tests, lead toxicity screening, health education, vision services, dental services, and hearing services.
- The APHP data store is a comprehensive source of Medicaid-centric data. Data is collected from various sources, both internal and external to APHP, and transformed in a way that relates data from different sources. Upon identification of eligibility for EPSDT services, utilization rules will be applied to identified member claims and encounter data to determine actual utilization of services available under the EPSDT program. Using the robust COTS reporting tools inherent to the APHP solution, utilization statistics will be compared to the State's periodicity schedule, and the results will be captured in the EPSDT Participation report, thereby demonstrating the effectiveness of the State's EPSDT program.

| Requirement Number: | FR2.01 |
|---|---|

- The final CMS-416 report is submitted to CMS in the format and media required by CMS.

| Requirement Number: | FR3.01 |
|---|---|

*Produce the CMS-372 and CMS-372S annual reports on HCBS, Reports for any HCBS waivers that exist in accordance with CMS requirements.*

This requirement is met using COTS products.

**COTS Product Name: APHP/ Microsoft SQL Server/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP produces both the long and short forms of the CMS-372 Home and Community Based Services (HCBS) waiver reports in either lag or initial form.
- The CMS-372 shows all CMS-required information including the costs, services, level of care, number of members served, and variance from plan on each Section 1902 waiver.
- The APHP data store is a comprehensive source of Medicaid-centric data. Data is collected from various sources, both internal and external to APHP, and transformed in a way that relates data from different sources.
- The CMS-372 and 372S reports are submitted to CMS in the format and media required by CMS.

| Requirement Number: | FR4.01, FR4.01.01, FR4.01.02, FR4.01.03 |
|---|---|

*Provide data to support the production of CMS-37 and CMS-64 quarterly estimates and expenditure reports.*

*Report drug rebate collections on the CMS-64 and CMS-21, as applicable.*

*Report the top ten manufacturers with outstanding drug rebate invoices on quarterly CMS-64 data.*

*Produce CMS-64 variance and CMS-21 variance reports, as specified by IME, for the current and three prior quarters. The variance reports must be made available within time frames and formats required by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. This includes but is not limited to claim and encounter data, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store is the source for producing all federal reports including but not limited to the following:

o CMS-37 Medicaid Program Budget Report, which includes estimated expenses by type of service and estimated number of eligibles by category, and estimated administration costs

o CMS-64 Quarterly Expense Report -- including variance reporting

o CMS-21 Quarterly State Children's Health Insurance Program (SCHIP) statement of expenditures for Title XXI, including actual expenditures and adjustments

| Requirement Number: | FR4.01, FR4.01.01, FR4.01.02, FR4.01.03 |
|---|---|

- Because data from various source systems is housed in a common data model, reports such as the CMS-37, CMS-64, and CMS-21 can readily access data from multiple source systems in a single location providing for timely and efficient production of the reports.
- Federal reports, including the CMS-21, CMS-37, and CMS-64, are submitted to CMS in the format and media required by CMS.
- The APHP report generation tool uses configuration for filter and selection criteria and can be quickly and easily configured to accommodate change in report frequency, reporting periods, and data elements to be used in selecting and filtering the data to be included in the report.
- The APHP report generation tool contains robust capabilities that collect data from the APHP reporting data store then aggregate and format it to meet federal reporting needs. The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop. APHP also has the capabilities to produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.
- APHP's configurable scheduler is set up to produce the CMS-21, CMS-37, and CMS-64 in accordance with CMS timelines. Should those timelines change, the scheduler can be quickly configured to accommodate the new schedule.

| Requirement Number: | FR4.SS.01 |
|---|---|

*Provide the ability to support on-demand and scheduled generation of information for the CMS-21 report – Quarterly State Children's Health Insurance Program (SCHIP) statement of expenditures for Title XXI and supporting data required by CMS, within time frames and formats required by IME, including the CMS-21B and the CHIP Statistical Enrollment Report.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. This includes but is not limited to CHIP claim and encounter data, CHIP non-claim expenditures and credits, CHIP pharmacy claims data, pharmacy rebate data by manufacturer, CHIP provider data, CHIP member data, CHIP accounts receivable, etc. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store is the source for producing all federal reports including but not limited to the following:
- o CMS-21, CMS-21B Quarterly State Children's Health Insurance Program (SCHIP) statement of expenditures for Title XXI, including actual expenditures and adjustments
- Because data from various source systems is housed in the APHP common data model, reports such as the CMS-21 can readily access data from multiple source systems in a single location providing for timely and efficient production of the reports. The APHP reporting tools can be configured quickly and accurately to implement rule changes as required by CMS.
- Federal reports, including the CMS-21 are submitted to CMS in the format and media required by CMS.
- The APHP report generation tool uses configuration for filter and selection criteria and can be quickly and easily configured to accommodate change in report frequency, reporting periods, and data elements to be used in selecting and filtering the data to be included in the report.
- The APHP report generation tool contains robust capabilities that collect data from the APHP reporting data store then aggregate and format it to meet federal reporting needs. The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop. APHP also has the capabilities to produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.

| Requirement Number: | FR4.SS.01 |
|---|---|

- APHP's configurable scheduler is set up to produce the CMS-21 in accordance with CMS timelines. Should those timelines change, the scheduler can be easily configured to accommodate the new schedule.

| Requirement Number: | FR4.SS.02 |
|---|---|

*Provide a full audit trail, as defined by IME, to support all transactions used to generate any and all federal reports.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provides extensive audit trails on all data including claims and financial data. Items tracked include data element changed, the value before the change, the value after the change, the identity of the person or system responsible for the change, and the date and time the change was made.
- Audit trails are visible via the APHP worker portal for workers who have the appropriate security permissions. Additionally, the APHP reporting data store will store audit trail data that can be queried to target specific questions regarding data changes.

| Requirement Number: | FR4.SS.03 |
|---|---|

*Incorporate TPL information on the CMS-64.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. This includes but is not limited to claim and encounter data, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store, including TPL data, is the source for producing all federal reports including but not limited to the following:
- MS-64 Quarterly Expense Report -- including variance reporting
- Because data from various source systems is housed in a common data model, reports such as the CMS-64 can readily access disparate data, including TPL data, in a single location providing for timely and efficient production of the reports. The APHP reporting tools can be used to quickly and accurately implement rule changes as required by CMS.
- The APHP report generation tool uses configuration for filter and selection criteria and can be quickly and easily configured to accommodate change in report frequency, reporting periods, and data elements to be used in selecting and filtering the data to be included in the report. APHP report creation selects TPL data to be included on the CMS-64 report based on the State's requirements.
- The APHP report generation tool contains robust capabilities that collect data, including TPL data, from the APHP reporting data store then aggregate and format it to meet federal reporting needs. The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop. APHP also has the capabilities to produce a data file that is formatted according to user

| Requirement Number: | FR4.SS.03 |
|---|---|

specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.

- APHP's configurable scheduler is set up to produce the CMS-64 in accordance with CMS timelines. Should those timelines change, the scheduler can be easily configured to accommodate the new schedule.

| Requirement Number: | FR4.SS.04 |
|---|---|

*Provide the capability to create a Quarterly Report of Abortions (CMS 64.9b) based on IME rules.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting data store is the source for producing all federal reports including but not limited to the following:
- CMS 64.9 Quarterly Report of Abortions
- Because data from various source systems is housed in a common data model, reports such as the CMS-64.9b can readily access data from multiple source systems in a single location providing for timely and efficient production of the reports. The APHP reporting tools can be used to quickly and accurately implement rule changes as required by CMS.
- Federal reports, including the CMS-64.9b are submitted to CMS in the format and media required by CMS.
- The APHP report generation tool contains robust capabilities that collect data from the APHP reporting data store then aggregate and format it to meet federal reporting needs. The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop. APHP also has the capabilities to produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.
- APHP's configurable scheduler is set up to produce the CMS-64.9b in accordance with CMS and State timelines. Should those timelines change, the scheduler can be easily configured to accommodate the new schedule.

| Requirement Number: | FR4.SS.05 |
|---|---|

*Provide the capability to create a quarterly report on expenditures under the Money Follows the Person program based on IME rules.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. This includes but is not limited to claim and encounter data, diagnosis data, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, etc.
- APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store is the source for producing all reports including but not limited to the

| Requirement Number: | FR4.SS.05 |
|---|---|

following:

- Money Follows the Person Expenditure report
- Because data from various source systems is housed in a common data model, reports such as the Money Follows the Person Expenditure report can readily access data from multiple source systems in a single location providing for timely and efficient production of the reports. The APHP reporting tools include a configurable rules engine that can be used to quickly and accurately implement rule changes as required by CMS or the State.
- Federal reports, including the Money Follows the Person Expenditure report, are submitted to CMS or the State in the format and media required.
- APHP's configurable scheduler is set up to produce the Money Follows the Person Expenditure report in accordance with CMS and State timelines. Should those timelines change, the scheduler can be easily configured to accommodate the new schedule.

| Requirement Number: | FR4.SS.06 |
|---|---|

*Provide the capability to create a quarterly report on member premium payments and refunds based on IME rules.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting data store is the source for producing all reports on member premium payments and refunds on a quarterly basis. Because data from various source systems is housed in a common data model, reports supporting member premium payments and premium payment refunds are available as required and are submitted to CMS or the State in the format and media required.
- The APHP report generation tool can be quickly and easily configured to accommodate change in report frequency, reporting periods, and data elements to be used in selecting and filtering the data to be included in the member premium reports.
- The APHP report generation tool contains robust capabilities that collect data from the APHP reporting data store then aggregate and format it to meet federal reporting needs. The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop. APHP also has the capabilities to produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.
- APHP's configurable scheduler is set up to produce these reports in accordance with CMS and State timelines.

| Requirement Number: | FR4.SS.07 |
|---|---|

*Incorporate information concerning member premium payments and refunds on the CMS-64.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting data store is the source for producing all federal reports including but not limited to the following:
- CMS-64 Quarterly Expense Report -- including variance reporting
- Because data from various source systems is housed in a common data model, reports such as the CMS-64 can

| Requirement Number: | FR4.SS.07 |
|---|---|

readily access disparate data, including data related to member premium payments and refunds, in a single location providing for timely and efficient production of the reports.

- The APHP report generation tool contains robust capabilities that collect data, including data related to member premium payments and refunds, from the APHP reporting data store then aggregate and format it to meet federal reporting needs. The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop. APHP also has the capabilities to produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.
- APHP's configurable scheduler is set up to produce the CMS-64 in accordance with CMS timelines. Should those timelines change, the scheduler can be easily configured to accommodate the new schedule.

| Requirement Number: | FR4.SS.08 |
|---|---|

*Include the following data in the reports to support the federal reporting function: a. All the claim records from each processing cycle. b. Online entered, non-claim-specific financial transactions, such as recoupments, mass adjustments, cash transactions. c. Provider, member and reference data from the MMIS. d. Individual claim records for all claims not paid through the MMIS.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. This includes but is not limited to MMIS claims and external system generated encounter data, payment cycle data, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, premium data, accounts receivable, refunds, TPL, reference data, CHIP, etc.
- Automatic and manually initiated recoupment, mass adjustments and cash transactions (both AR and AP) are also available for inclusion in the Federal reporting function. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store is the source for producing all federal reports.
- Because data from various source systems is housed in a common data model, federal reports can readily access disparate data in a single location providing for timely and efficient production of the reports. The APHP report generation tool contains robust capabilities that collect data from the APHP reporting data store then aggregate and format it to meet federal reporting needs. The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop. APHP also has the capabilities to produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.

| Requirement Number: | FR.SS.01 |
|---|---|

*Provide the ability to regenerate the MSIS file and all federal reports based on changes to the federal report code.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP generates a quarterly job to produce the four MSIS claims files and the eligibility file in the CMS defined format. All MSIS files are delivered to CMS using a secure Electronic File Transfer (EFT) process. APHP reporting services will support the regeneration of the MSIS file per IME needs and will deliver flexibility across all federal reports based on federal code changes.
- The APHP report generation tool contains robust capabilities that collect data from the APHP reporting data store then aggregate and format it to meet federal reporting needs. When federal reporting needs change, APHP can support reconfiguration of information to support IME compliance. The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop. APHP also has the capabilities to produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.

| Requirement Number: | FR.SS.02 |
|---|---|

*Process and maintain inputs and outputs including, but not limited to the following: Inputs: a. Data concerning payments outside the MMIS. b. Data concerning adjustments to payments made outside the MMIS. Outputs: a. MSIS data file. b. Reports required supporting preparation of the CMS 64, CMS 37, CMS 21 and CHIP Statistical Enrollment Report, CMS 21B, CMS 372, SF269 Federal Financial Status reports and CMS 416. c. Report on Money Follows the Person program expenditures.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server/Microsoft SQL Server Integration Services/Microsoft SQL Server Analysis Services/Microsoft SQL Server Reporting Services/Plexis Quantum Data Services**

**Description of Product**

- The APHP reporting data store is a comprehensive source of Medicaid-centric data that is collected from various sources, both internal and external to APHP, and transformed in a way that logically combines the data. This includes but is not limited to claim and encounter data, claim and encounter adjustment data, non-claim expenditures and credits, pharmacy claims data, pharmacy rebate data by manufacturer, provider data, member data, accounts receivable, TPL, CHIP, etc. APHP stores current as well as historical data so that analysis can be performed and variances over time can be calculated. The APHP reporting data store is the source for producing all federal reports including but not limited to the following:

o MSIS data file

o CMS-37 Medicaid Program Budget Report, which includes estimated expenses by type of service and estimated number of eligibles by category, and estimated administration costs

o CMS-64 Quarterly Expense Report -- including variance reporting and any supporting supplemental forms or reports

o CMS-21, 21B Quarterly State Children's Health Insurance Program (SCHIP) statement of expenditures for Title XXI, including actual expenditures and adjustments

o CHIP Statistical Enrollment Report

o CMS 372 HCBS Waiver Report

o SF269 Federal Financial Status Report

| Requirement Number: | FR.SS.02 |
|---|---|

o CMS 416 (EPSDT Participation Report)

o Money Follows the Person Report

- Because data from various source systems is housed in a common data model, reports such as those listed above can readily access data from multiple source systems in a single location providing for timely and efficient production of the reports. The APHP reporting tools can be used to quickly and accurately implement rule changes as required by CMS.
- Federal reports and interfaces are submitted to CMS in the format and media required by CMS.
- The APHP report generation tool contains robust capabilities that collect data from the APHP reporting data store then aggregate and format it to meet federal reporting needs. The reports that are output can be formatted as reports to be displayed online via a web portal or can be exported in various user-defined formats to the user's desktop. APHP also has the capabilities to produce a data file that is formatted according to user specifications and delivered to the end user using a secure file transfer method. These data files can be imported into other applications to support federal reporting requirements.
- APHP's configurable scheduler is set up to produce the federal reports in accordance with CMS timelines. Should those timelines change, the scheduler can be easily configured to accommodate the new schedule.

## 9.1.11 Financial Management (FI)

### *9.1.11.1 Introduction to the APHP Financial Management Function*

APHP's flexible and scalable solution fully supports the Department's management of program funds including accounts receivable and payable (AR/AP) and related transactions. The APHP worker portal is the access point for all centralized accounting functionality and gives a consolidated view of accounts receivables and accounts payable functions. The APHP integrated solution provides automated cross referencing of claims information so that payment information can be calculated based on the appropriate garnishment, tax, and payment splitting detail. APHP produces provider 1099 earning data annually including preparation, maintenance, and correction. APHP maintains comprehensive audit trail to the source of general ledger transactions generated by the MMIS and supporting financial packages, including maintaining a history of refunds. The flexible benefits plan structure allows for significant possibilities for financial “bucketing” split across funding codes at the detail claim line level.

### Features

- APHP helps the Department maintain control and security on financial information and data through built-in security and management controls all while providing near real time financial information via the APHP worker portal.
- APHP Enterprise Reporting Services provides a flexible, holistic view of the financial information resulting in timely actions to facilitate recovery, prevent over expenditure and a tighter check over possible frauds.
- APHP is capable of generating HIPAA approved EOB notices in multiple languages to every member or selected group of members based on the requirements defined by the Department.

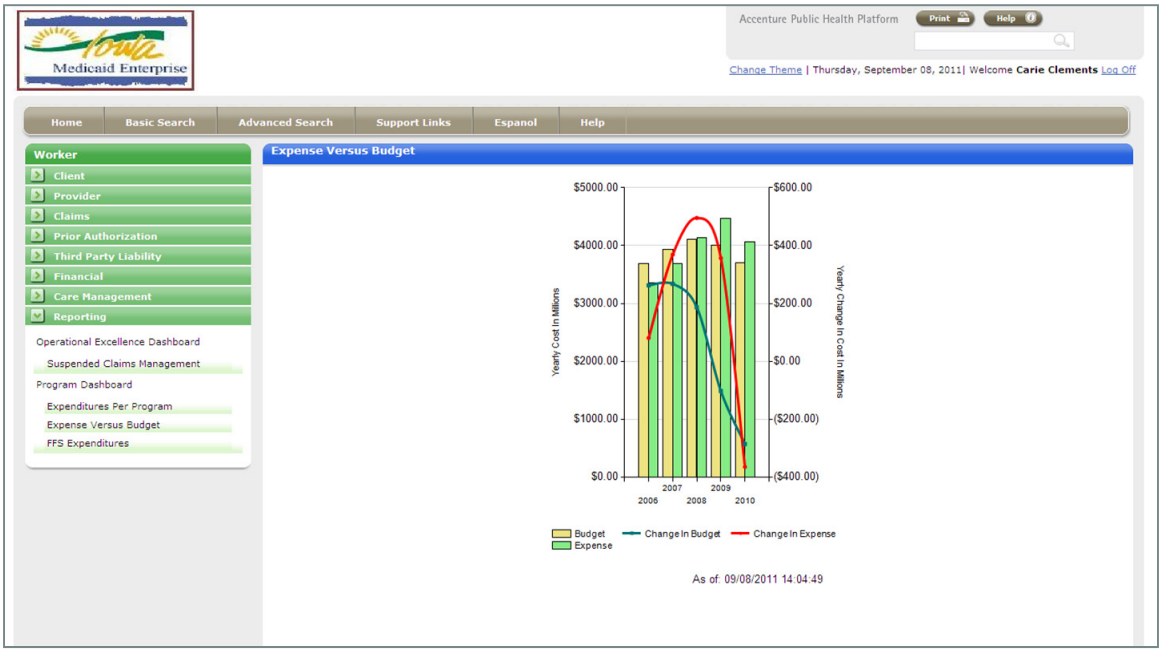



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*Figure 9 - 16. APHP Enterprise Reporting Services provides a flexible, holistic view of the MMIS financial information*

### *9.1.11.2 System Requirements and Responses*

| Requirement Number: | FI1.01, FI1.01.01, FI1.01.02 |
|---|---|

*Provide individual EOB notices, within 45 days of the payment of claims, to all or a sample group of the members who received services under the plan as described in §11210.*

*Provide EOB notices on the web portal in multiple languages, as defined by IME.*

*Provide capability to generate an EOB for every member or a selected group of members, based on requirements as defined by IME, including in multiple languages.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / OnBase**

**Description of Product**

- APHP supports forms management integrated with all of the product components to automatically produce required correspondence, letters, and notices to members, providers, liable third-parties and other data trading partners. APHP can generate and process these types of forms based on trigger events from the component products and execute predefined workflows or business processes as applicable.
- A key capability of APHP form management is the support provided to Medicaid programs in fraud detection and management. APHP generates EOB notices to members based on random and focused sampling requirements defined by the state.
- The APHP correspondence and forms management functionality includes the ability to maintain a variety of language versions that can be automatically selected based on language preference information stored for members, providers, or other trading partners. Spanish and English are supported through all communication channels to Medicaid members.

| Requirement Number: | FI2.01 |
|---|---|

*Update claims history and online financial files with the payment identification (check number, EFT number, warrant number or other), date of payment and amount paid after the claims payment cycle.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP applies all attributes coming out of the payment process to the respective claims, provider, member and financial history records.
- APHP recognizes and posts accounts payable and receivable transactions in accordance with both State and Federal regulations.
- APHP updates claims history and on-line financial files with payment information such as the check number, EFT number, and warrant number/check number, date of payment, payment status and amount paid after the claims payment cycle.
- APHP cross references information to support reporting and query requirements enabling users to access and view detailed payment information including check number, EFT number, warrant number, payment date, and payment amount from the worker portal.
- APHP utilizes standard services to support the update, inquiry and exchange of all payment processing information between the claims database and the State financial and treasury systems.

| Requirement Number: | FI2.02 |
|---|---|
| *Maintain garnishments and tax levies and assignment information to be used in directing or splitting payments to the provider and garnisher.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

• The APHP integrated solution provides automated cross referencing of claims information so that payment information can be calculated based on the appropriate garnishment, tax, and payment splitting detail.

• APHP maintains records of garnishments, tax levies and assignment information that are used in directing and splitting payments to providers and garnishing organizations.

• APHP reconciles receivable output and claim data from claims system with payments processed through the statewide accounting system.

| Requirement Number: | FI2.03 |
|---|---|
| *Maintain financial transactions in sufficient detail to support 1099.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

• APHP records and tracks financial transactions detail needed to support 1099 generation.

• APHP supports specific requirements that are defined in collaboration with the State to support FICA reporting for personal service care providers, providers of services under self-directed care initiatives, and other provider types as designated by the State.

• Upon completion of these definition requirements, APHP will support the FICA initiatives of the State.

• APHP produces the annual Provider Vendor Earnings 1099 Report for the prior year for providers that do not meet the requirements to receive a 1099. The 1099 files are produced via a secure interface, managed by the APHP EDI application, with the Social Security Administration (SSA) and Internal Revenue Service (IRS).

• APHP is updated with all current applicable laws and regulations to ensure 1099 and interface file production meets current regulation.

• APHP matches the Tax Identification Number (TIN) against the names registered with the IRS to avoid any fines, and the 1099 process is initiated before the books are closed for the previous calendar year.

• Initial reports check for potential balancing or reporting errors based on the current data. Once the books have been closed, the trial 1099 balancing reports are generated for data. The final jobs are run and the files are generated following validation.

| Requirement Number: | FI2.04 |
|---|---|
| *Account for recovery payment adjustments received from third parties that do not affect the provider's 1099* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP processes financial transactions and information is applied to the appropriate claim and payment details to support accurate 1099 generation.
- APHP maintains financial transaction data to provide detail and support 1099 reporting requirements for personal service care providers, providers of services under self-directed care initiatives, and other provider types as designated by the State.
- APHP financial processing and management capability includes accounting for recovery payment adjustments received from third parties that do not affect the provider's 1099.

| Requirement Number: | FI2.05, FI2.05.01, FI2.05.02, FI2.05.03 |
|---|---|
| *Provide a full audit trail to the source of general ledger transactions generated by the MMIS or other supporting financial packages.*<br>*Link financial data back to the source claim line or system generated payment transaction.*<br>*Provide full accountability and control of all claims processed through the system until final disposition including full documentation and audit trails to support the claims payment process.*<br>*Provide financial audit controls meeting Generally Accepted Accounting Principles (GAAP).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / SQL Server Reporting Services**

- **Description of Product**
- APHP leverages capability from the accounting component of the COTS claims engine to provide audit and log capability that enables tracking general ledger transactions and identify changes across the MMIS.
- APHP provides the audit trail to the source of general ledger transactions generated by the MMIS and supporting financial packages, including maintaining a history of refunds.
- The APHP financial component produces non-claim specific and claims detail line level recoupment and recovery transactions.
- The APHP portal supports the entry of cash receipt information, cash receipts allocation, warrant replacement activities, and general financial research.
- APHP cross references the information to support reporting and query requirements so that users can access and view, directly from the worker portal, detailed payment information including check number, EFT number, warrant number, payment date, and payment amount.
- APHP controls and tracks claim transactions from a single point of entry utilizing the APHP EDI component. All paper claims are captured via OCR or directly entered via the portal and providers can either upload individual or batch claims on the web. Real time claims adjudication posts initial dispositions. Any additional claims editing is supported through automated workflow, only requiring manual assessment as the business process rules require. Upon completion of the claims payment process, APHP applies all attributes coming out of the payment process to the respective claims, provider, member and financial history records. The COTS claims engine documents the audit trail in which the claim took from entry date through to final disposition and payment. Upon integration with the APHP portal, users will have the capability to view the audit trails via the web.
- APHP relies on a commercial claims processing and benefit administration product that natively provides the accounting component financial controls. This product was designed to support GAAP and provides extensive

| Requirement Number: | FI2.05, FI2.05.01, FI2.05.02, FI2.05.03 |
|---|---|

audit controls and reporting capabilities that track every step of both EDI and hardcopy claims (and document) functions meeting Generally Accepted Accounting Principles (GAAP).

| Requirement Number: | FI2.06 |
|---|---|

*Provide reports in electronic format for performing periodic bank account or fund allocation reconciliations.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP Reporting solution is based on Microsoft SQL Server Reporting package. The package provides a complete server-based platform that is designed to support a wide variety of reporting needs including managed enterprise reporting, ad-hoc reporting, embedded reporting, and web based reporting to enable organization to deliver relevant information where needed across the entire enterprise.
- Reporting services provide the tools and features necessary to author a variety of richly formatted reports from a wide range of data sources.
- APHP's reporting platform has the ability to download any report and supporting data in a number of standard desktop applications for data manipulation and supports rendering to most common file formats including HTML, PDF, CSV, XML, and Image (TIFF) and also offers complete new rendering in Microsoft Office Word, Excel and Access.
- Users may receive reports automatically through subscriptions, access the reports from a central repository, consume reports in the context of business processes through reports embedded into business or web applications, or via hard copy.

| Requirement Number: | FI2.07, FI2.08 |
|---|---|

*Maintain a history of claim recovery payments in excess of expenditures and allow distribution to the appropriate parties, including providers, members or insurers in accordance with IME policy.*

*Maintain a history of refunds.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP supports collection management for entities refunding a full or partial claim payment through the use of financial claims adjustment/void, recoupment, and workflow processes.
- APHP users can enter account payable, account receivable, cash receipt, and cash disbursement transactions via the portal.
- APHP maintains a history of claim recovery payments in excess of expenditures so funds may be distributed to the appropriate parties, including providers, members, or insurers.
- Cash receipts engage the APHP workflow for transaction routing and fund dispositioning to the appropriate accounts.
- The APHP worker portal provides users access to standard reporting on claim histories including details on payments and excess expenditures.
- APHP provides automated processes for performing periodic bank account and fund allocation reconciliations.
- Refund details are stored with the financial data associated with claims recovery and payment.
- Historical refund data is available for review by authorized users via the web portal and APHP reporting.

| Requirement Number: | FI2.09 |
|---|---|
| *Withhold the federal share of payments to Medicaid providers to recover Medicare overpayments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP supports the CMS 64 statements of expenditures and reporting of uncollectible overpayments.
- APHP supports compliance with the identified state and federal guidelines regarding the collection of outstanding accounts receivable. Using State and Federal standards, APHP calculates the withholding for payments to Medicaid providers to recover Medicare overpayments.
- Provider recoupment is initiated by the discovery of an overpayment.

| Requirement Number: | FI2.SS.01 |
|---|---|
| *Provide an accounts payable module to manage payments to providers, members and other entities.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP provides account payable functionality that generates a financial transaction for every claim and/or payable transaction. This allows claim lines to be split across funding sources while applying accurate, prescriptive payments to providers, members and other authorized entities based on IME business rules and defined payment methodologies.
- The transactions are assigned to accounts based on User-defined account assignments.
- The disbursements process pulls in all available transactions created by the accounts payable process and consolidates disbursements to payee entities.

| Requirement Number: | FI2.SS.02 |
|---|---|
| *Provide an AR module to manage receivables from providers, members and other entities.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provides accounts receivable functionality that generates a financial transaction for every receipt. Receipt source data is kept in the financial transaction record such that the AR can be easily traced back to the provider, member or other entity that submitted it to the program. AR and AP management leverage standard services which can be applied across all areas of financial management.
- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting outstanding AR balances will be applied during the payment cycle to offset provider payments accordingly.
- APHP Framework delivers a core financial management component (accounting system) supporting the capture

| Requirement Number: | FI2.SS.02 |
|---|---|

and application of multiple types of accounts receivables (AR) including, but not limited to premium collections, cost settlements and recoveries generated from estate probate, client annuities, and property liens.

- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

| Requirement Number: | FI2.SS.03 |
|---|---|

*Provide a follow-up process to ensure that required changes to account coding and financial management business rules are applied.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / SQL Server Reporting Services**

**Description of Product**

- The APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of claims payment results that effectively support Federal report coding requirements.
- The APHP solution will be delivered with pre-configured state and federal reporting solutions that meet federal report coding requirements.
- APHP leverages the accounting functionality from the COTS claims processing product. As transactions are created in the system, they are linked with the payee/provider and a pair of GL accounts. Additional information may be tracked in specific formats such as the Federal reporting codes for each transaction, ensuring that the appropriate Federal and State accounting and reporting codes are captured.
- Federal reporting codes may be maintained in a user-defined drop-down listing and updated as necessary.
- The APHP financial component produces multiple AR and AP transactions from the claim line level as needed, thus supporting the fund code allocations at the line level.

| Requirement Number: | FI2.SS.04 |
|---|---|

*Support automated retroactive changes that are user driven (e.g., changes in account coding). Retroactive changes will not change closed totals but will retain them and reflect revised totals.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP has clear and detailed processes to properly apply user-driven updates to financial information including financial tables of codes, changes in funding match, rate changes, and similar information. Current and retroactive changes are throughout APHP applied throughout APHP per State-defined rules.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics and applies retroactive and current changes to tables correctly.
- APHP uses date-driven rules throughout the MMIS. Any rule change can be tracked to the date the change was made, who made the change, and the date range that is affected by the change. Using these date-driven rules, APHP will identify the most current data to be included in reports, even if the rule change was retroactive. If a rule change impacts a closed total, the total is retained in its original state, and a new revised total is reflected.
- APHP invokes sound accounting principles that prohibit changing financial data. Instead, APHP supports creating adjusting entries to offset any entries that are erroneously created. By using this approach, APHP assures that reproducing financial reports for past periods using the same parameters will always produce the exact same results and not cause any negative audit findings. Users can view the most current financial picture by running the

| Requirement Number: | FI2.SS.04 |
|---|---|

report to include more current posting dates.

- APHP contains clear and detailed processes to properly apply updates to financial information including financial tables of codes, changes in funding match, rate changes, and similar information. Current and retroactive changes are applied throughout APHP per State-defined rules including keeping closed totals as-is for retroactive changes. Retroactive changes would be made only to open totals. To update a closed total, it would have to be reopened first; note: an audit trail will track such activity.

| Requirement Number: | FI2.SS.05 |
|---|---|

*Provide the ability to easily navigate between accounts payable and AR.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• The APHP worker portal is the access point for all centralized accounting functionality. It allows the user to have a consolidated view of accounts receivables and accounts payable functions. Leveraging sophisticated portal design from the Accenture User Experience team within Accenture Software Group, users can expect premium usability and intuitive navigation features across the APHP web portal.

| Requirement Number: | FI2.SS.06 |
|---|---|

*Produce the 1099 file, as directed by IME, using AR data to appropriately adjust providers' earnings for recoupment.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP produces provider 1099 earning data annually including preparation, maintenance, and correction.
- APHP 1099 reports are configured to provide review of earnings data.
- APHP maintains a process to accommodate issued or reissued checks by the State and the required posting to the specific provider's account to adjust the provider's 1099 earnings data and set up recoupment criteria.
- APHP leverages the EDI component for secure data exchange between the state accounting and financial systems. Data exchange is tailored to support the state defined rules for exchanging the 1099 file. The 1099 file is a predetermined output from the 1099 processing cycle.

| Requirement Number: | FI2.SS.07 |
|---|---|

*Process voids and replacements for incorrect payments and create AR where appropriate.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP will accept and process both manually entered voids (direct data entry or paper submission pushed through OCR) or void transactions submitted by the providers through the web portal.

| Requirement Number: | FI2.SS.07 |
|---|---|

- APHP makes retroactive adjustments for previous incorrect payments and will create accounts receivables where appropriate.
- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.
- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically changing the AR status to accurately reflect the offset.
- All data supporting credit balances, including non-claim specific payment toward uncollectable balances, will be referenced during the payment cycle to determine proper offset against claims or gross provider payments.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

| Requirement Number: | FI2.SS.08 |
|---|---|

*Generate one payment for all claims with same NPI or Medicaid ID for atypical providers.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provider management natively links all provider ID's for a single provider together, allowing for the use of the NPI to succinctly represent all financial transactions (AP and AR) for the individual provider.
- APHP applies the same logic for non-standard or atypical Medicaid providers by utilizing another designated ID number. Examples of this number include, but are not limited to, SSN, Assigned Medicaid ID, TIN, State License, etc.

| Requirement Number: | FI2.SS.09 |
|---|---|

*Provide the ability to record debts and process accurate and timely cash receipts from debtors.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provides accounts receivable functionality that generates a financial transaction for every receipt. Receipt source data is kept in the financial transaction record such that the AR can be easily traced back to the provider, member or other entity that submitted it to the program. AR and AP management leverage standard services which can be applied across all areas of financial management.
- APHP will utilize the core claims component to process all financial transactions for providers, members and other entities. All data supporting outstanding AR balances will be applied during the payment cycle to offset provider payments accordingly.
- APHP Framework delivers a core financial management component (accounting system) supporting the capture and application of multiple types of accounts receivables (AR) including, but not limited to premium collections, cost

| Requirement Number: | FI2.SS.09 |
|---|---|

settlements and recoveries generated from estate probate, client annuities, and property liens.

- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

| Requirement Number: | FI2.SS.10, FI2.SS.11 |
|---|---|

*Automatically create AR based on claim voids, recoupment, settlements and receipt of unsolicited refunds from providers. Stamp account code and federal report code on each AR based on the codes stamped on the claim lines or business rules, as defined by IME.*

*Provide the capability to manually create a receivable and stamp account code and federal report code, based on direction from IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl / Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP claims engine allows for claims to be adjusted or voided post-payment, resulting in a financial offset.
- Automated workflow capabilities within APHP routes void and adjustment transactions for processing.
- APHP will accept and process both manually entered voids (direct data entry or paper submission pushed through OCR) or void transactions submitted by the providers through the web portal.
- APHP makes retroactive adjustments for previous incorrect payments and will create accounts receivables where appropriate.
- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.
- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically changing the AR status to accurately reflect the offset.
- All data supporting credit balances, including non-claim specific payment toward uncollectable balances, will be referenced during the payment cycle to determine proper offset against claims or gross provider payments.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.
- APHP leverages the accounting functionality from the COTS claims processing product. As transactions are created in the system, they are linked with the payee/provider and a pair of GL accounts. Additional information may be tracked in specific formats such as the Federal reporting codes for each transaction, ensuring that the appropriate Federal and State accounting and reporting codes are captured.
- Federal reporting codes may be maintained in a user-defined drop-down listing and updated as necessary.
- The APHP financial component produces multiple AR and AP transactions from the claim line level as needed, thus supporting the fund code allocations at the line level.

| Requirement Number: | FI2.SS.12 |
|---|---|
| *Provide the ability to create a payment plan for manually and automatically created AR.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**

**Description of Product**

- The APHP contains a comprehensive web portal that allows providers and authorized APHP workers to support provider recoupment activities.
- APHP leverages the automated workflow and process engine to support the configuration of business rules that will drive the ability to create a payment plan from an AR.
- The workflow can be set to apply the same or different sets of business rules depending on the creation trigger of the AR (manually or automatically created).
- APHP workflow will utilize standard services across the ESB to support the reusability and consistency of the payment plan creation action, such that payment plan services can be applied across other agency programs as desired.
- The financial component supports the creation of accounts receivables for recoupment of overpayments and automatically records the transaction in the financial system.
- APHP has the ability to recoup fixed dollar amounts and/or a percentage of payments at the provider level as needed. Depending on the specific recoupment situation, rules can be configured to apply the recoupment all at once or on a recurring basis.
- Remittance Advices (RA), regardless of delivery format, contain a summary of payments and recoupment information that processed against the provider's account in a given week.

| Requirement Number: | FI2.SS.13 |
|---|---|
| *Provide online viewing of all transactions and provider balances.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP web portal supports online viewing of claim and non-claim specific transactions, including financial transactions.
- APHP enables all authorized users (providers, workers, members, IME contractors, etc.) to use the self service web portal feature to access claim and financial information, including claims status, check amounts, remittance vouchers or other transaction information.
- Accenture provides comprehensive online inquiry access for a variety of resources, including consolidated transaction and payment histories.
- Online consolidated transaction and payment history reporting will include:
  - Prior year reimbursement
  - Current year month-to-date reimbursement
  - Current year-to date reimbursement
  - Most recent cycle reimbursement
  - In-process (pended) claim counts
- APHP leverages the secure provider portal to display individual 1099 reporting for providers. APHP users may access the same individual 1099 reports as well as summary and processing reports associated with the 1099 via the APHP worker portal.

| Requirement Number: | FI2.SS.14 |
|---|---|

*Create a variety of financial reports required for monitoring. Organization of the summarization must be such that it allows tracking back to the level of the detailed claim.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP Enterprise Reporting and Analytics provides a full range of tools and services to help manage program administration leveraging the use of contract management and performance measures reporting dashboards. APHP Enterprise Reporting has features that enable the extension and customization of the reporting functionality. The component has capability to produce reports at the program, (IME), operations, (MMIS), and service (contractor) level.
- Authorized users access Enterprise Reporting and Analytics via the Worker portal. User profiles established and managed in the Security service determine the users that have access to the component, as well as the types of reports they are allowed to access.
- The Enterprise Reporting and Analytics component is a server-based reporting application that provides comprehensive reporting functionality using the APHP Operational Data Store (ODS) and the APHP Dimensional Data Store (DDS). The Microsoft SQL Reporting Service tool is used to generate standard reports.
- APHP holds and maintains expenditure data, in the format and media specified by IME though the integration of the MMIS with statewide accounting systems.
- The Accenture solution includes defining the required reports format, content, frequency and media, as well as the state and federal budget categories of service, eligibility codes, provider types and specialties (taxonomy), retrieving data from multiple sources.
- APHP will leverage enterprise level reporting service capabilities to provide standard and ad-hoc reports that accurately reflect the financial health of the IME. Access to all financial information and activity is through the APHP worker portal. Automated processes, including business activity triggers such as immediate contact at the mobile level (texts, email, phone calls) can be easily configured to assist key staff in the monitoring efforts associated with various financial activities.
- The APHP accounting system controls all financial transactions generated from the claims payment process and supports the accurate association financial activities back to the original claim and all associated history.

| Requirement Number: | FI2.SS.16 |
|---|---|

*Provide online inquiry access to the accounts payable and AR modules. Searchable data fields include, but are not limited to: a. Financial control numbers. b. Provider id and name. c. Type of receivable (created by a claim transaction or by a financial transaction). d. Collection code. e. Original balance. f. Prior balance. g. Current activity. h. Balance forward. i. Claim control number that generated the receivable (if the receivable was generated as a result of a claim action). j. Reason code. k. Cycle date. l. Schedule of future payments. m. Age of receivable in days. n. Dates Associated with each action on the receivable (e.g., date established, date of each payment). o. National Provider ID. p. Legacy ID number. q. Tax Identification Numbers. r. County Code. s. I/3 Vendor Identification Number. t. Percentage and or dollar amounts to be deducted from payments. u. Type of collections made and date. v. Both financial transactions (non-claim specific) and adjustments (claim-specific). Search criteria (the key inquiry data elements) for access to this database will be defined by IME.*

| Requirement Number: | FI2.SS.16 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP delivers comprehensive search capability by leveraging native COTS claim system's accounting functionality and through the standard services in the APHP SOA Framework with access to information via the worker portal.
- The robust search and query capabilities allow financial information queries on numerous criteria including, but not limited to: control numbers, provider identifiers, balance totals, account activity, fund coding, and payment schedules, reason codes, cycle dates, aging of receivables, dates associated with receivables, county codes, I/3 vendor identifiers, percentages and dollars deducted from payments, collection types and associated dates, and all financials both non-claims and adjustment specific.
- The APHP ad hoc tool equips non-technical users with a business interface that employs simple drag-and-drop functionality for gathering desired data. According to their security permissions, users can access data by selecting, filtering, or collecting data related to pre-defined searchable data fields.

| Requirement Number: | FI3.01 |
|---|---|

*Track Medicare deductibles and coinsurance paid by Medicaid for all crossover claims, by member and program type.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP will provide comprehensive coordination of benefit feature functionality for the IME.
- Leveraging the member management capabilities from the COTS claim system, records will reflect all Medicare deductible and coinsurance amount for Medicaid participants.
- Authorized Department, IME Contractor and Accenture staff can configure benefit plan and fee schedule criteria including reimbursement based on Medicare Crossover reported coinsurance and deductible amounts through an easy-to-use on-line interface that comprehensively supports all aspects of benefit administration, claims processing and payment.
- APHP adjudicates crossover claims against Medicare dollar amounts to determine the actual dollar amount Medicaid (IME) must pay for the services rendered (after all other specific payment methodology has been applied).

| Requirement Number: | FI3.02 |
|---|---|
| *Process and retain all data from provider credit and adjustment transactions.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data surrounding credit and adjustment transactions to previously paid claims will be available for review via the web portal.
- Financial data surrounding provider credit and adjustment transactions, including claim history prior to the adjustment, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

| Requirement Number: | FI3.03 |
|---|---|
| *Produce payment information to the payment issuing system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Framework consists of a core claims COTS product which natively delivers comprehensive claims payment processing services. Upon completion of the claims payment process, which is automated via the APHP automated workflow and process engine, a claims payment file is created for payment issuance.
- APHP's core claims product supports claims payment processing for providers and other entities who choose to receive payments via Electronic Funds Transfer - EFT. Other forms of payment are supported as well, including:
  - Transfer of cash receipts
  - Warrant
  - Inter-agency transfer payments
- APHP provider records maintain an indicator that will be used to drive EFT selection throughout the payment process.
- APHP, through the use of exposed services, allows for the secure use and/or transfer of the payment file to an external system for warrant issuance, EFT or check write processes to occur.
- APHP will leverage the EDI component for secure data exchange between the MMIS and external data sources and systems. Upon completion of the payment processing sequence, APHP will generate a payment file for submission, via established secure interface, to the State's accounting system.

| Requirement Number: | FI3.04 |
|---|---|

*Issue an electronic remittance advice detailing claims processing activity at the same time as the payment or payment information transfer.*

This requirement is met using COTS products.

**COTS Product Name: APHP / K2 blackpearl**

**Description of Product**

- APHP provides a remittance processing function which supports reporting of payment cycle activity.
- APHP will leverage the automated workflow and process engine to configure a business process rule that will support the immediate creation and distribution of an electronic remittance advice. Upon completion of the claims payment process, the workflow business rule will invoke a service telling the ESB to create and distribute the remittance advice including the detailed claims processing activity.
- APHP provides outputs of payment cycle balancing and control reports, when providing EFT and warrant data.
- APHP will automatically generate and publish provider Remittance Advices to the provider secure portal (and/or on paper if designated). RAs are available for view and/or download on the APHP provider portal in PDF format, and supports HIPAA compliant X-12 format.

| Requirement Number: | FI3.05, FI3.05.01, FI3.05.02, FI3.05.03, FI3.05.04, FI3.05.05, FI3.05.06, FI3.05.07, FI3.05.08 |
|---|---|

*Ensure that the system supports sending electronic claim payment and advice transactions (ASC X12N 835) meeting the standards required by 45 CFR Part 162*

*Report on the remittance advice and the ASC X12N 835 any payment amounts applied to an AR or interest debt.*

*Provide controlled access to a message field for the text of the messages to be printed on the Remittance Advice (RA) for each error code. Provide the capability for online inquiry to a message File for IME and contractor staff.*

*Report carrier name, address and policy information for all relevant third party liability TPL resources on the remittance advice for claims denied for TPL.*

*Provide ability to populate multiple message fields on the RA.*

*Provide the ability to apply and report on the RA "soft" claims edits to send warnings and alerts, but not deny or suspend the claim line.*

*Produce a RA that can be downloaded as a Portable Data File (PDF) version from the web portal.*

*Provide the capability to capture denial path of claims, including edits, showing all of the denial reasons on the RA.*

*Meet the requirements for production of RAs as specified in the State Medicaid Manual Part 11, Federal Regulations 42 CFR 433.116 and 42 CFR 455.20.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP supports all of the 45 CFR Part 162 standard's for 5010, including ASC X12N 835
- APHP creates RAs that provide the status of claims that have been paid or denied during each adjudication cycle.
- APHP maintains a method for exception payment processing for specific claim(s), including those receiving 'soft' claim edits for specific warnings and/or alerts. An audit trail of actions taken on 'soft' claim edits showing user IDs, action performed, date/time of the action is maintained.
- APHP automatically generates provider remittance advices that display standard reason, remark and reject (error) codes that are easy for providers to interpret.
- APHP provides authorized users access to update the message field on the RA for each error/reject code.

| Requirement Number: | FI3.05, FI3.05.01, FI3.05.02, FI3.05.03, FI3.05.04, FI3.05.05, FI3.05.06, FI3.05.07, FI3.05.08 |
|---|---|

- APHP provides free form text fields to record comments concerning denial or approval of an application or any actions taken related to specific step in the checklist.
- APHP will support access to the provider, member and worker portal banner messaging feature functionality. Authorized users will have access to the functionality that creates the banner messages and will be able to address all participating providers or a targeted group of providers.
- APHP will automatically generate and publish provider Remittance Advices to the provider secure portal (and/or on paper if designated). RAs are available for view and/or download on the APHP provider portal in PDF format, and supports HIPAA compliant X-12 format. The remittance advice includes information regarding TPL resources for members with other insurance coverage.
- APHP will generate reports, via the Enterprise Reporting services on all accounts receivable and interest debt on the basis of RA and ASC X12N 835.
- APHP currently leverages the adjudication details feature functionality from the COTS claims engine component to display, via shared services, all of the business rule edits and result codes that applied to the final disposition of the claim. This information is available on line, via the web portal upon a claim status inquiry and response service call - HIPAA X12N 276/277 transactions. This same information will be available on the RA which will be published to the secure provider portal for immediate access and download.
- APHP leverages an enterprise workflow automation and process engine that will be configured with the appropriate production business rules to support accurate RA management.
- APHP complies with State Medicaid Manual (SMM) Part 11, Federal Regulations 42 CFR 433.116, 42 CFR 455.20 and HIPAA in creating the remittance advice.

| Requirement Number: | FI3.06, FI3.07.01, FI3.07.02 |
|---|---|

*Net provider payments against credit balance or AR amounts due in the payment cycle in determining the payment due the provider.*

*Provide the ability to apply claim payments to satisfy an outstanding AR balance, including payment of interest.*

*Provide the ability to apply cash receipts against AR and interest, based on business rules provided by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / SQL Server Reporting Service / K2 blackpearl**

**Description of Product**

- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount, including interest payments, claim payments, and cash receipts, before final payment due is determined and payment processing occurs.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.
- All data supporting credit balances, including non-claim specific payment toward uncollectable balances, will be referenced during the payment cycle to determine proper offset against claims or gross provider payments.
- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically changing the AR status to accurately reflect the offset.
- APHP leverages the workflow process engine to automatically generate notifications to providers as credit balances and accounts receivables are created in the system. This is accomplished through the configuration of the business rules within the APHP workflow product.

| Requirement Number: | FI3.08 |
|---|---|

*Process voids and replacements for incorrect payments or returned warrants, crediting fund source accounts and creating AR or credit balances where appropriate.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / OnBase / SQL Server Reporting Services**

**Description of Product**

- APHP supports retroactive adjustments for previous incorrect payments and will create accounts receivables where appropriate.
- APHP will utilize the core claims COTS product to process all voided claims and adjustments to previously paid claim amounts and any incoming AR due to returned warrants. Funding source accounts will be updated to reflect the reversal or change in payment for affected services. Financial processing updates will be reflected at the transaction level.
- APHP will accept and process both manually entered replacement and voids (direct data entry or paper submission pushed through OCR) or replacement and void transactions submitted by the providers through the web portal.
- OnBase, our document management system, provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are determined by keywords. Additionally, the OnBase workflow engine can be configured to look for documents with the same keyword values and then initiate the proper business process review or notice process.
- The OnBase document relationships are dynamic and allow different file formats to be linked together.
- The APHP COTS claims engine links accounting transactions to corresponding claims for payments.
- APHP can track the provider (payee) from which a payment was received and other user-defined information.
- A user-definable topic may be configured for use with the accounting transaction form that allows for entry of claim line.
- APHP secure provider web portal will display all provider claims detail and connected payment information on a per claim basis for review.
- All financial data supporting financial processing and transactions, including claim history prior to the void and/or funding source, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required. This information will also be available via the APHP web portal.

| Requirement Number: | FI3.09 |
|---|---|

*Support stop payment processes.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl / OnBase**

**Description of Product**

- APHP leverages the native functionality within the claims processing COTS product and the automated workflow process engine to initiate the stop payment process.
- Manual interaction to invoke a stop payment is supported. In addition, pre-defined triggers can automatically invoke a stop-payment action and alert the user of the action.
- The APHP solution automates business processes using our workflow applications and rules engines. Workflow definition can identify steps in the stop payment process that act as triggers for automatic letter generation.
- APHP supports the creation and modification of letter templates, including letterhead and signature blocks. It uses industry standard authoring and editing tools, such as Microsoft Word, to allow authorized users to make required changes or updates.

| Requirement Number: | FI3.10 |
|---|---|
| *Allow online access to AR or provider credit balances to authorized individuals.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP worker portal is the access point for all centralized accounting functionality. It allows the user to have a consolidated view of accounts receivables and accounts payable functions. This includes details on the AR and AP history for each provider.
- APHP Enterprise Security follows strict protocols that only allow authorized individuals the ability to access financial data. All provider financial information is displayed through a secured portion of the public facing provider portal.
- APHP web portal supports online viewing of claim and non-claim specific transactions.
- APHP enables all authorized users (providers, workers, members, IME contractors, etc.) to use the self service web portal feature to access claim and financial information, including claims status, check amounts, remittance vouchers or other transaction information.
- APHP delivers comprehensive search capability by leveraging native COTS claim system's accounting functionality and through the standard services in the APHP SOA Framework.

| Requirement Number: | FI3.11 |
|---|---|
| *Allow online access to remittance advice through a web-based browser.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Microsoft SQL Server Reporting Services / K2 blackpearl**

**Description of Product**

- APHP secure provider web portal is available to all enrolled Medicaid program providers and is the hub for all IME program information access.
- APHP will automatically generate and publish provider RAs to the provider secure portal (and/or on paper if designated). RAs are available for view and/or download on the APHP provider portal in PDF format, and supports HIPAA compliant X-12 format. The remittance advice includes information regarding TPL resources for members with other insurance coverage.
- APHP will generate reports, via the Enterprise Reporting services on all accounts receivable and interest debt on the basis of RA and ASC X12N 835.
- APHP leverages an enterprise workflow automation and process engine that will be configured with the appropriate production business rules to support accurate RA management.

| Requirement Number: | FI3.12 |
|---|---|
| *Provide support for identification and application of recovery funds and lump-sum payments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The APHP financial component produces non-claim specific and claims detail line level recoupment and recovery transactions.
- The APHP portal supports the entry of cash receipt information, cash receipts allocation, warrant replacement activities, and general financial research.
- APHP, through the use of EDI and direct entry, can receive lump-sum AR payments. These payments establish a financial transaction (AR) which allows for the identification of the payment receipt source and the creation of an audit record for support in processing the recovery amount to tie back to the original fund code allocations.
- APHP cross references the information to support reporting and query requirements so that users can access and view, directly from the worker portal, detailed payment information including check number, EFT number, warrant number, payment date, and payment amount.

| Requirement Number: | FI3.13 |
|---|---|
| *Identify providers with credit balances and no claim activity during a state-specified number of months.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP will utilize the Enterprise Reporting services to produce reports across all business areas. Reporting within the financial component of the COTS claims engine identifies outstanding accounts receivables and supports sorting by transaction date, dollar amount (high-low, etc.) or by source.
- The workflow and process engine will support the configuration of business rules around the use of reports to trigger identification of inactivity on aged account receivables.
- APHP leverages the provider management component within the claims COTS product to organize provider services in alignment with provider payments. This data is easily accessible and actionable from online access.
- Automated workflow rules can be configured to trigger an alert once a State-specified period of inactivity occurs for any provider, including those who have identified credit balances.

| Requirement Number: | FI3.14, FI3.14.01 |
|---|---|
| *Notify providers when a credit balance or AR has been established.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

• APHP leverages the workflow process engine through the configuration of the business rules to automatically generate notifications to providers as credit balances and accounts receivables are created in the system.

• APHP creates RAs that provide the status of claims that have been paid or denied during each adjudication cycle and can use the same business rule process to drive notification to the provider either via the secure portion of the portal, or via mobile messaging, texting, email, etc.

| Requirement Number: | FI3.14, FI3.14.01 |
|---|---|
| • APHP utilizes a COTS claims product that natively supports the ability to produce invoices to individuals, organizations or other entities when an overdue balance is discovered. Additional capability exists to identify financial and claims based transactions tied to the invoice as well as capture payments applied to the invoice. | |

| Requirement Number: | FI3.15 |
|---|---|
| *Display adjustment and or void in a separate section of the remittance advice.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP / OnBase**<br><br>**Description of Product**<br>• APHP leverages the configurable capabilities within the Enterprise Document Management System to support the tailoring of the remittance advice template. Additionally, upon complete integration, authorized stakeholders will be able to view the remittance advice via the secure provider and/or member portals whereas adjustment and or voided claims will appear in a separate section of the RA. | |

| Requirement Number: | FI3.16 |
|---|---|
| *Allow for withholding of payments in cases of fraud or willful misrepresentation without first notifying the provider of its intention to withhold such payment.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP / Plexis Quantum Choice**<br><br>**Description of Product**<br>• APHP will utilize the claims COTS native capabilities to apply a withhold to a provider payment and assign an indicator to the provider record displaying the need for the suppression of information regarding the withhold. This indicator will act as a flag for any communication between the provider and internal worker to support investigations of fraud and willful misrepresentation. | |

| Requirement Number: | FI3.17 |
|---|---|
| *Support refunding of federal share of provider overpayments within one year from discovery of an overpayment for Medicaid services in accordance with Affordable Care Act.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**<br><br>**Description of Product**<br>• APHP will support the business process rule requiring the refunding of federal share from provider overpayments, via the use of an automated workflow and process rules engine.<br>• Identification of an overpayment (which could be from the creation of an AR), will initiate an automated process invoking a service call to create a financial transaction (chart of accounts update). The financial transaction will refund the federal share fund code for the determined overpayment amount.<br>• Provider recoupment is initiated by the discovery of an overpayment.<br>• The APHP reports overpayments as part of the CMS 64 statement of expenditures. | |

| Requirement Number: | FI3.17 |
|---|---|

- APHP follows all procedures and support compliance with the identified state and federal guidelines regarding the collection of outstanding accounts receivable. Using State and Federal standards, APHP calculates the withholding for payments to Medicaid providers to recover Medicare overpayments.
- APHP can be configured to reflect time frames that support the Medicaid Enterprise Certification Toolkit checklist and the Affordable Care Act for refund timeliness.

| Requirement Number: | FI3.SS.01 |
|---|---|

*Provide the ability to identify interest that is applied through settlements (e.g., liens, settlements and sanctions).*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provides financial management utilizing the COTS claims engine and provider management via the same product. Interest calculation based on settlements to the state will be supported within the financial management functionality, accessed via the worker portal. Enterprise reporting will call services from the provider's financial structure and support the report creation.
- Automated workflow can be easily configured to route the financial transactions supporting the settlements and interest calculation according to business process policies.

| Requirement Number: | FI3.SS.02 |
|---|---|

*Manage provider IDs so remittance advices can include claims from more than one benefit plan.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP supports the concurrent participation of providers in multiple benefit plans.
- APHP provider management natively links all provider ID's for a single provider together, allowing for the use of the NPI to succinctly represent all financial transactions (AP and AR) for the individual provider, regardless of plan participation.
- APHP applies the same logic for non-standard or atypical Medicaid providers by utilizing another designated ID number. Examples of this number include, but are not limited to, SSN, Assigned Medicaid ID, TIN, State License, etc.

| Requirement Number: | FI3.SS.03 |
|---|---|
| *Allow for the creation of multiple categories of AR (audit, overpayments, fraud) at the claim line level.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP's core financial component supports the capture and application of multiple types of account receivables including, but not limited to premium collections, rebates, cost settlements, audit, fraud, and recoveries generated from estate probate, client annuities, and property liens.
- APHP leverages the accounting functionality from the COTS claims processing product. As transactions are created in the system, they are linked with the payee/provider and a pair of GL accounts. Additional information may be tracked in specific formats such as the Federal reporting codes for each transaction, ensuring that the appropriate Federal and State accounting and reporting codes are captured.
- Federal reporting codes may be maintained in a user-defined drop-down listing and updated as necessary.
- The APHP financial component produces multiple AR and AP transactions from the claim line level as needed, thus supporting the fund code allocations at the line level.
- APHP leverages capability from the accounting component of the COTS claims engine to provide audit and log capability that enables tracking general ledger transactions and identify changes across MMIS.
- The APHP financial component produces non-claim specific and claims detail line level recoupment and recovery transactions.
- APHP recognizes and posts accounts receivable transactions in accordance with both State and Federal regulations.

| Requirement Number: | FI3.SS.04 |
|---|---|
| *Automatically create a receivable collectable whenever a provider advance is created, unless instructed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Quantum Choice / K2 blackpearl / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP utilizes the automated workflow and process engine to drive business rules and processes.
- Leveraging the output from a financial process activity, such as "provider advance established", APHP allows for the configuration of a resulting step within the workflow engine. Upon the completion of the first step, the next step in the workflow configuration would be "create invoice" such that, the provider's advance notice would immediately be offset by the action to invoice the provider for the receivable.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.
- APHP leverages the accounting functionality from the COTS claims processing product. As transactions are created in the system, they are linked with the payee/provider and a pair of GL accounts. Additional information may be tracked in specific formats such as the Federal reporting codes for each transaction, ensuring that the appropriate Federal and State accounting and reporting codes are captured.

| Requirement Number: | FI3.SS.05 |
|---|---|
| *Allow for collection of individual receivables to be suspended but still reported.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl / Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP contains a comprehensive web portal that allows providers and authorized APHP workers to support provider recoupment activities.
- APHP leverages the automated workflow and process engine to support the configuration of business rules that will drive the ability to create a payment plan from an AR.
- The workflow can be set to apply the same or different sets of business rules depending on the creation trigger of the AR (manually or automatically created).
- APHP workflow will utilize standard services across the ESB to support the reusability and consistency of the payment plan creation action, such that payment plan services can be applied across other agency programs as desired.
- The financial component supports the creation of accounts receivables for recoupment of overpayments and automatically records the transaction in the financial system.
- APHP has the ability to recoup fixed dollar amounts and/or a percentage of payments at the provider level as needed. Depending on the specific recoupment situation, rules can be configured to suspend/delay recoupment, apply the recoupment all at once, or recoup on a recurring basis.
- APHP's enterprise reporting capability has the ability to configure reports according to business rules that support the IME. Leveraging the financial management component in conjunction with the operational metrics reporting capabilities, aging reports will be included in the operational dashboards which are accessible via the worker portal. The dashboards provide a streamlined, top down view into the health of the operation. Details that comprise the dashboards are accessible simply by drilling down from the web page.
- Remittance Advices (RA), regardless of delivery format, contain a summary of payments and recoupment information that processed against the provider's account in a given week.

| Requirement Number: | FI3.SS.06 |
|---|---|
| *Provide the capability to create a letter to the provider notifying the provider of the creation of the AR and of appeal rights based on IME rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / OnBase / K2 blackpearl**

**Description of Product**

- APHP supports multiple communication channels to provide the most comprehensive program administration approach available to IME. Correspondence is just one type of communication protocol that is supported by APHP. Leveraging the ESB service orchestration capabilities, related correspondence that has been received in support of an AR record is held in the Enterprise Document Management System (EDMS) and called by a service from the ESB.
- The APHP solution automates business processes using our workflow applications and rules engines. Workflow definition can identify steps in the stop payment process that act as triggers for automatic letter generation to notify the provider of account receivable creation and appeal rights.
- APHP supports the creation and modification of letter templates, including letterhead and signature blocks. It uses industry standard authoring and editing tools, such as Microsoft Word, to allow authorized users to make required changes or updates.

| Requirement Number: | FI3.SS.07 |
|---|---|
| *Provide the capability to automatically change AR status to allow offset against accounts payable and interest calculation, based on business rules established by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.
- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically changing the AR status to accurately reflect the offset.

| Requirement Number: | FI3.SS.08 |
|---|---|
| *Support the ability to recover receivables from another NPI and Medicaid ID with the same TIN.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP leverages a COTS claims engine which creates and manages accounting transactions (payables / receivables) by TIN specifically and by not servicing provider (NPI), as the TIN represents the “payee”, for which one or many individual providers may be associated. Example: The Group (payee) is ABC Medical Clinic, which has five (5) practitioners, each with their own NPI. Services rendered at the clinic are payable to the clinic (the clinic’s TIN), and therefore accounting transactions created in the system are associated with the one Group, for which the five practitioners have an association. Given this approach to managing “payee” records, recovery of receivables from many different providers from the same Group / TIN is supported.

| Requirement Number: | FI3.SS.09 |
|---|---|
| *Provide the capability to identify the state and federal fiscal year in which an AR was created and the original date of claim adjudication as applicable.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP web portal will provide the ability to configure both State and Federal FY status at the program level. Claim adjudication details, including original date of the claim, are viewable online currently. Additionally, the capability to link claims back to their associated financial transactions exists natively within the COTS claims component of APHP.

| Requirement Number: | FI3.SS.10 |
|---|---|

*Provide the ability to allow uncollectable credit balances to be set as directed by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP leverages the COTS claims component for all financial transaction processing. Configurable business rules drive the financial decisions based on IME payment policies. APHP has the ability to set GL account codes as necessary and provides for the tracking of a pair of GL account codes across financial transactions, one of which could be set to an uncollectable credit balance account.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.
- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically changing the AR status to uncollectable based on pre-defined aging thresholds.
- All data supporting credit balances, including non-claim specific payment toward uncollectable balances, will be referenced during the payment cycle to determine proper offset against claims or gross provider payments.
- APHP's enterprise reporting capability has the ability to configure reports according to business rules that support the IME. Leveraging the financial management component in conjunction with the operational metrics reporting capabilities, aging reports will be included in the operational dashboards which are accessible via the worker portal. The dashboards provide a streamlined, top down view into the health of the operation. Details that comprise the dashboards are accessible simply by drilling down from the web page.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

| Requirement Number: | FI4.01, FI4.01.01 |
|---|---|

*Provide a financial transaction application for processing non-claim specific financial transactions including payouts, AR, refund checks and returned warrants.*

*Automatically create financial transactions and apply correct account and federal report coding, based on: a. Data entered by a user manually. b. Data uploaded to the system from Excel spreadsheets or other software. c. Enrollment of a member into benefit plans that require single or recurring capitation payments, premium or management fees. d. Business rules for creation of hospital disproportionate share payments. e. Other requirements of IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**

**Description of Product**

- APHP provides accounts receivable functionality that generates a financial transaction for every receipt. Receipt source data is kept in the financial transaction record such that the AR can be easily traced back to the provider, member or other entity that submitted it to the program. AR and AP management leverage standard services which can be applied across all areas of financial management.
- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities.
- APHP Framework delivers a core financial management component (accounting system) supporting the capture

| Requirement Number: | FI4.01, FI4.01.01 |
|---|---|

and application of multiple types of non-claim specific financial transactions including, but not limited to payouts, receivables, refund checks, and returned warrants.

- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs.
- All data supporting credit balances, including non-claim specific payment, will be referenced during the payment cycle to determine proper offset against claims or gross provider payments.
- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically generating financial transactions and applying financial codes.
- APHP leverages the accounting functionality from the COTS claims processing product. As transactions are created in the system, they are linked with the payee/provider and a pair of GL accounts. Additional information may be tracked in specific formats such as the Federal reporting codes for each transaction, ensuring that the appropriate Federal and State accounting and reporting codes are captured.
- Federal reporting codes may be maintained in a user-defined drop-down listing and updated as necessary.
- The APHP financial component produces multiple AR and AP transactions from the claim line level as needed, thus supporting the fund code allocations at the line level.
- The APHP solution will be delivered with pre-configured state and federal reporting solutions that meet federal report coding requirements.
- The APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of claims payment results which effectively support Federal report coding requirements.

| Requirement Number: | FI4.02 |
|---|---|

*Support the process of issuing a manual check, retaining all data required for fund source determination, payee identification and reason for check issuance.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP utilizes the native functionality within the COTS claims engine to manually enter an Accounts Payable record, assign the payable to a designated account and/or funding source as well as to an expense type account if necessary. Payee information, reason code, and description for issuance are also captured.
- All financial transaction records, systematically or manually generated, are kept for historical purposes and available for inclusion in reporting.

| Requirement Number: | FI4.03, FI4.03.01 |
|---|---|

*Update records to reflect the processing of uncashed (stale) or cancelled (voided) Medicaid checks. Process replacements for lost or stolen warrants and updated records with new warrant information.*

*Update and track information necessary to support a reconciliation of cancelled, outdated and or replaced warrants.*

| Requirement Number: | FI4.03, FI4.03.01 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**

**Description of Product**

- APHP supports payment reconciliation to reflect the situations when checks are not deposited or cashed by the provider, or when they simply must be voided.
- Financial management functionality supports the assignment of indicators for voided and stale dated checks.
- Automated workflow and process engine rules can dictate how long before an issued check is determined to be uncashed (stale). Workflow rules can automate the check void process take actions to reproduce the check.
- Reconciliation of cancelled, rejected, lost, outdated warrants with replacement warrants can be performed on a defined schedule or instantaneously upon the issuance of the new warrant.

| Requirement Number: | FI4.04, FI4.04.01, FI4.04.02, FI4.04.03, FI4.04.04, FI4.04.05 |
|---|---|

*Process payments from providers for refunds and update records as needed. Capability to adjust 1099 reporting.*

*Generate a snapshot file that lists the activity in each provider's year to date earnings at the time the 1099 is created. A copy of each provider's 1099 form for the year shall be maintained for seven years.*

*Process and track requests for duplicates and provider change requests for 1099 in accordance with IME business rules.*

*Process the annual IRS "no match" provider file and generate a report, as defined by IME.*

*Interface with NPPES and Internal Revenue Service (IRS) to validate accuracy of provider data, including NPI and Tax-ID, on the 1099.*

*Provide capability for providers to securely access and print their 1099 from the web portal.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft Dynamics**

**Description of Product**

- APHP produces provider 1099 earning data annually including preparation, maintenance, and correction.
- APHP 1099 reports are configured to provide review of earnings data.
- APHP users may access 1099 reports and summary transactions reports via the web portal.
- APHP supports collection management for entities refunding a full or partial claim payment through the use of financial claims adjustment/void, recoupment, and workflow processes.
- APHP maintains a history of claim recovery payments
- Cash receipts engage the APHP workflow for transaction routing and fund dispositioning to the appropriate accounts.
- Refund details are stored with the financial data associated with claims recovery and payment.
- Historical refund data is available for review by authorized users via the web portal and APHP reporting.
- APHP maintains a process to accommodate issued or reissued checks by the State and the required posting to the specific provider's account to adjust the provider's 1099 earnings data and set up recoupment criteria.
- APHP delivers a secure provider portal to support self-service activities of the IME provider community, including requests of changes to 1099 and requests for re-issuance and/or duplicates by providers.
- Business rules will be configured within the workflow and process engine to support the automated receipt and routing of provider change requests and request for duplicate 1099 reports.
- APHP will provide audit trail tracking of all 1099 processes related to production and distribution of the 1099 report

| Requirement Number: | FI4.04, FI4.04.01, FI4.04.02, FI4.04.03, FI4.04.04, FI4.04.05 |
|---|---|

to providers.

- APHP produces the 1099 files by interfacing with the SSA (social security Administration) and IRS (internal revenue service) leveraging the EDI component for secure data exchange with external systems and data sources.
- APHP Enterprise reporting functionality will support the 'no match' report which will be available for viewing and/or downloading from the APHP worker portal.
- APHP will leverage the EDI component for all secure data exchange with external systems and data sources, including the NPPES and IRS.
- APHP configures business rules to always drive adjudication using the NPI for all service providers. For all claims received on paper or electronically, we make a service call out to NPPES to validate the NPI prior to final claims adjudication. APHP will leverage the ESB service orchestration to make a service call out to NPPES during 1099 processing to ensure final validation.
- APHP secure provider portal will be the single hub for all provider information gathering and interaction while participating in the IME. Providers will have the ability to access and download for printing, their 1099 information from the secure portal.

| Requirement Number: | FI4.05 |
|---|---|

*Allow for history adjustments to claims processing to reflect changes in funding sources and other accounting actions that do not impact provider payment amounts or 1099 reporting.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP uses industry standard reason codes during the adjustment process.
- Configuration of financial reason codes determines the affect of the adjustment on financial reporting, positive, negative, or no affect.
- History only adjustments may modify fund category totals but have no affect on the provider's 1099.
- As the historical data is identified and collected for adjustment, configurable settings are made via the worker portal to allow for the history only changes to occur and be reflected by funding source allocation and/or other categorization but not impact provider payment or 1099 reporting.
- APHP financial management screens will allow tying of any refund or recovery resulting from an adjustment back to the billed claim using a standard or history only transaction.

| Requirement Number: | FI.SS.01 |
|---|---|

*Provide capability to perform credit balances adjustments.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**

**Description of Product**

- APHP provides a full array of flexible financial management capabilities with proper controls and audit trails on any changes made.
- Per business rules, authorized users may view or modify receivables and payment information including AR and payment dispositions and update claim-specific dispositions at both header and detail levels. Users may exempt receivables or payables from the 1099 process.
- APHP allows mass adjustments to items such as dispositions or to write off specified debts as the State defines.

| Requirement Number: | FI.SS.01 |
|---|---|

- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP Data Warehouse is structured to support business functions and capabilities directly related to the MITA framework. Additionally, APHP will provide a number of data management artifacts and tools to govern and mature their data management practices.
- APHP uses user-defined rules, including age and threshold amount, to identify accounts receivable that qualify for write off. Workers with the correct security permissions are able to apply the write-offs to the identified accounts. When the write off is applied, the workflow creates all audit details and relates them to the closed accounts receivable.
- APHP's security assigns each worker a role that allows and disallows access to specific components, workflow, data, etc. within the system. Users with appropriate security permissions will have authority to disposition recoupments and incoming cash receipts as well as make any necessary corrections to past payments or dispositions.

| Requirement Number: | FI.SS.02 |
|---|---|

*Provide interoperability between the MMIS and I/3 state accounting systems, eliminating manual financial processes.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Framework is designed based on SOA and the MITA principles, and firmly meets with CMS' Seven Conditions for Enhanced Funding, one of which is Interoperability with external systems. APHP specifically supports the automation and real time capability for overall program financial management, including the necessary data exchanges and process flows that occur between the MMIS and the Integrated Information for Iowa (I/3) system. With APHP, never again will IME be dependent on manual overpayment and recoupment processes.
- APHP leverages the use of our ESB to orchestrate service calls between the APHP COTS applications and external services from outside source systems.
- The EDI component acts as the gateway for secure data exchange for all inbound and outbound X12 and non X12 files. Thus, allowing for all required information to exchange with the APHP, regardless if traded via exposed services, standard formats or flat files from a secure FTP location.

| Requirement Number: | FI.SS.03 |
|---|---|

*Provide remittance processing capabilities to account for both payment offsets and cash receipts.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Service / K2 blackpearl**

**Description of Product**

- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting credit balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount, including interest payments, claim payments, and cash receipts, before final payment due is determined and payment processing occurs.
- All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

| Requirement Number: | FI.SS.03 |
|---|---|

- All data supporting credit balances, including non-claim specific payment toward uncollectable balances, will be referenced during the payment cycle to determine proper offset against claims or gross provider payments.
- APHP utilizes the automated workflow and process engine to drive business rules and processes. Leveraging the output from a financial process activity, APHP allows for the configuration of a sequenced step-by-step business process within the workflow engine that can drive to an action, such as automatically changing the AR status to accurately reflect the offset.

| Requirement Number: | FI.SS.04 |
|---|---|

*Accumulate payments for multiple benefit plans by provider and include on same remittance advice.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP supports the concurrent participation of providers who deliver services to members in multiple benefit plans. Provider RAs will reflect all service paid to the provider across all applicable benefit plans.
- APHP provider management natively links all provider ID's for a single provider together, allowing for the use of the NPI to succinctly represent all financial transactions (AP and AR) for the individual provider, regardless of plan participation.
- APHP applies the same logic for non-standard or atypical Medicaid providers by utilizing another designated ID number. Examples of this number include, but are not limited to, SSN, Assigned Medicaid ID, TIN, State License, etc.

| Requirement Number: | FI.SS.05 |
|---|---|

*Summarize payment cycle transactions by account coding.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP provides updating of claims history and online financial files with the check number, date of payment and amount paid after the claims payment cycle.
- APHP leverages exposed services from the COTS claims component and supporting financial management capabilities to allow for Enterprise reporting to provide payment cycle summarization by account codes, provider type, payment amount, etc. The reporting services capability is configurable to meet the business views of financial processes, including payment processing. Additionally, financial processing details are available for drill down into the claims.

| Requirement Number: | FI.SS.06 |
|---|---|
| *Create a payment processing summary file for upload to state accounting system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP sends payment request files to the State financial system, which will issue the checks. Once the payments are issued, financial information is sent back to MMIS for history updates within the financial component.
- APHP stores the information for reporting on the remittance advice, 835 (Electronic RA), to the providers.

| Requirement Number: | FI.SS.07 |
|---|---|
| *Balance all payment cycle processing, including balancing a Claims Payment Summary Report to a Remittance Advice Report.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / SQL Server Reporting Services**

**Description of Product**

- APHP Enterprise reporting will provide all necessary functions to actively manage the program budget. This includes web access to all budget drivers including entries, updates and audit trails of all actions taken. All reports necessary for budget monitoring will available to authorized users via the APHP worker portal and will maintain up-to-date financial data such that the clearest, most timely picture possible of the current budget spend can be managed effectively by AME.
- APHP stores the information for reporting on 835 (Electronic RA) to the providers.

| Requirement Number: | FI.SS.08 |
|---|---|
| *Provide the capability to reduce a provider payment by a percentage or hold an entire payment by provider type or other selection criteria designated by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP leverages a commercial claims processing and benefit administration COTS product which, out of the box, supports the hold of payments at the individual provider level. The automated workflow and process engine will support the configuration of business rules to group like providers by type (or other) for payment holds.
- Currently, utilizing the flexibility within the fee schedule configuration engine within the claims component, fee schedules can be established based on percentages of other fee schedules, percentages of billed charges and other key payment methodology approaches. The "percentage of" logic already exists within the core claims product and will apply at the payment processing levels.

| Requirement Number: | FI.SS.09 |
|---|---|
| *Support the calculation of disproportionate share payments, per business rules provided by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP leverages the financial management component from the COTS claims engine to support financial transaction management. Financial transactions are spawned off of claims transactions during the claims adjudication process. AR and AP transactions are identified based on the results of the claims adjudication process. During the claims payment processing tasks, reconciliation across the AR, AP and any provider credit balances occurs.
- With the integration of the automated workflow and process rules engine, business rules will be configured to support the automatic addition of account and Federal reporting codes, along with supporting the overall increase in automated processes that assist in overall financial management and auto creation of additional transactions based on manual inputs, EDI drivers and other trigger type scenarios.
- The business rule configuration to support process flows that automate the ability to apply accounting and federal codes and hospital share information, will take place in the automated workflow and process engine. The secure data exchange of member information to support benefit plan assignment will leverage the APHP EDI component for mapping and population of data. Additionally, the EDI component, in conjunction with the APHP web portal, will support the external file uploads such as Excel, others.
- The APHP central reporting data store will come standard with Disproportionate share reports which may be tailored in coordination with IME.

| Requirement Number: | FI.SS.10 |
|---|---|
| *Allow for limiting payment amounts, per IME business rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP leverages a commercial claims processing and benefit administration COTS product which, out of the box, supports the hold of payments at the individual provider level. The automated workflow and process engine will support the configuration of business rules to group like providers by type (or other) for payment holds.
- Currently, utilizing the flexibility within the fee schedule configuration engine within the claims component, fee schedules can be established based on percentages of other fee schedules, percentages of billed charges and other key payment methodology approaches. The "percentage of" logic already exists within the core claims product and the next release will allow that logic to apply at the payment processing levels.

| Requirement Number: | FI.SS.12 |
|---|---|
| *Support multiple AR for a given provider to include a prioritization of satisfaction of the outstanding balances that may be overridden.* | |

This requirement will be met through a system modification.

**Type of Modification (change rules engine with modification and addition to system code): Plexis Quantum Choice claims payment cycle processing logic**

- APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting outstanding AR balances will be applied during the payment cycle to offset provider payments accordingly. AR processing will also take into consideration the provider payment amount before final payment due is determined and payment processing occurs. This will include interest payment calculations and the offset based on an outstanding AR balance.
- APHP will support multiple concurrent account receivable transactions for a given provider and allow the user to prioritize the order in which each receivable is satisfied.

| Requirement Number: | FI.SS.13, FI.SS.14 |
|---|---|
| *Designate the financial status of all cash receipt transactions, including the date of record creation, updates, comments, financial coding and attach any supporting documentation.*<br><br>*Update MMIS financial claims history to reflect cash receipts.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / OnBase**

**Description of Product**

- APHP leverages the automated workflow and process engine to configure business rules which can result in direct actions taken with data automatically. AR configurations will support the automation of managing timely and accurate processing of cash receipts.
- APHP generates timely and accurate cash receipts on the basis of information collected and will capture all information associated with cash receipts including financial status, date of record creation (held within the transaction ID), update, comments and financial account code assignments.
- APHP cross references the information captured from the cash receipt to support reporting and query requirements allowing users to access and view transaction detail from the web portal.
- Cash receipts engage the APHP workflow for transaction routing and fund dispositioning to the appropriate accounts.
- OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are determined by Keywords. Additionally, the OnBase Workflow engine can be configured to look for documents with the same Keyword values and then initiate the proper business process review or notice process.
- The OnBase document relationships are dynamic and allow different file formats to be linked together.
- The APHP COTS claims engine links accounting transactions to corresponding claims for payments.
- APHP can track the provider (payee) from which a payment was received and other user-defined information.
- A user-definable topic may be configured for use with the accounting transaction form that allows for entry of claim line.
- APHP secure provider web portal will display all provider claims detail and connected payment information on a per claim basis for review.
- All financial data supporting financial processing and transactions will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required. This information will also be available via the APHP web portal.

| Requirement Number: | FI.SS.15 |
|---|---|
| *Support drill down capability for AR and cash receipts.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP Performance Management dashboard solution provides an aggregated view of the performance metrics. It also provides the ability to drill into each metrics to see the details behind the aggregated metric. For example, if the user observes a metric on high claim suspense rate, drill will present the break out by claim type. Further drill down presents a view of particular edits or audits that are causing the suspense.
- The APHP design principle is based on providing the user the information necessary to take corrective action or understand the underlying cause of the anomaly.
- APHP leverages the functionality provided by the Enterprise reporting service to allow users drill down capability for financial detailed data.

| Requirement Number: | FI.SS.16, FI.SS.17 |
|---|---|
| *Produce reports and notices and letters in Microsoft Office compatible files, for use in spreadsheets and emailing of reports.*<br>*Allow for export of financial management reports to Excel, based on user-defined parameters.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / OnBase**

**Description of Product**

- The APHP correspondence component allows for both automatic and manual generation of reports, notices, and letters to designated stakeholders.
- APHP is able to forward correspondence in various methods such as email, posting to the web portal, facsimile, and standard mail.
- APHP supports the creation and modification of letter templates, including letterhead and signature blocks. It uses industry standard authoring and editing tools, such as Microsoft Word, to allow authorized users to make required changes or updates.
- APHP is designed using a Microsoft "stack" of products which are fully compatible with MS Office products that include the reporting capability and business applications such as MS Office tools, MS Mail, and Excel.
- All authorization letters created and sent, whether automatic or manually generated, are stored in the APHP document repository. Authorized APHP users are able to use the APHP portal to access images and correspondence stored in the system document and imaging repository.
- From the APHP secure portal, users can download reports in MS Office Excel format as well as from standard and ad hoc reporting capabilities with the Enterprise Reporting tool, Microsoft SRS, users can export report information.

| Requirement Number: | FI.SS.18, FI.SS.19 |
|---|---|
| *Include beginning and end dates on reports, if applicable.*<br>*Provide reports in electronic format, as defined by IME, including, but not limited to the following: a. Monthly report for return of federal funds for AR. b. Collection activity for all AR by category (Summary and Detail). c. Collection activity of AR that are federally funded. d. Accounts receivable balances by category (Summary and Detail). e. Cash Receipts report. f. Claim payments used to satisfy receivables. g. Payment cycle reports, including the Claims Payment. h. Accounts receivable aging reports (Summary and Detail) with work queues for the different aging levels* | |

| Requirement Number: | FI.SS.18, FI.SS.19 |
|---|---|

*(e.g., 30-60-90 day). i. Providers" 1099 earnings report annually. j. Providers earnings reports for the IRS in accordance with federal and state regulations. k. Collection notices and letters for ARs available in multiple user-defined formats. l. Providers receiving collection notices and letters. m. Providers referred to the state or other collection agent for collection. n. Accounts receivable related to bankrupt providers. o. Accounts receivable by Account Number (parameter of last activity date within the current fiscal year). p. Deposit reports including summary and detailed deposit tickets. q. Outstanding and historical accounts payable transactions. r. Prompt Payment Report.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP Enterprise Reporting and Analytics provides a full range of tools and services to help manage program administration leveraging the use of contract management and performance measures reporting dashboards. APHP Enterprise Reporting has features that enable the extension and customization of the reporting functionality. The component has capability to produce reports at the program, (IME), operations, (MMIS), and service (contractor) level.
- Authorized users access Enterprise Reporting and Analytics via the Worker portal. User profiles established and managed in the Security service determine the users that have access to the component, as well as the types of reports they are allowed to access.
- The Enterprise Reporting and Analytics component is a server-based reporting application that provides comprehensive reporting functionality using the APHP Operational Data Store (ODS) and the APHP Dimensional Data Store (DDS). The Microsoft SQL Reporting Service tool is used to generate standard reports.
- APHP supports the inclusion of beginning and ending dates on reports where applicable. Enterprise reporting services is a configurable reporting suite that gives the program maximum flexibility on exactly which data is reflected on each report.
- APHP Enterprise Reporting Services is a flexible, highly configurable reporting application that works in harmony within a Services Oriented Architecture such as APHP. Leveraging service orchestration from the ESB, all information across the components of the APHP Framework will call and expose services that invoke actions within the MMIS. These actions can be considered anything from claims transaction processing related, financial processing related, communication protocol related, and so on.
- The Enterprise Reporting service will generate all standard and ad hoc reports in the new MMIS and the ESB will promote these reports to the APHP secure portal for access by authorized users. All of the defined State specific and Federal Financial standard and ad hoc reports, including MAR, will be available in our next public release upon completion of the integration of the APHP Framework for the IME.
- The reporting services capabilities includes the ability to provide monthly reports for return of Federal funds for AR; Collection activity (summary and detail) for all AR by category, including federally funded activity; AR balances by category; Cash Receipts reports; Claims payments that satisfy receivables; all payment cycle reports and payment summaries; and, aging reports across queues based on 30-60-90 day timeframes.

| Requirement Number: | FI.SS.20 |
|---|---|
| *Identify the type of TPL recovery on each AR.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

• APHP leverages the financial management component to oversee TPL processing. Coordination Of Benefits occurs within the claims adjudication process and relies on accurate and comprehensive information about the known TPL at the member record level. APHP provides TPL information on the basis of claim(s) found.

• APHP adds the TPL data, including TPL type, payment source, etc, to the client database with an unverified status code, unless the information is gathered via secure data exchange with an external data source that has been approved by the IME as an approved trading partner.

• APHP, through the use of automated workflow and process engine business rule configuration, will invoke a service that alerts the TPL recovery group.

| Requirement Number: | FI.SS.21 |
|---|---|
| *Provide a link for related AR correspondence.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / OnBase**

**Description of Product**

- APHP supports multiple communication channels to provide the most comprehensive program administration approach available to IME. Correspondence is just one type of communication protocol that is supported by APHP. Leveraging the ESB service orchestration capabilities, related correspondence that has been received in support of an AR record is held in the Enterprise Document Management System (EDMS) and called by a service from the ESB.
- OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are determined by Keywords. Additionally, the OnBase Workflow engine can be configured to look for documents with the same Keyword values and then initiate the proper business process review or notice process.
- The OnBase document relationships are dynamic and allow different file formats to be linked together.

| Requirement Number: | FI.SS.22 |
|---|---|
| *Provide the capability to maintain reason codes for all receipts of money (i.e., recoupment payments).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The APHP claims engine provides the capability to assign user-defined reason codes to accounting transactions (A/P or A/R), via use of the system's Topics capability. Topics are user-defined data elements that are customizable to a particular system screen/function. Topics may consist of drop-down lists or other validated data and types (e.g., numeric value, date not future, date not past, currency, number greater than zero, etc.). A set of state-specific reason codes may be created as a Topic drop-down list which may be presented on the accounting transaction form associated with the posting of money received.

| Requirement Number: | FI.SS.23 |
|---|---|
| *Provide the capability to assign a financial control number to any cash transaction.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The APHP claims engine will automatically assign a transaction identifier for each accounting transaction entered into the system, which may serve as a financial control number. Additionally, if the financial control number is generated out of another (State) system and needs to be associated with accounting transactions created in the APHP claims engine, the engine provides the capability to assign user-defined financial control numbers to accounting transactions (A/P or A/R) also, via use of the system's Topics capability. Topics are user-defined data elements that are customizable to a particular system screen/function. Topics may consist of validated data and types (e.g., free text, numeric value, date not future, date not past, currency, number greater than zero, etc.). State specific financial control numbers may be created as a type of topic which may be presented on the accounting transaction form associated with these transactions.

| Requirement Number: | FI.SS.24 |
|---|---|
| *Provide the capability to track and store federal financial participation (FFP) amounts.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP leverages the financial management component within the COTS claims engine. Comprehensive capability exists to support the financial management of the program account coding. The APHP worker portal is the access point in which authorized individuals will provide inputs into and review data from within the financial management component of the new MMIS. FFP amounts will be stored in the financial management component and through the use of the chart of accounts, will be tracked in conjunction with associated fund code assignments.

| Requirement Number: | FI.SS.25 |
|---|---|
| *Provide the capability to maintain complete audit trails of AR processing and all transactions must be reflected in subsequent financial reporting.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP utilizes a commercial claims processing product for all financial management. A complete audit trail for all accounts receivable processing is maintained within the database tables.
- APHP leverages capability from the accounting component of the COTS claims engine to provide audit and log capability that enables tracking general ledger transactions and identify changes across MMIS.
- APHP provides the audit trail to the source of general ledger transactions generated by the MMIS and supporting financial packages, including maintaining a history of refunds.

| Requirement Number: | FI.SS.26 |
|---|---|
| *Provide the capability to automatically transfer credit balances when a provider changes ownership as determined by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**

**Description of Product**

- APHP will leverage the automated workflow and process engine to support configurable business rules for automation of provider record changes that are reflected by a status change within the provider management component. This approach will support the gathering of information across all components for the provider, including financial status and credit balances due to a change in ownership, and designate its application to the new provider record accordingly.

| Requirement Number: | FI.SS.27 |
|---|---|
| *Provide the capability to send payment file as directed by IME for EFT.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Framework consists of a core claims COTS product which natively delivers comprehensive claims payment processing services. Upon completion of the claims payment process, which is automated via the APHP automated workflow and process engine, a claims payment file is created for payment issuance.
- APHP's core claims product supports claims payment processing for providers and other entities who choose to receive payments via Electronic Funds Transfer - EFT. Other forms of payment are supported as well, including:
  - Transfer of cash receipts
  - Warrant
  - Inter-agency transfer payments
- APHP provider records maintain an indicator that will be used to drive EFT selection throughout the payment process.
- APHP, through the use of exposed services, allows for the secure use and/or transfer of the payment file to an external system for warrant issuance, EFT or check write processes to occur.
- APHP will leverage the EDI component for secure data exchange between the MMIS and external data sources and systems. Upon completion of the payment processing sequence, APHP will generate a payment file for submission, via established secure interface, to the State's accounting system.

| Requirement Number: | FI.SS.28 |
|---|---|
| *Create AR for the purpose of billing entities responsible for a portion of the non-federal share of the cost of services. The AR is based on claims adjudicated in each payment cycle. The AR must identify claim line details supporting the billed amount based on IME rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP provides transaction processing functionality that allows claim lines to be split across funding sources while applying accurate, prescriptive payments to providers, members and other authorized entities based on IME business rules and defined payment methodologies.
- The transactions are assigned to accounts based on User-defined account assignments.
- The detailed accounting of funding source supports the invoicing of billing entities for the non-federal share of the cost of services provided to members.
- APHP utilizes a COTS claims product that natively supports the ability to produce invoices to individuals, organizations or other entities when an overdue balance is discovered. Collection of the non-federal share could be accommodated through invoice generation or the creation of AR directly from the claims adjudication process.

| Requirement Number: | FI.SS.29 |
|---|---|
| *Provide the capability to record the disputed amount of AR for the non-federal share of a claim at the line level, record the dispute reason and resolution indicators based on IME rule and link an image of supporting documentation.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / OnBase**

**Description of Product**

- APHP, leveraging a commercial claims processing and benefit administration product, supports many ways to capture information in association with claims processing and financial management. Current capability exists to support the capture of notes associated with all types of transactions.
- APHP supports multiple communication channels to provide the most comprehensive program administration approach available to IME. Correspondence is just one type of communication protocol that is supported by APHP. Leveraging the ESB service orchestration capabilities, related correspondence that has been received in support of an AR record is held in the Enterprise Document Management System (EDMS) and called by a service from the ESB.
- OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are determined by Keywords. Additionally, the OnBase Workflow engine can be configured to look for documents with the same Keyword values and then initiate the proper business process review or notice process.
- The OnBase document relationships are dynamic and allow different file formats to be linked together.

| Requirement Number: | FI.SS.30 |
|---|---|

*Provide capability to adjust an AR for the non-federal share of a claim at the line level and send alerts based on IME policy and reflect credits on the next billing.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**

**Description of Product**

- APHP, leveraging a commercial claims processing and benefit administration product, supports many ways to process information in association with claims processing and financial management.
- APHP allows mass adjustments to items such as dispositions or to write-off specified debts such as non-federal share, as the State defines.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP Data Warehouse is structured to support business functions and capabilities directly related to the MITA framework. Additionally, APHP will provide a number of data management artifacts and tools to govern and mature their data management practices.
- APHP uses user-defined rules, including age and threshold amount, to identify accounts receivable that qualify for write-off. Workers with the correct security permissions are able to apply the write-offs to the identified accounts. When the write-off is applied, the workflow creates all audit details and relates them to the closed accounts receivable.
- APHP's security assigns each worker a role that allows and disallows access to specific components, workflow, data, etc. within the system. Users with appropriate security permissions will have authority to disposition recoupments and incoming cash receipts as well as make any necessary corrections to past payments or dispositions.
- Native capabilities exist within the automated workflow and process engine to support the configuration of business rules surrounding the management of State policy, including initiating triggers for various alerts (mobile, email, phone, etc.) within the financial and claims processing transactional areas.

| Requirement Number: | FI.SS.31 |
|---|---|

*Provide the capability to automatically change "legal settlement county" for members based on the results of resolution of disputes over the non-federal share of a claim.*

This requirement is met using COTS products.

**COTS Product Name: APHP / K2 blackpearl**

**Description of Product**

- APHP provides the capability to automatically make changes across all components and data elements based on business rule configurations applied within the automated workflow and process engine. Rules can be configured to support step-by-step processes that result in a required action. Within APHP, account codes, such as "legal settlement county" that drive federal and non-federal share will become available attributes to tailor business rules within the workflow engine.

| Requirement Number: | FI.SS.32 |
|---|---|

*Provide the capability to limit a total provider payment in each payment cycle by an amount specified by IME loaded from an excel spreadsheet.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP leverages a commercial claims processing and benefit administration COTS product which, out of the box, supports the hold of payments at the individual provider level. The automated workflow and process engine will support the configuration of business rules to group like providers by type (or other) for payment holds and accept data uploaded from an excel spreadsheet.

| Requirement Number: | FI.SS.33 |
|---|---|

*Provide the capability to generate a monthly report of Medicare premium and crossover payments.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- The full APHP reporting data store is an integrated and subject-oriented source of Medicaid-centric data optimally organized to deliver information needed for decision support services. It houses data including but not limited to member data, provider data, claim and encounter data, premium payment data, pharmacy data, CHIP data, and TPL data.
- APHP uses a configurable scheduler to generate and deliver reports according to State defined requirements.
- The APHP report generation tool, SQL Server Reporting Services, can be configured to pull premium data for Medicare buy-in members and join it with crossover payment data in a single report.

| Requirement Number: | FI.SS.34, FI.SS.35 |
|---|---|

*Calculate and provide electronic record of the total dollars of assessment fees that are to be repaid to the state.*

*Calculate the assessment fee as an add-on to rates paid to providers designated by IME. Automatically set up an AR to recover all or a portion of the assessment fee as directed by IME. The AR can be satisfied as an off-set to future payments or through receipt of payment from the provider as directed by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP will utilize the core claims COTS product to calculate and process assessment fee withholding from payments to Medicaid providers.
- APHP provides accounts receivable functionality that generates a financial transaction record such that the AR can be easily traced back to the provider.
- APHP will apply all data supporting credit balances during the payment cycle to appropriately offset provider payments against claims or gross provider payments.

| Requirement Number: | FI.SS.34, FI.SS.35 |
|---|---|

- The APHP financial component produces multiple AR and AP transactions from the claim line level as needed, thus supporting the fund code allocations at the line level.
- APHP utilizes the automated workflow and process engine to drive business rules and processes.
- Leveraging the output from a financial process activity, such as "assessment fee established", APHP allows for the configuration of a resulting step within the workflow engine. Upon the completion of the first step, the next step in the workflow configuration would be "create invoice" such that, the provider's assessment debt would immediately be offset by the action to invoice the provider for the receivable.

| Requirement Number: | FI.SS.36, FI. SS.37 |
|---|---|

*Provide the capability to produce a report of aged AR, with flags on those that have no activity within a Department-specified period of time and the AR setup during the reporting period.*

*Provide the capability to produce a report to identify claim-specific and non-claim-specific adjustments by type of transaction (payout, recoupment or refund) and provider type, on a monthly basis.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services / K2 blackpearl**

**Description of Product**

- APHP will utilize the Enterprise Reporting services to produce reports across all business areas. Financial reporting exists today, within the financial component of the COTS claims engine that identifies outstanding accounts receivables and can be sorted by transaction date, dollar amount (high-low, etc.) or by source.
- The APHP Enterprise Reporting service component will work in conjunction with the ESB to drive services across the framework that result in comprehensive reporting processes. Claims management is supported at both the individual claim transactional level as well as at the mass adjustment, history adjustment to claims as a whole. These two components, Enterprise reporting and claims management, will be orchestrated by the ESB to provide claim specific reports that span across provider types and state defined time frames, and identify claim specific and non-claim specific (mass adjustments) information.
- The workflow and process engine will support the configuration of business rules around the use of reports to trigger identification of inactivity on aged account receivables.
- APHP leverages the provider management component within the claims COTS product to organize provider services in alignment with provider payments. This data is easily accessible and actionable from online access.
- Automated workflow rules can be configured to trigger an alert once a State-specified period of inactivity occurs for any provider, including those who have identified credit balances.
- All financial data surrounding provider credit and AR transactions will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.
- The APHP correspondence component allows for both automatic and manual generation of reports, notices, and letters to designated stakeholders.
- APHP is able to forward correspondence in various methods such as email, posting to the web portal, facsimile, and standard mail.
- APHP supports the creation and modification of letter templates, including letterhead and signature blocks. It uses industry standard authoring and editing tools, such as Microsoft Word, to allow authorized users to make required changes or updates.
- APHP is built on a Microsoft "stack" of products which are fully compatible with MS Office products that include the reporting capability and business applications such as MS Office tools, MS Mail, and Excel.
- All authorization letters created and sent, whether automatic or manually generated, are stored in the APHP document repository. Authorized APHP users are able to use the APHP portal to access images and correspondence stored in the system document and imaging repository.
- From the APHP secure portal, users can download reports in MS Office Excel format as well as from standard and ad hoc reporting capabilities with the Enterprise Reporting tool, Microsoft SRS, users can export report information.

| Requirement Number: | FI.SS.38 |
|---|---|
| *Provide the capability to produce paper billings and electronic billing file for billing the non-federal share of specific services to a county or other entity.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / OnBase**

**Description of Product**

- APHP will provide functionality to support county billing based on IME's need to collect the non-federal share of specific services. Leveraging the APHP EDI component, invoices generated from the financial management component within the COTS claims engine, will be provided in an electronic file, via secure data exchange, to the county offices. Subsequently, if paper invoices are required, the APHP document management component will support the creation and distribution of the paper invoice.

| Requirement Number: | FI.SS.39 |
|---|---|
| *Provide the capability to identify the claims that are the responsibility of a county or other entity for billing the non-federal share of specific services.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP will provide functionality to support county billing based on IME's need to collect the non-federal share of specific services. The APHP financial management component natively supports the ability to tie claims detail to all financial transactions, thus claims are identified that fall into the non-federal share bucket for billing to the county offices.

| Requirement Number: | FI.SS.40 |
|---|---|
| *Provide capability to track and report on all financial transactions, by source, including TPL recoveries, fraud and abuse recoveries, provider payments, drug rebates.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP meets the full range of Medicaid analysis and reporting needs with a single database and set of analytic applications. APHP Enterprise reporting services deliver an immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Financial management reporting exists natively within the COTS claims processing and benefit administration product and allows the ability to track expenditures and receipts based on commercial best practices.
- APHP will support comprehensive management of provider payment, TPL, fraud and abuse and drug rebate recoveries.

| Requirement Number: | FI.SS.41 |
|---|---|
| *Maintain the table of I/3 state accounting system codes in the system and code the payment and credit to the appropriate program cost center.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Framework is designed based on SOA and the MITA principles, and firmly meets with CMS' Seven Conditions for Enhanced Funding, one of which is Interoperability with external systems. APHP specifically supports the automation and real time capability for overall program financial management, including the necessary data exchanges and process flows that occur between the MMIS and the Integrated Information for Iowa (I/3) system. With APHP, never again will IME be dependent on manual overpayment and recoupment processes.
- APHP leverages the use of our ESB to orchestrate service calls between the APHP COTS applications and external services from outside source systems.
- APHP leverages the accounting functionality from the COTS claims processing product. As transactions are created in the system, they are linked with the payee/provider and a pair of GL accounts. Additional information may be tracked in specific formats such as the Federal reporting codes for each transaction, ensuring that the appropriate Federal and State accounting and reporting codes are captured.
- The EDI component acts as the gateway for secure data exchange for all inbound and outbound X12 and non X12 files. Thus, allowing for all required information to exchange with the APHP, regardless if traded via exposed services, standard formats or flat files from a secure FTP location.

| Requirement Number: | FI.SS1.42 |
|---|---|
| *Accept and process the Department of Administrative Services Offset Program file received monthly from the Department.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP will leverage the EDI component for secure data exchange between the MMIS and external data sources and systems. In preparation for payment processing, the APHP financial management component will perform reconciliations for credit balance and offsets. APHP will accept the Department of Administrative Services Off-set file on a monthly basis and apply the offsets as part of the financial payment cycle. APHP will generate a payment file for submission, via established secure interface, to the State's accounting system, which will be reflective of this offsets.

| Requirement Number: | FI.SS.43 |
|---|---|
| *Provide the capability to refund overpayments on AR.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**

**Description of Product**

- APHP will leverage the financial management component capabilities to balance AR/AP transactions. This includes cash receipts that, once applied to existing balances via the AR reconciliation process, may become identified as an overpayment. Since APHP supports the use of a COTS claims engine, commercial best practices are applied to this requirement, such that feature functionality native to the APHP COTS claims component is utilized.
- APHP provides the ability to post payments, adjust payments for future use and configure alerts within the automated workflow and process engine, such that alerts can be sent to TPL staff if the cash receipt is a potential over-payment.

| Requirement Number: | FI.SS.44 |
|---|---|
| *Provide a method to link payments from providers to the specific claim line affected.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The APHP COTS claims engine links accounting transactions to corresponding claims for payments. For accounting transactions associated with payments received from providers, the system can track which provider (payee) the transaction is for, in addition to tracking other user-definable information via the products native user-defined field functionality. A user-definable topic may be configured for use with the accounting transaction form that allows for entry of claim line.
- APHP secure provider web portal will display all provider claims detail and connected payment information on a per claim basis for review.

| Requirement Number: | FI.SS.45 |
|---|---|
| *Provide capability to accommodate the issuance and tracking of non-provider-specific payments through the MMIS (e.g., refund of an insurance company overpayment) and adjust expenditure reporting appropriately.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP leverages a commercial off the shelf, benefit administration and claims processing product for all MMIS provider, member and financial management associated with health plan administration. Native to the product is the ability to issue non-health service delivery related payments to entities that are identified as simply, "other payees/vendors". Providers and non-providers or "vendors" are assigned IDs, demographics are captured and financial payment instructions are defined (such as EFT and associated banking instructions) in the financial system records. Reporting and tracking for these types of "payees" is supported in full, just as is reporting and tracking for Providers.
- APHP supports the CMS 64 statements of expenditures and reporting of uncollectible overpayments.

| Requirement Number: | FI.SS.45 |
|---|---|

- APHP uses date-driven rules throughout the MMIS. Any rule change can be tracked to the date the change was made, who made the change, and the date range that is affected by the change. Using these date-driven rules, APHP will identify the most current data to be included in reports, even if the rule change was retroactive. If a rule change impacts a closed total, the total is retained in its original state, and a new revised total is reflected.
- APHP invokes sound accounting principles that prohibit changing financial data. Instead, APHP supports creating adjusting entries to offset any entries that are erroneously created. By using this approach, APHP assures that reproducing financial reports for past periods using the same parameters will always produce the exact same results and not cause any negative audit findings. Users can view the most current financial picture by running the report to include more current posting dates.
- APHP contains clear and detailed processes to properly apply updates to financial information including financial tables of codes, changes in funding match, rate changes, refund of other insurance payments, and similar information. Current and retroactive changes are applied throughout APHP per State-defined rules including keeping closed totals as-is for retroactive changes. Retroactive changes would be made only to open totals. To update a closed total, it would have to be reopened first; note: an audit trail will track such activity.

| Requirement Number: | FI.SS.46 |
|---|---|

*Provide capability to maintain lien and assignment information to be used in directing or splitting payments to the provider and lien holder.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**

**Description of Product**

- APHP leverages the COTS claims engine for functionality to support IME. Claim and transaction adjustments may be made in the system, allowing for adjustments to overpayments of claims and other A/P transactions. Workflow is included to allow adjustments to whole claims or individual line items. The COTS product currently allows for manual transactions to be entered/generated as well, which do not have to be associated with any specific claims, but will always be tied to a particular provider and pair of GL account codes.
- The APHP integrated solution provides automated cross referencing of claims information so that payment information can be calculated based on the appropriate lien amount.
- APHP maintains records of liens and assignment information that are used in directing and splitting payments to providers and lien holders.
- APHP reconciles receivable output and claim data from claims system with payments processed through the statewide accounting system.

| Requirement Number: | FI.SS.47 |
|---|---|

*Provide the capability for recoveries to be made from provider payments at the Department user-defined percentage from 0 to 100.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / K2 blackpearl**

**Description of Product**

- APHP leverages a commercial claims processing and benefit administration COTS product which, out of the box, supports the hold of payments at the individual provider level. The automated workflow and process engine will support the configuration of business rules to group like providers by type (or other) for payment holds.
- Currently, utilizing the flexibility within the fee schedule configuration engine within the claims component, fee schedules can be established based on percentages of other fee schedules, percentages of billed charges and

| Requirement Number: | FI.SS.47 |
|---|---|

other key payment methodology approaches.

- The APHP contains a comprehensive web portal that allows providers and authorized APHP workers to support provider recoupment activities.
- APHP leverages the automated workflow and process engine to support the configuration of business rules that will drive the ability to create a payment plan from an AR.
- The workflow can be set to apply the same or different sets of business rules depending on the creation trigger of the AR (manually or automatically created).
- APHP workflow will utilize standard services across the ESB to support the reusability and consistency of the payment plan creation action, such that payment plan services can be applied across other agency programs as desired.
- The financial component supports the creation of accounts receivables for recoupment of overpayments and automatically records the transaction in the financial system.
- APHP has the ability to recoup fixed dollar amounts and/or a percentage of payments at the provider level as needed. Depending on the specific recoupment situation, rules can be configured to apply the recoupment all at once or on a recurring basis.
- Remittance Advices (RA), regardless of delivery format, contain a summary of payments and recoupment information that processed against the provider's account in a given week.

| Requirement Number: | FI.SS.48 |
|---|---|

*Provide the capability to produce a summary report of all payments for each payment cycle.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

**COTS Product Name: APHP / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP Enterprise reporting will provide all necessary functions to actively manage the program budget. This includes web access to all budget drivers including entries, updates and audit trails of all actions taken. All reports necessary for budget monitoring will be available to authorized users via the APHP worker portal and will maintain up-to-date financial data such that the clearest, most timely pictures possible of the current budget spend can be managed effectively by AME.
- APHP stores the information for reporting on 835 (Electronic RA) to the providers.

| Requirement Number: | FI.SS.49 |
|---|---|

*Provide the capability to drill down to the claim line from any provider payment.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP will leverage the integration of the Enterprise Reporting Service, MS SRS, for program reporting to cover claims, providers, members, financials, operational metrics, program and contractual SLAs, etc.
- All information within the New MMIS becomes "reportable" through the use of a centralized ODS (Operational Data Store).

| Requirement Number: | FI.SS.49 |
|---|---|

- APHP will provide the ability to drill down to claim level detail information or drill up to summarize and will allows users to drill down from MAR reports to detailed data, essentially using MAR reports as springboards for further analysis.

| Requirement Number: | FI.SS.50 |
|---|---|

*Process and maintain inputs and outputs including, but not limited to: Inputs: a. Mass adjustment requests are entered and edited online or uploaded from EXCEL spreadsheets. b. Gross adjustments (debits and credits) are entered online or uploaded from EXCEL spreadsheets for non-claim-specific financial transactions such as fraud and abuse settlements, TPL recoveries and advance payments. c. Data concerning adjustments to payments made outside the MMIS. Outputs: a. All required reports. b. File of paid claims and encounter data to the Provider Cost Audit and Rate Setting contractor. c. File of paid claims and encounter data to Medical Services contractor.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice / Microsoft SQL Server Reporting Services**

**Description of Product**

Accenture can support the necessary interfaces and defined data interface standards to assure successful automated receipt of input data and proper distribution of output data between APHP and the Department's defined data exchange entities. Our APHP solution supports standard ANSI X12 transaction formats, as well as the ability to configure to custom file formats as needed. The Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the IME and the Departments multiple business partners as well as other Iowa State agencies. The ESB provides XML and fixed file format interfaces, both inbound and outbound. APHP's EDI component is the gateway for secure data exchange with approved external data sources and systems. APHP will manage all inbound and outbound data files in accordance with HIPAA standards using 5010 formats as applicable. This includes data exchange of encounter data with MCOs and Medical Services. Using the functionality within APHP, we will produce a file of paid claims and encounter data to the Provider Cost Audit and Rate Setting contractor and the file of paid claims and encounter data to Medical Services
contractor.

The APHP provides a powerful claims adjudication engine that provides the Department with the ability to configure claim processing based on the State's specific business policies, and appropriately update claims with specific exception codes and amounts. APHP allows for the entry of mass adjustment requests based on a variety of criteria and leverages native functionality of the re-adjudication filter for assisted claim selection processes. Mass adjustments can be requested due to rate changes, changes to benefit plans, for cost settlements or to group all claims for a particular provider, or other data.

APHP captures the type of recovery when monies are recovered, and tracks recovery monies back to individual claims or captures them as gross level adjustments. Our financial processing and payment management solution maintains financial data at the lowest level of detail and provides for recoveries to be associated to the individual claim level. APHP allows non-claim specific gross level adjustments to be tied to the member or provider (or both). Recoveries are available for viewing and reporting within APHP.

Using the APHP solution, Accenture will accommodate:

- Mass adjustment requests entered and edited online or uploaded from EXCEL spreadsheets
- Gross adjustments (debits and credits) entered online or uploaded from EXCEL spreadsheets for non-claim-specific financial transactions such as fraud and abuse settlements, TPL recoveries and advance payments
- Capture data concerning adjustments to payments made outside the MMIS.

The Accenture Public Health Platform (APHP) provides an innovative technical solution for reporting and data extracts to satisfy the Program management and federal and state reporting requirements of the Department. Reports and extracts will comply with Department and federal formats, scope, and delivery methods.

## 9.1.12 Program Integrity Management (PI)

### *9.1.12.1 Introduction to the APHP Program Integrity Management Function*

The Accenture Public Health Platform (APHP) is designed to exchange information with key stakeholders in the healthcare ecosystem. The Program Integrity function is vital to the health and protection of the overall Medicaid program. It functions to protect the precious program resources from waste, abuse and outright fraud. APHP provides a secure, reliable and flexible data exchange capabilities designed to efficiently and easily interface with external entities.

We provide secure delivery of files and reports through multiple channels to support the Program Integrity program. We support standard based file exchanges (X.12, HL7) as well as proprietary flat files sent through secure FTP. APHP produces all the necessary reports to support the Program Integrity contractor. We provide secure delivery of files and reports through APHP Electronic Data Interchange (EDI) capabilities, secure web access to the reporting repository for pre-canned reports via our APHP web portal, and flat files sent through secure transmission methods.

The APHP solution also provides access to our report solution through Microsoft SQL Server Reporting Services (SSRS). SSRS allows the users to access pre-canned reports to run on demand. These pre-canned reports include user prompted reports that allow the user to specify a specific provider, facility or member to target the PI analysis. SSRS also allows the user to create ad-hoc reports with a rich set of functions for data analysis and visualization. Simple drag and drop functionality helps users build queries to obtain the data they desire in the format they want. Additionally, data is available in an aggregated fashion to support instantaneous retrieval of summary information. Users have the ability to drill down to get to the atomic level data if needed and save the query results in multiple formats.

#### Features

- The APHP reporting solution provides predefined templates that allow users to select sort, filter and selection criteria to produce targeted PI reports
- The APHP reporting solution allows for reports to automatically prompt users for selection criteria, for those reports that are provider or member specific
- Ad-hoc reporting creation and functions that include drag and drop report creation, advanced graphic and data visualization capabilities and the ability to save user defined report templates

### *9.1.12.2 System Requirements and Responses*

| Requirement Number: | PI.SS.01, PI.SS.02, PI.SS.03, PI.SS.04 |
|---|---|
| *Produce a report of claim detail, with multiple select and sort formats, which shall include but not be limited to: a. Provider ID and name. b. Member ID and name. c. Referring provider ID. d. Category of service. e. Service date(s). f. Diagnosis code(s), with description. g. Procedure code(s), with description. h. Therapeutic class code(s). i. Drug generic code(s), with description. j. Lock in indicator. k. Billed and paid amounts. l. Prescribing Provider*<br><br>*Produce a report regarding data on ambulatory and inpatient services provided to nursing facility residents within a single report by a long-term care facility.*<br><br>*Produce LTC facility summary, which lists the following for each facility: a. Facility characteristics and data. b. Number of performing providers. c. Number of members served by each performing provider. d. Dollars paid to each performing provider for services to LTC members. e. Dates of service. f. Produce LTC detail, which includes: 1. Names and IDs of members using inpatient services during an LTC facility confinement. 2. Hospital stay dates of service. 3. Amount billed per hospital stay. 4. All leave days. 5. Claims data.*<br><br>*Generate a report of LTC physician detail, which identifies the number of visits to LTC facilities by performing providers, by provider number and gives details for members, including date of service and amount billed.* | |

| Requirement Number: | PI.SS.01, PI.SS.02, PI.SS.03, PI.SS.04 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/SQLServer Reporting Services (SSRS)**

**Description of Product**

The APHP Dimensional Data Store (DDS) is the reporting data store that is designed to support analytical and detailed reports in support the Medicaid Program. APHP provides a report definition for Program Integrity (PI) that supports the reporting of claim details. The PI claim detail template is accessible through the APHP Worker Portal to authorized users. These users specify sort criteria, filter criteria and which of the following report items to be included on the report:

- Provider ID and name
- Member ID and name.
- Referring provider ID.
- Category of service.
- Service date(s).
- Diagnosis code(s), with description
- Procedure code(s), with description.
- Therapeutic class code(s).
- Drug generic code(s), with description
- Lock in indicator
- Billed and paid amounts
- Prescribing Provider

The user is not limited to only these fields and can add additional fields, as required, by copying and modifying the APHP predefined report template. The reporting solution also has the capability auto generate reports based on the claims detailed report template for a user defined schedule and set of criteria.

The APHP DDS is configured to create a report that combines ambulatory and inpatient claims data for a long-term care facility resident onto a single report. Report parameters are selectable by the user that allows them to specify the LTC facility.

The APHP DDS is configured to create a LTC facility summary report that lists for each facility:

- Facility characteristics and data
- Number of performing providers
- Number of members served by each performing provider
- Dollars paid to each performing provider for services to LTC members
- Dates of service
- Produce LTC detail, which includes:
  - Names and IDs of members using inpatient services during an LTC facility confinement
  - Hospital stay dates of service
  - Amount billed per hospital stay
  - All leave days
  - Claims data

APHP DDS is configured to produce a LTC Physician Detail report that identifies by performing provider:

- number of visits to LTC facilities
- service provided
- date of service
- member
- amount billed

| Requirement Number: | PI.SS.01, PI.SS.02, PI.SS.03, PI.SS.04 |
|---|---|

- SSRS allows business users easy access to reporting capabilities without having to technical details such as table or column names. Users access the data via a graphical interface with a simple drag and drop functionality to build or specify queries to obtain the data they desire in the format they want.
- Users access their canned reports as well as the ad hoc query tool using their web browser. APHP security is integrated across all components so that once users have signed into the APHP Portal; they do not have to log in again to use the reporting tools.

| Requirement Number: | PI.SS.05 |
|---|---|

*Generate annual ranking by dollars for utilizing members and providers, by program, including listings of the top 100 for each category.*

This requirement is met using COTS products.

**COTS Product Name: APHP/SQL Server Reporting Services (SSRS)**

**Description of Product**

- Using APHP dimensional data store, we create necessary data to produce a ranking by dollars for utilizing members and providers, by program, including top 100 for each category. The ranking report run is run annually.
- We provide the ability analyze the ranking data on demand through SSRS, allowing the PI services contract to actively monitor utilization metrics throughout the year.
- This data is aggregated when it is loaded in the dimensional data store from the source system i.e. Claims Engine. This is a canned report that the user can generate on an ad hoc basis or can be generated at a specific frequency i.e. weekly, monthly, annually.

| Requirement Number: | PI.SS.06 |
|---|---|

*Provide the lock-in contractor with a file of member Program Integrity claim details from the MMIS to support their review and investigation of inappropriate utilization of services in the member population.*

This requirement is met using COTS products.

**COTS Product Name: APHP/SQL Server Reporting Services (SSRS)**

**Description of Product**

- Lock-in program is put in place to avoid situations where members are inappropriately utilizing Medicaid services by seeing multiple providers. Using lock-in program, individual members are required to use a specific provider.
- In order to support lock-in contractor for their review and investigation of inappropriate utilization, we are able to provide a file of member details from the reporting data store.
- This file is generated automatically at a specific frequency or based on the contractor's need. We understand the importance of lock-in program to monitor appropriate utilization of Medicaid funds and support the lock-in contractor with the necessary data to perform this function.

| Requirement Number: | PI.SS.07 |
|---|---|

*Produce summary and detail information report on hospital stays, including length of stay, room and board charges, ancillary charges and medical expenses prior to and immediately following the hospital stay. Produce a report, as specified by the IME, of all services received by members who are receiving a specific service or drug, are enrolled in selected programs, have a certain living arrangement or are receiving services from certain providers or provider groups.*

This requirement is met using COTS products.

**COTS Product Name: APHP/SQL Server Reporting Services (SSRS)**

**Description of Product**

- Using the reporting data store in APHP, we are able to produce summary and detail information report on hospital stays, including length of stay, room and board charges, ancillary charges and medical expenses prior to and immediately following the hospital stay.
- As specified by IME, we will produce a report of all services received by members who are receiving a specific service or drug, are enrolled in selected programs, have a certain living arrangement or are receiving services from certain providers or provider groups.

| Requirement Number: | PI.SS.08, PI.SS.09 |
|---|---|

*Provide access to the Program Integrity contractor all reports produced for the Program Integrity module.*

*Process and maintain inputs and outputs including, but not limited to: Inputs: None Outputs: a. Provider data to Program Integrity contractor. b. Member data to Program Integrity contractor. c. Reference data to Program Integrity contractor. d. Claims data to Program Integrity contractor. e. Provide a monthly copy of the paid claims file to the Medicaid Fraud Control Unit (MFCU). f. Member lock-in report to Member Services contractor.*

This requirement is met using COTS products.

**COTS Product Name: APHP/SQL Server Reporting Services (SSRS)**

**Description of Product**

- We provide the Program Integrity contractor access to all the reports produced for the Program Integrity module. Production reports are stored in our document management system for access by authorized users. The PI contractor can access current and historical version of the reports.
- We are able to produce the necessary outputs including, but not limited to: a. Provider data to Program Integrity contractor b. Member data to Program Integrity contractor c. Reference data to Program Integrity contractor d. Claims data to Program Integrity Contractor e. Provider a monthly copy of the paid claims file to the Medicaid Fraud Control Unit (MFCU) f. Member lock-in report to Member Services contractor.

## 9.1.13 Managed Care (MC, ME, MG)

### *9.1.13.1 Introduction to the APHP Managed Care Function*

Using APHP's flexible framework of commercially based products, we configure rules for Iowa's defined managed care programs including capitation for primary care services only, for behavioral health services, for non-emergency transportation, for home evaluation and medical home services. All of these can be configured to be reimbursed alone or along with fee for service processing. These functions are configured based on the requirements agreed upon with the Department, including State requirements for annual category updates, creation of capitation rates, and monthly payment generation. In addition we build rules in the medical claim system to identify the division of financial responsibility (DOFR) so that claims can be forwarded or not paid for services that are capitated or carved out. Accenture supports Iowa's commitment to providing medical services to Medicaid members through managed healthcare using a combination of a benefit plan and provider reimbursement feature. APHP solution provides a comprehensive management suite covering all aspects of provider management including providers who have agreed to provide PCCM (Primary Care Case Management) services to eligible enrollees in Iowa Medicaid. APHP monitors the adequacy of the PCCM network and generates reports weekly or as required by IME. The solution uses APHP is a MITA aligned solution with a single consistent user interface to access all the business functions. All the MMIS information is available through the APHP Enterprise Reporting and Analytics component.

### Features

- Using our web based APHP Portal, authorized staff can monitor care regimens, identify program enhancement opportunities, while identifying potential program cost savings on a member-by-member basis.
- APHP integrates Case Management, Recipient Management and Care Management functions providing related information needed to support managed care initiatives in a consolidated and easy-to-navigate user interface. This level of integration increases the effectiveness of Care/Case Manager and Medicaid Recipient interactions, thus improving customer service and overall outcomes.
- APHP receives and processes encounter claims through a single interface as it does regular claims. Encounter data is processed all the way through pricing (shadow pricing) leveraging the capability of our commercial claims engine.
- APHP reporting component provides multiple capabilities and program status features to bring program transparency and automation to program reporting, and State and Federal report inputs. Our integrated solution enables us to automatically track and report on FFS claims for services performed outside of capitation agreements (e.g., for services “carved-out” of the managed care program).

### *9.1.13.2 System Requirements and Responses*

## Managed Care Enrollment

| Requirement Number: | MG1.01 |
|---|---|
| *Capture enrollee choice of PCCM on beneficiary record.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP solution provides a comprehensive management suite covering all aspects of provider management including providers who have agreed to provide PCCM (Primary Care Case Management) services to eligible enrollees in Iowa Medicaid.
- All the details associated with gatekeeper service providers including geographic location(s), number of assigned members, and capacity to accept additional patients is stored in the database.
- APHP Portal allows authorized users to capture enrollee choice of PCCM on beneficiary record. This information will be used while processing claims to validate that services are provided by beneficiary's designated provider or referred by designated provider.

| Requirement Number: | MG1.02 |
|---|---|
| *Auto-assign enrollees to a PCCM who fail to choose a PCCM and complete provider lock-in process.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- It is important that once an enrollee becomes eligible for PCCM program that a PCP (Primary Care Provider) be assigned. The enrollee will have a specific time period during which they can choose a PCCM provider. However, if the enrollee does not choose a provider, the system auto-assigns enrollees to a PCCM provider. The system can be configured for auto-assignment rules i.e. enrollee's address, gender, age, available PCCM providers in enrollee's area, whether providers are accepting new patients etc. Auto-assignment process allows the Medicaid program to assign a primary care provider for each enrollee eligible for PCCM. This improves the overall access to care for Medicaid population.

| Requirement Number: | MG1.03 |
|---|---|
| *Display enrollees associated with PCCM.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Portal Member management screens will display information related to members & related data. This includes specific benefit plans assigned to members, programs they are enrolled into i.e. FFS, PCCM or other Managed Care. In case of PCCM program, the information also includes primary care physician assigned to the member. Authorized users who have access to member management screens will be able to access this information to perform various operational tasks like answering member calls, researching claims etc.

| Requirement Number: | MG1.04, MG1.05, MG1.06, MG1.06.01. MG1.07 |
|---|---|

*Disenroll member from PCCM.*

*Allow enrollee to disenroll from a PCCM without cause during the 90 days following the date of the enrollee's initial enrollment and at least once every 12 months thereafter.*

*Automatically disenroll enrollees from a terminated PCCM provider and places the beneficiary in regular FFS status.*

*If a provider is terminated from participation in the Medicaid program, automatically disenroll the provider from the PCCM program and generate report of disenrollment action.*

*Perform mass reassignment of enrollees if contract with PCCM is terminated or beneficiary disenrolls for any reason other than ineligibility for Medicaid.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Members enrolled in PCCM are enrolled with a primary care provider who is responsible for providing primary care and coordinating of authorizing other necessary care. This is not a full risk form of managed care. The members enrolled in PCCM have an option to choose a specific primary care provider (PCP). Once the PCP is assigned, the system uses this relationship during claims adjudication.
- Just like members have an option to enroll in PCCM, they can be disenrolled from PCCM. This can be due to variety of factors such as specific PCP assigned to member has been terminated from Medicaid program or the member is not satisfied with the care coordination performed by PCP. Authorized users receive access to the APHP Portal screens (Member management) to disenroll members from PCCM. In case a member is enrolled and within 90 days, they want to disenroll, same screens in APHP Portal can be used to disenroll members from PCCM
- APHP system is configurable and flexible. If a provider associated with PCCM is terminated from Medicaid, the system will automatically terminate the provider from PCCM. Any members associated with this provider as PCP will have an option to be reassigned to new PCP or enroll in regular FFS status. The system can be configured to define these rules. There is an automatic notification to members that the provider has been terminated and they have an option to choose regular FFS program or reassigned to different PCP in PCCM
- We understand the importance of access to care for members in PCCM program and the choice of PCP. Our solution is flexible and configurable to meet Iowa's current & future program needs.

| Requirement Number: | MG1.08 |
|---|---|

*Generate notices to members of enrollment or disenrollment from PCCM.*

This requirement is met using COTS products.

**COTS Product Name: APHP/ Standard Register Dynacom**

**Description of Product**

- When a member is enrolled or disenrolled from PCCM, APHP automatically sends a trigger to generate notification to fulfillment product called Dynacom with necessary data elements.
- The fulfillment product will be pre-configured with templates for PCCM enrollment and disenrollment notices. The fulfillment product will match data elements received from APHP and generate the appropriate notice.
- The notice is sent to members based on their preferred method of communication i.e. email or mail.
- This process allows for a streamlined communication when members are enrolled or disenrolled from PCCM.

| Requirement Number: | MG1.10 |
|---|---|
| *Identify members excluded from enrollment, subject to mandatory enrollment or free to voluntarily enroll in PCCM.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP eligibility assignment rules are flexible and configurable. Based on various criteria like member's age, address, gender, type of assistance needed, category of service etc. we can define specific eligibility criteria for PCCM. This will include members excluded from enrollment, subject to mandatory enrollment or free to voluntary enrollment in PCCM.

| Requirement Number: | MG1.11 |
|---|---|
| *Prioritize enrollment for members to continue enrollment if the PCCM does not have the capacity to accept all those seeking enrollment under the program.* | |

This requirement is met through system modification.

**Type of Modification (change rules engine or modification and addition to system code): Modification and Addition to System Code**

- Accenture modifies system to develop a specific job for Iowa which can prioritize enrollment for members to continue enrollment if the PCCM does not have capacity to accept all those seeking enrollment under the program. We will work with the State during DDI phase to define the specific details around this program to prioritize enrollment.

| Requirement Number: | MG1.12, MG1.13, MG1.13.01 |
|---|---|
| *Provide a default enrollment process for those members who do not choose a PCCM.*<br>*Automatically re-enroll a member who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less.*<br>*If the provider is not available then default to normal auto-assignment process even if disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Members enrolled in PCCM are enrolled with a primary care provider who is responsible for providing primary care and coordinating of authorizing other necessary care. This is not a full risk form of managed care. The members enrolled in PCCM have an option to choose a specific primary care provider (PCP). Once the PCP is assigned, the system uses this relationship during claims adjudication.
- APHP eligibility assignment rules are flexible and configurable. Based on various criteria like member's age, address, gender, type of assistance needed, category of service etc. we can define specific eligibility criteria for PCCM. This will allow to process default enrollment for members who do not choose PCCM.
- Using same eligibility rules, if a member loses Medicaid eligibility and become eligible again within 2 months, the system will use the default rules to automatically re-enroll the member in PCCM program.
- The member would have a PCP assigned before they lost Medicaid eligibility. If they become eligible for Medicaid within 2 months, the system would assign same provider as PCP to provide continuity of care for the member. If the

| Requirement Number: | MG1.12, MG1.13, MG1.13.01 |
|---|---|
| provider is not available (terminated or not taking new members), the auto-assignment logic will assign similar provider to the member as PCP. | |

| Requirement Number: | MG1.14 |
|---|---|
| *Support ANSI X12N 834 transaction, as required by HIPAA.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- 834 is a HIPAA-compliant benefit enrollment and maintenance transaction. Its purpose is to electronically transmit enrollment and disenrollment information. The EDI component in APHP supports this transaction, as required by HIPAA. This can be used to exchange benefit enrollment information with other managed care organizations and the enrollment broker.

| Requirement Number: | MG2.01, MG2.02 |
|---|---|
| *Identify PCCMs who have agreed to provide gatekeeper services, geographic location(s), number of assigned members and capacity to accept additional patients.*<br>*Accept and processes updates information about the PCCM as changes are reported.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP solution provides a comprehensive management suite covering all aspects of provider management including providers who have agreed to provide gatekeeper services for PCCM program.
- All the details associated with gatekeeper service providers including geographic location(s), number of assigned members, capacity to accept additional patients, gender served, age restrictions, languages spoken etc. is stored in the database.
- APHP Portal displays this information to members to help them determining PCP assignment they are enrolled in PCCM program.
- APHP accepts and process update information about the PCCM program.
- Changes to the Primary Care Case Management (PCCM) program are done by authorized users in APHP Portal.

| Requirement Number: | MG2.03, MG2.03.01 |
|---|---|

*Capture termination information when a PCCM provider contract is cancelled.*

*Automatically disenroll PCCM from managed care program.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The APHP solution provides an automated interface to process enrollment, reenrollment, and disenrollment of Medicaid providers into the PCCM program.
- The termination information including the reason for termination is stored when a PCCM contract is cancelled.
- Termination information is immediately displayed against the PCCM provider profile.
- APHP workflow tool orchestrates all the complex business processes in the APHP solution including the PCCM contract cancellation and automatic disenrollment from PCCM.
- The workflow tool raises alert to appropriate MMIS staff and kicks off other processes as soon as contract cancellation of a PCCM provider is detected.

| Requirement Number: | MG2.04, MG2.05 |
|---|---|

*Generate weekly or as required by IME reports to monitor adequacy of PCCM network (e.g., number and types of physicians and provider locations).*

*Generate weekly or as required by IME reports to monitor enrolled providers to prohibit affiliations with individuals debarred by federal agencies or otherwise terminated.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provider management component support the management functions of the MMIS that enable the State to create a strong and diverse provider network who will offer extensive geographic coverage and access to quality services.
- APHP provides a comprehensive set of analytical tools to monitor the Medicaid program.
- APHP provides the capability to monitor the adequacy of the PCCM network.
- APHP analytical tools aggregate data to perform retrospective analysis, monitor real-time operational information on critical KPIs of the PCCM network, and bridge the gap between Medicaid clients and health care professionals.
- Periodic reports will be generated to prohibit providers from affiliating with individuals debarred by Federal agencies.
- APHP EDI component periodically interfaces with Federal agencies to obtain member exclusion lists.
- APHP reporting provides the analytical capability to monitor and report provider affiliations with members in the exclusion lists.

| Requirement Number: | MG3.01, MG3.01.01 |
|---|---|

*Calculate administrative payment per-member-per month (PMPM) for primary care gatekeeper services.*

*Calculate and issues performance incentive payment for qualifying medical homes.*

This requirement is met using COTS products.

**COTS Product Name: APHP/ Plexis Quantum Choice**

**Description of Product**

- APHP provides configuration screens to pay administrative payments to primary care gatekeeper providers based on per-member-per-month calculation. The payment cycle calculates the payment as number of members assigned to provider multiplied by fixed fee determined by the State. This amount is included on the provider's payment in addition to other claim payments during the financial cycle.
- Similar to PMPM administrative fees, APHP is configurable to select specific providers as qualifying medical homes which would receive performance incentive payments. This payment would be included on the provider's payment along with other claims during the financial cycle.

| Requirement Number: | MG3.02, MG3.03 |
|---|---|

*Support ANSI X12N 837 transactions, as required by HIPAA.*

*Support ANSI X12N 835 transaction, as required by HIPAA.*

This requirement is met using COTS products.

**COTS Product Name: APHP/ Plexis Quantum Choice**

**Description of Product**

- X12N-837 HIPAA format is used when a physician or other health care provider (e.g. hospital) files an electronic claim for payment for the delivery of care.
- X12N-835 is the HIPAA compliant format that allows for receiving third party reimbursement payments and adjustment information.
- APHP provides a secure, HIPAA compliant Internet-based web portal and user instruction documentation for use by Providers to submit electronic claims in 837 format.
- APHP provides an EDI gateway for submitters who wish to submit EDI transactions directly without using Portal format and generates HIPAA compliant 835 format which can be downloaded by EDI submitters.
- APHP Portal will place 835 files for providers who want to download this from the secure Portal.

| Requirement Number: | MG4.01, MG4.02, MG4.03, MG4.04, MG4.05 |
|---|---|

*Edit and deny payment to FFS providers for services without PCCM referral and or prior authorization.*

*Allow payment to providers for services carved out of the PCCM benefit package (e.g., family planning, women health specialist).*

*Allow payment for emergency medical condition without authorization from PCCM.*

*Edit and deny payment to referral providers (pharmacy, lab, radiology, specialty physician, etc.) if service is not authorized by a PCCM gatekeeper.*

*Allow payment to FFS providers for services rendered in pre-enrollment periods or other periods of transition.*

| Requirement Number: | MG4.01, MG4.02, MG4.03, MG4.04, MG4.05 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP uses flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify authorization requirements, specific services which are included or excluded, exceptions etc.
- The APHP has is capable of configuring Prior Authorization (PA) and Referral rules within the benefit plan setup in accordance to State policy for fee-for-service services for PCCM members.
- Accenture will work with IME to identify and configure automated APHP rules and workflows to reduce the number of manual PA and Referral reviews necessary.
- The APHP configurations can be set to systematically deny payment of fee-for-service services where proper PCCM Referral or PA is not on file.
- APHP's configurable, rules-based solution enables us to automatically implement State and program rules to correctly identify and process carve-out claims from the PCCM benefit package.
- Using APHP's configurable, rule-based solution, Accenture will implement State rules to automatically allow payment to providers for services carved out of the PCCM benefit package (e.g., family planning, women health specialist).
- The APHP fee schedules enable simple configuration of PCCM carve out services to be reimbursed.
- APHP's rules-based solution is capable of identifying emergency medical conditions and allows those payments without PCCM prior authorization in accordance with State rules.
- The APHP's configured benefit plans and fee schedules enable us to automatically implement State and program rules to override PCCM prior authorization requirements to allow payments for emergency medical conditions.
- APHP's rule-based solution enables us to identify services from referral providers that require prior authorization from the PCCM gatekeeper and to edit and deny payments in accordance with State rules.
- The APHP configurations can be set to systematically deny payment of services where a proper PCCM PA is not on file. This will prevent unauthorized services to be paid since PCCM gatekeeper did not authorized them.
- APHP's rule-based solution enables identification of services rendered in pre enrollment periods or other periods of transition in accordance with State rules.
- The APHP's configured benefit plans and fee schedule rules enable us to identify members receiving services in transition periods and allow payments for FFS services in accordance with State rules.

| Requirement Number: | MG5.01, MG5.01.01, MG5.01.02, MG5.03, MG5.04 |
|---|---|

*Generate as required by IME reports for monitoring enrollee access to medical services.*

*Generate data extract of all paid claims and encounter for use by actuarial contract.*

*Produce weekly or as required by IME a report in electronic format of all members enrolled with each PCCM. The report must identify if the member is new to the PCCM in the current month. The report must also identify all members that are no longer enrolled with a PCCM effective with the current month.*

*Generate as required by IME reports to monitor PCCM referrals to specialty care.*

*Produce report for each PCCM identifying the PCCM"s enrollees and the total payment per month per enrollee.*

| Requirement Number: | MG5.01, MG5.01.01, MG5.01.02, MG5.03, MG5.04 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provides a robust reporting capability that is integrated in our overall solution.
- The APHP's centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- The list of reports and dashboards which will be configured for PCCM will include, not limited to
  - Report of members enrolled in PCCM and services they are receiving
  - Data extract of all paid claims and encounters for actuarial contract use
  - Weekly report for all members enrolled with each PCCM. The report will include members new to PCCM and who are no longer enrolled in the current month
  - Report for PCCM referrals to specialty care
  - Report for each PCCM identifying number of enrollees assigned and the total administrative payment per month per enrollee paid to the primary care provider.
- Using APHP reporting capability, IME is able to get a comprehensive view of PCCM program and will be able to make changes to the program as necessary to improve access to care for the citizens of Iowa.

| Requirement Number: | MG.SS.01 |
|---|---|

*Generate a capitation payment for clients enrolled in the PACE benefit plan based on the rate for the provider per IME policy.*

This requirement is met using COTS products.

**COTS Product Name: APHP/ Plexis Quantum Choice**

**Description of Product**

- As per IME policy, PACE is a fully captivated model program. Each PACE provider must operate an adult day services-certified PACE center in which primary care plus other services are provided. The PACE provider is responsible for all Medicaid covered services for members enrolled with Medicaid. No FFS claims are paid for the PACE provider or any other Iowa Medicaid provider.
- APHP provides configuration screens to pay capitation payments to providers based on per-member-per-month calculation. The payment cycle calculates the payment as number of members assigned to provider multiplied by fixed rate determined by the State. This amount is included on the provider's payment in addition to other payments during the financial cycle.

| Requirement Number: | MG.SS.02 |
|---|---|
| *Produce weekly or as required by IME a report of all members enrolled with a PACE provider.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP provides a robust reporting capability that is integrated in our overall solution.
- The APHP's centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- The list of reports and dashboards which will be configured for PACE will include, not limited to
  - Report of members enrolled with a PACE provider and services they are receiving
- Using APHP reporting capability, IME will be able to get a comprehensive view of PACE program and will be able to make changes to the program as necessary to improve access to care for the citizens of Iowa.

| Requirement Number: | MG.SS.03, MG.SS.04, MG.SS.05 |
|---|---|
| *Edit and deny all FFS payments after enrollment in PACE.*<br>*Provide a "PACE" indicator on client file when a client is enrolled in the PACE benefit plan.*<br>*Prevent payment of any claim billed by a provider that is not the PACE provider, including Medicare crossover claims, if the client is enrolled in the PACE benefit plan.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP /Plexis Quantum Choice**

**Description of Product**

- As per IME policy, PACE is a fully captivated model program. Each PACE provider must operate an adult day services-certified PACE center in which primary care plus other services are provided. The PACE provider is responsible for all Medicaid covered services for members enrolled with Medicaid. No FFS claims are paid for the PACE provider or any other Iowa Medicaid provider.
- The APHP uses flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify which services are payable to which providers based on members' eligibility.
- The APHP is capable of configuring rules such that any FFS payments are denied for members enrolled in PACE program. This includes Medicare Crossover claims. This will ensure that PACE provider is responsible for all Medicaid covered services for members enrolled in PACE program.
- The APHP member management screens will provide a "PACE" indicator to indicate that the member is enrolled in PACE benefit plan.

| Requirement Number: | MG.SS.06 |
|---|---|
| *Provide capability to adjust the PACE payment for client participation.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- As per IME policy, PACE is a fully captivated model program. Each PACE provider must operate an adult day services-certified PACE center in which primary care plus other services are provided. The PACE provider is responsible for all Medicaid covered services for members enrolled with Medicaid. No FFS claims are paid for the PACE provider or any other Iowa Medicaid provider.
- APHP provides configuration screens to pay capitation payments to providers based on per-member-per-month calculation. The payment cycle calculates the payment as number of members assigned to provider multiplied by fixed rate determined by the State. If the client's participation changes for PACE, the capitation cycle adjusts the payment to PACE providers.

| Requirement Number: | MG.SS.07 |
|---|---|
| *Provide capability to assure the PACE program does not co-exist with any other benefit plan.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP uses flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify services which are payable to which providers based on members' eligibility.
- When we configure benefit plans and eligibility rules for Iowa programs, the plans are configured such that if a member is enrolled in PACE program, they do not get any other services. This will make sure that PACE provider is responsible for all Medicaid covered services for members enrolled in PACE program.

| Requirement Number: | MG.SS.08 |
|---|---|
| *Allow access to the member contact data through link on any screen.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Portal is a user-friendly interface for easy access to the Medicaid data for any authorized users. When member id is displayed on any screen, it will be a hyperlink to allow users to access member contact data. Using our single sign on, the users will be able to access this information without any need to login separately.

| Requirement Number: | MG.SS.09 |
|---|---|

*Maintain date-specific Managed Health Care enrollment data spans on the MMIS eligibility file, including: a. Enrollments begin and end dates. b. Provider ID. c. Vendor ID. d. Plan type. e. State ID. f. County of residence. g. Zip code. h. Aid type. i. Birth date. j. Medicare eligibility. k. Gender. l. Case number. m. Reason for disenrollment.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Portal is a user-friendly interface for easy access to the Medicaid data for any authorized users. Our member management screens will allow easy maintenance of date-specific managed care enrollment data including a. enrollment begin and end dates b. Provider ID c. Vendor ID d. Plan type e. State ID f. County of Residence g. Zip code h. Aid type i. Birth date j. Medicare eligibility k. Gender l. Case number m. Reason for disenrollment

| Requirement Number: | MG.SS.10, MG.SS.11 |
|---|---|

*Manage dual enrollment in Iowa benefit plans based on IME hierarchy enrollment rules.*

*Process and maintain inputs and outputs including, but not limited to the following: Inputs: a. Eligibility updates from the Department. b. Primary care provider selection for MediPASS from the Member Services contractor. c. HMO selection from the Member Services contractor. d. Managed care provider enrollment data from Provider Services contractor. e. Encounter data from managed care plans. Outputs: a. Monthly files of paid claims and encounter data to actuarial contractor.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP uses flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify eligibility hierarchy rules for managing members who qualify for dual enrollment.
- Using our easy to configure inbound and outbound interfaces, APHP will able to process and maintain inputs and outputs related to managed care program, including, but not limited to
  - Eligibility updates from the department
  - Primary care provider selection for MediPASS from the Member services contractor
  - HMO selection from the Member services contractor
  - Managed care provider enrollment data from Provider Services contractor
  - Encounter data from managed care plans
  - Monthly files of paid claims and encounter data to actuarial contractor

## Managed Care Organization

| Requirement Number: | MC1.01, MC1.02, MC1.03, MC1.04, MC1.05, MC1.06 |
|---|---|

*Capture information on contracted MCOs, including geographic locations, capitation rates and organization type.*

*Capture information identifying contracted providers within MCO network, including Primary Care Providers (PCPs).*

*Capture information identifying providers who have agreed to provide gatekeeper services, number of members assigned and capacity to accept additional patients.*

*Accept and process update information as changes are reported.*

*Capture termination information when an MCO contract is cancelled.*

*Remove and end-date PCP status from MCO (optional if states require MCO to identify PCPs).*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ K2 Blackpearl**

**Description of Product**

- APHP provides a flexible solution for creating and managing unique benefit plans for managed care programs.
- The system will be configured to capture benefit plan specific information for MCOs including but not limited to geographic locations, capitation rates, and organization type.
- Benefit configuration is accomplished through the user interface and the web-based APHP Portal for benefit configuration.
- The steps for defining benefit plans in the tool are the same for each plan.
- This makes it easier for workers to learn and use the system to manage the variety of programs and plans in place in Iowa.
- APHP provides a flexible, rules engine that enables easy configuration of capitation payment rules in accordance with State requirements.
- This also includes information identifying contracted providers within MCO network, including PCPs.
- The APHP solution provides a comprehensive management suite covering all aspects of provider management including providers who have agreed to provide gatekeeper services.
- All the details associated with gatekeeper service providers including geographic location(s), number of assigned members, and capacity to accept additional patients is stored in the database.
- APHP rules engine provides the capability to configure rules for identifying physicians who have agreed to provide gatekeeper services.
- Authorized providers will securely access their profiles via the APHP portal and update information including but not limited to their contact details, locations, services, enrollment and eligibility, etc.
- All updates pass through an approval process by authorized MMIS worker.
- Once authorized the updates are available online.

The approval workflow for updates to the provider profiles will be configured using the APHP workflow tool. The workflow tool raises alert to appropriate MMIS staff as soon as updates to the provider profile is detected.

The APHP solution integrates best of breed application components to support complex business processes.

- The APHP solution provides an automated interface to process enrollment, reenrollment, and disenrollment of Medicaid providers into the managed care programs.
- The termination information including the reason for termination is stored when a MCO contract is cancelled.
- Termination information is immediately displayed against the MCO provider profile. This will also include end-date for PCP status if needed.

| Requirement Number: | MC1.07 |
|---|---|
| *Provide information to support assessment of adequacy of provider network. This includes identifying and collecting data on the number and types of providers and provider locations.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

The APHP reporting component provides multiple capabilities and program status features to bring program transparency and automation to program reporting, provider reporting, 1099 earnings reporting, and State and Federal report inputs.

- APHP reporting tools may be used to create a series of dashboards and graphical reports that provide the information necessary to determine the adequacy of the Medicaid provider network based on provider / member ratios by geographic region, provider type and other data fields as requested by the State.
- APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- Using the MITA Business Process Model (BPM) as a common point of reference, the APHP Data Warehouse is structured to support business functions and capabilities directly related to the MITA framework. Additionally, APHP will provide a number of data management artifacts and tools to allow the State to govern and mature their data management practices.

| Requirement Number: | MC1.08 |
|---|---|
| *Provide information to support review of new enrollments and to prohibit affiliations with individuals debarred by federal agencies.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provides a comprehensive set of analytical tools to monitor the Medicaid program.
- Periodic reports will be generated to prohibit providers from affiliating with individuals debarred by Federal agencies.
- APHP EDI component periodically interfaces with Federal agencies to obtain member exclusion lists.
- APHP reporting provides the analytical capability to monitor and report provider affiliations with members in the exclusion lists.

| Requirement Number: | MC2.01, MC2.02, MC2.03 |
|---|---|
| *Calculate per-member per-month (PMPM) capitation payment based on state-defined rate factors such as age, gender, category of eligibility, health status, geographic location and other.* | |
| *Compute capitation payment for the actual number of days of eligibility in a month (i.e., enrollee may not be enrolled for a full month).* | |
| *Identify individuals and enrollees who have terminated enrollment, disenrolled or are deceased and excludes those individuals from the monthly MCO capitation payment.* | |

| Requirement Number: | MC2.01, MC2.02, MC2.03 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP /Plexis Quantum Choice**

**Description of Product**

- APHP effectively tracks and makes accurate payments to MCOs. APHP pulls data directly from our claims processing tool.
- APHP captures IME-defined rate factors including age, sex, and category of eligibility, health status, and geographic location and automatically calculates PMPM capitation payments based on this data.
- The capitation cycle does consider eligibility for partial months since a member may be enrolled in a plan mid-month. The per-member-per-month fee is pro-rated based on number of days in the month to compute the capitation payment for the provider.
- APHP captures and updates individuals/enrollees MCO information. As updates are received and processed into our system, we identify individuals/enrollees who have terminated enrollment, disenrolled, or are deceased and should be excluded from capitation payments and adjust the calculations accordingly

| Requirement Number: | MC2.04 |
|---|---|

*Generate regular capitation payments to MCOs, at least on a monthly basis in compliance with HIPAA-standard X12 820 Premium Payment transaction where applicable.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- One of the twelve HIPAA standard transactions is 820. It is described as being when a health plan sends premium payment information to another covered entity.
- APHP reports on capitation payments in accordance with HIPAA standards including X12N 820 Premium Payment transaction file.
- APHP generates and reports on capitation payments to MCOs, at least on a monthly basis or on a schedule determined by IME.

| Requirement Number: | MC2.05 |
|---|---|

*Adjust capitation payment based on reconciliation of errors or corrections (e.g., retroactive adjustments to a particular capitation payment based on more accurate data that the MMIS obtains retroactively on member enrollments, disenrollments and terminations).*

This requirement is met using COTS products.

**COTS Product Name: APHP /Plexis Quantum Choice**

**Description of Product**

- Data flows into the system via our automated interfaces and capitation rates and payments are adjusted as soon as the data updates are received.
- APHP adjusts capitation payment based on reconciliation of errors or corrections (e.g., retroactive adjustments to a particular capitation payment based on more accurate data that the MMIS obtains retroactively on member enrollments, disenrollment, and terminations).

| Requirement Number: | MC2.06 |
|---|---|
| *Perform mass adjustment to rates according to state policy (e.g., annual adjustment, negotiated rate change, court settlement).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP provides the ability to perform mass adjustments by claim/encounter type, Provider type or other criteria defined by DMS.
- APHP's flexible solution helps us to quickly configure and perform mass adjustments via the APHP worker portal in accordance with state policies (e.g., annual adjustment, negotiated rate change, court settlement).
- Any impact to claims payments or capitation payments is reflected based on the adjusted rates.

| Requirement Number: | MC2.07 |
|---|---|
| *Perform periodic reconciliations of state member records with MCO, PCP enrollment records.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP EDI and transaction component provides the ability to interface with the State Medicaid member records.
- APHP provides the ability to automatically run schedule reconciliation processes that will compare State Medicaid member records with MCO enrollment records.
- Discrepancies identified during this reconciliation process are routed through the APHP workflow into work queues to be reviewed by the appropriate authorized staff.

| Requirement Number: | MC2.08 |
|---|---|
| *Verify correct transfer of capitation payment when member disenrolls from one MCO and enrolls in another plan.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Data flows into the system via our automated interfaces and capitation rates and payments are adjusted as soon as the data updates are received.
- APHP adjusts capitation payment based on member's assignment to a plan. If a member disenrolls from one MCO and enrolls in another plan, this will be reflected in the capitation cycle as soon as the update is made.

| Requirement Number: | MC2.09 |
|---|---|
| *Support ANSI X12N 820 Premium Payment transaction as required by HIPAA.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Data Services**

**Description of Product**

- 820 is a HIPAA transaction when a health plan sends premium payment information to another covered entity.
- APHP provides a secure, HIPAA compliant EDI solution and user instruction documentation for use by Providers to interact with MMIS utilizing the X12 820 Payment Order/Remittance Advice.
- The EDI interface supports all standard X12 transactions as required by Medicaid. The 820 Payment Order/Remittance Advice is a standard APHP transaction that also supports configuration of inclusion or exclusion of situational data elements.

| Requirement Number: | MC3.01, MC3.02, MC3.03 |
|---|---|
| *Collect and store encounter data on a periodic basis.*<br>*Apply key edits to encounter data (e.g., MCO, physician, member ID numbers, diagnosis and procedure codes). Note: The encounter record edits can be different from claims edits.*<br>*Return erroneous encounter data for correction.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture supports the receipt of encounter data that can be processed at any time through standard X12 837 claim formats
- The APHP solution accepts encounter data through our configurable EDI interface in standard X12 837I, P and D formats.
- APHP receives and processes encounter claims as it does regular claims. The received encounter data is stored and the encounter receives shadow pricing which indicates the Medicaid payable amount for the reported service.
- Accenture processes encounter data such as it does for claims applying key configurable validations against the encounter to ensure only valid provider, member and service related information is submitted.
- Through the use of the APHP's flexible and configurable rules engine, Accenture has the capability to only apply select criteria against encounters allowing them to process similar to claims, but with encounter specific rules.
- Any encounters which are rejected during processing are sent back through standard HIPAA formats. MCOs will be automatically notified about the erroneous encounter data through standard X12 claim responses. The MCOs will be able to correct and resubmit the encounters in similar format.

| Requirement Number: | MC3.05 |
|---|---|
| *Periodically produce reports for audits on accuracy and timeliness of encounter data, including matching encounter record to MCO paid claim and to the provider's billing.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provides a robust reporting capability that is integrated in our overall solution.
- The APHP's centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- The list of reports and dashboards which will be configured for Managed Care will include, not limited to
  - Report of accuracy and timeliness of encounter data, including matching encounter record to MCO paid claim to the provider's billing.
- Using APHP reporting capability, IME will be able to get a comprehensive view of Managed Care program and will be able to make changes to the program as necessary to improve access to care for the citizens of Iowa.

| Requirement Number: | MC3.06 |
|---|---|
| *Capability to calculate the "Encounter Cost Value," or the cost of services reported on the encounter claim had they been paid on a Fee-for-Service basis.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP Claims Engine receives and processes encounter claims as it does regular claims. The received encounter data is stored and the encounter receives shadow pricing which indicates the Medicaid payable amount for the reported service. By calculating equivalent "Fee-for-service" pricing, we can determine the "Encounter Cost Value" and the cost effectiveness of keeping the member in the Managed Care model.

| Requirement Number: | MC3.07 |
|---|---|
| *Accept and process encounter claims in formats, as mandated by HIPAA (e.g., X12N 837).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Data Services**

**Description of Product**

- Accenture supports the receipt of encounter data that can be processed at any time through standard X12 837 claim formats
- The APHP solution accepts encounter data through our configurable EDI interface in standard X12 837I, P and D formats.

| Requirement Number: | MC4.04 |
|---|---|
| *Collect and sort encounter data for use in completing Medicaid Statistical Information System (MSIS) reports.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP produces quarterly Federal MSIS data using the formats and media specified by CMS and the State. The MSIS files are submitted after the end of each quarter according to federal guidelines.
- Accenture works closely with the Department, CMS, and any CMS-designated contactors to clarify and resolve any data issues, so that MSIS data accurately reflects State information in the context of CMS requirements.
- APHP includes the following data in producing MSIS files as required by CMS:
  - Inpatient hospital claims
  - Long term care claims
  - Other, non-institutional claims
  - Prescription drug claims
  - Encounter claims received from Managed Care Plans
- The MSIS files are encrypted with Secure Zip and submitted to CMS via electronic file transfer (EFT) in the required standard format as outlined in the MSIS File Specifications and Data Dictionary.

| Requirement Number: | MC4.05 |
|---|---|
| *Collects and sorts encounter data for use in determining capitation rates.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Accenture supports the Department in determining capitation rates based on encounter data that is validated through the front end EDI and configured rules engine. The validated and shadow priced encounter data is then made available for analytics through our centralized reporting data store.
- The APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of encounter data for use in setting capitation rates, as well as enabling advanced analytics.
- Reporting needs are supported through preconfigured reporting schedules as well as on an ad hoc basis.

| Requirement Number: | MC4.09 |
|---|---|
| *Access encounter data to identify persons with special health care needs as specified by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP /Microsoft SQL Server Reporting Services**

**Description of Product**

- The APHP EDI interface and rules engine receives, validates, processes, and stores encounter records.
- As soon as encounter data is processed into the system, it is available for reporting through our centralized reporting data store, including reports on services furnished to enrollees with special health needs.

| Requirement Number: | MC4.10, MC4.11 |
|---|---|
| *Produce reports to identify network providers and assess enrollee access to services.*<br>*Produce managed care program reports by category of service, category of eligibility and by provider type.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP provides a robust reporting capability that is integrated in our overall solution.
- The APHP's centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service, and performance as well as enabling advanced analytics.
- The list of reports and dashboards which will be configured for Managed Care will include, not limited to
  - Report of members enrolled in managed care including network providers
  - Report of managed program by category of service, category of eligibility and by provider type
- Using APHP reporting capability, IME will be able to get a comprehensive view of Managed Care program and will be able to make changes to the program as necessary to improve access to care for the citizens of Iowa.

| Requirement Number: | MC5.01, MC5.02, MC5.03 |
|---|---|

*Block payment to FFS providers for services included in the MCO benefit package, with the exceptions stated per the state plan.*

*Allow FFS payment to providers for services carved out of the MCO benefit package. (These services are usually delivered by providers external to the MCO).*

*Allow payment to FFS providers for services rendered in pre-enrollment periods or other periods of transition.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

•Because APHP is a robust COTS solution, rules changes or program additions become functional configuration changes instead of customizations at the code level. This enables trained, non-technical personnel to make rules changes without programmer intervention.

•Authorized Department and contractor staff can configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment.

- APHP's rule-based solution enables APHP to identify Fee-For-Service (FFS) services included in the MCO benefit package and to block those payments for FFS providers in accordance with State rules.
- APHP's configurable, rules-based solution enables Accenture to automatically implement State and program rules to correctly identify and reimburse services carved out of MCO benefit package. These services will be paid like other fee-for-service claims since MCOs do not cover these under capitation model.
- This can be achieved with the simple of configuration of procedure code and diagnosis code treatment sets as a covered benefit within the benefit plan.
- APHP's rule-based solution enables identification of services rendered in pre enrollment periods or other periods of transition in accordance with State rules.
- Benefits can be further configured through specific treatment sets should service offerings differ from members enrolled in the traditional Fee-For-Service plans.

| Requirement Number: | MC6.01, MC6.02 |
|---|---|

*Generate monthly or as required by IME reports of capitation payment by various categories (e.g., by eligibility group, rate cell).*

*Generate FFS claims reporting for services furnished outside of a capitation agreement (i.e., for services "carved-out" of the managed care program).*

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft SQL Server Reporting Services**

**Description of Product**

- Accenture provides a robust reporting capability that is integrated in our overall solution.
- As soon as data is processed into the system, it is available for reporting, including reports on capitation payments by MCO containing a variety of categories including eligibility group and rate cell.
- Accenture's integrated solution enables us to automatically track and report on FFS claims for services performed outside of capitation agreements (e.g., for services "carved-out" of the managed care program).
- APHP will support the implementation of State rules to automatically allow payment to providers for services carved out of the MCO benefit package
- The APHP fee schedules enable simple configuration of MCO carve out services to be reimbursed.

| Requirement Number: | MC7.01 |
|---|---|
| *Collect basic administrative information, for instance: a. The identification of an MCO. b. Contract start and end dates. c. Contract period and year. d. Capitation effective date. e. Maximum enrollment threshold. f. Enrollee count. g. Member month. h. Re-insurance threshold. i. Geographic area served. j. Other information as required by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- APHP effectively tracks and makes accurate payments to MCOs. As part of managed care data maintenance function, the solution will collect basic administrative information including a. MCO identification b. Contract start and end dates c. Contract period and year d. Capitation effective date e. Maximum enrollment threshold f. Enrollee count g. Member month h. Re-insurance threshold i. Geographic area served j. Other information as required by IME.
- All the data elements from Claims Engine will be available in APHP reporting data store to support analytical and reporting needs for Managed Care program.

| Requirement Number: | MC8.01, MC8.02 |
|---|---|
| *Identify members who are eligible for a state's Medicaid program by qualifying under a section 1115 waiver eligibility expansion group. Distinguish the "1115 expansion eligibles" from other groups of Medicaid-eligibles.*<br>*Collect and maintain the data necessary to support the budget neutrality reporting requirements as specified in the state's 1115 waiver (including the ability to identify those members who would be ineligible for Medicaid in the absence of the state's 1115 waiver).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP has configuration rules which can be defined for member eligibility. Using these rules, separate benefit plans can be created for 1115 Waiver eligibility expansion group and assigned to eligible members. This will distinguish "1115 expansion eligibles" from other groups of Medicaid-eligibles.
- Based on the ability to distinguish "1115 expansion eligibles" from Medicaid-eligibles, APHP will be able to collect and maintain the data necessary to support the budget neutrality reporting requirements as specified in the State waiver program.

| Requirement Number: | MC.SS.01 |
|---|---|
| *Process and maintain inputs and outputs including, but not limited to: Inputs: a. Encounter data from managed care plans. Outputs: a. Enrollment Rosters to managed care organizations. b. Monthly files of paid claims and encounter data to actuarial contractor.* | |

| Requirement Number: | MC.SS.01 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP has the capability to easily configure inbound and outbound interfaces, APHP will able to process and maintain inputs and outputs related to managed care program, including, but not limited to
  - Encounter data from managed care plans
  - Enrollment rosters to managed care organizations
  - Monthly file of paid claims and encounter data to actuarial contractor

***Primary Care Case Manager (PCCM) and Medical Home and Managed Care Gatekeeper***

| Requirement Number: | ME1.01 |
|---|---|

*Capture enrollee choice of MCO or PCP and enter into member record.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Plexis Quantum Choice**

**Description of Product**

- The APHP solution provides a comprehensive management suite covering all aspects of provider management including providers who have agreed to act as primary care provider to eligible enrollees in Iowa Medicaid.
- All the details associated with PCP providers including geographic location(s), number of assigned members, and capacity to accept additional patients is stored in the database.
- APHP Portal allows authorized users to capture enrollee choice of MCO or PCM on beneficiary record. This information will be used while processing claims to validate that services are provided by beneficiary's designated provider or referred by designated provider.

| Requirement Number: | ME1.03 |
|---|---|

*Assign enrollee to MCO or PCP based on factors such as member age, gender, geographic location; and MCO capitation rate, location.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- It is important that once an enrollee becomes eligible for managed care program that a PCP (Primary Care Provider) or MCO be assigned. The enrollee will have a specific time period during to make this selection. However, if the enrollee does not choose a provider, APHP will auto-assign enrollees to a provider. The system can be configured for auto-assignment rules i.e. enrollee's geographic location, gender, age, available providers in enrollee's area, whether providers are accepting new patients etc. This improves the overall access to care for Medicaid population.

| Requirement Number: | ME1.05 |
|---|---|
| *Display enrollees associated with MCO.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Portal Member management screens displays information related to members & related data. This includes specific benefit plans assigned to members, programs they are enrolled into, such as FFS, PCCM or other Managed Care. Authorized users who have access to member management screens will be able to access enrollee's MCO to perform various operational tasks like answering member calls, researching claims etc.

| Requirement Number: | ME1.06, ME1.07, ME1.08, ME1.09 |
|---|---|
| *Disenroll member from MCO.*<br>*Disenroll member without cause during the 90 days following the date of the enrollee's initial enrollment and at least once every 12 months thereafter.*<br>*Automatically disenroll and re-enroll members in new plans during periods of open enrollment or when an MCO leaves the program.*<br>*Automatically disenroll member from a terminated MCO and places in regular FFS status.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP is a flexible product. Rules can be configured around automatic enrollment and disenrollment for members to move from managed care to FFS and back.
- Just as members have an option to enroll in MCO, they can be disenrolled from MCO. This can be due to variety of factors such as specific provider assigned to member has been terminated from Medicaid program or the member is not satisfied with the MCO. Authorized users will have access to APHP Portal screens (Member management) to disenroll members from MCO. In case a member is enrolled and within 90 days, they want to disenroll, same screens in APHP Portal can be used to disenroll members from MCO
- If a MCO leaves the program or is terminated, the system can be configured to place the members in FFS or another MCO. The system will automatically disenroll members from terminated plan and re-enroll into new plan during periods of open enrollment or place them in FFS. The system can be configured to define these rules. There will be an automatic notification to members about the change in their plan.
- We understand the importance of access to care for members in Managed care program. Our solution is flexible and configurable to meet Iowa's current & future program needs.

| Requirement Number: | ME1.10 |
|---|---|
| *Generate notices to member of assignment to or disenrollment from MCO.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Standard Register Dynacom**

**Description of Product**

- When a member is enrolled or disenrolled from MCO, APHP will automatically send a trigger to generate notification to fulfillment product called Dynacom with necessary data elements.
- The fulfillment product will be pre-configured with templates for MCO enrollment and disenrollment notices. The fulfillment product will match data elements received from APHP and generate the appropriate notice.
- The notice are sent to members based on their preferred method of communication i.e. email or mail.
- This process allows for a streamlined communication when members are enrolled or disenrolled from MCO.

| Requirement Number: | ME1.11 |
|---|---|
| *Identify members excluded from enrollment, subject to mandatory enrollment or free to voluntarily enroll in MCO.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/ Plexis Quantum Choice**

**Description of Product**

- APHP eligibility assignment rules are flexible and configurable. Based on various criteria like member's age, address, gender, type of assistance needed, category of service etc. we can define specific eligibility criteria for member enrollment for MCO. This will include members excluded from enrollment, subject to mandatory enrollment or free to voluntary enrollment in MCO.

| Requirement Number: | ME1.12 |
|---|---|
| *Prioritize enrollment for members to continue enrollment if the MCO does not have the capacity to accept all those seeking enrollment under the program.* | |

This requirement is met through system modification.

**Type of Modification (change rules engine or modification and addition to system code): Modification and Addition to System Code**

- Accenture modifies system to develop a specific job for Iowa which can prioritize enrollment for members to continue enrollment if the MCO does not have capacity to accept all those seeking enrollment under the program. We will work with the State during DDI phase to define the specific details around this program to prioritize enrollment.

| Requirement Number: | ME1.13, ME1.14 |
|---|---|
| *Provide a default enrollment process for those members who do not choose a MCO.*<br><br>*Automatically re-enroll a member who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less (optional, if state plan so specifies).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP eligibility assignment rules are flexible and configurable. Based on various criteria like member's age, address, gender, type of assistance needed, category of service etc. we can define specific eligibility criteria for MCO. This will allow to process default enrollment for members who do not choose MCO.
- Using same eligibility rules, if a member loses Medicaid eligibility and become eligible again within 2 months, the system will use the default rules to automatically re-enroll the member with MCO.

| Requirement Number: | ME1.15 |
|---|---|
| *Support ANSI X12N 834 transaction, as required by HIPAA.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Data Services**

**Description of Product**

- 834 is a HIPAA-compliant benefit enrollment and maintenance transaction. Its purpose is to electronically transmit enrollment and dis-enrollment information. EDI component within APHP supports this transaction, as required by HIPAA. This can be used to exchange benefit enrollment information with other managed care organizations and enrollment broker.

| Requirement Number: | ME2.01 |
|---|---|
| *Receive and process eligibility data from state's eligibility source system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP EDI component ensure secure data exchange for all inbound and outbound data files. APHP is capable of easily configuring interfaces with external sources, trading partners and the state's eligibility system. Using an inbound interface from the State's eligibility source system, we will be able to receive and process eligibility data and provide audit trails into the controls for all balancing and validation of data received and successfully loaded to the MMIS.

| Requirement Number: | ME2.02 |
|---|---|
| *Receive MCO contract information from contract data store (e.g., address, covered services, rates).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP effectively tracks and makes accurate payments to MCOs. As part of managed care data maintenance function, the solution will collect basic MCO contract information from contract data store like address, covered services, rates etc.
- All the data elements from Claims Engine are made available in APHP reporting data store to support analytical and reporting needs for Managed Care program.

| Requirement Number: | ME2.03 |
|---|---|
| *Receive and process provider eligibility data from MMIS or data repository for PCP program.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP /Plexis Quantum Choice**

**Description of Product**

- APHP has the capability to easily configure inbound and outbound interfaces. Using an inbound interface from the State's eligibility source system, we will be able to receive and process eligibility data. This interface will also include managed care eligibility including PCP program for Medicaid members.

| Requirement Number: | ME2.05 |
|---|---|
| *Calculate or select premium payment amount and generate PMPM payment (capitation, Premium, case management fee).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice /K2 blackpearl/Microsoft SQL Server Reporting Services**

**Description of Product**

APHP's Member Management and premium administration components provide functions to support the ability to calculate and select and generate member's premium payment amounts and PMPM payments.

- APHP's workflow solution performs automated calculations to generate premium notices, process premium payment amounts and PMPM payments, such as that for capitation, premiums, case management fees, Medical Home payments.
- APHP provides standard premium collection reports and support of ad hoc premium collection inquires.

| Requirement Number: | ME2.06 |
|---|---|
| *Support ANSI X12N 820 transaction for PMPM premium payment as required by HIPAA.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Data Services**

**Description of Product**

- 820 is a HIPAA transaction when a health plan sends premium payment information to another covered entity.
- APHP provides a secure, HIPAA compliant EDI solution and user instruction documentation for use by Providers to interact with MMIS utilizing the X12 820 Payment Order/Remittance Advice.
- The EDI interface supports all standard X12 transactions as required by Medicaid. The 820 Payment Order/Remittance Advice is a standard APHP transaction that also supports configuration of inclusion or exclusion of situational data elements.

| Requirement Number: | ME2.07, ME2.08 |
|---|---|
| *Transmit enrollment and PMPM payment data to MMIS or data repository.*<br>*Transmit enrollment records and PMPM payments to MCOs.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP effectively tracks and makes accurate payments to MCOs. APHP pulls data directly from our claims processing tool.
- APHP captures IME-defined rate factors including age, sex, category of eligibility, health status, and geographic location and automatically calculates PMPM capitation payments based on this data.
- The capitation cycle considers eligibility for partial months since a member may be enrolled in a plan mid-month. The per-member-per-month fee is pro-rated based on number of days in the month to compute the capitation payment for the provider.
- APHP captures and updates individuals/enrollees MCO information. As updates are received and processed into our system, we identify individuals/enrollees who have terminated enrollment, disenrolled, or are deceased and should be excluded from capitation payments and adjust the calculations accordingly
  Once the capitation cycle is completed, enrollment data and PMPM payment data is transmitted to MMIS and MCOs using Secure FTP interface with the APHP EDI component.

| Requirement Number: | ME3.01 |
|---|---|
| *Calculate and generate premium notices to members.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Medicare premium files are generated by CMS on a monthly basis.
- APHP updates member information from files received from CMS and calculate the premium amount due from the member.
- A premium due notice is generated and forwarded to the member as per the mailing preferences
- APHP uses the power of service oriented architecture by making calls to the core application's "services" for data review, insertion and validation of the Medicare premium files.
- APHP workflow tool orchestrates the process of triggering the correspondence component to send premium notices to members on schedule.

| Requirement Number: | ME3.02, ME3.02.01 |
|---|---|
| *Process premium receipts from members.*<br>*Identify outstanding premium payments due from members and reports for debt collection accordance with IME policy.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP /Plexis Quantum Choice/Microsoft SQL Reporting Services**

**Description of Product**

- APHP integrated solution provides payment processing capability.
- Premium payments received from members are updated to their corresponding accounts in real time.
- APHP member management component process payments and updates member records.
- APHP solution provides multiple payments routes as prescribed by the Department.
- The APHP solution is highly configurable and the State policy, rules, and customizations are easily configured**.** Using workflow tool, any outstanding premium payments are identified and trigger information can be send to debt collection in accordance with IME policy.

| Requirement Number: | ME3.03, ME3.03.01, ME3.03.02, ME3.03.03 |
|---|---|
| *Support inquiries regarding premium collections.*<br>*Member premium rules must be configurable to accommodate program rules.*<br>*Automatically extend or terminate eligibility for premium based eligibility programs in accordance with rules for each program.*<br>*Accept data file from lock box for premium payments.* | |

| Requirement Number: | ME3.03, ME3.03.01, ME3.03.02, ME3.03.03 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP web based portal solution for member management provides full query, view regarding premium collections.
- Members can log into their account and view the premium payable.
- Accenture also provides a call center with full CRM capability where members can get the services of well trained and friendly staff.
- Members can call in to the call center and inquire about premium collections.
- Member premium rules are configured in APHP. The rules can be configured based on number of factors i.e. member's age, category of service, eligibility period etc. The rules also automatically extend or terminate eligibility for premium based eligibility programs like MEPD (Medicaid for Employed People with Disabilities) and MIPS (Medicaid IowaCare Premium Subsystem).
- Accenture team will accept data file from lock box for premium payments and apply them using APHP Portal screens

| Requirement Number: | ME3.04 |
|---|---|

*Produce premium collection reports.*

This requirement is met using COTS products.

**COTS Product Name: APHP /Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- APHP reporting solution enables users to run reports and perform ad hoc queries on a variety of data, including premium collection information.
- A variety of aggregate and detailed reports can be generated regarding premium collections.

| Requirement Number: | ME4.01 |
|---|---|

*Comply with provisions for Administrative Simplification under the HIPAA of 1996 to ensure the confidentiality, integrity and availability of ePHI: a. Provide safeguards as described in the October 22, 1998 State Medicaid Director letter, Collaborations for Data Sharing between state Medicaid and Health Agencies. b. Perform regular audits. c. Support incident reporting.*

This requirement is met using COTS products.

**COTS Product Name: APHP / Microsoft SQL Server Reporting Services**

**Description of Product**

We understand the importance of data privacy requirements. Our solution and our team is fully committed to comply with provisions for Administrative Simplification under HIPAA of 1996 to ensure confidentiality, integrity and availability of ePHI. This includes providing safeguards as described in Oct 22, 1998 State Medicaid Director letter, collaborations for data sharing between State Medicaid and Health Agencies. Our processes would include regular audits and reporting any incidents for HIPAA violation. Our products are based on HIPAA security standards.

| Requirement Number: | ME.SS.01 |
|---|---|
| *Maintain date-specific Managed Health Care enrollment data spans on the MMIS eligibility file, including: a. Enrollment begin and end dates. b. Provider ID. c. Vendor ID. d. Plan type. e. State ID. f. County of residence. g. Zip code. h. Aid type. i. Birth date. j. Medicare eligibility. k. Gender. l. Case number. m. Reason for disenrollment.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP /Plexis Quantum Choice**

**Description of Product**

- APHP provides configurable product which can be used to create inbound or outbound interfaces from trading partners. This will include managed care enrollment data on MMIS eligibility file. We understand that the members may move in and out of managed care and FFS based on their eligibility criteria. Hence, the enrollment data spans have to be maintained date-specific so appropriate rules can be applied during adjudication. The data elements will include a. Enrollment begin and end dates b. Provider ID c. Vendor ID d. Plan type e. State ID f. County of Residence g. Zip code h. Aid type i. Birth date j. Medicare eligibility k. Gender l. Case number m. Reason for disenrollment
- All the data elements used to process claims will be available in APHP reporting data store to support analytical and reporting needs for Managed Care program.

| Requirement Number: | ME.SS.02 |
|---|---|
| *System must be able to support a medical home infrastructure when implemented in the state of Iowa as directed by the IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/ Plexis Quantum Choice**

**Description of Product**

- APHP provides flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify benefit plans and services. Using member eligibility assignment and provider payment contract assignment, the tool will establish which members can receive services and which providers can provide these services and how they will get paid.
- Using this flexibility will allow the State of Iowa to support a medical home infrastructure by leveraging pieces which are common between this program and traditional Medicaid while delivering a unique program specifically to meet Iowa needs.

| Requirement Number: | ME.SS.03, ME.SS.04, ME.SS.05 |
|---|---|
| *System must be able to enroll, disenroll, maintain, track and produce reports for Medical Home as directed by IME.*<br>*Disenroll a member from PCCP program when enrolled in Medical home, and when appropriate, enroll a member in PCCP program if they leave the Medical home.*<br>*Allow the capability for a member to be in a medical home and on lock-in.* | |

| Requirement Number: | ME.SS.03, ME.SS.04, ME.SS.05 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

- A Medical Home is a location that serves a designated geographic area where primary health care (PHC) services, including care coordination, are delivered. Medical services are provided by persons appropriately licensed to provide such services in the state of Iowa. The Medical Home provides initial care and the majority of ongoing health care needs. If the Medical Home determines that a higher level of services are required than what it can provide, referrals to specialists may be made.
- APHP provides flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify benefit plans and services. Using member eligibility assignment and provider payment contract assignment, the tool will establish which members can receive services and which providers can provide these services and how they will get paid.
- Accenture creates a benefit plan specifically for Medical Home which includes services payable by Medical Home provider and not covered by traditional Medicaid.
- Using member enrollment screens or eligibility interface, the system will be able to enroll and disenroll members from Medical Home program.
- Using APHP Portal screens and APHP reporting store, users will be able to maintain, track and produce reports necessary for Medical Home program.
- The member may move between Medical Home and other programs like FFS, PCCM or Managed Care. Using the member enrollment functions, system will be able to disenroll a member from PCCP program when enrolled in Medical Home, and when appropriate, enroll a member in PCCP program when they leave Medical home.
- Using lock-in functionality, the system will allow the capability for a member to be in a medical home and on lock-in. Lock-in functionality requires that a member to see a specific provider to prevent inappropriate utilization by members.

## 9.1.14 Waiver, Facility and Enhanced State Plan Services Management (WA)

### *9.1.14.1 Introduction to the APHP Waiver, Facility and Enhanced State Plan Services Management Function*

The Department's goal for specialized programs such as the Home and Community Based Waivers, Long Term Care Facility Based programs and Enhanced State Services Plan programs is to enhance consumers' health care experiences, contain costs and improve the health of citizens. The Accenture Public Health Program provides a streamlined prior authorization process to facilitate the delivery of services to Medicaid members. Our flexible solution allows receipt and entry of prior authorizations from internal agencies and systems, enables management of services and funds, provides updating of services utilization based on claims adjudication, and provides accurate and timely reporting of special program prior authorizations and members. Accenture's enterprise reporting and exporting capability produce program data necessary to satisfy Federal Medicaid reporting requirements, monitor utilization, and assess.

### Features

- APHP supports automated screening and verification of critical member prior authorization information received from Individualized Services Information System (ISIS) to ensure the most accurate and up-to-date member prior authorization data is included in the APHP prior authorization database.
- Our integrated solution supports the ability to track and limit payments according to the rules configured for each waiver, facility, and enhanced state plan program, including level of care, dates of service and service plan data. For specified Plan of Care waivered services, APHP is configured with business rules to prevent billing from exceeding pre-approved units and/or a pre-approved unit rate.
- Our solution produces the program data necessary to satisfy the Federal Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants. Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal Medicaid reporting requirements.

### *9.1.14.2 System Requirements and Responses*

| Requirement Number: | WA1.01, WA1.01.01, WA1.01.02, WA1.01.03, WA1.02, WA1.03, WA1.03.01 |
|---|---|
| *Identify by waiver unduplicated participants enrolled in 1915c waiver programs.* | |
| *Identify by waiver unduplicated participants enrolled in 1115 waiver programs.* | |
| *Identify unduplicated participants enrolled in Facility and Enhanced State Plan programs.* | |
| *Accept the waiver and Enhanced State Plan indicator from eligibility system.* | |
| *Generate notices or alerts to agency if number of unduplicated participants enrolled in the waiver program exceeds the number of participants approved in the waiver application.* | |
| *Track and report the number of unduplicated participants in the 1915c waiver program.* | |
| *Track and report the number of unduplicated participants in the 1115 waiver program.* | |

| Requirement Number: | WA1.01, WA1.01.01, WA1.01.02, WA1.01.03, WA1.02, WA1.03, WA1.03.01 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- Medicaid eligibility updates are passed from the State's eligibility system in the form of daily transaction files and periodic on-request reconciliation files. Member, eligibility and enrollment data for other programs may also be received from other source systems (e.g., breast and cervical cancer program, special medical services), as defined by the Department and according to Department program policies.
- On-line updates to selected fields by authorized users are also supported. The APHP accepts eligibility information, including the waiver and enhanced State Plan indicators, and uses this data to enroll the member into the appropriate benefit plan according to the business rules defined by the Department.
- APHP identifies, tracks, and reports the number of unduplicated participants enrolled in the 1915c and 1115 waiver programs, Facility Based programs, and Enhanced State Plan programs against authorized enrollment limits for the respective program. As workers create and update benefit plans, including the 1915c and 1115 waiver programs, Facility Based programs, and Enhanced State Plan programs, and members are assigned, our integrated reporting solution enables cross reference and reporting on unduplicated participants.
- We use an extract, translate, and load (ETL) tool to pull data from APHP data stores to automatically create a reporting database, which minimizes processing impact from report generation while maintain accurate, up-to-date information. We propose to use Microsoft SQL Server Reporting Service (SRS) to generate automated reports and query responses.
- SRS provides the end user the ability to use "drag and drop" functionality to design their analysis, allowing for rapid report building. Providing a powerful and flexible COTS tools such as SRS allows the user to build additional reports as they need to help answer requests of Department staff and further analyze operations management. APHP Medicaid Analytical and Performance Management Dashboards provide the data you need, when you need it, to measure, monitor, and manage the Medicaid program effectively.
- Our solution produces the program data necessary to satisfy the Federal Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants.
- Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal Medicaid reporting requirements. This solution allows for expenditure, utilization, participation and claims based quality measures to be produced for the participants and providers of any benefit plan administered within the APHP.
- Examples of reports that will be created include member's needing a service plan, workload (member's by user), services authorized and related paid claims, providers for members assigned to a specific user, workload tasks, overdue tasks, denied claims, member's near age 18 for county point coordinators, member's with invalid plans and member's with expired Level of Care (LOC) reviews. The APHP will also provide the capability to create member profile reports, as approved by the IME. Using our reporting solution, the APHP will generate notices or alerts to the IME if number of unduplicated participants enrolled in the waiver program(s) exceeds the number of participants approved in the waiver application and produce monitoring reports to determine if services approved in the Plan of Care (POC) are provided.

| Requirement Number: | WA1.04, WA1.04.01, WA1.SS.01, WA1.SS.02 |
|---|---|

*Identify the date a participant is assessed to meet the waiver LOC.*

*Provide the ability to accept different start and end dates for different waiver and Enhanced State Plan programs and services under each waiver.*

*Provide the ability to accept different start and end dates for Facility eligibility.*

*Provide the ability to accept adds, changes and deletes for a waiver or waiver service from a waiver program and from an individual member's service plan.*

| Requirement Number: | WA1.04, WA1.04.01, WA1.SS.01, WA1.SS.02 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Accenture Public Health Platform (APHP) functions as the source for all required member specific data elements and has the ability to capture data from many diverse sources.
- The Member Management functions within APHP receive and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for Medical Assistance in the state, including waiver and facility members.
- Medicaid eligibility updates are passed from the State's eligibility system in the form of daily transaction files and periodic on-request reconciliation files. Member, eligibility and enrollment data for other programs may also be received from other source systems (e.g., breast and cervical cancer program, special medical services), as defined by the Department and according to Department program policies. On-line updates to selected fields by authorized users are also supported.
- Data is used to assign the member to one or many benefit packages that are then used to determine covered services, limits, rates, etc for claims payment. The Accenture Public Health Platform (APHP) solution supports special programs through the configuration of program specific benefit plans.
- Each healthcare program becomes its own benefit plan and framework containing the data driven rules for program specific restrictions such as beneficiary age, gender, diagnosis code, only to name a few.
- APHP allows multiple benefit packages and delivery models to concurrently exist. Each benefit plan in which the member is enrolled contains the enrollment effective period, which may be different from other enrollment plans in which the member is enrolled.
- The APHP provides the ability to accept different start and end dates for different waiver and Enhanced State Plan programs and services under each waiver, and also provides the ability to accept different start and end dates for Facility eligibility.
- The APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. For members participating in the State's medical programs, including Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans, authorization data includes eligibility dates, waiver type, Level of Care (LOC) effective date, county of legal settlement when applicable, service dates, services codes, provider, rates and units of service.
- The APHP provides the ability to accept adds changes and deletes for a waiver or waiver service from a waiver program and from an individual member's service plan.

| Requirement Number: | WA1.SS.03 |
|---|---|
| *Provide the ability to identify and extract services approved as exceptions to certain waiver programs or service plan.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- Our solution produces the program data necessary to satisfy the Federal and State Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants.
- Our reporting solution captures data from the claims processing engine and service authorization records and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal and State Medicaid reporting requirements.
- This solution allows for expenditure, utilization, participation and claims based quality measures to be produced for the participants and providers of any benefit plan administered within the APHP. Using this solution, the APHP will provide the ability to identify and extract services approved as exceptions to certain waiver programs or service plans, as defined by the Department.

| Requirement Number: | WA1.SS.05 |
|---|---|
| *Provide the ability to accept real time adds, changes and deletes for Facility eligibility and Enhanced State Plan eligibility and services.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Accenture Public Health Platform (APHP) functions as the source for all required member specific data elements and has the ability to capture data from many diverse sources.
- The APHP provides the ability to accept real time adds, changes and deletes for Facility eligibility and Enhanced State Plan eligibility. Our flexible solution allows receipt and entry of prior authorizations from internal agencies and systems, enables management of services and funds, provides updating of services utilization based on claims adjudication, and provides accurate and timely reporting of special program prior authorizations and members.
- The APHP maintains the status of the prior authorization services by interfacing with the claims processing function to verify approval and to accurately increment/decrement the services used/remaining information.
- Accenture developed a web portal enabled system in APHP that allows secure web access to the system for all stakeholders, including providers and recipients. Authorized APHP users may use the web portal to apply real time updates to Facility eligibility and Enhanced State Plan eligibility and services information.

| Requirement Number: | WA2.01, WA2.01.01, WA2.02, WA2.03, WA2.04, WA2.05, WA2.05.01 |
|---|---|
| *Capture enrollment information, including NPI if required, on entity or individual meeting the qualifications contained in the provider agreement, including geographic locations and capitation or FFS rates.*<br>*Provide enrollment information, including NPI if required, on providers to external source.*<br>*Prevent enrollment of entities and individuals who do not meet the provider qualifications contained in the provider agreement.*<br>*Update information as changes are reported.*<br>*Capture termination information when a waiver, Facility and Enhanced State Plan provider voluntarily terminates or a provider agreement is cancelled.*<br>*Prohibit enrollment of providers affiliated with individuals debarred by state or federal agencies, listed in abuse registries or otherwise unqualified to provide service.*<br>*Upload abuse registries and debarred files monthly and matches all providers against the uploaded data. Sends alert whenever there is a match.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Our Accenture Public Health Platform (APHP) provider management solution is the control point and central source of data for Medicaid providers, including those providers providing services in Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans.
- We recognize the important role provider information plays in the support of claims processing, reporting, surveillance and utilization and managed care operations.
- Our Provider Management solution delivers timely and accurate enrollment of Iowa providers, so they will provide services to Medicaid recipients. The APHP solution delivers a single source of provider data that is controlled and verified to support accurate, up-to-date information through the promotion of a secured, easily accessible portal.

| Requirement Number: | WA2.01, WA2.01.01, WA2.02, WA2.03, WA2.04, WA2.05, WA2.05.01 |
|---|---|

- APHP complies with Health Insurance Portability and Accountability Act (HIPAA) requirements and supports universal provider identifiers, including NPI and Taxonomy. The provider's NPI information is captured during provider enrollment and is validated through NPPES. APHP also has the native ability to assign and track provider identifiers, including Atypical Provider Identifiers (API), historically assigned provider identifiers, provider identifiers assigned via other systems, and other identifiers such as Drug Enforcement Agency (DEA) numbers.
- Each identifier is captured with an effective date span, type and source.
- The Provider Management function in APHP maintains date-specific enrollment and demographic information for all individuals and groups who are approved to provide services to the State's Medicaid recipients and participants in any other related programs supported by the State.
- Data elements that support provider enrollment and demographic data specific information are available for viewing to APHP authorized users through the user interface features of the web portal. APHP supports the validation of geographic locations by reviewing the provider's physical addresses against the USPS standards. This interface is used to validate that the address exists and that the address is in a standard format.
- The provider enrollment process includes steps to verify that the provider has valid credentials and licenses, and has maintained a good standing in the community. APHP interfaces with various entities in real time to review defined credentialing data including:
  - General Services Administration (GSA) Excluded Parties List System (EPLS),
  - Verification of the NPI in the National Plan and Provider Enumeration System (NPPES),
  - The State Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE),
  - Drug Enforcement Agency (DEA),
  - Clinical Laboratory Improvement Amendments (CLIA) certification,
  - Centers for Medicare and Medicaid Services (CMS) sanction lists
  - Credit checking through the Online Solution for Complete and Accurate Reporting (e-OSCAR),
  - Council for Affordable Quality Healthcare (CAQH) Universal Provider Data Source (UPD).

- Based on the steps and processes defined in the configurable provider credentialing workflow, the APHP generates automatic alerts whenever the provider credentialing identifies the provider as failing credentialing rules. Authorized APHP users may use the APHP web portal to review credentialing data. Additionally, APHP will upload abuse registries and debarred files monthly.
- Only health care practitioners and health care facilities that meet the State's conditions of participation and eligibility requirements may be enrolled in the State's Medicaid program. As such, APHP supports the disenrollment of providers that do not continue to meet the State's conditions of participation and eligibility requirements.
- Providers may be disenrolled from Medicaid policy for reasons including but not limited to the following:
  - Voluntary termination
  - They remain inactive for more than the state specified timeframe
  - Notification from a sanctioning or licensing authority of disqualification
  - State request

- Based on the State's business process rules, APHP provides automated and configurable workflow capabilities that define and control the termination process. Information related to the termination, including the termination date and reason are captured. This information is reviewed should the provider submit a new application for enrollment, and may be used per the State's business policy to prevent the provider's re-enrollment.

| Requirement Number: | WA4.01, WA4.02, WA4.03, WA4.04, WA4.05, WA4.06, WA4.07, WA4.08 |
|---|---|

*Process claims for medical services.*

*Apply edits to prevent payments for services covered under a waiver, Facility and Enhanced State Plan programs to a Medicaid provider who does not have a provider agreement.*

*Prevent payments for members who have become ineligible for Medicaid.*

*Suspend payments for waiver and Enhanced State Plan services furnished to individuals who are inpatients of a hospital, nursing facility or Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and sends notice to the*

| Requirement Number: | WA4.01, WA4.02, WA4.03, WA4.04, WA4.05, WA4.06, WA4.07, WA4.08 |
|---|---|

*provider of the admission. If the state has approved personal care retainer or respite services provided in an ICF/MR building but not covered under the ICF/MR benefit, an exception may be made.*

*Limit payment for services to those described within the member's approved plan of care. Limits payment on claims exceeding dollar or utilization limits approved in waiver or exceeding the approved individual waiver budget cap.*

*Edit waiver, Facility and Enhanced State Plan services claims for prior authorization, if applicable.*

*Edit waiver, Facility and Enhanced State Plan services claims for Third-Party Liability (TPL) coverage prior to payment to ensure Medicaid is the payer of last resort.*

*Edit waiver, Facility and Enhanced State Plan services claims for member cost share of premium or enrollment fees prior to payment.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- As medical services claims are received and processed timely into the system, via automated interfaces or manual data entry, our rules-based solution assesses them against the defined care plans and processes them accordingly.
- The procedure code and fee schedule areas of APHP together provide users the ability to establish covered procedures, assign rates and payment methodologies, and assign to benefit plans. The same flexible configuration which supports standard coding can be used for waiver and other non-healthcare services.
- The APHP benefit plan structure allows for the configuration of accumulators, which represent the dollar amount that must be met before claims are paid.
- Users can specify collections of diagnosis codes to create diagnosis code groups and a collection of procedure codes to create procedure code groups. These groups can then be combined to define treatment types that are used as the building blocks to define services payable under Iowa's benefit plans.
- Accumulators and other configurable rules can then be applied to the treatment type limiting the number of allowable services as well as ensuring services are only reimbursed according to Department policy.
- As claims are processed, the APHP claims adjudication engine edits against these monthly, annual or lifetime limits, as defined in the member's benefit plan, and pays or denies appropriately. This structure allows APHP to edit waiver, Facility and Enhanced State Plan services claims for member cost share of premium or enrollment fees prior to payment.
- APHP system edits can be configured to edit waiver services claims. The Department can assign currently used edits, change or cancel the edits. The Department may elect edit such as:
  - Edit to validate that the member is Medicaid eligible on the dates of service
  - Validate services against the member's benefit plan to confirm services are covered
  - If the member's benefit plan indicates services require a prior authorization, edit against the existence of a prior authorization to confirm services, and dollar or utilization limits
  - Edit against other insurance information captured from the available third party information collected.
  - Suspend payments for waiver services furnished to individuals who are inpatients of a hospital, nursing facility or ICF/MR and send a notice to the Provider of the admission.
  - Compare claims to services covered under healthcare benefit program to prevent payments to Providers lacking a Provider agreement.
  - APHP supports code sets for the payment of Medicaid-covered and non-healthcare services.

| Requirement Number: | WA5.01, WA5.02, WA5.03, WA5.04, WA5.04.01, WA5.04.02, WA5.05, WA5.SS.01 |
|---|---|

*Gather data and produce a variety of financial reports to facilitate cost reporting and financial monitoring of waiver programs.*

*Gather data and produce utilization reports for monitoring cost neutrality of waiver services to a target population.*

| Requirement Number: | WA5.01, WA5.02, WA5.03, WA5.04, WA5.04.01, WA5.04.02, WA5.05, WA5.SS.01 |
|---|---|

*The average cost of waiver services cannot be more than the cost of alternative institutional care. State may define average either in aggregate or for each participant.*

*Access individual member claims and or encounter histories to extract data needed to produce annual report to CMS on cost neutrality and amount of services.*

*Collect and store data and produce reports in electronic format consistent with data collection plan to assess quality and appropriateness of care furnished to participants of the waiver programs.*

*Collect and store data and produce reports in electronic format to support county billing process programs.*

*Collect and store data and produce reports in electronic format to assess waiver performance standards.*

*Monitor provider capacity and capabilities to provide waiver and Enhanced State Plan services to enrolled participants.*

*Generate reports on the structure of the benefit plans to help IME set the benefit plan rules more efficiently.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- We use an ETL tool to pull data from APHP data stores to automatically create a reporting database, which minimizes processing impact from report generation while maintain accurate, up-to-date information. We propose to utilize Microsoft SQL Server Reporting Service (SRS) to generate automated reports and query responses.
- SRS provides the end user the ability to use "drag and drop" functionality to design their analysis, allowing for rapid report building. Providing a powerful and flexible COTS tools such as SRS allows the user to build additional reports as they need to help answer requests of Department staff and further analyze operations management.
- Since processed special program data resides on the APHP, the Department has the capability to select many of the same parameters from this data as other Medicaid benefit plan data. For example, report criteria could include:
  - Provider
  - Member
  - Date of Service
  - Diagnosis or Procedure codes
  - Services provided by data range
  - Units billed and rate
- We work with the Department to present static report data which meets your needs and the capability to request ad hoc reports.
- Our solution produces the program data necessary to satisfy the Federal and State Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants.
- Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal and State Medicaid reporting requirements. This solution allows for expenditure, utilization, participation and claims based quality measures to be produced for the participants and providers of any benefit plan administered within the APHP.
- Using the comprehensive APHP reporting databases and reporting solution, APHP has capabilities to:
  - Gather data and produce a variety of financial reports to facilitate cost reporting and financial monitoring of waiver programs.
  - Gather data and produce utilization reports for monitoring cost neutrality of waiver services to a target population. Accenture understands that the average cost of waiver services cannot be more than the cost of alternative institutional care and acknowledges that the State may define average either in aggregate or for each participant.
  - Access individual member claims and or encounter histories to extract data needed to produce annual report to CMS on cost neutrality and amount of services.
  - Collect and store data and produce reports in electronic format consistent with data collection plan to assess

| Requirement Number: | WA5.01, WA5.02, WA5.03, WA5.04, WA5.04.01, WA5.04.02, WA5.05, WA5.SS.01 |
|---|---|

quality and appropriateness of care furnished to participants of the waiver programs.
- Collect and store data and produce reports in electronic format to support county billing process programs.
- Collect and store data and produce reports in electronic format to assess waiver performance standards.
- Monitor provider capacity and capabilities to provide waiver and Enhanced State Plan services to enrolled participants.
- Generate reports on the structure of the benefit plans to help IME set the benefit plan rules more efficiently.

- Examples of reports that will be created include cost reporting and financial monitoring of waiver programs, utilization reports for monitoring cost neutrality of waiver services to a target population either in aggregate or for each participant at the Department's direction, annual report to CMS on cost neutrality and amount of services, county billing process program reporting, waiver performance standard reporting, waiver, facility and enhanced state plan capacity and capabilities reporting, and benefit plan assessment reporting.
- Reports are produced in a Department approved format, media and schedule.

| Requirement Number: | WA5.SS.02 |
|---|---|

*Provide, accept, maintain and process information with designated entities, as required by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/ Plexis Quantum Choice**

**Description of Product**

- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities.
- The ESB provides XML and fixed file format interfaces, both inbound and outbound. The APHP will provide, accept, maintain and process information with designated entities as required by IME.

| Requirement Number: | WA.SS.01 |
|---|---|

*For state supplemental program pay payee on the member file rather than provider.*

This requirement is met using COTS products.

**COTS Product Name: APHP/ Plexis Quantum Choice**

**Description of Product**

- The APHP solution supports payments to members for the state supplemental program. Vendors are the basic payee record in APHP; Vendors may be associated with many records such as Providers, Networks and individual members.
- Anyone receiving a payment from the MMIS, in this case, the member will be set up as a vendor.

| Requirement Number: | WA.SS.02 |
|---|---|
| *Provide capability to add a waiver program or add services to an existing waiver program through changes to the rules engine.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/ Plexis Quantum Choice**

**Description of Product**

- The APHP solution contains a relationship structure between benefit plans, members, providers, vendors (payees), and payment contracts.
- This structure provides tremendous flexibility in defining what services are covered, how those services are delivered, and how payments are made. Authorized State and contractor staff can configure business rules through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.
- Because APHP is a robust COTS solution, rules changes or program additions become functional configuration changes instead of customizations at the code level.
- This enables trained, non-technical personnel to make rules changes without programmer intervention, including adding a waiver program or services to an existing waiver program.

| Requirement Number: | WA.SS.03 |
|---|---|
| *Maintain date-specific Managed Health Care enrollment data spans on the MMIS eligibility file, including: a. Enrollment begin and end dates. b. Provider ID. c. Vendor ID. d. Plan type. e. State ID. f. County of residence. g. Zip code. h. Aid type. i. Birth date. j. Medicare eligibility. k. Gender. l. Case number. m. Reason for disenrollment.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Member eligibility information is stored on APHP databases. Eligibility data is used to assign the member to one or many benefit packages that are then used to determine covered services, limits, rates, etc for claims payment.
- The APHP solution supports special programs, including Home and Community Based Wavier programs; Long Term Care Facility based programs and Enhanced State Service Plans, through the configuration of program specific benefit plans.
- Each healthcare program becomes its own benefit plan and framework containing the data driven rules for program specific restrictions such as beneficiary age, gender, diagnosis code, only to name a few. APHP allows multiple benefit packages and delivery models to exist concurrently.
- Using APHP's flexible, rules-based engine, we configure rules for Iowa's defined managed care programs including capitation for primary care services only, for behavioral health services, for non-emergency transportation, for home evaluation and medical home services and all of these can be configured to be reimbursed alone or along with fee for service processing.
- These functions are configured based on the requirements agreed upon with the Department including State requirements for annual category updates, creation of capitation rates, and monthly payment generation.
- In addition we build rules in the medical claim system to identify the division of financial responsibility (DOFR) so that claims can be forwarded or not paid for services that are capitated or carved out. Accenture supports Iowa's commitment to providing medical services to Medicaid members through managed health care using a combination of the benefit plan and provider reimbursement feature.
- The features allow APHP to support and maintain date-specific Managed Health Care enrollment data spans on the MMIS eligibility file, including:
  - Enrollment begin and end dates
  - Provider ID

| Requirement Number: | WA.SS.03 |
|---|---|

- Vendor ID
- Plan type
- State ID.
- County of residence and zip code
- Aid type
- Birth date
- Medicare eligibility
- Gender
- Case number
- Reason for disenrollment

| Requirement Number: | WA.SS.04 |
|---|---|

*Generate electronic notice of decisions for approved service plans that the case manager may send to the providers and the members.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The APHP workflow processes contain an auto letter generator to create and mail appropriate letters to members or providers that provide a notice of the decision showing authorized services. Outbound communication to providers and members can be configured in APHP to the Department's specifications.
- There is not a “one size fits all” protocol for outbound communications. Letter templates are developed for every situation, and as new situations arise, new templates are easily accommodated.

| Requirement Number: | WA.SS.05 |
|---|---|

*Services must be authorized by units per month or units within a specified time period.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Our flexible solution allows receipt and entry of prior authorizations from internal agencies and systems, enables management of services and funds, provides updating of services utilization based on claims adjudication, and provides accurate and timely reporting of special program prior authorizations and members.
- Services can be authorized by units by month or units within a date span or as identified by IME. The APHP maintains the status of the prior authorization services by interfacing with the claims processing function to verify approval and to accurately increment/decrement the services used/remaining information.
- Based on defined Department business policy, the APHP will be configured to automatically approve prior authorizations for waiver services up to a specific dollar amount.

| Requirement Number: | WA.SS.06 |
|---|---|
| *Provide support for CCO to determine amount of funding available per member.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP accounting component allows for maximum flexibility of business rules definition to manage prepayments for Consumer Choice Options (CCO) and Money Follows the Person (MFP) using rules and policies provided by IME, and assign designated accounting codes for the specific, appropriate funding source driver (State Plan, Waiver and Non-waiver services).
- APHP, via the worker web portal, will provide the access needed to allow changes to budgets and provide the ability to roll the monthly budget forward.

| Requirement Number: | WA.SS.07 |
|---|---|
| *Provide appropriate edits for lifetime and annual limits on services such as home and vehicle modification.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice / SQL Server Reporting Services**

**Description of Product**

- The procedure code and fee schedule areas of APHP together provide users the ability to establish covered procedures, assign rates and payment methodologies, and assign to benefit plans. The same flexible configuration which supports standard coding can be used for waiver and other non-healthcare services.
- The APHP benefit plan structure allows for the configuration of accumulators, which represent the dollar amount that must be met before claims are paid.
- Users can specify collections of diagnosis codes to create diagnosis code groups and a collection of procedure codes to create procedure code groups. These groups can then be combined to define treatment types that are used as the building blocks to define services payable under Iowa's benefit plans
- Accumulators and other configurable rules can then be applied to the treatment type limiting the number of allowable services as well as ensuring services are only reimbursed according to Department policy. As claims are processed, the APHP claims adjudication engine edits against these monthly, annual or lifetime limits, as defined in the member's benefit plan, and pays or denies appropriately.
- Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal Medicaid reporting requirements. Our reporting solution will provide reports displaying accumulated use or remaining funds available.

| Requirement Number: | WA.SS.08 |
|---|---|
| *Notify case managers when plans need to be reviewed. Below is the link to the current ISIS workflow charts located in the IME Resource Library.*<br>*http://www.ime.state.ia.us/IMEResourceLibrary.html* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The APHP workflow solution provides business process workflow for inputs that require a methodical progression

| Requirement Number: | WA.SS.08 |
|---|---|

of steps to be processed. A workflow is configured for each type of document or input needing to be processed methodically.

- Based on the Department's requirements, these workflows can be configured to automatically start or progress to the next step based on changes and requirements of IME policy.
- This includes notification of case managers when plans need to be reviewed. This workflow feature provides the capability of an alert in the workflow management process when document due dates are approaching. Items to be worked by authorized and appropriate users can contain document images, index information, and links to important related documentation.
- Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time. Accenture will review the information in Iowa's resource library and work closely with the Department to configure workflows that meet the Department's business process requirements.

| Requirement Number: | WA.SS.09 |
|---|---|

*Support waiting lists for the various programs.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- States like Iowa are looking to expand and extend healthcare programs as a way to offer services to maintain individuals in their own homes or communities who would otherwise require care in medical institutions, to provide transition services and enhanced support services to move individuals back into the community, and to provide the correct level of services to those individuals residing in a nursing facility, or adult day care facility.
- The innovative healthcare programs have proven to be cost effective and meet the needs of the individual and their families; however these programs may be limited to specific care levels and the number of individuals they are meant to serve.
- Members that may qualify may sometimes need to be added to a waiting list until an available 'slot' becomes available within the program. APHP creates and maintains a monthly managed waiting list and produces a report for each of the waivers. The waiting list report includes data as determined by the IME in electronic and printable format.

| Requirement Number: | WA.SS.10 |
|---|---|

*Use modifiers to associate claims with the appropriate services when the provider provides different rates of services for the same service for the same authorized time period (such as meals or respite).*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP captures and allows entry of modifiers on authorizations and claims and will use them to associate claims with appropriate services and during duplicate editing to identify duplicate services for the same provider, same member, same service, same time period and different rates.

| Requirement Number: | WA.SS.11 |
|---|---|

*Workflow between incident reporting and the care plan review.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 Blackpearl**

**Description of Product**

- The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. A workflow is configured for each type of document or input needing to be processed methodically. Based on the Department's requirements, these workflows can be configured to automatically start or progress to the next step based on changes and requirements of IME policy.
- This workflow feature provides the capability of an alert in the workflow management process when document due dates are approaching. Items to be worked by authorized and appropriate users can contain document images, index information, and links to important related documentation.
- Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time.
- Accenture will review the information in Iowa's resource library and work closely with the Department to configure workflows that meet the Department's business process requirements, including the workflow between incident reporting and the care plan review.

| Requirement Number: | WA.SS.12 |
|---|---|

*Provide reporting:*

*Below is the link to the current ISIS workflow charts located in the IME Resource Library. :*

*http://www.ime.state.ia.us/IMEResourceLibrary.html*

*a. Consumers turning 18. b. Verification that a person is on waiver (only for the rent subsidy program). c. Audit trails of service plans. d. Allow workers to see claims paid for a service plan.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl// SQL Server Reporting Services**

**Description of Product**

- The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. A workflow is configured for each type of document or input needing to be processed methodically. Based on the Department's requirements, these workflows can be configured to automatically start or progress to the next step based on changes and requirements of IME policy.
- This workflow feature provides the capability of an alert in the workflow management process when document due dates are approaching. Items to be worked by authorized and appropriate users can contain document images, index information, and links to important related documentation.
- Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time. Accenture reviews the information in Iowa's resource library and works closely with the Department to configure workflows that meet the Department's business process requirements.
- Our solution produces the program data necessary to satisfy the Federal and State Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants.
- Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal and State Medicaid reporting requirements.
- This solution allows for expenditure, utilization, participation and claims based quality measures to be produced for the participants and providers of any benefit plan administered within the APHP.
- Accenture will review the information in Iowa's resource library and work closely with the Department to satisfy

| Requirement Number: | WA.SS.12 |
|---|---|
| reporting requirements. Examples of reports that will be created include reports on Consumers turning 18, reports that provide verification that a person is on waiver (only for the rent subsidy program, Audit trails of service plans, reports of claims paid for a service plan. | |

| Requirement Number: | WA.SS.13 |
|---|---|
| *Edit the authorized service against claims paid before allowing the case worker to change the service.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP is configured to include edits to validate the service plan and services based on policy, and prevent entry of authorizations that do not meet policy criteria, exceed monthly budget caps and exceed service unit or rate caps.
- Additional edit criteria require service dates to be on or after member's application date and on or after the Level of Care (LOC) effective date, prevent the overlap of service dates, and require providers to be enrolled in the Iowa Medicaid program for the specific service being authorized.
- The APHP will be configured to reject changes to service plans and authorizations where claims may have already been paid against them, unless claims have been corrected accordingly. Accenture will review the full set of Iowa service plan errors in draft manuals provided by the Department to configure edits consistent with policy.

| Requirement Number: | WA.SS.14 |
|---|---|
| *Capture requests for quality assurance (QA) changes to service plans.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Using the features of the web portal, the APHP solution provides authorized APHP users the ability to create and maintain authorizations of service for members participating in the State's Home and community based waiver programs, Facility Based programs and Enhanced State Services Plan programs.
- The APHP will capture requests for quality assurance (QA) changes to service plans entered by authorized APHP workers through the APHP web portal.

| Requirement Number: | WA.SS.15 |
|---|---|
| *Provide workflow to support LOC eligibility determinations and continued stay reviews.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. A workflow is configured for each type of document or input needing to be processed methodically. Based on the Department's requirements, these workflows can be configured to automatically start or progress to the next step based on changes and requirements of IME policy.
- This workflow feature provides the capability of an alert in the workflow management process when document due dates are approaching. Items to be worked by authorized and appropriate users can contain document images, index information, and links to important related documentation.
- Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time. Accenture will review the information in Iowa's resource library and work closely with the Department to configure workflows that meet the Department's business process requirements, including workflows to support Level of Care (LOC) eligibility determinations and continued stay reviews.

| Requirement Number: | WA.SS.16 |
|---|---|
| *Allow case managers to build case plans authorizing services, not to exceed maximums allowed by IME program rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Using the features of the web portal, the APHP solution provides authorized APHP users, including case managers, the ability to create and maintain authorizations of service for members participating in the State's Home and community based waiver programs, Facility Based programs and Enhanced State Services Plan programs.
- The APHP will be configured to include edits to validate the service plan and services based on policy, and prevent entry of authorizations that do not meet policy criteria, exceed monthly budget caps and exceed service unit or rate caps.
- Additional edit criteria require service dates to be on or after member's application date and on or after the Level of Care (LOC) effective date, prevent the overlap of service dates, and require providers to be enrolled in the Iowa Medicaid program for the specific service being authorized.
- The APHP will be configured to reject changes to service plans and authorizations where claims may have already been paid against them, unless claims have been corrected accordingly. Accenture will review the full set of Iowa service plan errors in draft manuals provided by the Department to configure edits consistent with policy.

| Requirement Number: | WA.SS.17, WA.SS.18 |
|---|---|
| *Provide a workflow process for authorizing exceptions to policies.*<br>*Provide workflow process to support prior authorization of selected services.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. A workflow is configured for each type of document or input needing to be processed methodically.
- Based on the Department's requirements, these workflows can be configured to automatically start or progress to the next step based on changes and requirements of IME policy.
- This workflow feature provides the capability of an alert in the workflow management process when document due dates are approaching. Items to be worked by authorized and appropriate users can contain document images, index information, and links to important related documentation.
- Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time.
- Accenture will review the information in Iowa's resource library and work closely with the Department to configure workflows that meet the Department's business process requirements, including workflows to support authorizing exceptions to policies, and workflows to support prior authorization of selected services.

| Requirement Number: | WA.SS.19 |
|---|---|
| *Process and maintain inputs and outputs including, but not limited to:* **Inputs:** *a. Eligibility System.* **Outputs:** *a. None.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- Accenture can support the necessary interfaces and defined data interface standards to assure successful automated receipt of input data and proper distribution of output data between APHP and the Department's defined data exchange entities.
- The APHP will accept and process plan and coverage file data from the Department's eligibility system. Our APHP solution supports standard ANSI X12 transaction formats, as well as the ability to configure to custom file formats as needed.
- The Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the IME and the Departments multiple business partners as well as other Iowa State agencies. The ESB provides XML and fixed file format interfaces, both inbound and outbound.
- The Accenture Public Health Platform (APHP) provides an innovative technical solution for reporting and data extracts to satisfy the Program management and federal and state reporting requirements of the Department. Reports and extracts will comply with Department and federal formats, scope, and delivery methods.

## 9.1.15 Optional Waiver, Facility and Enhanced State Plan Services Management for the ISIS Replacement System (OWA.SS)

### *9.1.15.1 Introduction to the APHP Optional Waiver, Facility and Enhanced State Plan Services Management*

Accenture meets the requirements of special healthcare programs today and in the future as new healthcare delivery models and opportunities are approved by CMS. (APHP) solution supports special programs through the configuration of program specific benefit plans. Each healthcare program becomes its own benefit plan and framework containing the data driven rules for program specific restrictions such as beneficiary age, gender, diagnosis code, only to name a few. The APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Authorized State and Accenture staff can configure business rules through an interface that supports all aspects of benefit administration, claims processing and payment. When a benefit plan such as an HCBS Waiver, Long Term Care Facility Plan, or Enhanced State Services Plan is configured in our system, program-knowledgeable Department staff can define specific rules for permitting payments against services identified in the plan. As claims are received, our solution compares the claim information against the plan rules and automatically pays, suspends or denies payments based on those rules. Department staff can identify a specific list of permitted services for each benefit plan they configure in APHP.

### Features

- Innovative APHP design allows business users to construct Benefit plans from user specified building blocks. Configurable Benefit Plans define services that are available in each program's care plan, replacing the need for most Prior Authorizations
- APHP allows for flexibility to enroll traditional and non-traditional service providers meeting identified standards of care into the program to provide services to the target population
- APHP allows for multiple service delivery models to exist simultaneously
- Prior authorizations are used for services that are not part of the normal care plan for that plan.
- As healthcare models and delivery mechanisms evolve over the future, APHP provides the Department with the needed flexibility to add future Waiver Programs, Facility Based Programs and Enhanced State Plan Services Programs or quickly make modifications to existing programs.

### *9.1.15.2 System Requirements and Responses*

| Requirement Number: | OWA.SS.01, OWA.SS.02 |
|---|---|
| *Allow the Department and non-Department users secure access to the MMIS system.*<br>*Allow users to view and update only those items allowed by IME policy based upon the user's role.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The Accenture Public Health Platform (APHP) solution includes secure, role-based web portals for viewing and interacting with the MMIS.
- The information and functionality available to users are based on their assigned roles and specific access credentials.
- Every user, Department and non-Department is assigned a unique user credential in the system.
- Each time a user logs into the MMIS, the system retrieves their user credentials to determine which portal to display and the appropriate information to populate on the display. For example, members see only their own,

| Requirement Number: | OWA.SS.01, OWA.SS.02 |
|---|---|

individual claim data. They cannot view claim data for other members in the system.

- Users who access the Worker portal are likewise restricted to specific functions and data needed.
- During the Analyze and Design phases, the Accenture Team works with the Department to identify user roles and profiles based on Department-specific policy and business processes.

| Requirement Number: | OWA.SS.03, OWA.SS.04, OWA.SS.05, OWA.SS.06 |
|---|---|

*Store user's information such as name, e-mail, phone number and address. Display this information for use by other users.*

*Automatically disable outdated users based on IME policy which is currently 60 days or as directed by IME.*

*Allow supervisors and certain user roles the ability to assign and reassign members and work from one user to another.*

*Provide for the ability for users identified as a team to have access to each other's work and any team work tasks.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The security components of the APHP solution are based on industry-standard practices that meet the RFP requirements.
- APHP security components and architecture comply with applicable state and federal security requirements and Medicaid-specific regulatory security requirements.
- The solution encompasses all relevant security domains.
- The APHP security architecture design is based on Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), Centers for Medicare and Medicaid Services (CMS), International Organization for Standardization (ISO) 27002 and other preferred practice standards.
- Each authorized user can sign on to system components using a single ID and password, which is authenticated against Microsoft's Active Directory Services. User identities, roles, and access rights are managed in APHP and centrally controlled. We can delegate administration of identities as needed. This feature provides supervisors and certain user roles defined by the Department the ability to assign and reassign members and work from one user to another.
- APHP stores a user's information, including name, email phone number and address, and displays this information to authorized APHP users. Access is automatically disabled if it is deemed outdated based on IME policy. Access is terminated at the system level if a user's access rights are revoked through administrative decision-making processes.

| Requirement Number: | OWA.SS.07 |
|---|---|

*Provide for the ability to search for and select a specific member by name, partial name, state ID and social security number.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- The APHP Portal provides the Department and other State approved entities access to member information.
- Approved users have the ability to search for members with the member search function on the portal. The Member search function includes the ability to search for and select a member using a variety of search criteria, including

| Requirement Number: | OWA.SS.07 |
|---|---|
| name, partial name, member identification numbers including the State ID and the Social Security Number (SSN).<br>• Security profiles determine whether a user has access to search for or view member information. | |

| Requirement Number: | OWA.SS.08 |
|---|---|
| *Accept and store provider rate information to be used when authorizing services.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice**<br><br>**Description of Product**<br>• APHP provides all the options needed to support a varied rate structure for provider payments based on provider type, provider location, or provider participation in benefit plans. This includes paying the same provider at different rates depending on the client benefit plan or the provider network.<br>• APHP applies institutional rates, capitation rates, discount and savings rates, and fee for service rates based on provider class, client benefit plan and date range.<br>• APHP provides the ability to administer unlimited, complex payment methodologies that support defined State guidelines. APHP allows for multiple provider specific reimbursement rates with begin and end dates.<br>• Payment methodologies are configurable within the APHP user interface. They include per diems, level-of-care per diems, case mix, percentage-of-charge rates, rates based on level of care, preferred provider agreements, managed care agreements, volume purchase contracts, or other cost containment initiatives. | |

| Requirement Number: | OWA.SS.09 |
|---|---|
| *Provide ability to search for and select providers by number, name, county location and services they are certified to provide.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice**<br><br>**Description of Product**<br>• The APHP Portal provides the Department and other State approved entities access to provider information.<br>• Approved users have the ability to search for providers with the provider search function.<br>• The Provider search function includes the ability to retrieve provider information using a variety of search criteria, including name, partial name, provider identification numbers including the NPI and Medicaid assigned ID, provider type, provider specialty, county location, and service they are certified to provide.<br>• Security profiles determine whether a user has access to search for or view provider information. | |

| Requirement Number: | OWQ.SS.10, OWA.SS.11 |
|---|---|
| *Accept daily approvals, cancels, denials and change actions from the Medicaid eligibility system(s) for waiver and facility members.*<br><br>*Assign users to members based on criteria including but not limited to role, county, program as determined by IME policy.* | |

| Requirement Number: | OWQ.SS.10, OWA.SS.11 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- The Accenture Public Health Platform (APHP) functions as the source for all required member specific data elements. It has the ability to capture data from many diverse sources.
- The Member Management functions within APHP receive and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for Medical Assistance in the state, including waiver and facility members. Medicaid eligibility updates are passed from the State's eligibility system in the form of daily transaction files and periodic on-request reconciliation files. APHP accepts daily approvals, cancels, denials and change actions from the Medicaid eligibility system(s) for waiver and facility members.
- Member, eligibility and enrollment data for other programs may also be received from other source systems (e.g., breast and cervical cancer program, special medical services), as defined by the Department and according to Department program policies. On-line updates to selected fields by authorized users are also supported.
- Data is used to assign the member to one or many benefit packages. The benefit package assignments are then used to determine covered services, limits, rates, etc for claims payment.
- APHP supports special programs through the configuration of program specific benefit plans. Each healthcare program becomes its own benefit plan and framework containing the data driven rules for program specific restrictions such as beneficiary age, gender, diagnosis code, only to name a few. APHP allows multiple benefit packages and delivery models to concurrently exist.
- APHP allows configuration of business processes to create automated workflows guiding staff through evaluation of member special program eligibility processes, including those members participating in Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans. As member eligibility information is received and processed, APHP will assign users to members based on criteria including but not limited to role, county, program as determined by IME policy and trigger the appropriate workflow process.

| Requirement Number: | OWA.SS.12, OWA.SS.13 |
|---|---|

*Provide workflows for identified business process, action and decision steps. Automatically start these workflows based upon changes identified by IME policy. Include tasks completed by the user roles involved in processing a members program application and ongoing care management. This includes but is not limited to tasks such as counties accepting legal settlement, changes in eligibility or services, cancellations, denials and reminders of other key tasks, such as eligibility and service plan reviews along with LOC assessments.*

*Allow users to reverse or undo responses to a workflow task if they determine they have responded incorrectly.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP allows configuration of business processes to create automated workflows guiding staff through evaluation of member special program eligibility processes, including those members participating in Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans.
- The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. A workflow is configured for each type of document or input needing to be processed methodically.
- Based on the Department's requirements, these workflows can be configured to automatically start or progress to the next step based on changes and requirements of IME policy. Items to be worked by authorized and appropriate users can contain document images, index information, and links to important related documentation.

| Requirement Number: | OWA.SS.12, OWA.SS.13 |
|---|---|

- Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time. Workflow configuration for member program application and ongoing care management can be configured to include steps and tasks such as counties accepting legal settlement, changes in eligibility or services, cancellations, denials and reminders of other key tasks, such as eligibility and service plan reviews along with LOC assessments.
- Our workflow processes allow an authorized user to back up in the process flow, effectively un-doing or reversing previous information at the user's discretion.

| Requirement Number: | OWA.SS.14, OWA.SS.15, OWA.SS.16 |
|---|---|

*Accept client participation determined in eligibility or by adjustments. Store the member participation amount so that it can be used to reduce claims for long term care claims by these amounts.*

*Accept entry of the facility provider where a member resides when receiving hospice services. Store this information so it can be used to determine the facility provider's rate when making payment for the room and board portion on a hospice member's claims.*

*Accept entry of eligibility, service plan and services. Allow adds, changes and deletes of this information as determined by IME policy. Allow authorization and approval by assigned users and use the authorized and approved data for claims payment.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP functions as the source for all required member specific data elements and has the ability to capture data from many diverse sources. The Member Management functions within APHP receive and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for Medical Assistance in the state, including waiver and facility members. Medicaid eligibility updates are passed from the State's eligibility system in the form of daily transaction files and periodic on-request reconciliation files. Member, eligibility and enrollment data for other programs may also be received from other source systems (e.g., breast and cervical cancer program, special medical services), as defined by the Department and according to Department program policies.
- Online updates to selected fields by authorized users are also supported. Using the APHP interface capabilities and features of the APHP web portal, APHP accepts entry of eligibility, service plan and services, allows adds, changes and deletes of this information as determined by IME policy, allows authorization and approval by assigned users, and uses the authorized and approved data for claims payment.
- Data is used to assign the member to one or many benefit packages. The benefit package assignments are then used to determine covered services, limits, rates, etc for claims payment. APHP supports special programs through the configuration of program specific benefit plans.
- Each healthcare program becomes its own benefit plan and framework containing the data driven rules for program specific restrictions such as beneficiary age, gender, diagnosis code, only to name a few. The benefit plan may define covered services that are available automatically to the member if the member is qualified for that benefit program, or may include an indication that certain services include the requirement for prior authorization - based on level of care, approvals, date of service, rate, provider member and use - or any other criterion determined by the State. APHP accepts the entry of prior authorizations on behalf of the member, and uses that information appropriately during claims adjudication.
- APHP allows multiple benefit packages and delivery models to exist concurrently. APHP benefit plan structure allows for the configuration of accumulators, which represent the dollar amount that must be met before claims are paid. Upon receipt of notification from the State's eligibility system, APHP associates the member with an accumulator. The accumulator tracks expenses and applies verified expenses to the member's participation amount requirement. APHP accepts client participation determined by eligibility or by adjustments, and stores the member participation amount as an accumulator associated with the member's enrollment in the benefit plan so that it can be used to reduce claims for long term care claims by these amounts.
- APHP provides comprehensive relational data storage capabilities that include data elements required to support

| Requirement Number: | OWA.SS.14, OWA.SS.15, OWA.SS.16 |
|---|---|

the full spectrum of MMIS functionality. APHP provides data elements specifically to support the State's medical programs, including Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans. These data elements include facility information such as the type of facility, hospice, long term care, Mental Health Institute (MHI), Skilled Nursing Facility (SNF), ICF/MR, and others as defined by the Department, admittance and discharge dates, level of care information, and identification of the facility provider.

- APHP uses this information during claims adjudication to adjudicate submitted claims for the member, to determine covered services and to determine appropriate payment. APHP accepts entries of the facility provider where a member resides when receiving hospice services, and stores this information so it can be used to determine the facility provider's rate when making payment for the room and board portion on a hospice member's claims.

| Requirement Number: | OWA.SS.17, OWA.SS.18 |
|---|---|

*Include edits to validate the service plan and services based on policy. Prevent entry of authorizations that do not meet policy criteria, exceed monthly budget caps and exceed service unit or rate caps. Service dates must be on or after application date and on or after the LOC effective date. The service dates can't overlap. Providers must be enrolled in the Iowa Medicaid program for the specific service being authorized. See service plan errors in draft manuals.* http://www.ime.state.ia.us/IMEResourceLibrary.html

*Reject changes to service plans and authorizations where claims may have been paid unless claims corrected accordingly.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP will be configured to include edits to validate the service plan and services based on policy, and prevent entry of authorizations that do not meet policy criteria, exceed monthly budget caps and exceed service unit or rate caps. Additional edit criteria require service dates to be on or after member's application date and on or after the Level of Care (LOC) effective date, prevent the overlap of service dates, and require providers to be enrolled in the Iowa Medicaid program for the specific service being authorized. APHP will be configured to reject changes to service plans and authorizations where claims may have already been paid against them, unless claims have been corrected accordingly. Accenture will review the full set of Iowa service plan errors in draft manuals provided by the Department to configure edits consistent with policy.
- As medical services claims are received and processed in the system, via automated interfaces or manual data entry, our rules-based solution assesses them against the defined care plans and processes them accordingly. APHP allows for an integrated benefit plan configuration that supports assigned provider information, eligibility segment information and service information. Steps for defining benefit plans are the same for each plan.
- APHP system edits can be configured to edit waiver services claims. The Department can assign currently used edits, change or cancel the edits. The Department may elect edit such as:
  - Edit against other insurance information captured from the available third party information collected.
  - Suspend payments for waiver services furnished to individuals who are inpatients of a hospital, nursing facility or ICF/MR and send a notice to the Provider of the admission.
  - Compare claims to services covered under healthcare benefit program to prevent payments to Providers lacking a Provider agreement.
  - APHP supports code sets for the payment of Medicaid-covered and non-healthcare services.
- The procedure code and fee schedule areas of APHP together provide users the ability to establish covered procedures, assign rates and payment methodologies, and assign to benefit plans. The same flexible configuration that supports standard coding can be used for waiver and other non-healthcare services.
- Accenture proposes criteria and procedures for adjudication of special claims (e.g. bypass edit or audit conditions of waiver and other non-standard claims). Accenture has procedures in place to handle special processing of claims as requested by the Department, along with procedures to override normal processing on an exception basis when instructed.

| Requirement Number: | OWA.SS.19 |
|---|---|
| *Store and use the authorization data. Data includes: eligibility dates, waiver type, LOC effective date, county of legal settlement when applicable, service dates, services codes, provider, rates and units of service.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Our flexible solution allows receipt and entry of prior authorizations from internal agencies and systems, enables management of services and funds, provides updating of services utilization based on claims adjudication, and provides accurate and timely reporting of special program prior authorizations and members.
- APHP maintains the status of the prior authorization services by interfacing with the claims processing function to verify approval and to accurately increment/decrement the services used/remaining information. Based on defined Department business policy, APHP will be configured to approve prior authorizations automatically for waiver services up to a specific dollar amount.
- APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. For members participating in the State's medical programs, including Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans, authorization data includes eligibility dates, waiver type, LOC effective date, county of legal settlement when applicable, service dates, services codes, provider, rates and units of service.

| Requirement Number: | OWA.SS.20 |
|---|---|
| *Split plans and services when LOC is lowered and determine if services exceed the new lower level monthly cap.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- Accenture understands the impact that a new level of care (LOC) determination, based on an assessment of a member's medical needs, may bring to the services and rates provided for that member. When the member's level of care is changed, the new LOC may cause the member's enrollment in the benefit plan to be changed to reduce the services, or the member's prior authorization to be changed to reduce the monthly cap, depending on where the cap information is stored.
- APHP maintains the status of the prior authorization services by interfacing with the claims processing function to verify approval and to accurately increment/decrement the services used/remaining information. Lowering the member's monthly cap will trigger a workflow business process that allows the authorized APHP user to review and modify impacted historical claims. This activity is supported through APHP history-only mass claim adjustment process, which provides verification steps throughout to assist the authorized APHP user in processing the adjustments to final status.

| Requirement Number: | OWA.SS.21, OWA.SS.22, OWA.SS.23 |
|---|---|
| *Allow cash out of services and creation of a CCO budget and savings using rules and policies provided by the IME.*<br>*Collect and track items and amounts paid under CCO and Money Follows the Person (MFP).*<br>*Allow for changes to be made to budgets. Roll the monthly budget for CCO forward each month.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

| Requirement Number: | OWA.SS.21, OWA.SS.22, OWA.SS.23 |
|---|---|

**Description of Product**

- APHP accounting component allows for maximum flexibility of business rules definition to manage prepayments for Consumer Choice Options (CCO) and Money Follows the Person (MFP) using rules and policies provided by IME, and assign designated accounting codes for the specific, appropriate funding source driver (State Plan, Waiver and Non-waiver services). APHP, via the worker web portal, will provide the access needed to allow changes to budgets and provide the ability to roll the monthly budget forward.
- Accurate accounting of members participating in each healthcare program allow the State to project program budgets and expenditures, request appropriate matching Federal dollars for program expenditures, and accurately report healthcare population service levels and service trends. APHP, via the worker web portal, will provide the access needed to review and monitor program expenses applied against each of the budgeted fund codes on an ongoing basis as payments are made from the funds themselves.

| Requirement Number: | OWA.SS.24 |
|---|---|

*Provide a notice of decision showing authorized services for members and providers when applicable in electronic and printable form.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP workflow processes contain an auto letter generator to create and mail appropriate letters to members or providers that provide a notice of the decision showing authorized services. Outbound communication to providers and members can be configured in APHP to the Department's specifications. There is not a “one size fits all” protocol for outbound communications. Letter templates are developed for every situation, and as new situations arise, new templates are easily accommodated.

| Requirement Number: | OWA.SS.25, OWA.SS.26 |
|---|---|

*Allow for corrections to a member's authorized long term care facility eligibility date spans. Make adjustment to affected claims such as vendor adjustments.*

*Identify those members that are in long term care facilities for purposes of Medicare Part D co-pays.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. For members participating in the State's medical programs, including Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans, that includes facility information. Member facility information includes the type of facility (hospice, long term care, Mental Health Institute (MHI), Skilled Nursing Facility (SNF), ICF/MR, and others as defined by the Department), admittance and discharge dates, level of care information, and identification of the facility provider.
- Authorized APHP users will use APHP web portal to view, add, and correct, if necessary, the member's facility information. Member facility information is used during claims adjudication to properly process a claim to final status, and includes the ability to pay Medicare Part D co-pays as appropriate.
- Modifying or correcting the member's long term care eligibility dates will trigger a workflow business process that allows the authorized APHP user to review and modify impacted historical claims. This activity is supported through

| Requirement Number: | OWA.SS.25, OWA.SS.26 |
|---|---|
| the APHP history-only mass claim adjustment process, which provides verification steps throughout to assist the authorized APHP user in processing the adjustments to final status. | |

| Requirement Number: | OWA.SS.27, OWA.SS.28 |
|---|---|
| *Allow facility provider access to their eligible members and resident's approval, changes and termination of facility eligibility including state ID, dates, client participation amounts.*<br><br>*Allow waiver provider access to their eligible member's approval, changes and termination of services eligibility including state ID, dates, client participation amounts, service spans, units and rates.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP includes role-based web portals for viewing the MMIS using a .NET architecture. Providers, Members and staff, both Department and non-Department, equipped with the appropriate access credentials will have web-based access to the MMIS through their computer browser. No client components are required to use the APHP portal.
- The APHP Portal combines the capability of specialized commercial software to support Medicaid business processes as defined by MITA, all in an attractive, consistent, and accessible web based interface. APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on Department supplied business processes. APHP provides security services that allow users to sign on once and access only the information they should see.
- Using the secure APHP web portal, the facility provider has access to their eligible members and resident's approval, changes and termination of facility eligibility including state ID, dates, client participation amounts. Additionally, waiver providers may use the secure APHP web portal to access their eligible member's approval, changes and termination of services eligibility including state ID, dates, client participation amounts, service spans, units and rates.

| Requirement Number: | OWA.SS.29 |
|---|---|
| *Archive all changes made to a member and services. Identify the user that made those changes for purposes of an audit trail and research.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- APHP provides functionality that includes the application of audit trails to member and service records, including authorizations and benefit plans, down to specific data fields is critical to assist in resolving any data discrepancies with the source systems.
- Whenever a data field is modified, the following information is maintained:
  - The value of the field prior to the update
  - The user ID or program id (if system applied) of the entity that changed the value
  - The date and time the value was changed
  - The value was added for the first time, separate fields capture:
  - The user ID or program id (if system applied) of the entity that added the value
  - The date and time the value was added
- Authorized users have the ability to link to the complete audit record for the member's data, including member enrollment and service authorization information, which provides comprehensive information about when and whom changed data on the member's record, when members requested specific actions such as copies of records

| Requirement Number: | OWA.SS.29 |
|---|---|

or the generation of a new ID card, and when providers submitted prior authorizations requests or eligibility verification requests for the member.

- Using our APHP solution, we are prepared to send, receive and validate member eligibility information from multiple data sources. For updates received via interface process with another data system source, APHP builds the audit trail to reflect updates applied, and reports errors during update processes. Errors are routed through the APHP workflow to the correct person or work unit for follow-up and resolution.

| Requirement Number: | OWA.SS.30, OWA.SS.31 |
|---|---|

*Provide reports determined by IME. Some examples include, member's needing a service plan, workload (member's by user), services authorized and related paid claims, providers for members assigned to a specific user, workload tasks, overdue tasks, denied claims, member's near age 18 for county point coordinators, member's with invalid plans and member's with expired LOC reviews.*

*Provide the capability to create member profile reports, as approved by the IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- We use an extract, translate, and load tool to pull data from APHP data stores to automatically create a reporting database, which minimizes processing impact from report generation while maintain accurate, up-to-date information. We propose to utilize Microsoft SQL Server Reporting Service (SRS) to generate automated reports and query responses.
- SRS provides the end user the ability to use "drag and drop" functionality to design their analysis, allowing for rapid report building. Providing a powerful and flexible COTS tools such as SRS allows the user to build additional reports as they need to help answer requests of Department staff and further analyze operations management.
- Since processed special program data resides on APHP, the Department has the capability to select many of the same parameters from this data as other Medicaid benefit plan data. For example, report criteria could include:
  - Provider
  - Member
  - Date of Service
  - Diagnosis or Procedure codes
  - Services provided by data range
  - Units billed and rate
- We work with the Department to present static report data that meets your needs and the capability to request ad hoc reports.
- Our solution produces the program data necessary to satisfy the Federal Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants. Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal Medicaid reporting requirements. This solution allows for expenditure, utilization, participation and claims based quality measures to be produced for the participants and providers of any benefit plan administered within APHP.
- Examples of reports that will be created include member's needing a service plan, workload (member's by user), services authorized and related paid claims, providers for members assigned to a specific user, workload tasks, overdue tasks, denied claims, member's near age 18 for county point coordinators, member's with invalid plans and member's with expired LOC reviews. APHP also provides the capability to create member profile reports, as approved by the IME.

| Requirement Number: | OWA.SS.32 |
|---|---|
| *Services can be authorized by units by month or units within a date span or as identified by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Our flexible solution allows receipt and entry of prior authorizations from internal agencies and systems, enables management of services and funds, provides updating of services utilization based on claims adjudication, and provides accurate and timely reporting of special program prior authorizations and members.
- Services can be authorized by units by month or units within a date span or as identified by IME. APHP maintains the status of the prior authorization services by interfacing with the claims processing function to verify approval and to accurately increment/decrement the services used/remaining information.
- Based on defined Department business policy, APHP will be configured to approve prior authorizations automatically for waiver services up to a specific dollar amount.

| Requirement Number: | OWA.SS.33 |
|---|---|
| *Edit for monthly, annual and lifetime limits on services based on IME rules and policies. Provide reports displaying accumulated use or remaining funds available.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- The procedure code and fee schedule areas of APHP together provide users the ability to establish covered procedures, assign rates and payment methodologies, and assign to benefit plans. The same flexible configuration which supports standard coding can be used for waiver and other non-healthcare services. The APHP benefit plan structure allows for the configuration of accumulators, which represent the dollar amount that must be met before claims are paid.
- Users can specify collections of diagnosis codes to create diagnosis code groups and a collection of procedure codes to create procedure code groups. These groups can then be combined to define treatment types that are used as the building blocks to define services payable under Iowa's benefit plans. Accumulators and other configurable rules can then be applied to the treatment type limiting the number of allowable services as well as ensuring services are only reimbursed according to Department policy. As claims are processed, APHP claims adjudication engine edits against these monthly, annual or lifetime limits, as defined in the member's benefit plan, and pays or denies appropriately.
- Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal Medicaid reporting requirements. Our reporting solution will provide reports displaying accumulated use or remaining funds available.

| Requirement Number: | OWA.SS.34 |
|---|---|
| *Provide for electronic automated referral to and or from the long term care incident reporting system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

| Requirement Number: | OWA.SS.34 |
|---|---|

- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.
- Using the features of the APHP ESB, APHP provides for electronic automated referral to and from the long term care incident reporting system.

| Requirement Number: | OWA.SS.35 |
|---|---|

*Create processes for approval and overriding edits due to exceptions to policy and appeals.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- As medical services claims are received and processed in the system, via automated interfaces or manual data entry, our rules-based solution assesses them against the defined care plans and processes them accordingly. APHP allows for an integrated benefit plan configuration that supports assigned provider information, eligibility segment information and service information.
- APHP system edits can be configured to edit waiver services claims. APHP allows edits/audits to be overridden and the claim approved for payment by those APHP users with the proper security profile, based on policy exceptions and appeals.
- Override information is maintained on the claim for subsequent viewing and reporting.

| Requirement Number: | OWA.SS.36 |
|---|---|

*Allow for modifiers to identify duplicate services for the same provider, same member, same service, same time period and different rates.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP captures and allows entry of modifiers on authorizations and claims and will use them to associate claims with appropriate services and during duplicate editing to identify duplicate services for the same provider, same member, same service, same time period and different rates.

| Requirement Number: | OWA.SS.37 |
|---|---|

*Allow for extracts or imports of data from consumer self direction option (CCO Financial Management Service Agencies (FMSA)) with reconciliation of actual expenses to budget services.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities.

| Requirement Number: | OWA.SS.37 |
|---|---|

- The ESB provides XML and fixed file format interfaces, both inbound and outbound. This allows APHP to extract or import data from consumer self direction option (CCO Financial Management Service Agencies (FMSA)).
- This information is available to compare against actual expenses (claims received and adjudicated for the member), and allows for the production of reconciliation processes and reporting.

| Requirement Number: | OWA.SS.38 |
|---|---|

*Store the date that a member's complete plan of care (POC) is initially completed. Maintain separate dates and allow updates to be made for each document and assessment within the POC. Provide the capability of an alert in the workflow management process when document due dates are approaching.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. For members participating in the State's medical programs, including Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans, that includes the date that the member's complete plan of (POC) is initially completed, including separate dates for each document and assessment in the POC.
- The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. A workflow is configured for each type of document or input needing to be processed methodically. Based on the Department's requirements, these workflows can be configured to automatically start or progress to the next step based on changes and requirements of IME policy.
- This workflow feature provides the capability of an alert in the workflow management process when document due dates are approaching. Items to be worked by authorized and appropriate users can contain document images, index information, and links to important related documentation. Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time.

| Requirement Number: | OWA.SS.39, OWA.SS.40 |
|---|---|

*Generate notices or alerts to the IME if number of unduplicated participants enrolled in the waiver program(s) exceeds the number of participants approved in the waiver application.*

*Produce monitoring reports to determine if services approved in the POC are provided.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- We use an extract, translate, and load tool to pull data from APHP data stores to automatically create a reporting database, which minimizes processing impact from report generation while maintain accurate, up-to-date information. We propose to utilize Microsoft SQL Server Reporting Service (SRS) to generate automated reports and query responses.
- SRS provides the end user the ability to use "drag and drop" functionality to design their analysis, allowing for rapid report building. Providing a powerful and flexible COTS tools such as SRS allows the user to build additional reports as they need to help answer requests of Department staff and further analyze operations management.
- Since processed special program data resides on APHP, the Department has the capability to select many of the same parameters from this data as other Medicaid benefit plan data. For example, report criteria could include:
  - Provider
  - Member

| Requirement Number: | OWA.SS.39, OWA.SS.40 |
|---|---|

- Date of Service
- Diagnosis or Procedure codes
- Services provided by data range
- Units billed and rate

- We work with the Department to present static report data that meets your needs and the capability to request ad hoc reports.
- Our solution produces the program data necessary to satisfy the Federal Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants. Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal Medicaid reporting requirements. This solution allows for expenditure, utilization, participation and claims based quality measures to be produced for the participants and providers of any benefit plan administered within APHP.
- Examples of reports that will be created include member's needing a service plan, workload (member's by user), services authorized and related paid claims, providers for members assigned to a specific user, workload tasks, overdue tasks, denied claims, member's near age 18 for county point coordinators, member's with invalid plans and member's with expired Level of Care (LOC) reviews. APHP will also provide the capability to create member profile reports, as approved by the IME.
- Using our reporting solution, APHP will generate notices or alerts to the IME if number of unduplicated participants enrolled in the waiver program(s) exceeds the number of participants approved in the waiver application and produce monitoring reports to determine if services approved in the Plan of Care (POC) are provided.

| Requirement Number: | OWA.SS.41, OWA.SS.42 |
|---|---|

*Suspend payments for waiver services furnished to individuals who are inpatients of a hospital, nursing facility ICF/MR and sends notice to the provider of the admission. If the state has approved personal care retainer or respite services provided in an ICF/MR building but not covered under the ICF/MR benefit, an exception may be granted.*

*Limit payment for services to those described within the member's approved POC. Deny claims exceeding dollar or utilization limits approved in a waiver program or exceeding the approved individual waiver budget cap.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- As medical services claims are received and processed in the system, via automated interfaces or manual data entry, our rules-based solution assesses them against the defined care plans and processes them accordingly. APHP allows for an integrated benefit plan configuration that supports assigned provider information, eligibility segment information and service information. APHP system edits can be configured to edit waiver services claims. The Department can assign currently used edits, change or cancel the edits. The Department may elect edit such as:
  - Edit against other insurance information captured from the available third party information collected.
  - Suspend payments for waiver services furnished to individuals who are inpatients of a hospital, nursing facility or ICF/MR and send a notice to the Provider of the admission.
  - Compare claims to services covered under healthcare benefit program to prevent payments to Providers lacking a Provider agreement.
  - APHP supports code sets for the payment of Medicaid-covered and non-healthcare services.
- The procedure code and fee schedule areas of APHP together provide users the ability to establish covered procedures, assign rates and payment methodologies, and assign to benefit plans. The same flexible configuration that supports standard coding can be used for waiver and other non-healthcare services.
- Accenture proposes criteria and procedures for adjudication of special claims (e.g. bypass edit or audit conditions of waiver and other non-standard claims). Accenture has procedures in place to handle special processing of claims as requested by the Department, along with procedures to override normal processing on an exception basis when instructed.

| Requirement Number: | OWA.SS.43 |
|---|---|
| *Provide the ability to automatically approve prior authorizations for waiver services up to a specific dollar amount.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- Our flexible solution allows receipt and entry of prior authorizations from internal agencies and systems, enables management of services and funds, provides updating of services utilization based on claims adjudication, and provides accurate and timely reporting of special program prior authorizations and members.
- APHP maintains the status of the prior authorization services by interfacing with the claims processing function to verify approval and to accurately increment/decrement the services used/remaining information. Based on defined Department business policy, the APHP will be configured to approve prior authorizations automatically for waiver services up to a specific dollar amount.

| Requirement Number: | OWA.SS.44 |
|---|---|
| *Process waiver provider and member claims and make timely and accurate payments.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- As medical services claims are received and processed in the system, via automated interfaces or manual data entry, our rules-based solution assesses them against the defined care plans and processes them accordingly.
- APHP allows for an integrated benefit plan configuration that supports assigned provider information, eligibility segment information and service information. APHP provides for the timely and accurate payment of wavier services by adjudicating claims as they are received against the information on the member's benefit plan, using the dates of service on the claims compared to the member's enrollment in the benefit plan.

| Requirement Number: | OWA.SS.45 |
|---|---|
| *Provide the ability to accept different start and end dates for different waiver programs for an individual member.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- APHP functions as the source for all required member specific data elements and has the ability to capture data from many diverse sources.
- The Member Management functions within APHP receive and maintain an accurate, current, and historical source of eligibility and demographic information on individuals eligible for Medical Assistance in the state, including waiver and facility members.
- Medicaid eligibility updates are passed from the State's eligibility system in the form of daily transaction files and periodic on-request reconciliation files. Member, eligibility and enrollment data for other programs may also be received from other source systems (e.g., breast and cervical cancer program, special medical services), as defined by the Department and according to Department program policies. On-line updates to selected fields by authorized users are also supported.
- Data is used to assign the member to one or many benefit packages that are then used to determine covered

| Requirement Number: | OWA.SS.45 |
|---|---|

services, limits, rates, etc for claims payment. APHP allows multiple benefit packages and delivery models to concurrently exist. Each benefit plan in which the member is enrolled contains the enrollment effective period, which may be different from other enrollment plans in which the member is enrolled. APHP provides the ability to accept different start and end dates for different waiver programs for an individual member.

- APHP supports special programs through the configuration of program specific benefit plans. Each healthcare program becomes its own benefit plan and framework containing the data driven rules for program specific restrictions such as beneficiary age, gender, diagnosis code, only to name a few.

| Requirement Number: | OWA.SS.46 |
|---|---|

*Store the date that a member's POC, LOC, Preadmission Screening and Annual Resident Review (PASARR), screening records, clinical assessment and other required documents is initially completed and allow the user to update the date of to the next document re-evaluation if applicable. Provide the capability of an alert in the workflow management tool that the document is due.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality.
- For members participating in the State's medical programs, including Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans, these data elements include the ability to store the date that a member's POC, LOC, Preadmission Screening and Annual Resident Review (PASARR), screening records, clinical assessment and other required documents is initially completed, and to capture the date of the next re-evaluation, if applicable.
- The APHP workflow solution provides business process workflow for inputs that require a methodical progression of steps to be processed. A workflow is configured for each type of document or input needing to be processed methodically. Based on the Department's requirements, these workflows can be configured to automatically start or progress to the next step based on changes and requirements of IME policy. This allows APHP to be configured to generate an alert in the workflow management tool when a re-evaluation is due, by evaluating the data in the fields in APHP that capture the date that a member's POC, LOC, Preadmission Screening and Annual Resident Review (PASARR), screening records, clinical assessment and other required documents require re-evaluation.
- Items to be worked by authorized and appropriate users can contain document images, index information, and links to important related documentation. Workflow configuration governs the routing of work items to the correct user at the correct time to ensure optimal processing time.

| Requirement Number: | OWA.SS.47 |
|---|---|

*Create the ability to bill multiple counties (including state cases) for a legal settlement per program per member.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- APHP processes contain a letter generator to create and mail appropriate letter or bills to counties or other entities for a legal settlement per program per member. Outbound communication can be configured in APHP to the Department's specifications. There is not a “one size fits all” protocol for outbound communications. Letter templates are developed for every situation, and as new situations arise, new templates are easily accommodated.

| Requirement Number: | OWA.SS.48 |
|---|---|
| *Maintain and create a monthly managed waiting list and report for each of the waivers and include data as determined by the IME in electronic and printable format.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/ SQL Server Reporting Services**

**Description of Product**

- States like Iowa are looking to expand and extend healthcare programs as a way to offer services to maintain individuals in their own homes or communities who would otherwise require care in medical institutions, to provide transition services and enhanced support services to move individuals back into the community, and to provide the correct level of services to those individuals residing in a nursing facility, or adult day care facility.
- The innovative healthcare programs have proven to be cost effective and meet the needs of the individual and their families; however, these programs may be limited to specific care levels and the number of individuals they are meant to serve.
- Members that may qualify may sometimes need to be added to a waiting list until an available 'slot' becomes available within the program. APHP creates and maintains a monthly managed waiting list and produces a report for each of the waivers. The waiting list report includes data as determined by the IME in electronic and printable format.

## 9.1.16 Immunization Registry Interface (RI)

### *9.1.16.1 Introduction to the APHP Immunization Registry Interface Function*

APHP collects and maintains claims history for vaccinations at the Member-specific level. APHP interfaces with a statewide automated immunization registry and provides regular scheduled data exchanges sending at a minimum, the following information:

- Medicaid identifier
- Demographic information
- CPT billing procedure code
- Identify rendering service provider
- Reminder and recall notice dates

APHP generates Surveillance reviews and reports of vaccine-preventable diseases through the configuration of specific procedure code groupings and generation of reports for processed claims containing related procedure codes. The Accenture approach provides a real-time focus on health outcomes.

#### Features

- Immunization coverage information helps the department design better outreach programs for member education.
- HIPAA compliance ensures the confidentiality, integrity and availability of Electronic Protected Health Information (ePHI) in transit and at rest.
- APHP utilizes current Advisory Committee on Immunization Practices (ACIP) schedule and update as necessary to measure immunization coverage for the Medicaid population.
- APHP is compliant with the October 22, 1998 State Medicaid Director letter, Collaborations for Data Sharing between State Medicaid and Health Agencies.

### *9.1.16.2 System Requirements and Responses*

| Requirement Number: | RI1.1 |
|---|---|
| *Collect and maintain claims history for vaccinations at the Member-specific level.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**<br><br>**Description of Product**<br>• APHP maintains claims history for vaccinations at the Member-specific level for active and historical claims in the centralized reporting data store. From here centralized reporting or claim extracts can be produced based on vaccination specific groups of procedure or national drug codes (NDCs) as well as other state specified criteria. | |

| Requirement Number: | RI1.2 |
|---|---|
| *Interface with a statewide automated immunization registry and allow regularly scheduled data exchanges. a. Populates the statewide automated registry to fully populate the registry with Medicaid children. b. Populates the statewide automated registry with Medicaid claims for children receiving immunizations.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP EDI gateway product supports centralized configuration of scheduled weekly, or as directed by IME, data exchanges with a statewide automated immunization registry and other trading partners as identified by IME. The configurable EDI gateway provides access to Medicaid children member and immunization claim records that can be extracted by the set up of custom selection criteria that may access data within the APHP database and or the centralized reporting data store for more historical records.

| Requirement Number: | RI1.3 |
|---|---|
| *Send, at a minimum, the following information to a statewide immunization registry through the interface: a. Medicaid identifier. b. Demographic information. c. CPT billing procedure code. d. Identify rendering service provider. b. Reminder and recall notice dates.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP EDI gateway product accesses all Member, Claim Provider and Correspondence records and data elements within the APHP centralized reporting data store tables. Interfaces configured for the statewide immunization registry will include the member's Medicaid identifier, demographic information, CPT billing procedure code, rendering service provider ID and related demographic information, and records of reminder and recall notice dates through access all elements within the aforementioned tables.

| Requirement Number: | RI1.4 |
|---|---|
| *Edit data for data validity, duplicate records and perform quality checks; sends error message if appropriate.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

• The APHP EDI gateway product supports configuration of data validation rules, duplicate record checks and quality standards based on IME specified requirements. Integrated with the APHP automated workflow processes the EDI gateway can set triggers and error messages to be routed to identified technical or operational workgroups for error resolution.

| Requirement Number: | RI3.2 |
|---|---|
| *Measure immunization coverage for the Medicaid population using current Advisory Committee on Immunization Practices (ACIP) schedule and update as necessary.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/SQL Server Reporting Services**

**Description of Product**

• The APHP central reporting data store tools supports generation of reports to measure immunization coverage for the Medicaid population using current ACIP schedule and immunization information through the configuration of data tables to house updateable immunization schedules and recommendations. Accenture will work with IME to maintain current ACIP immunization schedule and recommendation information as published by the Centers for Disease Control and Prevention (CDC). APHP produces reports that compare processed immunization claims and member data to the published ACIP schedule and recommendations to produce metrics that enable IME to measure the overall success and compliance of immunizations.

| Requirement Number: | RI3.3 |
|---|---|
| *Select and send data weekly or as directed by IME to the registry at least on a weekly basis.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP EDI gateway product supports centralized configuration of scheduled weekly, or as directed by IME, data exchanges with a statewide automated immunization registry and other trading partners as identified by IME. The configurable EDI gateway provides access to Medicaid children member and immunization claim records that can be extracted by the set up of custom selection criteria that may access data within the APHP centralized reporting data store for more historical records.

| Requirement Number: | RI3.5 |
|---|---|
| *Generate results of surveillance of vaccine-preventable diseases.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/Microsoft SQL Server Reporting Services**

**Description of Product**

• The APHP central reporting data store tools supports generation of reports for the surveillance of vaccine-preventable disease through the configuration of specific procedure code groupings and generation of reports for processed claims containing related procedure codes.

| Requirement Number: | RI4.1 |
|---|---|
| *Simplification under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to ensure the confidentiality, integrity and availability of Electronic Protected Health Information (ePHI) in transit and at rest.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• Accenture fully understands the importance of being HIPAA and IT security standards compliant in all aspects of the APHP solution. Role-based security within the electronic applications as well as policies and procedures cover the entire APHP solution to meet all federal and state requirements for compliance of security and confidentiality for IT solutions and HIPAA security and privacy. This is implemented in each of the environments from Production and Operations all the way down to the Development environments. All transactions are held securely allowing only authorized role-based access to data within the APHP databases for security of ePHI data at rest and employment of encryption for data in transit outside of the APHP environments. The stringent rules employed by Accenture and enforced with APHP enable IME's compliance with HIPAA.

| Requirement Number: | RI4.2 |
|---|---|
| *Provide safeguards as described in the October 22, 1998 State Medicaid Director letter, Collaborations for Data Sharing between State Medicaid and Health Agencies.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• Accenture will work with IME to enforce precautions necessary to enforce safeguarding of data and confidentiality among Accenture, IME and other state agencies as defined in the October 22,1998 State Medicaid Director letter, Collaborations for Data Sharing Between State Medicaid and Health Agencies. These precautions may include and are not limited to:

- Work with IME to maintain procedures Use Agreements for data exchanges outside of APHP
- De-identify traded information where possible

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# 9.2 External Interfaces (9.2.10.1)

The MMIS Bidder must provide a detailed description of the approach to meeting the MMIS external interface requirements in section 7 MMIS and POS System Requirements of the RFP. In addition, this section must provide the detailed description of how each of the requirements in section 7 will be met.

The Accenture Public Health Platform is designed to integrate with systems of all sizes and complexities, both modern and legacy. The underlying tools of APHP coordinate and communicate the secure electronic exchange of data between the Department's existing information systems and across Iowa's healthcare ecosystem.

At the core of its design, APHP is built to interface. Its SOA is intended to facilitate the numerous and disparate interfaces Medicaid and other healthcare information systems are being asked to support. The APHP is not a monolithic system retrofitted to align with MITA principles; APHP is precisely what CMS envisioned for MITA. It is a SOA-based platform specifically developed to create interoperability between business and information systems giving it the ability to securely exchange data in numerous methods and modes.

APHP comes with a suite of tools to accommodate the secure exchange of information; SOA facilitates a very effective mode of real-time access through the use of interface standards published as web services to external trading partners. When extremely high volumes or real time interaction is not sensible, file exchanges through secure-file-transfer-protocol, or SFTP is another manner in which information can be exchanged using structured data files or standards such as X12 and HL7. APHP is not only capable of using standards-based approaches, but also supports using proprietary formatting to achieve the necessary secure interchange of information to support all of Iowa Medicaid.

As we implement APHP into the IME environment we verify each and every interface, detailing the data layout and editing rules for every field on every file or message needing to be exchanged. We identify the points-of-contact (POC) for each trading partner, including a technical POC, a project management POC and an escalation POC.

We begin very early in the project to schedule time with the appropriate POCs to analyze and design the secure exchange, then determine and share the schedule for each of the testing phases. We work with each trading partner to validate and suggest the best interface method to serve and support the Medicaid program and the overall support effort.

Accenture uses a number of tools that are highly configurable and because they are COTS products, require only mainstream technical skill sets to use and master. These tools allow for more expeditious development of interfaces, and enable a broader set of technical resources to be effective in the use of these tools.

The secure sharing and exchanging of data with internal and external trading partners is an important function within an MMIS environment. Accenture is backed by 22 years of experience with government clients, and we have rigorous processes that support state and federal regulations related to security and privacy standards. We are committed to protecting our clients' data, as evidenced by our internal client data protection (CDP) group. We customize CDP plans for each of our client engagements, based on our internal Accenture policies and the HIPAA and Federal rules and regulations applicable to us and agreed upon with you, the client. We perform annual risk assessments and audits against those plans, with proposed corrective action plans (CAPs) for any identified gaps. As seen with our experience with the Texas Medicaid MMIS, we implemented numerous security initiatives, enabling us to continue to be excellent stewards of our clients' data.

We understand the importance of protecting the confidentiality, integrity and availability of both internal and external data. We provide secure delivery channels for sharing and exchanging data with various

partners. The delivery channels include our portal, our Quantum Data Services (QDS) capabilities, web based services and flat files. We work with the Department and external trading partners to establish, test and implement the necessary secure exchange of data in a manner and mode that is both efficient and secure.

Our solution includes a data exchange approach that is reliable, flexible and configurable, supporting data exchanges through several mechanisms allowing for new data sources to be added as needed. Some of the methods for generating and exchanging data with the APHP include:

- Quantum Data Services (QDS) framework for X.12 EDI and other large system-to-system exchanges. QDS comes with a build in translator that can be easily configured to accept proprietary formats, edit them and translate them into load ready files for APHP.
- SOA web services enabling Portal capabilities for Providers, Recipients, and Medicaid Operations Workers to process transaction or low volume based interfaces. APHP comes with a robust set of published web services that allows for easy and secure exchange of information with trusted interface partners.
- BizTalk Enterprise Application Integration (EAI) is a mature Microsoft product that allows for the input and creation of files and/or services for the exchange of information with other systems. EAI includes the ability to use an existing set of adapters to exchange data in common industry standard formats, or create adapters for State specific functions.
- SQL Server Integration Services (SSIS) allows for both data extraction and updates from a variety of sources such as relational data sources, XML data files and flat files. SSIS gives us the ability to create scripts and apply business rules natively within the Microsoft SQL Server environment.

Accenture works with each interface to determine the best method for exchanging information. We conduct thorough testing of the data exchange process and provide an integration test environment where the interface trading partners can confirm the quality of the data exchanged (content and format) as well as the mechanics of the information is exchanged (services, files, messaging, etc.).

As depicted in Figure 9 - 17, for each approved, prioritized and scheduled external data sharing request for the IME, we test the data exchange in our Integration Test environment with each data sharing partner. Once our testing process is complete, we move to request approval of the test results from the IME before enabling the data exchange.

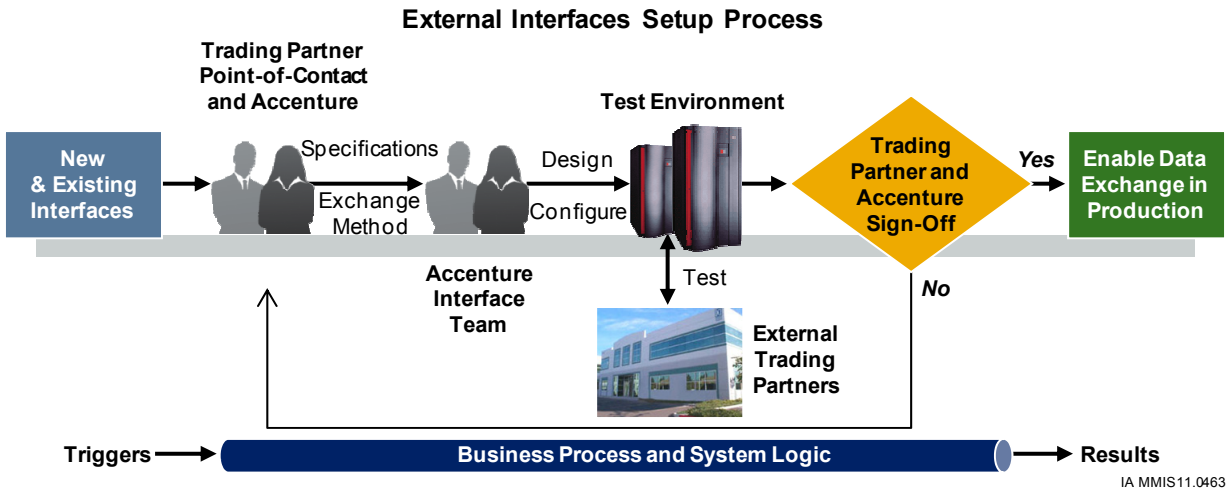


*Figure 9 - 17. Accenture's' change management controls and testing discipline provide the Department with clear confirmation of interface and trading partner readiness*

Thorough testing allows us to gauge the accuracy and performance of changes made to the system and to assure ourselves that the data exchange interface process and data connections are meeting performance standards. If any deficiencies are discovered during this testing we address and resolve the issues immediately, following our standard procedures. If an issue is identified on the data exchange partner's side, we work with them to provide data and information so that changes can be implemented on their side.

**Electronic Data Interchange (EDI)**
The APHP EDI component is an interface application supplied by Plexis Healthcare Systems called Quantum Data Service (QDS). QDS is an advanced, full-featured electronic gateway that combines EDI, an XML-based translator and a data conversion interface with a powerful validation engine that conforms to the Department's information flow, as depicted in Figure 9 - 18. The modules work together to move HIPAA X12 4010/5010 and other electronic data formats to and from the APHP claims engine with maximum efficiency.

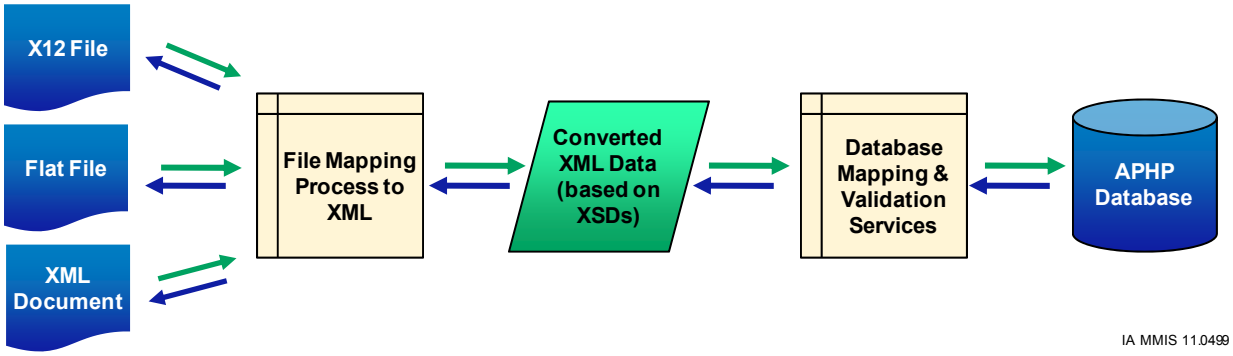


*Figure 9 - 18. The EDI gateway implements a powerful validation engine that supports required data formats providing the Department with an efficient, low-risk EDI solution*

QDS facilitates import and export of the most widely used HIPAA X12 formats. It supports data transfer of non-standard formats to and from the APHP claims engine through a network of user-specific data translation and parsing maps. QDS makes calls to the core application's services for data review, insertion and validation. Plexis' Bridging Filter Technology supports modularity and integration with other APHP enterprise applications.

Configurable EDI rules allow business analysts to map, scrub, translate and validate data and set-specific business rules to accommodate state-specific requirements. By maintaining proprietary business rules, verifying the integrity of imported data and providing crosswalk functionality, QDS saves time and reduces administrative costs associated with paper claims processing and managing trading partner agreements. QDS features configurable benefit administration and claim processing rules. It supports flat file formats for executing one-time data conversion routines.

QDS provides flexible services and functionality to multiple data formats, destinations and configurations. It provides for detailed logging with transparent tracking to streamline issue resolution. QDS is an extendable gateway that is easily adaptable to new requirements for data exchange.

QDS is designed and built as a complementary component application to the Plexis Quantum Choice™, the APHP claims engine. It provides a configurable approach to managing the data exchange needed to support health care claims processing. QDS provides trading partner management capabilities to create data contracts that define and require appropriate data exchange between APHP and third parties. The APHP framework leverages the combination of these products, Quantum Choice™ and QDS, to provide

secure interchange to external systems and data exchange management for all claims, eligibility and enrollment related information going in and out of the new MMIS.

QDS leverages a Visual User Interface feature that allows EDI support resources to create, configure and manage both X12 and non X12 transactions for all inbound and outbound data exchange to other external source and supporting data systems. Additionally, QDS comes pre-packaged with the HIPAA X12 5010 standard transactions published as both real-time and batch interfaces ready for use by APHP.

An example of a pre-packaged, standard interface that APHP uses from QDS is the exchange with the National Provider Plan and Enumeration System, NPPES, which supports the validation of the National Provider Identifier, NPI. To show how the use of configurable, pre-packaged, standard interfaces in APHP saves time and effort, we step through a configuration process. This example is for the execution of a secure data exchange between APHP, the IME Core MMIS, and the NPPES, resulting in the real time validation of the NPI from a claim received via the APHP EDI gateway.

Step 1: **Identify the Secure Location** – This is the NPPES secure FTP server where all NPIs are located. Each data source location is approved by DMS, in conjunction with the capture of all trading partner agreements, during the configuration and integration phase.

Step 2: **Configure the Data Mapping** – X12 and non X12, inbound and outbound transactions, are easily tailored for acceptance by the new MMIS for all HIPAA transaction code sets. In this example, the X12 837 claims transaction is the target of the NPI validation.

Step 3: **Validation of Business Rules** – Another configurable feature for use within the APHP EDI application, rules are defined here in line with IME policy regarding the provider identifier validation points.

Step 4: **ESB Orchestration** – After the business rules are configured to support the IME policy of exactly how to validate the NPI against the NPPES interface, the ESB invokes, or calls, using HTTPS encryption, the standard service from the applicable COTS product residing in the APHP COTS Application layer. In this example, BizTalk, the APHP framework ESB, invokes the “Validate Provider ID” standard service from the Plexis Quantum Choice™ claims engine. Quantum Choice™ services, exposed to the ESB, receive the validation message and complete the EDI transaction by populating the APHP claims engine with the incoming 837 X12 transaction.

Another example of the role and action taken by the ESB within the APHP framework is around address validation. To validate an address, APHP invokes a call to a third party web service, which is orchestrated through the ESB. In fact, any APHP external web service call goes through the ESB, as well as any service that APHP exposes to the outside world. By handling the services in this manner, APHP is leverages the security provided inherently through the ESB product, Microsoft BizTalk, rather than custom coding security into an external service.

APHP is designed in strict accordance with SOA principles. It uses COTS products to standardize web services in line with MITA guidelines to support the eight business process services. The above examples of X12 837 NPI and address validation with an external source system through the secure EDI illustrates the standard service available within APHP to support secure data exchange in an efficient and effective manner.

The Department provided a thorough list of existing external interfaces for the current Core MMIS contractor. We summarized in Table 1 below our approach on working with those entities that need to exchange data with the new IME MMIS. We discuss in Section 8.3.1.2 our interface plan and the considerations in working with all the interface trading partners. We look forward to working with each and everyone one of these trading partners in order to share the health and program information needed to keep the Iowa healthcare ecosystem operating efficiently and effectively.

| Interface Trading Partner | Acknowledgement and Approach | Proposed Method |
|---|---|---|
| 3M | APHP supports a number of payment methodologies and integration with third party payments products. This includes the integration with third party software and data to Iowa's payment methodology. Accenture accepts load and configure the 3M pricing products as required. | Preferred method is Secure FTP, can support physical electronic media for grouper updates. |
| ACS | APHP supports the ACS interfaces to support debt card processing. | During analysis we explore the possibility with ACS to create a web service based interface to exchange information. |
| Advantis | Accenture supports the current file exchanges with HMS to support the existing TPL functions. | We work with HMS on a secure file exchange method. Either our Secure FTP or if required we can continue to use the documented Advantis services from AT&T. We work with the Department and HMS on determining the most cost effective and secure solution. |
| AEA | APHP provides eligibility extracts to approve interface partners in the required format. Accenture supports the Iowa Area Education Agencies with the necessary format and frequency as determined during the Implementation Phase. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| Check Write System | APHP supports the complete set of financial files to support the check right and reconciliation process. | Secure FTP. APHP, being a SOA, supports integration with other service oriented applications, like Connect: Direct. Accenture works with the Department and trading partners to determine the best interface method. |
| CMS | APHP supports Medicare interfaces for buy-in, crossovers and enrollment. We process any interface with CMS, both inbound and outbound for all non-PBM functions. | Preferred method is Secure FTP. Collaborating with CMS and the Department, we select the most appropriate method. |
| County Billing System | APHP supports the creation of A/R files. We configure the file specifically to the Department's need to support County Billing. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| Dakota Imaging System | Accenture is proposing to replace the Dakota Imaging software with Captiva from EMC to provide more robust OCR and image capture features. An interface is provided from Captiva to OnBase. | Internal transfer over the local area network. |
| Data Warehouse | APHP supports data extracts to provide the data warehouse with the claims, authorizations, eligibility, reference and encounter information. Accenture works with the Department to identify and verify any other data exchanges or interfaces that need or can be managed through APHP. | Preferred method is Secure FTP or transfer over the local internal network. We work with the Department on selecting the most appropriate method. |
| Drug Rebate | This is a PBM requirement; however, | Preferred method is Secure FTP. We |

| Interface Trading Partner | Acknowledgement and Approach | Proposed Method |
|---|---|---|
| Management | Accenture supports the Department in creating any interfaces, if necessary, to update the MMIS with drug rebate information. | work with the Department on selecting the most appropriate method. |
| HIPP | APHP supports HIPP processing and transactions. We work with the Department to create a file format that leverages the current HIPP source of data. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| HMO (Coventry) | APHP is designed to accept encounter data from HMO and other healthcare providers. We support standard X.12 format out of the box and provide services to configure the inbound interfaces for non standard formats. | Preferred method is Secure FTP in standard X.12 format. We work with the Department and HMO on selecting the most advantageous method. |
| HMO (Iowa Health Solutions) | APHP is designed to accept encounter data from HMO and other healthcare providers. We support standard X.12 format out of the box and provide services to configure the inbound interfaces for non standard formats. | Preferred method is Secure FTP in standard X.12 format. We work with the Department and HMO on selecting the most advantageous method. |
| HMO (Magellan) | APHP is designed to accept encounter data from HMO and other healthcare providers. We support standard X.12 format out of the box and provide services configure the inbound interfaces for non standard formats. | Preferred method is Secure FTP in standard X.12 format. We work with the Department and HMO on selecting the most advantageous method. |
| HMS/HMSI (thru Advantis) | We support the current file exchanges with HMS to support the existing TPL functions. | We work with HMS on a secure file exchange method. Either our Secure FTP, or if required, we are able to continue to use the documented Advantis service from AT&T. We work with the Department and HMS on determining the most cost effective solution and secure solution. |
| IABC System | APHP provides Medically Needy functionality. During the implementation phases, we work with the department to determine the interfaces needed between our Medically Needy component and the Iowa Automated Benefit Calculation System. | Preferred method is secure FTP. We work with the Department and IABC staff to explore the possibility of more real-time web service based interface between the new IME MMIS and IABC. |
| ICAR | APHP is configurable to exchange the necessary Child Support TPL information with the Iowa Collections and Reporting System. We work with the Department during the implementations phases to learn and document the requirements with interfacing with the ICAR system. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| IDPH | Accenture works with the Department and the Iowa Department of Public Health on the data exchanges that are necessary to support the sharing of information between departments. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| IMCARS | APHP supports integration with commercial off the shelf applications and pricing packages to support multiple payment | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |

| Interface Trading Partner | Acknowledgement and Approach | Proposed Method |
|---|---|---|
| | methodologies and groupers. We configure data services importer to accept the Iowa Medicaid Cost and Rate System's rates, weights and other pricing information in order to support the State's pricing requirements. | |
| IME Server | APHP is configurable to create the provider address file for placement on the IME Server. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| Iowa SQL Data Base (Myers & Stauffer) | APHP creates standard claim and provider extract files. We work with the Department and Myers & Stauffer during the Implementation Phase to determine the acceptable format, frequency and method of exchange to meet the required business needs. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| IRS | APHP supports the creation of 1099 files in the recommended IRS file formats out of box. We work with the Department during the implementation phase to confirm the current solution, as is, supports the 1099 process. | Accenture explores the possibility of automating the upload of this information to the IRS. We continue to support the documented method of uploading manually to IRS web site if required. |
| ISIS | Accenture is proposing a replacement for ISIS as part of the Optional Wavier services. If our proposal is accepted, we create the interfaces from our replacement solution necessary to exchange eligibility information with the Title XIX and IABC systems as well as the applicable updates within the new IME MMIS. Should the State pass on our Optional Wavier proposal, we move to work with the Department to create the interfaces required with Title XIX to preserve the current process. | Preferred method is secure FTP. We work with the Department and IABC staff to explore the possibility of more real-time web service based interface between the new IME MMIS and IABC. |
| Mathematica | APHP creates the Medicaid Statistical Information System (MSIS) is part of our base product. We create these interfaces quarterly in the specified CMS format. We keep current with the CMS specifications and apply changes with the State approval under our software maintenance agreement. | Preferred method is Secure FTP. We work with the Department and Mathematica on making this an automated process and selecting the most appropriate method. |
| MEDISPAN | This is a PBM function. Accenture supports the PBM and the Department with any required information from the new IME MMIS. | |
| Milliman USA | Accenture supports Milliman with the required information extracts to perform their actuarial services for the Department. This includes encounter and rate setting information in a format and frequency determined during the Implementation Phase of the project. | Preferred method is Secure FTP. We work with the Department and Milliman on selecting the most appropriate method. |
| CORE MMIS | Accenture proposes to support all interfaces required to interact with all MMIS vendors and trading partners. We work diligently with the Department and each of the interfacing | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |

| Interface Trading Partner | Acknowledgement and Approach | Proposed Method |
|---|---|---|
| | entities to clearly document the format, editing, frequency, service levels and methods of exchange during the Implementation Phase of the project. | |
| CORE MMISPOS | This is a PBM requirement; however, Accenture supports the Department in creating any interfaces, if necessary, to update the MMIS with drug rebate information. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| OnBase | Accenture is proposing OnBase as the imaging and report storage solution for the new IME MMIS and integrates/migrates the State's existing OnBase information into the APHP solution. We work closely with the Department and the incumbent vendor on providing the necessary interfaces in a format and frequency that meet the requirements of the Department. | Preferred method is Secure FTP. Accenture explores the possibility of a more direct network transfer of the Report/Correspondence files and image files if supported within the State's network. We work with the Department on selecting the most appropriate method. |
| PADSS | This is a PBM requirement; however, Accenture supports the Department in creating any interfaces, if necessary, to update the MMIS with drug rebate information. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| Pharmacy Data Warehouse | Accenture acknowledges that the new IME MMIS loads the POS claims on the frequency required by the Department to support reporting and payment. We work closely with the PBM vendor and the Department on providing all necessary interfaces in a format and frequency required by the Department. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| Pharmacy POS | This is a PBM requirement; however, Accenture supports the Department in creating any interfaces, if necessary, to update the MMIS with information directly from the POS (as opposed to through the Pharmacy Data Warehouse) | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| RBA | Accenture provides the required reports for the Division of Results Based Accountability through our OnBase report repository. We work the Division of RBA and the Department to determine format, frequency and security privileges for the RBA reports. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| Solucient | Accenture is proposing a new source for ICD updates. Accenture collaborates with the new vendor during the Implementation Phase of the project to determine the best method for receiving the ICD-9/ICD-10 updates. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| Title XIX Eligibility | Accenture acknowledges the criticality of interfacing with the Title XIX Eligibility system to keep the new IME MMIS current on enrollment and eligibility. APHP provides for multiple methods to exchange information, | We work with the Department on selecting the most appropriate method. |

| Interface Trading Partner | Acknowledgement and Approach | Proposed Method |
|---|---|---|
| | both real-time web services, micro batches, and flat file exchanges. We work with the Department during the Implementation Phase to determine the format, frequency and best method for data exchange between these two systems. | |
| University of Iowa | APHP creates claims and supporting information extract files as part of the base product. We work with the University of Iowa and the Department to configure these extracts to meet the needs of U of I. If necessary, Accenture configures these interfaces as necessary to meet the requirements of the Department and the University. | Preferred method is Secure FTP. We work with the Department on selecting the most appropriate method. |
| Wells Fargo | APHP supports the complete set of financial files to support the check right, electronic funds transfer and reconciliation processes. We work with the Department and IT personnel at Wells Fargo to configure these interfaces as necessary to meet the requirements of the Department. | Preferred method is Secure FTP. APHP, being a SOA, supports integration with other service oriented applications, like Connect: Direct. Accenture works with the Department and trading partners to determine the best interface method. |

*Table 1. Accenture works diligently with all IME interface trading partners to provide accurate, secure interfaces that are both maintainable and reliable.*

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# 9.3 MMIS and POS Infrastructure Requirements (9.2.10.2)

The Bidder must provide a detailed description of the approach to meeting the architectural requirements in section 7. In addition, this section must provide the detailed description of how each of the requirements in section 7 will be met.

Accenture's APHP product is a SOA-based, MITA-aligned framework for integrating COTS components. APHP provides the Department with a truly flexible framework. It can be adapted to match the Department's evolving needs by adding, upgrading, replacing and retiring COTS products. With APHP, the Department does not need a long, expensive development project to keep the new MMIS up-to-date. We can integrate new or changed functionality into the APHP framework via a straightforward configuration process. APHP also fits into the state's Microsoft technology architecture; it is a SOA-based platform that is built on a core of Microsoft and .Net technologies. Some of the Microsoft components are:

- Common security framework built on Microsoft Active Directory Federation Services
- Identity management module provided by Microsoft Forefront Identity Manager
- Enterprise Service Bus and interface services provided by Microsoft BizTalk
- Customer Relationship Management (CRM) provided by Microsoft Dynamics
- Claims Processing Engine, Quantum Choice™ , built on a .Net platform and aligns with the Microsoft Connected Health and Human Services (HHS) Framework

**Business Rules Model**

Accenture designed APHP with a distributed business rules management model. In the distributed business rule model, the APHP framework is essentially the Business Rules Management System, (BRMS). Each component product integrated into APHP has its own native rules engine. Native capability allows each component to manage the rules associated with the functions and data processed within that specific component. It is the APHP framework that provides access to and information about business rules. This gives MMIS users streamlined, simplified tools with which to manage business rules. APHP then consolidates the benefit structures, business rules, workflow and other logic in a complete enterprise view through our web-based Worker portal. This comprehensive collection of business logic is then available for analysis, reporting, or even exporting to a variety of formats.

The APHP Enterprise Service Bus orchestrates the conversations among all components so that the business rules are carried out in the correct order per the Department approved requirements, rules, and workflows. And because APHP is a service oriented architecture, these business rules are encapsulated with our MITA business services that are published on the ESB and available for consumption both internally and externally through standard web service calls.

We designed APHP with a distributed rules model for two primary reasons:

- A solution that uses the native capabilities of the integrated COTS tools does not need a BRMS. In fact, a third party BRMS negates the benefits of COTS-based modularity. It would force the native rules of each individual COTS tool to be integrated to the BRMS. This limits functionality and throughput, requires customization and may prevent specific products from receiving vendor upgrades, patches and releases.
- We avoid customization in order to maintain alignment with CMS' Seven Conditions and Standards for Enhanced Funding. Flexibility, adaptability, and interoperability would be constrained by having a third party BRMS that forced customization to the underlying COTS products. Two of the proof points that CMS uses to validate modularity are the use of business rules engines and identification and description of open interfaces. The APHP solution delivers on these proof points.

**HIPAA Transaction Requirements**

APHP EDI capabilities extend overall configurability to the management of secure data exchange through the use of the QDS application. QDS is a gateway for all non-web portal data exchange. Data exchange capabilities are fully compliant with the federal, state and Department security standards, including FISMA, NIST and HIPAA. QDS is a complementary component application to Plexis Quantum Choice™,

the APHP claims engine. It provides a configurable approach to managing the data exchanges needed to support health care claims processing. QDS provides trading partner management capabilities to create data contracts that define and enforce appropriate data exchange between APHP and third parties. The APHP framework leverages, Figure 9 - 19, the combination of Quantum Choice™ and QDS, to provide secure interchange to external systems and data exchange management for all claims, eligibility and enrollment related information going in and out of the new MMIS.

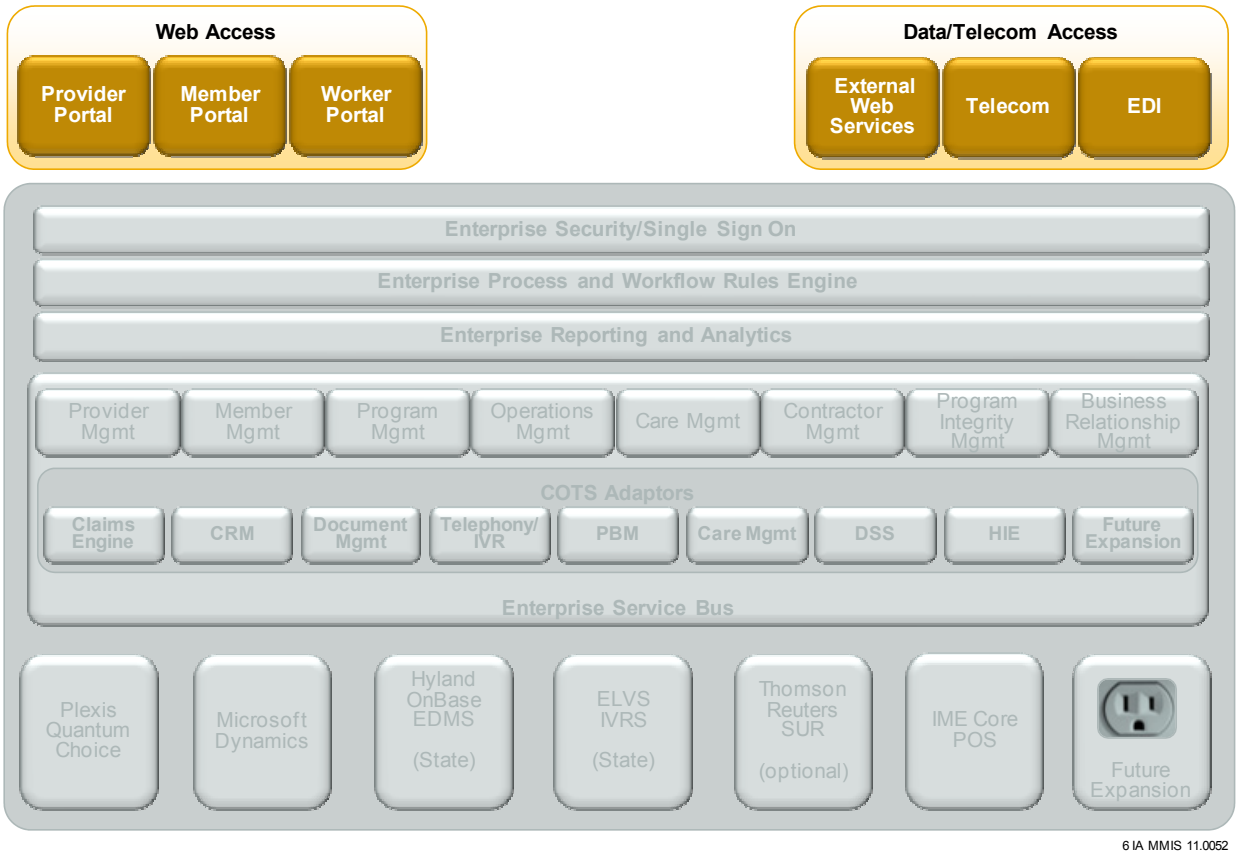



*Figure 9 - 19. Data exchange for all incoming and outbound, non-portal initiated data is managed by QDS, a pre-packaged application designed to work with APHP's claims engine.*

QDS leverages a Visual User Interface feature that allows EDI support resources to create, configure and manage both X12 and non X12 transactions for all inbound and outbound data exchange to other external source and supporting data systems. Additionally, QDS comes pre-packaged with the HIPAA X12 5010 standard transactions published as both real-time and batch interfaces ready for use by APHP.

**MITA Technical Requirements**

As defined by CMS in 2006, MITA 2.0 is an initiative to promote improvements in the Medicaid enterprise and systems that support it through collaboration between the states and CMS. It is a framework that provides a blueprint consisting of models, guidelines and principles to be used by states as they implement enterprise solutions. CMS established MITA 2.0 goals for environment, enterprise, coordination, systems, data and performance standards. As described in Table 2, APHP's attributes are in complete alignment with these goals.

The components that comprise the APHP solution are commercially available products. Each of these components is a mature product with roadmaps for upgrades and releases. As new versions are available, they are tested, integrated and released into APHP.

Commercial packaged software often leads in the adoption of standards, as it is these very standards that enable their existence. As such, our software vendors will continue to invest in their software products to align with applicable MITA and HIPAA standards, mandates, (such as ICD-10) and others that apply to the healthcare industry. Updates to support these standards are included in version releases to the core platform, giving the Department the benefit of receiving software changes as part of an overall solution rather than having to fund, plan and manage systems modifications.

| MITA 2.1 Goals | APHP Attributes |
|---|---|
| Environment -- flexibility, adaptability, rapid response to program and technology changes | Service orientation provides architectural framework to add, remove, and replace components quickly to provide new business capability. |
| Enterprise view -- technologies aligned with Medicaid business processes and technologies | Technical architecture that provides unified services structure for COTS business software packages. |
| Coordinate -- with public health and other partners to integrate health outcomes | Platform for common protocols and a framework for extension and expansion for future requirements. |
| Systems -- interoperable with common standards | Loosely coupled COTS components are easily changed without impacting other components, stacked to extend functionality and shared with other agencies. |
| Data -- timely, accurate, usable, accessible | Enterprise reporting data store, tools and reporting functions that provide immediate and holistic view of operations, service, performance and advanced analytics. |
| Performance measures – promote good practices | Methods, tools and processes to enable quick and predictable implementation, reliable operations and the ability to more easily adapt to program and policy change. |

*Table 2. APHP aligns with MITA 2.1 goals and is expandable to align with the proposed MITA 3.0 goals.*

*MITA 3.0*
Based on the current MITA 3.0 proposal, new process areas will be added for Eligibility and Enrollment Management and Financial Management. Program Management will change to Health Plan Management and Program Integrity Management will change to Performance Management. APHP is architected to accommodate change of this nature without disruption or long development projects.

**Programming Language Requirements**
APHP fits into and is compatible with Iowa's technology architecture environment. It is a SOA-based platform that is built on a core of Microsoft and .Net technologies including Microsoft Active Directory Federation Services. APHP is built using mainstream COTS products almost exclusively from the Microsoft stack. Our application environment runs on a Windows and Intel infrastructure running .Net and SQL server components that are easy to maintain and run. Our solution does not require specialized skills such as Unix or Oracle knowledge.

The APHP SOA architecture enables our solution to communicate with trusted partners via Web Services. This enables APHP to communicate across the ITE environment. If any other Iowa agencies need to interface with the new MMIS, that communication is easily enabled using our existing Web Services.

**Security and- Privacy**
APHP Security provides controlled user access to all functions and data. The common security framework provides robust protection and control of sensitive data to users, both internal and external to the IME.

APHP Security is administered by the Microsoft Active Directory Federation Services (Active Directory) product. Active Directory provides a central location for information security protocols, role-based rules for permission to access functions and synchronization of directory updates across the platform. Active Directory records all access attempts, successes and data inquiries and provides for the monitoring and notification of potentially unauthorized access.

The Identity Management module is provided by Microsoft Forefront Identity Manager. It validates that only authorized users have access to APHP and that strict access and authentication controls are managed in one place. This Identity Management module is based on an open security standard for interoperability between systems and platforms. The open standard provides compliance with federal, state and Department security policies. The Identity Management module also provides the ability to synchronize identities and credentials across multiple internal products. The module shares identity profiles with other State Data Center resources to help regulate access to components across the IME.

The Single Sign-On (SSO) module provides end user convenience while maintaining the levels of security and privacy necessary to safeguard protected and sensitive information. With this functionality, a user logs in once and gains access to other components without being prompted to log in again for each of them. The SSO feature provides the first layer of access control.

At the COTS product layer, an additional level of authentication is applied, providing access control down to the data field level. This feature is native to each of the COTS applications in the APHP framework. It is used to prevent data from being seen by users who have no need to know.

**System-Wide Tools**
Accenture uses three system wide tools in the APHP framework, as described in Table 3. Each of the tools supports and enhances the integration of modules into the MMIS by the very nature of the products themselves. Each is a commercially available product that is designed to operate in a SOA environment with other components and modules. Each tool has pre-packaged functionality and requires no customization to implement. The tools support essential functions without requiring the other APHP components to be modified to fit the tool's functionality.

| Role in APHP | Business Integration Service | COTS Product | Features and Functionality |
|---|---|---|---|
| **Secure and Protect** | Enterprise Security and Single Sign-on | Microsoft Active Directory Federation Service | • Central location for security protocols, role-based rules and synchronization of directory updates<br>• Single sign-on and identity management modules<br>• Multifunction product, widely installed, mature and proven<br>• Provides security that satisfies federal, state and Department requirements<br>• Native rules used to direct security services |
| **Transport and Integrate** | Enterprise Service Bus | Microsoft BizTalk | • Multi-platform adapters and messaging infrastructure<br>• Connects application components to business processes and services |

| Role in APHP | Business Integration Service | COTS Product | Features and Functionality |
|---|---|---|---|
| | | | • Distributed architecture<br>• Connects and mediates all communications and interactions between services<br>• Native rules developed for SOA-based systems |
| **Track and Manage** | Enterprise Process and Workflow Rules Engine | K2 blackpearl | • Enterprise-class product designed to work across multiple business processes and applications<br>• Predetermined process (logical) and workflow (physical) established to direct, assign, track and actively manage work<br>• Interactive user tool to model and define workflows<br>• Native rules used to direct business activity<br>• Integrates with OnBase EDMS and standard workflows |

*Table 3. The system wide tools are applied to the APHP framework as a whole, working with all components to perform essential roles.*

## *Data Quality Control Requirements (DQ) (7.1.3)*

The contractor must apply industry standards for professional principles of data management, data security, data integrity and data quality control.

Data is key in all application environments, especially in a system such as the new Iowa MMIS. Maintaining data integrity as applications are upgraded, replaced, and added is crucial to the Department's ability to meet State and Federal requirements as well as Provider and Member needs. Our approach to the IME MMIS project encompasses the processes, tools and human organization needed to oversee and manage this data. Working collaboratively with the Department, we define and implement data management processes that provide a road map now and into the future for maintaining the APHP data so critical to the Iowa Medicaid program.

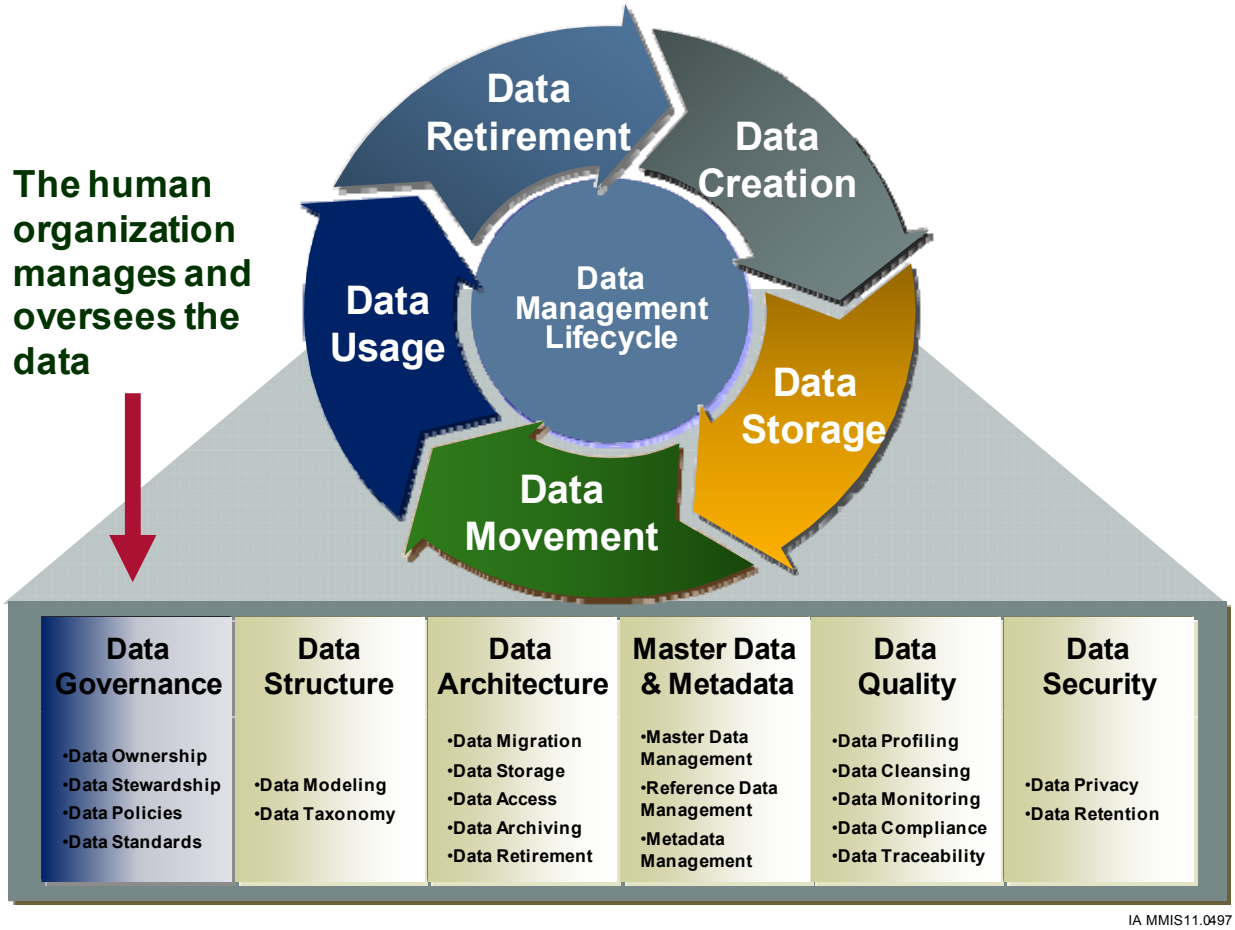



*Figure 9 - 20. Our Data Quality Control approach encompasses a broad range of data management activities in the Iowa MMIS.*

The APHP solution uses defined processes for data classification. All data elements in the solution are classified as master data or transactional data. We use database level constraints and field edits on our data access layer inputs to enforce data integrity.

Active Directory & Forefront identity management services provide APHP's data security solution. Data security for APHP has been designed to provide the right level of access to users without compromising data security. Any external data exchanges with trading partners are performed using secure transmission methods to protect Medicaid and protected health data.

APHP components use SQL server integrity features such as primary keys, foreign keys, unique constraints, and database triggers to enforce field and relationship requirements per the business need. SQL server also provides native controls like database constraints which prevent duplicate or orphan records.

We have also designed APHP so that transactions, including multiple adds or updates, will be either fully committed or rolled back. If the transaction is rolled back, the user will be notified through the user interface (if the transaction is initiated online), or an error will be logged in database tables if the transaction is initiated through a system process. This provides data integrity even when a transaction spans multiple APHP components.

### Environment Requirements

In addition to production environments, the contractor must provide additional isolated environments.

We have designed our APHP environment architecture to support each of the environments specified by the Department for the Iowa MMIS. The physical infrastructure, shown in Figure 9 - 21, provides three independent hardware environments: Configuration, Staging, and Production.

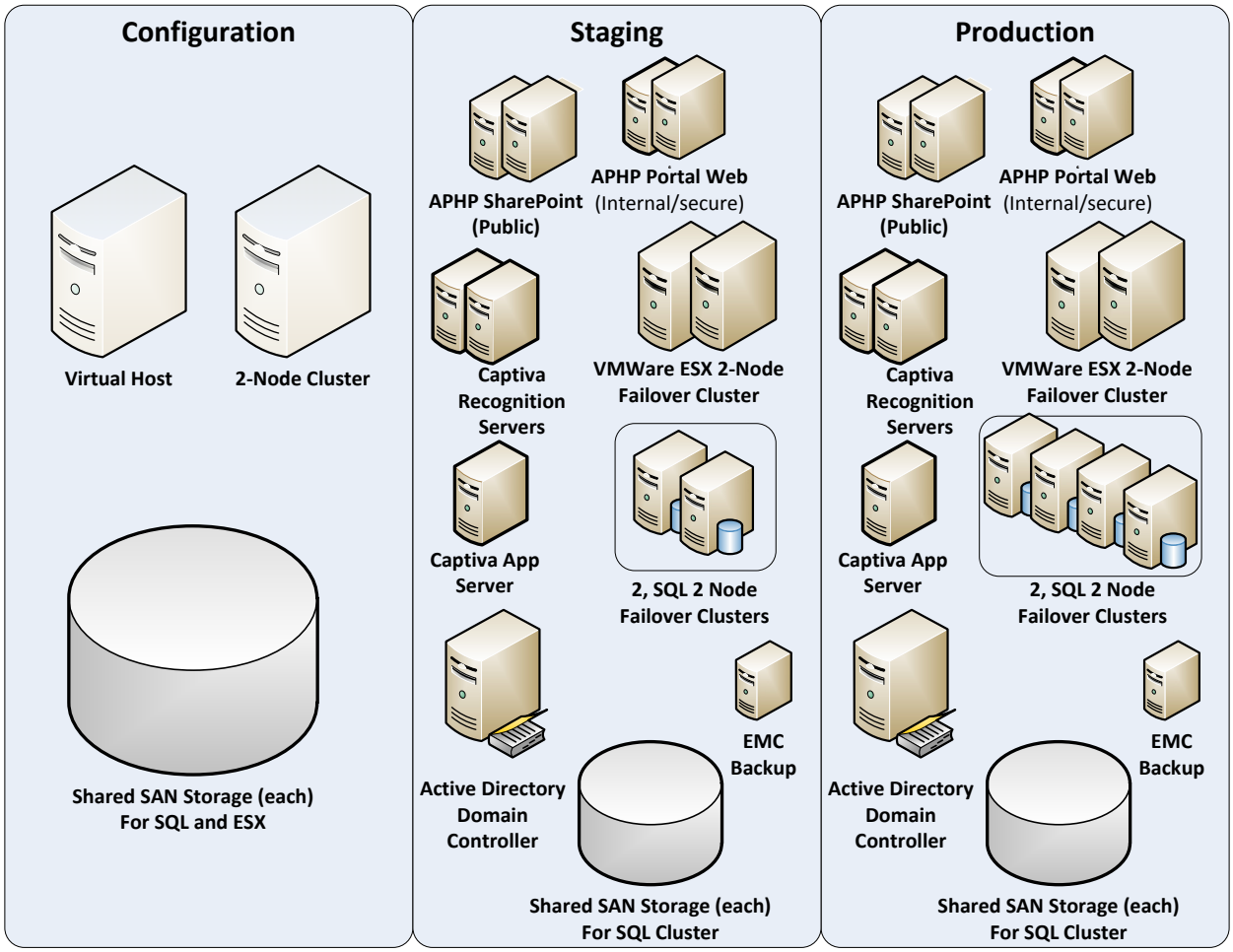



*Figure 9 - 21. We have designed a physical infrastructure that supports the environment requirements Iowa needs for its new MMIS.*

This hardware configuration supports each of the following independent system environments:

- Development
  The Development testing environment is where our application team performs configurations, unit testing, and debugging activities.
- Training
  The Training Environment provides users with an Iowa MMIS environment that matches the functionality in place in Production. Users working in the Training environment see the same screens, options, and behavior as in Production.
- Conversion Testing
  The Conversion Testing environment is a mirror image of the production environment, including reports

and financial records, which are used to load converted data resulting from the data migration process. In addition to conversion testing, we use this environment to support the following activities:

- Testing
  Business users test the future business logic against converted data in this environment. Additionally, the contractor will perform Automated Functional Testing in this environment against the converted data:
- Rapid Prototyping
  This the where the Department sees new functionality and the results of configuration changes during rapid prototype meetings.
- Integration Testing
  Run and test the Iowa MMIS with other systems so that we can confirm system-to-system communication, data transfers, and interfaces are functioning as expected.

- User Acceptance Testing
  The UAT environment is a mirror image of the production environment, including reports and financial records, so that users can perform acceptance testing to confirm that the system meets the requirements and for the user community. Users are able to mimic production work to confirm that the system performs as expected.
- Business Scenario Testing
  Conduct impact analyses and run "what if" scenarios of configuration changes. This allows us to compare the results of potential policy and configuration changes to the actual data and results from production.
- Production
  The Production environment is a separate physical instance with its own independent hardware, application, security, and data components, Figure 9 - 22. Production is where the Iowa MMIS runs once the system goes live. It is sized to support the expected system load and performance throughput for Iowa Medicaid processing per the RFP requirements.

**Trading Partner Testing Environment**
The Department requires an environment for their trading partners to use to test HIPAA transactions. Accenture proposes to meet this requirement using EDIFECS. EDIFECS is a service that enables trading partners to test EDI X12 transactions to validate that they conform to the HIPAA syntax. This service is available 24/7 and it provides trading partners with a description of the results of the format validation and an audit trail for diagnosis of results.

**Production Environment**
The Department requires a separate environment for all the production applications. Our proposed production environment is sized to perform at Iowa production volumes and to process transactions through a combination of dedicated physical servers and virtual servers. By implementing virtual servers for many of the application components, we create additional flexibility on tuning environment performance. Virtualization gives us the ability to add or subtract virtual servers in order to optimize the production configuration. We work closely with the Department infrastructure staff on all optimization activities.

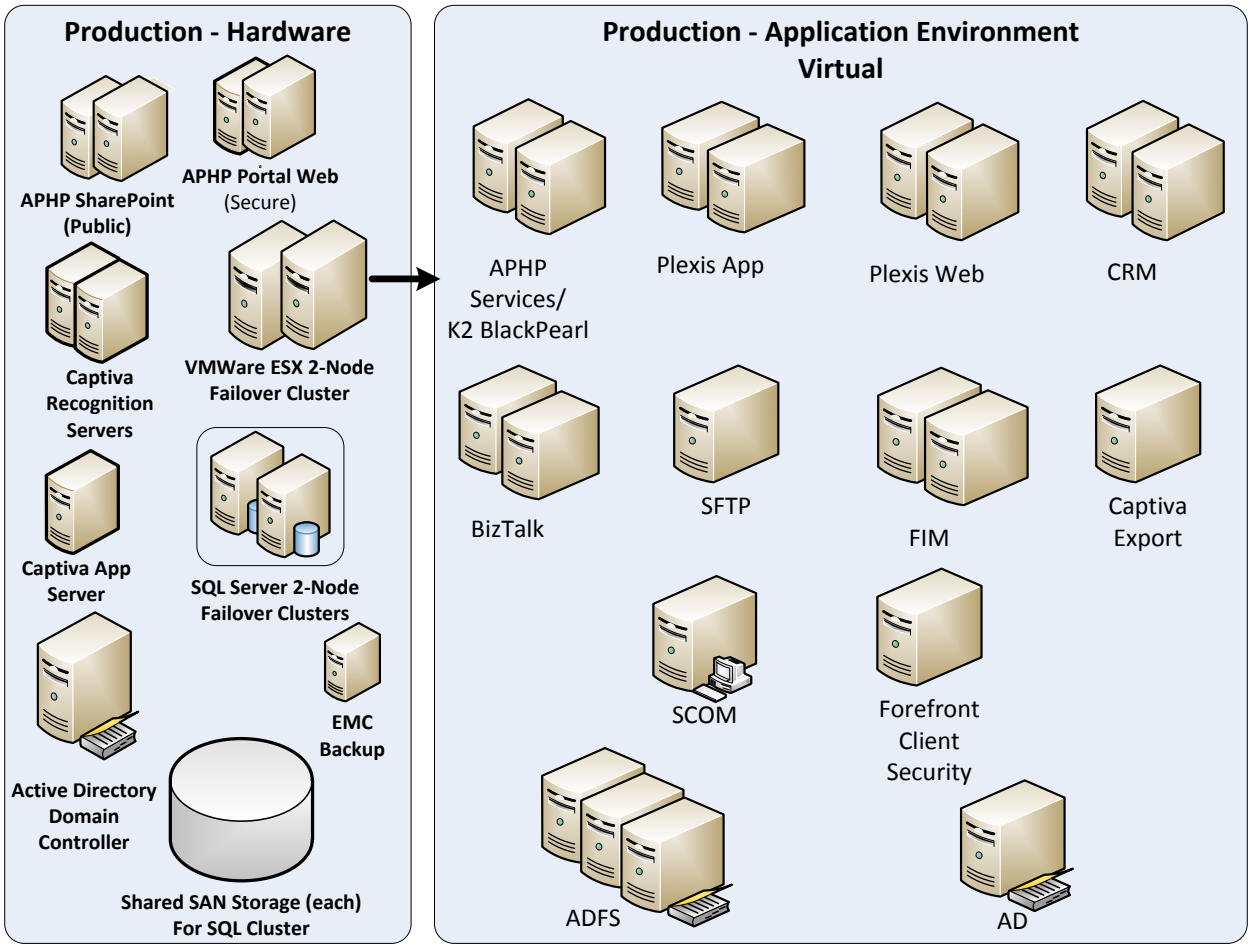



*Figure 9 - 22. The Production hardware and application design provides the performance and stability Iowa requires for its Medicaid business.*

**Non-Production IME Environments**

The non-production environments, along with test data and appropriate copies of the logic modules that make up the systems, are established during the Development task of the implementation schedule and they are maintained during the Operations Phase.

Each of the virtual environments supported in the Configuration physical environment, is independent from the other virtual environments. The non-production environments meet the following requirements:

- Have the capability to de-identify member data
- Support testing of EDI syntax integrity
- Include an online MMIS test system, including a test version of batch and online programs and files used for testing releases and non-release changes
- Provide the ability to execute impact analysis testing of proposed changes.
- Integrate with Accenture's Rational Suite of tools to maintain and execute regression test cases using Rational Functional Tester to support automated regression testing and provide the ability to save and reuse test cases without the need to re-enter the data
- Allow testing of separate business areas concurrently
- Allow concurrent use by the IME, contractor and IV&V and QA Services staff
- Provide for testing of all CMRs before implementation

- Allow users to create and edit provider, member and health plan records for testing

**Staging**
The Staging hardware environment is sized to accommodate production volumes and holds a full set of production data. We host the UAT and Business Scenario environments as separate, isolated instances on the Staging hardware. The application configuration for these environments is shown in Figure 9 - 23. Staging is also the environment where we perform our disaster recovery testing.

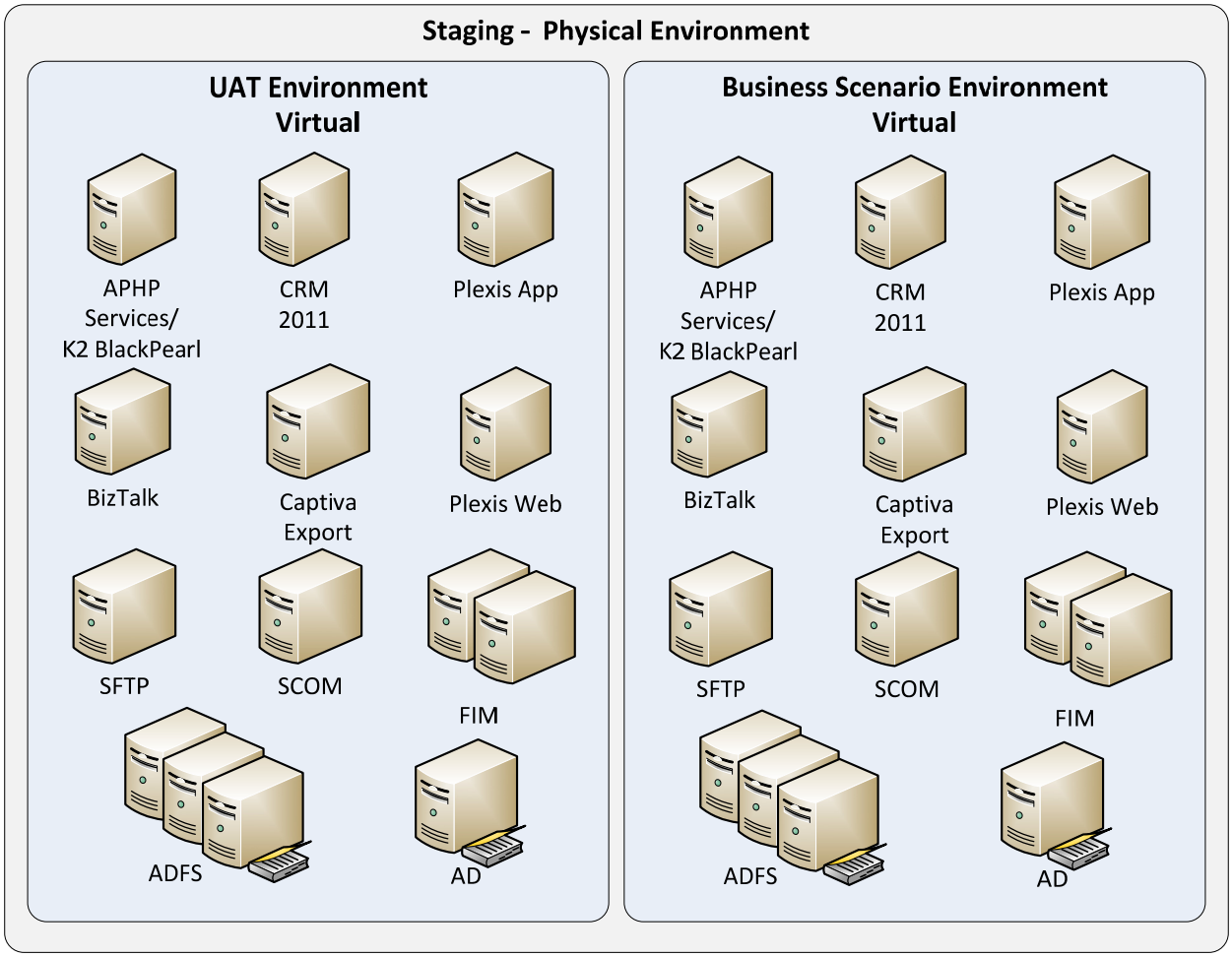



*Figure 9 - 23. The IME Staging virtual environments are designed as isolated application spaces so that each environment is isolated and specific to its intended purpose.*

**Configuration**
Configuration is the third independent hardware environment. We have designed and sized the Configuration environment to host three separate virtual environments, each isolated from the others. The Development, Training, and Conversion Testing environments, Figure 9 - 24, each host a separate instance of the Iowa MMIS system.

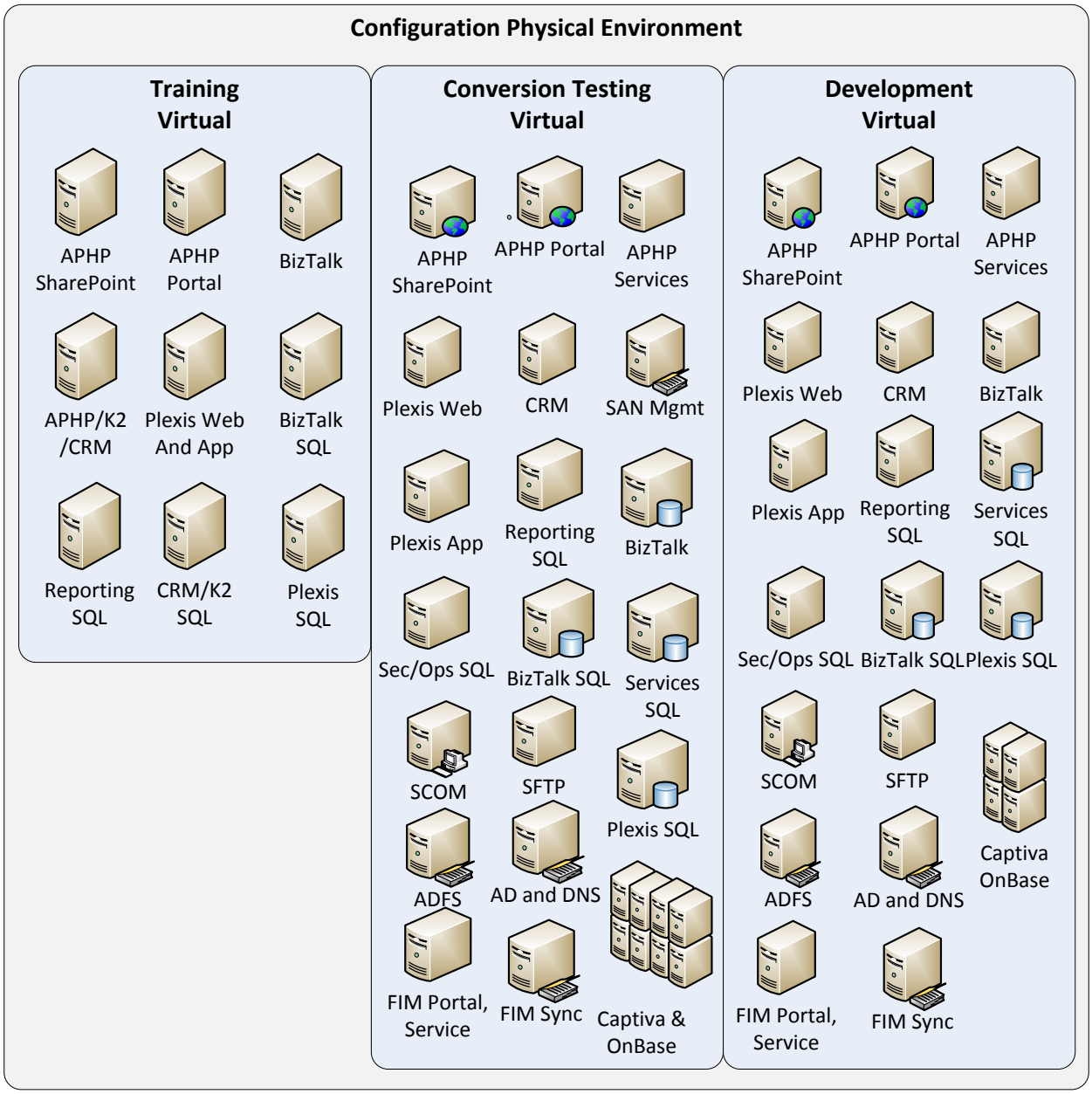



*Figure 9 - 24. The Configuration virtual environments are designed as independent application spaces for development, testing, and training activities.*

### Web Portal

Provide a web portal that is browser-independent and that will operate for most functions, regardless of browser brand, as long as the browser has broad usage (at least 500,000 users nationally at one time) and the version is recent in publication (within the last four years). Web-based claims submission, correction and void and replace may require use of the state-standard version of Internet Explorer™.

The APHP Access Layer provides a consistent user interface and standards-based external services via the web portal. This layer abstracts the specific functions of the applications into common business services for the users. The APHP web portal is not just a browser enabled version of a legacy window or

screen, but an advanced medium through which a well-constructed interface provides better, faster ways of doing work.

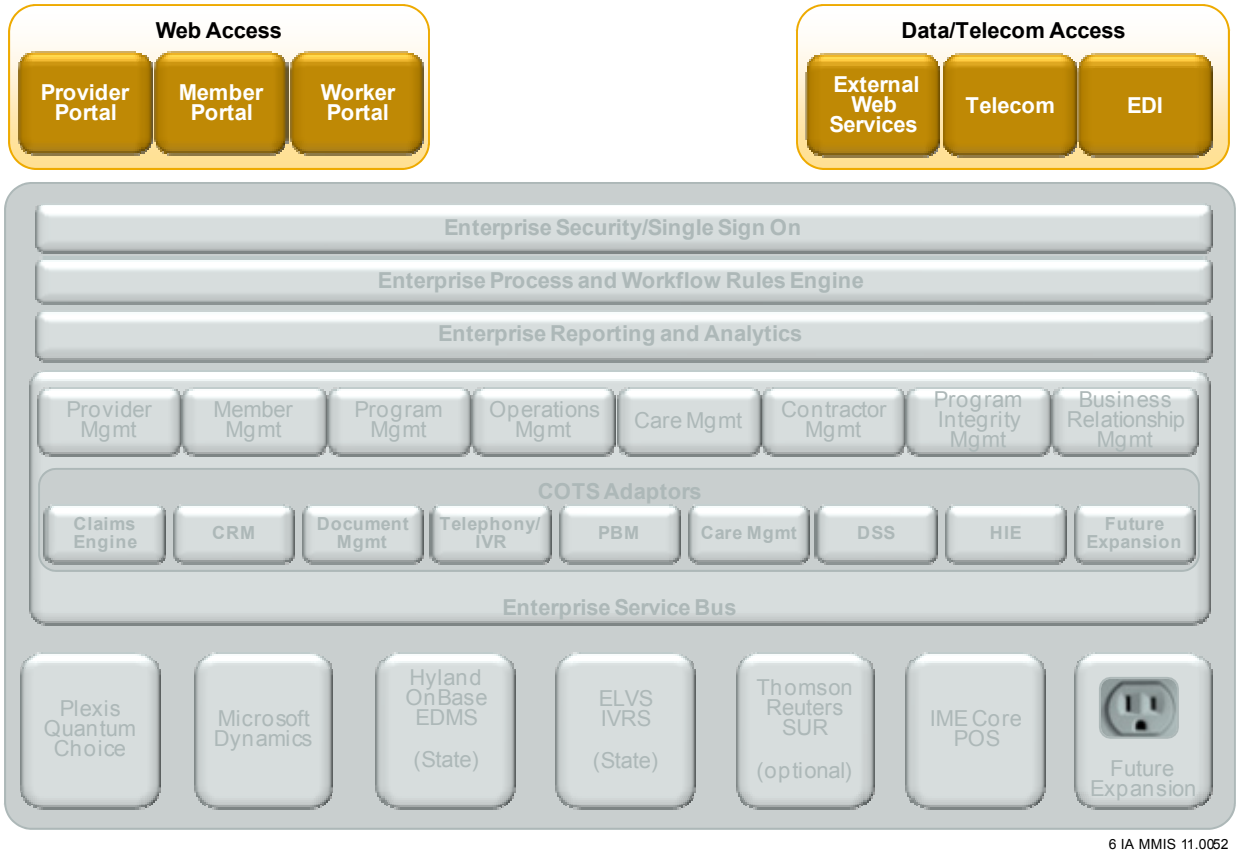
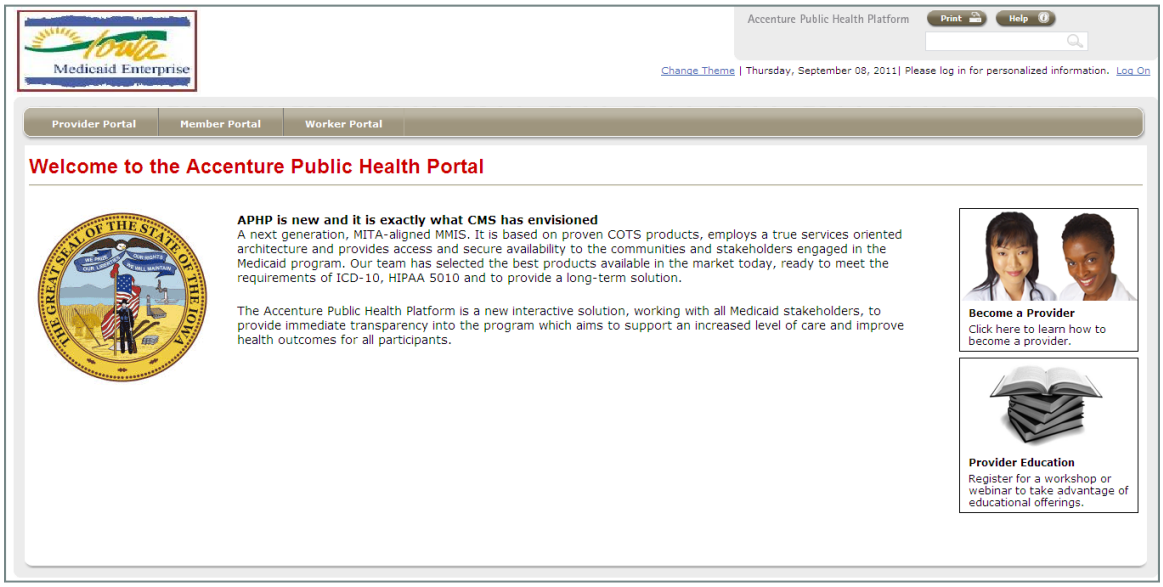



*Figure 9 - 25. APHP's Access layer allows users to enter the MMIS via the web portal or through EDI, IVR or a defined interface, providing a comprehensive gateway to the IME.*

The web portal has been configured for three entry points, as shown in Figure 9 - 26. Additional portals can be added as necessary to expand and extend the MMIS into other areas.

- Provider
- Member
- Worker




3 IA MMIS 11.0280a

*Figure 9 - 26. The APHP portal home page provides information that is relevant to providers, members and workers and one-click redirection to functions that are commonly accessed via the home page.*

Access to the APHP portal is strictly controlled through SSO and role-based security profiles. Each user is assigned a role and each role is assigned levels of access. Access is defined at the functional and data levels to prevent unauthorized transactions and exposure of sensitive or protected information to unauthorized users. For more technical narrative on the APHP security service, please see the Enterprise Security Service description later in this section.

## *Workflow Requirements*

Provide capability to accept an electronic document real time from an external system and make the document available to that external system real time.

The APHP Enterprise Process and Workflow Rules Engine is powered by an application provided by K2, a leader in business process management tools. The application is called K2 blackpearl. It is used to build process and workflows and automate and manage workflow. The APHP Enterprise Process and Workflow Rules Engine perform two main enterprise functions. It establishes process flows that direct transactions to behave in pre-determined ways. It also assigns and tracks work load to queues throughout the entire process.

The native rules capability in APHP Enterprise Process and Workflow Rules Engine makes it easy for developers and business analysts to configure and reconfigure rules as necessary to respond to change. MMIS user involvement in process definition and improvement is facilitated by the application's design environment which encourages multiple users to collaborate. Business analysts, workers, SMEs, developers can make contributions to the creation of viable and efficient process and workflows. This is especially beneficial to the IME because there will be many contractor stakeholders that will need representation in the designing process and workflows, such as the IME professional services contractors and the PMO.

APHP Enterprise Process and Workflow Rules Engine provide tools that help decompose business logic and translate it into rules that are exposed to other applications and interfaces. It consolidates, organizes and displays the tasks to be completed by workers. Workers and their supervisors are notified of work in

the queue via the APHP Worker portal. Timers are used to notify supervisors of impending deadlines for work activities with defined performance standards so that work can be prioritized and reassigned. Notifications to the professional services contractors and Department are automated when work is not completed within a specified threshold.

The Enterprise Process and Workflow Rules Engine functionality is provided via the Worker portal to Department and its authorized users. Department has visibility into the queues so that there is complete transparency about the work load.

**Electronic Data Management**

Include, at a minimum, the following document management capabilities:
a. Retrieve images through the use of any OCR/ICR field search.
b. Retrieve by report name.
c. Retrieve by report number.
d. Retrieve by change management request.
e. Retrieve by date.
f. Retrieve images by ICN/TCN.
g. Retrieve images by provider number.
h. Retrieve images by member ID number.

APHP uses the state-supplied OnBase application from Hyland Software to provide enterprise-wide document management. The application integrates with the other APHP business applications, dramatically reducing the time it takes to find necessary documentation. OnBase is used by Department, the professional services contractors and other authorized entities that require access to documents.

OnBase provides a storehouse for documents and related information. OnBase automatically links all related documents together to provide a complete view of all the information necessary to inquire, review and resolve MMIS transactions, including claims adjudication, prior authorization determination, provider enrollment, trading partner agreements and payment inquiry. All documents, whether paper, fax or system generated are accessible via the APHP portal.

Documents that are system generated are also stored in the OnBase EDMS and indexed for easy retrieval. All documents, whether paper, fax or system generated are accessible via the APHP portal.

**Automatic Letter Generation**

Provide the capability to create letter templates and forms

APHP includes a native correspondence management capability supporting the creation and maintenance of letter templates and forms used for automatic letter generation. This function allows the system to automatically merge system data with standard letter templates or forms based on predefined system rules, events, or when requested by the Department, professional services contractors, or other authorized entities. Once generated, the system may be directed to deliver on a variety of methods, including mail, email, fax, or to a print fulfillment vendor. A copy of the correspondence is stored in the EDMS (OnBase) and referenced in our CRM system providing quick and easy access to all communications sent or received from providers, members, or other IME contacts.

## 9.3.1 Rules Engine System Requirements (RE)

### *9.3.1.1 Introduction to the APHP Rules Engine System*

The Accenture Public Health Platform (APHP) Rules Engine solution utilizes robust COTS packages for configuring new business rules, logic and workflow without requiring system modification or programming experience all through intuitive graphical user interface. These rules are made available through our MITA business services on a fully Services Oriented Architecture (SOA) leveraging the power and configurability of the integrated COTS Products. APHP provides a highly configurable, scalable and secure rules engine to manage all the business rules within the MMIS that affect the workflow and processing of all transactions and services. The Department and IME Professional Services contractors use the APHP worker portal to review and model rules online, including dependencies and exceptions well before rules are changed or added. APHP maintains comprehensive audit trails for all aspects of rules administration from creation through retirement. APHP is a MITA aligned framework through which all of the best functionality available in commercial packaged software is focused to deliver Medicaid business functions through a single consistent user interface. All the MMIS information is available through the APHP Enterprise Reporting and Analytics component.

#### Features

- APHP integrates business rules management to maintain the value of COTS components and enable live-cycle independence for modules and business functions
- All business process services are MITA aligned and on a fully Service Oriented Architect to maximize flexibility and enable shared services and interoperability
- All information pertaining to rules is available online with the ability to export rules and data in a variety of formats
- The APHP rules engine and environment provide the ability to test new or modified business rules, edits and audits in a non-deployed inactive status
- APHP provides users the ability to view all applicable benefit structure, business rules, logic and workflow in a single screen making it easy to see who, how and why a transaction processed the way it did.

### *9.3.1.2 Infrastructure Requirements and Responses*

| Requirement Number: | RE.SS1.01 |
|---|---|
| *The IME requires the contractor to propose a comprehensive rules engine design to support multiple health programs and service delivery and payment methods to include managed care, FFS and waiver arrangements. The design must include the capability to develop and maintain rules related to the following general categories including both a business and technical definition of the rule: a. Member rules. b. Provider rules. c. Benefit plan rules. d. Claim adjudication rules (including adjustments. e. Reference rules. f. Managed Care rules. g. Financial rules. h. Federal reporting rules. i. System parameter rules. j. Prior Authorization. k. PCCM and or medical home.* | |

| Requirement Number: | RE.SS1.01 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP includes a comprehensive and flexible design to support the increasing complexity of multi-program, plan and benefit structures necessary for a State Medicaid program. Our approach to business rules management maximizes the flexibility and benefits of a modular COTS based solution.
- APHP does not require component products to completely integrate rules processing logic, thereby limiting functionality and throughput and possibly requiring customization of the packaged products. APHP uses a distributed business rules management model that allows each of the component products to manage the rules associated with the data and functions "owned" by that product.
- The APHP Worker portal then combines all of the business rules – regardless of source – into a single easy to read view, giving workers or administrators a holistic understanding of business logic in the enterprise. The APHP business rules management approach is not only consistent with CMS conditions and standards, but provides a level of insight into business logic beyond the boundaries of a traditional MMIS, while allowing for a true service oriented and component based solution that truly meets the MITA vision.
- Each of the COTS components then bring their respective expertise to bear on defining and executing business rules to a complex set of health programs, service delivery and payment methods and covering all of the general categories listed above.
- Many legacy MMISs were designed in a time when Medicaid was a single program, single funding source. As waiver programs, funding sources, and covered population groups began to expand, these constructs were accommodated after the fact. APHP uses a commercial claims engine that was designed to support the multi-benefit, complex population groupings, and delivery structure common in that industry.
- So APHP was designed from the ground-up to support the kinds of policy and benefit structures that are becoming common in Medicaid today. Further, because APHP is built on commercial packaged claims engine, it has the ability to simultaneously process benefits and population groups outside of Medicaid. Should the future require, APHP could also administer other state run benefit programs.

| Requirement Number: | RE.SS1.02 |
|---|---|

*Provide a rules engine sufficiently scalable to meet rules growth and processing demands.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The modular and service oriented architecture of our APHP solution is inherently scalable. Each individual service and component may be multi-threaded so that there is no theoretical limit to product scalability.
- In designing the APHP solution, Accenture fully understood how critical the system would be to the states. As part of our own internal development of the APHP solution, we worked with our Accenture Labs group to execute performance and volume testing. We deployed the application in the Accenture Labs environment and ran processing volumes through the system equivalent to the largest states.
- Using this approach we were able to refine our architecture and confirm our ability to support the processing volumes needed by the state of Iowa.
- We have conduct stress and load tests on the APHP solution for Iowa part of our implementation and testing approach for the Iowa MMIS. We coordinate with the Department on planning, executing, monitoring, and reporting on the results of these tests. This provides the Department with the confirmation needed that the new MMIS will meet your processing requirements.

| Requirement Number: | RE.SS1.03 |
|---|---|
| *Provide role-based security to the rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- As a product specifically designed to support public healthcare the APHP architecture and our security policy and procedures meet or exceed those required by HIPAA and HITECH rules.
- The APHP applications and systems enforce user authentication and authorization for access by implementing role-based security through the APHP Identity Management components. Based on a user's role, they are assigned permissions and access based on the business policies specified by the Department.
- APHP supports encryption and decryption of stored ePHI through the use of both database and endpoint encryption mechanisms. The APHP Web portal component utilizes SSL encryption of the data transport to ensure secure communication of the stored ePHI for appropriate exposure through the web portal. Data encryption is also provided within our data layer via SQL Server data encryption capabilities.

| Requirement Number: | RE.SS1.04 |
|---|---|
| *Provide a graphical front-end to the rules engine, integrated throughout the development environment, enabling designated staff (e.g., business, policy and financial analysts) to easily connect and apply or disable, rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Authorized users modify APHP business rules and workflow with ease using a graphical user interface. For workflow changes, the interface uses a graphically depicted process map metaphor making it easy to understand how the changes impact the business flow.
- The user can drag and drop steps, draw branching logic, and execute APHP web services to create the desired outcome. Changes to business rules and workflow in this manner do not require programmer intervention.
- During our validation of component products, we implemented many example policy and logic changes that have been required in other MMIS implementations from very simple to the very complex; all of which were easily done without the need for programmer assistance.

| Requirement Number: | RE.SS1.05 |
|---|---|
| *Allow for rules to be rapidly implemented in a real-time enterprise environment.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP business rules, logic, and workflow may be implemented real-time into the enterprise environment and available for immediate execution against claims or other Medicaid business processing.
- However, we strongly recommend that all changes to system logic be tested in one of our available testing environments prior to introduction into the production environment. We provide robust but efficient change management processes to understand not only system impact, but potential impact to process, training, or the provider community to any change introduced into the system.

| Requirement Number: | RE.SS1.06 |
|---|---|
| *Support flexibility with respect to customization of the rules to support processing requirements throughout the IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Flexibility is a hallmark of our APHP solution, and the ability to quickly implement changes in response to legislative changes or administrative mandates is a key example of the value of this flexibility.

| Requirement Number: | RE.SS1.07 |
|---|---|
| *Support adaptability to easily accommodate timely changes in response to federal, legislative or administrative mandates.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Flexibility is a hallmark of our APHP solution, and the ability to quickly implement changes in response to federal, legislative changes or administrative mandates is a key example of the value of this flexibility.
- The APHP rules architecture allows for instantaneous changes in rules, without requirement for code compilation or migration. And while we strongly recommend and employ controls to the change process, it is comforting to know that should the situation warrant, changes may be made both quickly and easily to the business rules.

| Requirement Number: | RE.SS1.08 |
|---|---|
| *Provide capability for the user to view and model rules for system exceptions online and to trace exception rule dependencies.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- User's may view rules online in the configuration screens, or alternatively directly in the claims adjudication screens. The rules viewer provides easy access to all of the business rule steps executed for a particular process or claim transaction.

| Requirement Number: | RE.SS1.09 |
|---|---|
| *Provide a debugging process that automatically analyzes and identifies logical errors (i.e., conflict, redundancy and incompleteness) across business rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP and component products provide troubleshooting functionality that provides the ability to debug logic and processing errors within and across business rules.

| Requirement Number: | RE.SS1.10 |
|---|---|
| *Allow for the tracking and reporting of rules usage and orchestration to provide tracing capability to display instances of rules execution during testing.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Business services, rules, and workflow transactions are tracked and logged during as each transaction is processed. Rule usage for specific transaction (e.g. claim adjudication) are available online in the worker portal for reference by adjudication clerks, supervisors, and administrators, or business analysis to understand all of the factors considered in the decision process both in testing and in operational environment.
- In addition to online access, rule usage and tracing information are available in reports and extracts for more detailed analysis.

| Requirement Number: | RE.SS1.11 |
|---|---|
| *Produce documentation regarding all business rules in electronic format and make it accessible to the IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Rule documentation, including requirements, design, reference material, test cases and results are all stored and/or linked within our Rational development toolset and available in document management within APHP.

| Requirement Number: | RE.SS1.12 |
|---|---|
| *Provide the capability to manage implementation timing.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP provides methods for managing the timing for implementation of rules or other business logic. First, our configuration management tools and processes control when, and on whose authority any system changes are implemented.
- This not only allows for controlling the timing of new policy implementation, but coordinates the implementation so that any dependent or impacted systems, process, or training is also ready for the change. Secondly, rules may be controlled by "effective" date parameters, so that new rules can be implemented now, but only take effect as policy prescribes.

| Requirement Number: | RE.SS1.13 |
|---|---|
| *Allow for rules to be date specific, including date added, date modified, start date, end date and effective date.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP business rules have effective date capability, as appropriate to the rule class, to specify a particular start and end dates when they are in effect.
- The date criteria for rules allows for future effective date of particular policy, allowing appropriate adjudication of claims and other transaction that may cross effective date boundaries of rules or rules sets. Additionally, this allows historically accurate implementation of rules to be maintained in the system.

| Requirement Number: | RE.SS1.14 |
|---|---|
| *Provide a modular structure so that the same rules engine can be used by different services or be called as a service itself.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP uses defined business rules in many different services within our APHP solution via the SOA architecture. This architecture also supports authorized external systems or users to execute these business rules via Web Services as appropriate.

| Requirement Number: | RE.SS1.15 |
|---|---|
| *Contain a process for a built-in multi-level rule review and approval process that will identify any conflicts in business rules as they are being developed.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Our configuration management tools automate the impact analysis process and provide reporting of the results. Our change management process includes full impact analysis for each prospective system change to validate all aspects of impact both internal and external to the system.

| Requirement Number: | RE.SS1.16 |
|---|---|
| *Store all rules maintenance activities in an audit trail that provides a history of the rules changes. Provide capability to ensure that all rules changes are recorded and retained in a long-term audit repository saving the before and after version of the change and the date, time and identification of the individual who made the change and the effective time period of the rule.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The change management process and configuration management tools keep a detailed record of all system changes, including rules and other configuration elements. This provides a detailed audit trail of specifics around any change to the production environment, including change process steps with date/time stamps, approvals, requirements and test results, as well as the specific configuration data associated with the existing and revised rule.
- The APHP solution configuration and change management solution serves as a very detailed and complete audit trail and history of rules maintenance. This audit information provides a view into the complete history of rule changes and is available to the Department and authorized users.

| Requirement Number: | RE.SS1.17 |
|---|---|
| *Provide the capability to establish and link notes to rules to explain why the rule was modified, created or inactivated.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The change management process and configuration management tools keep a detailed record of all system changes, including rules and other configuration elements. These records include any notes, design documents and use cases, or policy associated with the change.
- This provides a detailed audit trail of specifics around the change, including change process steps, approvals, requirements traceability and test results, as well as the specific configuration data for the change.

| Requirement Number: | RE.SS1.18 |
|---|---|
| *Provide a rules search capability by keyword, data element or other criteria so that staff may search for existing rules.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Details of any initial or changed configuration - including business rule changes - are available in our change and configuration management Rationale toolset. Search on keyword, data element, or even related reference information such as policy or legislation is available in this tool.
- Additionally, the APHP business rules viewer provides a comprehensive and easily accessible list of applicable rules and business logic directly within the APHP worker portal.

## 9.3.2 General Architectural Requirements (AR)

### *9.3.2.1 Introduction to the APHP General Architecture*

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

As a commercially available product, APHP as well as the component products based on industry standards and regulations, including: HIPAA X12 5010, HL-7, ICD-10, NPI, and 508(c). APHP is a MITA aligned solution and brings full support to the CMS "Seven Conditions and Standards". In fact, APHP was specifically designed with MITA in mind, not just adapted to meet MITA specifications

#### Features

- APHP solution is built on an N-Tiered architecture based on the Federal Technical Reference Model and is in compliance with the Iowa Enterprise Information Technology standards.
- APHP is a SOA based system with web services technology and standards in alignment with Iowa Medicaid Enterprise applications integration.
- APHP uses MS Active Directory authentication to determine access permissions, limiting viewer access to only information they are authorized to see.
- The APHP portal uses open standards for client side scripting and the web interface is browser independent.
- APHP is capable of interfacing with multiple entities outside of the Iowa Medicaid Enterprise for exchange of information, such as other eligibility determination systems, prior authorization entities, health information exchange, including provider directory information and Immunization and Death Registries.
- APHP fully employs is a single sign on solution and provides a clean and consistent user interface to all component functionality.
- All business process services are SOA and MITA aligned for internally and external entities.

### *9.3.2.2 Infrastructure Requirements and Responses*

| Requirement Number: | AR.SS.01 |
|---|---|
| *The contractor must provide MMIS and POS systems that meet the requirements of the Iowa Medicaid Enterprise, meet all CMS certification requirements, are aligned with the MITA standards and meet all Iowa functional and business requirements specified in this RFP.* | |

| Requirement Number: | AR.SS.01 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP is built from the ground up as service oriented, COTS component based MITA solution offering all of the benefits and flexibilities envisioned in that CMS initiative. Our proposed solution meets the requirements of the IME and is ready for full CMS certification.

| Requirement Number: | AR.SS.02 |
|---|---|

*Must meet Iowa Enterprise Information Technology standards.*

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- Accenture has read and understands the Iowa Enterprise Information Technology operational standards as published by the Department of Administrative Services, and our solution will meet these standards of operation, including the following physical and system security:

- All processing facilities will satisfy the State's policies and procedures for physical and logical security standards for IT. Accenture knows the importance of keeping the facilities, electronic systems, and electronic data secured from unauthorized access.
- The facility where the electronic systems and staff offices are located will require card access gain entry. The entry ways will be monitored to prevent an unauthorized user from following a staff member in. Authorized State personnel will be given card access to the facility as well per APHP policy.

- There will be no external access points into the Data Center. This includes both doors and windows. This is to provide an added layer of security per APHP and State policies.

- All doors with lobby access will remain locked at all time and require card access to open. This is to ensure that persons without an access card cannot gain access to sensitive areas of the facility.

- The APHP electronic systems will provide role based security to ensure that only user authorized to perform certain functions are able to do them in accordance with IT standards.

| Requirement Number: | AR.SS.03 |
|---|---|
| *Must meet Iowa and federal standards concerning web accessibility.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP web portal is the access layer into the underlying system. It is designed and implemented to comply with both Iowa and federal standards including HIPAA and Section 508 as appropriate for accessibility. The web interface was built with the help of the Accenture User Experience team who bring extensive experience specifically focused on designing easy to use and accessible user interfaces. We also use the JAWS screen reader software to test and validate accessibility and Section 508 compliance.

| Requirement Number: | AR.SS.04 |
|---|---|
| *Utilize n-tier architecture that minimizes the need for desktop software and is primarily browser based. The system must at a minimum support Internet Explorer and Firefox.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP solution is utilizes an N-tier architecture comprised of the UI, business, Services, and COTS layers. The solution is web based and is exposed to the users through a browser and does not require the installation of other software on the user's desktop. The APHP portal supports all popular web browsers in wide distribution including:
  - Google Chrome
  - Firefox
  - Internet Explorer
  - Safari

| Requirement Number: | AR.SS.05 |
|---|---|
| *Ensure all data is stored in relational databases that utilize referential integrity rules to prevent inconsistent data unless authorized by IME (for example, documents in the document management system).* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP solution utilizes SQL Server technologies to provide the database infrastructure. The databases that support the APHP functionality are relational in nature and provide referential integrity rules to protect quality and consistency of data.
- Any deviation from this model would have to be authorized by IME.

| Requirement Number: | AR.SS.06 |
|---|---|

*Provide system screens that are easy to read, user friendly and display all data elements necessary for a user to perform his and or her job function.*

This requirement is met using COTS products.

**COTS Product Name:** APHP/Web Portal

**Description of Product**

- The APHP web portal employs leading practices for usability and navigation drawn from our experience at Accenture's Healthcare Center of Excellence (HCoE) along with our User Experience team within Accenture.
- APHP provides three portal interfaces, Provider Portal, Member Portal and Worker Portal. Each portal is designed with the specified user in mind and allows each user to easily access information and view all data needed to perform their job. We provide role based security that allows for controlled access to data.

| Requirement Number: | AR.SS.07 |
|---|---|

*Provide easy navigation to include but not be limited to, the following: a. Drop-down menus. b. Application-specific toolbars. c. Auto population of persistent data. d. Direct links to help, reference information, manuals and documentation. e. Short-cut and function key functionality. f. Mouse-over captions for all icons and data elements. g. Navigation menus, fields and page tabs. h. Auto skips from field to field so that the cursor moves automatically to the next field as soon as the last character in the previous field is completely filled. i. "Forward" and "Back" navigation. j. The ability to have multiple screens open and link from one screen to another without cutting and pasting data. For an example, if a user is on a member screen and wants to look at the provider data, the user should be able to link to the provider information by clicking on the provider number and then return to the original member screen, without requiring to cut-and-paste the member number to get back to the member screen.*

This requirement is met using COTS products.

**COTS Product Name:** APHP/Web Portal

**Description of Product**

- The web interface to the Worker, Provider, and Member portals are designed with the help of the Accenture User Experience team to ensure that they provide intuitive and easy navigation through the various functionalities of the Portal. The results of these designs led to the following standards implemented by the APHP solution:
  - a) Dropdown menus are used throughout the application to allow the user select from a list of values rather than free-form the values which could lead to inconsistent data.
  - b) Application-specific toolbars are provided across the portals that provide access to the functionalities for that specific portal (provider, member, worker).
  - c) The solution provides auto population of persistent data where applicable. For example, a provider's demographic information such as address will be pulled from the system of record via web services to populate on the screen so that the user does not have to manually enter the information.
  - d) Links to reference information, manuals, and documentation are provided on the appropriate screens to provide access to supporting information. This is implemented with IME input.
  - e) The APHP application provides the ability for short-cut and function key functionality.
  - f) Mouse-over capabilities exist throughout the portal interface. This is to provide added information to help the user understand the functionality and fields that are presented on the screen.
  - g) The APHP solution is designed to provide navigation menus, fields, and page tabs where appropriate. This allows the user to quickly move to locations within the portal as needed.
  - h) The APHP portal utilizes auto skips to automatically move the cursor to the next field in the sequence after the last character has been entered. This is applied to fields that have a defined length or dropdown to allow for the knowledge of the last character.
  - i) The APHP portal solution allows forward and backward navigation through the application. This is provided through the architecture framework and also exposes breadcrumbs to allow the user to know their location

| Requirement Number: | AR.SS.07 |
|---|---|

within the portal.

– j) The APHP portal solution provides the ability to have multiple screens open and navigate between the screens without cutting and pasting data. For example, the provider, member, or claim identifiers will be hyperlinks that will navigate to a new screen without requiring the user to perform a cut-paste and new search.

| Requirement Number: | AR.SS.08 |
|---|---|

*Provide an interface that manages field level and role-based security that allows only authorized users to see the information necessary to perform their job efficiently. Role-based security must also be available that allows a level of security to be applied to a specific job category.*

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP security solution is based on roles. Roles are setup for different categories of users within the system and the application authorizes functionalities based on these roles.
- This role based security ensures that only authorized users are allowed access to the information that they need to do their jobs. APHP uses a combination of Active Directory Domain Services, Active Directory Federation Services, and Forefront Identity manager to provide the security framework for the solution.

| Requirement Number: | AR.SS.09 |
|---|---|

*Provide system availability 24/7, other than for scheduled maintenance.*

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- Any and all scheduled down time will be reviewed and approved by the Department and communicated to the provider community before allowing any applications to be taken off line.
- APHP will meet the uptime requirements stated here and will not schedule any downtime during business hours. The system will be deployed in a redundant manner to ensure failover to meet the 24/7 availability requirements.

| Requirement Number: | AR.SS.10 |
|---|---|
| *Maintain the most current vendor supported version of the product(s), with the IME"s prior approval through the life of the contract at no additional cost to the IME.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- As part of the maintenance of APHP, the underlying COTS components are upgraded with the newer versions of the products at no additional cost to IME.
- The schedule and logistics of the product upgrades are coordinated with IME and follow the APHP change management process. As with all system changes,
- Accenture will work with IME in the governance and change management processes to make certain that the change all impacts and risks are understood and appropriately mitigated prior to proceeding.

| Requirement Number: | AR.SS.11 |
|---|---|
| *Provide Enterprise Application Integration (EAI), to include web services technology and standards to promote Iowa Medicaid Enterprise applications integration.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP solution is architected using SOA standards and guidelines. The application includes a business and technical web service layer and provides Enterprise Service Bus (ESB) capabilities to support integration with IME applications.
- Web services are utilized to interface with other IME applications to exchange data.

| Requirement Number: | AR.SS.12 |
|---|---|
| *Ensure full HIPAA compliance through the life of the contract at no additional cost to the IME.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP solution is fully HIPAA compliant and remains so throughout the life of the contract. The COTS products and APHP stay current with industry standards as they continue to evolve.
- These new releases of the COTS products will be available to IME as part of the maintenance licensing agreement. These include such things as code set updates to the HIPAA validation software and new versions of the HIPAA X12 transactions.

| Requirement Number: | AR.SS.13 |
|---|---|
| *Provide an audit trail for each transaction on the screen, identifying who made the change, what change was made, date and time the change was made, why the change was made and provide a record of the data prior to the time the change was made.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP solution provides an audit trail framework to capture changes to data and the details surrounding that change. The details are captured at the time of the change and include the date/time stamp, the user that made the change, the change itself, the record before the change, and the reason for the change.
- This audit information is available to view through the APHP web portal interface.

| Requirement Number: | AR.SS.14 |
|---|---|
| *Align with MITA standards through the life of the contract at no additional cost to the IME.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP solution is built to align with the principles of MITA. When changes to the MITA framework occur, those changes are incorporated into the APHP as part of the standard software license maintenance agreement at no additional cost to IME.

| Requirement Number: | AR.SS.15 |
|---|---|
| *Provide functionality to interface with multiple entities outside of the Iowa Medicaid Enterprise for exchange of information, such as other eligibility determination systems, prior authorization entities, health information exchange, including provider directory information and Immunization and Death Registries.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- APHP supports secure electronic transfer of information between all Iowa Medicaid Enterprise data trading partners via standard communication protocols including HIPAA compliant X12 5010 transactions, HIE HL7, and web services through the Enterprise Service Bus.
- Our solution will be compliant with the formalized standards at the time of implementation. Additionally, because the component products keep current on these industry standards, our solution can continue to evolve with the standards through version upgrades.

| Requirement Number: | AR.SS.16 |
|---|---|
| *Provide metadata management that is accessible by the IME staff. Provide context-sensitive help from all screens.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- APHP provides metadata management through the SQL Server Metadata Services. This data will be accessible by all authorized IME staff to provide robust insight into the data within APHP.
- The APHP solution provides context-sensitive help to the user for the screen that they are on while accessing the help features.

| Requirement Number: | AR.SS.17 |
|---|---|
| *Maintain a data dictionary of all claims, member and provider data. The data dictionary must be available and searchable online. Required elements on the data include but not limited to: i.e., business name, field type, length, description, source, valid values.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP/Quantum Choice

**Description of Product**

- APHP provides a data dictionary for all the data models with the solution. This includes the claims, member, and provider data models. This data dictionary includes business name, field type, length, description, source, and valid values.
- The data dictionary is published online within the solution and is searchable to provide easy access by authorized users.

| Requirement Number: | AR.SS.18 |
|---|---|
| *Metadata reports must be able to be generated to accompany all data extracts to external destinations including but not limited to i.e., OIG audit requests, PERM, MSIS and Data Warehouse.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- When APHP provides data extracts to external partners to IME, a metadata report will be generated and transmitted as part of the data transaction. This metadata report serves to provide an understanding of the data that is being transmitted and assist with proper utilization in the destination system.

| Requirement Number: | AR.SS.19 |
|---|---|
| *Metadata Management: SOA architecture commonly provides application and data integration via an abstraction layer. Given the requirements of interoperability and independence, the proper use and management of metadata is extremely important to the effective operation of the SOA; It must also allow for: a. Separation of the data and structures and convert them to a data layer within the SOA architecture. b. Development of a Common Data Model and Metadata using the MITA HL7 methodology. Achievement of the SOA loosely coupled "separation of concern" approach, by separating the data layer from the application layer to more effectively and easily manage the data without changing the application code. This will create the desired more loosely coupled SOA environment and enable the business to accelerate any system changes required in the future.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- APHP understands the importance of the separation of layers within the SOA architecture. APHP provides a separate data access layer from the rest of the application web services layer as part of its core design.
- This separation of the layers allows for the loose-coupling of the data and application layers which in turn allows changes in the underlying data layer without affecting the application layer.
- The data models and metadata solutions are built with the MITA HL7 methodologies in mind.

## 9.3.3 HIPAA Transaction Requirements (HP)

### *9.3.3.1 Introduction to the APHP HIPAA Transaction Approach*

APHP EDI component is ASC X12 005010 compliant (including errata versions) as well as NCPDP D.0 compliant. The APHP platform remains compliant as new standards and mandates are introduced since the COTS products are supported by the vendor to provide ongoing updates. All standardized electronic submissions go through HIPAA validation based on WEDI SNIP levels of editing and reporting.

The APHP solution supports testing of EDI transactions without impact to production system data. By implementing testing procedures and environment, Accenture verifies that clean and valid data is submitted into the production environment. APHP is a MITA aligned solution with a single consistent user interface to access all business functions. All the MMIS transaction data is available through the APHP Enterprise Reporting and Analytics component.

#### Features

- APHP COTS product comes pre-packaged with the HIPAA X12 5010 standard transactions published as both real-time and batch interfaces.
- The APHP EDI solution responds to all inbound HIPAA transactions with the appropriate HIPAA compliant responses.
- APHP data exchange capabilities are fully compliant with the federal, state and IME security standards, including FISMA, NIST and HIPAA.
- The APHP solution logs all HIPAA transactions in detail to ensure that every transaction is processed and the appropriate responses generated.
- Cots applications stay current with evolving transaction standards through version updates.

### *9.3.3.2 Infrastructure Requirements and Responses*

| Requirement Number: | HP.SS.01 |
|---|---|
| *Ensure that the system remains compliant with all EDI standards adopted under HIPAA including, but not limited to the Accredited Standards Committee X12 (ASC X12) Version 005010 Technical Reports Type 3 for HIPAA Transactions and proposed adoption of the National Council for Prescription Drug Programs (NCPDP.D.O) Telecommunication Standard Implementation Guide. Current, prior and future versions of the aforementioned standards will be supported throughout the contract at no additional cost.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP/Plexis Quantum Choice**<br><br>**Description of Product**<br>• APHP provides system support for the receiving and sending of electronic transactions containing valid codes required by 45 CFR Parts 160 and 162 as follows:<br>- Retail pharmacy drug claims and eligibility inquiries (NCPDP)<br>- Dental health care claims (X12N 837D)<br>- Professional health care claims (X12N 837P)<br>- Institutional health care claims (X12N 837I)<br>- Claims/authorization attachments (X12N 275)<br>- Eligibility inquiry (X12N 270)<br>- Authorization/referrals (X12N 278) | |

| Requirement Number: | HP.SS.01 |
|---|---|

- Claim status inquiries (X12N 276)
- Member enrollment (X12N 834)
- Premium/capitation payments (X12N 820)
- Remittance advice (X12N 835)
- Related response transactions (X12N 999, 277CA, 277, and 271)

• The APHP EDI component is ASC X12 005010 compliant (including errata versions) as well as NCPDP D.0 compliant and will remain compliant as new standards and mandates are introduced. Prior and future versions of these standards will be supported throughout the contract at no additional cost.

• All standardized electronic submissions go through HIPAA validation based on WEDI SNIP levels of editing and reporting. These levels as well as individual edits can be configured to be on, off or set to warning based upon IME policy and direction.

| Requirement Number: | HP.SS.02, HP.SS.03 |
|---|---|

*Ensure that the system routinely conducts system and process testing to support efficient and reliable electronic data interchange, including: a. Tests for integrity and syntax. b. Tests for adherence to national implementation guides. c. Tests for balancing. d. Tests for situational elements in the state implementation guide. e. Tests for code set conformance. f. Tests for each specialty, line of business or provider class.*

*Ensure that the system receives processes and returns the HIPAA mandated attributes that are utilized to enforce IME policy.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP solution supports testing of EDI transactions by allowing submitters to submit test files that are processed through the adjudication cycle without impact to production system data.

• The testing environment allows for routine testing of existing functionality and testing of new functionality before being implemented into the production environment. The testing environment supports all levels of processing that exist in the production environment which includes adherence to standards such as syntax, balancing, situational data elements (both national standard and state specific), code sets and testing of specific lines of business or provider class/specialty.

• By implementing testing procedures and environment, Accenture verifies that clean and valid data is submitted into the production environment.

• In both the testing and production environments, the APHP EDI solution responds to all inbound HIPAA transactions with the appropriate HIPAA compliant responses. These responses include all mandated attributes and data related to the transaction as per IME policy.

| Requirement Number: | HP.SS.04, HP.SS.05 |
|---|---|
| *Ensure that the system maintains a complete record of all HIPAA transaction attributes received, along with necessary identifiers to correctly associate incoming transaction attributes to system-generated transactions to construct outgoing transactions.*<br><br>*Ensure that the system maintains data to support EDI transmission logs of all transactions (successful or failed).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

• The APHP EDI solution offers a complete logging of all HIPAA transactions to ensure that every transaction is processed and the appropriate responses generated. This logging includes who submitted the transaction, what kind of transaction, how many transactions were included (in the case of batch files), a successful or failed status for each transaction through the EDI component (HIPAA validation) and status/response to the transaction as received from the Plexis Quantum Choice processing engine. This log is accessed through the APHP portal for internal users to have efficient access to the EDI data to answer questions from submitters that may inquire about their transmissions.
• The APHP EDI component also allows for alerts to be configured for thresholds reached (i.e. total volume, per transaction type volume, total failed rates, per transaction type failed rates) based on the data that is logged for each transaction.

## 9.3.4 MITA Technical Requirements (MT)

### *9.3.4.1 Introduction to APHP MITA Alignment*

The APHP Business Integration and Services layer is architected around the eight business process areas published in the MITA 2.1 Business Process Model. This layer acts as an integration engine and broker between the user interface in the Access layer and the individual COTS applications.

APHP uses a connector design to bring together the functionality of commercial off the shelf packaged products in a modular componentized design providing integration and Medicaid functionality specifically designed to meet the CMS and HIPAA requirements and standards mentioned in RFP. The APHP architecture provides Medicaid business functionality on a Service Oriented Architecture by exposing the COTS component products as web services to the APHP Portals, or other authorized client application or system. APHP is MITA through and through, providing a modular COTS based MMIS on a true service oriented architecture specifically aligned with MITA business services delivering an unprecedented level of extendibility and expandability enabling the IME to leverage functions and capability across agency, department or even state boundaries.

### Features

- APHP is a MITA-aligned solution providing a structure to easily accommodate Medicaid program changes, as well as new technologies and architectures, and comply with MITA 3.0 whenever it is formalized.
- APHP is a true SOA product enabling components to be integrated in a loosely coupled manner.
- APHP is architected to allow future expansion for the statewide HIE.
- COTS products can be added, upgraded, replaced or retired via configuration, rather than by long, expensive system development projects, saving the State funds.

### *9.3.4.2 Infrastructure Requirements and Responses*

| Requirement Number: | MT.SS.01 |
|---|---|
| *The contractor must propose, implement and operate an Iowa Medicaid Enterprise solution that meets the requirements of the RFP and includes MITA Level 3 standards.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP brings together the functionality of commercial off the shelf packaged products providing integration and Medicaid functionality specifically designed to meet the CMS and HIPAA requirements and standards defined in the RFP.
- APHP provides a structure to easily accommodate Medicaid program changes, as well as new technologies and architectures.
- APHP is a MITA-aligned solution. MITA is a framework that provides a blueprint consisting of models, guidelines and principles to be used by states as they implement enterprise solutions.
- Accenture has performed a review of the current proposed MITA changes and determined that APHP, as designed, is easily able to handle the planned changes in the new versions of MITA. For example, Eligibility and Enrollment Management business services are currently aligned to Member Management. To reorient the process areas when MITA 3.0 is formalized, we need simply to align the eligibility and enrollment applications to the new process, and if necessary, modify the COTS application stack to address the underlying changes in affected service areas and reconfigure the business rules accordingly.

| Requirement Number: | MT.SS.02 |
|---|---|
| *The contractor is required to identify any business processes that are at Level 1 or Level 2 and propose a solution to progressively move to Level 3 or higher. Level 3 requires that the business process be implemented as a set of reusable business services using the MITA defined interface within a SOA.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Accenture will identify business processes that evaluate at Level 1 or Level 2 maturity level and propose a solution to move to Level 3 or higher.
- The APHP architecture not only supports MITA principles but was specifically designed to provide Medicaid business functionality on a Service Oriented Architecture using web services and taking full advantage of COTS product components.
- SOA enables components to be integrated in a loosely coupled manner so that there is less interdependency, coordination and information flow among applications.
- Each APHP component meets specific business requirements and conforms to well-defined interface standards.
- APHP is a technical architecture that provides an integrated services structure for COTS business software packages. The platform is highly configurable and flexible. COTS products can be added, upgraded, replaced or retired via configuration, rather than by long, expensive system development projects. APHP has a common security service structure to provide robust protection and control of data based on DMS' policies and regulations.

| Requirement Number: | MT.SS.03 |
|---|---|
| *The contractor's proposed system(s) must be based on an orientation of business processes, business rules and data and metadata management that allows modular componentized design approach that enhances interoperability across service modules and with external applications and data sources.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Three key themes running through MITA are business process orientation, interoperability and modularity. In our ever- increasing connected world, there is heightened emphasis on linking health care information sources together to bring new capabilities to members, providers, payers, regulators and legislators. Our APHP solution is designed specifically to address these concepts.
- The APHP Business Integration Layer manages and coordinates the functionality provided by the COTS components and exposes this functionality in our MITA web services. These services may be consumed either internally or externally enabling any authorized system or user easy access to these business functions.

| Requirement Number: | MT.SS.04 |
|---|---|
| *The IME will be allowed to participate in any Change Management Request (CMR) process operated by the contractor on any client system user group.* | |

This requirement is met using COTS products.

**COTS Product Name: N/A**

**Description of Product**

- Our governance structure and change management process is designed to efficiently bring together all impacted stakeholders in the processing of any change management request. The IME will participate in this process on any client system user group.

| Requirement Number: | MT.SS.05 |
|---|---|
| *Service modules must be able to be defined independently, with the interface modules bridging the gap between modules. For example, the Member Module specification must be defined independent of the Provider Module. The alignment of the two specifications is defined in the interface module.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Business Integration and Services layer has been architected around the eight business process areas published in the MITA 2.1 Business Process Model. This layer acts as an integration engine and broker between the user interface in the Access layer and the individual COTS applications.
- APHP uses a connector design to link COTS applications to business services. Adaptors in the Business Integration and Services layer essentially connect the business functionality from the COTS application to the appropriate business process areas.
- Each of the APHP MITA business services are defined and operate independently, as do the other component COTS applications. This modular design provides incredible flexibility, yet maintains the focus on performing each of the business functions as defined by CMS in the MITA Specification.

| Requirement Number: | MT.SS.06 |
|---|---|
| *Contractor will represent the state in multi-state discussions regarding MITA technical standards, including but not limited to the National Medicaid EDI Healthcare (NMEH), MITA and Sub-Working Group (SWG), as directed by the IME.* | |

This requirement is met using COTS products.

**COTS Product Name: N/A**

**Description of Product**

- Accenture is pleased to represent the state as requested in standards bodies, working groups, and other organizations or events that promote and discuss the technology, policy, and regulations surrounding Medicaid, MMIS, and healthcare.

| Requirement Number: | MT.SS.07 |
|---|---|
| *Support secure Messaging between IME and providers through National Health Information Network (NHIN) Direct and/or the statewide HIE.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP is designed to interoperate both internally and externally through standards based protocols and web services. APHP will support secure messaging through NHIN and the statewide HIE using these standard connections and messaging, such as HL7.

## 9.3.5 Service Oriented Architecture (SOA) Requirements

### *9.3.5.1 Introduction to the APHP SOA Framework*

Accenture, as the first major system integrator to adopt SOA principles and institutionalize SOA-based disciplines, is ready to introduce a truly SOA based MMIS designed specifically to meet MITA objectives. Our component solution selects the best COTS products to provide Medicaid business functions tailored to the specific needs of the IME. APHP integrates service modules residing on diverse platforms using web services technology through standard protocols. The solution is built on the .NET framework technologies and can support multiple protocols through the BizTalk Enterprise Service Bus technology and interfaces. APHP is a MITA aligned solution with a single consistent user interface to access all the business functions. All the MMIS information is consolidated and easily available through the APHP Enterprise Reporting and Analytics component.

#### Features

- The APHP is MITA aligned and compatible with Iowa's existing SOA infrastructure.
- APHP is a platform of loosely coupled COTS applications that deliver services and is designed to easily expand and adapt with the continued evolution of technology and healthcare reform.
- The APHP service modules are life-cycle independent and can be invoked locally or remotely through multiple protocols that are routed through the APHP Enterprise Service Bus.
- APHP and component products are standards based, supporting health industry and web services interoperability standards both now and as standards evolve.

### *9.3.5.2 Infrastructure Requirements and Responses*

| Requirement Number: | SOA.01 |
|---|---|
| *The contractor must employ a SOA to take advantage of COTS products and allow for the reuse of system modules across business functions as services. Iowa has an existing SOA infrastructure that is fully described at: https://forge.iowa.gov/wiki/. Iowa is considering enhancing this infrastructure and the contractor is encouraged to propose a SOA infrastructure for the MMIS that could be extended to the Iowa statewide enterprise.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Our proposed IME Core System architecture is the Accenture Public Health Platform (APHP). The APHP framework provides a solid MMIS implementation foundation that incorporates the flexibility of configurable products.
- The APHP structure is open enough to incorporate new products as necessary and flexible enough to support future policy changes.
- APHP aligns with the defined objectives of the DMS and CMS. It is MITA aligned and compatible with Iowa's enterprise architecture.
- APHP enables information to flow among framework components and State-selected partners.
- Each APHP component meets specific business requirements and conforms to well-defined interface standards. Each component can be independently updated with little or no impact to the overall system.
- Reuse of system functionality is not only easily available within the MMIS, but may also be extended to the Iowa statewide enterprise.

| Requirement Number: | SOA.02 |
|---|---|
| *Technology Independence: The service modules must be able to be invoked from multiple platforms and utilize standard protocols.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP MITA web services are not dependent upon any specific platform, so they may be invoked from any application, system, or process – either internally or externally. In addition, with the assistance of our ESB, we can even allow these services to interact with platforms and processes that don't necessarily support web service interaction. For instance, if we are interfacing with a legacy system that can only give us a file, we can take that file into the ESB and then use the data to invoke the web services within APHP.

| Requirement Number: | SOA.03 |
|---|---|
| *Standards-Based Interoperability: The system must be able to support multiple industry standards, including, at a minimum: HL7 (V 3), XML, Extensible Style sheet Language Transformation (XSLT), Web Services Interoperability (WS-I), Web Service Description Language (WSDL), Simple Object Access Protocol (SOAP)1.1 or 2.0, Universal Description , Discovery and Integration (UDDI), Web Services (WS)-BPEL (Business Process Execution Language), Representational State Transfer (REST) (in place of SOAP), W-Message Transmission Optimization Mechanism (MTOM) Policy.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP is built on the .NET framework technologies. It supports multiple protocols through the BizTalk Enterprise Service Bus technology and interfaces.
- The APHP solution supports industry standards for coding frameworks and communication protocols including HL7 (V 3), XML, Extensible Style sheet Language Transformation (XSLT), Web Services Interoperability (WS-I), Web Service Description Language (WSDL), Simple Object Access Protocol (SOAP)1.1 or 2.0, Universal Description , Discovery and Integration (UDDI), Web Services (WS)-BPEL (Business Process Execution Language), Representational State Transfer (REST) (in place of SOAP), and W-Message Transmission Optimization Mechanism (MTOM) Policy.
- The APHP solution web services are based on the Simple Object Access Protocol (SOAP) standard. APHP also uses Microsoft Message Queuing (MSMQ) to provide a message queuing and management system.
- Our APHP solution supports the OASIS standard Web Services Business Process Execution Language (BPEL) for execution and control of MITA and component product web services within our Business Integration Layer. Our enterprise workflow engine uses Business Process Model Notation to both represent and edit workflow spanning all of the APHP component products.

| Requirement Number: | SOA.04 |
|---|---|
| *Life-Cycle Independence: Each service module should be able to operate in a separate life-cycle.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Each of the APHP MITA service modules operate within their own separate life cycle, so that changes to Provider Management, for instance, do not impact require changes in Member Management. But this modular, life-cycle independence is not just limited to the service architecture. As described earlier, the APHP extends componentization throughout the frameworks with our adapters that even allow the COTS components to exist and continue to evolve without impacting their neighbor.
- APHP is componentized through and through, to make it easy for the Department to continue to adapt to changes in Medicaid, the regulatory and standards environment, as well as to continue to adopt new and better ways to deliver health outcomes to the citizens.

| Requirement Number: | SOA.05 |
|---|---|
| *Invoke Interfaces: The Service interfaces must be able to be invoked locally or remotely.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP delivers functionality from COTS components through MITA aligned web services that are published on our Enterprise Service Bus.
- Any authorized user may invoke the APHP web services locally or remotely from an external system or network.

| Requirement Number: | SOA.06 |
|---|---|
| *Communication Protocol: A Service must be able to be invoked by multiple protocols. The choice of protocol must not restrict the behavior of the service. Binding to a specific protocol must take place at runtime and deployment-time and not at the design or development time.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP solution uses the BizTalk Enterprise Service Bus to provide the ability to invoke a service by a variety of protocols. BizTalk provides multiple, standard adapters to allow services to be invoked by a web services, file inputs, and queues, to name a few. Services are not limited nor bound to a specific protocol, binding occurs at run-time/deployment-time.

| Requirement Number: | SOA.07 |
|---|---|

*Flexibility: The contractor must focus on the business processes that comprise the systems, with the following in mind: a. Ability to adapt applications to changing technologies. b. Easily integrate applications with other systems. c. Leverage existing investments in desired legacy applications. d. Quickly and easily create a business process from existing services.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The design of APHP is specifically focused toward effectively delivering business process and business functionality and to essentially let the technical complexities behind that functionality melt into the background. From our system architecture diagram, from the user perspective, they need interact completely through the MITA aligned web services, whether through our Portals, or from external systems if so desired. Underneath is a very powerful business integration capability with adapters that provide an incredible amount of flexibility in the choosing, upgrading, and expanding COTS component products that provide the robust functionality to these services.
- Component COTS applications may be upgraded or changed independently, without impacting other parts of the system
- APHP, its MITA web services, and Portals are easily integrated with other applications and systems through the most popular web standards and methods
- Our componentized approach makes it a simple exercise to integrate with existing technologies and legacy applications like OnBase, to fully leverage the investment and knowledge capital the Department has developed over the years
- Creating business robust business processes can be as simple as dragging and dropping process flows in MS Visio. Our enterprise workflow provides powerful business process definition capability across the entire portfolio of applications and services. MITA business services are easily invoked within these workflows, and the workflows can react to just about any event, trigger, or data change within APHP

| Requirement Number: | SOA.08 |
|---|---|

*Enterprise Service Bus (ESB): The proposed solution must include an ESB for data transport, messaging, queuing and transformation. Message Management. This consists of reliable delivery of messages between services and built-in recovery. Data Management. This involves converting all messages between services to a common format and in turn, converting messages from the common format to the application. Service Coordination. This consists of orchestrating the execution of an end-to-end business process through all needed services on the ESB. Services can adapt to changes in environments and are supported by a standards-based set of service management capabilities. Services can be simple or complex sets of services that are interconnected by the ESB. There are many different vendor implementations of an ESB and the functions included in an ESB vary from one vendor to another. The list of functions above are key functions needed for realizing an SOA and are not intended to be all inclusive.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Accenture's proposed solution includes an Enterprise Service Bus (ESB) that provides message management, data management, and service coordination.
- The APHP solution utilizes the Microsoft BizTalk ESB to provide the ability to invoke a service by a variety of protocols. BizTalk provides multiple, standard adapters to allow services to be invoked by a web services, file inputs, and queues, to name a few.
- Routing to the desired endpoint occurs at run-time/deployment-time.
- The APHP solution web services are based on the Simple Object Access Protocol (SOAP) standard.

| Requirement Number: | SOA.08 |
|---|---|

- The APHP system also uses Microsoft Message Queuing (MSMQ) to provide a message queuing system for processing that requires a rollback to a queue if an error occurs to ensure message delivery.

| Requirement Number: | SOA.09 |
|---|---|

*The solution must include: a. A library of services providing the documentation referencing the services. b. Use of MITA standard interface definitions (expressed in WSDL) and messages (expressed as an XML and schema) for all services. c. Use of the MITA/HL7 methodology for defining the information model and messages.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP product documentation includes a complete library of all published MITA web services in the standard Web Services Description Language defining the service, the operations it may perform and the messages used to perform those operations.
- Data used in the service is described as XML schema as described in the standard. APHP will use the MITA/HL7 standards and methods as appropriate for defining the information model and messages.

## 9.3.6 Programming Language Requirements (PL)

### *9.3.6.1 Introduction to the APHP SOA Framework*

APHP provides compliance with the Iowa ITE standards for hardware, software, electronic directory services, database, LAN storage, email, programming languages, electronic publishing, web applications, electronic information management, data backup, IT security, distributed learning, data warehousing, digital government infrastructure, and data center management. APHP solution includes best of the breed COTS products addressing all the diverse business functions in the RFP, the MECT, and MITA. As a COTS solution, the need for programming, experienced programmers, and programming languages is kept to a minimum. The configurable application components in our solution are tailored and configured rather than "programmed" to meet the specific needs of the IME.

### Features

- APHP is a fully aligned MITA COTS product developed using Service Oriented Architecture that enables plug and play of best of breed solutions.
- The APHP solution is based on Microsoft .Net technologies which intrinsically provide an N-Tiered architecture.
- Service Oriented Architecture promotes the reuse of existing assets, increasing efficiency and reducing application development and maintenance costs.
- APHP is built on the .Net platform in a way that COTS products can be added, upgraded, replaced or retired via configuration, rather than by long, expensive system development projects.
- As on COTS based solution, almost all customizations/modifications can be accomplished by business users through configuration, and do not require programming or technical expertise.

### *9.3.6.2 Infrastructure Requirements and Responses*

| Requirement Number: | PLSS.01 |
|---|---|
| *The contractor should to the extent possible employ an operating environment compatible with the current Iowa ITE environment that is fully described at: https://forge.iowa.gov/wiki/.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- The APHP solution is a COTS based system that is based on SOA, industry, and IT standards.
- To the extent practical, the APHP operations environment will conform to the Iowa ITE standards that are described at https://forge.iowa.gov/wiki/.
- Accenture understands the importance of complying with both industry and state specific ITE requirements. The APHP system is aligned with the Iowa ITE standards for hardware, software, electronic directory services, database, LAN storage, email, programming languages, electronic publishing, web applications, electronic information management, data backup, IT security, distributed learning, data warehousing, digital government infrastructure, and data center management. These are core components of the APHP solution and policies and procedures that are in place to ensure that the solution is based on industry standards.

| Requirement Number: | PLSS.02 |
|---|---|
| *Include in its proposal a list of the languages to be used and the applications or modules in which the languages will be used. The state will approve industry-standard languages appropriate to the task that operate without additional add-on licenses.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP

**Description of Product**

- Our proposed solution is based on configurable COTS component applications that do not require programming.
- The APHP solution is based on .NET technologies. The web portal, web services, Enterprise Service Bus, Plexis Quantum Choice, and workflow components utilize asp.net, C#, WCF, XML, and WWF technologies.
- The reporting components utilize SQL Server Reporting Services (SSRS) and SQL Server Analysis Services (SSAS) to provide the state and federal reports for APHP.
- The database components utilize SQL and SQL Server Integration Services (SSIS).
- The state will provide approval for all industry standard languages appropriate to a given task.

## 9.3.7 Security & Privacy Requirements (SP)

### *9.3.7.1 Introduction to APHP Security and Privacy*

Accenture incorporates stringent security and privacy controls within APHP to meet federal and state requirements for security and confidentiality in the implementation and operation of the system. APHP is a MITA aligned component based solution that includes a common security framework that integrates and enforces authentication, access and privacy controls across all of the constituent COTS products. APHP portal Access is strictly controlled through single sign-on and role-based security profiles. Each user is assigned a role and each role is assigned levels of access. The identity management module provides the ability to synchronize identities and credentials with other State Data Center resources. Active Directory records all access attempts, successes and data inquiries providing monitoring and notification of potentially unauthorized access.

#### Features

- The single sign-on module provides end user convenience while maintaining the levels of security and privacy necessary to safeguard protected and sensitive information.
- Access is defined at the functional and data levels to prevent unauthorized transactions and exposure of sensitive or protected information to unauthorized users.
- APHP has a common security service structure to provide robust protection and control of data based on IME's policies and regulations.
- APHP Security is administered by the Microsoft Active Directory Federation Services (Active Directory) product.
- The identity management module is provided by Microsoft Forefront Identity Manager.
- The identity management module validates that only authorized users have access to APHP and that strict access and authentication controls are managed in one place.

### *9.3.7.2 Infrastructure Requirements and Responses*

| **Requirement Number:** | **SPSS.01, SPSS.02** |
|---|---|
| *The system must use state of Iowa Enterprise Authentication and Authorization Service for authentication only to the extent possible.*<br><br>*Provide the capability to establish multilevel security settings by either group(s) or individual(s). Provide an interface that manages field level and role-based security that allows only authorized users to see the information necessary to perform their job efficiently. Role-based security must also be available that allows a level of security to be applied to a specific job category.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP**<br><br>**Description of Product**<br>• The APHP solution uses a combination of Active Directory Federation Services, Active Directory Domain Services, and Forefront Identity Manager to provide a robust, role-based authentication and authorization model.<br>• The users of the system are assigned roles that contain certain permissions based on their job function and will have access to functionality within the system based on those roles. The role-based security applies both at the component level functionality and at the field level. This is to ensure that only authorized users are allowed to see the information that they are supposed to see to be able to do their jobs.<br>• Accenture will evaluate the Iowa Enterprise Authentication and Authorization Service to determine the integration points, but only to the extent possible that makes practical sense. | |

| Requirement Number: | SPSS.03 |
|---|---|

*Provide security and privacy controls to meet all federal and state requirements including both security and confidentiality and HIPAA in the development and operation of the system.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Accenture fully understands the importance of being HIPAA and IT security standards compliant in all aspects of the APHP solution.
- Role-based security within the electronic application as well as policies and procedures ensure that the entire APHP solution is compliant and meets all federal and state requirements around security and confidentiality for IT solutions and HIPAA security and privacy.
- This is implemented in each of the environments from Production and Operations all the way down to the Development environments.

| Requirement Number: | SPSS.04 |
|---|---|

*Provide online screens for the maintenance of security management.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP solution uses Active Directory Federation Services, Active Directory Domain Services, and Forefront Identity Manager to implement the identity management framework.
- Users and roles are created and assigned through the APHP Worker Portal Security Management screens. These screens are browser based and are accessible to authorized users who have the appropriate roles.

| Requirement Number: | SPSS.05, SPSS.06 |
|---|---|

*Maintain audit and control records of all system and database access transactions and the security model capable of preventing unauthorized use, providing appropriate security reports and alerts.*

*Allow authorized users access to all user history activity including logon approvals and disapprovals.*

This requirement is met using COTS products.

**COTS Product Name: APHP/ArcSight**

**Description of Product**

- All of the APHP components and infrastructure produce a robust level of auditing and logging to support the security model for APHP. This security model includes role-based security, application and infrastructure security, data and physical security.
- APHP uses ArcSight to collect the logs and performs analysis and reporting to allow detailed reporting and alerting on internal, external, and compliance security events. These reports will include a user history report that shows all of the user history. This report includes both logon approvals and disapprovals.

## 9.3.8 Software Licenses and Maintenance Requirements (SL)

### *9.3.8.1 Introduction to the Software Licenses and Maintenance Requirements*

APHP is a new approach to providing States a solution to a Medicaid Management Information System. The software industry and the healthcare industry have matured greatly since the inception of the MMIS. There are software packages available to perform practically any business function that can be imaged, many of those applications are now enterprise class, build to scale, designed to be adaptable and allow the owner to configure features and functions without programming knowledge. It is primarily this development, along with CMS' motivation to end the practice of expensive ground up custom builds that have States considering the very real possibility of purchasing their healthcare management and payment system from commercially available software.

Accenture as assembled a software solution based on the MITA principles of interoperability and a services oriented architecture. The assembled products bring a range of capabilities to the State of Iowa, some specific to healthcare management, like Accenture's Public Health Platform and Plexis' Quantum Choice claims payment application; others specific to business capabilities, like Microsoft's SQL Service Reporting Services or K2 blackpearl's for workflow management; even others specific to common services and capabilities, like Hyland Software's OnBase electronic document management or Microsoft's MS Dynamic's customer relationship management (CRM) system. The collections of these capabilities create the proposed solution for the State of Iowa: A SOA based COTS solution built from the best products the industry has to offer.

APHP integrates these products, using services oriented architecture, to bring a highly configurable, low cost of ownership solution to Iowa. Leveraging the industries proven products, summarized in the section, the State of Iowa is empowered to transform the old model of custom build from a single vendor to a model based on the MITA's principles of open system based on the best software products the industry has to offer.

### *9.3.8.2 Benefits to Iowa*

- APHP is a fully aligned MITA solution based on COTS products developed using Service Oriented Architecture to enable plug and play with the best of breed solutions.
- The APHP solution is based on the Microsoft technology stack (.NET, SQL Server, BizTalk) which intrinsically provides an N-Tiered architecture and supports both interoperability and scaling.
- As on COTS based solution, customizations and modifications can be accomplished by business users through configuration, and do not require programming or technical expertise.

### *9.3.8.3 Infrastructure Requirements and Responses*

- COTS products develop their product strategy and invest in their software products to align with the applicable Medicaid and healthcare industry standards. Iowa benefits in that future releases and versions of these products will support these standards. This eliminates the very expensive proposition of keeping custom systems compliant in an ever changing regulatory and policy environment.
- Service Oriented Architecture promotes the reuse of existing assets, increasing efficiency and reducing application development and maintenance costs.
- Interoperability allows for future products and programs to integrate easily with the IME MMIS.
- Total cost of ownership is reduced as new functions and compliance requirements are met through the product upgrades and not costly change orders to custom systems.
- Customizations are accomplished through configuration so programming requirements are minimized, creating a product that is easier for the Department to maintain.

| Requirement Number: | SLSS.01 |
|---|---|
| *The contractor must list all proprietary and COTS software, as defined by State Medicaid Manual (SMM), Part 11, in attachment G.* | |

This requirement is met using COTS products.

**COTS Product Name: See Below**

**Description of Product**

- The following proprietary/COTS products will be used:
  - Accenture Public Health Platform - SOA platform and web portal that integrates commercial products in support of Medicaid Management Information System
  - Plexis Quantum Choice - Configurable claims payment system integrated with APHP to support payer functions and configurations
  - Hyland Software's OnBase - electronic document management system (EDMS) to manage all images and documents and select workflow functions
  - K2 blackpearl - enterprise class workflow application used to develop complex workflows across multiple business functions
  - Microsoft Dynamics - customer relationship management system that allows APHP to manage multiple channels of communication with IME MMIS customers (providers and members)
  - Microsoft SQL Server Reporting Services (SSRS) - enterprise class reporting platform providing comprehensive reporting capabilities for standard reports, dashboards and analytical analysis
  - Microsoft SQL Server Enterprise - enterprise class rational database management system supporting all APHP application databases
  - Microsoft Server Standard and Enterprise - infrastructure operating systems for all APHP components and applications
  - Microsoft Sharepoint Internet Sites Standard - internet collaboration software that provides content management, search and sharing of web site content
  - Microsoft BizTalk - enterprise service bus used by APHP to orchestrate the classes of MITA aligned web services that allow communication and interoperability between APHP components and external healthcare applications
  - Microsoft System Center Operations Manager (SCOM) - infrastructure support software to monitor, report and alert on server health and performance
  - ArcSight - Security Information and Event Management (SIEM) software to monitor all activity across the APHP infrastructure to log and report security event correlation, log management and compliance reporting.
  - VanDyke Secure FTP - Secure FTP software
  - Pitney-Bowes STP Enterprise Geocoding - Goecoding and address validation software used for data quality and reporting support
  - OptumInsight Prospective Payment Package - commercial packaged pricing and diagnosis code grouping software to include support for NCCI edits and required diagnosis/procedure grouping for payment determination

| Requirement Number: | SLSS.02 |
|---|---|
| *IME"s prior approval is required before upgrades, new releases and or version updates are made to all software within the system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Our overall change control management and configuration management process for development and operations require all changes to the production system to go through our change control process.
- This process requires any change, including software upgrades, releases and/or version updates to be tested and approved through the normal change methodology. This methodology includes including IME requirements, walkthroughs and approval.

| Requirement Number: | SLSS.03 |
|---|---|
| *Prior approved upgrades, new releases and or version updates for contractor-owned software, must be furnished to IME at no additional cost, including modifications and enhancements to the contractors proprietary versions and core product used in Other states.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- All software products that are part of the APHP solution are commercially available.
- Any improvements, upgrades or new release are included in the annual maintenance for the software.
- Updates or modifications identified in other states are evaluated for inclusion into the base product for a future release. All modifications made to the base product are available to Iowa through the maintenance agreement.

| Requirement Number: | SLSS.04 |
|---|---|
| *Transfer of all software that supports the system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Accenture acknowledges that all the COTS products that support APHP and including APHP are licensed to the State and all software is to be transferred to the State. The State will own the software license and as long as the maintenance fees are paid, will have access to upgrades, releases, and /or version updates of the applications as they become available for general release.

| Requirement Number: | SLSS.05 |
|---|---|
| *Comply with the contractual obligations by obtaining a state License Agreement (see Attachment A to the Services Contract) granting in perpetuity to the state appropriate license to any of its proprietary products proposed as modules of the system solution or proprietary tools that are not commercially available required to maintain the system. Continued support of these proprietary products upon expiration of the contract will be provided under separate maintenance and support agreements. (see Attachment B to the Services Contract).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- All software applications that support the APHP solution including the APHP are COTS products. The State will own the software license and as long as the maintenance fees are paid, will have access to upgrades, releases, and/or version updates of the applications as they become available for general release.

| Requirement Number: | SLSS.06 |
|---|---|
| *The contractor will be responsible for operation of the system through CMS certification and life of the contract.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Accenture acknowledges that we are responsible for the operations of the system through CMS certification. We expect to work closely with Department and the Information Technology Enterprise staff on the monitoring and operation of the system.

## 9.3.9 Data Quality Control Requirements (DQ)

### *9.3.9.1 Introduction to APHP Data Quality Control*

Accenture is experienced in data analytics including data management, governance and data integrity. Accenture leverages this extensive experience in designing data management processes for APHP including data security, governance, and integrity and data quality control. Data security for APHP is role based and security processes are designed so that the right level of access is granted users who need access to data, without compromising data security. APHP enforces field and relationship requirements using SQL server integrity features such as primary keys, foreign keys, unique constraints and database triggers.

### Features

- APHP solution for data security is based on Active Directory and Forefront identity management services.
- Database level constraints and consistent use of data access layers ensures data integrity.
- Windows Communication Foundation (WCF) is used in the APHP .NET environment to validate checksum.
- APHP FTP server makes files available to batch functions after checksum validation.
- Iowa Medicaid data is secure and data integrity is maintained through strict enforcement of Accenture data security methodology and approach.

### *9.3.9.2 Infrastructure Requirements and Responses*

| Requirement Number: | DQSS.01 |
|---|---|
| *The contractor must apply industry standards for professional principles of data management, data security, data integrity and data quality control.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/SQL Server Reporting Services**

**Description of Product**

- Data is key in all application environments, especially in a system such as the new Iowa MMIS. Maintaining data integrity as applications are upgraded, replaced, and added is crucial to the Department's ability to meet State and Federal requirements as well as Provider and Member needs.
- Our approach to the IME MMIS project encompasses the processes, tools and human organization needed to oversee and manage this data. Working collaboratively with the Department, we define and implement data management processes that provide a road map now and into the future for maintaining the APHP data so critical to the Iowa Medicaid program.
- The APHP solution is composed of a user-friendly Portal, Medicaid-centric Claims Engine and analytical reporting data stores. All components are designed on MITA principles and are based on Service Oriented Architecture. Accenture has deep experience in data analytics including data management, governance and data integrity. We have applied the same experience in designing data management processes for APHP including data security, data governance, data integrity and data quality control.
- Using defined processes for data classification, all data elements are classified as master data or transactional data. Database level constraints and consistent use of data access layer ensures data integrity.
- APHP solution for data security is based on Active Directory & Forefront identity management services. Data security for APHP has been designed such that right level of access is provided to users who need access to data without compromising data security. Any external data exchange with trading partners is performed using secure transmission methods to protect Medicaid data.

| Requirement Number: | DQSS.02, DQSS.03, DQSS.04, DQSS.05, DQSS.06, DQ.SS.07 |
|---|---|

*A modern relational database management system must be used.*

*All tables must be properly normalized, de-normalized or dimensionalized for efficient operation.*

*Relations between tables within databases must be properly set and controlled.*

*Database integrity features (such as primary keys, foreign keys, unique constraints) must be used to enforce field and relationship requirements.*

*Control must be in place to prevent duplicate or orphan records.*

*Transactions must provide for error recovery (i.e., if the entire transaction does not process completely, the entire transaction is rolled back).*

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/SQL Server Reporting Services**

**Description of Product**

- All key components of APHP solution use Microsoft SQL Server as its relational database. This is a modern system used widely in variety of applications across industries. Accenture has deep skills with Microsoft SQL server and has implemented several projects based on this database.
- Database tables within APHP components are normalized and de-normalized appropriately to make sure that the components can be maintained easily while efficiently supporting business operations. APHP Reporting data store has a dimensional data store based on aggregated data elements which provides powerful analytical capability.
- System performance is continuously monitored, and proposed database changes would be based on observed operational issues and submitted through our Change Management process.
- APHP components use SQL server integrity features such as primary keys, foreign keys, unique constraints, database triggers etc. to enforce field and relationship requirements per the business need. SQL server also provides native controls like database constraints which will prevent duplicate or orphan records.
- APHP is designed so that transactions, including multiple adds or updates, will be either fully committed or rolled back. If the transaction is rolled back, the user will be notified through the user interface (if the transaction is initiated online), or an error will be logged in database tables if the transaction is initiated through a system process. This will provide data integrity even if a transaction spans multiple APHP components.

| Requirement Number: | DQSS.08 |
|---|---|

*Communication routine must use integrity checks to assure accuracy of a file before it is processed.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The Accenture Team uses Windows Communication Foundation (WCF) in our .NET environment to validate checksum. This helps to check data integrity at a field level.
- Additionally, our FTP server will only make files available to batch functions after checksum validation. Any interface file outbound or inbound will have controls like file header/trailer with record counts to ensure that file is transmitted and received completely before it is processed.

| Requirement Number: | DQSS.09 |
|---|---|
| *HIPAA transaction processing must be tested and validated according to guidelines developed by the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) (Note: Implementation Guides are now referred to as Technical Reports Type 3 (TR3s) by ANSI X12.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice**

**Description of Product**

- EDI components in APHP and Plexis Quantum Choice are designed to be HIPAA-compliant and support complete set of X12 transactions.
- As new guidelines are developed by WEDI (Workgroup for Electronic Data Interchange) Strategic National Implementation Process, we will validate that our products are meeting HIPAA transaction processing standards. We are also using EDIFECS engine which is an industry-standard to validate HIPAA compliance.
- With 5010 transaction formats, the implementation guides are now referred to as TR3s. We have experienced EDI professionals on our team who are members of WEDI workgroups that help them keep their knowledge up to date around changes related to HIPAA standards.

| Requirement Number: | DQSS.10 |
|---|---|
| *Provide automated programming routines for standardization of street addresses, zip code validation, derivation of geo codes from addresses, derivation of legislative districts from addresses and Tax ID Number validation for providers.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Pitney-Bowes Address Validation and Enterprise Geocoding Module**

**Description of Product**

- The Accenture Team understands the importance of data validity at the time of capture and will use industry-leading tools to validate data records with best available sources.
- We use Pitney Bowes products for standardization of street addresses, address validation, zip code validation, derivation of geo codes from addresses, derivation of legislative districts from addresses and tax ID number validation for providers.

## 9.3.10 Environment Requirements (EV)

### *9.3.10.1 Introduction to the APHP Environments*

Accenture's infrastructure solution for the State of Iowa provides isolated environments to support controlled and thorough testing at all levels. The proposed hardware configuration supports each of the following independent environments:

- Development Environment
- User Acceptance Testing Environment
- Training Environment
- Conversion Testing Environment
- Business Scenario Testing Environment
- Trading Partner Testing Environment

The Accenture Team creates required development environments in the Start-up activities. Accenture is experienced in the configuration, operations, maintenance and testing of large healthcare payer systems. This experience, coupled with our choice of proven tools and methodology, provides us with the experience and ability to execute a comprehensive testing strategy.

#### Features

- The Accenture Team implements robust configuration management processes and tools to manage and control all of the available environments.
- Our solution includes the industry leading Rational set of tools Rational ClearCase, Rational Requisite Pro and Rational Quality Manager which provides the Department an impact analysis of changes on both test scripts and business requirements.
- Users are able to mimic production work against a production mirror environment to validate the system performs as expected.
- The training environment is a mirror image of the production environment, including reports and financial records, which provide functionality necessary to allow the IME to provide hands-on knowledge transfer for users in all aspects of the MMIS operation.
- Conversion Testing Environment is a mirror image of the future production environment, including reports and financial records, which will be used to load converted data resulting from the data migration process that allows business users to test the future business logic against converted data.

### *9.3.10.2 Infrastructure Requirements and Responses*

| Requirement Number: | EVSS.01 |
|---|---|
| *In addition to production environments, the contractor must provide additional isolated environments. These additional environments, along with test data and appropriate copies of the logic modules that make up the systems, must be established during the Development task of the DDI Phase and maintained during the Operations Phase. Version control procedures and update schedules must be used to facilitate testing, track discrepancies and facilitate regression test analysis. The contractor must provide the IME with isolated environments, described below, to conduct independent integrated testing.* | |

| Requirement Number: | EVSS.01 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name:** APHP's infrastructure (HP/EMC hardware, Microsoft Operating System, VMware)

**Description of Product**

- Accenture designed an infrastructure solution for the State of Iowa that supports the requested number of isolated environments. The proposed hardware configuration supports each of the following independent environments:
  - Development Environment - The Development testing environment is where our application team performs configurations, unit, rule and module testing and debugging activities.
  - User Acceptance Testing Environment- The UAT environment is a mirror image of the production environment, including reports and financial records, so users can perform acceptance testing to confirm that the system meets the requirements for the user community. Users are able to mimic production work to confirm that the system performs as expected.
  - Training Environment - The Training Environment provides users with an Iowa MMIS environment that matches the functionality in place in Production. Users working in the Training environment see the same screens, options, and behavior as in Production.
  - Conversion Testing Environment - The Conversion Testing environment is a mirror image of the production environment, including reports and financial records, which are used to load converted data resulting from the data migration process.
  - Business Scenario Testing Environment - Conduct impact analyses and run "what if" scenarios of configuration changes. This allows us to compare the results of potential policy and configuration changes to the actual data and results from production.
  - Trading Partner Testing Environment - The Department requires an environment for their trading partners to use to test HIPAA transactions. Accenture proposes to meet this requirement using EDIFECS. EDIFECS is a service that enables trading partners to test EDI X12 transactions to validate that they conform to the HIPAA syntax. This service is available 24/7 and it provides trading partners with a description of the results of the format validation and an audit trail for diagnosis of results.

| Requirement Number: | EVSS.02 |
|---|---|

*The unit and system testing may be done in the contractor's development environment. Establishment of these environments is to be identified as milestones in the applicable work plan, to be approved by the Department.*

This requirement is met using COTS products.

**COTS Product Name:** APHP's infrastructure (HP/EMC hardware, Microsoft Operating System, VMware)

**Description of Product**

- Accenture designed an infrastructure solution for the State of Iowa that supports the requested number of isolated environments. We conduct Unit, Module, and Rule testing in our Development environment.
- The establishment of our development environments is a milestone within the Start-up activities in our proposed project plan.
- Upon contract award, we work with the Department on the approval of critical start-up activities as part of the overall project plan approval process.

| Requirement Number: | EVSS.03 |
|---|---|

*User Acceptance Test (UAT) – The contractor will provide a UAT environment to be a mirror image of the production environment, including reports and financial records, which allow users to perform system testing to ensure the system meets the requirements and for the user community. Users must be able to mimic production work to ensure the system performs as expected. UAT will include scenarios that test all modules and interfaces. The contractor will provide a method to refresh the UAT environment with a full set of data from the production system, at the IME"s request.*

| Requirement Number: | EVSS.03 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name:** APHP's infrastructure (HP/EMC hardware, Microsoft Operating System, VMware)

**Description of Product**

- Our proposed UAT environment provides all functionality and components in the production environment. This includes web portal, business workflows, interfaces, security, single sign-on, reporting and financial records.
- The UAT environment is a mirror image of the production environment so users can perform acceptance testing to confirm that the system meets the requirements in the RTM. Our test plans include creating test cases and scenarios for each requirement in RTM to include all module and interfaces. Users are able to mimic production work to confirm that the system performs as expected.
- Accenture will provide the ability to copy data from the production environment into the UAT environment to test production scenarios.
- We will provide the ability to reset the UAT environment as well as restoring the data back to an approved baseline in order to facilitate retests or what-if scenarios testing.

| Requirement Number: | EVSS.04 |
|---|---|

*The training environment must be a mirror image of the production environment, including reports and financial records, which provide functionality necessary to allow the IME to provide hands-on knowledge transfer for users in all aspects of the MMIS operation. This environment will allow the IME to maintain unique data for use in knowledge transfer and to conduct knowledge transfer without impacting other test and production environments. The contractor will provide a method to refresh the UAT environment with a full or partial set of data from the production system, at the IME"s request. Additionally, the contractor will provide a method to clone a set of records from the production environment into the Knowledge transfer Environment, so that knowledge transfer can be delivered to 20 trainees using the same data scenario. This process should be able to run at the IME's request.*

This requirement is met using COTS products.

**COTS Product Name:** APHP's infrastructure (HP/EMC hardware, Microsoft Operating System, VMware)

**Description of Product**

- Our proposed training environment provides all functionality and components in the production environment. This includes but is not limited to web portal, business workflows, interfaces, security, single sign-on, reporting and financial records.
- The training environment is a mirror image of the production environment so users can conduct knowledge transfer in a production equivalent environment.
- Accenture will provide the ability to copy data, with either a full or a partial set of data, from the production environment into the training environment to support training with production scenarios. We provide the ability to reset the training environment as well. We use the versioning capabilities of our Rational Suite of tools to automate the process for restoring the data back to an approved baseline in order to facilitate standard training baselines.

| Requirement Number: | EVSS.05 |
|---|---|

*Conversion Testing Environment is a mirror image of the future production environment, including reports and financial records, which will be used to load converted data resulting from the data migration process that allows business users to test the future business logic against converted data. Additionally, the contractor will perform Automated Functional Testing in this environment against the converted data (i.e., once the converted data is loaded and passes initial verification and validation, the contractor will perform a series of tests to validate that the new system produces identical (or expected results). After CMS has certified the systems for enhanced funding this environment is no longer needed.*

| Requirement Number: | EVSS.05 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name:** APHP's infrastructure (HP/EMC hardware, Microsoft Operating System, VMware)

**Description of Product**

- Our proposed conversion test environment provides all functionality and components in the production environment. This includes web portal, business workflows, interfaces, security, single sign-on, reporting and financial records. The conversion test environment is a mirror image of the production environment.
- Once the production data is converted and loaded into the Conversion Testing Environment, Accenture will conduct parallel testing to compare results from the existing production environment to the new IME MMIS to compare actual results against the expected results.

| Requirement Number: | EVSS.06 |
|---|---|

*Business Scenario Test Environment: The ITF environment must be a mirror image and replicate the full functionality of the production environment, including reports and financial records. This environment will also allow the business user, after onset of operations, to perform "what if" testing to assess the impact of a proposed business rules change resulting from policy and legislation changes. The contractor will provide a method to refresh the integrated testing facility (ITF) environment with a full set of data and rules from the production system on a schedule approved by the IME. Provide the ability to estimate what changes would need to take place in benefit plans (service limitations, aggregate dollar ceilings, provider payment rates or other combinations) to control State Medicaid expenditures to a specified growth rate from one state fiscal year to the next.*

This requirement is met using COTS products.

**COTS Product Name:** APHP's infrastructure (HP/EMC hardware, Microsoft Operating System, VMware)

**Description of Product**

- Our proposed Business Scenario Testing environment provides the functionality that existing in the production environment. This includes but is not limited to web portal, business workflows, interfaces, security, single sign-on, reporting and financial records. The Business Scenario environment is a mirror image of the production environment so users can conduct knowledge transfer in a production equivalent environment.
- Accenture will provide the ability to copy data, with either a full or a partial set of data, from the production environment into the Business Scenario environment to support the running of "what-if" scenarios based on production scenarios. This capability is used to determine the impact of changes in service limitations, provider payment rates and other changes to assist the State in determining the overall impact to State Medicaid expenditures. This strategy will be used to support analytics and projections on overall program expenditures. Providing this capability, to change program parameter and rerun a predefined set of claims, allows the State to develop benefit strategies that will influence, if not predict, the overall growth rate from one state fiscal year to the next.
- Our configuration management strategy allows us to save configuration sets and to refresh an environment's configuration from production to support the further analysis of "what-if" scenarios. By running multiple configurations against the same set of data (scenarios), the State can easily compare and identify the impact of a proposed set of program and policy changes.

| Requirement Number: | EVSS.07 |
|---|---|

*Trading Partner Testing Environment: The environment will provide an environment for testing transactions for HIPAA syntax correctness 24/7. This environment must be capable of providing response to trading partners describing the results of the format validation. Must retain an audit trail for diagnosis of results.*

This requirement is met using COTS products.

**COTS Product Name:** EDIFECS Ramp Management Self-service Portal

**Description of Product**

- The Department requires an environment for their trading partners to use to test HIPAA transactions. Accenture proposes to meet this requirement using EDIFECS Ramp Management Self-service portal. EDIFECS is an industry leader in helping onboard trading partners providing them self-service testing and troubleshooting programs. These programs aid partners in their onboarding tasks and reduce the burden on internal staff.
- EDIFECS provides support to the trading partner by providing data validation testing and reporting back to the trading partner. EDIFACS is a service that enables trading partners to test EDI X12 transactions to validate that they conform to the HIPAA syntax. This service is available 24/7 and it provides trading partners with a description of the results of the format validation and an audit trail for diagnosis of results.

| Requirement Number: | EVSS.08 |
|---|---|

*All non-production environments must: a. Have the capability to de-identify member data. b. Test for EDI syntax integrity. c. Include a complete online MMIS test system, including a test version of all batch and online programs and files to be used for testing releases and non-release changes. d. Provide the ability to execute impact analysis testing of any proposed change. e. Provide the ability to maintain regression test cases using an automated testing tool approved by IME to support regression testing. f. Provide the ability to save and reuse test cases without the need to re-enter the data. g. Allow testing of separate business areas concurrently and allow concurrent use of any environment by the IME, contractor and IV&V and QA Services staff. h. Provide for testing of all CMR before implementation. Allow users to create and edit provider, member and health plan records for testing.*

This requirement is met using COTS products.

**COTS Product Name:** APHP's infrastructure (HP/EMC hardware, Microsoft Operating System, VMware)/Rational Quality Manager/Rational Functional Tester/Rational Performance Tester

**Description of Product**

- Our approach to testing includes the creation of dedicated test environments as discussed in early in this section. The non-production environments provide for the same functionality as in the production environment.
- Our change management strategy for the test environment includes managing versions of the configuration, data and test scripts. Our approach provides for de-identified sets of test data as well as controls and security profiles that in the event that production data is used to test, the results cannot be accessed or printed without the proper security access.
- In addition to the EDI syntax testing capabilities that are part of the EDIFECS solution, APHP will edit and reject any EDI transactions in test that do not conform to the required syntax.
- Our testing approach allows us to compare previous test runs against one another to identify impacts of the changed item on the results. We maintain all our test cases in Rational's Quality Manager that gives the IME the ability retain test cases for reuse. Our proposed suite of Rational tools also includes Rational Functional Tester. Rational Functional Tester is an automated testing tool that supports both functional and regression testing by enabling test scripts to be executed with minimal manual intervention, increasing the effectiveness of the overall testing team.
- Our testing environments are set-up with the same security structure and capability as our production environment, this means the environments support multiple users concurrently and will allow for the concurrent testing. The security model can be used to enforce or even prevent one set of testers from performing functions that another group of testers can perform. The security design of APHP means testers can also be granted the ability to create provider, member and benefit plans as well.

| Requirement Number: | EVSS.08 |
|---|---|

- Accenture has deep experience in the configuration, operations, maintenance and testing of large healthcare payer systems. This experience, coupled with our choice of proven tools and methodology, provide us with the experience and ability to execute a comprehensive testing strategy. This strategy enables and empowers our testing team and State stakeholders to prove out the required system functionality in a highly functional, productive test environment.

| Requirement Number: | EVSS.09 |
|---|---|

*Provide an automated configuration management process to control the promotion of rules changes and any associated application programming code changes, COTS software releases system parameter changes and data structure changes from a proposed or development version to a test version to a production version status while retaining automated audit history of the changes.*

This requirement is met using COTS products.

**COTS Product Name:** APHP/Rational ClearCase/Microsoft SharePoint

**Description of Product**

- Our configuration management approach utilizes the Rational ClearCase tool to control the versioning and release of all configuration items. Our discipline on configuration management extends to all configuration items that are required to operate the proposed IME MMIS. This includes any application code, COTS configuration files or system parameters, data definition and structures and versions and maintenance releases of packaged software.
- No changes are made to the production environment without going through our approved change control procedure. These procedures require any configuration item to be promoted and tested through our system development life cycle environments. This includes development, testing and production.
- We execute test scripts and regression test cases in each environment to confirm the change item is behaving as predicted. This includes any rule changes, configuration changes or associated programming code changes.
- Our change control procedure also requires that all changes be documented along with their associated requirement specification document, design document, test plans, cases and results and stored in our Project Management tool repositories and formal deliverable in our Project Management Portal SharePoint repository.
- We have an audit trail of the configuration items themselves in our CM tool, Rational ClearCase and a complete history of requirements, walkthrough results, approvers, etc. in our Project Management Portal SharePoint repository. These procedures allow for the automated process control for each configuration item within ClearCase and our project management disciplines and methodologies provide the controls and disciplines to enforce no item going to production without having followed all the quality, configuration management, testing and approvals required.

| Requirement Number: | EVSS.10 |
|---|---|
| *Provide an automated means to revert the test environment to all the rules in effect at any previous point in history (of rules engine control) for use in situations to either change the production system back to an earlier version or for use in establishing an isolated environment for an audit or problem diagnosis needing to re-create a previous version of the production environment.* | |

This requirement is met using COTS products.

**COTS Product Name:** APHP/Rational ClearCase/Microsoft SharePoint

**Description of Product**

- Our configuration management approach utilizes the Rational ClearCase tool to control the versioning and release of all configuration items. Our discipline on configuration management extends to all configuration items that are required to operate the proposed IME MMIS. This includes any application code, COTS configuration files or system parameters, data definition and structures and versions and maintenance releases of packaged software.
- We save previous versions of all the configuration objects, including the rules engine configurations, within our Rational ClearCase tool as well as, for those COTS applications that support it, in the products version history. This provides the Department with the ability to revert to any previous version in a designated environment for audit or problem diagnosis.

| Requirement Number: | EVSS.11 |
|---|---|
| *Provide a repository of non-technical project artifacts, including requirements, use cases, storyboards, supplemental specifications, test cases and test scripts, which is regularly maintained. This repository will allow users to view and modify an artifact, as needed, to support requirements gathering or testing. This repository must have search capability and all of the requirements should be cross-referenced to maintain the requirements traceability throughout all artifacts.* | |

This requirement is met using COTS products.

**COTS Product Name:** Rational Requisite Pro/Rational ClearCase/Rational Quality Manager/Microsoft SharePoint

**Description of Product**

- Accenture applies a consistent methodology and tool set in order to enable ourselves and our clients to successful manage and maintain complex information systems and development projects. Our Accenture Delivery Tools (ADT) allows us to deliver solutions and services consistently with reliability, quality and speed. We have experience with thousands of projects each year and we use those experiences to refine and improve both our methods and work with tool vendors to improve their product. We bring to Iowa our experiences and our delivery tools that allow for traceability throughout the project lifecycle, including maintenance and operations.
- Rational ClearCase holds the specification documents that are kept current throughout the project lifecycle. The power of this tool comes from the tight integration with Rational Requisite Pro and Rational Quality Manager, enabling impact analysis of changes on both test scripts and business requirements. Accenture will keep also keep the official delivered version of a specification document in our Project Management Portal SharePoint repository to provide a point in time view of approved version of these documents. Both the Rational set of tools and the SharePoint repository allow for advance search capabilities to quickly identify the documents, test cases and configuration objects by user defined search criteria. Finally, Rational Requisite Pro in combination with ClearCase provide for a full traceability of requirements from requirement, business specification and design, to test plan/cases through to the individual configuration object.
- All these artifacts are under change control. Modifications to configuration items are restricted to authorized users. All changes require check in/check out procedures that are enforced by Rational ClearCase. We configure ClearCase based on our overall change management process to control the quality, version control and the integrity of project artifacts.

## 9.3.11 Web Portal (WP)

### *9.3.11.1 Introduction to APHP Web Portal*

The APHP Web Portal, an enterprise solution for Web Services, provides the Department and all MMIS users' access to all of the COTS component applications through a single, consistent easy-to-use web interface. The business services for Provider Management, Recipient Management, Program Management, Operations Management, Care Management, Management Administrative Reporting, and Third Party Liability are all available through the APHP Portal. Our standards based web portal is also very configurable so changes and modifications can be made without the need for technical assistance. The APHP Portals provide the Department with the ability to tailor the interface specifically for Iowa Medicaid, while remaining adaptable for the future.

### Features

- The APHP portal is secure, standards based portal (X-12/5010); follows a common security framework provided by MS Active Directory Federation Services.
- The APHP web user interface is browser independent and, provides consistent and integrated access to business functions.
- The APHP portal configuration console makes tailoring to specific State requirements a simple process, and does not require the use of system or application programmer support.
- APHP Web Portal includes the ability to post Frequently Asked Questions (FAQ), links to related websites, and other helpful information online.
- Provider and Member portals provide secure, encrypted message capability to facilitate the controlled exchange of protected health information
- Provider bulletins, web messages and banner postings help the Department maintain ongoing communication regarding upcoming changes that may impact provider and the clients they serve.
- The CRM component of APHP allows users to pose questions and interactively communicate through the "chat" functionality with the contractor or IME staff.
- APHP has built in content management functionality to support version and configuration control of published content.

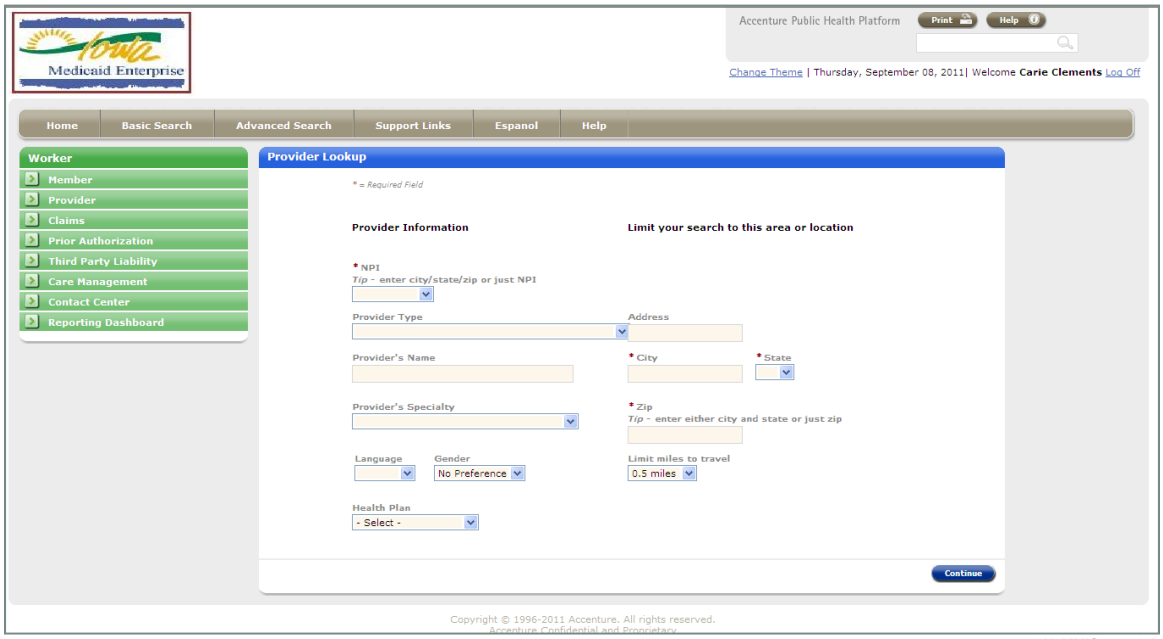



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*Figure 9 - 27. The APHP web user interface is browser independent and, provides consistent and integrated access to business functions.*

### 9.3.11.2 Infrastructure Requirements and Responses

| Requirement Number: | WPSS1.01 |
|---|---|
| *Provide a web portal that is browser-independent and that will operate for most functions, regardless of browser brand, as long as the browser has broad usage (at least 500,000 users nationally at one time) and the version is recent in publication (within the last four years). Web-based claims submission, correction and void and replace may require use of the state-standard version of Internet Explorer™.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP**<br><br>**Description of Product**<br>• APHP Web Portal is built with the latest version of the Microsoft products.<br>• The APHP solution is programmed using .NET development environment.<br>• Our web portal products are browser neutral to facilitate the use of commercially available browses with broad usage (i.e. Chrome, Firefox, Internet Explorer and Safari) and avoid any technology or proprietary coding that would force the user community into a specific browser brand or technology. This is in line with our philosophy to create an open, standards based solution that is interoperability with applications and products across the healthcare ecosystem. | |

| Requirement Number: | WPSS1.02 |
|---|---|
| *The web portal and other system modules, as required by IME, must be available 24 hours per day, 7 days per week (24/7) except for IME approved maintenance time.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The Web Portal is designed to be accessed 24x7 and does not require downtime for data loads or other batch processes.
- We will work with the Department on scheduled maintenance down time to minimize impact on the user community.

| Requirement Number: | WPSS1.03 |
|---|---|
| *Provide the capability to accept all claim types, corrections and voids and replacement claims through direct data entry on the web portal.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The Provider Web Portal allows providers to submit claims supported by the HIPAA 837I, 837P and 837D X.12 formats. This includes crossovers, encounters, new day claims, voids and adjustments.
- A provider can submit a new day claim, make corrections to the claim for edits returned to the web portal, adjustment claims to correct data once the claim has been processed to include voided claims or claims to be replaced.
- We format these claims in X.12 to extend the overall interoperability of the solution and preserve our standards based approach.

| Requirement Number: | WPSS1.04 |
|---|---|
| *Provide the capability to link the web portal to any other applications, as defined by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Web Portal is designed to be easily configured to add links to other applications, information web sites, documentation, forms and application and any other HTML destination specified by the IME.
- Our design allows user to have easy access to information at the time and context that it is needed. Our single sign on capability means that users within the new IME MMIS can link to other applications and not be required to sign in again or be concerned with maintaining multiple user IDs and passwords for each application.

| Requirement Number: | WPSS1.05 |
|---|---|
| *Provide smart links on the web portal for IME, provider and member users that provide navigation to tasks that need to be completed by that specific customer.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The IME, providers and members navigate the web portal through hyperlinks. The APHP web portal can be configured to display links in pre-assigned strategic positions within the AME web portal and can be configured to be displayed dynamically, based on the context and role of the user.
- This smart link ability means APHP controls what a user sees. Based on that user's security and role (job function). APHP displays the appropriate links to provide that role with the access to either specific information concerning what they are trying to perform or specific functionality needed to perform their job function.
- Our smart link approach means greater efficiency for the users by ordering or displaying links to logically related task and information and eliminating unnecessary clutter.
- Our web portal help solution is also context sensitive and will provide the IME, providers and members help for the specific function or web page they are navigating.

| Requirement Number: | WPSS1.06 |
|---|---|
| *Allow IME to identify items for monitoring. Items may be automated operations on the web portal or manual actions.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP captures audit information for all operations and transaction that occur on the APHP secure portal. These audit trails give us the ability to report and monitor on the operations being performed on the portal.
- For public facing pages, we log web page statistics to report and monitor web site and page utilization.

| Requirement Number: | WPSS1.07 |
|---|---|
| *Provide a web portal navigation that all users can easily understand. The portal must be secure, but not complicated to use and not require multiple sign-in steps.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP web portal employs leading practices for usability and navigation drawn from our experience at Accenture's Healthcare Center of Excellence (HCoE) and the Usability Experience team. APHP provides a secure web portal that uses single sign-on to access content.
- APHP supports easy navigation between screens through a logical menu structure and it supports creation of hotlinks to frequently visited areas of the website. Accenture will establish these customizable links in compliance with Department policies.
- APHP web portal follows a common security framework using MS Active Directory Federation Services.
- Security measures restricting access to protected information supports HIPAA compliance.

| Requirement Number: | WPSS1.08 |
|---|---|
| *Allow providers, members, trading partners, IME and IME"s designees to register online for access to the secure areas of the portal based on security rules defined by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP portal features both a public and secure section for all stakeholders.
- Providers and members are allowed to register for access to the secure portion of the APHP portal where they have access to MMIS information and transactions that that are specific to their role.
- Our IME trading partners will be provided access based on their specific role as requested and approved by the IME.

| Requirement Number: | WPSS1.09 |
|---|---|
| *Provide a user interface that complies with recognized usability standards (e.g., the American Disabilities Act, Older Americans Act, The Rehabilitation Act Section 508 Subpart B Section 1194.21).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Web Portal's user interface is ADA, OAA, and 508-b compliant.
- Compliance is part of the code review process during portal construction with the use of a code-level checklist and testing tools.
- APHP will implement a centralized cascading style sheet to present the state usability and content standards, enabling users to configure resolution, font, and color choices.
- The APHP web portal is designed with usability in mind and is tested to ensure that the designs were followed to provide an ADA and 508b compliant portal

| Requirement Number: | WPSS1.10 |
|---|---|
| *Provide the capability for an online tutorial functionality.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP come**s** with the ability to integrate online tutorials directly into our help function. This allows us to target tutorial materials in the context or module where the user needs assistance. APHP help features include:
  - Topic-specific online help out-of-the-box
  - User help function with usability features, such as a table of contents and search function
  - Direct access to online tutorials through a link on the help screen that:
  - Describes the business processes and provides step-by-step walkthroughs for each defined module can be modified easily and quickly to create screen recordings with voice-over that guides users through

| Requirement Number: | WPSS1.10 |
|---|---|
| screen functions | |

| Requirement Number: | WPSS1.11 |
|---|---|
| *Provide capability for web portal information to be searchable by keywords.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP provides search tool bar where users can type in the key word of their interest and the system will perform the necessary search against all the content within the APHP web portal.
- We are leveraging the SharePoint search services to help us search both web pages and all content and documents contained within the APHP web site.

| Requirement Number: | WPSS1.12 |
|---|---|
| *Provide contractor or IME staff contact information and offer interactive online support. This will allow the contractor or IME staff the capability to respond to online provider questions.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP currently provides support to online questions via the following mechanisms:
  - Online chat functionality
  - Sending messages through “Contact Us” function on the portal
- The CRM component of APHP allows users to pose questions and interactively communicate through the "chat" functionality.
- The APHP CRM component provides out of the box chat capability that is exposed through the web portal.

| Requirement Number: | WPSS1.13 |
|---|---|
| *Allow for easy navigation between screens through help menus. Instructions must be provided to point the web portal users to the appropriate area of inquiry or handbook containing the desired information.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Web Portal provides navigation menus, fields and page tabs.
- The APHP Web Portal also provides forward and back navigation.
- It allows users to track their location by using a left hand navigation panel that includes a check-box format. This allows users to determine their location in the portal.
- The APHP Web Portal provides a breadcrumb trail to show users their location in the application.
- The web portal supports easy navigation between screens through Help menus.

| Requirement Number: | WPSS1.13 |
|---|---|
| • A breadcrumb trail is provided to provide the user a "where am I" view of the web page hierarchy. This common feature is leveraged throughout the web portal. | |

| Requirement Number: | WPSS1.14 |
|---|---|
| *Comply with IME usability and content standards (i.e., style guide) and provide a layout that has user-configurable resolution, fonts and color choices.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP modifies the configuration of the IME portal according to user-defined requirements such as width of the form, font size, font family, text color, and background color.
- APHP uses centralized cascading style sheet design elements for the AME Web Portal; these design elements are customizable and are in compliance with the IME usability and content standards.
- APHP portal development uses open standards (like cascading style sheets) that function with browsers having broad acceptance, and is compatible with standard browser technology.
- APHP web portal employs leading practices for usability and navigation like smart links on user home pages that provide single client navigation to tasks that need to be completed by that specific user.

| Requirement Number: | WPSS1.15 |
|---|---|
| *Provide and display web content in multiple languages as directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

• APHP provides a localization feature which enables the web content to be presented in typeset of multiple languages.

• APHP web portal is available in multiple languages as per State and Federal Guidelines.

• APHP will provide a feature to remember the language preference of a user so that the selected language is used for all subsequent visits to the secure section of the portal.

| Requirement Number: | WPSS1.16 |
|---|---|
| *Provide basic general information about the Medicaid Program that would be of interest to potential providers and members and other collaborating agencies.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP portal solution allows a robust capability to control the content on the web pages.
- Our design provides a consistent navigation strategy that provides the IME the ability to create program specific content.
- We also provide a configurable navigation pane that allows the IME to place links to other web sites or pages that would be of interest to providers, members or collaborating agencies.
- We have the ability to provide access to electronic content in the form of documents (PDF, MSWord), presentations and graphics.

| Requirement Number: | WPSS1.17 |
|---|---|
| *Provide the capability to provide HIPAA response transactions via the web portal.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP is built to support the full complement of HIPAA transactions.
- Our portal uses EDI X.12 transaction sets to communicate between the end user and the new IME MMIS.
- Our Web portal supports claims submission, authorization requests, eligibility verification, claims status inquiry and remittance and status retrieval.
- As HIPAA requirements change or standards evolve, the State of Iowa will receive those updates as part of the product maintenance agreement due to our standards based approach

| Requirement Number: | WPSS1.18 |
|---|---|
| *Provide audit trail and history of all transactions conducted on the web portal.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Our portal uses EDI X.12 transaction sets to communicate between the end user and the new IME MMIS.
- All EDI transactions are logged in an audit trail. This audit trail provides a complete history of all the EDI transactions submitted through the web portal.
- Other business activities performed on the secure portion of the portal generate and audit trail of all transactions performed, when the action was performed and which user ID performed the action.

| Requirement Number: | WPSS1.19 |
|---|---|
| *Provide ability for general public to report suspected fraud and abuse via web portal.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- The APHP web portal is configurable and provides a number of options to the State on for allowing citizens to report suspected fraud. We have the ability to:
  - Create links to State web sites for citizens to report suspected fraud
  - Publish telephone numbers for the program integrity unit or other State agencies that investigate fraud
  - Publish an online form the public can fill out and have it routed to the appropriate unit with the IME
  - Provide "Contact Us" e-mail links specific to fraud and abuse inquires or reporting

| Requirement Number: | WPSS1.20 |
|---|---|
| *Provide a privacy policy page that allows Medicaid members who wish to submit complaints regarding the misuse of their private health care and Medicaid identification information.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- The APHP web portal is configurable and provides a number of options to the State on allowing members to interact with the program.
- APHP will create a privacy policy page and provides the capability to publish an online form that members can fill out and have it routed to the appropriate unit with the IME to report complaints regarding misuse of PHI or Medicaid identification information.

| Requirement Number: | WPSS1.21 |
|---|---|
| *Provide the ability to post announcements and alerts (general and member and or provider specific) that are displayed at user sign-on. Users should be required to acknowledge the announcement, so that it is not repeatedly displayed at subsequent sign-on.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Web Portal functionality provides for posting of announcements specific to the user type at sign-on.
- APHP automatically removes the announcement from the user sign-on after it has been acknowledged.
- APHP uses provider bulletins, web messages and banner postings to be in continual communication regarding upcoming changes that may impact provider and the clients they serve.
- APHP has built in content management functionality to post one time messages at user sign on.
- APHP documents data related to posted announcements, their contents along with their date and time.

| Requirement Number: | WPSS1.22 |
|---|---|
| *Maintain archives of posted announcements and non-provider specific alerts, including the date and Message.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Web Portal manager archives all user messages, announcements, and associated metadata.
- APHP allows user messages to be retrieved by taxonomy, date, user role, or other defined criteria.
- Out of the box, APHP shows current material and archived material.
- Within the IME, APHP allows archived messages to be copied and modified for current and future use.
- APHP provides the ability to search the archived materials via multiple criteria.

| Requirement Number: | WPSS1.23, WPSS1.24 |
|---|---|
| *Maintain HIPAA compliance and support the access, privacy and security requirements.*<br>*Provide multiple level role-based securities as designated by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP portal permits secure access through Single Sign On (SSO) using MS Active Directory Federated Services.
- APHP employs a multi-level role-based security structure as designated by IME
- APHP implements security measures that meet HIPAA requirements for compliance.
- APHP monitors the use of data in order to validate its compliance with HIPAA..
- Identity and access management includes the following capabilities:
  - Directory Services: Centralized, standardized system automating network management of user data, rights, security, and distributed resources and supports interoperation with other directories
  - Access Management: Provides consistent, centrally managed control over user access to applications, Web portals/pages, and system
  - Entitlements Management: Supports the configuration and management of data-element-granularity access controls
  - Identity Management: Enables scalable, consistent assignment of role-based security by managing user identity, roles, access rights, authentication parameters, and application access information.
- Infrastructure security has the following capabilities:
  - Database Security: Protect the database systems that store process and serve data to applications
  - Encryption: Provide encryption services for data at rest in electronic systems
  - Endpoint Security: Secure and protect the individual servers and systems processing data or hosting applications which process data
  - Network Security: Control and protect network traffic between critical systems and users of the systems
  - Security Information & Event Management: Aggregate and correlate system logs and events and prescribe action to mitigate risk and address threats
  - Messaging Security: Protect the integrity and confidentiality of data being transacted through messaging systems such as email.

| Requirement Number: | WPSS1.25 |
|---|---|
| *Provide low bandwidth versions of IME-specified pages for easy access by providers with mobile, wireless web access.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP web portal is designed to be clean and efficient in order to support various bandwidth capabilities within the provider community.
- Users are able to view all aspects of the APHP web portal over low bandwidth connections. The APHP Web Portal design supports low bandwidth connectivity by providing low graphic content as well as avoiding lengthy, high content web pages.
- Our low fidelity design means providers can connect wirelessly or through a mobile access device and still be able to access the APHP Web Portal application easily and efficiently.

| Requirement Number: | WPSS1.26 |
|---|---|
| *Post Frequently Asked Questions (FAQs) online organized by topic or key word search and update periodically as determined by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Web Portal includes the ability to post Frequently Asked Questions (FAQ) online, organize those FAQ's by topic.
- APHP also provides search tool bar where user can type in the key word of their interest and the system will perform the necessary search.
- The presentation of FAQ information will be configurable to allow for easy updates.

| Requirement Number: | WPSS1.27 |
|---|---|
| *Automatically log off users after a set amount of time expires as defined by IME. A warning Message must be displayed prior to session timeout.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP displays a warning message to the user before logout.
- The APHP Web Portal logs users off of sessions after a predetermined time of inactivity that can be configured.
- Session timeout improves security and misuse on shared computers.

| Requirement Number: | WPSS1.28, WPSS1.29 |
|---|---|
| *Provide the capability to "blast" alerts and or communication to the provider community via email address to include selection criteria by provider type, status, location.*<br><br>*Provide the functionality to display informational Messages in descending date order (most recent to oldest).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP solution provides a number of options for getting messages to the provider community.
- All these options allow the messaging to be targeted by the configurable items such as provider type, status and location.
- Blast message capabilities include:
  - Secure inbox on the APHP portal that blasts to targeted providers based on State specified criteria
  - Blast email alerts or communications
  - APHP Web Portal functionality provides for posting of announcements specific to the user type at sign-on.
  - APHP automatically removes the announcement from the user sign-on after it has been acknowledged.
  - APHP uses provider bulletins, web messages and banner postings to be in continual communication regarding upcoming changes that may impact provider and the clients they serve.
  - APHP allows for bulletins, web messages and banner postings to be sorted in an order specified by the IME.
  - APHP has built in content management functionality to post one-time messages at user sign on.

| Requirement Number: | WPSS1.30 |
|---|---|
| *Allow users to view and print provider manuals, instructions, bulletins, program descriptions, eligibility criteria and forms for current and prior versions as directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP portal allows users to access, view and print online manuals, instructions forms, bulletins any other content publish through the portal. We publish the documents and forms in a format that will allow the information to be printed on standard print output devices.
- APHP provides for print friendly formats many of the transactions to include when eligibility criteria or other information is returned to the user.

| Requirement Number: | WPSS1.31, WPSS1.32 |
|---|---|
| *Provide interactive functionality to allow members to do the following, but not limited to: a. Search for providers. b. Benefit plan inquiry. c. Eligibility inquiry (current and history). d. Explanation of benefits. e. Select primary care providers for managed care.*<br><br>*Provide capability to allow members to request replacement ID cards.* | |

| Requirement Number: | WPSS1.31, WPSS1.32 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Accenture's APHP provides a user-friendly and secure web portal linking Medicaid members to the system. The APHP provides a one-stop shop for access to member and benefit information by providing an easy to use self-service member portal.
- Members are able to:
  - Search for a provider by multiple parameters (location, type, specialty, etc.)
  - Inquiry on eligibility status including the benefit plans and any service limitations
  - Review benefits and claim history on the secure member portal
  - Select a primary care physician for those members participating in the State's managed care program
  - Request replacement ID cards through their secure account. The ID replacement card request will require the member to complete an online form, APHP will route the form to the appropriate entity for approval and fulfillment.
- APHP provides the access through our security services that allow users to sign on once and access only the information they should see.

| Requirement Number: | WPSS1.33 |
|---|---|
| *Support the ability to receive and respond to secure messaging and HIPAA compliant transactions from providers.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Web Portal supports HIPAA compliance with secure portal mailboxes for communication with providers.
- These mailboxes encrypt all data that is exchanged and is only accessible within the secure portion of the web portal.
- The web portal provides secure access to client data utilizing secure Single Sign On (SSO) capabilities via MS Active Directory Federation Services. All user sign-on and corresponding profiles are roles based, meaning a users are only allowed access to the information and features that their user roles requires.
- All transactions between the provider and the new IME MMIS through the web portal are encrypted to protect the data and allow for the secure transport and exchange of all transactions.

| Requirement Number: | WPSS1.34 |
|---|---|
| *Provide the ability to upload remote documents used by LTC providers" caseworker, such as, but not limited to, the Pre-Admission Screening Application (prior authorizations).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- The APHP Web Portal allows providers to upload documents on the secure section of the portal. The APHP web portal application then routes the uploaded document to the appropriate operations area for processing.
- All uploaded document are also routing to our EDMS system, OnBase for storage and future access by operations or the Department.
- The Web Portal provides secure access to client data utilizing secure Single Sign On (SSO) capabilities. All user sign-ons and corresponding profiles are roles based, meaning a users are only allowed access to the information and features that their user roles requires.

| Requirement Number: | WPSS1.35 |
|---|---|
| *Allow a Medicaid provider to enroll by any of the following methods: a. Electronically on the web portal. b. By downloading printable application forms from the web portal.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl/OnBase**

**Description of Product**

- The APHP enrollment solution encompasses the functions of receiving and supporting the business services contractor in processing applications for provider participation; receiving and processing provider agreements; reviewing provider eligibility; verifying licensure; reviewing credentials and checking law enforcement watch lists.
- The enrollment application for Iowa providers is available online on the Provider Web portal. Providers can download and print the application for submission.
- APHP also allows the provider to complete the enrollment process on the APHP Provider Portal. The provider application can then be routed via the integrated provider enrollment workflow process, to the appropriate queue for the provider services contractor.
- The APHP solution provides the capabilities to integrate with the existing OnBase workflows currently in use by the IME. During the Implementation Phase of the System Services project, Accenture will work with the Department and the Provider Services contractor to determine the appropriate workflow capabilities needed to support the enrollment process for all providers.
- The APHP system supports multiple programs and taxonomies for a single provider enrollment. Credentials needed to support a specific taxonomy may include licenses, certifications, training, and education.

| Requirement Number: | WPSS1.36 |
|---|---|
| *Support ability to utilize electronic and/or digital signatures in compliance with IME, state and federal policies.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP supports the use of electronic signatures that comply with HIPAA, SOA Electronic Signature Standards and , DHS Policies and Standards.
- APHP allows users to provide an electronic signature where appropriate in the solution in accordance with the above-mentioned standards.
- APHP will capture and store the electronic signature.

| Requirement Number: | WPSS1.37 |
|---|---|
| *Provide a trigger mechanism to identify web applications for which required paper documents have not been received and auto-generate a resolution letter to the applicant.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl/OnBase**

**Description of Product**

- The APHP solution provides integrated workflow capabilities that include the auto-creation of follow-up correspondence for missing documentation.
- APHP integrated workflows are configured to trigger actions on a number of usage scenarios.
- Triggers can be fired based on the passage of time, for either user action or inaction or in this specific case the absence of a required piece of documentation.
- Being able to provide automated follow-ups is a critical success factor in ensure quality and customer satisfaction.

| Requirement Number: | WPSS1.38 |
|---|---|
| *Log, track and transmit supporting documentation entered into the web portal to the provider module of the MMIS or other modules such as prior authorization, as needed or directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl/OnBase**

**Description of Product**

- The APHP portal allows providers and members to upload supporting documentation.
- Uploaded documentation triggers the corresponding automated workflow to first route the document to our EDMS solution to be stored in the EDMS system.
- The workflow logs that the document was stored and routes the reference (hyperlink) to the document based on the business rules configured in the workflow to the appropriate worker queue in the APHP Worker Portal for the service contractor to take the appropriate action.
- The APHP Worker Portal presents the worker with the transaction and the links to the original documentation. The worker is able to access the original documentation with a single click. Our single sign on solution means the worker is not required to sign into the EDMS application to view the document.
- Our integrated approach and integrated workflow capabilities means business transactions and the associated artifacts can be logged, tracked and routed to the appropriate module/service contractor automatically, increasing

| Requirement Number: | WPSS1.38 |
|---|---|
| both efficiency and quality. | |

| Requirement Number: | WPSS1.39 |
|---|---|
| *Allow an administrative user account within the provider practice that can then activate, deactivate and assign varying levels of access to additional practice staff.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP portal permits secure access through Single Sign On (SSO) using MS Active Directory Federated Services.
- APHP implements security measures that meet HIPAA requirements for compliance.
- APHP monitors the use of data in order to validate its compliance with HIPAA..
- Identity and access management within a provider practice include the following capabilities:
  - Designation of an administrator for the provider's secure Provider Web Portal account
  - Ability of the administrator to create user accounts for the provider practice and designate which activities and access levels the user will have
  - Deactivate user accounts as required
- Our security approach empowers the provider practices to conform to HIPAA requirement by allowing them to limit the access levels for staff to only that needed to perform their job.

| Requirement Number: | WPSS1.40 |
|---|---|
| *Provide web functionality to allow providers to verify their current information and update as needed.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP allows providers to update demographic and practice data on the secure online APHP Provider Portal.
- For those data elements that require review and approval by the Provider Services contractor, the provider can request the update using an online change form that our integrated workflow capability will route to the Provider Service contractor for review and approval.

| Requirement Number: | WPSS1.41 |
|---|---|

*Allow a provider to check the status of their Medicaid provider enrollment application, regardless of the method used to submit the application.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP allows providers to save their online application before submitting.
- Providers can update their application anytime before submission using their unique sign on username and password.
- Providers are also able to resubmit their updated application subsequent to changes being made.
- Providers can verify the status of the applications regardless of the submission method using their unique sign on username and password. Paper applications status is available once the application is scanned through our EDMS solution, at which point it will enter the provider enrollment workflow.
- APHP allows providers to view documentation listings, disenroll or cancel applications and updates.
- APHP also keeps providers updated about the status of their applications.

| Requirement Number: | WPSS1.42, WPSS1.43, WPSS1.44 |
|---|---|

*Provide for the easy creation of surveys, by IME or contractor staff, on the web portal, in format or style to be determined by IME.*

*Provide for ease of deployment of surveys and acceptance of responses as authorized by IME: a. Allow for email responses. b. Provide secure "Once-only" responses. c. Provide security for the survey and responses.*

*Provide survey results and feedback to IME: a. Tabulate the results of each survey and present the results in chart or graph format. b. Provide access to response data as a file that may be imported to Excel or other applications. c. Allow for responses to be viewed using pie charts, bar graphs and tabular reports. d. Support reporting features that will allow for response data to be tabulated by total number of completed surveys and number completed by county, district or other parameters in the survey.*

This requirement is met using COTS products.

**COTS Product Name: APHP/SharePoint**

**Description of Product**

- APHP Web Portal allows for the creation and publications of surveys on the Portal.
- Surveys can be developed using the standard SharePoint survey capabilities that allow the survey creator to specify the whether an answer is:
  - mandatory or optional
  - single or multiple line of text
  - multiple choice
  - rating scale
  - number
  - date/time
  - yes/no
  - lookup
- Survey responses can be named or anonymous or require valid user ID to access and respond.
- Surveys can be configured for once only response.
- SharePoint supports email survey responses.
- Survey results are available real-time with access to a survey analysis tool that tabulates the results graphically

| Requirement Number: | WPSS1.42, WPSS1.43, WPSS1.44 |
|---|---|

using bar chart, pie chart and graphs.

- Results can be tabulated by any of the survey data collected to include county, district or other parameters.
- SharePoint stores survey results in tabular form and can be exported to Excel or other products for further analysis or summarization.

| Requirement Number: | WPSS1.45, WPSS1.46 |
|---|---|

*Provide authorized users web access to forms for direct data entry as directed by IME – some examples are: a. Change of address form for members. b. Change of address form for providers. c. Provider enrollment application. d. Email correspondence. e. Claims submission – all claim types. f. Prior authorization, prior authorization addendums, prior authorization updates. g. TPL entry or update. h. Fraud and abuse reporting. i. Discharge and disenrollment information. j. Hospital and therapeutic leave bed hold days. k. Fraud and abuse reporting. l. Complaints.*

*Provide authorized users access to retrieve information, documents and files on the web portal as directed by IME. Examples include, but are not limited to: a. Eligibility verification. b. Claims status. c. Claims history. d. Payment status. e. Program announcements. f. Bulletin and notices. g. Knowledge transfer schedules. h. Provider network information. i. Discharge and disenrollment information. j. Prior authorization status.*

- The APHP Portal is designed to be the primary interaction point for Members and the provider community. As such it is designed to provide the necessary functions and features to allow members and providers to efficiently and effectively interact with the IME MMIS. Our APHP solution allows providers and member the ability to submit transactions and updates to the IME MMIS. They can also inquire to receive statuses on their transactions or other program information. Our role based security means that each user will be able to access only the information that pertains to their role within the Medicaid program. The APHP solution provides through our web based portal the functions that include, but are not limited to:
  - Claims submission the support both interactive and batch submission
  - Prior authorization submission and updates
  - Provider enrollment
  - Fraud and abuse reporting
  - Complaint submission
  - Provider request for address change
  - TPL update
  - Inquiry capabilities for:
  - Provider enrollment status
  - Eligibility verification
  - Claim status
  - Payment status
  - Claims history
  - Bed hold days
  - Discharge information
  - Secure inbox for correspondence
  - E-mail communication
  - Program announcements, bulletins and notices
  - Member complaints
  - Member request for address change
- The APHP design provides for the easy creation of forms that can be made available on the web portal and integrated into the APHP workflow services that allow the data to be updated through our services layer to the MMIS database.
- Our solution also allows the forms or requests to be routed through the APHP worker portal to the appropriate module/services contract if manual review or approval is needed.

| Requirement Number: | WPSS1.47 |
|---|---|
| *Provide and support a transaction module of the portal that allows, at minimum: a. Authorized trading partners to submit EDI files for immediate processing and retrieval of the corresponding response acknowledgement. b. Authorized trading partners to retrieve RAs and claims histories. c. Providers to initiate enrollment using an online application process. d. Providers and other entities to enroll as EDI trading partners using an online application process. e. Providers to view claim status information, payment history, member eligibility and benefit information. f. Providers to submit requests for prior authorization, addendums or updates to prior authorization, as well as updates to member insurance coverage and view existing prior authorization information by prior authorization number, provider number or member Medicaid ID. g. Provider access to interactive fee schedule functionality to allow providers to look-up procedure rates. h. Provider access to a complete fee schedule that is downloadable in Excel or PDF format.* | |

- The APHP Portal is designed to be the primary interaction point for members and the provider community.
- As such, it is designed to provide the necessary functions and features to allow members and providers to efficiently and effectively interact with the IME MMIS. Not only does the APHP support the direct data entry transactions described in the previous two requirements (WPSS1.45 and WPSS1.46) but also those same set of transactions for EDI and EDI trading partners.
- The APHP solution provides through our web based portal the functions that include, but are not limited to:
  - The upload and submissions of EDI files for immediate processing and response acknowledgement. Our EDI solution provides upload capabilities to our Secure FTP site through the Web Portal. The EDI transactions are then processed through our QDS EDI solution and the acknowledge files are available for the provider or vendor to retrieve at the secure FTP site.
  - EDI trading partner enrollment
  - Claims submission the support both interactive and batch submission
  - Prior authorization submission and updates
  - Provider enrollment
  - Prior authorization submission
  - Provider request for address change
  - TPL update
  - Inquiry capabilities for:
  - Provider enrollment status
  - Eligibility verification and benefit information
  - Claim status
  - Payment status
  - Payment history
  - Claims history
  - Fee Schedule
  - Fee Schedule download
- The APHP design provides for the easy creation of forms that can be made available on the web portal and integrated into the APHP workflow services that allow the data to be updated through our services layer to the MMIS database.
- Our solution also allows the forms or requests to be routed through the APHP worker portal to the appropriate module/services contract if manual review or approval is needed.

| Requirement Number: | WPSS1.48, WPSS1.49 |
|---|---|

*Provide capability to accept electronic claims and attachments, including direct data entry in real –time or uploaded batches of claims, via the web portal.*

*Process direct data entry claims real-time via the web portal and reject claims that fail front-end edits.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP provides the capability to submit batches of claims via the SFTP and HTTPS protocols. This is made available through both the APHP Web Portal and direct submission to the APHP EDI component.
- APHP provides for the real-time processing of data entry claims that includes the rejection of claims that fail front-end edits.
- APHP provides the capability to perform adjustments to claims, inquire on the status of claims including the edits and audits that were applied, and resubmission of the claim through the Web Portal.
- The APHP Web Portal is standardized on the HIPAA X12 standards for the enhanced claims processing functionality.
- The APHP Web Portal allows submission of batch and real-time claim transactions using HIPAA X12.
- HIPAA validation will be applied within the EDI component of the APHP solution.

| Requirement Number: | WPSS1.50 |
|---|---|

*Include EPSDT information on the web portal and allow members to submit EPSDT questions: a. Provide program awareness and general information. b. Provide copies of all notices. Route questions by email according to the workflow rules approved by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP portal provides the capability to quickly and easily add information to the web portal in the form of bulletins, banners, notices or alerts
- APHP portal provides access for the providers to archives of the bulletins, banners, notices and alerts.
- APHP portal provides for content management features that allow for configuration and publication of information in the form of PDF documents or hyperlinks to information sites that allow the Department to include information about the EPSDT program that is easily accessible by Iowa providers.
- APHP portal allows providers to submit questions through our "Contact Us" email link. This link can be configured to provide multiple links/email addresses specific to a program (i.e. EPSDT).
- "Contact Us" Email questions are routed through the APHP workflow engine according to the rules specified by the IME during the Implementation Phase of the System Services Project.

| Requirement Number: | WPSS1.51 |
|---|---|
| *Allow providers to submit member insurance coverage information via the web and attach to the correct member record.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP portal provides the capability for providers to report other insurance information for a member
- APHP workflow routes the addition of information request to the appropriate services contractor for validation, Accenture will work with the Department during the Implementation Phase to determine the workflow rules for other insurance update requests. The APHP workflow engine can apply the update automatically to the member record or route to a knowledge worker with one of the service contractors for validation.

| Requirement Number: | WPSS1.52 |
|---|---|
| *Enable the web portal to accurately display TPL information, including carrier information, providers and other authorized users.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP portal provides the capability for authorized users to inquiry on member eligibility to include TPL coverage information.

| Requirement Number: | WPSS1.53, WPSS1.54, WPSS1.55, WPSS1.56, WPSS1.57 |
|---|---|
| *Allow authorized providers to directly data enter and submit prior authorization requests, prior authorization addendums and updates to prior authorizations on the web portal.* | |

*The prior authorization request function must support all requests as required by IME (e.g.,) and must accept all necessary codes (e.g., revenue codes for outpatient visits), as directed by IME.*

*Notify initiator of prior authorization decision immediately when appropriate or by another method if decision is delayed.*

*Provide the ability for authorized entities (e.g., case managers) to do online prior authorization, prior authorization addendums and updates to prior authorizations through the web portal.*

*Support receipt and storage of attachments (e.g., medical records, radiographs and digital orthodontic files) submitted in support of the prior authorization request, including addendums and updates to prior authorizations.*

| Requirement Number: | WPSS1.53, WPSS1.54, WPSS1.55, WPSS1.56, WPSS1.57 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Portal supports processing for multiple types of service authorization requests by providing a full range of configurable edits, and by providing business process routing and workflow capabilities.
- APHP can accept PA request data via the following mechanisms:
  - Electronically through the X12N 278
  - On paper, via email or fax
  - Direct entry by authorized users through the APHP portal
- Each PA request is assigned a unique authorization number to identify it and provide the capability to track the request to completion.
- PA requests are subjected to a full range of configurable business rules to include accepting only valid data and necessary codes.
- Our easy-to-navigate, online APHP portal windows will help providers, State staff and contractor personnel review approval requests with regard to criteria such as medical necessity, procedure and/or diagnosis codes, date ranges, units or times and quantities, National Provider Identifier (NPI) taxonomy and member eligibility to perform and receive the requested service.
- PA requests are routed to the appropriate staff for subsequent review and approval, based on business rules such as type of authorization (for example, dental may route to a different queue than durable medical equipment), specific edits encountered, or the need for additional documentation.
- APHP provides a portal-based user interface. Providers, members and other authorized staff and vendors equipped with the appropriate access credentials, will have web-based access to the new IME MMIS through their computer browser. No client components are required to use the APHP portal.
- APHP provides authorized users the ability to check the status of their prior authorization request on the web portal, using prior authorization ID or member ID.
- APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Our use of Microsoft Active Directory Federated Services provides for Single Sign On to the core applications in the MMIS system.
- Our enterprise document management (EDMS) function uses high speed imaging and optical character recognition (OCR) to capture, store, and retrieve hard copy PA requests and associated documents (e.g. medical records, radiographs and digital orthodontic files).
- It generates automatic approval and denial notices to requesting and assigned providers through the provider's secure inbox on the APHP portal.
- APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of the data. The APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. Secure delivery channels include the APHP portal, our Quantum Data Services (QDS) capabilities, web based services and flat files.
- APHP will automatically route PAs designated for determination review to State defined authorized staff for processing using our automated and configurable workflow capabilities.

| Requirement Number: | WPSS1.58 |
|---|---|
| *Provide a place for providers to enter whether they are accepting new Medicaid patients, whether they are accepting Medicare patients and other designations as directed by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP web portal is configurable and allows the ability to add attributes to data collection pages for storage within the IME MMIS.
- We provide a place for providers to update information on their demographic, practice and other designation as directed by IME, this includes the capture and storing of whether the provider is accepting new Medicaid patients and whether they are accepting Medicare patients.

| Requirement Number: | WPSS1.59 |
|---|---|
| *Provide provider specific online report retrieval capabilities including printing of the provider's 1099.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP web portal allows the providers to retrieve reports specific to their information contained within the MMIS to be accessed for viewing and printing.
- This includes their weekly remittance and status report and 1099 earnings reports.
- Our SOA approach also means that reporting services can easily be integrated with the secure provider web pages to enable the Department to deploy provider specific reporting capabilities.

| Requirement Number: | WPSS1.60 |
|---|---|
| *Process and maintain inputs including, but not limited to: a. Updates to content. b. Alert information.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP web portal content is managed using Microsoft's SharePoint.
- This approach allows a straightforward easy process to control much of the content that appears on APHP web portal.
- The portal is designed to allow for the streamlined content update process that does not require technical resources to update. SharePoint provides that ability
- Alerts and message are easily managed in SharePoint and may be user specific, group/role specific, or broadcast

| Requirement Number: | WPSS1.61 |
|---|---|
| *Provide an authentication routine to allow active and inactive providers the ability to change their provider record through direct data entry via the web portal based on selected criteria approved by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP allows providers with a valid, non-suspended user ID and password to update demographic and practice data on the secure online APHP Provider Portal.
- For those data elements that require review and approval by the Provider Services contractor, the provider can request the update using an online change form that our integrated workflow capability will route to the Provider Service contractor for review and approval.
- The APHP portal permits secure access through Single Sign On (SSO) using MS Active Directory Federated Services.
- Accenture will work with the Department on establishing a policy for inactive providers and if they require user accounts to be suspended or otherwise terminated due to inactivity.

| Requirement Number: | WPSS1.62 |
|---|---|
| *Provide support for online registration for provider knowledge transfer seminars.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP portal allows providers to register online for scheduled knowledge transfer and training seminars.
- APHP workflow routes registrations and notify the Provider Services contractor when a registration has been completed.
- APHP portal is easily configured to publish the seminar scheduled established by the Department and the Provider Services contractor.

| Requirement Number: | WPSS1.63, WPSS1.64 |
|---|---|
| *The web portal must be interactive and allow authorized providers to direct data enter and submit the prior authorization requests to the MMIS. The web portal must support receipt and storage of attachments (e.g., medical records) submitted in support of the prior authorization request.*<br><br>*Provide the capability for providers to check the status of their prior authorization request(s) online via the web portal, using prior authorization ID or member ID.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Portal supports processing for multiple types of service authorization requests by providing a full range of configurable edits, and by providing business process routing and workflow capabilities.
- APHP can accept PA request data via the following mechanisms:
  - Electronically through the X12N 278

| Requirement Number: | WPSS1.63, WPSS1.64 |
|---|---|

- On paper, via email or fax
- Direct entry by authorized users through the APHP portal

- Each PA request is assigned a unique authorization number to identify it and provide the capability to track the request to completion.
- PA requests are subjected to a full range of configurable business rules to include accepting only valid data and necessary codes. The portal provides for interactive editing and validation to allow the provider the ability to correct the invalid values in order to submit the request.
- APHP provides authorized users the ability to check the status of their prior authorization request on the web portal, using prior authorization ID or member ID.
- Requirements WPSS1.53 through WPSS1.57 fully describe the prior authorization functionality for the APHP Portal.

| Requirement Number: | WPSS1.65 |
|---|---|

*The web portal should have the following functionality: a. View explanation of benefits. b. View eligibility coverage. c. Submit address or contact information update, i.e., address, phone, e-mail. d. Provide audit trail of who has seen PHI. e. EPSDT, Disease management and other health care alerts for health maintenance. f. Information regarding electronic health records and HIE. g. Lock-in. h. Prior authorization approvals, including HCBS and LTC services. i. Select medical home and PCCM. j. View PDL. k. Find a provider. l. Secure messaging to IME member services. m. Enrollment. n. Re-enrollment. o. Enter presumptive eligibility. p. HCBS incident reporting. q. Show electronic remittance advices. r. Provider knowledge transfer registration. s. Application for electronic health records incentive payments. t. Upload documents i.e., supporting documents for applications, LOC, including the original assessment and the member's signature. u. Claims submission. v. View of prior authorizations (including services authorized for home and community based services). w. On boarding and testing for EDI. x. Search of provider communications. y. Secure Messaging to IME staff. z. Eligibility verification. aa. Claims status verification. bb. Submission of prior authorization requests. cc. Provider surveys. dd. Security must be role based with distributed security management so providers can manage access for their staff, i.e., password resets.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Accenture acknowledges the requirements listed in a) through dd) in this (WPSS1.65) requirement. We have described in detail how these requirements are met in this section of our proposal (WPSS1.01 through WPSS1.69). Below is a summary and acknowledge of how APHP meets these requirements on the APHP portal:
  - a. View explanation of benefits - remittance and status available to providers, member can view summary of claims history
  - b. View eligibility coverage - eligibility verification transactions
  - c. Submit address or contact information update, i.e., address, phone, e-mail. - provider self serve portal allows for demographic data updates
  - d. Provide audit trail of who has seen PHI. - APHP creates an audit trail for all secure transactions
  - e. EPSDT, Disease management and other health care alerts for health maintenance - APHP supports general program information and alerts as well as member specific alerts
  - f. Information regarding electronic health records and HIE - APHP supports content manage to provide information directly on portal or links to other websites.
  - g. Lock-in - information viewable through eligibility verification transaction
  - h. Prior authorization approvals, including HCBS and LTC services - APHP support full prior authorization creation, submission, editing, viewing and status checks
  - i. Select medical home and PCCM - members can select their PCCM or medical home through the secure section of the portal
  - j. View PDL - content provided by the Department and/or PCM vendor and published on the APHP portal
  - k. Find a provider - robust provider search capabilities that include type, specialty, location, hours of operation, etc.

| Requirement Number: | WPSS1.65 |
|---|---|

- l. Secure messaging to IME member services - APHP supports secure message and all providers have a secure message box
- m. Enrollment - APHP supports provider enrollment on the portal
- n. Re-enrollment - APHP supports provider re-enrollment on the portal
- o. Enter presumptive eligibility - providers can submit presumptive eligibility information. APHP routes the information to the appropriate services contractor and based on Department rules, updates the eligibility record
- p. HCBS incident reporting - members have the capability to complete and submit compliant forms online
- q. Show electronic remittance advices - available to providers online
- r. Provider knowledge transfer registration - APHP supports the provider training registration
- s. Application for electronic health records incentive payments - APHP accepts the attestations and routes to the appropriate service contractor
- t. Upload documents i.e., supporting documents for applications, LOC, including the original assessment and the member's signature - APHP support forms processing and routes applications to the appropriate business office.
- u. Claims submission - APHP allows for DDE of Medicaid claims
- v. View of prior authorizations (including services authorized for home and community based services) - prior authorization can be viewed online by authorized users
- w. On boarding and testing for EDI - APHP supports the registration process and provides information on testing procedures.
- x. Search of provider communication - APHP portal provides search capabilities against all content to include bulletins, banners, alerts and notices (including archives)
- y. Secure messaging to IME staff - APHP portal supports secure inbox for communication with providers and all portal message exchange is encrypted.
- z. Eligibility verification - APHP supports X.12 HIPAA compliant eligibility verification transactions
- aa. Claims status verification - APHP supports X.12 HIPAA compliant claim status inquiry transactions
- bb. Submission of prior authorization requests - APHP supports X.12 HIPAA compliant prior authorization transactions
- cc. Provider surveys - APHP supports SharePoint based survey creation and reporting
- dd. Security must be role based with distributed security management so providers can manage access for their staff, i.e., password resets - APHP provides an administrator role to manage users and access security within a practice

| Requirement Number: | WPSS1.66 |
|---|---|

*Provide workflow and attestation for meaningful use of electronic health records.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Portal supports the attestation process for meaningful use of electronic health records by allow the provider to complete an attestation form online and submitting through the APHP portal.
- The APHP workflow routes the attestation to the appropriate services contractor or Department staff.

| Requirement Number: | WPSS1.67 |
|---|---|
| *Provide the ability to send text Messages to member cell phones specific to e-health reminders, i.e., prenatal reminders, well child check up alerts, disease management reminders.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP provides the ability to create outbound communications through multiple channels.
- APHP has the ability to generate text messages through the member's carrier by creating email messages that contain the Department approved message.
- APHP will work with the Department during the Implementation Phase of the System Services Project to determine the criteria and messages for reminder notices

| Requirement Number: | WPSS1.68 |
|---|---|
| *Provide search capability based on wild cards or any combination of fields. For web portals, provide site-wide search capabilities for all documents within the web portal.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP provides search tool bar where users can type in the keyword of their interest and the system will perform the necessary search against all the content within the APHP web portal.
- We are leveraging the SharePoint search service, which means the search is conducted on both web pages and all content and documents contained within the APHP web site.

| Requirement Number: | WPSS1.69 |
|---|---|
| *Allow providers to identify members who enroll in their health home. Part of the enrollment should include the health risk scoring.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP web portal is a flexible platform that allows provider specific reports to be made available to providers on the secure portion of the portal.
- We configure the provider portal to contain a provider specific report to identify members who have enrolled with that provider's health home.
- The report includes the relevant information needed by the provider (determined during the Implementation Phase of the System Services Project) to include the member's risk score.
- Our solution also allows the report to be refreshed by the provider on request. This ability gives the provider the most current, up to date information concerning the members enrolled in their health home.

## 9.3.12 Workflow Requirements (WM)

### *9.3.12.1 Introduction to APHP Workflow*

Accenture's workflow solution retains the Department's current workflow management system, OnBase, which has been the key driver behind the Department's workflow management since 2005. The Department has invested heavily in customizing and developing OnBase to manage and administer changing workflow requirements. The APHP Workflow management solution integrates the existing OnBase configuration into APHP's K2 blackpearl and leverages the existing OnBase knowledge and expertise the Department has gained over the years. The Department will have a new way to design flexible, table-driven rules, workflows and services. Staff can configure workflows through an easy-to-use interface that supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.

### Features

- APHP offers a highly configurable enterprise wide workflow solution as part of the APHP platform.
- Flexibility and interoperability define the APHP platform, which quickly integrates with existing workflows in OnBase.
- APHP is COTS solution - workflow changes are functional configuration changes instead of customizations at the code level.
- APHP provides users quick access to a view of business logic making it easy to see how benefit configurations, edits, audits and workflows impact a transaction or entity.
- Department staff can review and model workflows online, including dependencies and exceptions and decision tree logic.
- APHP allows users to link scanned images to workflow records.
- APHP provides a collaborative document management environment.
- Provides alert capability via email, text, etc on just about any system event or criteria.

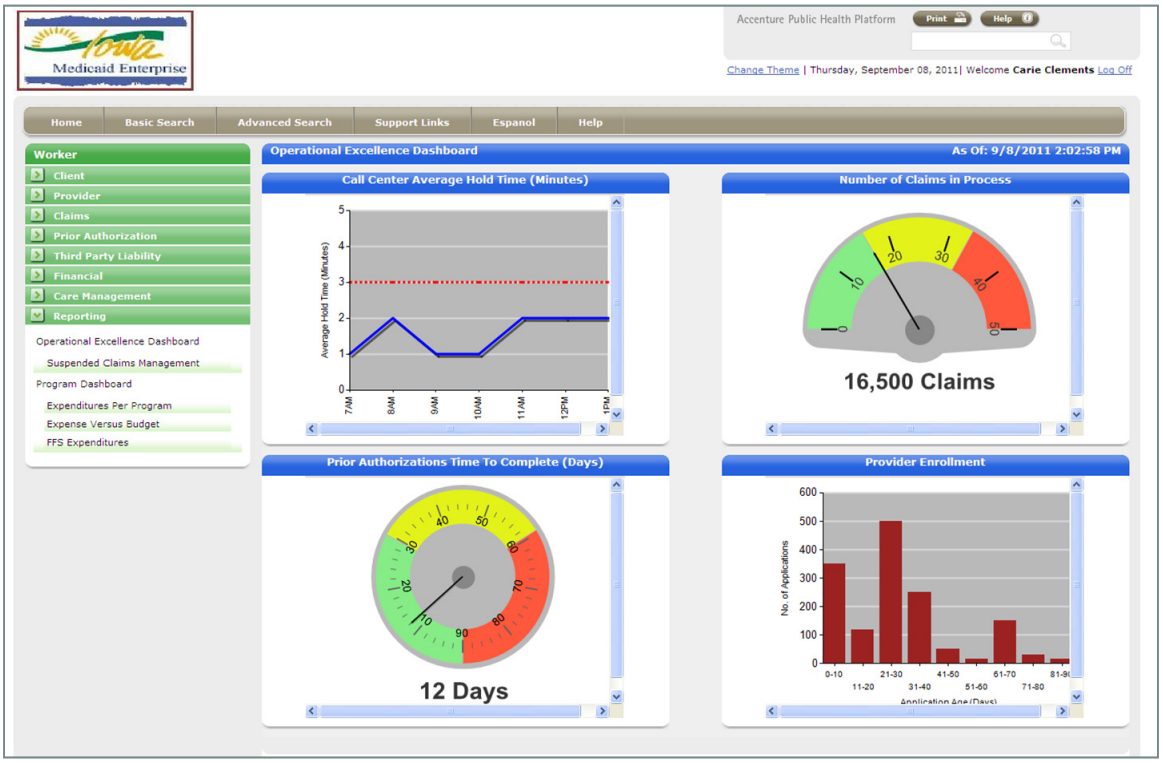


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*Figure 9 - 28. Department staff can use APHP worker portal to assess impact of workflows online, including dependencies and exceptions well before workflows are changed or added*

### 9.3.12.2 Infrastructure Requirements and Responses

| Requirement Number: | WMSS.01 |
|---|---|
| *Provide capability to accept an electronic document real time from an external system and make the document available to that external system real time.* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP**<br><br>**Description of Product**<br><br>• APHP QDS provides functionality to receive standard 275 attachments to 837 and 278 transactions. In addition, APHP Portal provides functionality to submit attachments through the document upload feature. These attachments are stored in the enterprise document management system and can be accessed through APHP Portal. | |

| Requirement Number: | WMSS.02 |
|---|---|
| *Provide the ability to split or modify electronic documents for the purpose of indexing while maintaining the original document.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- APHP uses OnBase as the central repository for all documents. OnBase provides functionality to split and merge the document through the metadata stored along with the document in the OnBase database.

| Requirement Number: | WMSS.03 |
|---|---|
| *Ensure that authorized workflow participants have direct access to perform all their designated roles within the workflow.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- APHP uses K2 blackpearl to design flexible, table-driven rules, workflows and services.
- The security model used in the workflow system provides for the segregation of various roles between users, as well as the ability to limit the product functionality available for each user. K2 provides the functionality to set the user at the process level as well as the activity level.
- Authorized State and contractor staff can configure users of the workflow through an easy-to-use interface that comprehensively supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions.

| Requirement Number: | WMSS.04 |
|---|---|
| *Provide capability to document a narrative of every provider and member telephone contact and to index the narrative to both provider and member identifier as appropriate.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Microsoft Dynamics**

**Description of Product**

- APHP provides the CRM functionality through Microsoft Dynamics. Microsoft Dynamics will be used to capture and document the interaction and narrative between the customer and the system/worker. In addition, APHP portal can interface with existing data in OnBase system to support historical transactions and index to the provider and member numbers.

| Requirement Number: | WMSS.05 |
|---|---|
| *Document and maintain definition and modeling of workflow processes and their constituent activities.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- The built in documentation feature of K2 blackpearl generates comprehensive easy- to-read documentation as we build the workflow. The documentation for each workflow will be published to the document management system for reference.

| Requirement Number: | WMSS.06 |
|---|---|
| *Provide configurable work distribution rules, using configuration tables.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- K2 blackpearl workflow enables users or integrators to define and configure document states, rules, actions, and Life Cycles within a point-and-click interface. Upon configuration, Documents are instantly routed through the business process as each increment of user or system work is completed.

| Requirement Number: | WMSS.07 |
|---|---|
| *Include a user-friendly graphical user interface GUI for process definition, execution, monitoring and management.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- K2 Studio provides a point-and-click configurable GUI interface and has been designed to allow for quick implementation. Much, if not all, of the programming that is required by traditional workflow systems has been eliminated. This is used for process definition.
- K2 Workspace provides functionality for business activity monitoring and generating alerts and notifications.

| Requirement Number: | WMSS.08 |
|---|---|
| *Accept documents through various input methods, including, but not limited to: a. Web Portal. b. E-mail. c. FAX. d. Internal creation from Personal Computers (PCs). e. Imaging. f. System generated. g. Mailroom. h. Web service.* | |

| Requirement Number: | WMSS.08 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- APHP's integrated document management system, OnBase, offers a feature rich document management platform that allows users to submit, share, manage and control documents in a central repository. APHP Portal provides web service interface to the document management system.
- Documents such as FAX, Image, and Mailroom contents will be submitted to the document management system through APHP's imaging solution. APHP Portal also provides functionality to upload documents received through Email, Internal creation and system generated.

| Requirement Number: | WMSS.09 |
|---|---|

*Support a role-based interface for process definition that leads the user through the steps of defining the workflow associated with a business process, including processes that are managed by IME staff only; and that captures all the information needed by the workflow engine, to execute that process to include, but not be limited to: a. Start and completion conditions. b. Activities and rules for navigation between processes. c. Tasks to be undertaken by IME staff involved in the process. d. Authorized approvers, including capture of the identity of the approver. e. References to applications which may need to be invoked. f. Definition of other workflow-relevant data. g. An audit trail of the history of changes that have been made to the workflow definition over time so that the workflow definition for any previous point in time can be determined.*

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- K2 blackpearl enables users to build simple to complex process-driven applications with point-and-click user interface. In K2, each business process has start activity to start the workflow with initial data, Activates to define business rules for each step, Action/Outcome to define the rule for the flow to the next system acidity/staff activity, user/role assignment for each activity, capability to internal and external document link, capability to link other COTS product's data through Smart Objects.
- The activity/business rules can be defined in such a way that either all approvers should approve, or at least a predefined number of approvers should approve, before the process meets the exit criteria. The workflow audit trail data is captured by the workflow engine as the transaction moves through various activities/events from start to end of the workflow.

| Requirement Number: | WMSS.10 |
|---|---|

*Provide integrated online workflow management capability to track all Iowa Medicaid Enterprise activities.*

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- APHP provides an interface to the workflow management suite, K2 blackpearl, and other COTS products though Web service calls. By connecting across all applications, APHP portal can track all activities of the Iowa Medicaid

| Requirement Number: | WMSS.10 |
|---|---|
| System. | |

| Requirement Number: | WMSS.11 |
|---|---|
| *Store data in a central repository.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- APHP is designed to have a single system of records for data and utilize it by different components. The central database stores link to records in other COTS products such as K2 workflow, OnBase, CRM etc. and is accessed through web service interfaces.

| Requirement Number: | WMSS.12 |
|---|---|
| *Include a high-speed imaging solution capable of imaging documents and automatically routing documents.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- Accenture's solution includes Fujitsu FI-6800 scanners. These scanners are capable of scanning documents at a rate of 100 pages per minute (simplex) or 200 pages per minute (duplex). Documents scanned in via Captiva and released to OnBase can be configured to automatically enter the appropriate OnBase Workflows.
- OnBase Workflow allows documents to be systematically routed in a consistent manner. The system can be leveraged to automatically route or process documents based on the configuration logic and rules in Workflow.

| Requirement Number: | WMSS.13 |
|---|---|
| *Capable of simplex and duplex scanning on a user-defined basis, by document type.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- Accenture's solution includes Fujitsu FI-6800 scanners. These scanners are capable of scanning documents at a rate of 100 pages per minute (simplex) or 200 pages per minute (duplex). Captiva can be setup to allow user-defined scanning (simplex or duplex) by document type.

| Requirement Number: | WMSS.14 |
|---|---|
| *Support advanced Optical Character Recognition (OCR), Intelligent Character Recognition (ICR) and Optical Mark Recognition (OMR) capabilities of 90% accuracy rate or higher and the ability to regulate the error percentage between 90 and 100 percent by document type.* | |

| Requirement Number: | WMSS.14 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- EMC Captiva offers OCR, ICR, and OMR capabilities and the ability to manage and improve the error rates. Recognition success of 99% accuracy is achievable given the right set of circumstances. There are many factors external to EMC Captiva's control; however that can affect recognition success. Things such as image resolution, image quality, document origination, document formatting, form design, and quality of handprint can all have an effect on recognition accuracy.
- EMC Captiva utilizes the best OCR, ICR, OMR, and Barcode recognition engines available on the market and offers a wide range of flexibility in their use. For example, we offer the ability to utilize multiple OCR engines on a page, perform multi-engine voting on a single field, can provide character level confidence, recognize dozens of languages, and database validation, to name a few. All these components combined to form the most robust and flexible document recognition solution available today.

| Requirement Number: | WMSS.15 |
|---|---|

*The scanning software must be programmable to accommodate user-defined field edits, such as the exclusion or inclusion of special characters (e.g., exclusion of the decimal point in diagnosis codes, inclusion of decimal point in currency).*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- EMC Captiva offers programmable field-edits, but generally this type of common functionality is offered via configuration rather than requiring programming changes that require technical developer resources.

| Requirement Number: | WMSS.16 |
|---|---|

*The scanning software must have virtual rescan capabilities that will auto correct a skewed document within 20 degrees and automatically adjust document resolution at a minimum of 300 dpi.*

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- Although Virtual ReScan (VRS) is the name of a product, EMC Captiva offers the ability to auto-correct skewed documents and auto-adjust document resolution, as well as halftone removal, image smoothing, line removal, color dropout, cropping, and many other standard image cleanup functions.
- Furthermore, we can also integrate with the VRS solution, if required.

| Requirement Number: | WMSS.17 |
|---|---|
| *Provide the capability to convert data contained in images into MMIS data through OCR.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- Captiva allows for zonal OCR, full-page OCR extraction logic (searching by 'Tags' or expression logic), mark-sense capability (Optical Mark Recognition (OMR)), signature detection and Intelligent Character Recognition (ICR) support (handwriting recognition). This extracted data can be formatted into an EDI or XML file format for upload into the APHP MMIS solution.

| Requirement Number: | WMSS.18 |
|---|---|
| *Provide the capability to automatically orient forms to landscape or portrait presentation.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- EMC Captiva can automatically orient forms to landscape or portrait. This is setup through the scanning configuration.

| Requirement Number: | WMSS.19 |
|---|---|
| *Provide the ability to access the database to extract data to pre-populate index fields and or values on forms (e.g., the system would capture the provider identifier and then, using that number, extract the provider's name, address and other information from the provider database).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- OnBase AutoFill Keyword Sets are unique features that enable users to enter a unique keyword and have the rest of the keywords automatically populate. AutoFill Keyword Sets consist of related keywords whose values can be automatically supplied via a single keyword entry. AutoFill Keyword Sets use a primary, unique keyword to identify a keyword set.
- By simply supplying the value of the designated primary keyword during indexing, all of the values of the associated keywords in the set are automatically retrieved by the system and assigned to the document, greatly increasing the speed and accuracy of indexing. The AutoFill Keyword Sets can be linked to external databases or the data can be imported and stored within OnBase.
- Additionally, the Application Enabler module allows users to populate form fields with keyword information scraped from the screen of a third-party application with the click of a mouse. E-Forms support multiple values for one index field (i.e. customer name = John Adams & Sara Adams) and can be indexed by an unlimited number of fields.

| Requirement Number: | WMSS.20 |
|---|---|
| *Track the status of all activities from receipt through final disposition.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- APHP components capture appropriate amount of tracking information so that each document can be tracked from beginning to end through central APHP Portal.

| Requirement Number: | WMSS.21 |
|---|---|
| *Provide the ability to send and receive faxed and secure encrypted e-form documents, process the data and image directly into and out of the system including the ability to automatically send confirmation of transmission to the sender.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- RightFax is used to send faxes out of OnBase. OnBase can be configured to launch the standard Windows dialogue, where "print to fax" implementations allow for outbound faxing from any application.
- The Integration for RightFax allows organizations to more effectively manage both in-bound and out-bound fax transmissions. The Integration for RightFax creates the opportunity for all fax documents that are captured by RightFax to be immediately archived into OnBase.
- This integration fully supports the automatic capture, recognition, classification, and indexing of faxed documents directly into the OnBase repository.

| Requirement Number: | WMSS.22 |
|---|---|
| *Link scanned images to workflow records to provide a view of all related material (e.g., images, letters, interactions and tracking number).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- To allow access to the documents stored in OnBase from APHP and other external systems, a custom created link is used to link to OnBase Docpop. OnBase Docpop is an Active Server Page that exists within the context of the OnBase Web Server that allows internal or external sites to integrate custom web pages with the web servers querying and document viewing mechanisms.
- When the user clicks the link, OnBase processes a query passed through the query string (that would include the image control number), returning a hit list to the user. This hit list will contain all of the documents in the query result set. If the results return only one document, then the viewer will be displayed with the document. This approach will provide the user with one view of all related material.

| Requirement Number: | WMSS.23 |
|---|---|
| *Provide the ability to differentiate between forms and attachments and allow the attachment to be grouped with the form to create a single document with individually numbered pages.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- OnBase Folders provide a familiar interface for grouping documents without changing their physical storage in the database or association to a document type. A folder can contain more than one document type and documents can be accessed from either the folder or other types of document retrieval.
- Folders can also be configured to automatically pull in documents containing certain keyword type values upon entering the system. You can manually drag and drop documents into folders in the client, or use a COLD, DIP, Document Imaging, or Document Import process to further automate this process.

| Requirement Number: | WMSS.24 |
|---|---|
| *At a minimum, log the following statistics with regard to the character correction process: a. Raw recognition rate. b. Characters questioned. c. Characters corrected. d. Beginning operator time. e. Ending operator time. f. Operator ID.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Our proposed solution logs the required statistics - as well as many others - and has the ability to report these statistics as needed. Further, performance date from all component products are captured in our APHP enterprise reporting capability for detailed and comprehensive service level and contract reporting.

| Requirement Number: | WMSS.25 |
|---|---|
| *Provide the ability to access stored, system-generated member and provider notices, through the use of an index.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- In our solution, OnBase is the central repository for all Iowa MMIS-related documents. This allows documents, such as system generated client and provider notices to be stored and retrieved in the same fashion that scanned documents are stored and retrieved.

| Requirement Number: | WMSS.26 |
|---|---|
| *Contain a collaborative document management environment that will allow electronic files (e.g., Word documents, Excel spreadsheets) to be shared, collaborated upon, electronically signed, managed and controlled (such as informational letters or other items).* | |

| Requirement Number: | WMSS.26 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP provides SharePoint as the collaborative document management system. SharePoint offers a feature rich document management platform that allows users to share, manage, publish, version control, and maintain digital audit trail.

| Requirement Number: | WMSS.27 |
|---|---|

*Provide for generation of an indicator to identify to whom the work should be distributed.*

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- APHP will be able to indicate the destination user of the work product in the workflow management process.
- APHP's native workflow capabilities include the usage of configured workflow processes managed within K2 blackpearl. K2 blackpearl will manage triggers that identify work items, such as claims, prior authorizations, provider enrollment applications, that meet the appropriate criteria to be routed to a work queue as an item requiring attention. Upon routing, users accessing the APHP portal will see work items that have been triggered for action to their individual or a group work queue.

| Requirement Number: | WMSS.28 |
|---|---|

*Provide the ability to determine if a designated field on a specific form contains required data (i.e., field is not left blank).*

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- The Captiva solution is able to meet this requirement. This is generally done with an Optical Mark Recognition (OMR) engine that looks for the presence of any marks within a predetermined zone.

| Requirement Number: | WMSS.29 |
|---|---|
| *Provide the ability to recognize and automatically delete blank pages without storing them in the system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- EMC Captiva offers multiple ways to recognize blank pages as part of our solution, including the ability to recognize clean vs. dirty blank pages. Some fax machines for example leave streaks or specks on a page. What to do with blank pages is configurable based upon your requirements, including auto-deletion, manual deletion, and notification of deletion.

| Requirement Number: | WMSS.30 |
|---|---|
| *Send data from scanned, imaged and released documents to the MMIS in real-time.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- The proposed solution offers the ability to provide this functionality asynchronously. That is, although you may scan a batch of 100 claims or any other data, EMC Captiva offers the ability to send and release the data or the claims individually, as they have been worked through the system.

| Requirement Number: | WMSS.31 |
|---|---|
| *Provide the real time viewing of imaged documents and all pages within the document, by using a paging function.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- The OnBase viewer's Page Up/Page Down keys pan the image by screen size, while the arrow keys pan incrementally. Panning can also be accomplished by using the mouse and the vertical and horizontal scroll bars. Holding the Shift key down will move the view to that relative location, whereas clicking above or below the position indicator (elevator) will pan the image incrementally.
- Images that have thumbnails displayed have additional panning capabilities. The zoomed in area appears in the thumbnail view in reversion video and can be dragged around in the thumbnail. The full view of the document will pan based on the relative movement of the zoom region in the thumbnail.

| Requirement Number: | WMSS.32 |
|---|---|
| *Provide the ability to assign unique document identification numbers, determined by the user, with the ability to prompt the user when a duplicate document identification number is assigned; allowing the user to decide whether to use the previously assigned document identification number or assign a new number.* | |

| Requirement Number: | WMSS.32 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The Captiva solution can meet this requirement with a configurable "unique document ID" number and a script to make a look up on previously captured "unique document ID" numbers and to prompt the user if there are duplicates.

| Requirement Number: | WMSS.33 |
|---|---|

*Provide the capability of linking resubmitted paper claims or supporting documentation to original scanned (pending) claim, including the ability to recognize a duplicate claim; and generate a notice to the defined user that an identical claim has been previously processed.*

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are determined by keywords.
- Additionally, the OnBase Workflow engine can be configured to look for documents with the same keyword values and then initiate the proper business process review or notice process.

| Requirement Number: | WMSS.34 |
|---|---|

*Provide the ability to auto set field characters to upper case, lower case or ignore case as defined by the user.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- OnBase allows for metadata keywords to use either upper case or mixed case. If upper case value is selected then all keywords will be stored as upper case only.

| Requirement Number: | WMSS.35 |
|---|---|
| *Provide the capability of recording user identification or user sign-on and workstation identification, to each document processed, accessed or updated on the system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- OnBase provides a single document audit log on every document in the system. The log displays the log date, log time, user name, action (brief description of the action that took place), and a detailed account of the action.
- OnBase also provides a complete and comprehensive transaction logging and reporting functionality. Each action taken within the system is logged from login, retrieval, update, logoff, etc. The system also provides an administration interface to select the desired events group or filtered by a number of parameters including date range, user group, document type, etc.

| Requirement Number: | WMSS.36 |
|---|---|
| *Provide the capability to attach notes, annotations, emails and other documents, to an original scanned document at any time, without rescanning, by direct system access (users) and end users.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- OnBase allows users with appropriate rights to add notes and annotations. OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are dynamic determined by Keywords, allowing different file formats to be linked together.

| Requirement Number: | WMSS.37 |
|---|---|
| *Provide the capability to automatically schedule and distribute work by type of work and individual staff members or other algorithms defined by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The Portal interface of APHP to Plexis QC and K2 blackpearl allows the work scheduler subsystem to assign work to individual staff and to roles through designated queues. If the work is assigned to a role queue, any staff with the role will be able to work on the transaction in the queue through the web portal.

| Requirement Number: | WMSS.38 |
|---|---|
| *Provide for online retrieval and access to documents and files at a minimum of 10 years rolling. Certain documents will be retained online forever (i.e., lifetime procedures, mental health services as defined by IME).* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP web portal provides capability to online retrieval and access of documents stored in the OnBase system. The attachments linked to a transaction (837, 278 etc) will stay with the transaction and will be purged once the transaction meets the purge criteria. The purge criteria are configurable and are based on the transaction type/service provided.

| Requirement Number: | WMSS.39 |
|---|---|
| *Maintain image retrieval response times at an average of fifteen seconds.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- Hyland Software expects sub-2-second response time for all documents retrieved. Typically, for LAN-connected clients, Hyland Software expects sub-second retrieval performance, although external factors to OnBase may affect optimum response time include:
  - Network bandwidth (available bandwidth during transmission)
  - Network latency
  - The OnBase database or file servers being appropriately managed and have sufficient processing power to handle the projected load
  - Usage characteristics of the OnBase solution
  - Size and format of documents

| Requirement Number: | WMSS.40 |
|---|---|

*Provide the capability to reject items in the system for incompleteness during upfront processing and generate a letter with address insertion and a hard copy of the image for mailing to the submitter. This function must be capable of maintaining data to generate ad hoc reports with statistical information, such as how many claims are returned to a specific address or within a user specified time period.*

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- OnBase allows systematic processes to be configured using true/false rules. If the criteria are met (true) the solution executes an action and processes the document one-way, if the criteria are not met (false) then the solution executes an action and processes the document a different way.
- OnBase also allows for various point-and-click rule types to be selected and for criteria to be evaluated such as keywords, document properties, related document properties, and system properties. If criteria are met the system will automatically process the document one-way if the criteria are not being met it will process the document a different way. Document generation based on templates is an example of a task that OnBase Workflow could trigger.

| Requirement Number: | WMSS.41 |
|---|---|

*Provide the capability to scan radiographs and diagnostic images.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- While paper size and weight is dependent on the scanner utilized, the proposed fi-6800 scanners will accommodate different documents such as radiographs and diagnostic images from 2.1" x 2.9" to 12"x17". These documents can be black and white or color and can be of varying thickness.

| Requirement Number: | WMSS.42 |
|---|---|

*Provide the ability to recognize and read bar coded information for the purpose of extracting data from a barcode to pre-populate index values and update tracking database as determined by IME.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The solution supports a wide array of bar codes, including 3-of-9, codebars and many others and can recognize and read bar-coded information for both data extraction and to pre-populate index values. This data can also be used to update tracking tables in the database.

| Requirement Number: | WMSS.43 |
|---|---|
| *Allow the user to manually remove, rescan and replace a scanned image or document(s) from a previously scanned group of documents.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Users with appropriate rights can perform these functions listed in the requirement.
- APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Authorized users with proper security level designation have the ability to manually remove, rescan, and replace a scanned image or document(s) from a previously scanned group of documents.

| Requirement Number: | WMSS.44 |
|---|---|
| *Provide the capability to group documents together during scanning, based on document type or a predefined number of documents set by the user.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- Our solution allows authorized scanner operators to group documents together during scanning based on document type. Documents can be scanned in batches or as single documents based on user preference, as defined by the State.

| Requirement Number: | WMSS.45 |
|---|---|
| *Provide automated queues to access and distribute work to staff with the ability for authorized supervisors to override the automatic distribution and distribute work manually.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP Portal Dashboard provides the status of various queues which are configured for different type of transactions. Authorized users can access APHP Portal to manually reassign work from one queue to another or from one worker to another worker.

| Requirement Number: | WMSS.46 |
|---|---|
| *Index fields on forms must be user-definable and recognize numeric, alphanumeric, date, currency and special characters as designated by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP supports a variety of keyword/metadata types for indexing to reduce the memory footprint in the database for keywords including: date, date and time, currency, specific currency, alphanumeric, numeric, and floating point.

| Requirement Number: | WMSS.47 |
|---|---|
| *Provide the ability to validate data captured from specific fields on forms electronically read by industry standards, ICR, OMR and OCR.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Captiva**

**Description of Product**

- APHP integrates with Captiva, the component application used to support data capture from paper forms. Working closely with the document management component, Captiva allows for OCR, OMR and ICR. For structured data, such as medical claim forms, pre-defined templates are used to help confirm that the data captured is correct.

| Requirement Number: | WMSS.48 |
|---|---|
| *Ability to process claims attachments. The system needs to be able to link the attachment to the claim and allow the attachment to be viewed online.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP supports X12 275 transactions as an attachment to standard X12 transactions. The 275 attachment is stored in the document management system, OnBase. APHP provides a link to the stored document and will be retrieved for online viewing when the user clicks the link. Paper claim attachments are also stored in OnBase.
- The claim is tied to corresponding images through document control number assigned to paper documents when they were scanned. As with the 275, a link is provided to view the scanned attachment.

| Requirement Number: | WMSS.49 |
|---|---|
| *Provide the capability to date-stamp all activity in the record and to identify the person who performed the activity.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP contains a common auditing service that records date, time, and user for any online updates. This auditing service is invoked by appropriate online screens for any data changes, providing a comprehensive audit trail. Data integrity is very critical in a MMIS and we are committed to providing a complete audit trail.

| Requirement Number: | WMSS.50 |
|---|---|
| *Provide ability to utilize user-defined templates that support various workflow processes.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- APHP K2 Workflow provides functionality to define common workflow process as templates and use it in building custom workflows. This will provide quick development and common look-and-feel for each of the custom workflows.

| Requirement Number: | WMSS.51 |
|---|---|
| *Provide capability to set user-defined system and personal alerts, such as ticklers and reminders. Functionality must be user configurable and allow the user to easily add additional types of alerts, without requiring technical assistance. Functionality should include: a. Ability to generate alerts that assist in monitoring time-sensitive activities (i.e., completion of reports, interface execution, business process completion such as auto assignment). b. Ability to generate alerts due to changes in policy, system functionality, status and the generation/distribution/return of correspondence. c. Ability to generate alerts based on the characteristics of providers, members, claims, case types and other entities or processes.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- Business activity monitoring capabilities in our solution generate alerts that are event driven and can provide response to time sensitive activities.
- Users are also able to set up customized notifications so that a notice is sent back to them based on specific events (e.g., report completion). This includes ticklers and reminders or even emails and text messages for a variety of time sensitive activities and regular work product.
- We track time sensitive activities such as report completion or interface execution using this monitoring capability or as steps in a workflow. Once a trigger is reached in the workflow, APHP generates the user notification.
- Almost any system event, activity, status change, or value (including things like policy or rule changes) can trigger

| Requirement Number: | WMSS.51 |
|---|---|

an alert or workflow.

- Internal flags (provider type, claim status, etc.) can be read in the workflow and used as the trigger for user notification.

| Requirement Number: | WMSS.52 |
|---|---|

*Provide the capability to attach notes to documents and workflow responses, to include, but not be limited to: a. Date and time stamp note created. b. Identity of user entering the note. c. Unlimited note entry space. d. Type or category assignment to notes. e. Security access to notes by authorized users.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- OnBase and K2 blackpearl allow users with appropriate rights to add notes and annotations to documents and workflow responses. OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing.
- These relationships are dynamic and determined by keywords, allowing different file formats to be linked together.

| Requirement Number: | WMSS.53 |
|---|---|

*Provide the capability to assign and re-assign records to an area, unit or individual.*

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- The APHP portal and workflow provide the capability to reserve exclusive access to work items. This will enable a work item to be locked down to a user or department, removing if from the open or assignable work queues. The lock can be release by a user with supervisor access rights.

| Requirement Number: | WMSS.54 |
|---|---|
| *Integrate with imaging and data entry solution and provide the user links to view images pertaining to the desired workflow tasks and creation of workflow tasks via the imaging system.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- To allow access to the documents stored in OnBase from APHP and other external systems, a custom created link is used to link to OnBase Docpop. OnBase Docpop is an Active Server Page that exists within the context of the OnBase Web Server that allows internal or external sites to integrate custom web pages with the web servers querying and document viewing mechanisms.
- When the user clicks the link, OnBase processes a query passed through the query string (that would include the image control number), returning a hit list to the user. This hit list will contain all of the documents in the query result set. If the results return only one document, then the viewer will be displayed with the document. This approach will provide the user with one view of all related material.

| Requirement Number: | WMSS.55 |
|---|---|
| *Provide the ability to integrate voice and electronic transactions into a single workflow, with integrated queues that allow work blending and load balancing. The system should have capability to produce status reports and processing statistics.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/CRM**

**Description of Product**

- APHP provides common web services to support standard MMIS functionality such as Eligibility Verification, Claim Status Enquiry and Claims submissions. These web services can be utilized by portal and Voice system.

- APHP uses load balancing functionality to provide scalability of the web service for volume. APHP will provide a consolidated view of the status of each type of transaction processed in the system.

APHP provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of APHP functionality. APHP offers the ability to view the status of transactions processed in the system through operational dashboard configurations as well as backend reporting.

| Requirement Number: | WMSS.56 |
|---|---|
| *Provide the capability to prioritize records within type.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP portal provides functionality to users with appropriate access to manually change the priority of records in the queue.
- APHP includes role-based security that allows designated staff to sign in using roles specific profiles that are configured based on State supplied business processes. Authorized users with proper security level designation have the ability to prioritize records within type.

| Requirement Number: | WMSS.57 |
|---|---|
| *Provide the ability to employ logic to edit claim data and suspend a claim(s) for manual review, by routing the claim to a work queue, mailbox and or inbox.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/Plexis Quantum Choice/K2 blackpearl**

**Description of Product**

- APHP can be configured to suspend and transfer claims to a location/queue for manual review based on adjudication rules. This will generate automatic notifications by the workflow system to individual user or a group based on IME requirements. The workflow queues are managed through APHP portal user interface.
- The APHP solution seamlessly integrates the claims adjudication rules with its native workflow capabilities. As claims fail for a rule configured for manual review, the K2 blackpearl workflow process identifies and routes the claim to the appropriate work location based on the predefined configuration.
- Accenture will configure the K2 blackpearl workflows to route claims with systematically irresolvable errors to the appropriate work locations based on IME specific requirements, and will be updated with new configurations as business needs change and evolve.
- Accenture's specialized claims analysts, supervisors, specialty care groups are then able to access the suspended claims through the APHP worker portal for error review and resolution.

| Requirement Number: | WMSS.58 |
|---|---|
| *Provide the capability to set follow-up dates on records and provide for an automatic tickler capability to notify staff when follow-up is required or timeliness standards on records are about to expire.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- APHP portal worker page provide functionality to add notes and set up follow up for a work item. The workflow will generate a notification to the user as soon as the follow up criteria is met.

| Requirement Number: | WMSS.59 |
|---|---|
| *Support workflow management for multiple simultaneous processes, each with multiple simultaneous instances of execution.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- K2 blackpearl supports multiple business processes and corresponding queues for various types of transactions. Each queue hold transactions in intermediate stages until the transaction reach its predefined final status. The queue and processes are scalable to accommodate dynamic growth.

| Requirement Number: | WMSS.60 |
|---|---|
| *Provide workflow management reports to identify inventories of items in each stage of a process, new items and completed items.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP Portal solution brings a full suite of performance and operational metrics and dashboards as part of our Enterprise Reporting Management System. Our centralized approach to the collection and reporting of these metrics means the State can access all the performance standards and metrics through the APHP work portal. Our solution collects metrics on all transactions across the enterprise.
- These transaction metrics include volumes, frequency, processing time, error rates, amounts and other metrics. They are stored in our Operational Data Store and presented in an easy to understand dashboard reporting system. The system can be configured to set performance standards and report or alert the user when a metric is falling outside the established performance metric.
- APHP provides full transparency, in near real time, to all performance metrics. Our philosophy is to provide the State with the tools and metrics to monitor the overall.

| Requirement Number: | WMSS.61, WMSS.62, WMSS.63 |
|---|---|

*Provide the ability for a user to view all their workload.*

*Provide the ability for a user to reserve a work item for their exclusive use.*

*Provide the ability for a user to view all their reserved work items.*

This requirement is met using COTS products.

**COTS Product Name: APHP/K2 blackpearl**

**Description of Product**

- APHP seamlessly integrates all of the COTS components comprising the MMIS into a configurable workflow process managed through K2 blackpearl. Utilizing the configured workflows the APHP portal will present users with their individualized work queue providing easy access to all work on hand.
- Examples of this include an individualized work queue for a Claims Specialist responsible for working priority high dollar institutional claims, or a Prior Authorization Nurse responsible for reviewing specialized prior authorizations for OB Ultrasound requests. While working within their queue on the APHP portal the worker will also have the capability to route assignments to other departments or perhaps escalate the item to a lead or specialist based on the configured workflow for that work item type.
- The flexible APHP workflow processes support work group queues in addition to the individualized queues. In this manner work can be shared among multiple workers allowing the group to quickly and efficiently address large volume work items.
- The APHP portal and workflow provide the capability to reserve exclusive access to a work item. In this manner the work item is assigned specifically to that user's ID removing if from the open or assignable work queues. Upon exclusive reservation the work item is placed in the worker's individualized queue for quick access each time they enter their Portal work queue.
- Supervisors and users with the appropriate access have the capability to look into a user's work queue, including exclusively assigned work items, for potential reassignment at any time.

| Requirement Number: | WMSS.64 |
|---|---|

*Provide a Workflow Management Module that ensures data security.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP comes with a security model based on Active Directory Federation Services and Forefront Identity Manager to provide a role based authentication. The role based security is applicable to both the application as well as the data.

| Requirement Number: | WMSS.65 |
|---|---|

*Provide reports that identify adherence to performance standards for each work flow.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP solution brings a full suite of performance and operational metrics and dashboards as part of our Enterprise Reporting Management System. Our centralized approach to the collection and reporting of these metrics means the State can access all the performance standards and metrics through the APHP work portal. Our solution collects metrics on all transactions across the enterprise.
- These transaction metrics include volumes, frequency, processing time, error rates, amounts and other metrics. They are stored in our Operational Data Store and presented in an easy to understand dashboard reporting system. The system can be configured to set performance standards and report or alert the user when a metric is falling outside the established performance metric. APHP provides full transparency, in near real time, to all performance metrics. Our philosophy is to provide the State with the tools and metrics to monitor the overall quality and performance of the Medicaid program and contract service providers.

| Requirement Number: | WMSS.66 |
|---|---|

*Provide supporting supervisory operations for the management of workflow, including, but not limited to: a. Assignments and re-assignments and priorities. b. Status querying and monitoring of individual documents and other work steps or products. c. Work allocation and load balancing. d. Approval for work assignments and work deliverables via a tiered approach. e. Ability to take necessary action or provide notification when corrective action is needed, including the ability to modify or abort a workflow process. f. Monitoring of key information regarding a process in execution, including, but not limited to: 1. Estimated time to completion. 2. Staff assigned to various process activities. 3. Any error conditions. g. Overall monitoring of workflow indicators and statistics by sub-process, organization or individual staff members, including, but not limited to: 1. Work in queue by priority. 2. Throughput. 3. Individual and organizational productivity. 4. Current activity by individual staff member.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- APHP portal provides central monitoring and control of workflow activities for users with right security access. These web pages can be used to query workflow queues, select individual transaction from queues, re-assign the transaction to a worker, approve the task, send notification through emails, prioritize the transaction, and bypass the remaining steps of the workflow.
- Also, APHP provides current and historical status of the workflow process through near-real-time graphical representation in the Operational Data Store. APHP dashboard reporting is used to query the queue status which can be further filtered down to sub-process level, department level, and individual performer level.

| Requirement Number: | WMSS.67 |
|---|---|
| *Provide Application Program Interface (API) to support Interface real-time with all modules of the Iowa Medicaid Enterprise.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

APHP portal is designed as an integrator of various COTS products through web service calls. The flexible integration is achieved by a three layer architecture:

- Access Layer to provide a consistent user interface and standards based external service to all customers, users, and business partners,
- Business Integration Layer to integrate all of the products into a single set of standard MITA business services, insulating the user from the complexities of the technical infrastructure.
- Adapter layer which provides interface with other COTS products like Plexis Quantum Choice, K2 blackpearl workflow, Microsoft Dynamic CRM, OnBase Document Management System, CISCO IVR etc.

This flexible architecture provides easy integration of any IME modules in to APHP Portal.

| Requirement Number: | WMSS.68 |
|---|---|
| *Provide a query capability for the workflow process management system database with appropriate security access.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- K2 workflow process management data is exposed through APHP portal web services. APHP portal and APHP Dashboard/ODS provides query capabilities to interact with the data and run reports for users with the right security access.

## 9.3.13 Electronic Data Management (ED)

### *9.3.13.1 Introduction to APHP Electronic Data Management*

Our proposed solution capitalizes on the investment and institutional knowledge that is contained in the existing OnBase solution by "plugging it in" to the APHP COTS component layer and linking through our Document Management connector technology to fully integrate into APHP. In this way, OnBase becomes an experienced component provider of business functionality within APHP. OnBase provides several options for associating related documents, including folders, envelopes, and cross-referencing. These relationships are dynamic determined by Keywords, allowing different file formats to be linked together. APHP catalogs and indexes all scanned documents. It stores electronic and imaged paper documents and systems generated reports and make them available online through a single user interface. APHP OnBase integrates with the other APHP business applications.

#### Features

- APHP OnBase uses Microsoft technology to embed OnBase functionality directly within Microsoft Office applications.
- APHP automatically links all related documents together to provide a complete view of all the information.
- APHP EDMS can be accessed by authorized users through the APHP worker portal.
- Integration with Microsoft technology makes the EDMS appear to be a natural extension of the desktop applications used in the workplace on a daily basis.
- Cataloging, indexing and linking of all related documents provides a complete view of all the information necessary to inquire, review and resolve MMIS transactions, including claims adjudication, prior authorization determination, provider enrollment, trading partner agreements and payment inquiry.
- APHP solution uses high speed IBML scanners.
- APHP includes, at a minimum, the following scanning management capabilities:
- Scan both single and double sided documents.
- Scan complete or scraped documents.
- Scan color, black and white and grayscale images.
- Support special characters.
- Support a wide range of compression methods.

### *9.3.13.2 Infrastructure Requirements and Responses*

| Requirement Number: | EDSS.01 |
|---|---|
| *Include, at a minimum, the following document management capabilities: a. Retrieve images through the use of any OCR/ICR field search. b. Retrieve by report name. c. Retrieve by report number. d. Retrieve by change management request. e. Retrieve by date. f. Retrieve images by ICN/TCN. g. Retrieve images by provider number. h. Retrieve images by member ID number.* | |

| Requirement Number: | EDSS.01 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- Our APHP solution uses OnBase as the electronic document management system (EDMS). It provides the ability to store and index images on multiple fields to facilitate document lookup and search requirements. Our solution enables a document to be retrieved by:
  - Fields that have been recognized by OCR/ICR
  - Report name
  - Report number
  - Change management number
  - Date imaged
  - ICN/TCN
  - Provider number
  - Member ID number

| Requirement Number: | EDSS.02 |
|---|---|

*Provide the capability to store electronic and imaged paper documents and systems generated reports and make them available online through a single user interface, to promote a total view of current and historical information.*

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- OnBase is the repository for electronic and imaged paper documents. It is also the repository for system generated reports.
- The APHP portal provides access to the images through hyperlinks when the image or document is associated to a particular record or transaction. Our single sign on (SSO) implementation means that the worker needs only to click on the link to open the image viewer and have access to the image. They are not required to have a separate ID and password nor do they need to retype their login credentials.
- The APHP portal includes a report library that allows providers, members and workers to see the reports their user profile allows them to see. This provides a consolidated view of the available reports (for that user profile) and provides one click access to the reports through our integration with OnBase and our SSO solution.

| Requirement Number: | EDSS.03 |
|---|---|

*Support drag-and-drop functionality to be used when creating or editing a document.*

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- In the context of document creation with OnBase scanned documents, images that are not indexed are worked and viewed with the OnBase image viewer and indexed while on screen.
- Users can skip images, delete images, or create multiple page documents with simple point and click or drag and drop functionality.

| Requirement Number: | EDSS.04 |
|---|---|
| *Provide the ability to print or fax one or more selected images from image search.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/ OnBase/ RightFax**

**Description of Product**

- Virtually any printer that is recognized by a workstation's operating system is automatically mapped for use with an OnBase print queue.
- Should a user need to fax a document image, OnBase supports the faxing of the image directly from the OnBase client, no need to print the document to be faxed.

| Requirement Number: | EDSS.05 |
|---|---|
| *Include at a minimum the following document management capabilities: a. Concurrent retrieval functions to publications and other stored documents. b. Automated inventory control for all forms, letters, publications and other IME-designated documents. c. Storage of documents and files. d. Ability to generate documents in both hard copy and electronic format, including forms and letters.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- The APHP solution uses OnBase as the electronic document management system (EDMS). This integration means that access and retrieval of any documentation, reports or scanned images is easily accessible through the APHP portal solution. This does not exclude the ability to access these documents directly from the OnBase client; however, it does simply hide the complexity of multiple applications from the end user.
- APHP provides links to the stored documentation within the Portal solution. Our solution allows for the concurrent retrieval of any of the documents or images stored within our EDMS, this includes publications and other stored documents.
- Our industrial strength OnBase EDMS provides an automated inventory control of all forms, letters, publications and other IME designated documents. These documents are indexed and inventoried by key indexed fields and other pertinent metadata like Date, size, type, etc.
- OnBase is the APHP repository for all documents and report files
- Our EDMS has the ability to generate documents in both hard copy (print) and electronic format for documents, reports, forms and the scanned images.

| Requirement Number: | EDSS.06 |
|---|---|
| *Provide conversion of all documents to a format as defined by IME.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- One of the Accenture's Team objectives is to protect the investments the State of Iowa has made in technologies and solutions that are effectively supporting the Medicaid operations and technology solution today. These investments must also have the ability to continue to support the program going forward and integrate with the new IME MMIS in an easy and efficient way.
- Accenture is prepared to work with the Department and supporting software vendors to convert and preserve documents in a format defined by the IME that address the objective of future capability and interoperability of the new IME MMIS with other information systems and COTS products.

| Requirement Number: | EDSS.07 |
|---|---|
| *Support cataloging and indexing of all imaged documents.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/OnBase**

**Description of Product**

- As documents are scanned into our EDMS solution and indexed and cataloged according to the type of document. The document type determines what fields are indexed and how the image or document is cataloged.
- Accenture works with the Department during the Implementation Phase of the System Services Project to verify the indexes and categorizations currently in use.

| Requirement Number: | EDSS.08, EDSS.09 |
|---|---|
| *Include, at a minimum, the following scanning management capabilities: a. Scan both single and double sided documents. b. Scan complete or scraped documents. c. Scan color, black and white and grayscale images. d. Support special characters. e. Support a wide range of compression methods.*<br><br>*Provide the capability to manipulate images, to include: a. Rotation. b. Inversion. c. Zoom. d. Brightness and contrast. e. Crop, cut and copy a portion of the image.* | |

This requirement is met using COTS products.

**COTS Product Name: APHP/EMC Captiva**

**Description of Product**

- Accenture proposes EMC's Captiva scanning software, which provides robust imaging functionality to support the overall document management process for Iowa.
- Captive supports single and double sided documents. Captiva also offers the ability to auto-correct skewed documents and auto-adjust document resolution, brightness and contrast, as well as halftone removal, image smoothing, line removal, color dropout, cropping, rotation, inversion, zoom, and many other standard image cleanup functions.
- Captiva offers multiple ways to recognize blank pages as part of our solution, including the ability to recognize clean vs. dirty blank pages. Some fax machines for example leave streaks or specks on a page. What to do with blank pages is configurable based upon your requirements, including auto-deletion, manual deletion, and

| Requirement Number: | EDSS.08, EDSS.09 |
|---|---|

notification of deletion.

- Captiva has the ability to create and store documents with a wide range of compression methods, including International Telegraph and Telephone Consultative Committee) CCITT Group 3 and Group 4, Sequential and Progressive JPEG, JPEG 2000, JBIG, PCX, PDF, and more.
- Documents scanned in via Captiva are released to OnBase and can be configured to automatically enter the appropriate OnBase Workflows. These workflows are integrated into the APHP solution to allow documents to be systematically routed in a consistent manner. The system can be leveraged to automatically route or process documents based on the configuration logic and rules in the Workflow.

| Requirement Number: | EDSS.10 |
|---|---|

*Allow manual data entry from scanned documents if they cannot be read and transmit electronically from an image to IME Enterprise.*

This requirement is met using COTS products.

**COTS Product Name: APHP/EMC Captiva FormWare**

**Description of Product**

- For those images that cannot be recognized or not all elements are OCR by the scanning software, Captiva's FormWare product provides the ability to for the manual data entry of those documents/files that must be transmitted electronically for processing by the APHP claims processing engine (e.g. claim forms, prior authorizations).
- The data entry rules can be configured to perform field level edits to increase accuracy and reduce the keying errors.
- Captiva validates the scanned image and presents to the data entry clerk only those characters or fields that are not recognized or are questionable. Field level edits can also be set up to validate the value keyed is valid to further reduce the risk of keying error.
- These capabilities greatly reduce the overall manual entry efforts and increase the overall quality and accuracy of the information entering the system, increasing the overall customer service and satisfaction of the provider community.

## 9.3.14 Automatic Letter Generation Requirements (ED)

### *9.3.14.1 Introduction to APHP Automatic Letter Generation*

The APHP correspondence component supports the creation and management of correspondence templates, merge with APHP services and data sources, and distribution of correspondences and other documents through mail, email and fax. The APHP electronic system provides the data via web services to the letter generation component and where the data is loaded into fields on the template, the formatted letter is sent along the appropriate workflow depending on the letter type, review process, and delivery mechanism. Examples of the types of correspondence and documents that are supplied include Provider Certification materials and Provider Recertification letters related to Provider Enrollment/Reenrollment, general correspondence and notices for providers and members, financial letters, Coordination of Benefits letters, Serviced Authorization letters, Denial of Service, premium notices, special payments, Notice of Decision letters, and Return letters.

#### Features

- The APHP letter and form templates are stored in the system in such a way that they are easily identifiable.
- APHP supports the generation of generic letters to be sent to multiple recipients. APHP saves a copy of all letters sent to a provider, member or third party in the OnBase EDMS and links the copies appropriately to the corresponding member id, provider id, or claim id.
- APHP solution contains correspondence templates which meet the needs of the MMIS communications with providers, members, and other third parties. These templates have data fields that are place holders for the system data that is needed when the letters are generated.
- The APHP letter and form templates stored in the system have attached attributes that allow the system to know what is required with that template when the letter is being generated.
- APHP correspondence delivery mechanisms include mail, email, and fax.
- The saved copies of letters can be accessed through the APHP Worker Portal including the recipient's address, date, delivery method, and the source of the letter (department).

### *9.3.14.2 Infrastructure Requirements and Responses*

| Requirement Number: | EDSS.11, EDSS.12 |
|---|---|
| *Provide the capability to create letter templates and forms, including, but not limited to: a. Provider certification materials. b. Provider recertification letters. c. General correspondence and notices for providers and members. d. Financial letters. e. COB letters. f. Service authorization letters. g. Service denials. h. Premium notices as required by IME. i. Special payments. j. Notice of Decision letters. k. Return to provider letters.*<br><br>*Allow for specific information on the letter templates, such as: a. Name and address. b. Date. c. Salutation. d. Free form text block. e. Signature block. f. Electronic signature capability. g. Revision date. h. Phone number. i. Department letterhead* | |

| Requirement Number: | EDSS.11, EDSS.12 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP solution has letter/correspondence/form templates to meet the needs of IME communications with Providers, Members, and other third parties. These templates have data fields that are place holders for the system data that is needed when the letters are generated. The electronic system provides the data via web services to the letter generation component and where the data is married to the template, the letter is sent along the appropriate workflow depending on the letter type, review process, and delivery mechanism.
- The types of letters/forms that will be supplied are Provider certification materials and Provider recertification letters related to Provider Enrollment/reenrollment, general correspondence and notices for providers and members, financial letters, Coordination of Benefits letters, serviced auth letters, denials of service, premium notices, special payments, Notice of Decision letters, and Return letters.
- An example of the data fields that will be supplied by the system are name, address, date, salutation, signature block, revision date, phone number, and department letterhead seals. APHP utilizes electronic signature functionality to allow the provider, member, or third party to electronically sign a document instead of having to sign and mail back to the Department. This will be per Department guidelines. Letters that require dynamic content to be added will have a text area and will allow the user to enter information.

| Requirement Number: | EDSS.13 |
|---|---|

*Store letter templates and forms within the system, with the following attributes assigned to each letter template, including, at a minimum: a. Letter template and form name. b. IME letter template and form number. c. Letter template and form unit owner (e.g., provider services). d. Contact position and location for updates. e. Last revision date (archived letter and form must be available). f. Letterhead type used (not applicable to forms). g. Whether IME administrator signature is contained on the letter template (not applicable to forms). h. Whether the letter requires a hand-written signature. i. Canned language and standardized paragraphs. j. Allow for multiple versions of the template including a revision log.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP letter and form templates are stored in the system in such a way that they are easily identifiable and have attached attributes that will allow the system to know what is required with that template when the letter is being generated. These attributes include the name, IME template number, unit owner, contact and update information, last revision and the template history, letterhead to use, indicator of whether an administrator signature is contained in the template, indicator to identity if a handwritten signature is required, references to the canned language and standardized paragraphs that are used in the template, and version number.

| Requirement Number: | EDSS.14 |
|---|---|

*Provide a method of automatically generating letters to providers, members and other stakeholders. The automated letter generator must: a. Provide the functionality to send letters by mail, email or fax including mass emails. b. Provide the ability to trigger letters automatically based on processing such as provider enrollment. c. Initiate system-generated letters to members and providers based on status in the workflow management queue (e.g., the system would generate second notices to providers who have not returned the required documentation). d. Allow user to generate a single letter immediately. e. Allow user to designate address to be used. f. Support the generation of letters for mass mailings. g. Allow users to insert unlimited free form text. h. Allow imposition of security rules to control who may issue each kind of letter and to designate and enforce a chain of review for certain letters.*

| Requirement Number: | EDSS.14 |
|---|---|

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- The APHP solution has letter/correspondence/form templates to meet the needs of the MMIS communications with Providers, Members, and other third parties. These templates have data fields that are place holders for the system data that is needed when the letters are generated. The electronic system provides the data via web services to the letter generation component and where the data is married to the template, the letter is sent along the appropriate workflow depending on the letter type, review process, and delivery mechanism. These deliver mechanisms include mail, email, and fax.
- The letters can be triggered by multiple events which can be configured to meet IME needs including certain points in the workflows, including provider enrollment, and through database triggers, for example when a provider's license is about to expire and a letter needs to be sent. The users will be able to generate single letters from within the APHP portal application as appropriate. When a letter is generated by the user, if there are multiple addresses within the system, the user will be able to select the appropriate address to send the letter to.
- The system supports the generation of generic letters to be sent to multiple recipients as part of a mass mail or email distribution. Certain letters will have dynamic text areas that will allow the users to enter custom information pertinent to that letter. The security around the letters will be role-based to ensure that only authorized users are able to send the letters that are appropriate.

| Requirement Number: | EDSS.15 |
|---|---|

*Allow for the retrieval and reproduction of all generated letters, including the address to which the letter was sent and the date the original letter was generated.*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- When a letter is sent out from APHP, a copy of that letter is stored in the Document Management System (OnBase). These letters will be retrievable through the APHP web portal to allow viewing of the original letter that was sent along with the information that is associated with the letter. This data includes the recipient's address, date, delivery method, and the source of the letter (department).

| Requirement Number: | EDSS.16 |
|---|---|

*Provide the ability to link a letter image to its appropriate data element (i.e., member, provider, claim, other).*

This requirement is met using COTS products.

**COTS Product Name: APHP**

**Description of Product**

- When a letter is sent to the provider, member, or third party a copy of the letter is also saved in the OnBase.
- A link to that document location is then stored in the APHP Claims Engine and within the Dynamics CRM application. The link in the Claims Engine and the CRM are associated to the member id, provider id, or claim id as appropriate so that when that entity is viewed through the web portal, the link will be displayed to notify the user that there is correspondence associated to the entity that they are viewing. If they click on the link, the portal will retrieve the letter from OnBase via the service layer and then render it to the user.

| Requirement Number: | EDSS.17, EDSS.18 |
|---|---|
| *Provide the ability to print letter templates to networked, individual or high volume centralized production printers.*<br><br>*Provide the capability to print letters on an IME-approved schedule for direct mailing or route letters to a user for a signature before mailing* | |
| This requirement is met using COTS products.<br><br>**COTS Product Name: APHP**<br><br>**Description of Product**<br>• APHP provides the ability for the letters that are being generated to be sent to multiple destinations. These include network, individual and high volume printers. These can be indicated by the user at the time the letter is generated.<br>• These letters can also be batched and printed according to IME approved schedules. Other destinations include users dictated by the document workflow if an approval or signature is required before mailing. | |

## 9.4 Requirements Traceability Matrix

You have requested a matrix with proposal responses that indicates how we intend to comply with the requirements. Our proposed solution to deliver the new MMIS requirements, the Accenture Public Health Platform (APHP), is a SOA-based platform that leverages proven commercially available component products. We believe this solution offers the best alignment with MITA and the Department's vision for the IME today and provides the flexibility to adapt and grow as the Iowa healthcare landscape evolves over time.

To complete this matrix, we first reviewed the requirements provided in Section 7 of the RFP and compared them to the functionality of APHP and the COTS component products that we are proposing for Iowa. You asked for a series of categories to be completed in the matrix. As prescribed in Section 9.2.10 of the RFP, these are shown in Table 4.

| Column Name | Description | Value | Comment |
|---|---|---|---|
| **A** | Agree to meet the requirement as stated | Yes or No | The Accenture Team agrees to meet the requirements as stated. |
| **B** | Existing Capability | Yes or No | The Accenture Team has met this requirement and provided the required values. |
| **C** | Requirement will be met with system modification (SM) or Commercial off-the-shelf (COTS) solution (Required entry for any Requirement with a "No" in Column B) | SM or COTS | The Accenture Team is proposing a COTS solution. For those entries in Column B that are a "YES", we have still provided an answer to this column. You will see that other than five requirements, all requirements will be met through COTS and COTS configuration. The five SM requirements will be met through customization of the product. |
| **D** | DDI Hours (Required entry for any Requirement with a "No" in Column B) | # of DDI Hours for SM or scheduled Product Releases for COTS | For the five SM requirements, we have provided the number of hours of DDI needed.<br>For all other requirements, we have populated this column with the targeted APHP Release |
| **E** | Reference to Proposal Section for proposed solution | Proposal Reference | This proposal provides responses to requirements in sections 9.1.1 through 9.3.14. |

*Table 4. The Accenture Team has completed the RTM exercise as required in the RFP.*

Our APHP product builds from a strong foundation and is scheduled to have releases to further enhance the product in the future.

The majority of the start-up and implementation effort will be documenting requirements, configuring and testing the product and building State specific reports and interfaces to meet the requirements of the IME. This allows us to maintain the upgrade path for the APHP solution. Work effort (in hours) associated with requirements that need a “System Modification” represents only a small percent of the total work effort.

As you review this matrix, we hope you will see the distinctiveness of our solution, the true COTS component nature of our product, and the strong alignment with the Department’s vision for the IME. Accenture is confident in our solution, its architecture, our team and management approach - and that these together will result in an implementation of the Iowa MMIS that meets your vision for the IME.

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE1.01 | Support a member data set that contains all required data elements. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.01.02 | Maintain member demographic data, including, but not limited to the following: a. Mailing address. b. Residential address. c. County of residence. d. Multiple instances of county of legal settlement. e. Guardian name and address. f. Custodian name and address. g. Representative payee name and address. h. Zip plus four on all addresses. i. Date of birth. j. Date of death. k. Pregnancy date of delivery. l. Race(s). m. Gender. n. Marital status. o. Ethnicity or tribal designation. p. Emancipated youth indicator. q. Deprivation code. r. Primary language spoken. s. Primary language for correspondence. t. Benefit address. u. Custody status. v. Telephone numbers such as home, cell, work, guardian and individual ownership of phone) – must store multiple numbers. w. Fax number. x. Email address example, attach e-mail address to member. y. Text number or pager number. z. Head or member of household. aa. Foster care indicator. bb. Foster care for Early and Periodic Screening Diagnosis and Treatment (EPSDT) mailing indicator. cc. Immunization Registry data received and displayed in the Medicaid Management Information System (MMIS). dd. Social Security Number. ee. State ID from the eligibility system. ff. Multiple indicators of disability, chronic or other condition as identified by Iowa Medicaid Enterprise (IME). gg. Member name, legal and preferred. hh. Eligibility span. ii. Case Number. jj. Others as determined by IME. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.02 | Process all transactions that update the member data set on a timely basis as determined by IME, edit fields for reasonableness and control and account for transactions with errors. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.02.01 | Provide controls to assure that records received from the eligibility system were properly applied. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.02.02 | Provide a weekly listing, in electronic form, "Notices of Decision (NOD)" to recipients for non-payable Medicaid service claims, combined with the ambulance notice of decision listing, that contains the following information in alphabetical order by member last name: a. Member name and member number. b. Provider name and provider number. c. TCN and denial notice number. d. Date of service and date of NOD. e. Exception code. f. Written reason for denial. g. Same format as current ambulance NOD. | YES | YES | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE1.02.03 | Provide the capability to generate NODs for denials of selected services such as therapy services, rehabilitation therapy service, claims for occupational therapy, physical therapy and speech therapy. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.03 | Support management of member information, including archives, reports, transaction and transaction error tracking. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.04 | Generate notification when member information is received from external sources to update member records. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.05 | Receive and process member eligibility information from external sources such as, IME"s Integrated Eligibility System or Social Security Administration (SSA"s) state data exchange, for a given period of time; produce total and detail information that supports error correction and synchronization. Apply reconciliation changes to master file. Produce a file of changed records to be sent to originating source. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.06 | Archive member data sets and update transactions according to IME provided parameters. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.07 | Provide member data to support case identification, tracking and reporting for the EPSDT services covered under Medicaid. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.07.01 | Provide the capability to meet the business requirements of EPSDT. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.07.02 | Provide the capability to track screenings, referrals and treatments for EPSDT members. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.07.03 | Identify all members eligible for EPSDT services within the benefit plan administration rules engine. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.07.04 | Provide the capability for recording all case activity including, but not limited to: a. Logs of notices. b. Recommended dates of service from the periodicity table. c. Actual dates of services. d. IME and contractor contacts. e. Case notes. | YES | YES | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE1.07.05 | Use the workflow management process to provide and log notices, track services provided and enter case notes for each eligible member in a program (such as EPSDT) and at a minimum, include processes listed below: a. Automatically generate notification letters or electronic communications, according to specifications set by IME. Identify the family head of household or foster care worker and generate screenings letters and or electronic communications to this individual, even if the child resides at a different address. b. Retrieve data from the MMIS claims and encounter data (if applicable) to compare to services recommended from the periodicity table. c. Provide for the inclusion of claims attachments. d. Automatically compare and report claims to the periodicity table, to determine if the member received the health checkup examination and related services at the recommended intervals. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.08 | Provide an indicator to suppress generation of documents containing member identification for confidential services or other reasons. | YES | NO | SM | APHP Release | 9.1.1 |
| BE1.09 | Maintain indicators such as clinical or utilization and special needs status for such programs as lock-in, disease management, outcomes and high-dollar case management files. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.09.01 | Provide the capability to maintain date-specific data necessary to support long term care claims processing, such as level of care (LOC), patient financial responsibility, admit and discharge dates, home-leave days and hospital-leave days. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.09.02 | Support the processing of nursing facility, Intermediate Care Facility for the Mentally Retarded (ICF/MR), Home and Community Based Waiver and other long-term care (LTC) claims through the maintenance of member specific LTC data. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.09.03 | Support the processing of nursing facility, ICF/MR, Home and Community Based Waiver and other long term care claims through the maintenance of provider specific certification and rate data. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.10 | Maintain record and audit trail of a member‟s requests for copies of personal records (including time and date, source, type and status of request). | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.11 | Maintain record and audit trail of errors during update processes, accounting for originating source and user. | YES | NO | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE1.11.01 | Provide the capability to produce daily audit trail reports and allow inquiries showing all member data updates applied to the member management module. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE1.11.02 | Provide the capability to maintain an audit trail to document date, time and user who accessed a member record through the real-time interface. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE1.12 | Allow authorized users to update member records online. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.12.01 | Provide the capability for authorized users to have online inquiry into the member module with access, at minimum, by case number, member state identification number (SID), social security number (SSN) and member name or partial name. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.13 | Support and track the identification of duplicate recipient records based on state-defined criteria. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.01 | Provide the capability to generate file of new and changed eligible members to the contractor responsible for generating eligibility cards as directed by IME including production on demand. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.02 | Provide the capability to generate an alert when a member gives birth or when a pregnancy is terminated. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.03 | Eligibility segments must be date driven and provide accurate eligibility information at any point in history. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.04 | Provide an online change-correction process, which allows the database record to be modified according to users" security access levels. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE1.SS.05 | Provide links between all modules, such that the user can easily navigate with one "click" according to users" security access levels. | YES | NO | COTS | APHP Release | 9.1.1 |
| ~~BE1.SS.06~~ | ~~Provide the capability to produce reports and notices, as required by a wholesale income change.~~ (Requirement removed - Amendment 2) | | | | APHP Release | |
| BE1.SS.07 | Provide the capability to maintain current and historical information, with inquiry and update capability, for authorized IME users, on Medicare Part A, B, C, D coverage, including but not limited to: a. Effective dates. b. Termination dates. c. Medicare identification number. d. Medicare advantage plan information. e. Part D coverage. f. Other health plan information. g. Medicare buy-in information. h. Part C coverage. i. Other information as defined by IME. | YES | NO | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE1.SS.08 | Provide a monthly extract of members that are dually eligible for Medicare and Medicaid, to the Medicare Part A, Part B and Part D carriers, or coordination of benefits carrier and CMS. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE1.SS.09 | Provide the capability to periodically archive member records using criteria approved by IME. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE1.SS.10 | Provide the capability to void and retain member information as determined by IME. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE1.SS.11 | Provide the capability to perform reconciliation of the member module with 100% accuracy, approved by IME to all eligibility files in the eligibility system on a schedule to be determined by IME. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.12 | Provide the capability to generate Medicare eligibility files for the Medicare claims processor to use in processing crossover claims. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.13 | Provide address type and effective dates for each address maintained in the member management module. Provide the capability to select the type of address when mailings are prepared for members, example Third-Party Liability (TPL), Explanation of Medical Benefits (EOMBs), EPSDT letters and prior authorization determinations. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.14 | Provide a robust search capability in the member database using minimal steps and keystrokes to search for all available member data elements. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.15 | Provide the capability to view a single eligibility episode that is comprised of multiple eligibility segments for example see “the beginning and end date” for all contiguous eligibility segments. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.16 | Provide the capability to accept and send data using various media options such as, online, Internet Direct Data Entry (DDE), Electronic Data Interchange (EDI) and reports to other state agencies and other external sources, in the format required by IME. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.17 | Provide the capability to provide authorized staff with real-time access to all modules of the MMIS, for inquiries during normal business hours. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE1.SS.18 | Provide the capability to identify the name(s) of the provider(s) to which the member is locked-in. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.01 | Provide data storage and retrieval for TPL information; support TPL processing and update of the information. | YES | YES | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE2.01.01 | Support the assignment of members to benefit plans based on rules in the rules engine and provide the capability to set the effective date of enrollment in a Benefit Plan on the date of enrollment, a default date or any state defined date. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.01.02 | Provide the capability to determine if a member is enrolled in multiple benefit plans for example HCBS, Medically Needy, PG (Pregnancy), ICF-MR, QMB and SLMB. Provide the capability to distinguish which benefit plan will fund the service based on the hierarchy as established by IME. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.01.03 | Support a universal identifier for members across all benefit plans and cross-reference that identifier with all prior established benefit plan identifiers. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.01.04 | Maintain the benefit package associated with each benefit plan, including the rules that apply to provider enrollment, claims processing, reporting and any other processing rules. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.01.05 | Provide the capability to maintain insurance coverage data in the member management module including, but not limited to: a. Carrier. b. Policy number. c. Group number. d. Pharmacy Benefit Manager (PBM) ID and member identification number. e. Sponsor, subscriber or policy holder name and identification number(s). f. Type(s) of coverage. g. Dates of coverage. h. Date the coverage was added to the database. i. Date the coverage was updated. j. Court order including date ranges and responsible payer. k. Part D enrollment indicator -The record should indicate the member is enrolled in Medicare Part D and identify the plan the member is enrolled. l. Allow for multiple insurance policies. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.02 | Supports the assignment of members to Medicaid benefits and benefit packages based on federal and or IME-specific eligibility criteria. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.02.01 | Provide the capability to maintain a historical record of benefit assignment(s) for a member, including identifying dual-eligibility spans. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.02.02 | Provide the capability to create new benefit plans by configuring through the rules engine using a defined process for testing and promoting changes. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.02.03 | Provide the capability to create new benefit plans by a business analyst without involvement of programmers. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.02.04 | Provide the capability to maintain a historical record of benefit assignment(s) for a member, including identifying dual-eligibility spans. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.03 | Apply appropriate benefit limitations for members based on federal and or IME-specific criteria. | YES | YES | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE2.04 | Maintain record of member benefit limitation information. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.05 | Calculate and apply member cost-sharing, including premiums and co-pays, for particular benefits based on federal and or IME-specific criteria. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.06 | Maintain record of member cost-sharing and provide the capability to retain "to date" accumulations for cost sharing if a client moves between benefit plans. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.07 | Maintain record audit trail of any notice of benefit(s) sent to members including time and date, user source and reason for notice. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE2.SS.01 | Provide the capability of real time updates to the member module as directed by IME. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.SS.02 | Provide the capability to perform mass re-assignment of members prior to the end of the month or on an as needed basis. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.SS.03 | Provide the capability to maintain a real time interface with the POS to verify member eligibility as directed by IME. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.SS.04 | Provide the capability to identify and report data exchange transactions that fail either fatal and or non-fatal update edits back to the originating module and user area. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.SS.09 | Provide the capability to lock-in a member to a certain physician, hospital, pharmacy or all. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE2.SS.08 | Provide the capability to report on the number of members in lock-in status, the reason for the lock-in, the number of unauthorized providers billing for services during lock-in time segments. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE3.01 | Provide eligibility status for date(s) queried in response to an eligibility inquiry made through the MMIS. Track and monitor responses to queries. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE3.02 | Provide notification of third-party payers who must be billed prior to Medicaid in response to an eligibility inquiry made through the MMIS. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE3.03 | Provide notice of participation in a managed care program in response to an eligibility inquiry made through the MMIS. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE3.04 | Provide notification of program and service restrictions, such as lock-in or lock-out, in response to an eligibility inquiry made through the MMIS. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE3.05 | Maintain record and audit trail of responses to eligibility inquiries. | YES | NO | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE4.01 | Support system transmission and receipt of all current version X12N eligibility verification transactions. System is required to support future standards through the life of the contract at no charge to the State of Iowa. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE4.02 | Support production of X12N 270 transactions to query other payer eligibility files and ability to process responses. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE4.SS.01 | Provide the capability to produce Health Insurance Portability and Accountability Act (HIPAA) certificates of creditable coverage on a scheduled and ad-hoc basis. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE4.SS.02 | Provide the capability to produce HIPAA privacy notices on a scheduled and ad hoc basis. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE4.SS.03 | Track disclosure of protected health Information (PHI) and have the capability to indicate persons authorized to discuss PHI for a member. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE5.01 | Identify and track potential Medicare buy-in members according to IME and CMS-defined criteria. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE5.02 | Transmit IME-identified buy-in member information for matching against CMS-specified federal Medicare member database(s). | YES | NO | COTS | APHP Release | 9.1.1 |
| BE5.03 | Accept buy-in member response information from CMS-specified federal Medicare member database(s). | YES | NO | COTS | APHP Release | 9.1.1 |
| BE5.04 | Process change transactions to update buy-in member information. Identify and track errors or discrepancies between IME and federal buy-in member information. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE5.05 | Provide buy-in member information for program or management use including: a. Transactions processed. b. Errors identified. c. Error correction status. d. Medicare premiums to be paid by member. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE5.06 | Track buy-in exceptions for those members who are identified as eligible, but whose premiums have not been paid. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE5.SS.01 | Provide the capability to send an alert of all buy-in transactions that may affect eligibility status or cost shares for buy-in members. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE5.SS.02 | Provide the capability to generate buy-in premiums and provide the information required to support IME payment of premiums. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE5.SS.03 | Provide the capability to send a file to CMS of all buy-in deletions due to Medicaid and or Medicare eligibility termination or death and changes. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE5.SS.04 | Provide an alert and a weekly report of when Centers for Medicare and Medicaid Services (CMS) notifies the IME that another state has bought into Medicare for a member. | YES | NO | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE5.07 | Support automated data exchange process or processes, as specified by CMS, in order to identify and track Medicare Part D dual-eligible and Medicare Low-Income Subsidy (LIS) eligible members for the purposes of cost-avoidance on prescription drug claims and calculating spenddown payments. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE5.07.01 | Provide the capability to maintain an interface with CMS to assure the timely accretion of Medicare eligible members for Part A and Part B benefit buy-in. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE.SS.01 | Maintain historical date-specific spenddown information. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE.SS.02 | Allow for providers to submit claims electronically for spenddown application for the member and family of the members. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE.SS.03 | Allow for providers to submit inquiries concerning spenddown requirements for a member. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE.SS.04 | Allow members to view spenddown information on the web portal including claims that were submitted and used toward spenddown. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE.SS.05 | Generate notice to provider and member of claims that were applied to spenddown and amount of unmet spenddown. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE.SS.06 | Apply the amount of claims that are denied for unmet spenddown to the spenddown balance. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE.SS.07 | Provide the capability to prevent duplicate use of claims for spenddown. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE.SS.08 | Provide capability to manually deduct claims originally applied to unmet spenddown as directed by IME. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE.SS.9 | Support edits which prevent payment of claims that were applied to spenddown in whole or part. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE.SS.10 | Return spenddown met indicator (fund code) to eligibility system once the spenddown amount is met. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE.SS.11 | Ensure claims are applied to spenddown in the Medically Needy file on a first in, first used basis. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE.SS.12 | Allow claims for household members and or relatives of the member, to be applied against the spenddown amount per Iowa rules. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE.SS.13 | Provide online screens showing the Medically Needy spenddown amount, the amount of claims that have accumulated towards the spenddown amount, information for each certification period, the date spenddown is met and information about claims used to meet spenddown. | YES | NO | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **BE** | **Member Management Requirements -MMIS** | | | | | |
| BE.SS.14 | Provide a summary screen of the member"s certification history. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE.SS.15 | Apply the unpaid portion of Medicare Crossover Claims to the Medically Needy spenddown amount if the amount is greater than zero. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE.SS.16 | Transmit the following information to the IME each time MMIS loads file transfers from the external systems: a. Confirmation of the date each file is received and loaded. b. The number of files and or records that were successfully transmitted and posted. c. The number and detailed information of the records that were rejected. d. The rejection reason code for each record rejected. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE.SS.17 | Reversals of claims should automatically adjust spenddown. | YES | YES | COTS | APHP Release | 9.1.1 |
| BE.SS.18 | Spenddown balances should be made available real-time to the pharmacy point-of-sale system and should be verified before claims are paid. | YES | NO | COTS | APHP Release | 9.1.1 |
| BE.SS.19 | Process and maintain inputs and outputs including but not limited to the following: **Inputs:** a. Data from the eligibility systems. b. Provider data. c. EPSDT data. d. Federal and state enrollment rules. e. Data entered and uploaded by professional service contractors. **Outputs:** a. Notices of Decision and appeal rights to members on denied ambulance claims and denied rehabilitation therapy service claims as directed by the Department. b. Notices of Decision to members for denied and modified prior authorizations. c. State Supplementary Assistance checks to the address on file for each Residential Care Facility (RCF) member. d. Weekly file listing the state ID numbers, names, dates of service, amount paid and date paid of all Medicaid clients for whom a Medicare crossover claim has been paid, but for whom Medicare eligibility is not indicated on the eligibility record. e. Data entry and edit exception reports to the Department for reconciliation with eligibility data. f. Run a monthly report showing any possible duplicates that exist on the MMIS member eligibility file. g. Histories for inquiries with dates of service for which data has been archived. h. All IME specified reports. i. Data extracts for Medicaid Statistical Information System (MSIS), Payment Error Rate Measurement (PERM) and Office of Inspector General (OIG) audits or any federal or state audits. | YES | NO | COTS | APHP Release | 9.1.1 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PR** | **Provider Management Requirements -MMIS** | | | | | |
| PR1.01 | Provide secure access to provider applications. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.01.01 | Have security to maintain control over all data pertaining to provider enrollment. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.01.02 | Provide authorized IME and contractor user inquiry access to provider data stored within the system. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.01.03 | Provide update access only to authorized IME and contractor staff to make updates to the provider data. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.01.04 | Provide the ability to recall provider applications by several different key fields such as name or reference number as defined by IME. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.01.05 | The provider module must process provider data in an online, real-time mode and produce audit trails of all updates. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.02 | Provide capability to route provider applications, collect and processes provider enrollment and status information. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.02.01 | Provide edits, in the provider enrollment and update process, to track and identify errors and inconsistencies. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.02.02 | Accept electronic signature on enrollment without hard copy as allowed by IME, state and federal regulations. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.02.03 | Provide capability to upload provider enrollment files electronically and create electronic audit trail with ability to review applications. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.02.04 | Edit appropriate provider applications and existing providers against the CMS excluded provider list. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.02.05 | Provide capability to manually exclude providers and mark the provider as “Terminated by Medicaid Authority”. Providers marked as “Terminated by Medicaid Authority” must be manually released for participation in Medicaid prior to any claims payment. Providers marked as terminated by Medicaid authority must be terminated on the date provided. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.02.06 | Provide the capability to suspend a provider application in pending status, until additional information is received from the provider. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.02.07 | Assign a unique tracking number to each provider enrollment application or correspondence document. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.02.08 | Provide the capability to tie provider correspondence documents to appropriate enrollment application when applicable. | YES | YES | COTS | APHP Release | 9.1.2 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PR** | **Provider Management Requirements -MMIS** | | | | | |
| PR1.02.09 | Identify and report providers (individual or group) that have initiated the enrollment process but have failed to return required information necessary to complete the enrollment into the Medicaid Program. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.02.10 | Provide the capability to identify sanctioned providers and facilities to prevent the enrollment of members in sanctioned facilities. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.03 | Produce notices to applicants of pending status, approval or rejection of their applications. Provide online real-time update capability for the provider file. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.03.01 | Automatically generate notices to providers including but not limited to status change, approvals, denials and license expiration as determined by IME. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.03.02 | Provide the capability for a provider to choose to receive provider communications by secure encrypted email, fax or combination or as directed by the IME. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.04 | Maintain a provider numbering system with unique numbers that may be used to identify a provider"s type and ensure that appropriate provider number ranges are allowed to prevent system problems in processing. Map NPI numbers to internal assigned numbers. Assign and maintain provider numbers for providers not eligible for an NPI number. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.04.01 | Perform an automated duplicate checking process prior to adding applications to the file. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.05 | Flag and route for action if multiple internal provider numbers are assigned to a single provider. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.06 | Support communications to and from providers. Track and monitor responses of communications. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.06.01 | Support mailings to multiple provider addresses as requested by the provider electronically or as directed by IME. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.06.02 | Support different notifications to be sent to providers by program area or benefit plan (e.g., LTC, Home and Community Based Services (HCBS) and EPSDT). | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.07 | Support a provider appeals process in compliance with federal guidelines contained in 42 CFR 431.105. | YES | YES. | COTS | APHP Release | 9.1.2 |
| PR1.08 | Provide for date-specific provider enrollment and demographic data. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.08.01 | Enable provider application processing statistics by type, month, year and processor. | YES | NO | COTS | APHP Release | 9.1.2 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PR** | **Provider Management Requirements -MMIS** | | | | | |
| PR1.08.02 | Provide the capability to track all provider enrollment denials in the provider tracking database. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.09 | Generate information requests, correspondence or notifications based on the status of the application for enrollment. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.10 | Track the sending of IME furnished information to enrolled providers. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.11 | Produce responses to requests and or inquiries on the adequacy of the Medicaid provider network based on provider and or member ratios by geographic region and or provider type. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.12 | Provide for consistent provider naming conventions to differentiate between first names, last names and business or corporate names to allow flexible searches based on the provider name. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR1.SS.01 | Support editing for address standardization, according to United States Postal Service (USPS) standardization. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR1.SS.02 | Enrollment tracking process must be fully integrated with the MMIS and Point-of-Sale (POS) so that information can be tracked from enrollment request through provider enrollment without requiring duplicate entries in systems. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.01 | Track and support the screening of applications and ongoing provider updates for NPIs, state licenses and specialty board certification as appropriate. Review team visits when necessary and any other state and or federal requirement. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR2.02 | Track and support any established provider review schedule to ensure providers continue to meet program eligibility requirements. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.02.01 | Maintain the capability to place a provider on either prepayment or post payment review including the capability to identify whether the status is no review, prepayment review, post payment review, or both pre-and-post payment review and include an indicator to identify the reason the provider was placed on review. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.03 | Verify provider eligibility in support of other system processes (e.g., payment of claims). | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.04 | Capture Clinical Laboratory Improvement Amendments (CLIA) certification information and the specific procedures each laboratory is authorized to cover. Link the information for use in claims adjudication. | YES | YES | COTS | APHP Release | 9.1.2 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PR** | **Provider Management Requirements -MMIS** | | | | | |
| PR2.04.01 | Receive updates to CLIA numbers and certification information. The CLIA and certification information must be maintained by date segment, including an audit trail of the changes made. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.04.02 | Use CLIA information from the national data site in the enrollment process. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.05 | Cross-reference license and sanction information with other state or federal agencies. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.05.01 | Provide the capability of matching providers based on a file of sanctioned providers received from the appropriate state licensing authority and other provider licensing boards, as well as other licensing and certification boards and flagging and updating the provider‟s record for termination. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.06 | Generate notices to providers of expiring Medicaid agreements and or state licenses. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.06.01 | Automatically generate letters to providers requesting license certification renewal prior to end date of current certification or license as directed by IME. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.06.02 | Automatically generate an alert and a provider termination notice when the provider fails to respond within 30 days with updated license renewal information. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.06.03 | Have the capability to edit the provider master file for license end date. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.07 | Maintain multiple provider specific reimbursement rates with beginning and ending dates consistent with IME policy including but not limited to: a. Per Diem. b. Percentage of charges. c. Fee-for-Service (FFS). d. Ambulatory Payment Calculations (APC). e. Diagnosis Related Groups (DRG). f. Other. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR2.07.01 | Provide the capability to store and maintain provider rates including historical rates and date changes. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.SS.01 | Maintain the capability to limit billing and providers to certain benefit plans, services, by procedure codes, ranges of procedure codes, member age or by provider type(s) or as otherwise directed by IME. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.SS.02 | Provide data elements to capture provider contact information. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.SS.03 | Provide online view of all provider specific rates. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.SS.04 | A data element must exist to capture the facility bed size. | YES | YES | COTS | APHP Release | 9.1.2 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PR** | **Provider Management Requirements -MMIS** | | | | | |
| PR2.SS.05 | Ensure all end dates are linked, so they can be synchronized to the end date of the licenses of the state of servicing location or other licenses as directed by IME. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR2.SS.06 | Provide a mechanism to identify provider types not required to have a license. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.SS.07 | Ensure the billing provider is enrolled and has a provider number. Individual practitioners associated with the billing provider will be linked to the billing provider ID. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.SS.08 | Support automated criminal background checks for all providers as specified by IME. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.SS.09 | Store geographic codes for provider locations. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR2.SS.10 | Enable different provider enrollment rule definitions by provider, provider type, program, geographic area and other areas, as defined by IME. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.01 | Accept, validate and process transactions or user entries to update and maintain provider information. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.01.01 | Provide for the collection and maintenance of additional data in the provider database, including, but not limited to: a. Sanction information. b. Accreditation information. c. Provider links to Taxpayer Identification Number (TIN) and parent organizations. d. Inactive and active filter. e. Care management and or lock-in restrictions. f. Case load assignments. g. License number and licensure status. h. Pay for performance (P4P) indicator. i. Restrictions for payments (no payment for surgeries). j. Flag for Electronic Funds Transfer (EFT) information. k. Flag for electronic claim submission. l. Drug Enforcement Administration (DEA). m. County. n. Email contact information. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.02 | Provide user access to provider data and allow extraction of information. The extracts or reports could include such items as: a. The current status of providers‟ records. b. An alphabetical provider listing. c. A numeric provider listing. d. A provider rate table listing. e. An annual re-certification notice. f. A provider “group affiliation” listing. g. A provider specialty listing. h. A provider listing by category of service. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.02.01 | Provide the functionality to produce a variety of standard production reports, as well as user-defined, parameter-driven reports and listings of data contained in the Provider Master file. | YES | YES | COTS | APHP Release | 9.1.2 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PR** | **Provider Management Requirements -MMIS** | | | | | |
| PR3.03 | Track and control the process of reconciliation of errors in transactions that are intended to update provider information. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR3.04 | Maintain current and historical multiple address capabilities for providers. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.05 | Maintain an audit trail of all updates to the provider data for a time period as specified by IME. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR3.05.01 | Provide an online audit trail that is easily queried for all transactions applied to provider record(s), with the date of the transaction, time of the transaction, type of transaction (e.g., add, change) and the identification of the person applying the transaction. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR3.07 | Update and maintain financial data and all necessary information to track consolidate and report 1099 information including current and prior year 1099 reported amounts. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR3.08 | Maintain links from providers to other entities such as groups, Managed Care Organizations (MCO), chains, networks, ownerships and partnerships. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.09 | Provide capability to do mass updates to provider information based on flexible selection criteria. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR3.09.01 | Maintain the capability to apply mass updates to provider-specific rates based on IME"s specified criteria. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR3.10 | Maintain indicators to identify providers that are Fee-for-Service (FFS), MCO network only and other state health care program participants. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.11 | Maintain a flag for providers who are eligible to use EFT and electronic claims submission. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.SS.01 | Provide the capability to match the data received from the death registry interface and create an alert when there is a match with an active provider name. Verify the match and disenroll the provider if match is accurate. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR3.SS.02 | Provide the capability to reactivate a previously enrolled provider without complete reenrollment. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.SS.03 | Maintain a minimum of five years of provider demographic information, rates and claim payment history data for online inquiry by the contractor and authorized IME staff. All demographic information and rates must be maintained by date segments. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.SS.04 | Enable a process to suspend, terminate or withhold payments from providers under investigation. | YES | YES | COTS | APHP Release | 9.1.2 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PR** | **Provider Management Requirements -MMIS** | | | | | |
| PR3.SS.05 | Provide the capability for automated disenrollment procedures according to IME defined criteria. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR3.SS.06 | Ability to identify if the provider uses electronic health records (EHR) and the CMS certification number of the EHR system. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR4.01 | Require (when appropriate), capture and maintain the ten digit NPI. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR4.02 | Accept the NPI in all standard transactions mandated under HIPAA. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR4.03 | Interface with the National Plan and Provider Enumeration System (NPPES) to verify the NPI of provider applicants once the Enumerator database is available. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR4.04 | Do not allow atypical provider to be assigned numbers that duplicate any number assigned by the NPPES. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR4.05 | Provide ability to link and de-link to other Medicaid provider IDs for the same provider (e.g., numbers used before the NPI was established, erroneously issued prior numbers, multiple NPIs for different subparts). Capture and crosswalk subpart NPIs used by Medicare, but not Medicaid, to facilitate Coordination of Benefits (COB) claims processing. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR4.SS.01 | Provide the capability to process an NPI, taxonomy and other fields as specified by IME including secondary NPI. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR4.SS.02 | Be capable of producing a random sample of providers for audit purposes based on IME established selection criteria. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR4.SS.03 | Send alert if multiple provider numbers are assigned to a single atypical provider. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR4.SS.04 | Process actions and responses to B Notices from Internal Revenue Service (IRS) as determined by IME. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR.SS.01 | Provide online inquiry to summary information regarding provider year-to-date claims submittal and payment data. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR.SS.02 | Maintain the flexibility to change provider type categories and convert history records to reflect new provider type categories. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.03 | Provide the capability to store multiple provider addresses per provider and a corresponding e-mail address for each of the mailing addresses on the provider file. Addresses include but are not limited to a location address, pay-to address, corporate address and correspondence address. | YES | YES | COTS | APHP Release | 9.1.2 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PR** | **Provider Management Requirements -MMIS** | | | | | |
| PR.SS.04 | Capture and maintain vendor code field in MMIS for HMO or MediPASS providers. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.05 | Provide the capability to add new provider types with situational parameters for data such as rates, types, service limitations as directed by IME. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.06 | Provide the capability to support periodic provider re-enrollment. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.07 | Provide the capability to produce a provider file audit report to document the processing of all update transactions for the previous day, showing a facsimile of the old record, the new record and the ID of the staff updating the files. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.08 | Produce provider mailing labels based on specific provider attributes and merge with letters as directed by the IME. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.09 | Provide the capability to identify the entity that holds a lien against the provider if applicable, total lien amount, periodic payment amounts withheld, cumulative payment amounts withheld, and lien balance. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.10 | Provide the capability to produce alphabetic and numeric provider lists with totals and subtotals that can be restricted by selection parameters such as provider type, provider specialty, county, zip code and enrollment status. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.11 | Provide capability to provide data required for rate setting. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.12 | Provide the capability to update licensure data based on electronic files from occupational licensing entities. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.13 | Synchronize data with statewide provider directory Health Information Exchange (HIE) and licensing boards. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.14 | Accept and upload enrollment information, including NPI if required on providers from external source. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.15 | Accept and upload rate information from external sources including excel spreadsheets. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.16 | Provide the capability to identify providers whose licenses, certifications, provider agreements and permits are set to expire ninety (90) days prior to the end date of current certification, licensing or permit period and notify the contractor of the pending expiration. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.17 | Perform automated checks of national databases and bulletin boards for exclusions, sanctions or license revocation in other states or by CMS. | YES | NO | COTS | APHP Release | 9.1.2 |
| PR.SS.18 | Identify providers that have a foreign mailing address and provide the capability to not send payment to a foreign mailing address. | YES | YES | COTS | APHP Release | 9.1.2 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PR** | **Provider Management Requirements -MMIS** | | | | | |
| PR.SS.19 | Provide the functionality to allow multiple provider status codes to be valid for the same or overlapping timeframes. | YES | YES | COTS | APHP Release | 9.1.2 |
| PR.SS.20 | Process and maintain inputs and outputs including but not limited to the following: **Inputs:** a. Provider enrollment data. b. Provider demographic changes. c. Provider rate changes. d. State and federal licensing and certification documentation. e. Provider sanction listings. **Outputs:** a. Daily, monthly and on request reports and address labels. b. Daily provider files. c. Produce and deliver to the IME all reports requested by the IME from the provider data maintenance function, at the specified frequency, medium and delivery destination. d. Remittance advices in electronic format and X12N 835. e. Annual 1099s, on federally approved forms and mail to providers. f. Group mailings and provider labels based on selection parameters such as provider type, zip code, specialty, county and special program participation. g. Report identifying any providers who have changed practice arrangements (e.g., from group to individual of from one business to another) by provider type as requested by the IME. h. Data required for rate setting as required by IME. | YES | YES | COTS | 1.0 | 9.1.2 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CR** | **Claims Receipt Requirements -MMIS** | | | | | |
| CR1.01 | Capture accurately all input into the system in the timeframe required by IME. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.02 | Provide and maintain interfaces with designated entities as required by IME. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.02.01 | Assign each claim a unique identifier upon its entering the system. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.03 | Accept and use the common hospital paper billing form developed by the National Uniform Billing Committee (NUBC) for non-electronic claims. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.04 | Accept and use the common non-institutional paper claim form developed by the National Uniform Claim Committee (NUCC) for non-electronic claims. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.05 | Accept and use the common dental paper billing form developed by the American Dental Association (ADA) for non-electronic claims. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.06 | Control, track and reconcile captured claims to validate that all claims received are processed. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR1.07 | Provide the ability to identify claims input for control and balancing hardcopy and electronic media. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR1.08 | Provide and maintain a data entry system that includes but is not limited to hardcopy claims and claim adjustment and or voids which provide for field validity edits and pre-editing for: a. Provider number. b. Member ID number. c. Procedure codes. d. Diagnosis codes. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR1.09 | Produce an electronic image of hardcopy claims and claims-related documents and perform quality control procedures to verify that the electronic image is legible and meets quality standards. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.10 | Screen and capture electronic images, date-stamps, assign unique control numbers, batch hardcopy claim forms and attachments, adjustment and or void forms and updated turnaround documents. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.11 | Log each batch into an automated batch control system. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.12 | Provide the ability to identify claim entry statistics to assess performance compliance. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.13 | Provide a unique submitter number for each billing service or submitter that transmits electronic or paper claims to the MMIS for a single provider or multiple providers. | YES | YES | COTS | APHP Release | 9.1.3 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CR** | **Claims Receipt Requirements -MMIS** | | | | | |
| CR1.14 | Provide an attachment indicator field on all electronic media claims to be used by the submitter to identify claims for which attachments are being submitted separately. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.14.01 | Provide the ability to tie the electronic claim to all related paper claim images, attachments and adjustments that are submitted for the claim. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.14.02 | Receive and process electronic attachments and apply them to one or more claims based on IME rules. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.14.03 | Provide the capability to accept attachments to any transactions (e.g., claim, prior authorization, eligibility) and apply an attachment indicator in the MMIS. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR1.16 | Support testing of new provider claims submission systems by allowing providers to submit electronic claims test files that are processed through the adjudication cycle without impact on system data. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.17 | Identify any incomplete claim batches that fail to balance to control counts. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR1.17.01 | Provide a return transmission that verifies the number of claims received and accepted. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR1.17.02 | Maintain electronic data interchange (EDI) transmission logs of all transactions (i.e., successful or failed). | YES | NO | COTS | APHP Release | 9.1.3 |
| CR1.18 | Provide and maintain the capability to process standard financial transactions, including recoupments and payouts which cover more than one claim and or service. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.01 | Accept pharmacy claims from the POS. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.02 | Provide the capability for authorized IME users to directly enter a claim online when IME deems necessary. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.03 | Record time and date and user in the record for any online updates. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.04 | Provide the edit capability to check for correct provider number when the provider submits the claim (e.g., at the front end). | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.05 | At a minimum, accept the following types of electronic claims: electronic batch, individual electronic, DDE and paper claims converted to electronic by an imaging process. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.06 | Provide the capability to edit for potential duplicate services across all claim types as defined by IME. | YES | YES | COTS | APHP Release | 9.1.3 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CR** | **Claims Receipt Requirements -MMIS** | | | | | |
| CR1.SS.07 | Report all claim lines billed by a provider as a single claim, or HIPAA transaction, by a provider, as a single claim document, to users and providers. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.08 | Provide the ability to process all claims real-time. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.09 | Support a customized (reduced data requirements) online claim submission feature for waivered services, and other entities not covered by HIPAA. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.10 | Provide and maintain a data entry system that accepts and stores all data elements deemed necessary by IME including but not limited to the following: a. Provider type. b. Specialty. c. Sub-specialty. d. Member age and or gender restrictions. e. Prior authorization required. f. Modifiers. g. Place of service. h. Co-payment indicators (overrides). i. Eligibility aid category. j. Family planning indicator. k. Claim type. l. Emergency indicator. m. Units of service. n. Tooth number or letter and or quadrant. o. National billing uniform editor code set. p. Care management authorization number. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.11 | Produce a summary of EDI transmissions daily. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR1.SS.12 | Provide the capability to respond with appropriate acknowledgement transactions such as the TA1, 997, 999 and 277CA as directed by IME. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR2.01 | Accept, record, store and retrieve documents submitted with, or in reference to, claim submission activity including but not limited to the following: a. Operative reports. b. Occupational, physical and speech therapy reports. c. Durable Medical Equipment (DME) serial number, cost and warranty data. d. Manufacturer‟s tracking data for implants. e. Waivers and demonstration specific requirements. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR2.02 | Receive claim attachments associated with electronic media or paper claims and auto-archives or forwards to appropriate operational area for processing. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR2.03 | Accept Medicare crossover claims for Medicare coinsurance and deductible or Medicare Explanation of Benefits (EOB) claims attachments. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR2.03.01 | Provide the capability to accept and process Medicare and other carrier crossovers electronically at the claim and line level. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR2.04 | Accept prior authorization attachments such as: a. Surgical and or anesthesia reports. b. Medical records. c. X-rays and or images. d. Orthodontic study models. e. LTC prior authorizations. f. Other items required by IME. | YES | NO | COTS | APHP Release | 9.1.3 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CR** | **Claims Receipt Requirements -MMIS** | | | | | |
| CR2.05 | Accept other claim related inputs to the MMIS including but not limited to the following: | YES | YES | COTS | APHP Release | 9.1.3 |
| | a. Sterilization, abortion and hysterectomy consent forms. | YES | YES | COTS | APHP Release | 9.1.3 |
| | b. Manual or automated medical expenditure transactions which have been processed outside of the MMIS (e.g., spenddown). | YES | NO | COTS | APHP Release | 9.1.3 |
| | c. Non claim-specific financial transactions such as fraud and abuse settlements, insurance recoveries and cash receipts. | YES | NO | COTS | APHP Release | 9.1.3 |
| | d. Electronic cost reports. | YES | NO | COTS | APHP Release | 9.1.3 |
| | e. Disproportionate share reports. | YES | NO | COTS | APHP Release | 9.1.3 |
| | f. Any other inputs required for services under the state"s approved plan. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR2.05.01 | Accept and process all standard data that can be submitted on any claim or claim type. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR3.01 | Provide system support for the sending and receiving of electronic claims transactions containing valid codes required by 45 CFR Parts 160 and 162 as follows: | YES | YES | COTS | APHP Release | 9.1.3 |
| | a. Retail pharmacy drug claims (NCPDP) in POS only. | YES | NO | COTS | APHP Release | 9.1.3 |
| | b. Dental health care claims 12N 837D including voids and replacements | YES | YES | COTS | APHP Release | 9.1.3 |
| | c. Professional health care claims 12N 837P including voids and replacements. | YES | YES | COTS | APHP Release | 9.1.3 |
| | d. Institutional health care claims 12N 837I including voids and replacement. | YES | YES | COTS | APHP Release | 9.1.3 |
| | e. Coordination of benefits data when applicable. | YES | NO | COTS | APHP Release | 9.1.3 |
| | f. Future claims attachments required under HIPAA. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR3.01.01 | Receive standardized managed care encounters in 837 formats. | YES | YES | COTS | APHP | 9.1.3 |
| CR3.02 | Provide secure HIPAA compliant software and documentation for use by providers to submit electronic claims. | YES | NO | COTS | APHP Release | 9.1.3 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CR** | **Claims Receipt Requirements -MMIS** | | | | | |
| CR3.03 | Process batch 837 claims rejecting only individual bad claims and accepting all others. | YES | NO | COTS | APHP Release | 9.1.3 |
| CR3.04 | Employ an electronic tracking mechanism to locate archived source documents or to purge source documents in accordance with HIPAA security provisions. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR3.SS.01 | Provide capability to perform front-end edits to claims prior to acceptance with IME-defined edits that include but are not limited to the following: a. Checking provider enrollment. b. Member enrollment. c. Revenue codes. d. Prior authorization number. e. Procedure codes. f. Diagnosis codes. g. Send rejection notification to the provider if the claim fails any of these edits and create a log of all rejected claims. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR3.SS.02 | Provide capability to ensure that all electronic claims submitters are enrolled within the system and every provider for whom claims are submitted is registered as having an agreement with the submitter. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR3.SS.03 | Provide the capability to track and document all changes to system edits. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR3.SS.04 | Provide the capability to produce a claim in hardcopy and electronic format. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR.SS.01 | Provide an Enterprise Application Integration (EAI) translator and EDI integrated mapping software that: a. Offers flexible mapping functionality supporting all required formats and transactions. b. Allow for both structure and information to be extracted directly from database tables. c. Provide the ability to assemble, validate, encrypt and transport batches of data to and from providers and other interface partners. d. Accept, code, decode and transmit all mandated HIPAA healthcare transactions. e. Provide support for automatically re-submitting the transaction in the event that it encounters an error. IME will define the number of attempts that the system will process before the transaction is considered failed. f. Capture any errors that result during transmission, store the information and notify the sender that the transaction failed. g. Analyze and reject improperly formatted HIPAA healthcare transactions. h. Allow for the quick implementation of all new transactions. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR.SS.02 | Provide capability to produce custom EDI reports regarding: a. Transactions submitted by transaction type. b. Transactions received by transaction type. c. Cumulative reports over time to support forecasting. | YES | YES | COTS | APHP Release | 9.1.3 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CR** | **Claims Receipt Requirements -MMIS** | | | | | |
| CR.SS.03 | Accept and use the state targeted medical care paper billing form for non-electronic claims. | YES | YES | COTS | APHP Release | 9.1.3 |
| CR.SS.04 | Assign a unique transaction control number to each transaction and control all transactions throughout the processing cycle. Assign the transaction control number of the claim to all associated attachments such as consent forms, documentation showing medical necessity, claim adjustments and prior authorization requests in a timely manner. | YES | YES | COTS | APHP Release | 9.1.3 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA** | **Claims Adjudication Requirements -MMIS** | | | | | |
| CA1.01 | Track all claims within the processing period paid, suspended, pending or denied. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.01.01 | Reconcile prepaid services with actual expenses for Consumer Choice Option (CCO) and automatically generate adjustment claim. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA1.02 | Suspend claims with exceptions and or errors and routes for correction to the organizational entity that will resolve the exception and or error unless automatically resolved. The organizational entity will resolve the claim based upon the state's criteria. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA1.02.01 | Suspend and review as required by IME those specific members, providers, procedure codes or provider types placed on prepayment review by IME. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA1.02.02 | Allow for the user defined suspension of claims by variable parameters (e.g., member, provider, date range, procedure, benefit limits, benefit plans). | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.03 | Verify that suspended transactions have valid error and or exception codes. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.04 | Track claims flagged for investigative follow-up because of third party discrepancies. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.05 | Generate audit trails for all claims and maintain audit trail history. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.05.01 | Generate and maintain audit trails for all claims activity including add, update, inquiry and or delete. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.06 | Verify that all claims for services approved or disallowed are properly flagged as paid or denied. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.07 | Document and report on the time lapse of claims payment flagging or otherwise noting clean claims (error free) that are delayed over 30 days. See 447.45 CFR for timely claims payment requirements. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA1.08 | Provide prompt response to inquiries regarding the status of any claim through a variety of appropriate technologies, track and monitor responses to the inquiries. Process electronic claim status request and response transactions ANSI Accredited Standards Committee (ASC) X12N 276 277) required by 45 CFR Part 162. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.09 | Provide claims history for use by Program Management and Program Integrity. | YES | YES | COTS | APHP Release | 9.1.4 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA** | **Claims Adjudication Requirements -MMIS** | | | | | |
| CA1.10 | Assign claim status (i.e., approved, denied, pended, rejected) based on the state's criteria. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.11 | Verify that claim correction activities have entered only valid override code(s) or manual prices. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.11.01 | Process payment for any specific claim(s) as directed by IME on an exception basis using edit override codes and a security system approved by IME. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.11.02 | Provide the ability to accumulate and report statistics on why claims edits are overridden. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.11.03 | Provide the capability to track payments for each member in total and to limit payments to any combination of benefit plans based on total services or an overall dollar ceiling as set by rules in the benefit plan administration rules engine. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.12 | Identify and hierarchically assigns status and disposition of claims (i.e., suspend or deny) that fail edits based on the edit disposition record. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.13 | Identify and track all edits and audits posted to the claim in a processing period. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.13.01 | Provide the capability to configure and apply all edits and audits with a rules engine. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.13.02 | Allow unlimited edits to any claim as defined by IME. Provide the capability to limit the number of errors on a single claim before denying the claim. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.14 | Provide and maintain for each error code, a resolution code, an override, force or deny indicator and the date that the error was resolved, forced and or denied. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.SS.01 | Provide the ability to process a claims payment file daily, weekly and as specified by IME. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.SS.02 | Provide the capability to stamp the date, federal report code and state account code at the claim and line level of each claim. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.SS.03 | Apply edits to prevent payments for services covered under a waiver program to a Medicaid provider who does not have a provider agreement. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.SS.04 | Provide the ability to process a corrected claim through all edits and audits after corrections are applied to a rejected claim. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA1.SS.05 | Provide the ability to store in the MMIS claims processed through the POS. | YES | NO | COTS | APHP Release | 9.1.4 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA** | **Claims Adjudication Requirements -MMIS** | | | | | |
| CA2.01 | Verify all fields defined as numeric contain only numeric data. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.01.01 | Support claim adjudication based on HIPAA standard code sets in effect on the date of service. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.02 | Verify all fields defined as alphabetic contain only alphabetic data. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.02.01 | Support claim adjudication based on HIPAA procedure modifiers in effect on the date of service (i.e., the ability to bring in all modifiers and use a hierarchy defined by IME). | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.03 | Verify all dates are valid and reasonable. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.04 | Verify all data items which can be obtained by mathematical manipulation of other data items, agree with the results of that manipulation. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.05 | Verify all coded data items consist of valid codes (e.g., procedure codes, diagnosis codes, service codes) that are within the valid code set under HIPAA Transactions and Code Sets (TCS) and are covered by the state plan. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.06 | Verify any data item that contains self-checking digits (e.g., member ID number, NPI number) passes the specified check-digit test. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA2.07 | Verify numeric items with definitive upper and or lower bounds are within the proper range. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.08 | Verify required data items are present and retained including all data needed for state or federal reporting requirements (See State Medicaid Manual (SMM) 11375). | YES | YES. | COTS | APHP Release | 9.1.4 |
| CA2.08.01 | Retain and transmit to data warehouse all data elements on an all paper and electronic claims even if data element is not used for adjudication on the date the claim is adjudicated. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.09 | Verify the date of service is within the allowable time frame for payment. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.10 | Verify the procedure is consistent with the diagnosis. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.11 | Verify the procedure is consistent with the member‟s age. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.12 | Verify the procedure is consistent with the member‟s gender. | YES | YES | COTS | APHP Release | 9.1.4 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA** | **Claims Adjudication Requirements -MMIS** | | | | | |
| CA2.13 | Verify the procedure is consistent with the place of service. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.14 | Verify the procedure is consistent with the category of service. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.15 | Flag and route for manual review claims with individual procedures and combinations of procedures which require manual pricing in accordance with state parameters. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.16 | Verify the billed amount is within reasonable and acceptable limits or if it differs from the allowable fee schedule amount by more than a certain percentage (either above or below) then the claim is flagged and routed for manual review for the following: a. Possible incorrect procedure. b. Possible incorrect billed amount. c. When too high possible need for individual consideration. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.17 | Verify the claim is not a duplicate of a previously adjudicated claim including a prior one in the current processing period. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.18 | Verify the dates of service of an institutional claim do not overlap with the dates of service of an institutional claim from a different institution for the same member. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.19 | Verify the dates of service for a practitioner claim do not overlap with the dates of service for another claim from the same practitioner for a single member unless the additional services are appropriate for the same date of service. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.20 | Utilize data elements and algorithms to compute claim reimbursement for claims that is consistent with 42 CFR 447. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.20.01 | Provide the capability to pay different rates for the same service based on the program or benefit plan as specified by IME. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.21 | Flag for review claims from a single provider for multiple visits on the same day to a single member. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.22 | Verify the provider type is consistent with the procedure(s). | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.23 | Flag and route for manual intervention or automatically re-cycles claims based on IME rules that do not contain prior authorization if the services require prior authorization or require prior authorization after state-defined thresholds are met. | YES | YES | COTS | APHP Release | 9.1.4 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA** | **Claims Adjudication Requirements -MMIS** | | | | | |
| CA2.24 | Flag and route for manual intervention claims that fail state-defined service limitations including once-in-a-lifetime procedures and other frequency, periodicity and dollar limitations. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.25 | Have the capability to pay claims per capita from encounter data or FFS. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.26 | Price out-of-state claims according to state policy (i.e., at the local rate, at the other state's rate or flags and routes for manual pricing). | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.27 | Record and edit that all required attachments, per the reference records or edits have been received and maintained for audit purposes. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.28 | Price claims according to pricing data and reimbursement methodologies applicable on the date(s) of service on the claim. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.29 | Deduct TPL paid amounts and Medicare paid amount as defined in the state plan when pricing claims. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.29.01 | Provide the capability to account for cost recovery at either the claim or line level as specified by IME. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.29.02 | Ensure that the claims payment process accurately reads the TPL resource file including the benefit coverage. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.30 | Deduct member co-payment amounts as appropriate when pricing claims. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.30.01 | Allow as directed by IME, payment of co-pay on behalf of the member when IME is not the primary payer, if co-pay is less than IME allowed amount and member has other insurance (including Medicare). | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.31 | Price Medicare coinsurance or deductible for crossover claims depending on IME policy at the lower of the Medicaid or Medicare allowed amount. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA2.32 | Price services billed with procedure codes with multiple modifiers. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.33 | Edit claims for consistency and payment limitations using the Medicare Correct Coding Initiative (CCI) or similar editing criteria based upon the state plan. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.34 | Price claims according to the policies of the program the member is enrolled in at the time of service and edits for concurrent program enrollment. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.35 | Provide and maintain test claim processing capabilities including testing with providers. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.35.01 | Provide IME the ability to submit test data on hard copy forms, online or electronic media to the Integrated Test Facility (ITF). | YES | YES | COTS | APHP Release | 9.1.4 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA** | **Claims Adjudication Requirements -MMIS** | | | | | |
| CA2.35.02 | Produce each output of ITF including files, reports, tapes and images separate from the corresponding routine MMIS output and identify as a test output. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.35.03 | Support the selection of pended and paid claims from the production files to create or append to test files. Provide access to inquire and update claims by authorized IME users. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.35.04 | Process a sample of claims through the ITF weekly. The sample of claims will test each edit in the production MMIS. The results of this test must be verified for correctness and maintained by the contractor for the duration of the Contract period. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.35.05 | Provide authorized IME users as specified by IME, inquiry access to the ITF. There must be two separate distinct environments that mirror the production environment in which testing can be done. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.35.06 | Provide in the ITF, the ability to model mass void and replace impacts through complete adjudication before running the void and replacements in a production cycle. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA2.SS.01 | Assign a federal report code on all transactions processed through an adjudication cycle based on IME provided business rules. The federal report code must cross walk to the correct report, report page, report line and report column. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.02 | Provide the capability to set maximum payment amounts for specified revenue and procedure codes and apply this to payment methodologies. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.03 | Provide for automatic bundling and unbundling of claim lines based on rules established by IME. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.04 | Provide claims editing software for detection of claims for which service is not in compliance with generally accepted standards of medical practice. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.05 | Provide the capability to apply edits related to IME's responsibility for nursing facility payments for a Medicare member (days 21-100) as defined by IME. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.06 | Provide the capability to adjudicate claims based on criteria established in treatment plans including attachments to those treatment plans as defined by IME. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA2.SS.07 | Provide the capability to create gross adjustments to make payments to members, providers and other entities for services for which a claim is not submitted by the provider (e.g., disproportionate share and EHR incentives). | YES | YES | COTS | APHP Release | 9.1.4 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA** | **Claims Adjudication Requirements -MMIS** | | | | | |
| CA2.SS.08 | Make payments from multiple benefit plans and track such payments for reporting using the account code stamped on each claim line and financial transaction. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.09 | Determine the extent to which authorized benefits are payable under Title XIX using Medicare, Qualified Individual 1 (QI-1), SLMB and or QMB guidelines and procedures, from the appropriate Medicare fiscal intermediary or carrier, both in-state and out-of-state. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA2.SS.10 | Provide the capability to accumulate and report statistics on why claims are denied. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA2.SS.11 | Support claims edits, using a rules engine that are date sensitive and retain the date parameters for historical reference. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.12 | Provide the ability to replace or add codes and have existing edits apply to the new codes, using a rules engine. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.13 | Determine the deductible, coinsurance allowed and adjusted amounts applied, for each line on a claim. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.14 | Support an online process to view every edit that applies to a data element (e.g., stand-alone entry of member, procedure.) or a combination of elements. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA2.SS.15 | Provide the ability to reduce, or increase, the amount allowed, by a specified amount or percentage, as defined by IME, at the time a claim is priced as defined by IME. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.16 | Use the Clinical Laboratory Improvement Amendments (CLIA) data in claims processing. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.17 | Process and adjudicate all Medicare crossover claims received from the Medicare COB contractor(s), ensuring that all Medicare benefits are expended before Medicaid payment is made. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA2.SS.18 | Provide the ability to inquire on payment status of claim lines, associated voids, adjustments and payments (by provider and authorized user). | YES | NO | COTS | APHP Release | 9.1.4 |
| CA2.SS.19 | Provide the ability to process for outlier payments. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA2.SS.20 | Allow the ability to cutback the amount to be paid on a claim based on criteria set by IME. When line cutback occurs, claims history and the remittance advice for claims that were cutback, will include, but not be limited to: a. Date billed. b. Submitted Units. c. Units Paid. d. Original payment calculation. e. Actual payment amount. f. Other criteria, as defined by IME. | YES | NO | COTS | APHP Release | 9.1.4 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA** | **Claims Adjudication Requirements -MMIS** | | | | | |
| CA3.01 | Verify the provider is eligible to render service(s) during the period covered by the claim. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA3.02 | Verify the provider is eligible to render the specific service covered by the claim. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA3.02.01 | Provide the capability to perform prepayment reviews on providers, as defined by IME. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA3.02.02 | Verify the referring provider is not excluded for the period covered by the claim. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA3.03 | Verify the provider is eligible to provide the specific service covered by the plan to the specific member. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.01 | Verify the member was eligible for the particular category of service, at the time it was rendered. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.02 | Flag for review, claims for the same member, with a diagnosis and procedure which indicate an emergency that occurs within one day of a similar claim from the same provider. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.03 | Identify, by member, the screening and related diagnosis and treatment services the member receives for EPSDT. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA4.04 | Route and report on claims that are processed that indicate the member"s date of death for follow-up by the member eligibility TPL personnel. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA4.05 | Provide and maintain the capability to monitor services for suspected abusers using a “pay and report,” lock-in or some equivalent system function that will provide report the claim activity for these members as scheduled or requested. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA4.06 | Provide and maintain the capability to pend or deny claims for members assigned to the member lock-in program based on state guidelines. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.07 | Provide and maintain the capability to edit claims for members LTC facilities to ensure that services included in the LTC payment rate are not billed separately by individual practitioners or other providers. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.08 | Provide and maintain the capability to process member cost sharing (e.g., co-payments, LTC patient liability) on any service specified by the state using a fixed amount or percent of charges. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.09 | Edit claims for newborns" eligibility based upon state-defined newborn enrollment policies and procedures. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.10 | Edit for member participation in special programs (i.e., waivers) against program services and restrictions. | YES | YES | COTS | APHP Release | 9.1.4 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA** | **Claims Adjudication Requirements -MMIS** | | | | | |
| CA4.11 | Limit benefits payable by member eligibility category or other member groupings. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.SS.01 | Update service limits for members when claims are voided or replaced and allow online access to member service limit data. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.SS.02 | Process claims when members have multiple benefit plans, according to the hierarchy determined by IME. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA4.SS.03 | Provide the capability to enable a bed hold payment process for members in facilities according to rules established by IME. | YES | NO | COTS | APHP Release | 9.1.4 |
| CA4.SS.04 | Provide the capability to identify claims for overlapping service dates between waiver and institutional claims and send alert to workflow process, according to rules established by IME. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.SS.05 | Support claims edits by benefit plan, age limitations, gender limitations and service limitations. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.SS.06 | Provide the capability to generate payments on demand outside of normal payment cycles. | YES | YES | COTS | APHP Release | 9.1.4 |
| CA4.SS.07 | Provide MMIS inquiry and reporting capabilities to authorized IME staff. | YES | YES | COTS | APHP Release | 9.1.4 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA5** | **Prior Authorization Requirements -MMIS** | | | | | |
| CA5.01 | System will process and retain all prior authorization request data. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.01.01 | Provide the ability to edit claims against prior authorization data and track activity against approved prior authorizations. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.01.02 | Allow either a group or individual provider to be entered as the servicing provider on the prior authorization record. Claims processed against the prior authorization should pay for only a match to the provider listed on the prior authorization record. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA5.02 | Ensure there is a field for authorization or identification when an override indicator (force code) is used. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA5.03 | Support receiving, processing and sending of electronic health care service review, request for review and response transaction required by 45 CFR Part 162, as follows: . | YES | NO | COTS | APHP Release | 9.1.5 |
| | a. Retain pharmacy drug referral certification and authorization. | YES | NO | COTS | APHP Release | 9.1.5 |
| | b. Dental, professional and institutional referral certification and authorization ASC X12N 278 | YES | NO | COTS | APHP Release | 9.1.5 |
| | c. Support Web or Internet submission or prior authorization request. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.03.01 | Support interface with prior authorization contractor or vendor for the exchange of HIPAA compliant transactions ASC X12N 278. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA5.04 | Support the prior authorization staff"s ability to send requests for additional information on paper or electronically. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA5.04.01 | Provide access to authorized IME staff and authorized contractors to the prior authorization module to create, edit and delete prior authorization information. System must track changes, time and users who complete the change. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA5.05 | Support searching for prior authorizations based on: | YES | YES | COTS | APHP Release | 9.1.5 |
| | a. Provider name. | YES | YES | COTS | APHP Release | 9.1.5 |
| | b. Provider ID | YES | YES | COTS | APHP Release | 9.1.5 |
| | c. Member name. | YES | YES | COTS | APHP Release | 9.1.5 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA5** | **Prior Authorization Requirements -MMIS** | | | | | |
| | d. Member Medicaid ID Number | YES | YES | COTS | APHP Release | 9.1.5 |
| | e. Date of submission range | YES | YES | COTS | APHP Release | 9.1.5 |
| | f. Dates of service requested range. | YES | YES | COTS | APHP Release | 9.1.5 |
| | g. Service requested. | YES | NO | COTS | APHP Release | 9.1.5 |
| | h. Status of the request. | YES | YES | COTS | APHP Release | 9.1.5 |
| | i. Prior Authorization ID number. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.06 | Support entry of retroactive prior authorization requests. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA5.07 | Assign a unique prior authorization number as an identifier to each prior authorization request. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.08 | Edit prior authorization requests with edits that mirror the applicable claims processing edits. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.08.01 | Provide the capability to edit for ineligible member and do not allow processing of prior authorization if the service dates of the prior authorization are outside the member eligibility period or benefit program. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.09 | Establish an adjudicated prior authorization record indicating: a. Single member or members. b. Status of the request. c. Services authorized. d. Number of units approved. e. Service date range approved. f. Cost approved. g. Provider approved (unless approved as non-provider-specific). Indicate if the authorization of units is daily, monthly, quarterly or if the units may be used at any time over the time period. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.10 | Edit to ensure that only valid data is entered on the prior authorization record and denies duplicate requests or requests that contain invalid data. | YES | NO | SM | APHP Release | 9.1.5 |
| CA5.11 | Capture and maintain both the requested amount and authorized amount on the prior authorization record. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.12 | Provide and maintain the capability to change the services authorized and to extend or limit the effective dates of the authorization. Maintain the original and the changed data in the prior authorization record. | YES | NO | COTS | APHP Release | 9.1.5 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA5** | **Prior Authorization Requirements -MMIS** | | | | | |
| CA5.13 | Accept update from claim processing that “draw down” or decrement authorized services. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA5.13.01 | Update prior authorization records based upon claims processing results indicating that the authorization has been partially used or completely used. These activities include processing of original claims, adjustments and voids that “draw down” (decrement) and or “add back” authorized services (units, dollars, authorized dollar amount per unit). | YES | YES | COTS | APHP Release | 9.1.5 |
| CA5.15 | Generate automatic approval and denial notices to requested and assigned providers, case managers and members for prior authorizations. Denial notices to members including the reason for the denial and notification of the member‟s right to a fair hearing. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.5.0.1 | Support a prior authorization process that is flexible across numerous programs, benefit plans and claim types. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.5.0.2 | Provide the capability to perform mass updates of prior authorization records (e.g., globally change provider ID numbers or procedure codes and or modifiers for pending or approved but unutilized services). | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.5.0.3 | Allow a cutback on payment amounts instead of a denial once the prior authorized limit is reached. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.5.0.4 | Provide capability to identify services that have different procedure codes, but that are subject to the same prior authorization limitation and accumulate all like services against the prior authorization. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.5.0.5 | Maintain an audit trail of prior authorization file updates accessible through online inquiry. Maintain control totals and provide balance information in response to online requests. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.5.0.6 | Provide the capability to produce, control and balance reports for prior authorization requests received from authorization entities and provide the reports to the state accessible online and in hardcopy upon state request. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.5.0.7 | Receive prior authorization request data through electronic data file, 278 transactions and manually keyed based on requests received by fax or mail. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.5.0.8 | Support manual entry of prior authorization approvals. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.5.0.9 | Provide ability to allow approved service (e.g. private duty nursing) on one prior authorization to be used by multiple providers during overlapping dates of service based on IME rules. | YES | YES | COTS | APHP Release | 9.1.5 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **CA5** | **Prior Authorization Requirements -MMIS** | | | | | |
| CA.SS.5.10 | Provide ability to process X12n 278 transaction real time using the rules engine for decision where applicable. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.5.11 | Provide capability to relate prior authorizations to subsequent claims requiring such authorization. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.5.12 | Produce statistical reports on prior authorization requests (e.g., received, approved, approved with modifications and denied). | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.5.13 | Produce statistical reports on utilization of prior authorized services. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.5.14 | Produce statistical reports on the data source (e.g., X12n 278, electronic file, manually entered) of prior authorization requests. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.5.15 | Process and maintain inputs and outputs including but not limited to the following: **Inputs:** a. Files from external prior authorization systems. b. Reports. **Outputs:** a. Prior authorization requests to approving entity for X12N 278 transactions. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.01 | Provide for ad hoc reporting, as appropriate, based on data needs. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.02 | Provide the capability to download data for statistical data manipulation. This refers to report data, file extract data and billing information. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.03 | Provide help screens, help tabs or drop down help windows, for all modules of the system, including COTS products. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.04 | Provide mass adjustment capabilities for any period of time specified by IME, based on criteria including, but not limited to: cost report data, price adjustments. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.05 | Reference any void and replacements (paper or electronic) to original claims. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.06 | Provide the ability to allow voids and replacements to update an accounts receivable (AR). | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.07 | Allow all designated users to perform the following mass void and replace actions, including, but not limited to: a. Select and review. b. Release all. c. Release selected claims. d. Start over. e. Cancel. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.08 | Allow selection criteria for and mass void and replacements to be applied by, at least the following: a. Internal Control Number (ICN). b. Codes. c. Provider number or name. d. Provider type. e. Provider specialty. f. Date(s). g. Member. h. Other criteria, as defined by IME. | YES | NO | COTS | APHP Release | 9.1.5 |

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| **CA5** | **Prior Authorization Requirements -MMIS** | | | | | |
| CA.SS.06 | Support a mass void and replace process that will allow adjustments by a specified amount or a percentage (e.g., based on an audit result from a sample of claims). | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.10 | Provide the capability to void claims using the mass functionality (i.e., not replace the voids). | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.11 | Provide a mass void and replace process when third party resource is recognized retroactively. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.12 | Support online void and replacements to previously adjudicated claims. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.13 | Allow history only claims adjustments. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.14 | Provide the capability to create financial transactions for the purpose of making non-claim based payments and recoveries from providers, members and other entities and provide the ability to indicate whether the payment is subject to offset against outstanding AR balances. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.15 | Provide the ability to identify uncollectable credit balances and flag all related financial balances as uncollectable. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.16 | Accept non-claim payment for the flagged uncollectable balances. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.14 | Provide the ability to indicate whether the recovery is to be offset against claims or gross adjustments payments. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.17 | Provide a summary screen that presents for each provider previous year, current year month-to-date, year-to-date and most recent payment information and number of pended claims. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.18 | Deny all claims submitted by providers other than the designated lock-in provider(s), unless emergency or referral consultation criteria are met. Ensure rules for referrals/claims for services outside of the medical home are followed e.g., medical home and or Primary Care Case Manager (PCCM). | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.19 | Provide the capability to process institutional claims for PMIC at the line level in accordance with IME rules. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.20 | Create and process capitation payments for non-emergency medical transportation broker and other contractors who are paid using capitation rates based on rules in the rules engine. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.21 | Receive and store non-emergency medical transportation and other managed care contractor encounter data. | YES | YES | COTS | APHP Release | 9.1.5 |

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|---|---|---|---|---|---|---|
| **CA5** | **Prior Authorization Requirements -MMIS** | | | | | |
| CA.SS.22 | Provide capability to retrieve electronic images by control number, date of service, member number or provider number. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.23 | Identify any inactivated claims or batches on daily control logs. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.24 | Provide capability to relate prior authorizations to subsequent claims requiring such authorization. Provide capability to add new procedures requiring prior authorization as part of routine file maintenance. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.25 | Make payment only if an approval certification (validation number indicating Quality Improvement Organization (QIO) approval) is present on the claim and only for the approved number of days and at the specified LOC. | YES | NO | SM | APHP Release | 9.1.5 |
| CA.SS.26 | Support multiple methodologies for pricing claims, as established by the IME. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.27 | Edit billed charges for reasonableness and flag any exceptions (high or low variance). | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.28 | Provide online inquiry access to the status of any related limitations for which the member has had services. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.29 | Provide the capability to hold for payment, for a time period determined by IME, all claims or claims for one or more providers. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.30 | Provide security reports. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.31 | Edit each data element of the claim record for required presence, format, consistency, reasonableness and or allowable values. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.32 | Establish dollar and or frequency thresholds for key procedures or services; identify any member or provider whose activity exceeds the thresholds during the history audit cycle and suspend the claim for review prior to payment. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.33 | Update the prior authorization record to reflect the service paid and to update the number of services or dollars remaining to be used on the record. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.34 | Provide the online capability to change the disposition of edits to (1) pend to a specific location, (2) deny or (3) print an explanatory Message on the provider remittance advice. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.35 | Provide a methodology to detect unbundling of service codes, including lab codes and reassign the proper code to the service (McKesson Claim Check, Bloodhound or similar product). | YES | YES | COTS | APHP Release | 9.1.5 |

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| **CA5** | **Prior Authorization Requirements -MMIS** | | | | | |
| CA.SS.36 | Edit to ensure that FFS claims for out-of-plan services (e.g., outside coverage limits of managed care plans) are paid and claims covered by managed care plans are not paid. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.37 | Maintain a user-controlled remittance and Message text data set with access by edit number, showing the remittance advice Message(s) for each error and the EOB Message(s), with online update capability. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.38 | Deny claims submitted more than 365 days from the last date of service appearing on the claim. Override the edit, if the failure to meet the timely filing requirements is due to retroactive member eligibility determination, delays in filing with other third parties or because the claim is a resubmitted claim and this information is documented on the claim or claim attachment. Exceptions may be granted by the Department for other reasons, such as court ordered payment, member or provider appeal, after the claim has been denied and the provider has made an inquiry. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.39 | Allow institutional claims to be processed in accordance with IME rules concerning multiple home health providers billing overlapping date spans for prior services. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.40 | Support program management and utilization review by editing claims against the prior authorization file to ensure that payment is made accurately. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.41 | Edit claims requiring prior authorization (PA) but without a PA number for a match on the PA file of member, provider, service code and a range of dates. If a match is found, insert the PA number from the file into the claim record. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.42 | Provide capability to produce a file of paid claims that include HCPCS J codes. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.43 | Produce the following reports: a. Specific reports required for federal participation in LTC programs as defined by the Department. This requirement includes the Minimum Data Set (MDS). b. Analysis of leave days. c. Discrepancies between client participation amounts on the claim and on the LTC member data. d. LTC facility rosters. e. Tracking of non-bed-hold discharge days. f. Client participation amount and effective dates. g. Hospital claims and bed-hold analysis and comparison. | YES | NO | COTS | APHP Release | 9.1.5 |

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| **CA5** | **Prior Authorization Requirements -MMIS** | | | | | |
| CA.SS.44 | Produce the following reports: a. Report of claims inventory, processing activity and average age of claims. b. Report of adjustment claims and resubmitted claims. c. Inventory trend reports. d. Report of claims and payments after each payment cycle. e. Report of processed claims, tapes and EMC transmissions input into the semi-monthly payment cycle. f. Error code analysis by claim type, provider type, provider and or input media. g. Suspense file summary and detail reports. h. Edit and audit override analysis by claim type, edit and audit and staff ID. i. Processing cycle time analysis by claim type, input media and provider type. j. Report of specially handled or manually processed claims. k. Report of claims withheld from payment processing. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.45 | Produce reports that segregate and identify claim-specific and non-claim-specific adjustments by type of transaction (payout, recoupment or refund) and provider type, on a monthly basis. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.46 | Produce a weekly report listing the state ID numbers, names, transaction control numbers, date of service, amount paid and date paid of all Medicaid members for whom a Medicare crossover claim has been paid, but for whom Medicare eligibility is not indicated on the eligibility record. | YES | NO | COTS | APHP Release | 9.1.5 |
| CA.SS.47 | Calculate the assessment fee as an add-on to rates paid to providers designated by IME. Automatically set up an AR to recover all or a portion of the assessment fee as directed by IME. The AR can be satisfied as an off-set to future payments or through receipt of payment from the provider as directed by IME. | YES | NO | COTS | APHP Release | 9.1.5 |

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| **CA5** | **Prior Authorization Requirements -MMIS** | | | | | |
| CA.SS.48 | Process and maintain inputs and outputs including, but not limited to: **Inputs:** The current claim forms that are input in the system include: a. UB-9204. b. HCFACMS-1500. c. American Dental Association (ADA) form. d. Pharmacy Universal claim form. e. Long Term Care Turnaround Document (TAD) form. f. Targeted Medical Care (Waiver) form. g. ANSI 837 Transactions. h. Medicare crossover claims for deductible and coinsurance may be input to the system from hardcopy or in electronic format from Coordination of Benefits Carrier (COBC). **Outputs:** a. Produce all reports in the format and schedule required by IME. b. Send files of adjudicated claims and encounter data to entities as directed by IME. c. Produce user-requested ad hoc reports from adjudicated information. d. Member and provider history printouts of adjudicated and or suspended claims, which include, at a minimum, a description of procedure, drug, DRG, diagnosis and error codes. e. 1099 data. f. Standard accounting balance and control reports. g. Remittance Advices. h. Remittance summaries and payment summaries. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.49 | Ability to customize and make changes to CCI edits as required by the IME. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.50 | CCI edits are applied to claims after the adjudication process. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.51 | System must have the ability to apply the CCI edits to the adjusted claim. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.52 | System must support all current and future national standards for code sets recognized by CMS. | YES | YES | COTS | APHP Release | 9.1.5 |
| CA.SS.53 | System must have capability to apply CCI messages. | YES | YES | COTS | APHP Release | 9.1.5 |

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| **RF** | **Reference Data Management Requirements - MMIS** | | | | | |
| RF1.01 | Maintain reasonable and customary charge information for Medicaid and Medicare to support claims processing: a. Reimbursement under the Medicaid program for other than outpatient drugs, Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Indian Health Services (IHS) and hospital inpatient and outpatient reimbursement is to be the lower of the provider/s "usual and customary" charge, the rate established by the state, or the amount, which is allowed under the Medicaid program. "Usual and customary" charges are calculated from the actual charges submitted on provider claims for Medicaid payment. b. Reimbursement for outpatient prescription drugs are processed by the lowest of a) Federal Upper Limit (FUL) plus a dispensing fee b) State Maximum Allowable Cost (MAC) plus a dispensing fee c. Estimated Acquisition Cost (EAC), currently defined as the Average Wholesale Price (AWP) less 12%, 17 for specialty drugs, plus a dispensing fee d. The provider's usual and customary charge | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.01.01 | Maintain all pricing files to ensure that claims are paid in accordance with IME Medicaid policy. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.01.02 | Provide a reliable and flexible system to maintain the reference data required for claims processing. The system must be configurable to adapt to changes in pricing policies and services and must allow for centralized control over data modifications. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.01.03 | Provide for the capability to apply the following pricing methodologies, including, but not limited to: a. DRG with multiple base rates. b. Ambulatory Patient Classification (APC) with multiple conversion factors. c. Lab Panel vs. Automated Test Panel (ATP). d. Edits and or limits. e. All-inclusive rates. f. Negotiated rates. g. Geographic rates. h. Waiver rates. i. Long Term Care rates. j. Resource-Based Relative Value Scale. (RBRVS) with Provider type. k. Bundling and or unbundling. l. Pharmacy pricing as defined by IME. m. Pay for Performance (P4P). n. Funding source. o. Per Diem. p. Fee schedule pricing as determined by IME. q. Present on Admission (POA). r. Medicare Fees. s. By Report. t. Cut Back. u. 340B pricing list. v. Dental rates. w. Modifiers. x. Place of service. y. Specific provider rates. z. Federal medical assistance percentage (FMAP) share only of any rate. aa. Other methodologies as specified by IME. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.01.04 | Accept updates from a variety of software programs including but not limited to: Excel, Word or Access. | YES | YES | COTS | APHP Release | 9.1.6 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **RF** | **Reference Data Management Requirements - MMIS** | | | | | |
| RF1.02 | Support Payment for Services by providing reference data including procedure, diagnostic and formulary codes 42 CFR 447. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.02.01 | Maintain the capability to limit payments to providers for specific services based on procedure codes or ranges of procedure codes, member age or by provider type(s). | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.02.02 | Support the use of revenue codes and procedure codes as appropriate including but not limited to: inpatient and outpatient hospital, hospice, home health, dialysis, nursing facility, ICF/MR, Psychiatric Medical institutions for Children (PMIC) claim types submitted. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.03 | Process change transactions to procedure, diagnosis, formulary codes and other data. Ability to respond to queries and report requests. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.03.01 | Produce reports as specified by IME of updates applied to the procedure, drug and diagnosis files, including an error report to identify codes that did not update the appropriate procedure, drug and diagnoses files. | YES | NO | COTS | APHP Release | 9.1.6 |
| RF1.04 | Archive all versions of reference information and update transactions. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.05 | Process update transactions to the reasonable and customary charge data and respond to queries and report requests. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.05.01 | Provide capability to generate upon request hard copy listings on all data elements used in the reference management. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.05.02 | Produce a comprehensive fee schedule for all procedure codes (i.e., Produces standard, program specific codes) that is available online in an IME designated downloadable format. IME will define parameters (e.g., quantify, # of variations, by code) and frequency. | YES | NO | COTS | APHP Release | 9.1.6 |
| RF1.06 | Retrieve as needed archived reference data for processing of outdated claims or for duplicate claims detection. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.07 | Generate a summary of history file transfers. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.08 | Maintain current and historical reference data used in claims processing. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.08.01 | Accommodate retroactive rate changes. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.09 | Maintain online access to all reference tables with inquiry by the appropriate code. | YES | YES | COTS | APHP Release | 9.1.6 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **RF** | **Reference Data Management Requirements - MMIS** | | | | | |
| RF1.09.01 | Provide the capability to maintain and display online multiple pricing segments, status and effective dates for unlimited history segments. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.09.02 | Provide for role-based security to limit update access to reference tables to IME specified staff. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.10 | Maintain an audit trail of all information changes including errors in changes and suspended changes. | YES | NO | COTS | APHP Release | 9.1.6 |
| RF1.10.01 | Provide and maintain the following data fields for all reference data elements: a. Effective date. b. End date. c. Date when last changed. d. Who changed it. e. Source of change. | YES | NO | COTS | APHP Release | 9.1.6 |
| RF1.11 | Maintain revenue codes and provide online update and inquiry access including: a. Coverage information. b. Restrictions. c. Service limitations. d. Automatic error codes. e. Pricing data. f. Effective dates for all items. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.12 | Maintain date sensitive parameters for all Reference Data Management data. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.12.01 | Maintain edit indicators for each procedure code in the Procedure File to allow for the inclusion or exclusion of the service and or procedure for the provider type and or specialty or any combination of the above, based on date of service. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.12.02 | Provide the capability to accommodate variable date sensitive pricing methodologies for identical procedure codes based on modifiers, benefit plans, member data, provider types and specialties. Provider specific data, HCPCS codes, place of service, member age and other criteria as defined by IME. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.14 | Support code sets for the payment of Medicaid-covered non-health care services (e.g., waiver services). | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.16 | Maintain the trauma indicators to identify potential TPL cases. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.17 | Maintain diagnosis and procedure code narrative descriptions of each code contained in the files. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.18 | Update all procedure, diagnosis and drug files if required prior to each payment cycle. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.SS.01 | Maintain and update the service frequency limitations for each procedure or for range of procedure codes contained on the edit. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.SS.02 | Maintain relationship edits on procedure and diagnosis codes. | YES | YES | COTS | APHP Release | 9.1.6 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **RF** | **Reference Data Management Requirements - MMIS** | | | | | |
| RF1.SS.03 | Provide capability to link from the claim detail line to the pricing table. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.SS.04 | Maintain current and historical coverage status for physician administered drugs. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF1.SS.05 | Maintain current and historical coverage status for biologic drugs. RF2.01 Manage all HIPAA-required external data sets (e.g., ICD-9, ICD-10, HCPCS and CPT). | YES | YES | COTS | APHP Release | 9.1.6 |
| RF2.02 | Maintain all data sets defined by the HIPAA implementation guides to support all transactions required under HIPAA administrative simplification rule (e.g., gender, reason code). | YES | YES | COTS | APHP Release | 9.1.6 |
| RF2.02.01 | Provide the capability to maintain and update edits, limits and restrictions to all codes that are included in any standard HIPAA transaction (e.g., procedure codes, discharge status codes, NDC); Provide online update and inquiry access including but not limited to the following: a. Coverage information. b. Restrictions. c. Service limitations. d. Automatic error codes. e. Pricing data. f. Effective dates for all items. g. Benefit plan. h. Pricing data. i. Other as defined by IME. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF2.02.02 | Provide capability to have an IME specific value for all indicators on any NDC code. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF2.02.03 | Provide the capability to capture the NPPES information file received from CMS to be easily extractable and reportable. | YES | NO | COTS | APHP Release | 9.1.6 |
| RF2.02.04 | Place edit and or audit criteria limits on types of service by procedure code, revenue code, diagnosis code and drug code and therapeutic class, based on: a. Member age, gender, eligibility status, benefit plan and program eligibility. b. Diagnosis. c. Provider type and specialty. d. Place of service. e. Tooth and surface codes. f. Floating or calendar year period. g. Time periods in months or days. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF2.02.05 | Maintain a user-controlled remittance and message text dataset with access by edit number, showing the remittance advice message(s) for each error and the EOB message(s), with online update capability. | YES | YES | COTS | APHP Release | 9.1.6 |
| RF2.02.06 | Provide capability to add new procedures requiring prior authorization as part of routine rules engine maintenance. | YES | YES | COTS | APHP Release | 9.1.6 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **RF** | **Reference Data Management Requirements - MMIS** | | | | | |
| RF2.02.07 | Process and maintain inputs and outputs including, but not limited to the following: Inputs: Update to all HIPAA code sets a. Fee schedule updates. b. Update to revenue codes. c. Drug formulary file updates. d. CLIA laboratory designations. e. Any other reference data as required by the Department. Outputs: a. Reference data including fee schedules to the web portal as directed by the IME. b. File of reference data for use by other applications. | YES | NO | COTS | APHP Release | 9.1.6 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **TP** | **Third-Party Liability (TPL) Requirements - MMIS** | | | | | |
| TP1.01 | Provide the storage and retrieval of TPL information including, but not limited to: a. Name of insurance company. b. Address of insurance company. c. Policy number. d. Group number. e. Name of policyholder. f. Relationship to Medicaid member. g. Services covered. h. Policy period. i. Employer of policy holder. j. Multiple resources under one member. k. Group health plan participants. l. Health Insurance Premium Payment (HIPP) participant. m. Long term care insurance. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.01.01 | Accept file updates of carrier information from electronic files, excel spreadsheets and manually. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.01.02 | Provide the capability to identify the type of TPL recovery in the MMIS. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.01.03 | Allow for mass update of TPL information on carrier plans. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.01.04 | Generate TPL letters to members when a claim identifies a third party payment and there is no TPL span on the member record. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.01.05 | Provide online notes capability for narrative about each TPL information data field. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.01.06 | Accommodate specific types of TPL coverage based on procedure codes, drug codes or IME-defined service categories, with sufficient detail for automatic cost-avoidance, pay and bill or pay and report, without manual review. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.01.07 | Automatically identify previously paid claims when TPL resources are identified or verified retroactively. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.01.08 | Provide the capability to adjust claims history to reflect TPL recoveries that are claim-specific. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.01.09 | Provide the capability to account for TPL recoveries that are non-claim-specific at the provider and member level. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.01.10 | Adjust previously reported cost-avoided payments for subsequent resubmission and payment amounts. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.04 | Identify claims with trauma diagnosis codes, accident codes and indicators and route them for follow-up to see if there is TPL and generate a trauma lead letter sent to the member. | YES | YES | COTS | APHP Release | 9.1.7 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **TP** | **Third-Party Liability (TPL) Requirements - MMIS** | | | | | |
| TP1.07 | Accept and process verification data from employers, insurance companies, providers, members, attorneys and others. Verification data should include the „type of insurance coverage‟ for each policy (e.g., inpatient, outpatient, physician and dental). | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.07.01 | Accept and process verification data from long term care insurance -nursing home. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.08 | Maintain all TPL resource information at the member-specific level. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.08.01 | Identify TPL resources that are liable for some, or all, of the member‟s medical claim by member, including absent parent. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.09 | Maintain multiple TPL coverage information for individual members for all of their periods of eligibility. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.09.01 | Carry unlimited TPL resource information segments for each member and historical resource data for each member that are date and benefit coverage specific. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.10.01 | Generate eligibility matches with other payers using the HIPAA 270/271 transactions or proprietary format, if needed. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.10.02 | Support the use of the 270/271 transaction between entities. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.10.03 | Provide the capability for online inquiry and updates to the TPL module (e.g., resource and carrier). Online access is by member ID number, member name, carrier name and carrier ID number. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.11 | Edit TPL data updates for validity and for consistency with existing TPL data. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.12 | Edit additions and updates to the member insurance information to prevent the addition of duplicates. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.13 | Provide a mechanism to correct outdated TPL information. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.14 | Generate and maintain an audit trail of all updates to the member insurance data, including those updates that were not applied due to errors, for a time period specified by the state. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.14.01 | Generate monthly or as directed by IME audit reports of TPL data additions, changes or deletions. The report must identify what was changed, when the change was made and the user making the update. | YES | NO | COTS | APHP Release | 9.1.7 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **TP** | **Third-Party Liability (TPL) Requirements - MMIS** | | | | | |
| TP1.14.02 | Contain an audit trail for all records and track the time, date and person who made the update to the record. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.15 | Cross-reference the health insurance carriers to the employers. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.15.01 | Maintain employer data that identifies employers and the health care plans they provide to employees. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.16 | Allow only authorized staff members to do manual deletes and overrides of alerts and or edits. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.16.01 | Allow authorized users to adjust claims and enter settlements against claims as needed to account for TPL recoveries. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP1.17 | Identify claims designated as “mandatory pay and chase”, make appropriate payments and flag such claims for future recovery (i.e., identify services provided to children who are under a medical child support order and flag diagnosis information to identify prenatal care services provided to pregnant women and preventive pediatric services provided to children). | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.01 | Provide IME with the capability to update member TPL Resource by ~~tape,~~ batch interface or online real-time. (Tape removed - Amendment 2) | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.02 | Produce a file of all paid claims monthly for revenue collections contractor. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.03 | Accept automated updates to the TPL Management module. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.04 | Generate accurate user defined TPL reports in the format and media determined by IME. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.05 | Produce appropriate TPL reports on schedule and in a media as determined by IME. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.06 | Generate formatted TPL correspondence with all fields displayed accurately. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.07 | Allow authorized users print capability to generate TPL reports in hardcopy. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.08 | Report on all TPL recoveries by claim type. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.09 | Generate a report of all pended claims in the TPL Management module. The report must group claims by type of recovery (e.g., drug, health and casualty) and identify the claim disposition. | YES | NO | COTS | APHP Release | 9.1.7 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **TP** | **Third-Party Liability (TPL) Requirements - MMIS** | | | | | |
| TP1.SS.10 | Incorporate TPL information on the CMS-64. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.11 | Enable the web portal to accurately display TPL information for providers, including carrier addresses. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.12 | Maintain accurate reporting to track cost-avoidance by private insurance, Medicare and other TPL resources. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.13 | Account for TPL recoveries at the provider and member level for non-claim specific recoveries. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.14 | Receive, process and update medical Support information received from child support enforcement agency. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.15 | Produce files to send to all eligibility systems for TPL coverage identified by the Revenue Collections contractor. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.16 | Allow for online entry of TPL and COB rules by IME staff or contractor staff as defined by IME. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.17 | Generate alerts to IME recovery units and others designated by IME when retroactive third party coverage has been identified. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP1.SS.18 | Support the productions of claims history for the purpose of establishing receivables from members and automatically generate any claim payments or adjustments affecting the amount of the receivable. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP2.01 | Screen claims to determine if claims are for members with TPL coverage, if service is covered and if the date of service is within coverage period. Deny or suspend as provided in state rules, claims that are for products or services that are covered. Notify the provider of claims denied because of TPL coverage. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP2.03 | Account for TPL payments to providers in determining the appropriate Medicaid payment. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP2.04 | Track and report cost avoidance dollars. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP2.05 | Allow for payment of claims that would have been rejected due to TPL coverage if provider includes override codes that indicate that benefits are not available. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP2.11 | Associate third party recoveries to individual claims. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP2.11.01 | Process revenue collection contractor file and update claims history. | YES | YES | COTS | APHP Release | 9.1.7 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **TP** | **Third-Party Liability (TPL) Requirements - MMIS** | | | | | |
| TP2.13 | Designate portions of claims amounts collected to reimburse CMS and the state with any remainder paid to the recipient. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP2.14 | Prepare retroactive reports (reverse crossover) to Medicare Part A and B or the provider, as appropriate, for all claims paid by Medicaid that should have been paid by Medicare Part A and B. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP2.14.01 | Provide for the storage and retrieval of Medicare information for the proper administration of Medicare crossover claims and ensure maximum cost avoidance when Medicare is available. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP2.SS.01 | Identify, at the claim line level, the amount paid by the third party and the reason for adjustments applied by the third party. If the claim is not adjudicated at the line level, identify the amount paid by the third party and the reason for adjustments applied by the third party at the header level. | YES | YES | COTS | APHP Release | 9.1.7 |
| TP2.SS.02 | Accept, process and respond to the HIPAA standard 837 TPL segment on a claim transaction. | YES | NO | COTS | APHP Release | 9.1.7 |
| TP2.SS.03 | Process and maintain inputs and outputs including, but not limited to: **Inputs:** a. Plan and coverage file from third parties. b. HIPP eligibility file. **Outputs:** a. Required Reports. | YES | YES | COTS | APHP Release | 9.1.7 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **HP** | **Health Insurance Premium Payment (HIPP) Requirements -MMIS** | | | | | |
| HP.SS.01 | Receive and process daily incoming transactions that identify members enrolled in HIPP. | YES | YES | COTS | APHP Release | 9.1.8 |
| HP.SS.02 | Receive and process incoming transactions that identify premium payments to be made to members, payees, insurers or employers on behalf of HIPP enrollees. | YES | YES | COTS | APHP Release | 9.1.8 |
| HP.SS.03 | Generate payments and remittance advices to members, payees, insurers or employers on behalf of HIPP enrollees. | YES | YES | COTS | APHP Release | 9.1.8 |
| HP.SS.04 | Produce state defined reports for premium payments made associated with HIPP. | YES | NO | COTS | APHP Release | 9.1.8 |
| HP.SS.05 | Produce state defined reports for monitoring cost avoidance associated with HIPP coverage based on TPL data. | YES | NO | COTS | APHP Release | 9.1.8 |
| HP.SS.06 | Prevent HIPP enrollees from enrollment in managed care programs. | YES | NO | COTS | APHP Release | 9.1.8 |
| HP.SS.07 | Accept a tax ID number for tracking and distributing HIPP payments. | YES | YES | COTS | APHP Release | 9.1.8 |
| HP.SS.08 | Provide for payment to be made by either check or electronic means. | YES | YES | COTS | APHP Release | 9.1.8 |
| HP.SS.09 | Provide for payments to be made on a daily basis or as directed by IME. | YES | YES | COTS | APHP Release | 9.1.8 |
| HP.SS.10 | Maintain online information related to HIPP cases including HIPP premium payout data and employer data, based on state specifications. | YES | YES | COTS | APHP Release | 9.1.8 |
| HP.SS.11 | Create a member file for HIPP enrollees who are not Medicaid members (i.e., AIDS/HIV HIPP). | YES | YES | COTS | APHP Release | 9.1.8 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| PM1.01 | Provide capability to support the production of information and or reports to assist management in fiscal planning and control. | YES | YES | COTS | 1.0 | 9.1.9 |
| PM1.01.01 | Provide parameter-driven capability to download data required for management analysis to excel spreadsheet or other format required by IME data. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM1.02 | Provide capability to support the production of information and or reports and reports required in the review and development of medical assistance policy and regulations. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM1.03 | Provide capability to support the production of information and or reports to support the preparation of budget allocations by fiscal years. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.04 | Provide capability to support the production of information and or reports for projection of the cost of program services for future periods. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.05 | Provide capability to support the production of information and or reports to compare current cost with previous period cost to establish a frame of reference for analyzing current cash flow. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.06 | Provide capability to support the production of information and or reports to compare actual expenditures with budget to determine and support control of current and projected financial position. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.07 | Provide capability to support the production of information and or reports to analyze various areas of expenditure to determine areas of greatest cost. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.08 | Provide capability to produce reports that provide data necessary to set and monitor rate-based reimbursement (e.g., institutional per diems and MCO capitation). | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.09 | Maintain provider, recipient, claims processing and other data to support agency management reports and analyses. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM1.10 | Provide capability to support the production of information and or reports concerning: a. Service category (e.g., days, visits, units, prescriptions). b. Unduplicated claims. c. Unduplicated members. d. Unduplicated providers. e. Participation in waivers by county. f. Expenditures by service category. g. Other data elements as directed by IME. h. Age. i. Gender. j. Ethnicity. k. Premium collections, refunds and payments. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.11 | Support online real-time summary information such as but not limited to: number and type of providers, members and services. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.12 | Track claims processing financial activities and provide reports on current status of payments. | YES | YES | COTS | APHP Release | 9.1.9 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| PM1.13 | Provide capability to support the production of information and or reports on unduplicated counts, within a type of service and in total by month. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.14 | Provide capability to support the production of information and or reports on the utilization and cost of services against benefit limitations. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.15 | Assist in determining reimbursement methodologies by providing expenditure data through service codes including: a. HCPCS, previous and current versions. b. ICD, clinical modifier, previous and current versions. c. NDC, previous and current version. d. Future code sets as defined by industry standards and federal rules. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.16 | Provide capability to support the production of information and or reports on hospice services showing a comparison of hospice days versus inpatient days for each enrolled hospice member and for all hospice providers. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.17 | Provide capability to support the production of information and or reports to analyze break-even point between Medicare and Medicaid payments. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.18 | Provide capability to support the production of information and or reports to analyze cost-effectiveness of managed care programs versus FFS. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM1.19 | Provide capability to support the production of information and or reports to track impact of Medicare drug program. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM1.20 | Provide capability to support the production of information and or reports on any change from baseline for any program or policy change. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM2.01 | Provide capability to support the production of information and or reports to review errors in claim and payment processing to determine areas for increased claims processing knowledge transfer and provider billing knowledge transfer. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM2.02 | Provide claim processing and payment information by service category or provider type to analyze timely processing of provider claims according to requirements (standards) contained at 42 CFR 447.45. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM2.03 | Provide capability to support the production of information and or reports to monitor third party avoidance and collections per state plan. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM2.04 | Retain all information necessary to support state and federal initiative reporting requirements. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM2.05 | Provide access to information such as, but not limited to, paid amounts, outstanding amounts and adjustment amounts to be used for an analysis of timely reimbursement. | YES | NO | COTS | APHP Release | 9.1.9 |

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|---|---|---|---|---|---|---|
| PM2.06 | Display and maintain information on claims at any status or location such as, but not limited to, claims backlog, key entry backlog, pend file status and other performance items. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM2.07 | Identify payments by type such as, but not limited to, abortions and sterilizations. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM2.08 | Provide capability to support the production of information and or reports to third party payment profiles to determine where program cost reductions might be achieved. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM2.09 | Maintain information on per diem rates, DRG, Resource Utilization Groups (RUG) and other prospective payment methodologies according to the state plan and monitor accumulated liability for deficit payments. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM2.10 | Automatically alerts administration when significant change occurs in daily, weekly or other time period payments. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM3.01 | Provide capability to support the production of information and or reports to review provider performance to determine the adequacy and extent of participation and service delivery. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM3.02 | Provide capability to support the production of information and or reports to review provider participation and analyze provider service capacity in terms of member access to health care. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM3.03 | Provide capability to support the production of information and or reports to analyze timing of claims filing by provider to ensure good fiscal controls and statistical data. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM3.04 | Provide access to information for each provider on payments to monitor trends in accounts payable such as, but not limited to, showing increases and decreases and cumulative year-to-date figures after each claims processing cycle. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM3.05 | Produce information on liens and providers with credit balances or AR balances including periodic and accumulative payment amounts used to offset total lien amount | YES | NO | COTS | APHP Release | 9.1.9 |
| PM3.06 | Provide capability to support the production of information and or reports to produce provider participation analyses and summaries by different select criteria such as, but not limited to: a. Payments. b. Services. c. Types of services. d. Member eligibility categories. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM3.07 | Provide capability to support the production of information and or reports to assist auditors in reviewing provider costs and establishing a basis for cost settlements. | YES | NO | COTS | APHP Release | 9.1.9 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| PM3.08 | Provide capability to support the production of information and or reports to monitor individual provider payments. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM4.01 | Provide capability to support the production of information and or reports to review the utilization of services by various member categories to determine the extent of participation and related cost. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM4.02 | Provide capability to support the production of information and or reports to analyze progress in accreting eligible Medicare buy-in members. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM4.03 | Provide capability to support the production of information and or reports to analyze data on individual drug usage. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM4.04 | Provide capability to support the production of information and or reports for geographic analysis of expenditures and member participation. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM4.05 | Provide capability to support the production of information and or reports on member data (including LTC, EPSDT and insurance information) for designated time periods. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM4.06 | Provide capability to support the production of information and or reports summarizing expenditures, based on type of federal expenditure and the eligibility and program of the member. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM4.07 | Provide capability to support the production of information and or reports on eligibility and member counts and trends by selected data elements such as, but not limited to, aid category, type of service, age and county. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM4.08 | Provide capability to support the production of information and or reports for member enrollment and participation analysis and summary, showing utilization rates, payments and number of members by eligibility category. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM4.09 | Provide the ability to request information online and to properly categorize services based on benefit plan structure. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM4.10 | Provide capability to support the production of information and or reports on dual eligible‟s pre and post Medicare Part D implementation. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM5.01 | Support report balancing and verification procedures. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM5.02 | Maintain a comprehensive list of standard program management reports and their intended use (business area supported). | YES | YES | COTS | APHP Release | 9.1.9 |
| PM5.03 | Provide reports or access to reports for users designated by the IME. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM5.04 | Maintain online access to at least four (4) years of selected management reports and five (5) years of annual reports. | YES | YES | COTS | APHP Release | 9.1.9 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| PM5.05 | Meet state defined time frames and priorities for processing user requests. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM5.SS.01 | Provide the capability to store and retrieve all reports per IME requirements. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM5.SS.02 | Provide users easy and quick access to MMIS produced reports from their workstations, including, but not limited to: a. Query all MMIS reports. b. View all MMIS reports online. c. Export data and reports to desktop packages such as Excel, Word, ACCESS, text files and other software packages available on the State Local Area Network (LAN) and or the Wide Area Network (WAN). d. View online documentation, including dictionary of data and data fields for each report. e. Ability to print the report or selected portions of the report. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM5.SS.03 | Provide the capability to archive all MMIS production reports for permanent storage in electronic media approved by IME. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM5.SS.04 | Provide the capability to run any report at any time. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM5.SS.05 | Maintain the uniformity and comparability of data through reports including reconciliation between comparable reports and reconciliation of all financial reports with claims processing reports. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM5.SS.06 | Provide capability to support the production of information and or reports for county billings, on a monthly basis, identify paid claims for ICF/MR, Intellectual Disability (ID) and Brain Injury (BI) waivers and other services based on a report with details of the transactions and the client"s "county of legal settlement" (which may differ from their "county of residence") and a billing for each county that lists each client and their related charges. | YES | NO | COTS | APHP Release | 9.1.9 |
| PM5.SS.07 | Provide capability to report on the timely delivery of all scheduled reports. | YES | YES | COTS | APHP Release | 9.1.9 |
| PM5.SS.08 | Process and maintain inputs and outputs including, but not limited to the following: **Inputs:** a. IME policy and rules. b. Budget information. **Outputs:** a. The financial, statistical and summary reports required by the state in managing the Iowa Medical Assistance Programs. | YES | YES | COTS | APHP Release | 9.1.9 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **FR** | **Federal Reporting Requirements -MMIS** | | | | | |
| FR1.01 | Maintain data sets for Medical Statistical Information System (MSIS) reporting as required. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR1.02 | Merge into MSIS data from outside sources if required: a. Capitation payment records from enrollment process. b. Eligibility characteristic data from eligibility intake-process. c. Medicaid services processed by non-MMIS state departments, such as mental health services. d. Utilization based on managed care encounters. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR1.03 | Provide and maintain MSIS data for the following adjudicated claims: a. Inpatient hospital. b. Long term institutional care. c. Prescription drugs. d. Other, not included in the above categories. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR1.04 | Provide and maintain encounter data in appropriate claim(s) file. | YES | YES | COTS | APHP Release | 9.1.10 |
| FR1.05 | Follow the eligibility reporting guidelines of the MSIS tape specifications and data dictionary documents from CMS. | YES | YES | COTS | APHP Release | 9.1.10 |
| FR1.06 | Meet MSIS reporting timeliness, providing MSIS tapes for submission in accordance with the tape delivery schedules. | YES | YES | COTS | APHP Release | 9.1.10 |
| FR1.SS.01 | Provide data to support the production of SF269 Federal Financial Status Report. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR1.SS.02 | Support Payment Error Rate Measurement (PERM) processing in compliance with CMS quarterly claims sample frequency requirements as directed by IME. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR2.01 | Produce the CMS-416 report in accordance with CMS requirements. The report must include: a. The number of children provided child health screening services. b. The number of children referred for corrective treatment. c. The number of children receiving dental services. d. The state's results in attaining goals set for the state under section 1905(r) of the Act provided according to a state's screening periodicity schedule. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR3.01 | Produce the CMS-372 and CMS-372S annual reports on HCBS, Reports for any HCBS waivers that exist in accordance with CMS requirements. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.01 | Provide data to support the production of CMS-37 and CMS-64 quarterly estimates and expenditure reports. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.01.01 | Report drug rebate collections on the CMS-64 and CMS-21, as applicable. | YES | NO | COTS | APHP Release | 9.1.10 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **FR** | **Federal Reporting Requirements -MMIS** | | | | | |
| FR4.01.02 | Report the top ten manufacturers with outstanding drug rebate invoices on quarterly CMS-64 data. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.01.03 | Produce CMS-64 variance and CMS-21 variance reports, as specified by IME, for the current and three prior quarters. The variance reports must be made available within time frames and formats required by IME. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.SS.01 | Provide the ability to support on-demand and scheduled generation of information for the CMS-21 report – Quarterly State Children"s Health Insurance Program (SCHIP) statement of expenditures for Title XXI and supporting data required by CMS, within time frames and formats required by IME, including the CMS-21B and the CHIP Statistical Enrollment Report. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.SS.02 | Provide a full audit trail, as defined by IME, to support all transactions used to generate any and all federal reports. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.SS.03 | Incorporate TPL information on the CMS-64. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.SS.04 | Provide the capability to create a Quarterly Report of Abortions (CMS 64.9b) based on IME rules. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.SS.05 | Provide the capability to create a quarterly report on expenditures under the Money Follows the Person program based on IME rules. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.SS.06 | Provide the capability to create a quarterly report on member premium payments and refunds based on IME rules. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.SS.07 | Incorporate information concerning member premium payments and refunds on the CMS-64. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR4.SS.08 | Include the following data in the reports to support the federal reporting function: a. All the claim records from each processing cycle. b. Online entered, non-claim-specific financial transactions, such as recoupments, mass adjustments, cash transactions. c. Provider, member and reference data from the MMIS. d. Individual claim records for all claims not paid through the MMIS. | YES | NO | COTS | APHP Release | 9.1.10 |
| FR.SS.01 | Provide the ability to regenerate the MSIS file and all federal reports based on changes to the federal report code. | YES | NO | COTS | APHP Release | 9.1.10 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **FR** | **Federal Reporting Requirements -MMIS** | | | | | |
| FR.SS.02 | Process and maintain inputs and outputs including, but not limited to the following: **Inputs:** a. Data concerning payments outside the MMIS. b. Data concerning adjustments to payments made outside the MMIS. **Outputs:** a. MSIS data file. b. Reports required supporting preparation of the CMS 64, CMS 37, CMS 21 and CHIP Statistical Enrollment Report, CMS 21B, CMS 372, SF269 Federal Financial Status reports and CMS 416. c. Report on Money Follows the Person program expenditures. | YES | NO | COTS | APHP Release | 9.1.10 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI1.01 | Provide individual EOB notices, within 45 days of the payment of claims, to all or a sample group of the members who received services under the plan as described in §11210. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI1.01.01 | Provide EOB notices on the web portal in multiple languages, as defined by IME. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI1.01.02 | Provide capability to generate an EOB for every member or a selected group of members, based on requirements as defined by IME, including in multiple languages. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.01 | Update claims history and online financial files with the payment identification (check number, EFT number, warrant number or other), date of payment and amount paid after the claims payment cycle. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.02 | Maintain garnishments and tax levies and assignment information to be used in directing or splitting payments to the provider and garnishor. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.03 | Maintain financial transactions in sufficient detail to support 1099. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.04 | Account for recovery payment adjustments received from third parties that do not affect the provider's 1099 | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.05 | Provide a full audit trail to the source of general ledger transactions generated by the MMIS or other supporting financial packages. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.05.01 | Link financial data back to the source claim line or system generated payment transaction. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.05.02 | Provide full accountability and control of all claims processed through the system until final disposition including full documentation and audit trails to support the claims payment process. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.05.03 | Provide financial audit controls meeting Generally Accepted Accounting Principles (GAAP). | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.06 | Provide reports in electronic format for performing periodic bank account or fund allocation reconciliations. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.07 | Maintain a history of claim recovery payments in excess of expenditures and allow distribution to the appropriate parties, including providers, members or insurers in accordance with IME policy. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.08 | Maintain a history of refunds. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.09 | Withhold the federal share of payments to Medicaid providers to recover Medicare overpayments. | YES | NO | COTS | APHP Release | 9.1.11 |

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|---|---|---|---|---|---|---|
| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI2.SS.01 | Provide an accounts payable module to manage payments to providers, members and other entities. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.SS.02 | Provide an AR module to manage receivables from providers, members and other entities. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.SS.03 | Provide a follow-up process to ensure that required changes to account coding and financial management business rules are applied. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.SS.04 | Support automated retroactive changes that are user driven (e.g., changes in account coding). Retroactive changes will not change closed totals but will retain them and reflect revised totals. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.SS.05 | Provide the ability to easily navigate between accounts payable and AR. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.SS.06 | Produce the 1099 file, as directed by IME, using AR data to appropriately adjust providers‟ earnings for recoupment. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.SS.07 | Process voids and replacements for incorrect payments and create AR where appropriate. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.SS.08 | Generate one payment for all claims with same NPI or Medicaid ID for atypical providers. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.SS.09 | Provide the ability to record debts and process accurate and timely cash receipts from debtors. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.SS.10 | Automatically create AR based on claim voids, recoupments, settlements and receipt of unsolicited refunds from providers. Stamp account code and federal report code on each AR based on the codes stamped on the claim lines or business rules, as defined by IME. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.SS.11 | Provide the capability to manually create a receivable and stamp account code and federal report code, based on direction from IME. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI2.SS.12 | Provide the ability to create a payment plan for manually and automatically created AR. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.SS.13 | Provide online viewing of all transactions and provider balances. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI2.SS.14 | Create a variety of financial reports required for monitoring. Organization of the summarization must be such that it allows tracking back to the level of the detailed claim. | YES | NO | COTS | APHP Release | 9.1.11 |

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| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI2.SS.16 | Provide online inquiry access to the accounts payable and AR modules. Searchable data fields include, but are not limited to: a. Financial control numbers. b. Provider id and name. c. Type of receivable (created by a claim transaction or by a financial transaction). d. Collection code. e. Original balance. f. Prior balance. g. Current activity. h. Balance forward. i. Claim control number that generated the receivable (if the receivable was generated as a result of a claim action). j. Reason code. k. Cycle date. l. Schedule of future payments. m. Age of receivable in days. n. Dates Associated with each action on the receivable (e.g., date established, date of each payment). o. National Provider ID. p. Legacy ID number. q. Tax Identification Numbers. r. County Code. s. I/3 Vendor Identification Number. t. Percentage and or dollar amounts to be deducted from payments. u. Type of collections made and date. v. Both financial transactions (non-claim-specific) and adjustments (claim-specific). Search criteria (the key inquiry data elements) for access to this database will be defined by IME. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.01 | Track Medicare deductibles and coinsurance paid by Medicaid for all crossover claims, by member and program type. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.02 | Process and retain all data from provider credit and adjustment transactions. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.03 | Produce payment information to the payment issuing system. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.04 | Issue an electronic remittance advice detailing claims processing activity at the same time as the payment or payment information transfer. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.05 | Ensure that the system supports sending electronic claim payment and advice transactions (ASC X12N 835) meeting the standards required by 45 CFR Part 162 | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.05.01 | Report on the remittance advice and the ASC X12N 835 any payment amounts applied to an AR or interest debt. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.05.02 | Provide controlled access to a message field for the text of the messages to be printed on the Remittance Advice (RA) for each error code. Provide the capability for online inquiry to a message File for IME and contractor staff. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.05.03 | Report carrier name, address and policy information for all relevant third party liability TPL resources on the remittance advice for claims denied for TPL. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.05.04 | Provide ability to populate multiple message fields on the RA. | YES | NO | COTS | APHP Release | 9.1.11 |

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| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI3.05.05 | Provide the ability to apply and report on the RA "soft" claims edits to send warnings and alerts, but not deny or suspend the claim line. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.05.06 | Produce a RA that can be downloaded as a Portable Data File (PDF) version from the web portal. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.05.07 | Provide the capability to capture denial path of claims, including edits, showing all of the denial reasons on the RA. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.05.08 | Meet the requirements for production of RAs as specified in the State Medicaid Manual Part 11, Federal Regulations 42 CFR 433.116 and 42 CFR 455.20. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.06 | Net provider payments against credit balance or AR amounts due in the payment cycle in determining the payment due the provider. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.07.01 | Provide the ability to apply claim payments to satisfy an outstanding AR balance, including payment of interest. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.07.02 | Provide the ability to apply cash receipts against AR and interest, based on business rules provided by IME. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.08 | Process voids and replacements for incorrect payments or returned warrants, crediting fund source accounts and creating AR or credit balances where appropriate. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.09 | Support stop payment processes. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.10 | Allow online access to AR or provider credit balances to authorized individuals. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.11 | Allow online access to remittance advice through a web-based browser. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.12 | Provide support for identification and application of recovery funds and lump-sum payments. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.13 | Identify providers with credit balances and no claim activity during a state-specified number of months. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.14 | Notify providers when a credit balance or AR has been established. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.14.01 | Provide the ability to generate notices to the debtor when AR have an overdue balance and send an alert to the designated IME or contractor staff based on IME rules. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.15 | Display adjustment and or void in a separate section of the remittance advice. | YES | YES | COTS | APHP Release | 9.1.11 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI3.16 | Allow for withholding of payments in cases of fraud or willful misrepresentation without first notifying the provider of its intention to withhold such payment. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.17 | Support refunding of federal share of provider overpayments within one year from discovery of an overpayment for Medicaid services in accordance with Affordable Care Act. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.SS.01 | Provide the ability to identify interest that is applied through settlements (e.g., liens, settlements and sanctions). | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.SS.02 | Manage provider IDs so remittance advices can include claims from more than one benefit plan. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.SS.03 | Allow for the creation of multiple categories of AR (audit, overpayments, fraud) at the claim line level. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.SS.04 | Automatically create a receivable collectable whenever a provider advance is created, unless instructed by IME. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.SS.05 | Allow for collection of individual receivables to be suspended but still reported. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI3.SS.06 | Provide the capability to create a letter to the provider notifying the provider of the creation of the AR and of appeal rights based on IME rules. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.SS.07 | Provide the capability to automatically change AR status to allow offset against accounts payable and interest calculation, based on business rules established by IME. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.SS.08 | Support the ability to recover receivables from another NPI and Medicaid ID with the same TIN. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.SS.09 | Provide the capability to identify the state and federal fiscal year in which an AR was created and the original date of claim adjudication as applicable. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI3.SS.10 | Provide the ability to allow uncollectable credit balances to be set as directed by IME. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI4.01 | Provide a financial transaction application for processing non-claim specific financial transactions including payouts, AR, refund checks and returned warrants. | YES | YES | COTS | APHP Release | 9.1.11 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI4.01.01 | Automatically create financial transactions and apply correct account and federal report coding, based on: a. Data entered by a user manually. b. Data uploaded to the system from Excel spreadsheets or other software. c. Enrollment of a member into benefit plans that require single or recurring capitation payments, premium or management fees. d. Business rules for creation of hospital disproportionate share payments. e. Other requirements of IME. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI4.02 | Support the process of issuing a manual check, retaining all data required for fund source determination, payee identification and reason for check issuance. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI4.03 | Update records to reflect the processing of uncashed (stale) or cancelled (voided) Medicaid checks. Process replacements for lost or stolen warrants and updated records with new warrant information. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI4.03.01 | Update and track information necessary to support a reconciliation of cancelled, outdated and or replaced warrants. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI4.04 | Process payments from providers for refunds and update records as needed. Capability to adjust 1099 reporting. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI4.04.01 | Generate a snapshot file that lists the activity in each provider's year to date earnings at the time the 1099 is created. A copy of each provider's 1099 form for the year shall be maintained for seven years. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI4.04.02 | Process and track requests for duplicates and provider change requests for 1099 in accordance with IME business rules. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI4.04.03 | Process the annual IRS “no match” provider file and generate a report, as defined by IME. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI4.04.04 | Interface with NPPES and Internal Revenue Service (IRS) to validate accuracy of provider data, including NPI and Tax-ID, on the 1099. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI4.04.05 | Provide capability for providers to securely access and print their 1099 from the web portal. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI4.05 | Allow for history adjustments to claims processing to reflect changes in funding sources and other accounting actions that do not impact provider payment amounts or 1099 reporting. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.01 | Provide capability to perform credit balances adjustments. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.02 | Provide interoperability between the MMIS and I/3 state accounting system, eliminating manual financial processes. | YES | YES | COTS | APHP Release | 9.1.11 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI.SS.03 | Provide remittance processing capabilities to account for both payment offsets and cash receipts. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.04 | Accumulate payments for multiple benefit plans by provider and include on same remittance advice. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.05 | Summarize payment cycle transactions by account coding. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.06 | Create a payment processing summary file for upload to state accounting system. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.07 | Balance all payment cycle processing, including balancing a Claims Payment Summary Report to a Remittance Advice Report. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.08 | Provide the capability to reduce a provider payment by a percentage or hold an entire payment by provider type or other selection criteria designated by IME. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.09 | Support the calculation of disproportionate share payments, per business rules provided by IME. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.10 | Allow for limiting payment amounts, per IME business rules. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.12 | Support multiple AR for a given provider to include a prioritization of satisfaction of the outstanding balances that may be overridden. | YES | NO | SM | APHP Release | 9.1.11 |
| FI.SS.13 | Designate the financial status of all cash receipt transactions, including the date of record creation, updates, comments, financial coding and attach any supporting documentation. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.14 | Update MMIS financial claims history to reflect cash receipts. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.15 | Support drill down capability for AR and cash receipts. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.16 | Produce reports and notices and letters in Microsoft Office compatible files, for use in spreadsheets and emailing of reports. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.17 | Allow for export of financial management reports to Excel, based on user-defined parameters. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.18 | Include beginning and end dates on reports, if applicable. | YES | YES | COTS | APHP Release | 9.1.11 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI.SS.19 | Provide reports in electronic format, as defined by IME, including, but not limited to the following: a. Monthly report for return of federal funds for AR. b. Collection activity for all AR by category (Summary and Detail). c. Collection activity of AR that are federally funded. d. Accounts receivable balances by category (Summary and Detail). e. Cash Receipts report. f. Claim payments used to satisfy receivables. g. Payment cycle reports, including the Claims Payment Summary Report. h. Accounts receivable aging reports (Summary and Detail) with work queues for the different aging levels (e.g., 30-60-90 day). i. Providers‟ 1099 earnings report annually. j. Providers earnings reports for the IRS in accordance with federal and state regulations. k. Collection notices and letters for ARs available in multiple user-defined formats. l. Providers receiving collection notices and letters. m. Providers referred to the state or other collection agent for collection. n. Accounts receivable related to bankrupt providers. o. Accounts receivable by Account Number (parameter of last activity date within the current fiscal year). p. Deposit reports including summary and detailed deposit tickets. q. Outstanding and historical accounts payable transactions. r. Prompt Payment Report. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.20 | Identify the type of TPL recovery on each AR. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.21 | Provide a link for related AR correspondence. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.22 | Provide the capability to maintain reason codes for all receipts of money (i.e., recoupment payments). | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.23 | Provide the capability to assign a financial control number to any cash transaction. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.24 | Provide the capability to track and store federal financial participation (FFP) amounts. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.25 | Provide the capability to maintain complete audit trails of AR processing and all transactions must be reflected in subsequent financial reporting. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.26 | Provide the capability to automatically transfer credit balances when a provider changes ownership as determined by IME. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.27 | Provide the capability to send payment file as directed by IME for EFT. | YES | YES | COTS | APHP Release | 9.1.11 |

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|---|---|---|---|---|---|---|
| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI.SS.28 | Create AR for the purpose of billing entities responsible for a portion of the non-federal share of the cost of services. The AR is based on claims adjudicated in each payment cycle. The AR must identify claim line details supporting the billed amount based on IME rules. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.29 | Provide the capability to record the disputed amount of AR for the non-federal share of a claim at the line level, record the dispute reason and resolution indicators based on IME rule and link an image of supporting documentation. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.30 | Provide capability to adjust an AR for the non-federal share of a claim at the line level and send alerts based on IME policy and reflect credits on the next billing. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.31 | Provide the capability to automatically change “legal settlement county” for members based on the results of resolution of disputes over the non-federal share of a claim. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.32 | Provide the capability to limit a total provider payment in each payment cycle by an amount specified by IME loaded from an excel spreadsheet. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.33 | Provide the capability to generate a monthly report of Medicare premium and crossover payments. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.34 | Calculate and provide electronic record of the total dollars of assessment fees that are to be repaid to the state. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.35 | Calculate the assessment fee as an add-on to rates paid to providers designated by IME. Automatically set up an AR to recover all or a portion of the assessment fee as directed by IME. The AR can be satisfied as an off-set to future payments or through receipt of payment from the provider as directed by IME. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.36 | Provide the capability to produce a report of aged AR, with flags on those that have no activity within a Department-specified period of time and the AR set-up during the reporting period. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.37 | Provide the capability to produce a report to identify claim-specific and non-claim-specific adjustments by type of transaction (payout, recoupment or refund) and provider type, on a monthly basis. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.38 | Provide the capability to produce paper billings and electronic billing file for billing the non-federal share of specific services to a county or other entity. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.39 | Provide the capability to identify the claims that are the responsibility of a county or other entity for billing the non-federal share of specific services. | YES | NO | COTS | APHP Release | 9.1.11 |

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|---|---|---|---|---|---|---|
| **FI** | **Financial Management Requirements -MMIS** | | | | | |
| FI.SS.40 | Provide capability to track and report on all financial transactions, by source, including TPL recoveries, fraud and abuse recoveries, provider payments, drug rebates. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.41 | Maintain the table of I/3 state accounting system codes in the system and code the payment and credit to the appropriate program cost center. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS1.42 | Accept and process the Department of Administrative Services Offset Program file received monthly from the Department. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.43 | Provide the capability to refund overpayments on AR. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.44 | Provide a method to link payments from providers to the specific claim line affected. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.45 | Provide capability to accommodate the issuance and tracking of non-provider-specific payments through the MMIS (e.g., refund of an insurance company overpayment) and adjust expenditure reporting appropriately. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.46 | Provide capability to maintain lien and assignment information to be used in directing or splitting payments to the provider and lien holder. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.47 | Provide the capability for recoveries to be made from provider payments at the Department user-defined percentage from 0 to 100. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.48 | Provide the capability to produce a summary report of all payments for each payment cycle. | YES | YES | COTS | APHP Release | 9.1.11 |
| FI.SS.49 | Provide the capability to drill down to the claim line from any provider payment. | YES | NO | COTS | APHP Release | 9.1.11 |
| FI.SS.50 | Process and maintain inputs and outputs including, but not limited to: **Inputs:** a. Mass adjustment requests are entered and edited online or uploaded from EXCEL spreadsheets. b. Gross adjustments (debits and credits) are entered online or uploaded from EXCEL spreadsheets for non-claim-specific financial transactions such as fraud and abuse settlements, TPL recoveries and advance payments. c. Data concerning adjustments to payments made outside the MMIS. **Outputs:** a. All required reports. b. File of paid claims and encounter data to the Provider Cost Audit and Rate Setting contractor. c. File of paid claims and encounter data to Medical Services contractor. | YES | NO | COTS | APHP Release | 9.1.11 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **PI** | **Program Integrity Management Requirements -MMIS** | | | | | |
| PI.SS.01 | Produce a report of claim detail, with multiple select and sort formats, which shall include but not be limited to: a. Provider ID and name. b. Member ID and name. c. Referring provider ID. d. Category of service. e. Service date(s). f. Diagnosis code(s), with description. g. Procedure code(s), with description. h. Therapeutic class code(s). i. Drug generic code(s), with description. j. Lock in indicator. k. Billed and paid amounts. l. Prescribing Provider | YES | NO | COTS | APHP Release | 9.1.12 |
| PI.SS.02 | Produce a report regarding data on ambulatory and inpatient services provided to nursing facility residents within a single report by a long-term care facility. | YES | NO | COTS | APHP Release | 9.1.12 |
| PI.SS.03 | Produce LTC facility summary, which lists the following for each facility: a. Facility characteristics and data. b. Number of performing providers. c. Number of members served by each performing provider. d. Dollars paid to each performing provider for services to LTC members. e. Dates of service. f. Produce LTC detail, which includes: 1. Names and IDs of members using inpatient services during an LTC facility confinement. 2. Hospital stay dates of service. 3. Amount billed per hospital stay. 4. All leave days. 5. Claims data. | YES | NO | COTS | APHP Release | 9.1.12 |
| PI.SS.04 | Generate a report of LTC physician detail, which identifies the number of visits to LTC facilities by performing providers, by provider number and gives details for members, including date of service and amount billed. | YES | NO | COTS | APHP Release | 9.1.12 |
| PI.SS.05 | Generate annual ranking by dollars for utilizing members and providers, by program, including listings of the top 100 for each category. | YES | NO | COTS | APHP Release | 9.1.12 |
| PI.SS.06 | Provide the lock-in contractor with a file of member Program Integrity claim details from the MMIS to support their review and investigation of inappropriate utilization of services in the member population. | YES | NO | COTS | APHP Release | 9.1.12 |
| PI.SS.07 | Produce summary and detail information report on hospital stays, including length of stay, room and board charges, ancillary charges and medical expenses prior to and immediately following the hospital stay. Produce a report, as specified by the IME, of all services received by members who are receiving a specific service or drug, are enrolled in selected programs, have a certain living arrangement or are receiving services from certain providers or provider groups. | YES | NO | COTS | APHP Release | 9.1.12 |
| PI.SS.08 | Provide access to the Program Integrity contractor all reports produced for the Program Integrity module. | YES | YES | COTS | APHP Release | 9.1.12 |

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|---|---|---|---|---|---|---|
| **PI** | **Program Integrity Management Requirements -MMIS** | | | | | |
| PI.SS.09 | Process and maintain inputs and outputs including, but not limited to: **Inputs:** None **Outputs:** a. Provider data to Program Integrity contractor. b. Member data to Program Integrity contractor. c. Reference data to Program Integrity contractor. d. Claims data to Program Integrity contractor. e. Provide a monthly copy of the paid claims file to the Medicaid Fraud Control Unit (MFCU). f. Member lock-in report to Member Services contractor. | YES | NO | COTS | APHP Release | 9.1.12 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **MG** | **Managed Care Enrollment Requirements -MMIS** | | | | | |
| MG1.01 | Capture enrollee choice of PCCM on beneficiary record. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG1.02 | Auto-assign enrollees to a PCCM who fail to choose a PCCM and complete provider lock-in process. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG1.03 | Display enrollees associated with PCCM. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG1.04 | Disenroll member from PCCM. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG1.05 | Allow enrollee to disenroll from a PCCM without cause during the 90 days following the date of the enrollee's initial enrollment and at least once every 12 months thereafter. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG1.06 | Automatically disenroll enrollees from a terminated PCCM provider and places the beneficiary in regular FFS status. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG1.06.01 | If a provider is terminated from participation in the Medicaid program, automatically disenroll the provider from the PCCM program and generate report of disenrollment action. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG1.07 | Perform mass reassignment of enrollees if contract with PCCM is terminated or beneficiary disenrolls for any reason other than ineligibility for Medicaid. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG1.08 | Generate notices to members of enrollment or disenrollment from PCCM. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG1.10 | Identify members excluded from enrollment, subject to mandatory enrollment or free to voluntarily enroll in PCCM. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG1.11 | Prioritize enrollment for members to continue enrollment if the PCCM does not have the capacity to accept all those seeking enrollment under the program. | YES | NO | SM | APHP Release | 9.1.13 |
| MG1.12 | Provide a default enrollment process for those members who do not choose a PCCM. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG1.13 | Automatically re-enroll a member who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG1.13.01 | If the provider is not available then default to normal auto-assignment process even if disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG1.14 | Support ANSI X12N 834 transaction, as required by HIPAA. | YES | YES | COTS | APHP Release | 9.1.13 |

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|---|---|---|---|---|---|---|
| **MG** | **Managed Care Enrollment Requirements -MMIS** | | | | | |
| MG2.01 | Identify PCCMs who have agreed to provide gatekeeper services, geographic location(s), number of assigned members and capacity to accept additional patients. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG2.02 | Accept and processes updates information about the PCCM as changes are reported. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG2.03 | Capture termination information when a PCCM provider contract is cancelled. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG2.03.01 | Automatically disenroll PCCM from managed care program. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG2.04 | Generate weekly or as required by IME reports to monitor adequacy of PCCM network (e.g., number and types of physicians and provider locations). | YES | NO | COTS | APHP Release | 9.1.13 |
| MG2.05 | Generate weekly or as required by IME reports to monitor enrolled providers to prohibit affiliations with individuals debarred by federal agencies or otherwise terminated. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG3.01 | Calculate administrative payment per-member-per-month (PMPM) for primary care gatekeeper services. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG3.01.01 | Calculate and issues performance incentive payment for qualifying medical homes. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG3.02 | Support ANSI X12N 837 transactions, as required by HIPAA. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG3.03 | Support ANSI X12N 835 transaction, as required by HIPAA. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG4.01 | Edit and deny payment to FFS providers for services without PCCM referral and or prior authorization. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG4.02 | Allow payment to providers for services carved out of the PCCM benefit package (e.g., family planning, women health specialist). | YES | YES | COTS | APHP Release | 9.1.13 |
| MG4.03 | Allow payment for emergency medical condition without authorization from PCCM. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG4.04 | Edit and deny payment to referral providers (pharmacy, lab, radiology, specialty physician, etc.) if service is not authorized by a PCCM gatekeeper. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG4.05 | Allow payment to FFS providers for services rendered in pre-enrollment periods or other periods of transition. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG5.01 | Generate as required by IME reports for monitoring enrollee access to medical services. | YES | NO | COTS | APHP Release | 9.1.13 |

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|---|---|---|---|---|---|---|
| **MG** | **Managed Care Enrollment Requirements -MMIS** | | | | | |
| MG5.01.01 | Generate data extract of all paid claims and encounter for use by actuarial contract. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG5.01.02 | Produce weekly or as required by IME a report in electronic format of all members enrolled with each PCCM. The report must identify if the member is new to the PCCM in the current month. The report must also identify all members that are no longer enrolled with a PCCM effective with the current month. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG5.03 | Generate as required by IME reports to monitor PCCM referrals to specialty care. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG5.04 | Produce report for each PCCM identifying the PCCM"s enrollees and the total payment per month per enrollee. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG.SS.01 | Generate a capitation payment for clients enrolled in the PACE benefit plan based on the rate for the provider per IME policy. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG.SS.02 | Produce weekly or as required by IME a report of all members enrolled with a PACE provider. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG.SS.03 | Edit and deny all FFS payments after enrollment in PACE. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG.SS.04 | Provide a "PACE" indicator on client file when a client is enrolled in the PACE benefit plan. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG.SS.05 | Prevent payment of any claim billed by a provider that is not the PACE provider, including Medicare cross-over claims, if the client is enrolled in the PACE benefit plan. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG.SS.06 | Provide capability to adjust the PACE payment for client participation. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG.SS.07 | Provide capability to assure the PACE program does not co-exist with any other benefit plan. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG.SS.08 | Allow access to the member contact data through link on any screen. | YES | NO | COTS | APHP Release | 9.1.13 |
| MG.SS.09 | Maintain date-specific Managed Health Care enrollment data spans on the MMIS eligibility file, including: a. Enrollments begin and end dates. b. Provider ID. c. Vendor ID. d. Plan type. e. State ID. f. County of residence. g. Zip code. h. Aid type. i. Birth date. j. Medicare eligibility. k. Gender. l. Case number. m. Reason for disenrollment. | YES | YES | COTS | APHP Release | 9.1.13 |
| MG.SS.10 | Manage dual enrollment in Iowa benefit plans based on IME hierarchy enrollment rules. | YES | YES | COTS | APHP Release | 9.1.13 |

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|---|---|---|---|---|---|---|
| **MG** | **Managed Care Enrollment Requirements -MMIS** | | | | | |
| MG.SS.11 | Process and maintain inputs and outputs including, but not limited to the following: **Inputs:** a. Eligibility updates from the Department. b. Primary care provider selection for MediPASS from the Member Services contractor. c. HMO selection from the Member Services contractor. d. Managed care provider enrollment data from Provider Services contractor. e. Encounter data from managed care plans. **Outputs:** a. Monthly files of paid claims and encounter data to actuarial contractor. | YES | NO | COTS | APHP Release | 9.1.13 |

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|---|---|---|---|---|---|---|
| **MC** | **Managed Care Organization Requirements - MMIS** | | | | | |
| MC1.01 | Capture information on contracted MCOs, including geographic locations, capitation rates and organization type. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC1.02 | Capture information identifying contracted providers within MCO network, including Primary Care Providers (PCPs). | YES | YES | COTS | APHP Release | 9.1.13 |
| MC1.03 | Capture information identifying providers who have agreed to provide gatekeeper services, number of members assigned and capacity to accept additional patients. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC1.04 | Accept and process update information as changes are reported. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC1.05 | Capture termination information when an MCO contract is cancelled. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC1.06 | Remove and end-date PCP status from MCO (optional if states require MCO to identify PCPs). | YES | YES | COTS | APHP Release | 9.1.13 |
| MC1.07 | Provide information to support assessment of adequacy of provider network. This includes identifying and collecting data on the number and types of providers and provider locations. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC1.08 | Provide information to support review of new enrollments and to prohibit affiliations with individuals debarred by federal agencies. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC2.01 | Calculate per-member per-month (PMPM) capitation payment based on state-defined rate factors such as age, gender, category of eligibility, health status, geographic location and other. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC2.02 | Compute capitation payment for the actual number of days of eligibility in a month (i.e., enrollee may not be enrolled for a full month). | YES | YES | COTS | APHP Release | 9.1.13 |
| MC2.03 | Identify individuals and enrollees who have terminated enrollment, disenrolled or are deceased and excludes those individuals from the monthly MCO capitation payment. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC2.04 | Generate regular capitation payments to MCOs, at least on a monthly basis in compliance with HIPAA-standard X12 820 Premium Payment transaction where applicable. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC2.05 | Adjust capitation payment based on reconciliation of errors or corrections (e.g., retroactive adjustments to a particular capitation payment based on more accurate data that the MMIS obtains retroactively on member enrollments, disenrollments and terminations). | YES | NO | COTS | APHP Release | 9.1.13 |
| MC2.06 | Perform mass adjustment to rates according to state policy (e.g., annual adjustment, negotiated rate change, court settlement). | YES | NO | COTS | APHP Release | 9.1.13 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **MC** | **Managed Care Organization Requirements - MMIS** | | | | | |
| MC2.07 | Perform periodic reconciliations of state member records with MCO, PCP enrollment records. | YES | NO | COTS | APHP Release | 9.1.13 |
| MC2.08 | Verify correct transfer of capitation payment when member disenrolls from one MCO and enrolls in another plan. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC2.09 | Support ANSI X12N 820 Premium Payment transaction as required by HIPAA. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC3.01 | Collect and store encounter data on a periodic basis. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC3.02 | Apply key edits to encounter data (e.g., MCO, physician, member ID numbers, diagnosis"s and procedure codes). Note: The encounter record edits can be different from claims edits. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC3.03 | Return erroneous encounter data for correction. | YES | NO | COTS | APHP Release | 9.1.13 |
| MC3.05 | Periodically produce reports for audits on accuracy and timeliness of encounter data, including matching encounter record to MCO paid claim and to the provider"s billing. | YES | NO | COTS | APHP Release | 9.1.13 |
| MC3.06 | Capability to calculate the "Encounter Cost Value," or the cost of services reported on the encounter claim had they been paid on a Fee-for-Service basis. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC3.07 | Accept and process encounter claims in formats, as mandated by HIPAA (e.g., X12N 837). | YES | YES | COTS | APHP Release | 9.1.13 |
| MC4.04 | Collect and sort encounter data for use in completing Medicaid Statistical Information System (MSIS) reports. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC4.05 | Collects and sorts encounter data for use in determining capitation rates. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC4.09 | Access encounter data to identify persons with special health care needs as specified by IME. | YES | NO | COTS | APHP Release | 9.1.13 |
| MC4.10 | Produce reports to identify network providers and assess enrollee access to services. | YES | NO | COTS | APHP Release | 9.1.13 |
| MC4.11 | Produce managed care program reports by category of service, category of eligibility and by provider type. | YES | NO | COTS | APHP Release | 9.1.13 |
| MC5.01 | Block payment to FFS providers for services included in the MCO benefit package, with the exceptions stated per the state plan. | YES | YES | COTS | APHP Release | 9.1.13 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **MC** | **Managed Care Organization Requirements - MMIS** | | | | | |
| MC5.02 | Allow FFS payment to providers for services carved out of the MCO benefit package. (These services are usually delivered by providers external to the MCO). | YES | YES | COTS | APHP Release | 9.1.13 |
| MC5.03 | Allow payment to FFS providers for services rendered in pre-enrollment periods or other periods of transition. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC6.01 | Generate monthly or as required by IME reports of capitation payment by various categories (e.g., by eligibility group, rate cell). | YES | NO | COTS | APHP Release | 9.1.13 |
| MC6.02 | Generate FFS claims reporting for services furnished outside of a capitation agreement (i.e., for services “carved-out” of the managed care program). | YES | YES | COTS | APHP Release | 9.1.13 |
| MC7.01 | Collect basic administrative information, for instance: a. The identification of an MCO. b. Contract start and end dates. c. Contract period and year. d. Capitation effective date. e. Maximum enrollment threshold. f. Enrollee count. g. Member month. h. Re-insurance threshold. i. Geographic area served. j. Other information as required by IME. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC8.01 | Identify members who are eligible for a state‟s Medicaid program by qualifying under a section 1115 waiver eligibility expansion group. Distinguish the “1115 expansion eligibles” from other groups of Medicaid-eligibles. | YES | YES | COTS | APHP Release | 9.1.13 |
| MC8.02 | Collect and maintain the data necessary to support the budget neutrality reporting requirements as specified in the state‟s 1115 waiver (including the ability to identify those members who would be ineligible for Medicaid in the absence of the state‟s 1115 waiver). | YES | NO | COTS | APHP Release | 9.1.13 |
| MC.SS.01 | Process and maintain inputs and outputs including, but not limited to: **Inputs:** a. Encounter data from managed care plans. **Outputs:** a. Enrollment Rosters to managed care organizations. b. Monthly files of paid claims and encounter data to actuarial contractor. | YES | YES | COTS | APHP Release | 9.1.13 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **ME** | **Primary Care Case Manager (PCCM ) and Medical Home and Managed Care Gatekeeper Requirements -MMIS** | | | | | |
| ME1.01 | Capture enrollee choice of MCO or PCP and enter into member record. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME1.03 | Assign enrollee to MCO or PCP based on factors such as member age, gender, geographic location; and MCO capitation rate, location. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME1.05 | Display enrollees associated with MCO. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME1.06 | Disenroll member from MCO. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME1.07 | Disenroll member without cause during the 90 days following the date of the enrollee‟s initial enrollment and at least once every 12 months thereafter. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME1.08 | Automatically disenroll and re-enroll members in new plans during periods of open enrollment or when an MCO leaves the program. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME1.09 | Automatically disenroll member from a terminated MCO and places in regular FFS status. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME1.10 | Generate notices to member of assignment to or disenrollment from MCO. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME1.11 | Identify members excluded from enrollment, subject to mandatory enrollment or free to voluntarily enroll in MCO. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME1.12 | Prioritize enrollment for members to continue enrollment if the MCO does not have the capacity to accept all those seeking enrollment under the program. | YES | NO | SM | APHP Release | 9.1.13 |
| ME1.13 | Provide a default enrollment process for those members who do not choose a MCO. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME1.14 | Automatically re-enroll a member who is disenrolled solely because he or she loses Medicaid eligibility for a period of two months or less (optional, if state plan so specifies). | YES | NO | COTS | APHP Release | 9.1.13 |
| ME1.15 | Support ANSI X12N 834 transaction, as required by HIPAA. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME2.01 | Receive and process eligibility data from state‟s eligibility source system. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME2.02 | Receive MCO contract information from contract data store (e.g., address, covered services, rates). | YES | YES | COTS | APHP Release | 9.1.13 |
| ME2.03 | Receive and process provider eligibility data from MMIS or data repository for PCP program. | YES | NO | COTS | APHP Release | 9.1.13 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **ME** | **Primary Care Case Manager (PCCM ) and Medical Home and Managed Care Gatekeeper Requirements -MMIS** | | | | | |
| ME2.05 | Calculate or select premium payment amount and generate PMPM payment (capitation, Premium, case management fee). | YES | YES | COTS | APHP Release | 9.1.13 |
| ME2.06 | Support ANSI X12N 820 transaction for PMPM premium payment as required by HIPAA. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME2.07 | Transmit enrollment and PMPM payment data to MMIS or data repository. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME2.08 | Transmit enrollment records and PMPM payments to MCOs. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME3.01 | Calculate and generate premium notices to members. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME3.02 | Process premium receipts from members. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME3.02.01 | Identify outstanding premium payments due from members and reports for debt collection accordance with IME policy. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME3.03 | Support inquiries regarding premium collections. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME3.03.01 | Member premium rules must be configurable to accommodate program rules. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME3.03.02 | Automatically extend or terminate eligibility for premium based eligibility programs in accordance with rules for each program. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME3.03.03 | Accept data file from lock box for premium payments. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME3.04 | Produce premium collection reports. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME4.01 | Comply with provisions for Administrative Simplification under the HIPAA of 1996 to ensure the confidentiality, integrity and availability of ePHI: a. Provide safeguards as described in the October 22, 1998 State Medicaid Director letter, Collaborations for Data Sharing between state Medicaid and Health Agencies. b. Perform regular audits. c. Support incident reporting. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME.SS.01 | Maintain date-specific Managed Health Care enrollment data spans on the MMIS eligibility file, including: a. Enrollment begin and end dates. b. Provider ID. c. Vendor ID. d. Plan type. e. State ID. f. County of residence. g. Zip code. h. Aid type. i. Birth date. j. Medicare eligibility. k. Gender. l. Case number. m. Reason for disenrollment. | YES | YES | COTS | APHP Release | 9.1.13 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **ME** | **Primary Care Case Manager (PCCM ) and Medical Home and Managed Care Gatekeeper Requirements -MMIS** | | | | | |
| ME.SS.02 | System must be able to support a medical home infrastructure when implemented in the state of Iowa as directed by the IME. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME.SS.03 | System must be able to enroll, disenroll, maintain, track and produce reports for Medical Home as directed by IME. | YES | NO | COTS | APHP Release | 9.1.13 |
| ME.SS.04 | Disenroll a member from PCCP program when enrolled in Medical home, and when appropriate, enroll a member in PCCP program if they leave the Medical home. | YES | YES | COTS | APHP Release | 9.1.13 |
| ME.SS.05 | Allow the capability for a member to be in a medical home and on lock-in. | YES | YES | COTS | APHP Release | 9.1.13 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WA** | **Waiver, Facility and Enhanced State Plan Services Management Requirements - MMIS** | | | | | |
| WA1.01 | Identify by waiver unduplicated participants enrolled in 1915c waiver programs. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA1.01.01 | Identify by waiver unduplicated participants enrolled in 1115 waiver programs. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA1.01.02 | Identify unduplicated participants enrolled in Facility and Enhanced State Plan programs. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA1.01.03 | Accept the waiver and Enhanced State Plan indicator from eligibility system. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA1.02 | Generate notices or alerts to agency if number of unduplicated participants enrolled in the waiver program exceeds the number of participants approved in the waiver application. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA1.03 | Track and report the number of unduplicated participants in the 1915c waiver program. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA1.03.01 | Track and report the number of unduplicated participants in the 1115 waiver program. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA1.04 | Identify the date a participant is assessed to meet the waiver LOC. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA1.04.01 | Identify the date a participant is assessed to meet the assessment criteria for Facility and Enhanced State Plan programs. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA1.SS.01 | Provide the ability to accept different start and end dates for different waiver and Enhanced State Plan programs and services under each waiver. Provide the ability to accept different start and end dates for Facility eligibility. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA1.SS.02 | Provide the ability to accept adds, changes and deletes for a waiver or waiver service from a waiver program and from an individual member"s service plan. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA1.SS.03 | Provide the ability to identify and extract services approved as exceptions to certain waiver programs or service plan. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA1.SS.05 | Provide the ability to accept real time adds, changes and deletes for Facility eligibility and Enhanced State Plan eligibility and services. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA2.01 | Capture enrollment information, including NPI if required, on entity or individual meeting the qualifications contained in the provider agreement, including geographic locations and capitation or FFS rates. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA2.01.01 | Provide enrollment information, including NPI if required, on providers to external source. | YES | YES | COTS | APHP Release | 9.1.14 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WA** | **Waiver, Facility and Enhanced State Plan Services Management Requirements - MMIS** | | | | | |
| WA2.02 | Prevent enrollment of entities and individuals who do not meet the provider qualifications contained in the provider agreement. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA2.03 | Update information as changes are reported. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA2.04 | Capture termination information when a waiver, Facility and Enhanced State Plan provider voluntarily terminates or a provider agreement is cancelled. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA2.05 | Prohibit enrollment of providers affiliated with individuals debarred by state or federal agencies, listed in abuse registries or otherwise unqualified to provide service. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA2.05.01 | Upload abuse registries and debarred files monthly and matches all providers against the uploaded data. Sends alert whenever there is a match. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA4.01 | Process claims for medical services. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA4.02 | Apply edits to prevent payments for services covered under a waiver, Facility and Enhanced State Plan programs to a Medicaid provider who does not have a provider agreement. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA4.03 | Prevent payments for members who have become ineligible for Medicaid. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA4.04 | Suspend payments for waiver and Enhanced State Plan services furnished to individuals who are inpatients of a hospital, nursing facility or Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and sends notice to the provider of the admission. If the state has approved personal care retainer or respite services provided in an ICF/MR building but not covered under the ICF/MR benefit, an exception may be made. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA4.05 | Limit payment for services to those described within the member‟s approved plan of care. Limits payment on claims exceeding dollar or utilization limits approved in waiver or exceeding the approved individual waiver budget cap. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA4.06 | Edit waiver, Facility and Enhanced State Plan services claims for prior authorization, if applicable. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA4.07 | Edit waiver, Facility and Enhanced State Plan services claims for Third-Party Liability (TPL) coverage prior to payment to ensure Medicaid is the payer of last resort. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA4.08 | Edit waiver, Facility and Enhanced State Plan services claims for member cost share of premium or enrollment fees prior to payment. | YES | YES | COTS | APHP Release | 9.1.14 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WA** | **Waiver, Facility and Enhanced State Plan Services Management Requirements - MMIS** | | | | | |
| WA5.01 | Gather data and produce a variety of financial reports to facilitate cost reporting and financial monitoring of waiver programs. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA5.02 | Gather data and produce utilization reports for monitoring cost neutrality of waiver services to a target population. The average cost of waiver services cannot be more than the cost of alternative institutional care. State may define average either in aggregate or for each participant. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA5.03 | Access individual member claims and or encounter histories to extract data needed to produce annual report to CMS on cost neutrality and amount of services. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA5.04 | Collect and store data and produce reports in electronic format consistent with data collection plan to assess quality and appropriateness of care furnished to participants of the waiver programs. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA5.04.01 | Collect and store data and produce reports in electronic format to support county billing process programs. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA5.04.02 | Collect and store data and produce reports in electronic format to assess waiver performance standards. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA5.05 | Monitor provider capacity and capabilities to provide waiver and Enhanced State Plan services to enrolled participants. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA5.SS.01 | Generate reports on the structure of the benefit plans to help IME set the benefit plan rules more efficiently. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA5.SS.02 | Provide, accept, maintain and process information with designated entities, as required by IME. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.01 | For state supplemental program pay payee on the member file rather than provider. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA.SS.02 | Provide capability to add a waiver program or add services to an existing waiver program through changes to the rules engine. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.03 | Maintain date-specific Managed Health Care enrollment data spans on the MMIS eligibility file, including: a. Enrollment begin and end dates. b. Provider ID. c. Vendor ID. d. Plan type. e. State ID. f. County of residence. g. Zip code. h. Aid type. i. Birth date. j. Medicare eligibility. k. Gender. l. Case number. m. Reason for disenrollment. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.04 | Generate electronic notice of decisions for approved service plans that the case manager may send to the providers and the members. | YES | NO | COTS | APHP Release | 9.1.14 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WA** | **Waiver, Facility and Enhanced State Plan Services Management Requirements - MMIS** | | | | | |
| WA.SS.05 | Services must be authorized by units per month or units within a specified time period. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.06 | Provide support for CCO to determine amount of funding available per member. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.07 | Provide appropriate edits for lifetime and annual limits on services such as home and vehicle modification. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.08 | Notify case managers when plans need to be reviewed. Below is the link to the current ISIS workflow charts located in the IME Resource Library. http://www.ime.state.ia.us/IMEResourceLibrary.html | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.09 | Support waiting lists for the various programs. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA.SS.10 | Use modifiers to associate claims with the appropriate services when the provider provides different rates of services for the same service for the same authorized time period (such as meals or respite). | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.11 | Workflow between incident reporting and the care plan review. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA.SS.12 | Provide reporting:<br>Below is the link to the current ISIS workflow charts located in the IME Resource Library. :<br>http://www.ime.state.ia.us/IMEResourceLibrary.html<br>a. Consumers turning 18. b. Verification that a person is on waiver (only for the rent subsidy program). c. Audit trails of service plans. d. Allow workers to see claims paid for a service plan. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA.SS.13 | Edit the authorized service against claims paid before allowing the case worker to change the service. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.14 | Capture requests for quality assurance (QA) changes to service plans. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA.SS.15 | Provide workflow to support LOC eligibility determinations and continued stay reviews. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA.SS.16 | Allow case managers to build case plans authorizing services, not to exceed maximums allowed by IME program rules. | YES | YES | COTS | APHP Release | 9.1.14 |
| WA.SS.17 | Provide a workflow process for authorizing exceptions to policies. | YES | NO | COTS | APHP Release | 9.1.14 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WA** | **Waiver, Facility and Enhanced State Plan Services Management Requirements - MMIS** | | | | | |
| WA.SS.18 | Provide workflow process to support prior authorization of selected services. | YES | NO | COTS | APHP Release | 9.1.14 |
| WA.SS.19 | Process and maintain inputs and outputs including, but not limited to: **Inputs:** a. Eligibility System. **Outputs:** a. None. | YES | NO | COTS | APHP Release | 9.1.14 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **OWA.SS** | **Optional Waiver, Facility and Enhanced State Plan Services Management Requirements -MMIS** | | | | | |
| OWA.SS.01 | Allow the Department and non-Department users secure access to the MMIS system. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.02 | Allow users to view and update only those items allowed by IME policy based upon the user‟s role. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.03 | Store user‟s information such as name, e-mail, phone number and address. Display this information for use by other users. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.04 | Automatically disable outdated users based on IME policy which is currently 60 days or as directed by IME. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.05 | Allow supervisors and certain user roles the ability to assign and reassign members and work from one user to another. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.06 | Provide for the ability for users identified as a team to have access to each other's work and any team work tasks. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.07 | Provide for the ability to search for and select a specific member by name, partial name, state ID and social security number. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.08 | Accept and store provider rate information to be used when authorizing services. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.09 | Provide ability to search for and select providers by number, name, county location and services they are certified to provide. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.10 | Accept daily approvals, cancels, denials and change actions from the Medicaid eligibility system(s) for waiver and facility members. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.11 | Assign users to members based on criteria including but not limited to role, county, program as determined by IME policy. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.12 | Provide workflows for identified business process, action and decision steps. Automatically start these workflows based upon changes identified by IME policy. Include tasks completed by the user roles involved in processing a members program application and ongoing care management. This includes but is not limited to tasks such as counties accepting legal settlement, changes in eligibility or services, cancellations, denials and reminders of other key tasks, such as eligibility and service plan reviews along with LOC assessments. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.13 | Allow users to reverse or undo responses to a workflow task if they determine they have responded incorrectly. | YES | YES | COTS | APHP Release | 9.1.15 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **OWA.SS** | **Optional Waiver, Facility and Enhanced State Plan Services Management Requirements -MMIS** | | | | | |
| OWA.SS.14 | Accept client participation determined in eligibility or by adjustments. Store the member participation amount so that it can be used to reduce claims for long term care claims by these amounts. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.15 | Accept entry of the facility provider where a member resides when receiving hospice services. Store this information so it can be used to determine the facility provider's rate when making payment for the room and board portion on a hospice member's claims. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.16 | Accept entry of eligibility, service plan and services. Allow adds, changes and deletes of this information as determined by IME policy. Allow authorization and approval by assigned users and use the authorized and approved data for claims payment. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.17 | Include edits to validate the service plan and services based on policy. Prevent entry of authorizations that do not meet policy criteria, exceed monthly budget caps and exceed service unit or rate caps. Service dates must be on or after application date and on or after the LOC effective date. The service dates can't overlap. Providers must be enrolled in the Iowa Medicaid program for the specific service being authorized. See service plan errors in draft manuals. http://www.ime.state.ia.us/IMEResourceLibrary.html | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.18 | Reject changes to service plans and authorizations where claims may have been paid unless claims corrected accordingly. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.19 | Store and use the authorization data. Data includes: eligibility dates, waiver type, LOC effective date, county of legal settlement when applicable, service dates, services codes, provider, rates and units of service. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.20 | Split plans and services when LOC is lowered and determine if services exceed the new lower level monthly cap. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.21 | Allow cash out of services and creation of a CCO budget and savings using rules and policies provided by the IME. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.22 | Collect and track items and amounts paid under CCO and Money Follows the Person (MFP). | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.23 | Allow for changes to be made to budgets. Roll the monthly budget for CCO forward each month. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.24 | Provide a notice of decision showing authorized services for members and providers when applicable in electronic and printable form. | YES | NO | COTS | APHP Release | 9.1.15 |

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|---|---|---|---|---|---|---|
| **OWA.SS** | **Optional Waiver, Facility and Enhanced State Plan Services Management Requirements -MMIS** | | | | | |
| OWA.SS.25 | Allow for corrections to a member's authorized long term care facility eligibility date spans. Make adjustment to affected claims such as vendor adjustments. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.26 | Identify those members that are in long term care facilities for purposes of Medicare Part D co-pays. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.27 | Allow facility provider access to their eligible members and resident‟s approval, changes and termination of facility eligibility including state ID, dates, client participation amounts. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.28 | Allow waiver provider access to their eligible member‟s approval, changes and termination of services eligibility including state ID, dates, client participation amounts, service spans, units and rates. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.29 | Archive all changes made to a member and services. Identify the user that made those changes for purposes of an audit trail and research. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.30 | Provide reports determined by IME. Some examples include, member's needing a service plan, workload (member's by user), services authorized and related paid claims, providers for members assigned to a specific user, workload tasks, overdue tasks, denied claims, member's near age 18 for county point coordinators, member's with invalid plans and member's with expired LOC reviews. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.31 | Provide the capability to create member profile reports, as approved by the IME. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.32 | Services can be authorized by units by month or units within a date span or as identified by IME. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.33 | Edit for monthly, annual and lifetime limits on services based on IME rules and policies. Provide reports displaying accumulated use or remaining funds available. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.34 | Provide for electronic automated referral to and or from the long term care incident reporting system. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.35 | Create processes for approval and overriding edits due to exceptions to policy and appeals. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.36 | Allow for modifiers to identify duplicate services for the same provider, same member, same service, same time period and different rates. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.37 | Allow for extracts or imports of data from consumer self direction option (CCO Financial Management Service Agencies (FMSA)) with reconciliation of actual expenses to budget services. | YES | NO | COTS | APHP Release | 9.1.15 |

| Code | Requirements | A | B | C | D | E |
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| **OWA.SS** | **Optional Waiver, Facility and Enhanced State Plan Services Management Requirements -MMIS** | | | | | |
| OWA.SS.38 | Store the date that a member"s complete plan of care (POC) is initially completed. Maintain separate dates and allow updates to be made for each document and assessment within the POC. Provide the capability of an alert in the workflow management process when document due dates are approaching. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.39 | Generate notices or alerts to the IME if number of unduplicated participants enrolled in the waiver program(s) exceeds the number of participants approved in the waiver application. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.40 | Produce monitoring reports to determine if services approved in the POC are provided. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.41 | Suspend payments for waiver services furnished to individuals who are inpatients of a hospital, nursing facility ICF/MR and sends notice to the provider of the admission. If the state has approved personal care retainer or respite services provided in an ICF/MR building but not covered under the ICF/MR benefit, an exception may be granted. | YES | NO | COTS | APHP Release | 9.1.15 |
| OWA.SS.42 | Limit payment for services to those described within the member"s approved POC. Deny claims exceeding dollar or utilization limits approved in a waiver program or exceeding the approved individual waiver budget cap. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.43 | Provide the ability to automatically approve prior authorizations for waiver services up to a specific dollar amount. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.44 | Process waiver provider and member claims and make timely and accurate payments. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.45 | Provide the ability to accept different start and end dates for different waiver programs for an individual member. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.46 | Store the date that a member"s POC, LOC, Preadmission Screening and Annual Resident Review (PASARR), screening records, clinical assessment and other required documents is initially completed and allow the user to update the date of the next document re-evaluation if applicable. Provide the capability of an alert in the workflow management tool that the document is due. | YES | YES | COTS | APHP Release | 9.1.15 |
| OWA.SS.47 | Create the ability to bill multiple counties (including state cases) for a legal settlement per program per member. | YES | NO | COTS | APHP Release | 9.1.15 |

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| **OWA.SS** | **Optional Waiver, Facility and Enhanced State Plan Services Management Requirements -MMIS** | | | | | |
| OWA.SS.48 | Maintain and create a monthly managed waiting list and report for each of the waivers and include data as determined by the IME in electronic and printable format. | YES | NO | COTS | APHP Release | 9.1.15 |

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|---|---|---|---|---|---|---|
| **RI** | **Immunization Registry (MMIS Interfaced to Registry) -MMIS** | | | | | |
| RI1.1 | Collect and maintain claims history for vaccinations at the Member-specific level. | YES | YES | COTS | APHP Release | 9.1.16 |
| RI1.2 | Interface with a statewide automated immunization registry and allow regularly scheduled data exchanges. a. Populates the statewide automated registry to fully populate the registry with Medicaid children. b. Populates the statewide automated registry with Medicaid claims for children receiving immunizations. | YES | NO | COTS | APHP Release | 9.1.16 |
| RI1.3 | Send, at a minimum, the following information to a statewide immunization registry through the interface: a. Medicaid identifier. b. Demographic information. c. CPT billing procedure code. d. Identify rendering service provider. b. Reminder and recall notice dates. | YES | YES | COTS | APHP Release | 9.1.16 |
| RI1.4 | Edit data for data validity, duplicate records and perform quality checks; sends error message if appropriate. | YES | YES | COTS | APHP Release | 9.1.16 |
| RI3.2 | Measure immunization coverage for the Medicaid population using current Advisory Committee on Immunization Practices (ACIP) schedule and update as necessary. | YES | YES | COTS | APHP Release | 9.1.16 |
| RI3.3 | Select and send data weekly or as directed by IME to the registry at least on a weekly basis. | YES | YES | COTS | APHP Release | 9.1.16 |
| RI3.5 | Generate results of surveillance of vaccine-preventable diseases. | YES | NO | COTS | APHP Release | 9.1.16 |
| RI4.1 | Simplification under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to ensure the confidentiality, integrity and availability of Electronic Protected Health Information (ePHI) in transit and at rest. | YES | YES | COTS | APHP Release | 9.1.16 |
| RI4.2 | Provide safeguards as described in the October 22, 1998 State Medicaid Director letter, Collaborations for Data Sharing between State Medicaid and Health Agencies. | YES | YES | COTS | APHP Release | 9.1.16 |

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| **RE** | **Rules Engine System Requirements – MMIS and POS** | | | | | |
| RE.SS1.01 | The IME requires the contractor to propose a comprehensive rules engine design to support multiple health programs and service delivery and payment methods to include managed care, FFS and waiver arrangements. The design must include the capability to develop and maintain rules related to the following general categories including both a business and technical definition of the rule: a. Member rules. b. Provider rules. c. Benefit plan rules. d. Claim adjudication rules (including adjustments. e. Reference rules. f. Managed Care rules. g. Financial rules. h. Federal reporting rules. i. System parameter rules. j. Prior Authorization. k. PCCM and or medical home. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.02 | Provide a rules engine sufficiently scalable to meet rules growth and processing demands. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.03 | Provide role-based security to the rules. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.04 | Provide a graphical front-end to the rules engine, integrated throughout the development environment, enabling designated staff (e.g., business, policy and financial analysts) to easily connect and apply or disable, rules. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.05 | Allow for rules to be rapidly implemented in a real-time enterprise environment. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.06 | Support flexibility with respect to customization of the rules to support processing requirements throughout the IME. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.07 | Support adaptability to easily accommodate timely changes in response to federal, legislative or administrative mandates. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.08 | Provide capability for the user to view and model rules for system exceptions online and to trace exception rule dependencies. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.09 | Provide a debugging process that automatically analyzes and identifies logical errors (i.e., conflict, redundancy and incompleteness) across business rules. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.10 | Allow for the tracking and reporting of rules usage and orchestration to provide tracing capability to display instances of rules execution during testing. | YES | NO | COTS | APHP Release | 9.3.1 |
| RE.SS1.11 | Produce documentation regarding all business rules in electronic format and make it accessible to the IME. | YES | NO | COTS | APHP Release | 9.3.1 |
| RE.SS1.12 | Provide the capability to manage implementation timing. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.13 | Allow for rules to be date specific, including date added, date modified, start date, end date and effective date. | YES | YES | COTS | APHP Release | 9.3.1 |

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| **RE** | **Rules Engine System Requirements – MMIS and POS** | | | | | |
| RE.SS1.14 | Provide a modular structure so that the same rules engine can be used by different services or be called as a service itself. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.15 | Contain a process for a built-in multi-level rule review and approval process that will identify any conflicts in business rules as they are being developed. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.16 | Store all rules maintenance activities in an audit trail that provides a history of the rules changes. Provide capability to ensure that all rules changes are recorded and retained in a long-term audit repository saving the before and after version of the change and the date, time and identification of the individual who made the change and the effective time period of the rule. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.17 | Provide the capability to establish and link notes to rules to explain why the rule was modified, created or inactivated. | YES | YES | COTS | APHP Release | 9.3.1 |
| RE.SS1.18 | Provide a rules search capability by keyword, data element or other criteria so that staff may search for existing rules. | YES | YES | COTS | APHP Release | 9.3.1 |

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| **AR** | **General Architectural Requirements – MMIS and POS** | | | | | |
| AR.SS.01 | The contractor must provide MMIS and POS systems that meet the requirements of the Iowa Medicaid Enterprise, meet all CMS certification requirements, are aligned with the MITA standards and meet all Iowa functional and business requirements specified in this RFP. | YES | YES | COTS | APHP Release | 9.3.1 |
| AR.SS.02 | Must meet Iowa Enterprise Information Technology standards. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.03 | Must meet Iowa and federal standards concerning web accessibility. | YES | NO | COTS | APHP Release | 9.3.2 |
| AR.SS.04 | Utilize n-tier architecture that minimizes the need for desktop software and is primarily browser based. The system must at a minimum support Internet Explorer and Firefox. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.05 | Ensure all data is stored in relational databases that utilize referential integrity rules to prevent inconsistent data unless authorized by IME (for example, documents in the document management system). | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.06 | Provide system screens that are easy to read, user friendly and display all data elements necessary for a user to perform his and or her job function. | YES | NO | COTS | APHP Release | 9.3.2 |
| AR.SS.07 | Provide easy navigation to include but not be limited to, the following: a. Drop-down menus. b. Application-specific toolbars. c. Auto population of persistent data. d. Direct links to help, reference information, manuals and documentation. e. Short-cut and function key functionality. f. Mouse-over captions for all icons and data elements. g. Navigation menus, fields and page tabs. h. Auto skips from field to field so that the cursor moves automatically to the next field as soon as the last character in the previous field is completely filled. i. “Forward” and “Back” navigation. j. The ability to have multiple screens open and link from one screen to another without cutting and pasting data. For an example, if a user is on a member screen and wants to look at the provider data, the user should be able to link to the provider information by clicking on the provider number and then return to the original member screen, without requiring to cut-and-paste the member number to get back to the member screen. | YES | NO | COTS | APHP Release | 9.3.2 |
| AR.SS.08 | Provide an interface that manages field level and role-based security that allows only authorized users to see the information necessary to perform their job efficiently. Role-based security must also be available that allows a level of security to be applied to a specific job category. | YES | NO | COTS | APHP Release | 9.3.2 |

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| **AR** | **General Architectural Requirements – MMIS and POS** | | | | | |
| AR.SS.09 | Provide system availability 24/7, other than for scheduled maintenance. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.10 | Maintain the most current vendor supported version of the product(s), with the IME"s prior approval through the life of the contract at no additional cost to the IME. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.11 | Provide Enterprise Application Integration (EAI), to include web services technology and standards to promote Iowa Medicaid Enterprise applications integration. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.12 | Ensure full HIPAA compliance through the life of the contract at no additional cost to the IME. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.13 | Provide an audit trail for each transaction on the screen, identifying who made the change, what change was made, date and time the change was made, why the change was made and provide a record of the data prior to the time the change was made. | YES | NO | COTS | APHP Release | 9.3.2 |
| AR.SS.14 | Align with MITA standards through the life of the contract at no additional cost to the IME. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.15 | Provide functionality to interface with multiple entities outside of the Iowa Medicaid Enterprise for exchange of information, such as other eligibility determination systems, prior authorization entities, health information exchange, including provider directory information and Immunization and Death Registries. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.16 | Provide metadata management that is accessible by the IME staff. Provide context-sensitive help from all screens. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.17 | Maintain a data dictionary of all claims, member and provider data. The data dictionary must be available and searchable online. Required elements on the data include but not limited to: i.e., business name, field type, length, description, source, valid values. | YES | YES | COTS | APHP Release | 9.3.2 |
| AR.SS.18 | Metadata reports must be able to be generated to accompany all data extracts to external destinations including but not limited to i.e., OIG audit requests, PERM, MSIS and Data Warehouse. | YES | YES | COTS | APHP Release | 9.3.2 |

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| **AR** | **General Architectural Requirements – MMIS and POS** | | | | | |
| AR.SS.19 | Metadata Management: SOA architecture commonly provides application and data integration via an abstraction layer. Given the requirements of interoperability and independence, the proper use and management of metadata is extremely important to the effective operation of the SOA; It must also allow for: a. Separation of the data and structures and convert them to a data layer within the SOA architecture. b. Development of a Common Data Model and Metadata using the MITA HL7 methodology. Achievement of the SOA loosely coupled “separation of concern” approach, by separating the data layer from the application layer to more effectively and easily manage the data without changing the application code. This will create the desired more loosely coupled SOA environment and enable the business to accelerate any system changes required in the future. | YES | YES | COTS | | 9.3.2 |

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| **HP** | **HIPAA Transaction Requirements – MMIS and POS** | | | | | |
| HP.SS.01 | Ensure that the system remains compliant with all EDI standards adopted under HIPAA including, but not limited to the Accredited Standards Committee X12 (ASC X12) Version 005010 Technical Reports Type 3 for HIPAA Transactions and proposed adoption of the National Council for Prescription Drug Programs (NCPDP.D.O) Telecommunication Standard Implementation Guide. Current, prior and future versions of the aforementioned standards will be supported throughout the contract at no additional cost. | YES | YES | COTS | APHP Release | 9.3.1 |
| HP.SS.02 | Ensure that the system routinely conducts system and process testing to support efficient and reliable electronic data interchange, including: a. Tests for integrity and syntax. b. Tests for adherence to national implementation guides. c. Tests for balancing. d. Tests for situational elements in the state implementation guide. e. Tests for code set conformance. f. Tests for each specialty, line of business or provider class. | YES | YES | COTS | APHP Release | 9.3.3 |
| HP.SS.03 | Ensure that the system receives processes and returns the HIPAA mandated attributes that are utilized to enforce IME policy. | YES | YES | COTS | APHP Release | 9.3.3 |
| HP.SS.04 | Ensure that the system maintains a complete record of all HIPAA transaction attributes received, along with necessary identifiers to correctly associate incoming transaction attributes to system-generated transactions to construct outgoing transactions. | YES | YES | COTS | APHP Release | 9.3.3 |
| HP.SS.05 | Ensure that the system maintains data to support EDI transmission logs of all transactions (successful or failed). | YES | YES | COTS | APHP Release | 9.3.3 |

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| **MT** | **MITA Technical Requirements – MMIS and POS** | | | | | |
| MT.SS.01 | The contractor must propose, implement and operate an Iowa Medicaid Enterprise solution that meets the requirements of the RFP and includes MITA Level 3 standards. | YES | YES | COTS | APHP Release | 9.3.1 |
| MT.SS.02 | The contractor is required to identify any business processes that are at Level 1 or Level 2 and propose a solution to progressively move to Level 3 or higher. Level 3 requires that the business process be implemented as a set of reusable business services using the MITA defined interface within a SOA. | YES | YES | COTS | APHP Release | 9.3.4 |
| MT.SS.03 | The contractor's proposed system(s) must be based on an orientation of business processes, business rules and data and metadata management that allows modular componentized design approach that enhances interoperability across service modules and with external applications and data sources. | YES | YES | COTS | APHP Release | 9.3.4 |
| MT.SS.04 | The IME will be allowed to participate in any Change Management Request (CMR) process operated by the contractor on any client system user group. | YES | YES | COTS | APHP Release | 9.3.4 |
| MT.SS.05 | Service modules must be able to be defined independently, with the interface modules bridging the gap between modules. For example, the Member Module specification must be defined independent of the Provider Module. The alignment of the two specifications is defined in the interface module. | YES | YES | COTS | APHP Release | 9.3.4 |
| MT.SS.06 | Contractor will represent the state in multi-state discussions regarding MITA technical standards, including but not limited to the National Medicaid EDI Healthcare (NMEH), MITA and Sub-Working Group (SWG), as directed by the IME. | YES | YES | COTS | APHP Release | 9.3.4 |
| MT.SS.07 | Support secure messaging between IME and providers through National Health Information Network (NHIN) Direct and/or the statewide HIE. | YES | YES | COTS | APHP Release | 9.3.4 |

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| **SOA** | **SOA Requirements – MMIS and POS** | | | | | |
| SOA.01 | The contractor must employ a SOA to take advantage of COTS products and allow for the reuse of system modules across business functions as services. Iowa has an existing SOA infrastructure that is fully described at: https://forge.iowa.gov/wiki/. Iowa is considering enhancing this infrastructure and the contractor is encouraged to propose a SOA infrastructure for the MMIS that could be extended to the Iowa statewide enterprise. | YES | YES | COTS | APHP Release | 9.3.1 |
| SOA.02 | Technology Independence: The service modules must be able to be invoked from multiple platforms and utilize standard protocols. | YES | YES | COTS | APHP Release | 9.3.5 |
| SOA.03 | Standards-Based Interoperability: The system must be able to support multiple industry standards, including, at a minimum: HL7 (V 3), XML, Extensible Style sheet Language Transformation (XSLT), Web Services Interoperability (WS-I), Web Service Description Language (WSDL), Simple Object Access Protocol (SOAP)1.1 or 2.0, Universal Description , Discovery and Integration (UDDI), Web Services (WS)-BPEL (Business Process Execution Language), Representational State Transfer (REST) (in place of SOAP), W-Message Transmission Optimization Mechanism (MTOM) Policy. | YES | YES | COTS | APHP Release | 9.3.5 |
| SOA.04 | Life-Cycle Independence: Each service module should be able to operate in a separate life-cycle. | YES | YES | COTS | APHP Release | 9.3.5 |
| SOA.05 | Invoke Interfaces: The Service interfaces must be able to be invoked locally or remotely. | YES | YES | COTS | APHP Release | 9.3.5 |
| SOA.06 | Communication Protocol: A Service must be able to be invoked by multiple protocols. The choice of protocol must not restrict the behavior of the service. Binding to a specific protocol must take place at run-time and deployment-time and not at the design or development time. | YES | YES | COTS | APHP Release | 9.3.5 |
| SOA.07 | Flexibility: The contractor must focus on the business processes that comprise the systems, with the following in mind: a. Ability to adapt applications to changing technologies. b. Easily integrate applications with other systems. c. Leverage existing investments in desired legacy applications. d. Quickly and easily create a business process from existing services. | YES | YES | COTS | APHP Release | 9.3.5 |

| Code | Requirements | A | B | C | D | E |
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| **SOA** | **SOA Requirements – MMIS and POS** | | | | | |
| SOA.08 | Enterprise Service Bus (ESB): The proposed solution must include an ESB for data transport, messaging, queuing and transformation. **Message Management.** This consists of reliable delivery of messages between services and built-in recovery. **Data Management**. This involves converting all messages between services to a common format and in turn, converting messages from the common format to the application. **Service Coordination.** This consists of orchestrating the execution of an end-to-end business process through all needed services on the ESB. Services can adapt to changes in environments and are supported by a standards-based set of service management capabilities. Services can be simple or complex sets of services that are interconnected by the ESB. There are many different vendor implementations of an ESB and the functions included in an ESB vary from one vendor to another. The list of functions above are key functions needed for realizing an SOA and are not intended to be all inclusive. | YES | YES | COTS | APHP Release | 9.3.5 |
| SOA.09 | The solution must include: a. A library of services providing the documentation referencing the services. b. Use of MITA standard interface definitions (expressed in WSDL) and messages (expressed as an XML and schema) for all services. c. Use of the MITA/HL7 methodology for defining the information model and messages. | YES | YES | COTS | APHP Release | 9.3.5 |

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| **PL** | **Programming Language Requirements – MMIS and POS** | | | | | |
| PLSS.01 | The contractor should to the extent possible employ an operating environment compatible with the current Iowa ITE environment that is fully described at: https://forge.iowa.gov/wiki/. | YES | YES | COTS | APHP Release | 9.3.1 |
| PLSS.02 | Include in its proposal a list of the languages to be used and the applications or modules in which the languages will be used. The state will approve industry-standard languages appropriate to the task that operate without additional add-on licenses. | YES | YES | COTS | APHP Release | 9.3.6 |

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| **SP** | **Security & Privacy Requirements – MMIS and POS** | | | | | |
| SPSS.01 | The system must use state of Iowa Enterprise Authentication and Authorization Service for authentication only to the extent possible. | YES | YES | COTS | APHP Release | 9.3.1 |
| SPSS.02 | Provide the capability to establish multilevel security settings by either group(s) or individual(s). Provide an interface that manages field level and role-based security that allows only authorized users to see the information necessary to perform their job efficiently. Role-based security must also be available that allows a level of security to be applied to a specific job category. | YES | YES | COTS | APHP Release | 9.3.7 |
| SPSS.03 | Provide security and privacy controls to meet all federal and state requirements including both security and confidentiality and HIPAA in the development and operation of the system. | YES | YES | COTS | APHP Release | 9.3.7 |
| SPSS.04 | Provide online screens for the maintenance of security management. | YES | YES | COTS | APHP Release | 9.3.7 |
| SPSS.05 | Maintain audit and control records of all system and database access transactions and the security model capable of preventing unauthorized use, providing appropriate security reports and alerts. | YES | YES | COTS | APHP Release | 9.3.7 |
| SPSS.06 | Allow authorized users access to all user history activity including logon approvals and disapprovals. | YES | YES | COTS | APHP Release | 9.3.7 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **SL** | **Software Licenses and Maintenance Requirements – MMIS and POS** | | | | | |
| SLSS.01 | The contractor must list all proprietary and COTS software, as defined by State Medicaid Manual (SMM), Part 11, in attachment G. | YES | YES | COTS | APHP Release | 9.3.1 |
| SLSS.02 | IME"s prior approval is required before upgrades, new releases and or version updates are made to all software within the system. | YES | YES | COTS | APHP Release | 9.3.8 |
| SLSS.03 | Prior approved upgrades, new releases and or version updates for contractor-owned software, must be furnished to IME at no additional cost, including modifications and enhancements to the contractors proprietary versions and core product used in Other states. | YES | YES | COTS | APHP Release | 9.3.8 |
| SLSS.04 | Transfer of all software that supports the system. | YES | YES | COTS | APHP Release | 9.3.8 |
| SLSS.05 | Comply with the contractual obligations by obtaining a state License Agreement (see Attachment A to the Services Contract) granting in perpetuity to the state appropriate license to any of its proprietary products proposed as modules of the system solution or proprietary tools that are not commercially available required to maintain the system. Continued support of these proprietary products upon expiration of the contract will be provided under separate maintenance and support agreements. (see Attachment B to the Services Contract). | YES | YES | COTS | APHP Release | 9.3.8 |
| SLSS.06 | The contractor will be responsible for operation of the system through CMS certification and life of the contract. | YES | YES | COTS | APHP Release | 9.3.8 |

| Code | Requirements | A | B | C | D | E |
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| **DQ** | **Data Quality Control Requirements – MMIS and POS** | | | | | |
| DQSS.01 | The contractor must apply industry standards for professional principles of data management, data security, data integrity and data quality control. | YES | YES | COTS | APHP Release | 9.3.1 |
| DQSS.02 | A modern relational database management system must be used. | YES | YES | COTS | APHP Release | 9.3.9 |
| DQSS.03 | All tables must be properly normalized, de-normalized or dimensionalized for efficient operation. | YES | YES | COTS | APHP Release | 9.3.9 |
| DQSS.04 | Relations between tables within databases must be properly set and controlled. | YES | YES | COTS | APHP Release | 9.3.9 |
| DQSS.05 | Database integrity features (such as primary keys, foreign keys, unique constraints) must be used to enforce field and relationship requirements. | YES | YES | COTS | APHP Release | 9.3.9 |
| DQSS.06 | Control must be in place to prevent duplicate or orphan records. | YES | YES | COTS | APHP Release | 9.3.9 |
| DQSS.07 | Transactions must provide for error recovery (i.e., if the entire transaction does not process completely, the entire transaction is rolled back). | YES | YES | COTS | APHP Release | 9.3.9 |
| DQSS.08 | Communication routine must use integrity checks to assure accuracy of a file before it is processed. | YES | YES | COTS | APHP Release | 9.3.9 |
| DQSS.09 | HIPAA transaction processing must be tested and validated according to guidelines developed by the Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) (Note: Implementation Guides are now referred to as Technical Reports Type 3 (TR3s) by ANSI X12. | YES | YES | COTS | APHP Release | 9.3.9 |
| DQSS.10 | Provide automated programming routines for standardization of street addresses, zip code validation, derivation of geo codes from addresses, derivation of legislative districts from addresses and Tax ID Number validation for providers. | YES | YES | COTS | APHP Release | 9.3.9 |

| Code | Requirements | A | B | C | D | E |
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| **EV** | **Environment Requirements – MMIS and POS** | | | | | |
| EVSS.01 | In addition to production environments, the contractor must provide additional isolated environments. These additional environments, along with test data and appropriate copies of the logic modules that make up the systems, must be established during the Development task of the DDI Phase and maintained during the Operations Phase. Version control procedures and update schedules must be used to facilitate testing, track discrepancies and facilitate regression test analysis. The contractor must provide the IME with isolated environments, described below, to conduct independent integrated testing. | YES | YES | COTS | APHP Release | 9.3.1 |
| EVSS.02 | The unit and system testing may be done in the contractor‟s development environment. Establishment of these environments is to be identified as milestones in the applicable work plan, to be approved by the Department. | YES | YES | COTS | APHP Release | 9.3.10 |
| EVSS.03 | User Acceptance Test (UAT) – The contractor will provide a UAT environment to be a mirror image of the production environment, including reports and financial records, which allow users to perform system testing to ensure the system meets the requirements and for the user community. Users must be able to mimic production work to ensure the system performs as expected. UAT will include scenarios that test all modules and interfaces. The contractor will provide a method to refresh the UAT environment with a full set of data from the production system, at the IME‟s request. | YES | YES | COTS | APHP Release | 9.3.10 |
| EVSS.04 | The training environment must be a mirror image of the production environment, including reports and financial records, which provide functionality necessary to allow the IME to provide hands-on knowledge transfer for users in all aspects of the MMIS operation. This environment will allow the IME to maintain unique data for use in knowledge transfer and to conduct knowledge transfer without impacting other test and production environments. The contractor will provide a method to refresh the UAT environment with a full or partial set of data from the production system, at the IME‟s request. Additionally, the contractor will provide a method to clone a set of records from the production environment into the Knowledge transfer Environment, so that knowledge transfer can be delivered to 20 trainees using the same data scenario. This process should be able to run at the IME's request. | YES | YES | COTS | APHP Release | 9.3.10 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **EV** | **Environment Requirements – MMIS and POS** | | | | | |
| EVSS.05 | Conversion Testing Environment is a mirror image of the future production environment, including reports and financial records, which will be used to load converted data resulting from the data migration process that allows business users to test the future business logic against converted data. Additionally, the contractor will perform Automated Functional Testing in this environment against the converted data (i.e., once the converted data is loaded and passes initial verification and validation, the contractor will perform a series of tests to validate that the new system produces identical (or expected results). After CMS has certified the systems for enhanced funding this environment is no longer needed. | YES | YES | COTS | APHP Release | 9.3.10 |
| EVSS.06 | Business Scenario Test Environment: The ITF environment must be a mirror image and replicate the full functionality of the production environment, including reports and financial records. This environment will also allow the business user, after onset of operations, to perform “what if” testing to assess the impact of a proposed business rules change resulting from policy and legislation changes. The contractor will provide a method to refresh the integrated testing facility (ITF) environment with a full set of data and rules from the production system on a schedule approved by the IME. Provide the ability to estimate what changes would need to take place in benefit plans (service limitations, aggregate dollar ceilings, provider payment rates or other combinations) to control State Medicaid expenditures to a specified growth rate from one state fiscal year to the next. | YES | YES | COTS | APHP Release | 9.3.10 |
| EVSS.07 | Trading Partner Testing Environment: The environment will provide an environment for testing transactions for HIPAA syntax correctness 24/7. This environment must be capable of providing response to trading partners describing the results of the format validation. Must retain an audit trail for diagnosis of results. | YES | YES | COTS | APHP Release | 9.3.10 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **EV** | **Environment Requirements – MMIS and POS** | | | | | |
| EVSS.08 | All non-production environments must: a. Have the capability to de-identify member data. b. Test for EDI syntax integrity. c. Include a complete online MMIS test system, including a test version of all batch and online programs and files to be used for testing releases and non-release changes. d. Provide the ability to execute impact analysis testing of any proposed change. e. Provide the ability to maintain regression test cases using an automated testing tool approved by IME to support regression testing. f. Provide the ability to save and reuse test cases without the need to re-enter the data. g. Allow testing of separate business areas concurrently and allow concurrent use of any environment by the IME, contractor and IV&V and QA Services staff. h. Provide for testing of all CMR before implementation. Allow users to create and edit provider, member and health plan records for testing. | YES | YES | COTS | APHP Release | 9.3.10 |
| EVSS.09 | Provide an automated configuration management process to control the promotion of rules changes and any associated application programming code changes, COTS software releases system parameter changes and data structure changes from a proposed or development version to a test version to a production version status while retaining automated audit history of the changes. | YES | NO | COTS | APHP Release | 9.3.10 |
| EVSS.10 | Provide an automated means to revert the test environment to all the rules in effect at any previous point in history (of rules engine control) for use in situations to either change the production system back to an earlier version or for use in establishing an isolated environment for an audit or problem diagnosis needing to re-create a previous version of the production environment. | YES | NO | COTS | APHP Release | 9.3.10 |
| EVSS.11 | Provide a repository of non-technical project artifacts, including requirements, use cases, storyboards, supplemental specifications, test cases and test scripts, which is regularly maintained. This repository will allow users to view and modify an artifact, as needed, to support requirements gathering or testing. This repository must have search capability and all of the requirements should be cross-referenced to maintain the requirements traceability throughout all artifacts. | YES | YES | COTS | APHP Release | 9.3.10 |
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| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WP** | **Web Portal Requirements – MMIS** | | | | | |
| WPSS1.01 | Provide a web portal that is browser-independent and that will operate for most functions, regardless of browser brand, as long as the browser has broad usage (at least 500,000 users nationally at one time) and the version is recent in publication (within the last four years). Web-based claims submission, correction and void and replace may require use of the state-standard version of Internet Explorer™. | YES | YES | COTS | APHP Release | 9.3.11 |
| WPSS1.02 | The web portal and other system modules, as required by IME, must be available 24 hours per day, 7 days per week (24/7) except for IME approved maintenance time. | YES | YES | COTS | APHP Release | 9.3.11 |
| WPSS1.03 | Provide the capability to accept all claim types, corrections and voids and replacement claims through direct data entry on the web portal. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.04 | Provide the capability to link the web portal to any other applications, as defined by IME. | YES | YES | COTS | APHP Release | 9.3.11 |
| WPSS1.05 | Provide smart links on the web portal for IME, provider and member users that provide navigation to tasks that need to be completed by that specific customer. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.06 | Allow IME to identify items for monitoring. Items may be automated operations on the web portal or manual actions. | YES | YES | COTS | APHP Release | 9.3.11 |
| WPSS1.07 | Provide a web portal navigation that all users can easily understand. The portal must be secure, but not complicated to use and not require multiple sign-in steps. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.08 | Allow providers, members, trading partners, IME and IME‟s designees to register online for access to the secure areas of the portal based on security rules defined by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.09 | Provide a user interface that complies with recognized usability standards (e.g., the American Disabilities Act, Older Americans Act, The Rehabilitation Act Section 508 Subpart B Section 1194.21). | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.10 | Provide the capability for an online tutorial functionality. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.11 | Provide capability for web portal information to be searchable by keywords. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.12 | Provide contractor or IME staff contact information and offer interactive online support. This will allow the contractor or IME staff the capability to respond to online provider questions. | YES | YES | COTS | APHP Release | 9.3.11 |

| Code | Requirements | A | B | C | D | E |
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| **WP** | **Web Portal Requirements – MMIS** | | | | | |
| WPSS1.13 | Allow for easy navigation between screens through help menus. Instructions must be provided to point the web portal users to the appropriate area of inquiry or handbook containing the desired information. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.14 | Comply with IME usability and content standards (i.e., style guide) and provide a layout that has user-configurable resolution, fonts and color choices. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.15 | Provide and display web content in multiple languages as directed by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.16 | Provide basic general information about the Medicaid Program that would be of interest to potential providers and members and other collaborating agencies. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.17 | Provide the capability to provide HIPAA response transactions via the web portal. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.18 | Provide audit trail and history of all transactions conducted on the web portal. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.19 | Provide ability for general public to report suspected fraud and abuse via web portal. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.20 | Provide a privacy policy page that allows Medicaid members who wish to submit complaints regarding the misuse of their private health care and Medicaid identification information. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.21 | Provide the ability to post announcements and alerts (general and member and or provider specific) that are displayed at user sign-on. Users should be required to acknowledge the announcement, so that it is not repeatedly displayed at subsequent sign-on. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.22 | Maintain archives of posted announcements and non-provider specific alerts, including the date and Message. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.23 | Maintain HIPAA compliance and support the access, privacy and security requirements. | YES | YES | COTS | APHP Release | 9.3.11 |
| WPSS1.24 | Provide multiple level role-based securities as designated by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.25 | Provide low bandwidth versions of IME-specified pages for easy access by providers with mobile, wireless web access. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.26 | Post Frequently Asked Questions (FAQs) online organized by topic or key word search and update periodically as determined by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.27 | Automatically log off users after a set amount of time expires as defined by IME. A warning Message must be displayed prior to session timeout. | YES | NO | COTS | APHP Release | 9.3.11 |

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| **WP** | **Web Portal Requirements – MMIS** | | | | | |
| WPSS1.28 | Provide the capability to „blast" alerts and or communication to the provider community via email address to include selection criteria by provider type, status, location. | YES | YES | COTS | APHP Release | 9.3.11 |
| WPSS1.29 | Provide the functionality to display informational Messages in descending date order (most recent to oldest). | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.30 | Allow users to view and print provider manuals, instructions, bulletins, program descriptions, eligibility criteria and forms for current and prior versions as directed by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.31 | Provide interactive functionality to allow members to do the following, but not limited to: a. Search for providers. b. Benefit plan inquiry. c. Eligibility inquiry (current and history). d. Explanation of benefits. e. Select primary care providers for managed care. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.32 | Provide capability to allow members to request replacement ID cards. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.33 | Support the ability to receive and respond to secure messaging and HIPAA compliant transactions from providers. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.34 | Provide the ability to upload remote documents used by LTC providers" caseworker, such as, but not limited to, the Pre-Admission Screening Application (prior authorizations). | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.35 | Allow a Medicaid provider to enroll by any of the following methods: a. Electronically on the web portal. b. By downloading printable application forms from the web portal. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.36 | Support ability to utilize electronic and/or digital signatures in compliance with IME, state and federal policies. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.37 | Provide a trigger mechanism to identify web applications for which required paper documents have not been received and auto-generate a resolution letter to the applicant. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.38 | Log, track and transmit supporting documentation entered into the web portal to the provider module of the MMIS or other modules such as prior authorization, as needed or directed by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.39 | Allow an administrative user account within the provider practice that can then activate, deactivate and assign varying levels of access to additional practice staff. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.40 | Provide web functionality to allow providers to verify their current information and update as needed. | YES | NO | COTS | APHP Release | 9.3.11 |

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| **WP** | **Web Portal Requirements – MMIS** | | | | | |
| WPSS1.41 | Allow a provider to check the status of their Medicaid provider enrollment application, regardless of the method used to submit the application. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.42 | Provide for the easy creation of surveys, by IME or contractor staff, on the web portal, in format or style to be determined by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.43 | Provide for ease of deployment of surveys and acceptance of responses as authorized by IME: a. Allow for email responses. b. Provide secure “Once-only” responses. c. Provide security for the survey and responses. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.44 | Provide survey results and feedback to IME: a. Tabulate the results of each survey and present the results in chart or graph format. b. Provide access to response data as a file that may be imported to Excel or other applications. c. Allow for responses to be viewed using pie charts, bar graphs and tabular reports. d. Support reporting features that will allow for response data to be tabulated by total number of completed surveys and number completed by county, district or other parameters in the survey. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.45 | Provide authorized users web access to forms for direct data entry as directed by IME – some examples are: a. Change of address form for members. b. Change of address form for providers. c. Provider enrollment application. d. Email correspondence. e. Claims submission – all claim types. f. Prior authorization, prior authorization addendums, prior authorization updates. g. TPL entry or update. h. Fraud and abuse reporting. i. Discharge and disenrollment information. j. Hospital and therapeutic leave bed hold days. k. Fraud and abuse reporting. l. Complaints. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.46 | Provide authorized users access to retrieve information, documents and files on the web portal as directed by IME. Examples include, but are not limited to: a. Eligibility verification. b. Claims status. c. Claims history. d. Payment status. e. Program announcements. f. Bulletin and notices. g. Knowledge transfer schedules. h. Provider network information. i. Discharge and disenrollment information. j. Prior authorization status. | YES | NO | COTS | APHP Release | 9.3.11 |

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| **WP** | **Web Portal Requirements – MMIS** | | | | | |
| WPSS1.47 | Provide and support a transaction module of the portal that allows, at minimum: a. Authorized trading partners to submit EDI files for immediate processing and retrieval of the corresponding response acknowledgement. b. Authorized trading partners to retrieve RAs and claims histories. c. Providers to initiate enrollment using an online application process. d. Providers and other entities to enroll as EDI trading partners using an online application process. e. Providers to view claim status information, payment history, member eligibility and benefit information. f. Providers to submit requests for prior authorization, addendums or updates to prior authorization, as well as updates to member insurance coverage and view existing prior authorization information by prior authorization number, provider number or member Medicaid ID. g. Provider access to interactive fee schedule functionality to allow providers to look-up procedure rates. h. Provider access to a complete fee schedule that is downloadable in Excel or PDF format. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.48 | Provide capability to accept electronic claims and attachments, including direct data entry in real –time or uploaded batches of claims, via the web portal. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.49 | Process direct data entry claims real-time via the web portal and reject claims that fail front-end edits. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.50 | Include EPSDT information on the web portal and allow members to submit EPSDT questions: a. Provide program awareness and general information. b. Provide copies of all notices. Route questions by email according to the workflow rules approved by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.51 | Allow providers to submit member insurance coverage information via the web and attach to the correct member record. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.52 | Enable the web portal to accurately display TPL information, including carrier information, providers and other authorized users. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.53 | Allow authorized providers to directly data enter and submit prior authorization requests, prior authorization addendums and updates to prior authorizations on the web portal. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.54 | The prior authorization request function must support all requests as required by IME (e.g.,) and must accept all necessary codes (e.g., revenue codes for outpatient visits), as directed by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.55 | Notify initiator of prior authorization decision immediately when appropriate or by another method if decision is delayed. | YES | NO | COTS | APHP Release | 9.3.11 |

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| **WP** | **Web Portal Requirements – MMIS** | | | | | |
| WPSS1.56 | Provide the ability for authorized entities (e.g., case managers) to do online prior authorization, prior authorization addendums and updates to prior authorizations through the web portal. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.57 | Support receipt and storage of attachments (e.g., medical records, radiographs and digital orthodontic files) submitted in support of the prior authorization request, including addendums and updates to prior authorizations. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.58 | Provide a place for providers to enter whether they are accepting new Medicaid patients, whether they are accepting Medicare patients and other designations as directed by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.59 | Provide provider specific online report retrieval capabilities including printing of the provider"s 1099. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.60 | Process and maintain inputs including, but not limited to: a. Updates to content. b. Alert information. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.61 | Provide an authentication routine to allow active and inactive providers the ability to change their provider record through direct data entry via the web portal based on selected criteria approved by IME. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.62 | Provide support for online registration for provider knowledge transfer seminars. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.63 | The web portal must be interactive and allow authorized providers to direct data enter and submit the prior authorization requests to the MMIS. The web portal must support receipt and storage of attachments (e.g., medical records) submitted in support of the prior authorization request. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.64 | Provide the capability for providers to check the status of their prior authorization request(s) online via the web portal, using prior authorization ID or member ID. | YES | NO | COTS | APHP Release | 9.3.11 |

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|---|---|---|---|---|---|---|
| **WP** | **Web Portal Requirements – MMIS** | | | | | |
| WPSS1.65 | The web portal should have the following functionality: a. View explanation of benefits. b. View eligibility coverage. c. Submit address or contact information update, i.e., address, phone, e-mail. d. Provide audit trail of who has seen PHI. e. EPSDT, Disease management and other health care alerts for health maintenance. f. Information regarding electronic health records and HIE. g. Lock-in. h. Prior authorization approvals, including HCBS and LTC services. i. Select medical home and PCCM. j. View PDL. k. Find a provider. l. Secure messaging to IME member services. m. Enrollment. n. Re-enrollment. o. Enter presumptive eligibility. p. HCBS incident reporting. q. Show electronic remittance advices. r. Provider knowledge transfer registration. s. Application for electronic health records incentive payments. t. Upload documents i.e., supporting documents for applications, LOC, including the original assessment and the member's signature. u. Claims submission. v. View of prior authorizations (including services authorized for home and community based services). w. On boarding and testing for EDI. x. Search of provider communications. y. Secure ME.SSaging to IME staff. z. Eligibility verification. aa. Claims status verification. bb. Submission of prior authorization requests. cc. Provider surveys. dd. Security must be role based with distributed security management so providers can manage access for their staff, i.e., password resets. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.66 | Provide workflow and attestation for meaningful use of electronic health records. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.67 | Provide the ability to send text Messages to member cell phones specific to e-health reminders, i.e., prenatal reminders, well child check up alerts, disease management reminders. | YES | YES | COTS | APHP Release | 9.3.11 |
| WPSS1.68 | Provide search capability based on wild cards or any combination of fields. For web portals, provide site-wide search capabilities for all documents within the web portal. | YES | NO | COTS | APHP Release | 9.3.11 |
| WPSS1.69 | Allow providers to identify members who enroll in their health home. Part of the enrollment should include the health risk scoring. | YES | NO | COTS | APHP Release | 9.3.11 |

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|---|---|---|---|---|---|---|
| **WM** | **Workflow Requirements -MMIS** | | | | | |
| WMSS.01 | Provide capability to accept an electronic document real time from an external system and make the document available to that external system real time. | YES | YES | COTS | APHP Release | 9.3.11 |
| WMSS.02 | Provide the ability to split or modify electronic documents for the purpose of indexing while maintaining the original document. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.03 | Ensure that authorized workflow participants have direct access to perform all their designated roles within the workflow. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.04 | Provide capability to document a narrative of every provider and member telephone contact and to index the narrative to both provider and member identifier as appropriate. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.05 | Document and maintain definition and modeling of workflow processes and their constituent activities. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.06 | Provide configurable work distribution rules, using configuration tables. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.07 | Include a user-friendly graphical user interface GUI for process definition, execution, monitoring and management. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.08 | Accept documents through various input methods, including, but not limited to: a. Web Portal. b. E-mail. c. FAX. d. Internal creation from Personal Computers (PCs). e. Imaging. f. System generated. g. Mailroom. h. Web service. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.09 | Support a role-based interface for process definition that leads the user through the steps of defining the workflow associated with a business process, including processes that are managed by IME staff only; and that captures all the information needed by the workflow engine, to execute that process to include, but not be limited to: a. Start and completion conditions. b. Activities and rules for navigation between processes. c. Tasks to be undertaken by IME staff involved in the process. d. Authorized approvers, including capture of the identity of the approver. e. References to applications which may need to be invoked. f. Definition of other workflow-relevant data. g. An audit trail of the history of changes that have been made to the workflow definition over time so that the workflow definition for any previous point in time can be determined. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.10 | Provide integrated online workflow management capability to track all Iowa Medicaid Enterprise activities. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.11 | Store data in a central repository. | YES | YES | COTS | APHP Release | 9.3.12 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WM** | **Workflow Requirements -MMIS** | | | | | |
| WMSS.12 | Include a high-speed imaging solution capable of imaging documents and automatically routing documents. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.13 | Capable of simplex and duplex scanning on a user-defined basis, by document type. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.14 | Support advanced Optical Character Recognition (OCR), Intelligent Character Recognition (ICR) and Optical Mark Recognition (OMR) capabilities of 90% accuracy rate or higher and the ability to regulate the error percentage between 90 and 100 percent by document type. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.15 | The scanning software must be programmable to accommodate user-defined field edits, such as the exclusion or inclusion of special characters (e.g., exclusion of the decimal point in diagnosis codes, inclusion of decimal point in currency). | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.16 | The scanning software must have virtual rescan capabilities that will auto correct a skewed document within 20 degrees and automatically adjust document resolution at a minimum of 300 dpi. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.17 | Provide the capability to convert data contained in images into MMIS data through OCR. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.18 | Provide the capability to automatically orient forms to landscape or portrait presentation. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.19 | Provide the ability to access the database to extract data to pre-populate index fields and or values on forms (e.g., the system would capture the provider identifier and then, using that number, extract the provider"s name, address and other information from the provider database). | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.20 | Track the status of all activities from receipt through final disposition. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.21 | Provide the ability to send and receive faxed and secure encrypted e-form documents, process the data and image directly into and out of the system including the ability to automatically send confirmation of transmission to the sender. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.22 | Link scanned images to workflow records to provide a view of all related material (e.g., images, letters, interactions and tracking number). | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.23 | Provide the ability to differentiate between forms and attachments and allow the attachment to be grouped with the form to create a single document with individually numbered pages. | YES | YES | COTS | APHP Release | 9.3.12 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WM** | **Workflow Requirements -MMIS** | | | | | |
| WMSS.24 | At a minimum, log the following statistics with regard to the character correction process: a. Raw recognition rate. b. Characters questioned. c. Characters corrected. d. Beginning operator time. e. Ending operator time. f. Operator ID. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.25 | Provide the ability to access stored, system-generated member and provider notices, through the use of an index. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.26 | Contain a collaborative document management environment that will allow electronic files (e.g., Word documents, Excel spreadsheets) to be shared, collaborated upon, electronically signed, managed and controlled (such as informational letters or other items). | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.27 | Provide for generation of an indicator to identify to whom the work should be distributed. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.28 | Provide the ability to determine if a designated field on a specific form contains required data (i.e., field is not left blank). | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.29 | Provide the ability to recognize and automatically delete blank pages without storing them in the system. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.30 | Send data from scanned, imaged and released documents to the MMIS in real-time. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.31 | Provide the real time viewing of imaged documents and all pages within the document, by using a paging function. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.32 | Provide the ability to assign unique document identification numbers, determined by the user, with the ability to prompt the user when a duplicate document identification number is assigned; allowing the user to decide whether to use the previously assigned document identification number or assign a new number. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.33 | Provide the capability of linking resubmitted paper claims or supporting documentation to original scanned (pending) claim, including the ability to recognize a duplicate claim; and generate a notice to the defined user that an identical claim has been previously processed. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.34 | Provide the ability to auto set field characters to upper case, lower case or ignore case as defined by the user. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.35 | Provide the capability of recording user identification or user sign-on and workstation identification, to each document processed, accessed or updated on the system. | YES | YES | COTS | APHP Release | 9.3.12 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WM** | **Workflow Requirements -MMIS** | | | | | |
| WMSS.36 | Provide the capability to attach notes, annotations, emails and other documents, to an original scanned document at any time, without rescanning, by direct system access (users) and end users. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.37 | Provide the capability to automatically schedule and distribute work by type of work and individual staff members or other algorithms defined by IME. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.38 | Provide for online retrieval and access to documents and files at a minimum of 10 years rolling. Certain documents will be retained online forever (i.e., lifetime procedures, mental health services as defined by IME). | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.39 | Maintain image retrieval response times at an average of fifteen seconds. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.40 | Provide the capability to reject items in the system for incompleteness during upfront processing and generate a letter with address insertion and a hard copy of the image for mailing to the submitter. This function must be capable of maintaining data to generate ad hoc reports with statistical information, such as how many claims are returned to a specific address or within a user specified time period. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.41 | Provide the capability to scan radiographs and diagnostic images. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.42 | Provide the ability to recognize and read bar coded information for the purpose of extracting data from a barcode to pre-populate index values and update tracking database as determined by IME. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.43 | Allow the user to manually remove, rescan and replace a scanned image or document(s) from a previously scanned group of documents. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.44 | Provide the capability to group documents together during scanning, based on document type or a predefined number of documents set by the user. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.45 | Provide automated queues to access and distribute work to staff with the ability for authorized supervisors to override the automatic distribution and distribute work manually. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.46 | Index fields on forms must be user-definable and recognize numeric, alphanumeric, date, currency and special characters as designated by IME. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.47 | Provide the ability to validate data captured from specific fields on forms electronically read by industry standards, ICR, OMR and OCR. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.48 | Ability to process claims attachments. The system needs to be able to link the attachment to the claim and allow the attachment to be viewed online. | YES | YES | COTS | APHP Release | 9.3.12 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **WM** | **Workflow Requirements -MMIS** | | | | | |
| WMSS.49 | Provide the capability to date-stamp all activity in the record and to identify the person who performed the activity. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.50 | Provide ability to utilize user-defined templates that support various workflow processes. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.51 | Provide capability to set user-defined system and personal alerts, such as ticklers and reminders. Functionality must be user configurable and allow the user to easily add additional types of alerts, without requiring technical assistance. Functionality should include: a. Ability to generate alerts that assist in monitoring time-sensitive activities (i.e., completion of reports, interface execution, business process completion such as auto assignment). b. Ability to generate alerts due to changes in policy, system functionality, status and the generation/distribution/return of correspondence. c. Ability to generate alerts based on the characteristics of providers, members, claims, case types and other entities or processes. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.52 | Provide the capability to attach notes to documents and workflow responses, to include, but not be limited to: a. Date and time stamp note created. b. Identity of user entering the note. c. Unlimited note entry space. d. Type or category assignment to notes. e. Security access to notes by authorized users. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.53 | Provide the capability to assign and re-assign records to an area, unit or individual. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.54 | Integrate with imaging and data entry solution and provide the user links to view images pertaining to the desired workflow tasks and creation of workflow tasks via the imaging system. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.55 | Provide the ability to integrate voice and electronic transactions into a single workflow, with integrated queues that allow work blending and load balancing. The system should have capability to produce status reports and processing statistics. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.56 | Provide the capability to prioritize records within type. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.57 | Provide the ability to employ logic to edit claim data and suspend a claim(s) for manual review, by routing the claim to a work queue, mailbox and or inbox. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.58 | Provide the capability to set follow-up dates on records and provide for an automatic tickler capability to notify staff when follow-up is required or timeliness standards on records are about to expire. | YES | YES | COTS | APHP Release | 9.3.12 |

| Code | Requirements | A | B | C | D | E |
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| **WM** | **Workflow Requirements -MMIS** | | | | | |
| WMSS.59 | Support workflow management for multiple simultaneous processes, each with multiple simultaneous instances of execution. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.60 | Provide workflow management reports to identify inventories of items in each stage of a process, new items and completed items. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.61 | Provide the ability for a user to view all their workload. | YES | NO | COTS | APHP Release | 9.3.12 |
| WMSS.62 | Provide the ability for a user to reserve a work item for their exclusive use. | YES | NO | COTS | APHP Release | 9.3.12 |
| WMSS.63 | Provide the ability for a user to view all their reserved work items. | YES | NO | COTS | APHP Release | 9.3.12 |
| WMSS.64 | Provide a Workflow Management Module that ensures data security. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.65 | Provide reports that identify adherence to performance standards for each work flow. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.66 | Provide supporting supervisory operations for the management of workflow, including, but not limited to: a. Assignments and re-assignments and priorities. b. Status querying and monitoring of individual documents and other work steps or products. c. Work allocation and load balancing. d. Approval for work assignments and work deliverables via a tiered approach. e. Ability to take necessary action or provide notification when corrective action is needed, including the ability to modify or abort a workflow process. f. Monitoring of key information regarding a process in execution, including, but not limited to: 1. Estimated time to completion. 2. Staff assigned to various process activities. 3. Any error conditions. g. Overall monitoring of workflow indicators and statistics by sub-process, organization or individual staff members, including, but not limited to: 1. Work in queue by priority. 2. Throughput. 3. Individual and organizational productivity. 4. Current activity by individual staff member. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.67 | Provide Application Program Interface (API) to support Interface real-time with all modules of the Iowa Medicaid Enterprise. | YES | YES | COTS | APHP Release | 9.3.12 |
| WMSS.68 | Provide a query capability for the workflow process management system database with appropriate security access. | YES | YES | COTS | APHP Release | 9.3.12 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **ED** | **Electronic Data Management System Requirements -MMIS** | | | | | |
| EDSS.01 | Include, at a minimum, the following document management capabilities: a. Retrieve images through the use of any OCR/ICR field search. b. Retrieve by report name. c. Retrieve by report number. d. Retrieve by change management request. e. Retrieve by date. f. Retrieve images by ICN/TCN. g. Retrieve images by provider number. h. Retrieve images by member ID number. | YES | YES | COTS | APHP Release | 9.3.11 |
| EDSS.02 | Provide the capability to store electronic and imaged paper documents and systems generated reports and make them available online through a single user interface, to promote a total view of current and historical information. | YES | YES | COTS | APHP Release | 9.3.13 |
| EDSS.03 | Support drag-and-drop functionality to be used when creating or editing a document. | YES | YES | COTS | APHP Release | 9.3.13 |
| EDSS.04 | Provide the ability to print or fax one or more selected images from image search. | YES | YES | COTS | APHP Release | 9.3.13 |
| EDSS.05 | Include at a minimum the following document management capabilities: a. Concurrent retrieval functions to publications and other stored documents. b. Automated inventory control for all forms, letters, publications and other IME-designated documents. c. Storage of documents and files. d. Ability to generate documents in both hard copy and electronic format, including forms and letters. | YES | YES | COTS | APHP Release | 9.3.13 |
| EDSS.06 | Provide conversion of all documents to a format as defined by IME. | YES | YES | COTS | APHP Release | 9.3.13 |
| EDSS.07 | Support cataloging and indexing of all imaged documents. | YES | YES | COTS | APHP Release | 9.3.13 |
| EDSS.08 | Include, at a minimum, the following scanning management capabilities: a. Scan both single and double sided documents. b. Scan complete or scraped documents. c. Scan color, black and white and grayscale images. d. Support special characters. e. Support a wide range of compression methods. | YES | YES | COTS | APHP Release | 9.3.13 |
| EDSS.09 | Provide the capability to manipulate images, to include: a. Rotation. b. Inversion. c. Zoom. d. Brightness and contrast. e. Crop, cut and copy a portion of the image. | YES | YES | COTS | APHP Release | 9.3.13 |
| EDSS.10 | Allow manual data entry from scanned documents if they cannot be read and transmit electronically from an image to IME Enterprise. | YES | YES | COTS | APHP Release | 9.3.13 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **ED** | **Automatic Letter Generation Requirements -MMIS** | | | | | |
| EDSS.11 | Provide the capability to create letter templates and forms, including, but not limited to: a. Provider certification materials. b. Provider recertification letters. c. General correspondence and notices for providers and members. d. Financial letters. e. COB letters. f. Service authorization letters. g. Service denials. h. Premium notices as required by IME. i. Special payments. j. Notice of Decision letters. k. Return to provider letters. | YES | NO | COTS | APHP Release | 9.3.11 |
| EDSS.12 | Allow for specific information on the letter templates, such as: a. Name and address. b. Date. c. Salutation. d. Free form text block. e. Signature block. f. Electronic signature capability. g. Revision date. h. Phone number. i. Department letterhead. | YES | NO | COTS | APHP Release | 9.3.14 |
| EDSS.13 | Store letter templates and forms within the system, with the following attributes assigned to each letter template, including, at a minimum: a. Letter template and form name. b. IME letter template and form number. c. Letter template and form unit owner (e.g., provider services). d. Contact position and location for updates. e. Last revision date (archived letter and form must be available). f. Letterhead type used (not applicable to forms). g. Whether IME administrator signature is contained on the letter template (not applicable to forms). h. Whether the letter requires a hand-written signature. i. Canned language and standardized paragraphs. j. Allow for multiple versions of the template including a revision log. | YES | NO | COTS | APHP Release | 9.3.14 |
| EDSS.14 | Provide a method of automatically generating letters to providers, members and other stakeholders. The automated letter generator must: a. Provide the functionality to send letters by mail, email or fax including mass emails. b. Provide the ability to trigger letters automatically based on processing such as provider enrollment. c. Initiate system-generated letters to members and providers based on status in the workflow management queue (e.g., the system would generate second notices to providers who have not returned the required documentation). d. Allow user to generate a single letter immediately. e. Allow user to designate address to be used. f. Support the generation of letters for mass mailings. g. Allow users to insert unlimited free form text. h. Allow imposition of security rules to control who may issue each kind of letter and to designate and enforce a chain of review for certain letters. | YES | NO | COTS | APHP Release | 9.3.14 |
| EDSS.15 | Allow for the retrieval and reproduction of all generated letters, including the address to which the letter was sent and the date the original letter was generated. | YES | NO | COTS | APHP Release | 9.3.14 |

| Code | Requirements | A | B | C | D | E |
|---|---|---|---|---|---|---|
| **ED** | **Automatic Letter Generation Requirements -MMIS** | | | | | |
| EDSS.16 | Provide the ability to link a letter image to its appropriate data element (i.e., member, provider, claim, other). | YES | NO | COTS | APHP Release | 9.3.14 |
| EDSS.17 | Provide the ability to print letter templates to networked, individual or high volume centralized production printers. | YES | NO | COTS | APHP Release | 9.3.14 |
| EDSS.18 | Provide the capability to print letters on an IME-approved schedule for direct mailing or route letters to a user for a signature before mailing. | YES | NO | COTS | APHP Release | 9.3.14 |

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# Tab 10 MMIS or POS Operational Requirements (9.2.11)

The bidder shall address each contract requirement within section 8 MMIS and POS Operational Requirements, Certification and Turnover Phases of the RFP the bidder is addressing in the proposal. Bidders also will explain in detail how they plan to approach each contractor responsibility and operational requirement for the contract function.

This section should provide a comprehensive integrated narrative that describes how the contractor will meet the requirements, including a description of the bidder's processes, control procedures and quality assurance procedures for each function. In addition, the bidder may provide process flow diagrams to supplement the narrative.

Bidders are to list the requirement numbers for addressed requirements above the paragraph or set of paragraphs that addresses them. The Department also requires that bidders will format the System Services Requirements section of the Technical Proposal in a manner similar to the following outline:

Bid proposals must be fully responsive to the service requirements. Merely repeating the requirement statement will be considered nonresponsive and disqualify the bidder. Bid proposals must identify any deviations from the requirements of this RFP or requirements that the bidder cannot satisfy.

**As a leader in Business Process Outsourcing (BPO) and Application Outsourcing (AO), Accenture brings the experience and skills to help the Department achieve measurable improvements in operations and systems performance.**

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

The Department seeks a team that can not only implement an innovative MMIS solution, but also maintain and operate this solution to perform IME MMIS Operations. This includes, but is not limited to processing and payment of claims, mail handling and reporting, and updates to the automated eligibility reporting system. The Department has established a cohesive IME with "best of breed" contractors located and operating in a common facility. Performing IME MMIS Operations requires working collaboratively with the Department and IME professional services contractor units. The Department needs a vendor experienced in providing high performing claims processing operations that can effectively work in a multi-vendor environment.

Accenture has a leading Health and Public Service Operating Group that provides management consulting, technology services, and outsourcing to our more than 600 clients worldwide. Through our outsourcing practice, Accenture helps enable healthcare and public service health organizations to deliver efficient and high quality services with a focus on continuous improvement.

**Demonstrated Experience**

Based on our 20 years of experience in operations and maintenance service delivery, Accenture brings the Department the technology and business acumen to keep the IME at the forefront of the Medicaid industry. We have the knowledge and experience to help the Department serve Iowa's most needy health care recipients and supporting providers with a high performing patient-centric operation. These results will be achieved based on our operations experience with more than 650 clients and 85,000 professionals focused on managed service delivery.

Accenture is a leader in the provision of managed services because we help our clients transform their enterprises and deliver improved performance standards. These claims are supported by a fourth consecutive No.1 ranking in the International Association of Outsourcing Professionals' (IAOP) Global Outsourcing 100, our naming as No.1 leading Outsourcer by InformationWeek, and our receipt of the Management Consultancies Gold Award and several Outsourcing Excellence Awards.

Accenture provides the most comprehensive set of Business Process Outsourcing (BPO) services to the US healthcare industry, shown in Figure 10 - 1, and currently partners with seven out of the top eight US Health Plans. In one year, Accenture Health BPO provides services for 48 million members and processes 25 million claims totaling over $3 billion at 99 percent accuracy or higher.

*Figure 10 - 1. Accenture provides comprehensive Business Process Outsourcing for the healthcare industry, including Claims Services.*

As a relevant example to the scope of services we propose for the IME, we brought our capabilities to Health Alliance Plan (HAP), southeastern Michigan's largest managed-care plan, facilitating care for more than a half-million members. Accenture supports Health Alliance Plan information technology in two major areas: (1) Internet applications and systems; and (2) core business applications, which include enrollment, billing, claims processing, capitation and other processes. Accenture has been responsible for design, development, maintenance and support of most of Health Alliance Plan's Internet applications. Similar to the Department, HAP has established a cooperative, collaborative environment with multiple vendors supporting their operations and technology. Our efforts with HAP included working with separate systems and data center vendors. Accenture has collaborated with these vendors to provide rapid development of applications to build and strengthen Health Alliance Plan's Internet presence. For the first two years of the outsourcing contract, online volume grew, on average, more than 50 percent annually. The steady uptake in portal acceptance has helped Health Alliance Plan take advantage of a relatively low-cost delivery channel, get closer to and build trust-based relationships with customers.

As another example, Accenture is also working in collaboration with Highmark to deliver reduced operating costs and respond to continuous, fast-paced changes in the market through a new SOA based technology and streamlined business processes. Highmark already has improved the speed and accuracy of claims processing resulting in:

- Adjudicating claims at point of service in approximately seven seconds through real-time processing
- Increasing the claims first pass rate to more than ninety percent
- Automating up to eighty-five percent of claims mass adjustments

The Department is seeking a vendor that can provide similar results while maintaining the IME MMIS and performing Core IME MMIS Operations. This vendor must bring qualified management and governance able to work collaboratively with the Department and other IME professional services units and state entities. This includes communicating status, coordinating and verifying interfaces, and effectively managing interdependencies and risks. The Department seeks a team that can do these critical functions while managing a smooth transition that minimizes any risks to current operations.

**One Team**

Accenture brings a team focused on partnership and teamwork to the IME MMIS Operations. This claim is demonstrated by our partnership with two other firms to enable a successful transition in January 2004 on the Texas Medicaid Healthcare Partnership (TMHP) Medicaid contract. We transitioned the contract more quickly than planned and have been instrumental in improving many areas of the Medicaid program. TMHP is the third largest Medicaid program in the US and the success they experienced to date by selecting our team has proven to be a wise choice. We are positioned to work with IME professional services units to support our IME MMIS Operations responsibilities by contributing our strengths with that of the Department and IME contractors.

We believe in a One Team approach focused on delivering results for the IME as illustrated in Figure 10 - 2.

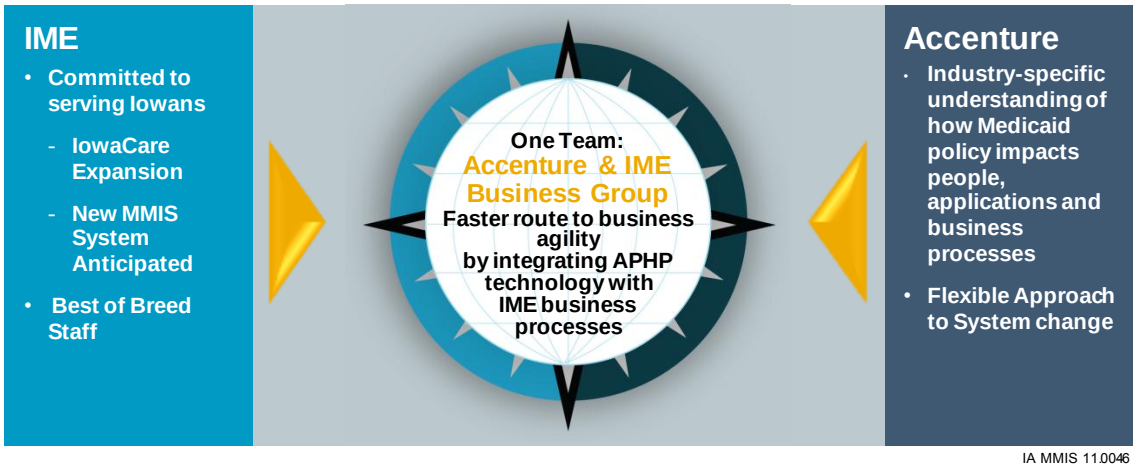



*Figure 10 - 2. The Accenture Team collaborates effectively with other vendor teams to provide an integrated solution for the Department that delivers "best-of-breed" results.*

Our team includes management and supervisory staff with a breadth of experience across the Medicaid industry in serving other clients. In addition, our solution is based on staffing continuity from the early stages of the implementation phase through the duration of operations and maintenance. This continuity approach will foster familiarity with the Department, IME MMIS Operations and we will be positioned to continue to serve the Department.

This approach of staffing continuity continues with our solution founded on leveraging organizations that currently serve the IME Core functions. Mainstream Living, who has supported the IME with administrative services since 1997 and S2Tech, who currently performs system maintenance activities for the legacy MMIS are key components of the solution to reduce transition risk and drive quality. As our teammates, Mainstream continues to provide the IME with administrative and clerical fulfillment services, and S2Tech takes responsibility for understanding and resolving incidents/problems related to configurations, reports, and interfaces. Mainstream and S2Tech members of our team provide a familiar

face for the IME, which helps facilitate a smooth transition and achieve operational stability in an expedited manner. The combination of our three organizations makes for a powerful team with thought driven support based on Department desired outcomes.

**Innovative Solution**

In order to drive operational performance and foster a culture based on continuous improvement, a complimentary configurable MMIS system is a requirement. In addition to our team and experience, the APHP solution provides the Department a number of benefits that promote effective operations. The APHP Worker Portal provides an easy to use web user interface that provides consistent access to business functions through a secure single sign-on environment. APHP enables users to receive access to all authorized business functions on initial login - saving time and mitigating access issues. Once logged into the Worker Portal, users are able to access the information and functions authorized and needed to perform their roles. The APHP Worker Portal seamlessly interacts with each component of our solution to perform integrated workflow of IME MMIS operational activities, such as claims related activities, provider management, member management, and prior authorization management. This enables operational staff to complete their work through a single session and user interface, saving time and increasing usability and operational efficiency.

APHP provides configurable user security roles and responsibilities that enable the business, instead of the technology, to dictate access to various components of the APHP solution from a job description perspective. The front-end configuration screens enable our system maintenance team to configure access requirements to support all the required functions of Department, IME professional services contractors, and our service staff. This configurable approach limits user access to only the required and necessary data to comply with CMS, HIPAA, and any Department specified regulations.

Finally, the solution provides for automated queue routing. We plan to use the existing OnBase system and the configured workflows that currently support the Department and the contractors. A lot of time and thought capital has been put into developing these OnBase workflows. Our interoperable solution can easily integrate the OnBase solution into our framework to distribute work while minimizing business disruption during the cutover to APHP.

APHP offers embedded workflow capabilities within each component of our service oriented architecture. This capability offers configurable load balancing so that business staff will have the ability to distribute work based on business need. In addition, APHP offers an integrated enterprise wide Microsoft based workflow solution that can be configured to route work based on specific rules and approval flows. These rules can be configured to be specific down to an edit rule or beyond, or general across an entire business function. These capabilities provide the Department with superior flexibility to perform current and future workflow management routines, promoting a more seamless and efficient IME operation.

**Management Excellence**

We are able to provide improved *service* performance *for our clients* through our business acumen, methods and quality based approach to providing business process and applications outsourcing. We use proven enterprise-wide performance management processes to create clear objectives and expectations for each role. We regularly assess and evaluate our performance in completing defined responsibilities against these established objectives and expectations, and we address any areas where we are not meeting expectations.

Our Account Manager, Patrick Dahlen, provides the Department and IME professional services units with a clear point of contact for the IME System Services Project. Patrick has more than 20 years experience with large-scale enterprise wide medical and claims processing systems and six years of account management experience specifically with Iowa Medicaid. Patrick has the knowledge and understanding

of current operations to integrate into the IME environment and serve as an effective leader familiar with the landscape of the IME on Day One.

Our IME MMIS Operations solution promotes both an effective way to perform the work and a robust solution to monitor and manage the work performed. Our operations staff focus on management of all activity required by the Core MMIS Contractor through a methodology developed by Accenture called Operational Excellence. This proprietary program, based on the LEAN Six Sigma approach and customized by a team of Six Sigma Black Belts, drives both operational control and operational efficiency. Our operations and maintenance leadership pass internal required training and are monitored by a designated Accenture Operational Excellence resource to validate compliance towards this methodology through implementation of operational controls and communication.

From this training and culture, staff will be able to harness the APHP reporting solution that offers a myriad of data review and dashboard reporting options to control and monitor the operation. Out-of-the-box, APHP offers configurable dashboards that provide a summary view of operational data (e.g., Claims or Adjustments) within the system at any given point in time. This on-demand access fosters a culture of transparency and oversight that the management team will use to manage and distribute work, communicate issues and results, and monitor business performance.

Our operations staff will be proactive in the management of work to meet Department performance standards. Leading and lagging metrics displayed on our APHP dashboards allow our staff to make real time decisions on queue management and prioritization or work instead of reacting to issues communicated by the Department, participating providers, members, supporting IME professional services contractors, or other agencies. Complementing these configurable dashboards is a Microsoft reporting engine that is integrated into the APHP platform. This solution allows our IME MMIS Operations staff, the Department, and supporting IME professional services contractors to develop configurable and business specific data queries on demand to access relevant data as necessary.

**Tab 10 Contents**

In the sections that follow, we discuss our approach to the RFP Core Operational Requirements. To do this, we have organized this tab as shown in Table 10 - 1 into components that are linked individually to the corresponding section from the RFP. Within each section, we provide our comprehensive integrated narratives that describe how we meet the service requirements. We include a description of our processes, control procedures and quality assurance procedures for each function.

| Tab 10 Numbering | Tab 10 Content | RFP Section |
|---|---|---|
| 10.1 | Core MMIS Operational Requirements - An Introduction to the Accenture outcomes-focused BPO Approach | 8.1 |
| 10.1.1 | Minimum Numbers of Categorized Staff | 8.1.1 |
| 10.1.2 | Internal Quality Assurance | 8.1.2 |
| 10.1.3 | Change Management Process | 8.1.3 |
| 10.1.4 | System Remediation | 8.1.4 |
| 10.1.5 | Mail and Courier Service | 8.1.5 |
| 10.1.6 | Member Management | 8.1.6 |
| 10.1.7 | Medically Needy | 8.1.7 |
| 10.1.8 | Provider Management | 8.1.8 |
| 10.1.9 | Claims Receipt, Entry and Control | 8.1.9 |

| Tab 10 Numbering | Tab 10 Content | RFP Section |
|---|---|---|
| 10.1.10 | Claims Adjudication | 8.1.10 |
| 10.1.11 | Encounter Function | 8.1.11 |
| 10.1.12 | Reference Data Management | 8.1.12 |
| 10.1.13 | Prior Authorization Management | 8.1.13 |
| 10.1.14 | Third-Party Liability Management | 8.1.14 |
| 10.1.15 | Program Management Reporting | 8.1.15 |
| 10.1.16 | Federal Reporting Management | 8.1.16 |
| 10.1.17 | Financial Management | 8.1.17 |
| 10.1.18 | Program Integrity Management | 8.1.18 |
| 10.1.19 | Managed Care | 8.1.19 |
| 10.1.20 | Waiver, Facility and Enhanced State Plan Services Management | 8.1.20 |
| 10.1.21 | Optional Waiver, Facility and Enhanced State Plan Services Management | 8.1.21 |
| 10.1.22 | Interactive Voice Response System Management | 8.1.22 |
| 10.1.23 | Web Services | 8.1.23 |
| 10.1.24 | Workflow Management | 8.1.24 |
| 10.1.25 | Rules Engine | 8.1.25 |
| 10.2 | POS Operational Requirements | 8.2 |

*Table 10 - 1. We have formatted the Tab 10 Core MMIS Operational Requirements section similar to the RFP example outline.*

# 10.1 Core MMIS Operational Requirements (8.1)

The Operations Phase is the daily performance of all required activities by the new contractor. Bidders will need to describe required coordination and safeguards to assure a successful operation.

**The Accenture approach delivers a capabilities-based and outcomes-focused team using system automation and workflow driven processes. We closely measure and control business processes to maintain high quality and continuously improve our ability to deliver immediate and sustainable results. Our focus is always on the Department, Providers and Members.**

August 1, 2014 is the culmination of years of planning and preparations by the Department and the beginning of the Operations Phase. At this point in time, the new and innovative IME MMIS becomes operational in Iowa. During the Operations Phase, the Accenture Team's efforts include the daily performance of all core MMIS processing activities required to address our stated duties. In doing so, we provide coordination and safeguards to assure a successful operation.

The Operations Phase begins with the successful completion of the Transition to Operations Phase, described in Section 8.4 Transition to Operations. The IME requires the strict adherence to demonstrated processes, a focus on quality and customer experience, and a continuous improvement focused suite of program management tools that enables Accenture to assume operations without disrupting current Medicaid service delivery. Our demonstrated performance in delivering quality health services comes from the same disciplined execution of measured, controlled processes that we propose to bring to the IME.

**Accenture brings the Department proven Medicaid operations maturity and continuous improvements**

- CMMI level 4 assessed in Public Sector delivering predictable product performance and innovation.
- Accenture's Health Administration BPO Services organization has implemented our repeatable, measured, outcomes-driven operations to increase claims payment accuracy, reduce transaction cycle time, minimize internal rework, and improve overall customer service. Examples include:
  - In 2004 as part of the **Texas Medicaid and Health Partnership**, Accenture took over a highly complex and non-standard MMIS for the second largest Medicaid program in the country. For 7 years, we have operated the system making continuous improvements throughout. The system serves 2.5 million recipients and 100 million+ annual claims without increasing claims processing error rates or payment disruption for providers.
  - With Accenture's provider data management, Accenture Health Administration BPO Services is increasing claims payment accuracy, reducing transaction cycle time, minimizing internal rework, and improving overall customer service for **Cigna**.
  - Accenture has, since 2004, a proven track record, providing claims processing work for **WellPoint**, the largest publicly traded healthcare company in United States serving more than 35 million members.

We deliver operational transparency and foster communication and collaboration through metrics dashboards, open reports capabilities, and continued program collaboration and communication. We build trust in our alliance with the Department and other IME professional services contractors through focused customer relationship development, quality service delivery, continuous program improvements, an experienced and reliable delivery team, and market-changing technology.

The Accenture Team's IME MMIS Operations staff provides the Department technical assistance for IME MMIS related issues including system availability, system access, and automated user notification as system changes are implemented. Additionally, the team performs daily operations of the IME MMIS with activities that include but are not limited to: processing claims, adjustments and other financial transactions; producing required reports; addressing system specifications; maintaining system files; supporting required interfaces; paying provider types and other activities to address our duties.

Figure 10 - 3 illustrates the framework we use to support a secure operational model that provides the availability and reliability of a stable and successful IME MMIS. In this section, we discuss our Operational duties, which comprise the following components:

- **Operational Support** - providing operational management of the IME Core System 24x7x365, monitoring the system and application activity, supporting backup and recovery, security, network, and alerts across the IME MMIS and internet access activity.
- **Technical Support -** providing technical assistance for IME MMIS application related issues, such as system availability, system access, and user notifications as system changes are implemented. We also support the non-production environments to maintain the integrity of the environments and support the needs of problem resolution. Logical Database Administration is also a service included in technical support.
- **Project Management Services** - providing project management services, including management of service levels and problems, change management and configuration management for versioning of the IME MMIS, release management, and ongoing coordination with Department staff.
- **KPI Reporting** - producing operational reports, including a monthly status report, to provide visibility into system performance and maintenance and enhancements activities.
- **Knowledge Transfer** - creating and maintaining ongoing knowledge transfer scheduled for IME professional services contractors and Department staff and providing knowledge transfer throughout the phase.
- **EDI Help Desk** - responding to EDI transmission anomalies and serving as the single point of contact for EDI transmission related problems.

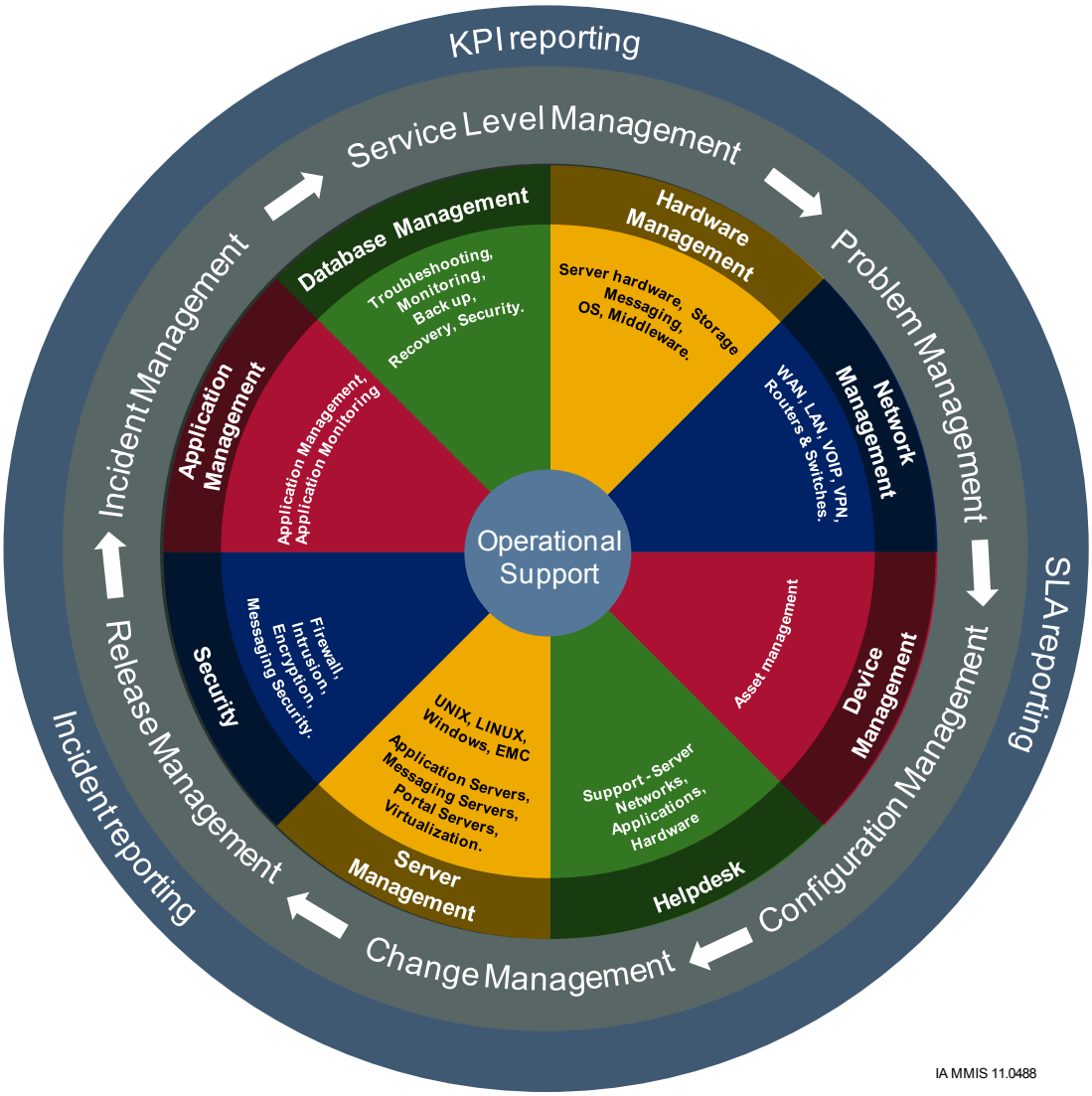



*Figure 10 - 3: The IME MMIS operations and infrastructure solution supports a secure and reliable environment, reducing security risk by providing tight monitoring and controls.*

## Coordination

Our culture supports transparency and open communication. As described in Section 8.2.1 of our proposal, the Accenture Team's project management approach begins with building an open and inclusive Governance Model with the Department. This Governance Model provides a framework for identifying each of the key internal stakeholder groups we need to include in our project management activities. The purpose is to facilitate communication, coordination, and decision making across the enterprise.

The Governance Model remains in place throughout the operations and maintenance phase so that communication and coordination continue smoothly and without interruption. This model evolves to reflect the shift in priorities, responsibilities, and participation that occurs as a natural result of the transition to operations of the new IME MMIS.

## Operational Control

Our operations and maintenance phase staff support activities related to the daily performance of the IME MMIS. We provide numerous operational controls and oversight to provide smooth and successful service delivery to the IME. Some examples of our operational control included disciplined methods:

- Proven processes
- Transition approach
- Security monitoring and auditing
- Incident and problem management
- Built-in triggers and alerts

To control the operations, our team monitors and analyzes the technical aspects of the infrastructure and IME MMIS (both online and batch) daily to determine if there are any faults that have occurred and require corrective action. Additionally, our proven incident management process and tools allow for timely capture, escalation, tracking, and resolution of incidents to minimize the impact to business operations.

### Proven Processes

Our team uses proven processes for daily activities to confirm effective delivery of services in a high quality manner. Our processes are based on the Accenture Delivery Methods for Outsourcing Operations, which provides guidance for an outsourcing unit that manages, maintains, and delivers products or services in a consistent manner to our clients. These methods evolve as our global operation teams continue to innovate and optimize service delivery practices. As a result our processes provide guidance for an outsourcing unit that manages, maintains, and delivers products or services in a consistent, predictable and measureable outcome for our clients.

### Transition Approach

We use a dedicated team of transition professionals with years of experience executing transitions to plan and execute service transition to the new IME MMIS Operations. This team, which is solely focused on the transition, knows the key components of a successful transition and positions our team well for successful operations. In preparation for kicking off transition activities, our Transition Team assesses potential risks and quickly identifies a mitigation strategy to minimize risks and issues that could impact ongoing service delivery.

### Security Monitoring and Auditing

Our team monitors the security components and considerations for the IME MMIS. We identify the causes of security incidents or compliance problems, take corrective actions, suggest the areas for improvement in the system, and respond to and report on security incidents to avoid repeating these same problems.

### Incident Management

Our incident management process, proven through over 20 years of experience, effectively categorizes issues that cause degraded service or prevents a user from completing the associated work. The primary objective of the incident management process is to return service as quickly as possible and provide a work around if one is readily available until service can be restored. Issues are logged in the Rational tool ClearQuest and follow the verification and corrective action path as defined in the Figure 10 - 4.

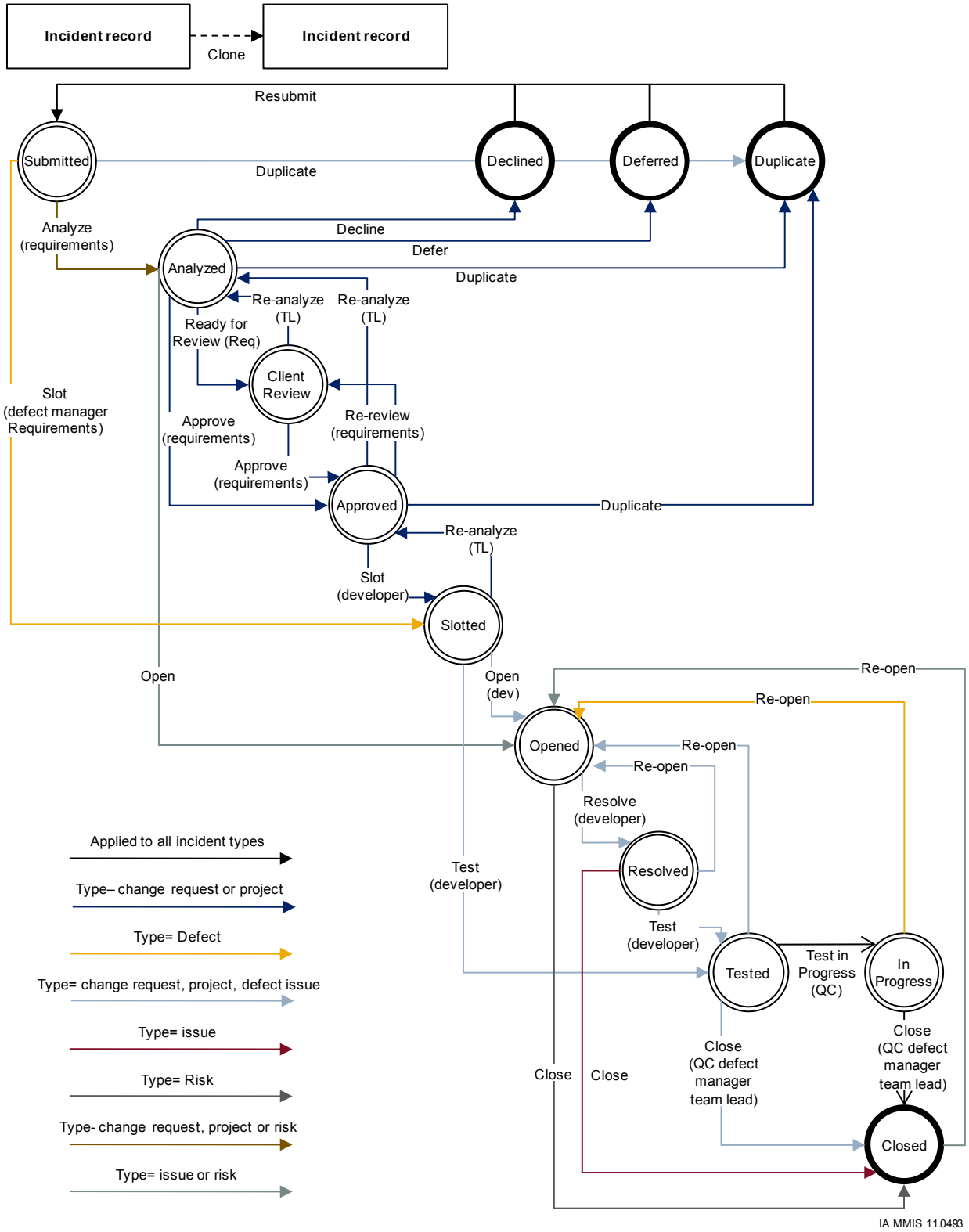



*Figure 10 - 4. We use Rational Suite tools to manage the operational issue correction process to effectively deliver quality results.*

### *Built-in Triggers and Alerts*

There are times when a component of the infrastructure may require attention and specific action. One such example could be a sudden decrease in claims processing performance. When such anomalies occur, the IME MMIS sends alerts to the designated operations staff or duty manager for immediate correction or to activate a decision support escalation process for corrective measures.

We design triggers and system logic throughout the application and access layers to support verification of system performance in accordance with the established service levels. The designed alerts within the framework and application provide the IME MMIS Operations Team with the necessary tools to monitor and initiate action when required.

Our approach to continuous monitoring of the system and application provides for proactive mitigation of system and application anomalies. The continuous flow of informational alerts and statistical logging provides the Department with near real time access to beneficial statistical information to support trending of peak load and system resource consumption. Operations and monitoring personnel use the alerts and statistical logs designed in the IME MMIS to perform root cause analysis and prevent incidents from occurring by providing the Department with proactive operational solutions.

We collaborate with the Department to identify the key metrics, triggers and alerts to include in the Operational Excellence Dashboard (OED). Figure 10 - 5 demonstrates an on-demand view of metrics displayed via the OED to show performance against defined metrics. Over time, detailed and accurate reporting also provides the cross-program view that can identify future opportunities for continuous improvement.

*Figure 10 - 5. Our Operational Excellence Dashboard illustrates a quick look at performance metrics, bringing attention to performance issues quickly.*

## Knowledge Transfer

The contractor must create and maintain ongoing knowledge transfer schedules for Professional Services contractors and the Department staff. The contractor must provide knowledge transfer throughout the operations phase for new staff and staff who change positions. Knowledge transfer must be provided at the IME facility or at a facility approved by the Department. The knowledge transfer will be conducted Monday through Friday, excluding the Department holidays, between the hours of 8:00 a.m. and 4:00 p.m. Central Time. The contractor is responsible for furnishing the trainees with all necessary knowledge transfer materials.

Keeping Department and IME contractor staff educated and current with the processes and procedures for using the IME MMIS is integral to achieving and maintaining the level of quality that the provider and member communities expect. Our comprehensive approach to knowledge transfer focuses on role based business the knowledge and skills of Department, IME contractors, and our staff. As processes, systems, and staff change over time, our ongoing continuous learning methods provide for access to training, job aids, computer based training, and updated processing manuals for a consistent delivery of quality services for the IME providers and members.

**Our award winning approach to knowledge transfer gives staff the information they need when they need it**

- Awarded Bersin & Associates 2010 Learning Leaders award "Learning and Talent Technology Excellence"
- Awarded Global MAKE (Most Admired Knowledge Enterprise) Award for the thirteenth time in 2010

To help expedite knowledge transfer and offset transition risks associated with new staff, Accenture's operation solution is focused on rebadging existing staff familiar with IME policies that support today's IME core business process and teaming with organizations that support the Core operation.

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

In addition to rebadging, Accenture has teamed with existing IME contractors and aggressively recruits incumbent staff. Our team includes S2Tech, who currently performs MMIS systems maintenance, and Mainstream, who has supported the IME with administrative services since 1997.

Our teaming with S2Tech and Mainstream and our recruitment of incumbent staff benefits the Department and the IME contractor team by promoting a smooth knowledge transfer by providing extensive knowledge on the existing business rules, IME applications, and operations. The institutional knowledge acquired by supporting a complex program such as the Iowa Medicaid Enterprise is essential to providing the stability and familiarity of knowledgeable resources.

Our Knowledge Transfer approach for Operations builds on the solid foundation and framework established during implementation and transition. This includes development of knowledge transfer plans, processes, tools, materials and existing skills. In Operations, our dedicated trainer works with our Quality Assurance Manager, our Claims Operations Team, the Department, and IME professional services contractors to assess changes to system, operational processes, and staff that trigger knowledge transfer events. Our trainer assesses knowledge transfer needs based on these changes and collaborates with our Claims Operations Team, the Department, and IME professional services contractors to facilitate knowledge transfer to address knowledge and skill gaps and needs. Throughout Operations, we continue to refine our approach to address new and changing knowledge transfer needs and promote a greater understanding of systems, functions, processes, and other important aspects of the IME MMIS.

## Knowledge Transfer Approach and Methodology

We design the Knowledge Transfer program to provide knowledge recipients with a comprehensive understanding of the IME MMIS, presented in a relevant, creative and dynamic fashion that allows for a smooth transition of knowledge and skills. We build our approach on the premise that learners have different learning needs and that adults learn in a variety of ways. We integrate visual, auditory, and learn-by-doing delivery techniques to address the range of adult-learning styles. We also structure the curriculum to be specific to the variety of roles.

We bring the Department the latest instructional designs, curriculum strategies, and the disciplined knowledge transfer skills and teams. We have a demonstrated track record of delivering knowledge transfer for public sector clients that enables effective operations and utilization of new technologies. Our knowledge transfer approach addresses the specialized knowledge transfer for personnel assigned duties and responsibilities related to the management, administration, and security of the IME MMIS. Our approach also effectively trains and supports trainers who will deliver knowledge transfer to Department and Professional Services contractor end-users and IME providers.

Accenture recognizes that the knowledge transfer process is a critical component of the overall success of ongoing IME MMIS operations. Accenture designs comprehensive knowledge transfer plans with associated materials based on successful processes used for past operations activities. Accenture has an extensive history of successfully providing knowledge transfer for staff, providers, and stakeholders. Our use of on demand and just-in-time knowledge transfer technologies, such as Accenture's Rapid Transition Suite (RTS), allows the knowledge recipient to incorporate the new knowledge into their daily tasks. This practice results in better efficiency and less errors as staff work with new system capabilities and processes. Our knowledge transfer evaluation and process improvement approaches enable us to identify ways to deliver a better product to the knowledge transfer audience.

Our structured knowledge transfer approach, shown in Figure 10 - 6, a variety of techniques including one-on-one mentoring. It enables IME staff and contractors to learn-by-doing and enables them to immediately apply their newly developed skills. Knowledge Transfer for specialized functional roles occurs primarily through formal knowledge transfer sessions and informal system walkthroughs conducted by Accenture trainers and subject matter experts. Our approach:

- Provides visibility for Iowa's executives into the knowledge transfer process.
- Minimizes the risk of IME contractor staff leaving the project without adequate capture and transfer of knowledge.
- Provides for periodic checkpoints so that the Department can assess progress and adjust if needed.

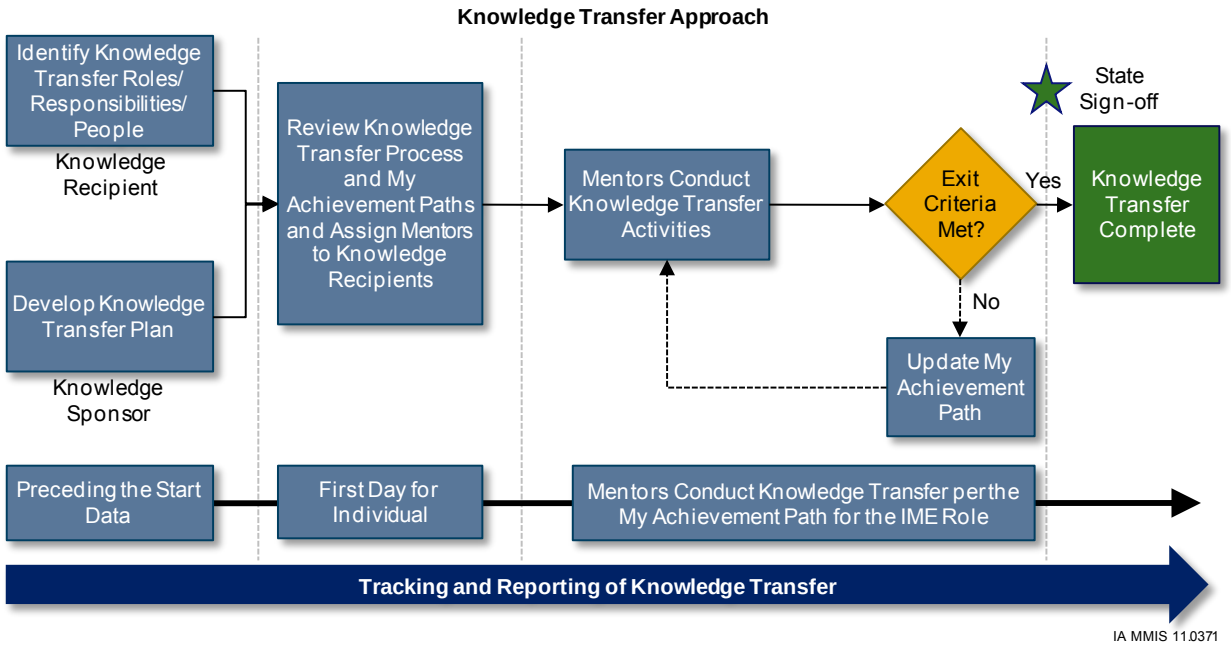



*Figure 10 - 6. We use a structured approach to transfer knowledge and skills to Department and IME staff effectively and efficiently.*

Our approach to knowledge transfer begins with analyzing the knowledge transfer needs and confirming the plans for addressing those needs. To do this, our trainer completes a knowledge transfer needs assessment during analysis and design activities to identify the needs of each IME MMIS roles, the tasks they must complete, and the associated skills and knowledge. This allows us to establish knowledge transfer goals that help create and provide a dynamic knowledge transfer path that addresses the needs of Department staff, our staff and the other IME contractors.

We have identified four main knowledge transfer paths for the IME Systems Services Project based on our knowledge of the IME and MMIS operations:

- Management
- Technical
- Development
- Operations

Using the data from the knowledge transfer needs assessment, our trainer develops a knowledge transfer curriculum, or achievement path, for each functional role within each path. Each My Achievement Paths (MAPs) lists the skills, and knowledge that a person in that role should acquire and the activities to complete to do so. The MAPs document the desired skill level for each functional role, the Accenture mentor assigned to the MAP, the expected knowledge transfer activities, the reference materials, and the timeframe for completion.

Our approach focuses on transitioning information through a number of different methods that enable IME staff to become proficient and comfortable with their role, responsibilities, and associated technologies in a smooth and natural manner. Our approach incorporates a blend of delivery methods to transfer knowledge gradually and enable completion of project and operations activities. Specific knowledge transfer methods include the following:

- **Instructor-Led Knowledge Transfer Sessions** - formal instructor-led training used to transfer knowledge to large groups in a structured, classroom setting that provides the opportunity for students

to ask questions and receive immediate feedback, interact with other trainers and participants, complete hands-on activities such as realistic scenarios in a low risk environment to practice the newly learned skills, and practice using Online Help and other support tools in a supported environment that facilitates self-sufficiency once knowledge transfer is complete

- **Train-the-Trainer** - training identified trainers or super users and equipping them with the knowledge and skills to in turn transfer knowledge to their respective units; provides knowledge of the IME MMIS and planned session materials and includes mentoring identified trainers on facilitation and coaching skills
- **Job Shadowing** – direct observation, or "over-the-shoulder" knowledge transfer, that allow knowledge recipients to directly view subject matter experts performing tasks
- Monitored Tasks – assignment of tasks to knowledge recipients that are completed independently and then reviewed by the mentor
- **Role Sharing** – joint completion of job responsibilities for a single role by a mentor and a knowledge recipient; includes working side-by side, with the mentor providing detailed instruction on how to complete a task and enabling one-on-one interaction to confirm mastery
- **Self-Paced Training** - mechanisms that allow end users to learn about IME MMIS functions and practice scenarios, including online help, online tutorials, the knowledge transfer environment, and available pre-recorded demonstrations and presentations
- **Job Aids** – Word, Excel or PowerPoint documents tailored for a specific role that provide step-by-step instructions to complete transactions in the new IME MMIS

We design delivery of knowledge transfer based on the following principles:

- **Role-based and Process Driven** - knowledge transfer is practical and directly relevant to an individual's role in supporting the IME MMIS and IME MMIS operations
- **Hands-on Interactive** - maximizes participant involvement, providing opportunities to interact with the system and complete practice exercises in the knowledge transfer environment that mirrors the production system and provides a no-risk environment using non-production data
- **Incremental and Ongoing Learning** - comprised of multiple knowledge transfer modules that mirror specific job skills; modules are progressive, building on the skills and materials presented in prior modules, and accommodate users with varying degrees of technical skills and IME MMIS knowledge

## Knowledge Transfer Materials

Our knowledge transfer approach is role-based and is directly relevant to each group's IME MMIS role. This enables efficient use of knowledge recipient time and minimizes time away from providing daily service delivery functions. In alignment with our overall knowledge transfer strategy, we also design role-based knowledge transfer materials. This allows us to present the right skills and knowledge for each audience in an effective and dynamic way to promote a successful transition to the new IME MMIS.

Accenture will provide the knowledge transfer materials needed to conduct knowledge transfer for affected groups. Knowledge transfer materials and courseware go beyond basic manuals to include instructional guidebooks, a training database, evaluation tools, and training methodology. Table 10 - 2 below describes the reusable courseware provided by the solution to support ongoing IME MMIS knowledge transfer needs. We design the courseware to be practical and easily maintained. The Accenture Knowledge Transfer Team provides electronic copies of the courseware and knowledge transfer documentation for reproduction as needed to support the instructor-led sessions and self-paced knowledge transfer activities.

Knowledge Transfer Documentation for the IME MMIS includes:

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

*Table 10 - 2. We use multiple types of training materials to support the IME MMIS knowledge transfer.*

## Knowledge Transfer Events

**New Staff or Replacement Staff**

The Accenture Program Management Office (PMO) develops and maintains a Roll-On and Roll-Off Checklist that is used when new staff joins the team. This checklist contains the list of activities and knowledge transfer each new team member must complete prior to being granted access to the production environments. Some knowledge transfer is required of every team member and other knowledge transfer is specific to the role the individual will be performing and is identified in the appropriate MAP. The supervisor of each new team member completes the checklist and provides sign-off to the Accenture PMO. Representative items on the checklist include:

- Project Logistics
  - Facility Access Request/Removal
  - Network Access Request/Removal
  - Required Client Forms
- Equipment
  - Request/return project PC or laptop
  - Setup/remove network resources

- Knowledge Transfer
  - Project Data Protection Standards and Processes
  - Records Retention and Management Processes
  - Project Management Processes
  - Role-specific Knowledge Transfer activities

New staff or replacement staff members, regardless of function, receive a MAP that includes the items listed above. Knowledge transfer for new or replacement staff members contain foundational knowledge transfer that promotes a common understanding across work areas and facilitates cross-organizational interaction. Knowledge transfer is process-based so that individuals understand the "big picture" before they learn specific activities related to their job responsibilities.

Each layer of knowledge transfer builds on previous layers so each staff member receives sufficient information to perform his or her work accurately and efficiently. By presenting training and new information in stages, we prevent overload and discouragement during the learning process. The Accenture Team staff receives training that focuses on the program organization and the Medicaid industry. We maintain the position that every employee within the Core IME MMIS Operations is a key contributor to the success of the IME, and every employee should have an awareness of how their specific role directly contributes to this model. In addition to orientation training, staff completes general overview training and HIPAA and Confidentiality training.

Current staff members who assume new duties complete all knowledge transfer activities where differences exist between the existing and new role.

**New/Modifications to Policies or Procedures**

New or modified policies and procedures trigger a knowledge transfer event. Our approach to providing knowledge transfer to address new or modified policies and procedures is dependent on the magnitude of change. For example, for simple, small changes to existing policies or updates to documentation, we use email, memorandums and process change notifications to impacted staff. For more significant changes, we may use a formal training strategy with computer based or instructor led training sessions.

We use the SharePoint™ repository for operational policies and procedures. This repository provides staff with consistent and accurate information and allows for easy access when it is needed. In addition, the use of the SharePoint™ repository provides individuals with confidence that they are accessing the most up-to-date information and policy and procedural documentation available.

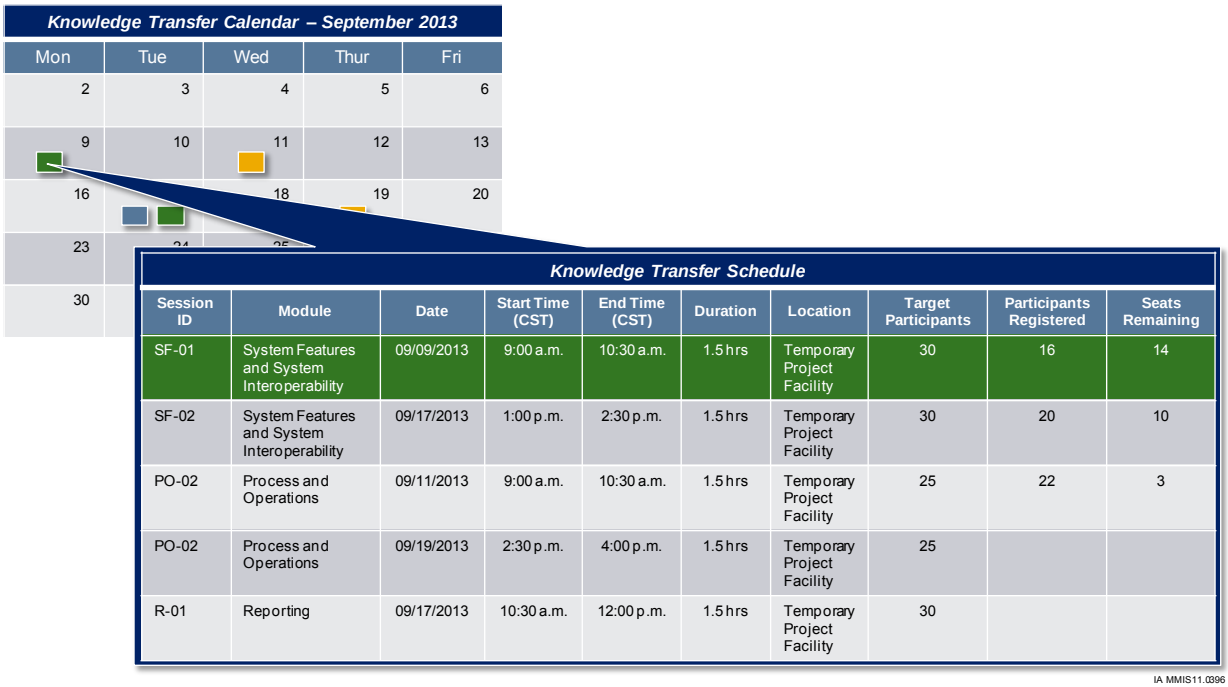
Each knowledge transfer My Achieve Path (MAP) is subject to Department review and approval before the start of knowledge transfer. As part of our Quality Assurance process, we continuously review the effectiveness of our knowledge transfer processes including documentation and modified materials. As a result of that effort, Accenture assesses the need for updates to MAPs or the knowledge transfer material, which goes through all document update procedures including Department review and approval of the revised materials. Our Trainer, who reports to the Quality Assurance Lead, will be accountable for taking identified changes based on quality reviews to update relevant training documentation and supporting collateral.

Accenture carries guidelines, processes, and procedures in place that apply to all documents and deliverables associated with any project. These include change management procedures for developing documentation and knowledge transfer materials, making updates according to the agreed upon standards and guidelines and providing controls through our published procedures. These procedures assist the team in developing quality documents. The version control of the documents assures that we are working with the most current version. The published standards, guidelines, and procedures apply to all documentation including hardcopy, electronic, graphics, and on-line help.

We update the MAPs for changes requiring formal training, our trainer reviews the policy and procedure change and modifies the MAPs to reflect the changes in knowledge transfer requirements. We notify affected employees of their MAP change and require acknowledgement of the notification.

## Knowledge Transfer Schedule

Throughout the Operations and Maintenance Phase, the staff and schedules for knowledge transfer are dynamic and meet the needs for new staff, staff that change positions, system changes to the IME MMIS, and changes to IME MMIS operational procedures. We conduct orientation activities according to the Staffing Management Plan and ongoing knowledge transfer according to the Knowledge Transfer Plan. We schedule ongoing knowledge transfer activities in the Operations Phase on an as needed basis and modify the schedule we created during the Implementation Phase to reflect new or modified knowledge transfer sessions. As shown in Figure 10 - 7, our knowledge transfer schedule includes a calendar, which provides a summary view of sessions planned, and a Microsoft Excel spreadsheet that provides detailed information for each session.




| Session ID | Module | Date | Start Time (CST) | End Time (CST) | Duration | Location | Target Participants | Participants Registered | Seats Remaining |
|---|---|---|---|---|---|---|---|---|---|
| SF-01 | System Features and System Interoperability | 09/09/2013 | 9:00 a.m. | 10:30 a.m. | 1.5 hrs | Temporary Project Facility | 30 | 16 | 14 |
| SF-02 | System Features and System Interoperability | 09/17/2013 | 1:00 p.m. | 2:30 p.m. | 1.5 hrs | Temporary Project Facility | 30 | 20 | 10 |
| PO-02 | Process and Operations | 09/11/2013 | 9:00 a.m. | 10:30 a.m. | 1.5 hrs | Temporary Project Facility | 25 | 22 | 3 |
| PO-02 | Process and Operations | 09/19/2013 | 2:30 p.m. | 4:00 p.m. | 1.5 hrs | Temporary Project Facility | 25 | | |
| R-01 | Reporting | 09/17/2013 | 10:30 a.m. | 12:00 p.m. | 1.5 hrs | Temporary Project Facility | 30 | | |

*Figure 10 - 7. Our Knowledge Transfer Schedule provides both an "at-a-glance" and detailed view of planned knowledge transfer sessions.*

**Specific Knowledge Transfer Schedule Requirements**
We work collaboratively with the Department in developing our Knowledge Transfer Schedule. Our schedule for Operations aligns with defined Department requirements. Table 10 - 3 indicates our acknowledgement of these requirements.

| Operations Phase Knowledge Transfer Schedule Requirements | Acknowledgement |
|---|---|
| Maintain ongoing knowledge transfer schedule for Professional Services contractors and the Department Staff | ✓ |
| Provide ongoing knowledge transfer sessions throughout operations phase for new staff or staff that change positions | ✓ |
| Schedule knowledge transfer facility use with the Department and IME units | ✓ |
| Schedule knowledge transfer sessions between the hours of 9:00 a.m. and 4:00 p.m. CST | ✓ |
| Schedule knowledge transfer sessions for business days, excluding state holidays | ✓ |
| Provide knowledge transfer materials for session attendees | ✓ |

*Table 10 - 3. Our knowledge transfer schedule provides an up-to-date view of knowledge transfer sessions planned and completed.*

## Knowledge Transfer Evaluation and Continuous Improvement

Our knowledge transfer approach includes a mechanism to assess knowledge transfer progress. In our approach, we conduct both formal assessments and provide knowledge recipients the ability to measure their own progress.

We gather feedback from knowledge transfer recipients on the appropriateness of session content, duration, and delivery method; effectiveness of instructor (for instructor-led sessions); and knowledge and skills gained. We capture this feedback through the following methods using our online survey tool:

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

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

We use the results from our evaluation tool as shown in Figure 10 - 8 to identify opportunities to improve our knowledge transfer materials, delivery methods, and instructor effectiveness.

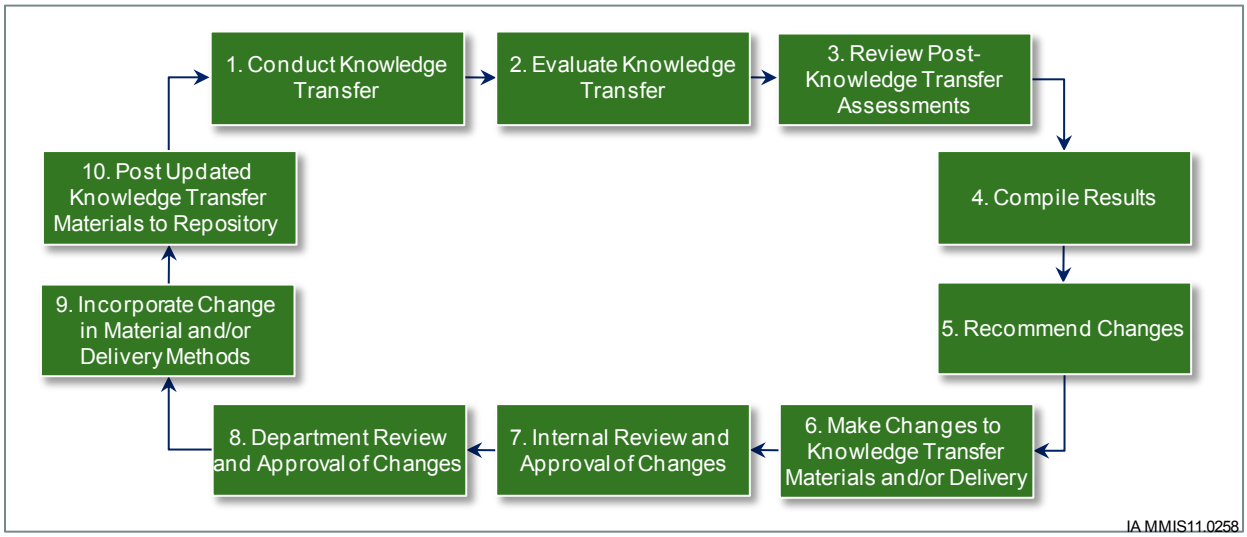



*Figure 10 - 8. Accenture's knowledge transfer evaluation processes facilitate encourage communication of ideas continuous improvements.*

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

Our knowledge transfer approach uses the information from the assessments and project execution progress to assess periodically the MAPs for the IME System Services Project. Our trainer, with assistance from mentors and subject matter experts, reviews and tailors the MAPs to focus on specific roles with the goal of providing the appropriate levels of information to keep MAPs current as changes or modifications are made to the IME MMIS. As a team, we monitor MAPs on a quarterly basis.

## Knowledge Transfer Progress Reporting

We create and submit a Knowledge Transfer Report during the Operations Phase within 10 business days of completion of the knowledge transfer session. This report allows the Department to monitor our progress in meeting agreed upon goals and objectives defined in our Knowledge Transfer Plan. The Knowledge Transfer Report includes metrics and information on:

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

For more information on our Knowledge Transfer, see Section 8.3.2.4 Knowledge Transfer Activities.

## Technical Assistance

It is the responsibility of the Core MMIS contractor to provide technical assistance for MMIS related issues; such as availability of the system, system access and user notifications as system changes are implemented.

The Accenture Team provides necessary technical assistance for IME MMIS related issues. We bring a strong team that combined provides deep experience and expertise in Iowa Medicaid, MMIS and claims processing solutions, and SOA-based solutions.

Accenture focuses on transition at the start of the project to provide the Department a seamless transition to production operations. To facilitate this focus, members of the Support Team are involved in the project from the very beginning, serving in roles that help configure and implement the IME MMIS solution. This team also participates in knowledge transfer activities, such as job shadowing, role sharing, and formal knowledge transfer sessions as described in the previous section.

**We help our clients to increase value from IT investments while reducing total cost of ownership**

- 20 years application outsourcing experience
- 600+ application outsourcing clients
- Over 40,000 dedicated application outsourcing professionals
- Deep experience in more than 30 industries
- Fortune names Accenture America's most admired IT services company for the third year in a row
- Accenture ranked as Top Service Provider by InformationWeek. #1 Overall and top ranked in every category measured including:
  - #1 in Range of Service Offerings
  - #1 in Reliability
  - #1 in Vertical Industry Knowledge
  - #1 in Cost/Value
  - #1 in Innovation

## Production Technical Operations

Accenture provides onsite post-implementation maintenance and support throughout the operations phase. This support covers all technologies in the IME MMIS. We begin full production support after the IME MMIS final production cutover. Accenture resources co-located in the same building as the IME and supporting contractors provide technical and functional support for user reported and system problems. This encompasses the following activities:

- Manages and provides application support for the production components of the IME MMIS
- Manages and performs system testing for items requiring a system change to confirm system availability
- Coordinates or updates training materials to reflect system changes to resolve incidents or problems
- Provides advisory support on organization change management impacts
- Helps confirm any changes to the production environment are reflected as required in ongoing development (i.e. migration and change control)
- Manage relationships with IME MMIS software vendors and any third party software vendors

## Production Technical Operations Approach

Accenture has implemented numerous post implementation support solutions for IT system implementations. We focus from the beginning of the project on knowledge transfer and skills building for the eventual complete transition of IME MMIS support responsibility to the Department.

Our solution allows the Department to benefit from Accenture's Delivery Suite toolsets and Accenture Delivery Methodology, which provides field-tested practices to distribute work and operate with consistent outstanding results. The common methodologies, tools, architectures and metrics of the Accenture Delivery Suite unify the team.

Accenture's Technical Operations solution employs a number of key principles to add value to the IME:

- Use and extend current operating and governance model that forms the foundation of the managed service
- Develop an integrated approach towards application maintenance, resulting in comprehensive solutions supported by common processes, tools, infrastructure, and management
- Establish the framework and support for ongoing Continuous Improvements as capacity allows as part of the commitment to delivery excellence.

Accenture's scope of services for Production Maintenance and Support of the MMIS is described in detail below.

## *Batch Monitoring*

Accenture deploys a batching monitoring tool/process during the Implementation Phase. This tool signals positive confirmation of batch completion and identifies or escalates any batch anomalies. In the event of a batch anomaly or failure, Accenture support staff is notified via system alert to address the problem. Accenture establishes the notification process to address normal work hours and after hours support.

## *Break/Fix Support*

Accenture provides Level 2 and Level 3 Support as part of break/fix support. The team manages cases to completion.

### *Level 2 Support (L2)*

- Support to resolve service requests that cannot be resolved by Level 1
- Accept and triage inbound incidents, problem calls, emails and log cases through integration with the Department's Help Desk
- Acknowledge receipt of the incident
- Provide issue resolution for incidents that do not require code changes
- Implement workarounds as needed until permanent fix can be implemented by Level 3
- Provide configuration, account management, application profile setting, database/application monitoring and availability management

### *Level 3 Support (L3)*

- Provide deep and specialized skills to resolve application, interface, report or data-related issues that require a change to the associated base-code/configuration
- Perform Bug-fixes that are passed to Level 3 for support

## *Integration Testing*

Accenture performs integration testing for break/fix changes. We apply our test planning approach to integration testing. We customize the integration test cases for unique business and system requirements. The system testing occurs using the Conversion Testing environment.

## *Migration and Change Control*

Services include the facilitation of the migration of objects from development through production, including the planning, approvals, version control, documentation and validation of changes as they advance through the system development lifecycle.

## *Training Materials Updates*

Services include updates to existing training materials for changes our team makes to the system. Updates for changes made as part of enhancements are included part of our maintenance process.

### *Technical Support / DBA Administration*

Accenture provides application technical support to assist in the identification and resolution of technical issues. This support includes the following:

- Managing technology problems
- Managing the standard non-production operating environment, including the technical architecture
- Trouble shooting infrastructure issues that impact the in-scope software
- Database administration ('Logical')
  - Maintain database schema
  - Maintain application objects (tables, indexes, views, etc.)
  - Assist with tuning and troubleshooting database issues
- Development environment technical support
- Performing technical administrative functions
- Periodic environment/database refreshes
- Code promotion to base environments (i.e. Migrations)

### *Release Management*

Release Management guides the implementation of software releases into testing, staging and development environments. Our experience is that this is a critical part of ensuring enhancements and fixes are implemented into production with the least impact to users as possible. The Release Management process includes:

- Release scheduling
- Release planning with business and technical communities
- Contingency planning
- Communication linkage to change management process
- Implementation

## Production Support Structure

We begin developing the initial production support structure during the due diligence phase of the IME MMIS implementation. We expand and refine the support structure to address the confirmed scope of the implementation and the broader support needs as the IME MMIS is implemented.

Accenture's support structure is based on a three-tier structure that helps promote effective management at Strategic, Tactical and Operational levels of the relationship.

- **Strategic** - At an executive management level, we can maintain and develop the relationship, resolve major issues, set direction and approve strategic changes. This relates to the leadership and governance function in the governance model. This team is comprised of executive leadership and governance members from both the Department and the Accenture Team.
- **Tactical** - Through a series of key relationships and regular review meetings, we are able to determine if progress is being made according to the overall objectives of the arrangement. This team measures the service level commitments, focuses on escalation and demand management (resource availability), and provides the framework for seamless communication between the Department and the Accenture Team.
- **Operational -** We are able to work day-to-day to deliver services and respond to requests, problems and queries in line with our service agreements. Some of the areas of focus of this team are - quality, project management, and day-to-day meetings. This team comprises members of the service delivery leadership and key project and operational team members.

At the strategic level, we coordinate with the Department Steering Committee. Our tactical level of governance collaborates with the IME Project Management Office (PMO). At the operational level, we coordinate with the Department's IME professional services contractors and the state-run Data Warehouse/Decision Support Team to resolve operational issues.

The three governance levels form the various checkpoints in our escalation process. The requirements for all levels in our governance structure are similar. Each has:

- A single point of contact
- Clearly defined roles and responsibilities
- Clearly defined structure for interaction that is simple but flexible (e.g., scheduled meetings, status reports)

## Fully Operational Acknowledgments

The Department's intent is to have the Iowa Medicaid Enterprise, including the MMIS and POS fully operational on October 1, 2014 or a later date set by the Department. Fully operational is defined as having the MMIS and the POS established and operational with five years of claim data online; processing correctly all claim types, claims adjustments and other financial transactions; maintaining all system files; producing all required reports; meeting all system specifications; supporting all required interfaces, paying all provider types and performing all other contractor responsibilities specified in the RFP.

Compliance with October 1, 2014 is critical to the Department's interest. Therefore all contractors are potentially subject to damages to the extent their failure to meet the operations start date prevented the IME from becoming operational on the specified start date. The contractors' capability to meet this date will be determined by the Department following the conclusion of the MMIS Implementation.

Accenture acknowledges and understands the Department's intent to have the MMIS fully operational by October 1, 2014. One of the most critical objectives of the IME MMIS solution is to receive maximum Federal Fund Participation (FFP) through CMS Certification of the IME MMIS. IME contractors must work in unison to achieve the October 1st date, or later date set by the Department.

To deliver on that requirement, we developed our Project Work Plan and Staffing Management Plan to complete implementation activities on September 30, 2014 and be fully operational on the October 1st date. To verify the feasibility of completing project activities on time using our proposed staffing model, we developed our Project Work Plan at a level of detail that considers the orchestration of activities across people, processes and technologies that have to be in place at IME MMIS go-live. We also developed our plan using our ADM estimators and estimating process that includes multiple Subject Matter Advisor reviews as described in Section 8.2.3.9 to provide a sense of confidence that our plan is comprehensive and achievable.

Accenture understands the Department's definition of fully operational means completion of all data conversion and reconciliation activities, User Acceptance Testing, and Operational Readiness Testing, with operations and technical support staff trained, able to perform their jobs, and outfitted with the necessary equipment. Fully operational includes:

- Five years of claims data online
- Accurate processing of applicable claim types, adjustments and financial transactions
- Production of required reports
- Support for required interfaces
- System specifications met
- Payments to applicable provider types, and
- Performance of other applicable responsibilities of Accenture

Accenture acknowledges the criticality of the October 1, 2014 date and that Accenture may be potentially subject to damages to the extent our failure to meet the operations start date prevented the IME from becoming operational on the specified start date.

## 10.1.1 Minimum Numbers of Categorized Staff (8.1.1)

The contractor must supply the staff described in this section. The contractor must maintain the number and qualifications of this staff for the operations phase.

a. Systems Management Staff - Sufficient staff to perform rules engine and benefit plan maintenance and as required to maintain all other system modules. Qualifications require a Bachelor's Degree and two years experience in the application to which the individual is assigned. Experience can be substituted for the Bachelor's Degree on a year-for-year basis

b. Claims Supervisor – Supervises categorized staff assigned to management of claims business activities. Qualifications require a Bachelor's Degree and five years experience in medical claims processing. Experience can be substituted for the Bachelor's Degree on a year-for-year basis

c. Three Quality Assurance (QA) Support Personnel Assist in QA activities. Qualifications require a High School diploma and three years Medicaid or health care quality assurance support experience

Accenture has a long history of providing business operations and systems maintenance services for clients in the healthcare industry. Our experience includes supporting e-commerce and administrative applications for Health Alliance Plan (HAP), southeastern Michigan's largest managed-care plan, with $1.7 billion in revenues, 790 employees and approximately 500,000 members. We have also maintained over 300 applications for the Texas Medicaid and Healthcare Partnership (TMHP) Project that is responsible for claims edits, audits, approval and rejection of approximately $13 billion worth of Medicaid claims per year. Our proposed key personnel for the IME System Services Project include members of this TMHP Team.

We developed our staffing plan and proposed organization chart for the Operations Phase of the IME System Services Project based on RFP requirements and our experience with similar operations scope. This proposed organization is displayed below in Figure 10 - 9.

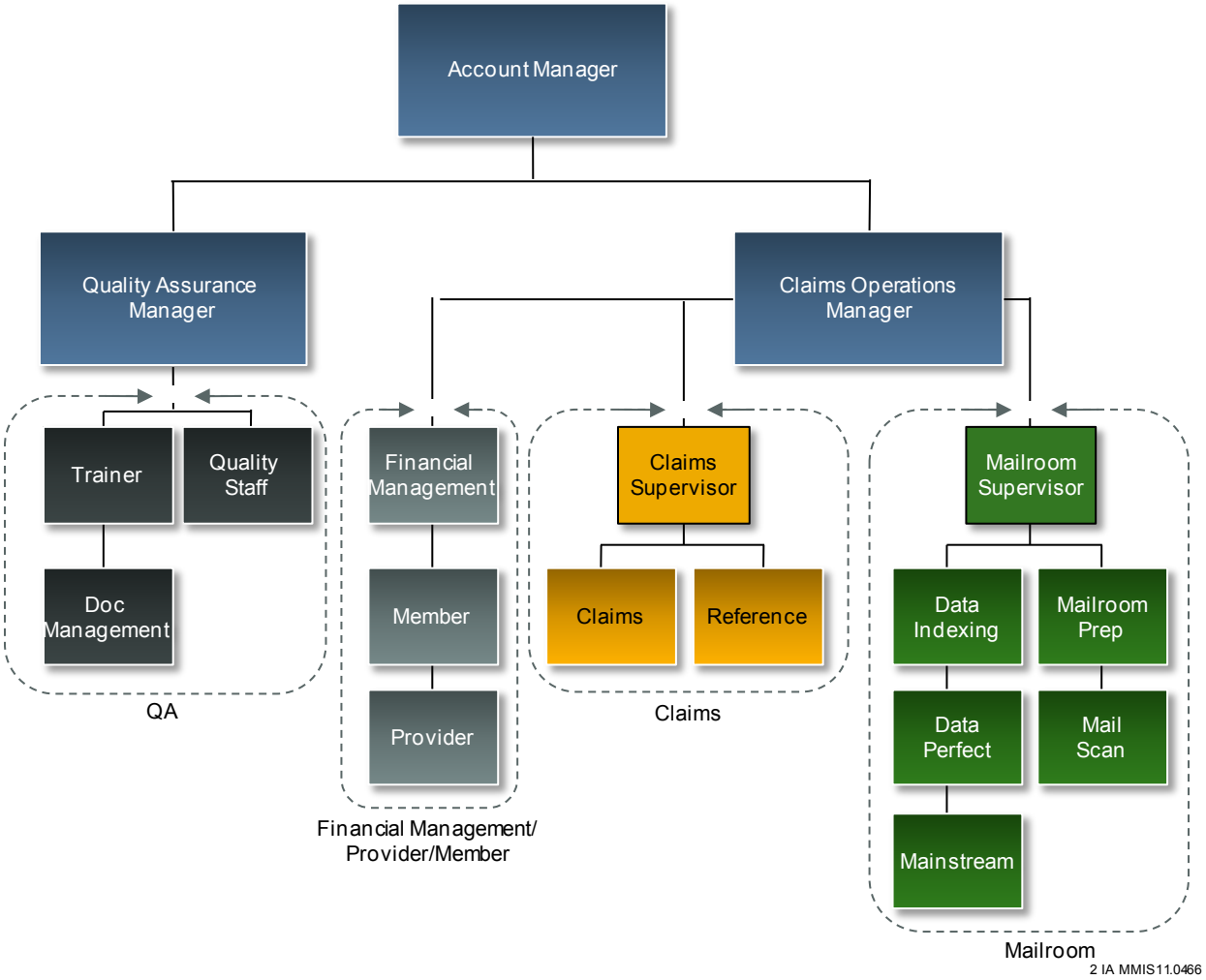



*Figure 10 - 9. We bring a qualified team to the Department to support IME MMIS Operations critical to the Department's mission to help individuals and families in the State of Iowa.*

We bring talented and experienced staff to fill the identified roles for the Department. Our staff meets all contractual requirements for the positions in which they serve.

## Systems Management Staff

We provide the Systems Management staff with responsibility for system maintenance and ongoing configuration/modification of the APHP and the integrated software components of which it is comprised. The systems management staff is responsible for system and application configuration, rules engine and benefit plan maintenance, database administration, technical services, computer operations, and technical writer management activities. The Accenture Team has the right people who are competent and highly motivated to support the IME and the Systems Management Staff requirements.

Systems Management staff possess at a minimum a Bachelor's Degree or commensurate experience on a year-for-year basis and at least two years experience related to the application or applications to which they are assigned. These professional standards are necessary because the Systems Management staff coordinate with the Department to provide computerized business solutions through the application of technical and business knowledge; recommend technical processes and product improvements to the

IME; perform direct configuration changes to the system; maintain and test backup and disaster recovery plans; and review system policies and procedures to confirm data accuracy.

| Position / Role | Responsibilities |
|---|---|
| **Technical Analyst** | • Use techniques such as structured and network analysis and modeling to allow for optimal performance and plan system updates as needed<br>• Maintain system components with specific focus on EDMS, OCR and workflow<br>• Develop system requirements for change requests<br>• Determine procedures, processes, and data models needed to meet Core MMIS needs<br>• Research and analysis of upgrades to system hardware/software<br>• Troubleshoot and correct system problems<br>• Discuss system issues with management<br>• Provide reports on system performance and recommendations for improvements<br>• Support special projects as necessary |
| **Business Analyst** | • Work with users and team member to define business requirements<br>• Liaison with users to define information needed for design, development, and implementation of changes and enhancements<br>• Coordinate deliverable or work product reviews<br>• Support PMO projects and follow standards and procedures<br>• Work with PMO and users to coordinate change requests<br>• Assist in troubleshooting issues and problem solving and communicate to users<br>• Assist in training staff on operations, processes, and procedures<br>• Support testing and release activities including reviewing test plans and test cases<br>• Report on activities |
| **Network Technical Analyst** | • Review all performance measurements on a continual basis to confirm network throughput meets requirements<br>• Implement projects to enhance or upgrade network architecture as needed<br>• Research and recommend new network tools<br>• Perform regular system upgrades and maintenance<br>• Document all network requirements and update documentation as needed<br>• Support Electronic Data Interchange (EDI) Unit with troubleshooting and issues<br>• Research and resolve provider connectivity problems and questions<br>• Support programming and business functional teams with issues and problems |
| **Programmer/Analyst** | • Participate in requirements and design activities<br>• Perform analysis of requirements/design and determine configuration and/or coding specifications<br>• Configure or code software<br>• Participate in software unit testing<br>• Participate in software code walkthroughs<br>• Develop test plans and test cases<br>• Assist in system and integration testing<br>• Correct discrepancies and defects found during testing |
| **System Support A** | • Run batch and other jobs as scheduled<br>• Monitor system performance and work with Systems Group to adjust as needed<br>• Install regular upgrades to software and hardware<br>• Coordinate testing of system upgrades<br>• Research system questions and issues |

| Position / Role | Responsibilities |
|---|---|
| **System Support B** | • Provide level 1 help desk support to Accenture and IME staff<br>• Support system access issues such as password re-sets<br>• Support testing activities |

*Table 10 - 4. Systems Management Staff Roles and Responsibilities.*

## Claims Supervisor

Our Claims Supervisor meets or exceeds the Department's requirement for a Bachelor's Degree or experience on a year-for-year basis and a minimum of five years medical claim experience. We view this position as critical to the acceptance of the APHP system at the internal user level. The Claims Supervisor is the bridge assisting IME staff used to working on the current MMIS system transition to the new IME MMIS.

We provide a Claims Supervisor who is responsible for the prompt and accurate processing of claims within contractual guidelines; developing, implementing, administering, and improving claims policies and procedures; managing the administration of operational functions; preparing required processing reports and statistics; and maintaining acceptable levels of production and quality measures. The Claims Supervisor manages Claims Operations personnel responsible for performing claims processing activities including mailroom, imaging/OCR, data entry, file maintenance, claims resolution, adjustments/voids, EDI, TPL, and archives. In addition and critical to the success of the IME, the Claims Supervisor is responsible for working with counterparts across other supporting IME Professional Services Contractors to resolve issues and identify continuous improvement opportunities.

| Position / Role | Responsibilities |
|---|---|
| **Claims Supervisor** | • Oversee the activities of the Claims Operations team<br>• Provide accurate workload reports to the manager on a timely basis<br>• Monitor and confirm goals are met per guidelines<br>• Confirm staff members receive necessary training<br>• Confirm all documentation is current, correct, and available to all team members<br>• Coordinate with Quality Assurance personnel in the performance of their duties<br>• Collaborate with Quality Assurance personnel to design and implement process improvements |

*Table 10 - 5. Claims Supervisor Roles and Responsibilities.*

## Quality Assurance Support Personnel

Quality is the foundation of a high performing operations team which strives to exceed performance standards and focus on continuous improvements. We provide three Quality Assurance (QA) support personnel to assist the QA Manager. Our QA Team is responsible for performing auditing and review activities to monitor and measure performance accuracy, process efficiency, productivity, and meeting performance requirements. The QA Team also supports the Department during the CMS Certification of the IME MMIS.

In addition to performing quality control audits, the QA Team staff proactively initiates process improvements to support Department initiatives and IME MMIS improvement goals, often leading teams of IME staff in analyzing processes, defining root causes, and developing solutions and improvement plans.

The nature of this position requires the QA Staff to possess at least a high school diploma and three years of healthcare related quality assurance support experience, preferably in Medicaid. QA staff is

trained on program and role-specific functions, with continuing education and professional development to continuously enhance their capabilities.

| Position / Role | Responsibilities |
|---|---|
| **Quality Analyst** | • Conduct quality review checks on frontline operational staff<br>• Conduct regular reviews of documents in electronic repository including operational procedures and other materials to confirm all are up to date and correct<br>• Assist with development of process review procedures and measures for incorporation into Quality Management Plan<br>• Document and report findings to appropriate management<br>• Provide feedback to staff on quality outcomes<br>• Participate in peer reviews and walkthroughs<br>• Perform review of provider training and outreach materials<br>• Recommend training courses to staff that may need a refresher<br>• Recommend process improvement initiatives to management |
| **Quality Specialist** | • Be the liaison to the Change Management process to confirm systems management activities are adhering to established standards, processes, and guidelines<br>• Review deliverables and work products prior to submission to Department to confirm they meet standards<br>• Monitor the configuration management database and documentation repository to confirm it is kept up to date and maintained according to procedures<br>• Monitor project work plans and statuses on a regular basis to confirm activities are on track<br>• Review any needed CAPs and monitor the status through completion<br>• Recommend improvements to quality initiatives and performance monitoring<br>• Perform review of updated system manuals and documentation<br>• Perform review of provider training and outreach materials<br>• Participate in peer reviews and walkthroughs<br>• Assist with development of Quality Management Plan and performance measurements and metrics<br>• Produce reports discussing activities as needed |
| **Security Officer** | • Develop specific security plan and disaster recovery plans/procedures for Iowa Medicaid Core MMIS project to confirm compliance with local, state and federal laws, standards and regulations.<br>• Develop and maintain Health Insurance Portability and Accountability Act (HIPAA) and privacy training materials<br>• Provide training on security and privacy<br>• Confirm HIPAA policies and procedures for handling protected health information are followed<br>• Conduct audits related to security compliance<br>• Responsible for the development and maintenance of policies, procedures, standards, awareness and training, identification and review of the Core MMIS security infrastructure<br>• Develop and execute corrective action plans as needed<br>• Research incident reports and possible security breaches |

*Table 10 - 6. Quality Assurance Team Roles and Responsibilities.*

## 10.1.2 Internal Quality Assurance (8.1.2)

The contractor is responsible for monitoring its operations to ensure compliance with Department specified performance requirements. A foundation element of the contractor quality assurance function will be to provide continuous workflow improvement in the overall system and contractor operations. The contractor will work with the Department to identify quality improvement measures that will have a positive impact on the overall program. The quality assurance function includes providing automated reports of operational activities, quality control sampling of specific transactions and ongoing workflow analysis to determine improvements needed to ensure the contractor not only meets the performance requirements for its operational area, but also identifies and implements improvements to its operations on an ongoing basis.

**Using the Accenture Team's Operational Excellence framework, based on Capability Maturity Model Integration (CMMI) and Lean Six Sigma methodologies, we continuously monitor and control processes, enhance system quality, and improve the Iowa Medicaid Program's performance and service delivery.**

**The Accenture Team is committed to quality assurance, performance monitoring, and operational excellence.**

- The Accenture Team's North America Health and Public Services organization is independently assessed at CMMI Level 4 and leverages the continuous improvement best practices in that designation
- Our Global Operating Groups, including Health and Public Service, are ISO 9001:2008 certified by the British Standards Institution (BSI), who audits our Quality Management System three times per year to confirm continuing compliance to the ISO 9001 standard.
- #1 ranked company in Global Outsourcing 100 by the International Association of Outsourcing Professionals.
- The Accenture Team's delivery approach has achieved the following results on prior Healthcare and Service Oriented Architecture projects:
  - Reduced development schedules by up to 30- 40%.
  - Increased productivity with a median gain of 35% per year.
  - Reduced rework up to 80% by proactively conducting product quality reviews.

A foundation element of our quality assurance function is to provide continuous workflow improvement to the overall IME MMIS system and operations. In order to execute and continuously improve its Medicaid business, the Iowa Medicaid Enterprise (IME) needs a system integrator and Service Delivery operations team that brings industry-recognized and field-tested quality assurance processes to the IME. The Accenture Team has achieved optimal performance results in complex initiatives spanning a wide array of industries, including Healthcare. Our approach combines continuous, in-line quality steps, post-execution statistical sampling, and periodic quality assurance audits to deliver superior results.

The Accenture Team's proprietary Operational Excellence practice and methods consist of seven principles focusing on ongoing quality and control of business processes, which we incorporate into our Quality Management Plan. Our strict focus on quality is prevalent in every level of operations and enables proactive identification of improvements.

We employ the following seven principles, described in Table 10 - 7, to foster a culture of ongoing improvement and efficiency into the services we provide to the Department, and in turn to the populations the Department serves.

| OE Practice | Definition | Benefits |
|---|---|---|
| Process Documentation | Defines and simplifies the process; Sustain a high degree of process compliance | • Reduce cycle time by eliminating non-value-added work and unnecessary rework through simplification of the process.<br>• Drives consistent execution and process stability. |
| Process Risk | Identify and address | • Lower risk of process failure (improved cost by reducing work). |

| OE Practice | Definition | Benefits |
|---|---|---|
| Management | potential process failures that can be monitored, prevented or controlled | • Lower risk of being surprised by process failure, which enables proactive management of customer expectations.<br>• Response plans equip process operators to implement pre-defined solutions without delay. |
| Process Metrics | Define and implement process metrics, data collection processes, and reporting tools to monitor process performance | • Enables a comprehensive understanding of process performance and focus on key operational levers.<br>• Equips us to effectively manage our service delivery operations through improved decision making.<br>• Enables identification and prioritization process improvement opportunities. |
| Process Control | Implement control mechanisms to ensure that processes are meeting defined standards | • Provides for predictable performance.<br>• Equips us to manage change effectively and establish stability in a new situation.<br>• Enables early detection: identifying a potential problem prior to it becoming a problem, prompting proactive efforts.<br>• Common Process Change Control and Review Procedures. |
| Process Stability | Implement control charts to reduce and monitor assignable sources of process variation | • Provides essential basis from which to achieve and maintain predictability and repeatability.<br>• Enables sustainable process improvement.<br>• Identifies and separates problems with process execution from problems with process design.<br>• Drives focus to and improvement of problems with process execution. |
| Visual Management | Manage process performance through the use of prominently displayed process standards and scorecards | • Improved workplace productivity and communication.<br>• Encourages process compliance.<br>• Enables quick response to changing demands on the workforce.<br>• Provides clear line of sight for the workforce to see the impact of their activities on the process outputs. |
| Management Operating System | Establish and conduct routine meetings and processes for reviewing performance, managing work, and assigning actions for daily operations and process improvement | • Sets priorities and expectations for operations teams.<br>• Drives coordination and accountability for performance through routine, consistent follow-up.<br>• Performance is discussed every day and tasks are assigned to appropriate role.<br>• Sets cadence for communication, discussion and issue resolution. |

*Table 10 - 7. The Accenture Team's Operational Excellence approach enables high quality delivery of service reducing risk and enabling continuous improvement for IME.*

These practices are governed and maintained centrally across every operation by our dedicated team of six-sigma black belt professionals focused on Operational Excellence and documentation consistency and controls. Having this overarching governing body provides lessons, best practices, and other benefits from our global service delivery organization into the IME System Services Project. The methodology begins with the definition and documentation of standard processes using the Suppliers - Inputs - Process - Outputs - Customers (SIPOC) template and Responsible - Accountable - Supportive - Consulted - Informed (RASCI) model:

- **SIPOC**: Provides a template for defining a process before beginning to map, measure, or improve that process. It is vital to build a high level understanding of a process, its scope and boundaries. It provides a structured way to discuss the process and obtain consensus of the stakeholders prior to developing process maps. The entities involved in this high-level picture are defined as follows:
  - S = Suppliers - Provide inputs to the process.

- I = Inputs - Define the material, service and/or information that is used by the process to produce the outputs.
- P = Process - Define sequence of activities, usually adds value to inputs to produce outputs for the customer.
- O = Outputs - Products, services and/or information that are valuable to the customer.
- C = Customers - The end users of the outputs produced by the process.

- **RASCI**: Used to identify the roles and responsibilities for each step in a process. For each step, we define the following:
  - R = Responsible - The individual who is ultimately responsible for delivering the successful result of the process.
  - A = Accountable - The individual or group that has accountability and authority. Those Responsible are Accountable to this individual or group.
  - S = Supportive - The individual or group needed to perform the essential activities of the process.
  - C = Consulted - The individual or group whose input adds value and is necessary for successful completion of the process.
  - I = Informed - The individual or group that need to be notified of results or actions taken, but do not require involvement in the decision-making process.

Using SIPOC, RASCI standard work instructions, and process maps, we establish target metrics for all processes. These targets serve as a guide to drive greater stability in the overall process.

The Accenture Team also uses Operational Excellence Events, shown in Figure 10 - 10 to perform Failure Mode Effects Analysis (FMEA) and other methods to continuously manage risk of process non-compliance. Visual management tools provide our operation managers clear visibility to the current state of the operations.

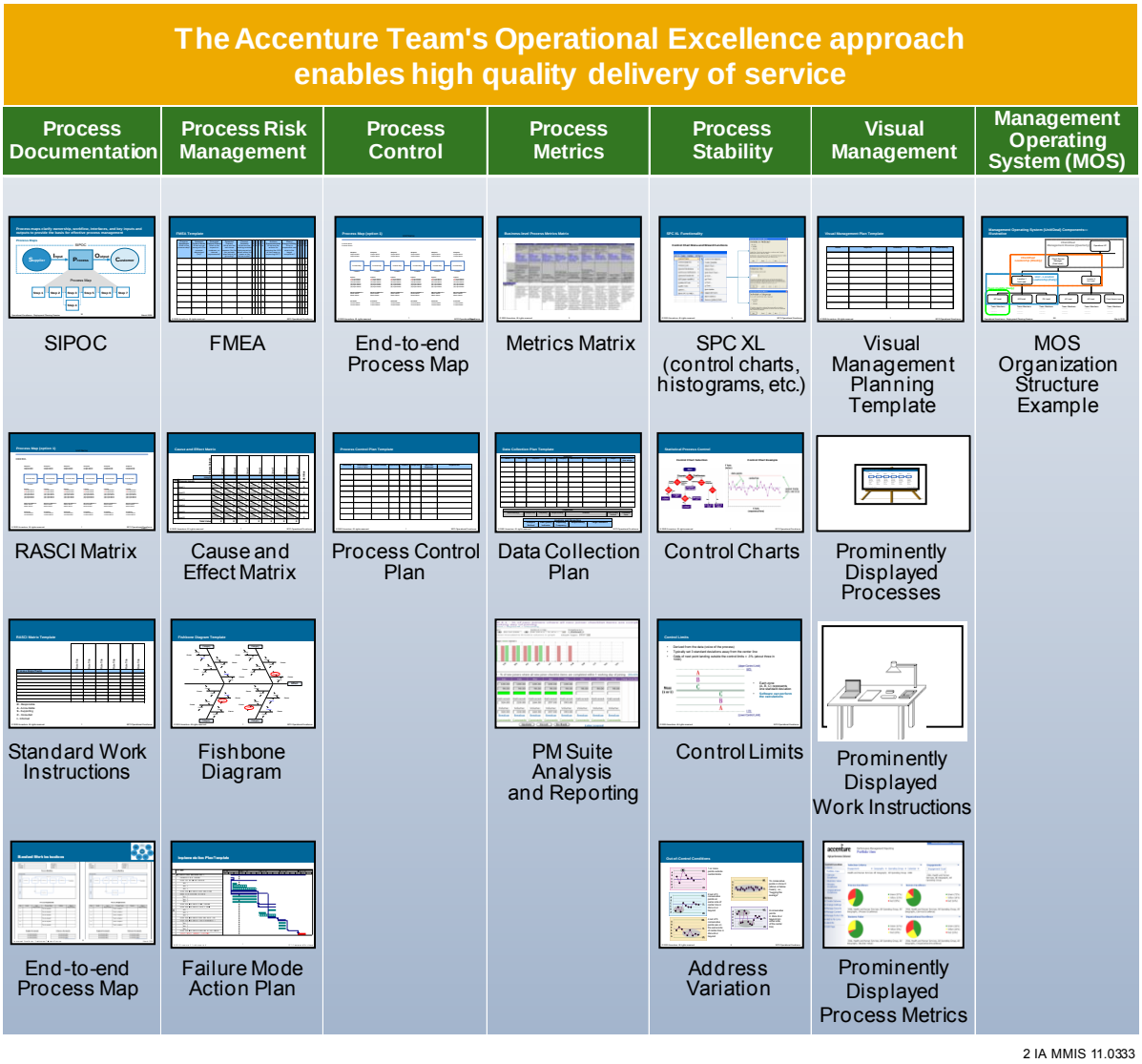



*Figure 10 - 10. The Accenture Team's Operational Excellence approach enables high quality deliver of service.*

Offline controls include standard claims quality monitoring and reporting via a post processing random sample audit to measure items such as system defects, claim processing accuracy, payment accuracy, and financial accuracy. We record the results of the audits to processors and implement a feedback loop that ties to the processor's performance and compensation. Processors are audited on a tiered rating system, meaning that if they are found to have a higher error rate, they are subjected to more random sampling audits than a processor with a lower error rate. As corrective action plans are implemented and analyzed, if the processor error rate improves, they move down a tier and are not subjected to as much review. This allows the Quality Assurance (QA) team to target their focus on areas needing immediate improvement. We also identify systemic issues or opportunities that may exist in the operations.

We work with the Department to identify quality improvement measures that would have a positive impact on the overall program. On a quarterly basis, the Accenture Quality Assurance Director (QAD) assigned to the IME System Services Project conducts an Internal Quality Review. This review consists of internal

interviews, observations, and Department interviews to garner direct feedback on the results we are delivering for the Department. Results of these interviews are documented in our standard Quality Assurance and Risk Management tool and all issues/action items are tracked to completion by target date.

Ultimately, these methods serve the purpose of improving accuracy and quality, meeting both state and federal mandates, and supporting future goals. The QA Team organization, as shown inFigure 10 - 11, brings these tools and processes together to define, measure, analyze, improve, and control quality assurance within the IME System Services Project.

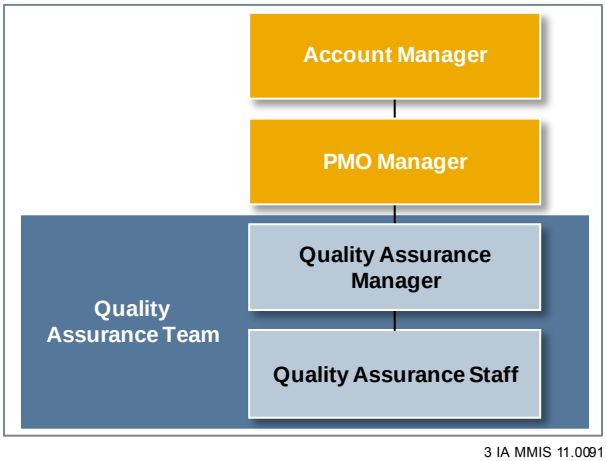



*Figure 10 - 11. The Accenture Team focuses on building in quality, not inspecting in quality.*

The Accenture Team stands ready to support the Department by:

- Meeting the Department's quality assurance requirements and performance levels through effective management of all performance improvement initiatives.
- Continuously measuring quality through reviewing and tracking work products and following process standards.
- Supporting the Department in on-going quality improvement measures by providing the appropriate tools, assessment processes, and reporting metrics.

The Accenture Team's goal for quality assurance and workflow improvement is to proactively identify potential operational risks or inefficiencies and implement solutions. To accomplish this goal, we build upon a variety of time-tested methods to achieve optimal results. Through quantitative measurement and our dedication to quality assurance, and continual workflow and process improvement, we meet the Department's quality assurance requirements and goals.

During the development of processes we perform, we use Failure Mode Effects Analysis (FMEA). This activity is a structured approach to identifying the possible failures points in a process. Failure Modes are defined as the ways, or modes, in which a process could fail. Failures are errors or defects, and can be actual or potential.

Effects Analysis refers to analyzing the consequences of the failure modes. Failures are prioritized relative to the severity, frequency and ease of detection. The end result of the analysis is the identification of actions to be taken to eliminate or at least reduce failures, beginning with the highest priorities. The documented analysis provides the starting point for continuous process improvement.

Using the criteria established through collaboration with the Department, the inquiry and reporting capabilities of APHP provides easy access to transactional and other system metrics through operational

dashboards as shown in Figure 10 - 12. APHP generates reports and publishes samples of electronic and hard copy claims and transactions that are readily accessible for review by our QA Team or the Department.

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*Figure 10 - 12. The QA Team constantly monitors the metrics necessary to promote Operational Excellence.*

The QA Team works constantly to address root cause process issues to prevent repeatable errors and continually improve the efficiencies and effectiveness of the services we provide. Our ongoing quality review processes identify potential errors early on and implements preventative measures, and process and workflow improvements. We provide transparency into any corrective actions requested by the Department.

### 10.1.2.1 State Responsibilities (8.1.2.1)

The Department is responsible for the following contractor internal quality assurance functions:
a. Consult with the contractor on quality improvement measures and determination of areas to be reviewed.
b. Monitor the contractor's performance of all contractor responsibilities.
c. Review and approve proposed corrective action(s) taken by the contractor.
d. Monitor corrective actions taken by the contractor.

The Accenture Team acknowledges the Department responsibilities as shown in Table 10 - 8, and provides the staff, tools and transparency necessary for the Department to meet them.

| 8.1.2.1 Internal Quality Assurance - State Responsibilities | Acknowledgement |
|---|---|
| Consult with the contractor on quality improvement measures and determination of areas to be reviewed. | ✓ |
| Monitor the contractor's performance of all contractor responsibilities. | ✓ |
| Review and approve proposed corrective action(s) taken by the contractor. | ✓ |
| Monitor corrective actions taken by the contractor. | ✓ |

*Table 10 - 8. The Accenture Team's extensive quality assurance experience provides the Department with a proven reliable team member to deliver on their investment now and in the future.*

### 10.1.2.2 Accenture Responsibilities (8.1.2.2)

The contractor(s) is responsible for the following internal quality assurance functions:
a. Work with the Department to implement a quality plan that is based on proactive improvements rather than retroactive responses.

The Accenture Delivery Method's (ADM) Operational Excellence methodology is the overarching CMMI Level 4 certified set of processes that the Accenture Team adheres to for the delivery of quality services to the Department, and also to the people that the Department serves. The ADM Operational Excellence methodology, including the use of Six Sigma's Define Measure Analyze Improve Control (DMAIC) model, guides the Accenture Team's development of our Quality Management Plan. This plan provides the foundation for proactive improvements through the identification and resolution of issues that may impact the delivery of high quality services to the Department. We work with the department to implement the Quality Management Plan.

The Quality Management Plan is completed in close collaboration with the Department and using the ADM quality management artifacts, guidelines and templates. The plan documents the quality assurance processes, procedures and techniques that we follow to build quality into the work products and operational services provided to the Department.

The Quality Management Plan document addresses internal QA reviews throughout the project phases, verification and validation activities, as well as claims processing QA activities once we go into the Operations Phase. Verification activities provide assurance that the project "built it right" (i.e., that the deliverable or work product conforms to the defined standards). It also provides assurance that the correct processes were followed. Validation provides assurance that we "built the right thing." Specifications are validated to confirm the processes are on track to provide a service and/or solution that meets the agreed upon requirements.

Internal QA reviews are used to verify and/or validate that:
- Stakeholder expectations are being met or exceeded;

- Processes and deliverables/work products comply with program standards and procedures;
- Defects in deliverables/work products are identified and removed early and efficiently;
- CMMI requirements are adhered to;

The outline for the Quality Management Plan is shown in Table 10 - 10. We develop and submit to the Department for approval, a Quality Management Plan tailored with quality assurance procedures suited for the IME System Services Project.

| Accenture Delivery Methods Quality Management Plan – Template outline |
|---|
| 1.0 Introduction<br>1.1 Quality Management Plan Overview |
| 2.0 Roles and Responsibilities |
| 3.0 Quality Management Plan Stakeholders |
| 4.0 Quality Management Plan and/or Process Dependencies |
| 5.0 Verification |
| 6.0 Validation<br>6.1 Validation Approach<br>6.2 Validation Items and Acceptance Criteria |
| 7.0 Quality Review Process |
| 8.0 Execution of Quality Reviews<br>8.1 Peer Review<br>8.1.1 Prepare for Peer Review<br>8.1.2 Conduct Peer Review<br>8.1.3 Perform Necessary Rework<br>8.1.4 Analyze Review Results<br>8.2 Quality Assessments and Coaching<br>8.3 Internal Quality Assurance Review<br>8.4 Deliverable Confirmation Reviews<br>8.5 Operation Quality Assurance Reviews<br>8.6 Transition Reviews |
| 9.0 Milestones |
| 10.0 Measures |
| 11.0 Revision Trail<br>11.1 Approval Control |

*Table 10 - 9. The Quality Management Plan is our comprehensive approach to proactive identification and resolution of issues inhibiting quality services.*

Our Quality Management methodology is comprised of the following components:
- Leadership
- Quality Support
- Process Excellence
- Teamwork
- Customer Quality Management, and
- Results

The following overviews explain each of these components of the ADM Operational Excellence methodology as it relates to the IME System Services Project:

Leadership

The Accenture Team and Department leaders establish a clear vision, implement aligned systems, measurements, and rewards, and establish a proactive environment to achieve quality goals and objectives. In the context of quality assurance, leadership's role includes:

- Creating and reinforcing values and expectations of all stakeholders (customer, employees, suppliers, partners, community, and the public).
- Setting direction and performance excellence goals through strategic and business planning.
- Reviewing overall engagement performance, including customer-related and operational performance, and performance relative to the performance standards.
- Removing barriers.
- Building agreement.

Quality Support

A quality infrastructure monitors and verifies that quality assurance practices are effectively implemented and supported throughout the organization. It includes, but is not limited to, the management and effectiveness of data and information usage to support the Department's success. Our QA Team provides for the Department quality support functions for the IME System Services Project.

Communication

The objective is to communicate the Quality Management Plan to the affected stakeholders, and to report regular status on quality performance. For each audience of quality assurance, artifacts or deliverables identify the key messages, methods, timelines and verification for requesting and communicating status. The Accenture Team builds in question-and-answer sessions, quick surveys, and other activities to increase the effectiveness of its quality assurance activities.

A few of the artifacts and methods to be used for communicating quality related information are:

- Performance reporting.
- Status meetings.
- Orientation, overviews, and training.
- Review of processes/deliverables.
- Review/update expectations.
- Team activities.
- Newsletter(s).
- Feedback process.
- Updates to charts/unit performance barometers.
- Process repositories.
- Project Management portal.

Process Excellence

The key to achieving process excellence is the design, implementation, measurement, and improvement of operational workflow and processes. To effectively manage the processes, two key roles must be in effect: process owners and process doers.

- A process owner is responsible for:
  - The definition, measurement, improvement, and success of a process.
  - Recommending improvements and allocating resources to implement improvements.
  - Monitoring process performance and periodically reporting to senior management the process's success in meeting customer requirements and internal goals.

- A process doer is responsible for:
  - Executing the steps in the defined process.
  - Identifying and posting improvements to the processes in an ideas database, or submitting the improvements as possible "best practices".
  - Understanding the metrics being tracked, collecting process data, and determining how the processes are meeting defined targets.
  - Training new members on the processes.

As the project transitions from Implementation to Operations, our QA Team works with the claims processing owners and doers to manage quality assurance efforts and monitor corrective action plan processes

Teamwork

Teamwork is at the core of our ability to deliver quality and value to our. The Accenture Team uses different techniques to promote teamwork, such as employee satisfaction, education and training, and a recognition process.

- Employee Satisfaction Process
  - Overall employee satisfaction is important to team values. To identify opportunities for improvement and understand whether employees are satisfied with their tasks and their work environment, satisfaction levels are measure and analyzed. Employee satisfaction surveys are conducted on a regular basis, at least once per year.
  - Once the results are tabulated, the Accenture Team reviews the data and develops a process improvement plan for improving substandard areas. This plan ties directly with continuous improvement.

- Quality Education and Training Program
  - Create a training curriculum of initial and ongoing quality practices to inform new team members, and to provide continuous updates to existing team members. Training also outlines the Quality Management Plan in place. Training is conducted during meetings, working sessions and supplemental readings, among others.

- Quality Recognition Program
  - A program recognizing the effort and achievements in quality efforts encourages ongoing participation in quality activities. Both individual and team recognition are considered, preferring to recognize the team, but also the individuals when appropriate.

Customer

The key principle of customer focus must be reflected in all quality assurance activities, with particular attention to the following three elements:

- Identification and management of stakeholder expectations. Clearly defined and agreed on expectations are the core drivers of activities. Since a number of expectations vary over time, we identify activities that focus on maintaining expectations on an ongoing basis.
- Management of the customer relationship. Establish the infrastructure for maintaining the customer relationship. This includes understanding the customer business strategy and aligning processes with this strategy.
- Monitoring customer satisfaction. To assure the objective of customer satisfaction is met, measure satisfaction levels. Perform a Customer Satisfaction Survey process regularly. Once the results are tabulated, management reviews the data and develops a plan for improving substandard areas, if any. This plan ties directly with continuous improvement.

The Department leadership and staff, other state agencies, business partners as well as providers and citizens are the customers for the IME System Services Project and we use our various communication channels to provide and gather information about our efforts.

Results

Quality assurance efforts are continuously adjusted to achieve the objectives of both the Department and the Accenture Team. Business results are divided into three areas: Satisfied Customer, Balanced Growth, and Motivated People. A satisfied customer is measured by assessment results and by our service delivery performance as measured against the performance standards.

Performance by motivated people is measured using employee satisfaction survey results. Human resource indicators, such as safety, absenteeism, and turnover percentage also measure performance.

b. Develop and submit to the Department for approval, a Quality Assurance Plan establishing quality assurance procedures.

We submit the Quality Assurance Plan as part of our Quality Management Plan to the Department for approval and update the Plan as we progress throughout the phases of the project. A critical element of the Accenture Team's quality assurance procedures is the use of Six Sigma's DMAIC model for quality assurance planning and execution. The DMAIC model is used to proactively define the reliable end-to-end process and the Accenture Team's responsibilities for maintaining optimal quality throughout the IME System Services Project as shown in Table 10 - 10.

| DMAIC Cycle for the IME System Services Project | |
|---|---|
| ***DMAIC Step*** | ***Quality Assurance Implementation*** |
| **Define** | • Prior to project implementation, the Accenture QA Team meets with the Department and IME operations leadership including claims processing, call center, and prior authorizations to define the desired process, steps, metrics, and goals for their specific area.<br>• Goals meet contract requirements. |
| **Measure** | • Collect feedback on operational and system performance.<br>• Gather daily, weekly, monthly, quarterly, and annual assessment reports.<br>• Identify risks and take corrective actions promptly to avoid looming issues.<br>• Assess the overall effectiveness of our own Quality Assurance practices.<br>• Create the monthly quality assessment report, which provides collective feedback across operational areas, and allows the Department to remain in-tune with the overall performance trends.<br>• Include the quantitative goals for APHP operations within the monthly assessment report to gauge progress against defined benchmarks.<br>• Update policy and procedure (P&P) manuals as needed to support all contractual requirements. |
| **Analyze** | • Assess possible defects through measured results.<br>• Use root cause analysis and build solutions to rectify these problems efficiently.<br>• Implement a corrective action plan (CAP) with an outlined formula for improvement to resolve problem areas or downward trends.<br>• Submit CAPs to the Department along with the operational quality assessment report for review and approval. |
| **Improve** | • Collaborate with the APHP operational areas to identify changes and set goals improving output.<br>• Drive key opportunities for improving accuracy, timeliness, and customer service levels. |
| **Control** | • Help implement controls and processes to maintain performance improvements. |

*Table 10 - 10. The Accenture Team's use of the Six Sigma DMAIC process provides excellence in quality assurance.*

c. Designate a quality assurance coordinator who is responsible for monitoring the accuracy of the contractor's work and providing liaison between the contractor and the Department regarding contractor performance

The Accenture Team adheres to the ADM quality assurance processes and procedures, including designating a quality assurance (QA) coordinator.

The QA coordinator's primary responsibilities are as follows:

- Act as a liaison between the Accenture Team and the Department regarding our performance.
- Monitor the accuracy of the Accenture Team's work to include:
  - Monitor project execution of quality related activities and ensure adherence of quality standards as specified in the Quality Management Plan.
  - Monitor quality metrics, identify alternatives and corrective actions, and track progress of improvement initiatives.
- Direct quality assurance and expectations management activities and maintain the quality assurance processes and plans.
- Ensure quality assurance tasks are incorporated in the Project Work Plans.
- Oversee the development of Corrective Action Plans (CAP), and then oversee the execution and completion of the CAP.
- Educate all stakeholders on quality management processes documented in the Quality Management Plan.
- Consolidate data from the various quality review activities, and prepare reports based on that data.
- Update the Quality Management Plan as needed.
- Submit quarterly reports of the quality assurance coordinator's activities, findings and corrective actions to the Department
- The QA Team continuously monitors quality and proactively works towards continuous improvements by:
- Providing information from reviewers independent of the staff performing the function.
- Reporting on quality compared to previous periods.
- Initiating/documenting/implementing plans for improvement for any function measured against the Service Level Metrics.
- Documenting/implementing Corrective Action Plans (CAPs) when necessary.

The QA team and its designated QA coordinator perform QA activities that collect and report organizational output on a daily, weekly, monthly, quarterly, and annual basis to continuously provide performance assessment results and support quality assurance improvement initiatives.

The Accenture Team submits quarterly reports of the quality assurance coordinator's activities, findings and corrective actions to the Department. The quarterly QA report includes performance trends based on the previous quarter. This reporting capture allows reviewers to identify specific areas that may have experienced a downward trend or improvement in performance. Specific areas reported have a defined project performance goal.

d. Provide quality control and assurance reports, accessible online by the Department and contractor management staff, including tracking and reporting of quality control activities and tracking of corrective action plans

All Accenture Team staff and in particular the QA coordinator continually and proactively supports the sampling functions of the files and data elements necessary to meet contractual requirements. APHP enables staff to effectively research transactions performed automatically or manually within the operations. The APHP Worker Portal enables online access by the Department and staff of the performance metrics. This data is readily accessible online to support quality assurance expectations and provide accurate input for tracking tools such as the QA reporting database and the APHP dashboard. APHP includes user-facing metrics and web-based functions that monitor and report on the Accenture Team's service performance and is further described in Section 10.1.15 on Program Management Reporting.

Our quality assurance program includes retaining sampling results and keeping them available as long as the Department requires. We store the results of claims quality sampling in our archives, making them readily available to authorized stakeholders via the APHP Portal as shown in Figure 10 - 13.

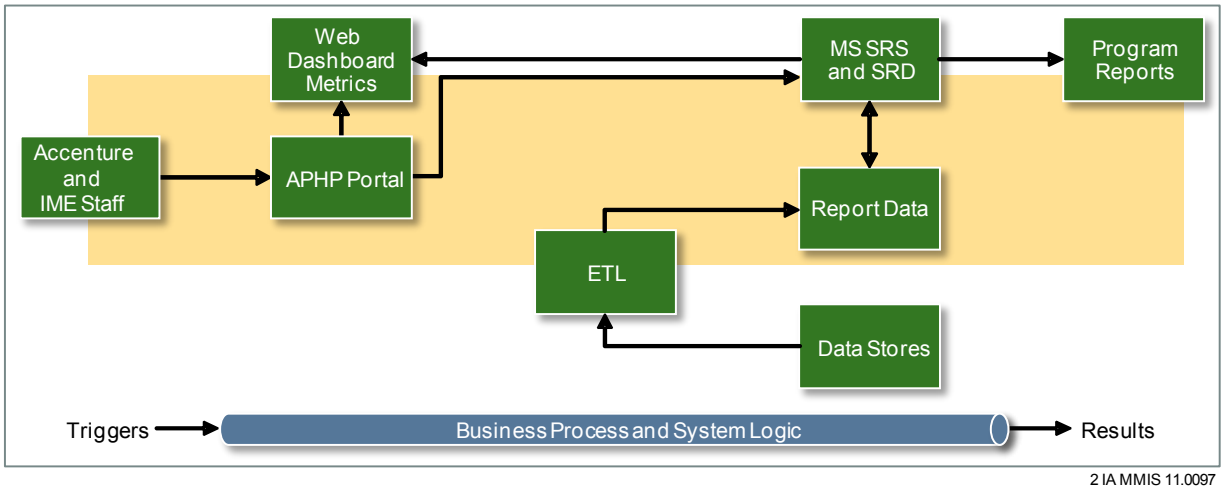


*Figure 10 - 13. We use integrated Commercial-Off-The-Shelf (COTS) products to generate key program reports and our Service Level Dashboard (SLD) to provide additional transparency with a metrics dashboard.*

e. For any performance falling below a state-specified level, explain the problems and identify the corrective action to improve the rating

The Accenture QA staff remains committed to supporting the Department with research discrepancies identified during the quality assurance review process. For any performance indicator falling below the state-specified level, the QA Team documents the problem and identifies the corrective action steps needed to improve the rating. Through a collaborative review and research approach, we use a control set of inputs to resolve the issue and implement an issue prevention plan. Key factors supporting this effort include standard operating procedures (SOPs), system access, audit trails, and root cause analysis.

Whether the discrepancy involves a human error or system error, SOPs serve as the benchmark for control and the expected outcome. Any deviation from the expected should provide indication of the cause of the discrepancy (e.g., a process step or a technical issue).

APHP's audit trail allows users to identify the actual logic and rules used to process information. In the example of claims, a processing discrepancy involving incorrect pricing may be tied back to the audit trail to identify what transaction detail triggered certain rules to set within the system. It is this level of detail that is used by our team to review and diagnose the potential errors.

Once the error is identified, we research the issue, identify the root cause, and define a corrective action plan. We follow the steps below in identifying the right path for correcting the root of the issue.

- Develop a problem statement that provides team members and report recipients a shared understanding of the problem and summary of facts. With a shared understanding of the problem, data relevant (and possibly indicative of the root cause) is collected and analyzed.
- Create an event analysis listing and evaluation of events that led up to and occurred after the "trigger" event. The trigger event is the one event that had significant enough impact to cause an adverse condition and impair normal or desired operations.

- Create a process analysis to identify and understand associated process steps executed (or should have been executed) in the event analysis. Processes that were executed as a response to the trigger event are not part of the problem root cause.
- Conduct root cause analysis to examine why the adverse condition exists by identifying the most basic cause within the appropriate scope. Cause and effect diagrams allow a team to identify, explore, and graphically display, in increasing detail, the possible causes related to a problem or adverse condition to discover its root cause. It enables a team to focus on the causes and not the symptoms.
- Define the potential problem analysis. To permanently address the root cause of a problem, intermediate causes between the root cause and trigger event need to be evaluated. Once evaluated and understood, appropriate preventive actions are taken to eliminate the root cause and prevent problem recurrence.
- Finally, create a corrective action plan, which is essentially identifying the required tasks that lead to changes that serve as a long-term solution. Such changes should be at the fundamental level of the organizational practices.

The result of the root cause analysis might include such strategies as additional training or recommendations for system changes. The ultimate goal of root cause analysis and the corrective action plan is to prevent a reoccurrence of the same or similar error.

f. Implement a Department-approved corrective action plan within the timeframe negotiated with the Department

Examples of possible corrective action plans include introducing automation into operational team work processes or the balancing of workload within an operational unit for long term workload increases. The Accenture Team management and its designated QA coordinator works with the Department to determine the most effective method to resolve performance and claims payment issues and define the necessary actions to be taken.

The approach is framed by outlining the actionable steps, the projected impact of those steps, and the projected resolution timeframe. The management of the impacted operational unit provides updates and progress reports concerning the corrective action plan during weekly management meetings.

Once the issue is corrected, an evaluation of the corrective action plan is conducted to identify lessons learned that are applied to future corrective action plans.

The QA coordinator serves as the main point of contact to respond to and oversee corrective action plans when continuous improvement opportunities are identified across all operational areas. This coordinator takes the lead in facilitating discussions and implementing improvements beneficial to the MMIS and other contractors and ultimately IME. Corrective action plans are channeled to the appropriate operations area and are resolved within the timeline approved by the Department.

g. Provide documentation to the Department demonstrating that the corrective action is complete and meets the Department requirements

The feedback loop for quality monitoring disseminates throughout our operations and is escalated to management in the appropriate area. Quality results are sent to supervisors on a regular basis and these supervisors counsel their team members on areas of improvement opportunities and proposed corrective actions.

In addition, the QA coordinator meets with organizational managers monthly to review QA reports and collaborate on performance trends. A corrective action plan with a targeted goal may be recommended to address or improve certain performance issues. This last point is critical as we use issues that are identified not just to solve a problem, but to capture an ongoing continuous improvement opportunity.

All documentation related to the QA processes, including the corrective action plans, is proactively provided to the Department and are stored on the centralized SharePoint™ repository for transparent and easy access by the Department.

h. Perform continuous workflow analysis to improve performance of contractor functions and report the results of the analysis to the Department

Our Six Sigma DMAIC process, as discussed previously, provides ongoing continuous workflow analysis of our technologies and operations and helps identify process improvement opportunities. The operational groups define their QA quantitative goals. As metrics are reported against these QA goals, areas for improvement are clearly flagged.

Our approach to root cause analysis, as described previously, allows our QA coordinator to take a thorough approach to analyzing an identified risk or issue. Through this approach, the related elements of the problem may be linked and reconciled to promote a full solution fix. Corrective actions plans outline the various step-by-step processes to fully reconcile existing problems.

The Accenture QA coordinator meets regularly with operations leadership and Department representatives, so that through this ongoing collaboration, we share the results of the analysis with the Department throughout the process.

The Accenture Team fosters a proactive process improvement from transition through production and reinforces it through ongoing programs such as We@Accenture. Nested within our global Business Process Outsourcing (BPO) programs, the We@Accenture program creates an online idea forum for every associate across all our BPO teams, to provide suggestions and recommendation on how to improve the work they support.

The We@Accenture program is global, not just local, and not just Healthcare. It has resulted in many of the improvements we execute in our units today. This collaborative approach energizes our teams to be result-driven and drives the accountability of improvement to all team members.

i. Provide the Department with a description of any changes to the workflow for approval prior to implementation

The Accenture Team uses our the Department approved change management process to manage workflow and process changes. This promotes standardization and a quicker and less risky process to achieving higher efficiency and effectiveness. We have a disciplined approach to implementing workflow modifications through documentation and controls.

Prior to the implementation of a workflow and process improvement, we submit the applicable artifacts and deliverables to the Department for approval. The Change Management Process is discussed in detail at Section 10.1.3 Change Management Process.

### *10.1.2.3 Performance Standards (8.1.2.3)*

The performance standards the contractor's internal quality assurance functions are provided below:

a. Identify deficiencies and provide to the Department with a corrective action plan within ten business days of discovery of a problem found through the internal quality control reviews

b. Meet ninety-eight percent of the corrective action commitments with the agreed upon timeframe

The Accenture Team understand the importance of establishing performance standards and then monitoring and measuring those standards to make sure we are meeting the expectations of the Department. Through our quality assurance activities and by executing our Quality Management Plan, the processes and controls are implemented to enable the team to proactively meet those expectations and

deliver on the agreed to performance standards. We acknowledge and accept the RFP performance standards for Internal Quality Assurance as depicted inTable 10 - 11.

| 8.1.2.3 Internal Quality Assurance - Performance Standards | Acknowledge and Accept |
|---|---|
| Identify deficiencies and provide to the Department with a corrective action plan within ten business days of discovery of a problem found through the internal quality control reviews. | ✓ |
| Meet ninety-eight percent of the corrective action commitments within the agreed upon timeframe. | ✓ |

*Table 10 - 11. The Accenture Team acknowledges and accepts the performance standards for Internal Quality Assurance.*

## 10.1.3 Change Management Process (8.1.3)

It is the Department's intention that all maintenance and enhancements be accomplished by the contractor staff required in this RFP. This staff will be responsible for maintenance, system changes, as well as changes in the rules engines and maintenance of the benefit plans. The change management process will be staffed with sufficient resources to satisfy the service level agreements and the contractor must provide sufficient staff at no additional cost to the Department.

During the Operations Phase any system modification or operations improvement activity will be considered a project. The contractor will comply with all aspects of the approved Change Management Plan for any project undertaken during the Operations Phase required in this RFP, as deemed appropriate by the Department, for the size of the project and comply with the development standards in this RFP for any system modification projects. A Change Management Request (CMR) will be used to identify all changes for system maintenance and enhancements.

**The new IME MMIS and the processes that support it must be carefully controlled in order to build consistency and predictability in the Iowa Medicaid program. Accenture works with the Department to define change management controls to identify, assess, plan, and implement changes in a smooth, streamlined manner than safeguards and enhances program performance.**

**Features of our Change Management approach for the IME**

- Applies Lean Six Sigma concepts and techniques to drive improvement within our Operational Excellence program
- Employs a staffing approach that provides skilled and experienced people at the appropriate time to address the changes
- Uses an integrated suite of tools to track change requests
- Transparent, collaborative process and tools that are accessible to all authorized IME staff

Accenture's ability to manage change is based on one of the most effective project management methodologies available in the Medicaid market and a delivery team with extensive healthcare experience. With the Accenture Public Health Platform (APHP), our MMIS solution comprises functionally robust and user configurable COTS products. The Accenture Team is prepared to support the Iowa Medicaid Enterprise (IME) System Services Project through the inevitable changes that occur after implementation.

Strong, collaborative change management is an essential element to our success, and is an integral part of Accenture's overall approach to project management. Once we implement APHP, we use our field-tested change management methods, tools and our documented Change Management Plan track and manage changes for all maintenance and enhancements during the Operations phase. Leveraging the Change Management Plan, our staff works with the Department to identify, prioritize, and schedule maintenance and enhancement changes to the new IME MMIS. Our staff is responsible for system maintenance and system changes to include hardware and software upgrades, business rule updates, and configuration changes based on things like regulatory changes, policy updates and benefit plan changes. Our Change Management Process is staffed with sufficient resources to satisfy the service level agreements and provide sufficient staff at no additional cost to the Department.

The process we follow and tools we use enable us to plan, implement, and track changes in a controlled and structured way that provides the Department high visibility to the changes taking place. Table 10 - 12 summarizes the features and benefits of our Change Management process.

| The Change Management Process Features | Benefits to the Department |
|---|---|
| • Accenture's field-tested delivery methods | • Reduced risk using industry-recognized change management discipline and control processes documented in our Change Management Plan. |
| • Accessible and easy-to-use tools that automate logging, planning, tracking, and implementing system changes | • Department has excellent visibility into the pending and completed changes to the MMIS through Rational ClearQuest which is accessed via the Project Management portal in SharePoint. |
| • Integrated with Release Management processes and change management governance | • Enables the Operations team to plan and manage the timely and controlled release of logical groupings of changes to minimize disruption, facilitate acceptance and reduce and/or eliminate errors.<br>• Integrates with the established Change Management governance defined in the Change Management Plan and closely with the Change and Configuration Management processes to facilitate buy-in and acceptance of the changes. |

*Table 10 - 12. Accenture's change management process is feature rich and provides many benefits, resulting in higher quality and less risky change management.*

Accenture agrees with the Department's statement that "during the Operations Phase any system modification or operations improvement activity will be considered a project." We use the term "project" throughout this Change Management section in acknowledgement and agreement that change requests are managed with all the same methods, tools, metrics and standardization as any other project Accenture undertakes. We comply with all aspects of the approved Change Management Plan for projects undertaken during the Operations Phase on project size and comply with the development standards of the Department for any system modification project.

As illustrated in Figure 10 - 14, our approach to change management is a part of our overall project management methodology and is the product of years of experience. It includes a comprehensive set of processes, standards and tools that we use to identify, manage, and implement change projects during the Operations phase of the IME System Services project. We coordinate with the Department and the IME business units to apply these methods, tools and metrics to provide higher quality and lower risk change management.

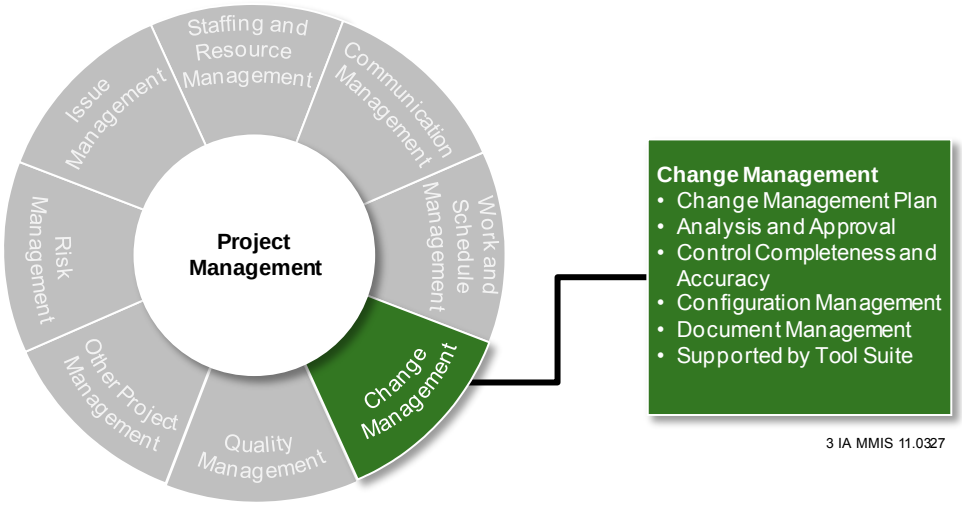


*Figure 10 - 14. Our core management processes provide the cornerstone to effectively monitor, measure, and control change management processes.*

## Our Key Change Management Processes are Field Tested and Successfully Demonstrated

Change Management is one of the key components of our Project Management processes. It provides prompt and efficient handling of requests for change to the IME MMIS, while maintaining levels of service integrity and stability. During the IME MMIS Operations phase, we use the approved Change Management Plan and project management tools to estimate, track, manage and report on maintenance and enhancement changes.

Based on prior experience, we have found that incorporating a single change management process at the project's beginning provides a more consistent process and toolset for effective scope management. The Department's access to this information through our integrated tools also provides transparency and allows access to the estimates associated with change management requests.

Figure 10 - 15 shows the integration of our change management process with our management toolset that forms the basis of our change management process.

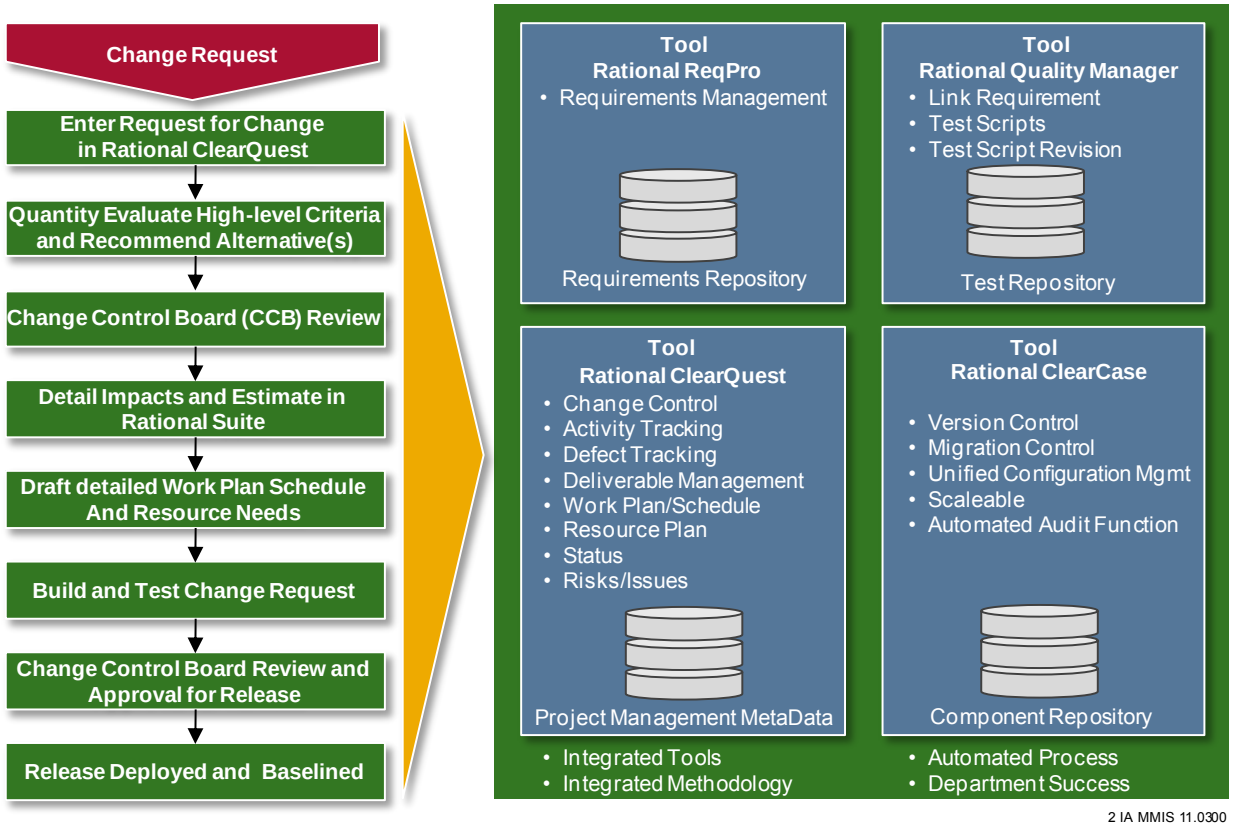


*Figure 10 - 15. Our change management process provides transparency, consistency, effective management, and scope control for the IME MMIS Operations through our integrated tool Suite.*

At any point a request for change can be identified. A change management request (CMR) is used to identify all changes for system maintenance and enhancements. These can be an enhancement request, an adjustment to policy change, or a request for the resolution of incidents or problems. In a collaborative fashion with the Department, we determine and document the purpose, scope, impact, priority, and category of the change. Additionally, we identify the materials, personnel, effort and cost needed to

complete and implement the change. This information is then formally submitted as a CMR via the ClearQuest tool.

Figure 10 - 16 illustrates the change management process and levels of decision making we use to manage changes during the Operations phase.

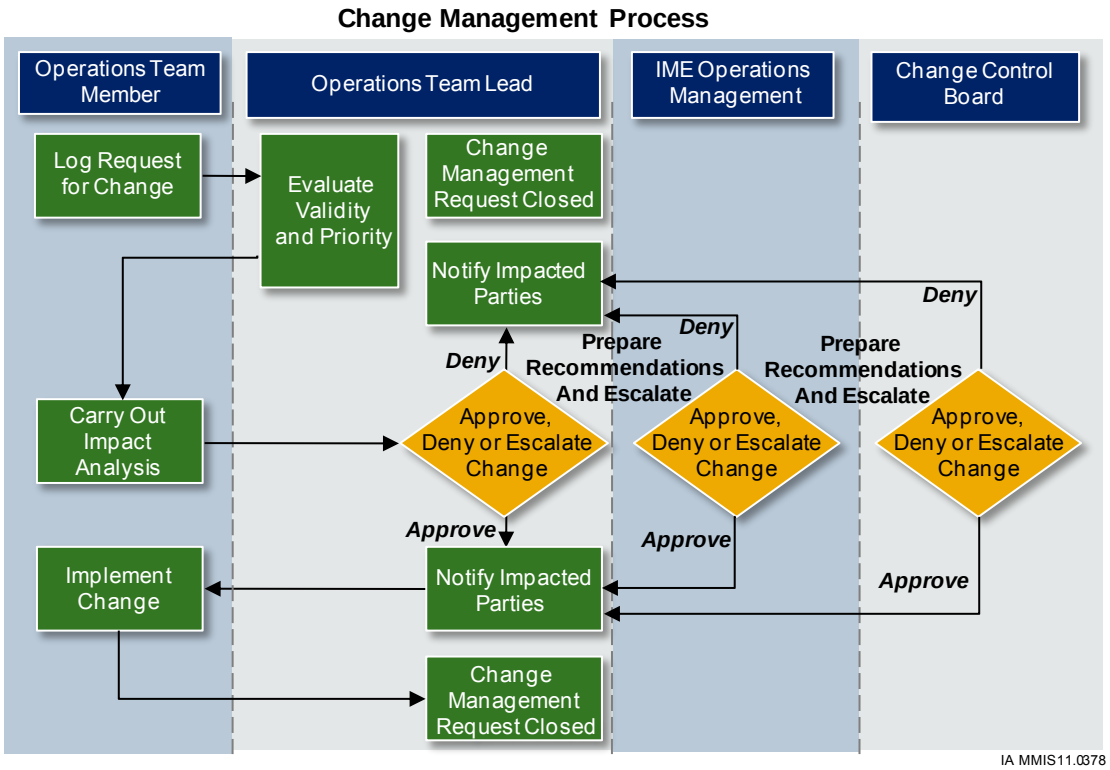


*Figure 10 - 16. Our change management process utilizes multiple levels of decision making based on impact of the change to allow for a quicker resolution, and more controlled and accepted introduction and deployment.*

We suggest organizing the Department stakeholders into a Change Control Board (CCB) consistent with the successfully demonstrated approach used in our previous work and modified as needed for Iowa. In this process, stakeholders review and approve change requests. The CCB meets on a regular basis to review, prioritize and approve the requests. We have found that a formal CCB provides our clients with control over the scope and allows the changes to be implemented at an appropriate time.

## *Release Management*

All system integrators are likely to have some type of change management processes that they use to track and manage maintenance, modifications and enhancements during the Operations phase. In our experience, where many organizations fail is in their inability to effectively prioritize and schedule logical groupings of changes in a controlled manner that aligns with the business needs and expectations.

To address this common pitfall, Release Management is an integral part of our change management and configuration process and is closely aligned with the overall governance as shown in Figure 10 - 17. As changes are developed and tested, we use our governance processes to solicit input and insight from stakeholders affected by the changes. This could include representatives from the Department, trading

partners or other vendors who interface to the APHP, representative users, and input from help desk representatives.

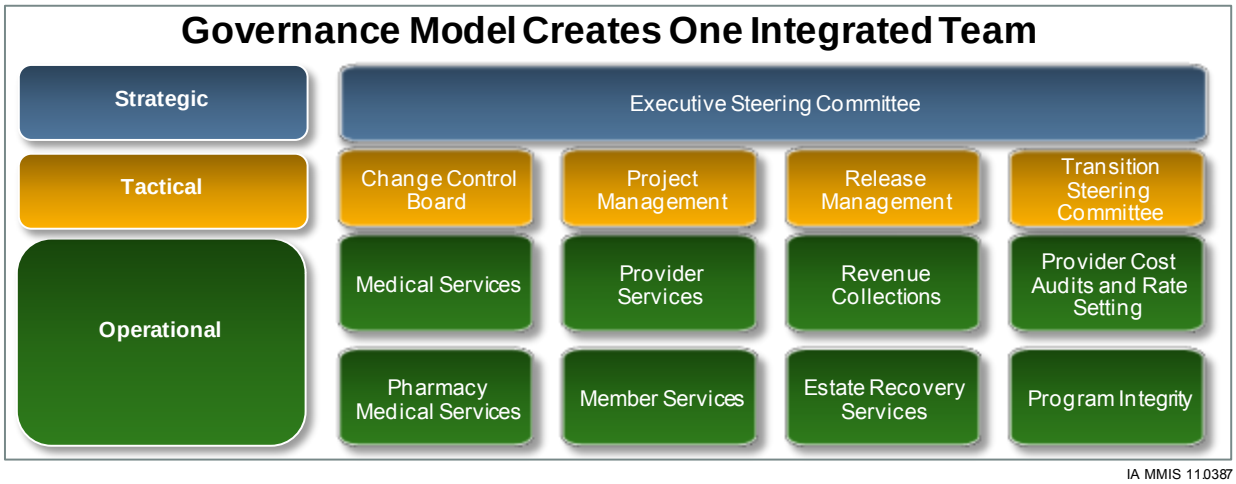


*Figure 10 - 17. We establish an effective governance model that we use to engage and involve all stakeholders affected by a change in order to increase buy-in and acceptance of the change.*

Release Management requires the creation of documents detailing the technical and operational aspects of the release. These release notes can be reviewed by the Department prior to the release being implemented. Release, Change and Configuration management operate under the same governance structure.

To minimize disruption and increase acceptance of these changes, we perform maintenance, software modifications and system enhancements only within prescribed processes under governance. As shown in Figure 10 - 18, we carefully consider input from all stakeholder groups so that no one group is caught by surprise. For Iowa, we follow strict and controlled processes that are defined in our Change Management Plan, for maintenance, software modifications and enhancements.

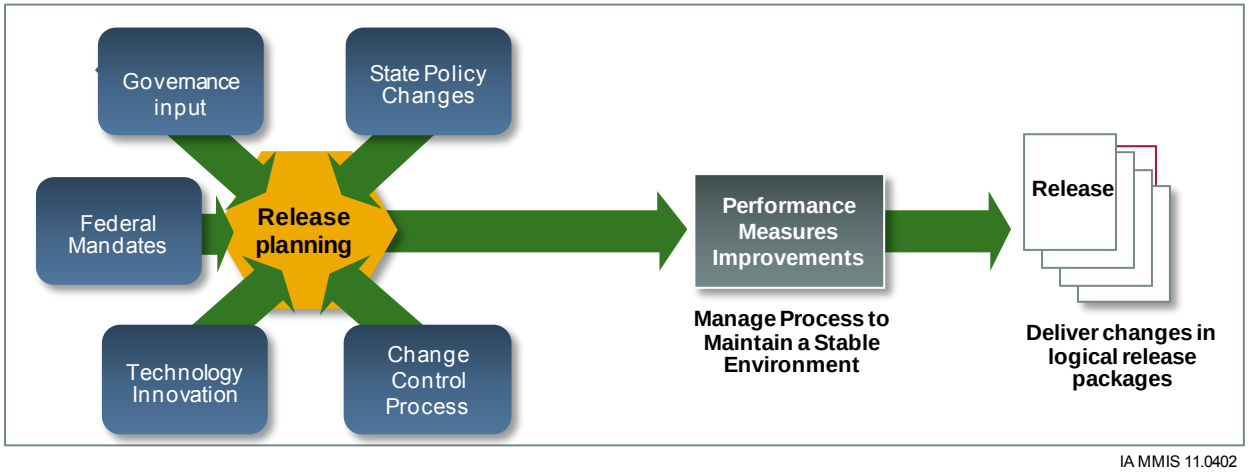


*Figure 10 - 18. Release planning takes into account various initiatives and priorities resulting in a comprehensive release strategy that accounts for detailed schedule and resources.*

### *Configuration Management*

Configuration Management is a sub process within our Change Management methodology designed to confirm that we use only authorized items in the APHP environment. We monitor and track these items throughout their component life cycle. Configuration Management covers the identification, control, maintenance, and verification of configuration items, including their versions, constituent components, and relationships. We store all software and hardware elements as configuration items within the configuration management database. Together, our configuration management and change management processes provide the control mechanisms for changes, allowing us to maintain systems integrity and functionality.

### *Change Management Tools*

A core component of our Change Management process is the use of the Accenture Delivery Tools (ADT) which are accessed though our Project Management Portal in SharePoint. Our tools help the change management process. We provide an orientation to the required Department team members, including the CCB. The orientation provides an overview of the tools and process so those team members can follow a consistent process and access to the change management request information. This information includes our estimates for the CMR to assist the CCB in their prioritization of the requests.

Because we consider system modification and operations improvements activities a project, we use many of the same tools for change management as we do for project management. Table 10 - 13 provides insight into the tools we use for change management activities.

| Tools / Processes | Description of Purpose and Use |
|---|---|
| ***SharePoint*** | We use SharePoint as our centralized document repository for all project deliverables and as the entry point for the tools that make up our Project Management Portal. |
| ***ADM Estimator*** | We use our ADM Estimator to identify necessary project tasks, the associated resources and work efforts associated with the change management request. |
| ***Microsoft Project*** | We use Microsoft Project for creation and maintenance of the work plan (or schedule) that supports the change management request. It allows team leads to distribute tasks to team members, and in association with time tracking functions and reporting in Project Server, monitor and control the progress of the project.<br>We use Microsoft Project to collect metrics such as Schedule Performance Index (SPI) and Cost Performance Index (CPI) to facilitate determining Earned Value Management metrics. |
| ***Rational RequisitePro*** | RequisitePro provides configuration management of requirements and maintains a bi-directional traceability within the hierarchy of analysis, design and test requirements. This enables project teams to capture business and application requirements and produce a Requirements Traceability Matrix (RTM). It then helps us manage the RTM and provides automatic traceability from requirements to test conditions, so that we can verify and validate requirements are being met. |
| ***Rational ClearQuest*** | We use Rational ClearQuest for change request and defect tracking. The power of this tool comes from the tight integration with Rational RequisitePro and Rational Quality Manager. This integration enables us to create real-time status reports that consider the impact of outstanding defects on test scripts and business requirements. We also use it for tracking issues and risks. |
| ***Rational ClearCase*** | We use Rational ClearCase as our storage repository for documents and source code. Work on documents or source code stored in the repository can only occur under the authority of an Activity record that has been entered into ClearQuest. |
| ***Rational Functional Tester*** | We use this automated testing tool to support both Functional Testing and Regression Testing of the changes by enabling test script execution, and tracking test script results |

| Tools / Processes | Description of Purpose and Use |
|---|---|
| | for both manual and automated tests. |
| ***Rational Quality Manager*** | Used for effective test management, this tool manages manual test scripts, maintains traceability between test scripts and requirements, supports manual test script execution, and tracks test script results for both manual and automated tests. |
| ***Rational Performance Tester*** | Used for predicting response time and the capacity processing capability of browser-based applications. Rational Performance Tester uses limited hardware resources to create a high magnitude of load on an application by emulating multiple, simultaneous users. This tool assists the validation of the scalability of applications. |

*Table 10 - 13. The Accenture Team uses a comprehensive set of tools to provide the quality and effectiveness required to support the change management processes.*

Just as we use these tools and methods to plan and manage our project work, Figure 10 - 19 illustrates relationships and integration of these same tools and methods to manage changes through the change management process.

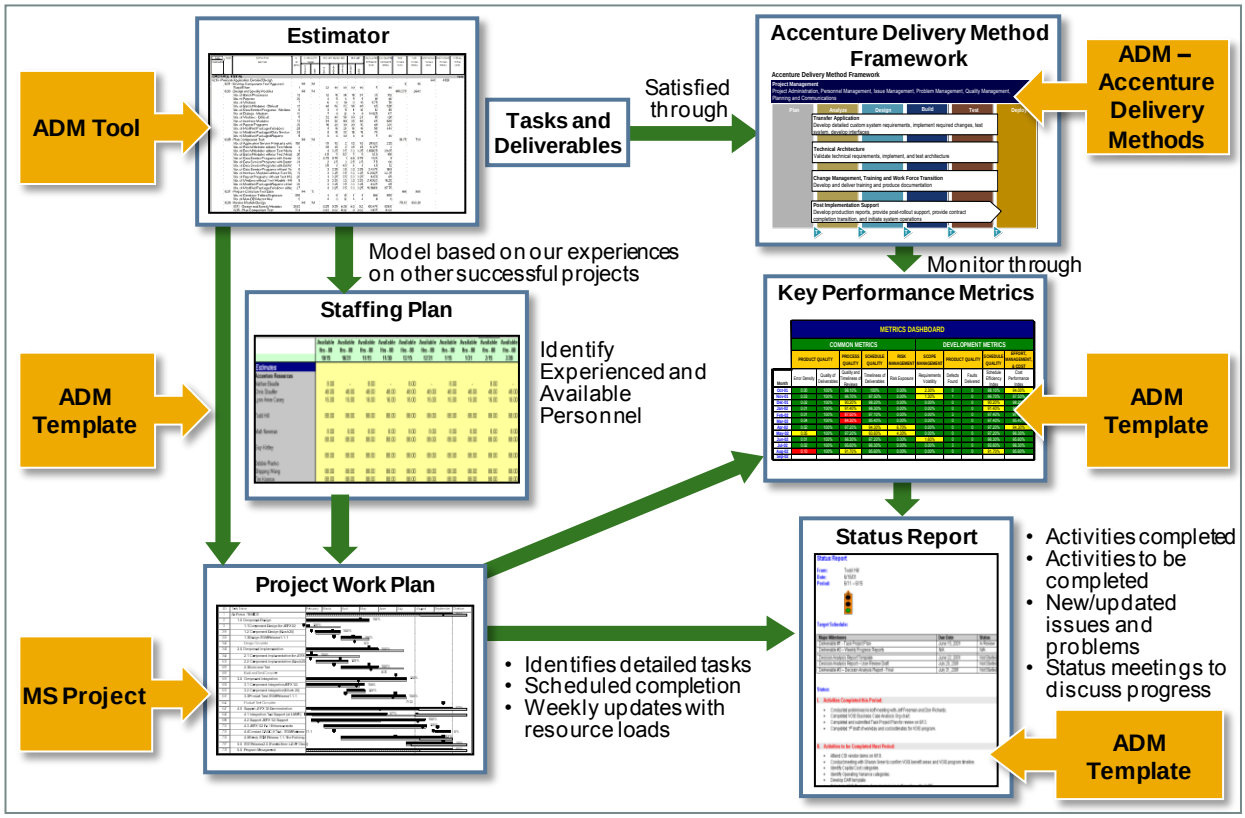


*Figure 10 - 19. The Accenture Team uses a suite of customizable accelerators (templates, job aids, and tools) to accurately plan for changes during the Operations phase and implement them on an agreed upon schedule.*

### *10.1.3.1 Accenture Responsibilities (8.1.3.1)*

During the IME MMIS Operations phase our change management duties include:

- Maintenance
- Enhancements and modifications
  - Produce Change Control Reports
  - Respond to all requests from the Department for system modification
  - Complete the CMR on or before the requested completion date.
  - Provide responsive replies to all CMRs
  - Comply with the project management deliverable requirements for CMRs meeting the definition of a large, medium or small project
  - Maintain documented and tested code promotion procedures
  - Maintain version control procedures

In the remainder of this section, we discuss each area of responsibility.

## Maintenance

Maintenance will include but not be limited to:

a. Repair defects

Maintenance during the Operations phase includes repairing defects. We follow our change management process to govern how we identify, track and repair defects. We use Rational ClearQuest accessed via the Project Management Portal in SharePoint, as the tool for tracking and automating the defect management process. The status of the defect is tracked through all stages of the defect lifecycle, from identification to resolution, testing and implementation. Because ClearQuest enables the attachment of supporting documentation, we can also provide results of the defect repair and attach them to the defect record for review.

We create a defect record whenever a defect or issue is encountered. Based on the specified Performance Standards, we notify the Department within 24 hours of finding a material defect or issue. The team member that identified the defect opens a new defect with a brief description, providing the details that can include where in the application flow the defect was found, and other information relevant to the defect.

Following our change management process, we prioritize the defects, and information related to the priority of the defect is displayed in ClearQuest, as well as exportable in multiple formats (e.g., Excel, HTML, etc.). We can also set the defect status to "open" and assign one of the severity codes as shown in Table 10 - 14. This severity code specifies initial determination of severity and priority, and can be adjusted after coordination with the Department. We provide real-time tracking of defects through Rational ClearQuest.

| Severity Code | Severity Value | Severity Description |
|---|---|---|
| ***1*** | ***Critical*** | • The application/system is not able to run in a production environment. There is no workaround for the problem to allow users to continue using the system with minimal or no loss of efficiency or functionality. This is a critical incident.<br>• High visibility (external or internal to the IME)<br>• Large number of recipients and/or providers affected (e.g., >25%)<br>• Affects ability to meet service level commitments<br>• Major component not available for use<br>• Many or major files lost<br>• Major loss of functionality |

| Severity Code | Severity Value | Severity Description |
|---|---|---|
| | | • Incident cannot be by-passed (i.e. no viable or productive workaround available) |
| ***2*** | ***High*** | • The incident restricts the usability of the application/system, but the application/system itself is running. There is no workaround available<br>• Moderate visibility (external or internal to the Department)<br>• Moderate to large number of recipients and/or providers affected (e.g., >11%)<br>• Potential to be a disability for meeting service level commitments<br>• Slow response times<br>• Loss of functionality<br>• Component continues to fail – intermittently down for short, repetitive periods<br>• Few or small files lost<br>• Problems may have a possible workaround that are acceptable to DMS<br>• Major access down but a partial back-up exists |
| ***3*** | ***Medium*** | • The application/system is up and running, but there is a moderate impact on the usability of the application. A workaround is available.<br>• Low to medium visibility<br>• Low impact on recipients/providers<br>• Minimal loss of functionality<br>• Error not affecting a significant number of users |
| ***4*** | ***Low*** | • The application/system is running with a minor flaw. There is a workaround for the problem and the usability of the application is not affected.<br>• Low or no visibility<br>• No direct impact on users<br>• Few functions impaired<br>• Problem can be by-passed but the by-pass must be acceptable<br>• Preventative maintenance |

*Table 10 - 14. We use severity codes to help prioritize and manage defects.*

b. Perform routine maintenance on reference files.

Maintenance during the Operations phase includes performing routine maintenance on reference files. Medicaid reference data generally is comprised of procedure codes, modifiers, diagnosis related groups (DRG), and revenue codes. Our APHP solution supports the diagnoses codes for the International Classification of Disease (ICD-9) and the updated ICD-10. There are no system related enhancements necessary for the IME to be ready for ICD-10.

APHP can store encapsulated data entities for reference data such as rates, utilization review criteria, exception controls, text, and national drug codes. Our APHP reference data module is scalable and flexible to meet growing functionality in an era of healthcare reform.

The integration of inter-related reference data in APHP is exemplified by the benefit plans framework. The benefit plans framework applies claims processing rules for pertinent benefit plans, and the claims processing rules encompass edits and audits for criteria such as eligibility and pricing.

Our systems management team adheres to the appropriate change management processes to facilitate efficient, effective, quality assured and timely maintenance of reference data.

c. Complete or repair functionality that never worked.

Maintenance during the Operations phase includes completing or repairing functionality that never worked. We propose treating "functionality that never worked" as a defect. Please refer to item a. above for detailed information regarding how our standard defect management process governs all defects that are identified.

d. Make additions and modifications to rules engine.

Maintenance during the Operations phase includes additions and modifications of rules. APHP is designed to be highly adaptable. We use leading COTS and business service products in a loosely coupled, modular fashion to provide end-to-end business processes. These processes are integrated through our rules-based workflow engine and Enterprise Service Bus (ESB) to be configurable to adapt to change. Our APHP solution claims engine uses flexible, table-driven rules and services.

Our systems management team adheres to the appropriate change management processes to efficiently, effectively, and timely maintain the rules engines parameters and attributes, and applicable documentation and training. APHP also includes an automated audit trail record that is created as appropriate including the identification of rules updates, system changes, and table updates.

e. Make additions and modifications to benefit plans.

Maintenance during the Operations phase includes additions and modifications to benefit plans. The APHP benefit plan administration rules engine is built on more than a decade’s worth of experience in implementing benefit plans in over 100 health plans and third party administrators (TPAs). The system provides the flexibility for multiple and different benefit plans and can correlate to a variety of payment methodologies.

Authorized users have the real-time capability to develop benefit plans through the definition of benefit frameworks with treatment type sets that support flexible rules, including the assignment of multiple active benefit plans to a single member.

Authorized users can configure and/or view benefit plan rules through the APHP web based graphical user interface (GUI). Instead of changing source code to update a benefit plan, our COTS based solution facilitates rules changes and the addition of new programs through configuration changes. While our systems maintenance team may perform primary maintenance of benefit plans, any non-technical IME staff member, with appropriate training and authorization, can make benefit plan changes, making the administration of the Iowa Medicaid program that much more efficient with APHP.

APHP's benefit plan functionality provides the Department with previously unknown flexibility in the manner that programs can be administered. Coupled with the flexibility and user configurable functionality of APHP as a whole, the Department can have exponentially more flexibility in the number and types of programs it can administer.

f. Add users to security levels of access.

Maintenance during the Operations phase also includes the change or addition of users to security levels of access. Our systems management team adheres to the established change management processes to make efficient, quality assured and timely additions, changes, and very importantly, timely deletions of user's role-based access possible. The team also monitors unauthorized access attempts.

APHP Security is administered by the Microsoft Active Directory Federation Services (Active Directory) product. Active Directory provides a central location for information security protocols, role-based rules for

permission to access functions and synchronization of directory updates across the platform. This allows us to define a security profile in one place and apply it across various COTS products. Active Directory records all access attempts, successes and data inquiries and provides for the monitoring and notification of potentially unauthorized access.

As part of our on-boarding process, the security team adds the new user and grants access to appropriate functions. Should a change be required, Figure 10 - 20 shows how the user would contact the helpdesk to request a change to their access level. The change request is logged and the security specialist reviews the request, identifies the appropriate profile(s) and accesses the security administration screens to administer rights for individual users. The individual's supervisor, or someone of higher authority, would need to review and approve the request before their access level is changed.

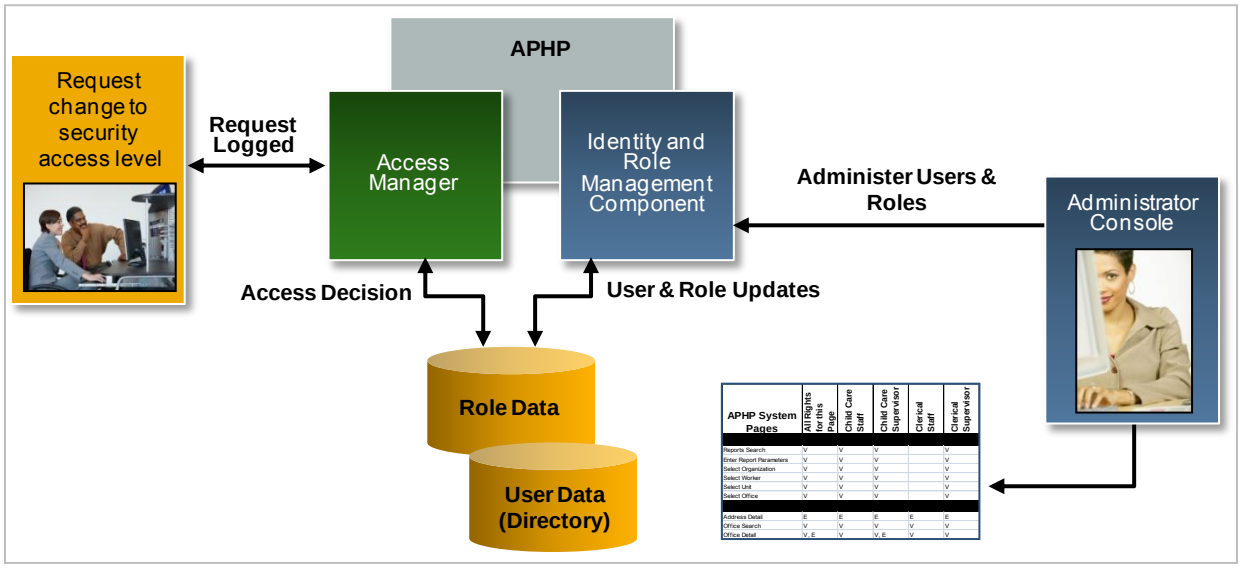


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*Figure 10 - 20. We manage and control requests for the change or addition of users to security levels of access.*

## Enhancements and Modifications

Enhancements and modifications will include but not be limited to:

a. Make enhancements to system functionality.

Enhancements and modifications made during the Operations phase include enhancements to system functionality. The APHP is a SOA-based solution supporting the use of COTS products, giving the Iowa Medicaid Enterprise (IME) unparalleled flexibility for modifying its MMIS framework and functionality. The IME may realize a significant reduction in cost and time to implement changes to the APHP solution compared to current MMIS industry standards. Modifications and enhancements are controlled through the very tight disciplines of our change management process described earlier in this section.

In collaboration with the Department, we use our ADM methodology to effectively manage enhancements to the APHP solution for Iowa Medicaid Enterprise. Our change management processes are aligned with the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) and are appraised at CMMI level 4. By adhering to our ADM change management procedures from the time a change is initially identified through the approval process and implementation, to closure, seamless configuration and integration is provided for system enhancements.

We facilitate evaluation of proposed change requests costs, schedule, and impact on the IME's operations via the established governance processes. Documentation and training materials are an integral component of changes impacting the APHP solution and are developed and/or updated as part of the change request package. We participate with the Department in Change Control Board meetings to, among other things, prioritize the change requests.

Enhancements to system functionality are initiated from a number of directions, but are performed for the purpose of improving processing, adding new or additional functionality to an existing COTS product, or adding a new COTS product to the APHP. Ways in which enhancements may be initiated include:

- COTS product version releases or patches
- Hardware and software upgrades, release, or patch
- System or operational improvements
- Add or remove data elements
- Legislative and/or regulatory policy changes

Change of any nature begins with the identification of a desired enhancement and documented in the Rational ClearQuest. The change then begins a life cycle and approval process beginning with inception of the change and ending with implementation and closure. During the change management process we work collaboratively with the Department to identify the activities and project controls required to manage the change to a successful conclusion. We recognize the various activities directly related to the daily operational aspects of the State's primary data center and other systems that impact the IME MMIS operational status, and that it is critical that adequate planning across multiple disciplines is performed for each and every enhancement to the IME MMIS.

Depending on the urgency of the enhancement, the turnaround time for the enhancement or modification may be accelerated taking priority over other work activities. We communicate such accelerated work effort requests appropriately.

## *Online Tracking Tool*

b. Make modifications to the Department enterprise modules.

1. Provide an online tracking tool for the Department and contractor to use to track and generate reports on the progress of all CMRs. The online tracking tool will be integrated with the Workflow Management System and provide the following capabilities:
   i. Allow online entry of new CMR requests
   ii. Image and include all attachments pertinent to each CMR
   iii. Provide flexible online reporting and status inquiry into the Change Management System
   iv. Provide automatic notification to affected parties when a CMR status changes
   v. Maintain and provide access to all changes made by the Department or the contractor to each CMR, identifying the change made, the person making the change and the date and time of the change
   vi. Show status report coding changes, attach test results and record all notes from the Department and contractor staff related to each CMR

Enhancements and modifications made during the Operations phase include modifications to the Department enterprise modules. We provide an online tracking tool for the Department and contractor to use to track and generate reports on the progress of all CMRs. We use the Rational ClearQuest tool as part of the Project Management Portal functionality to support all change management activity, including software development, enhancements, defects, and documentation modifications. By documenting and managing change requests to resolution, Rational ClearQuest provides closed-loop change management, delivers better project control and helps improve quality.

The Rational ClearQuest change tracking tool is one of the most flexible systems available. ClearQuest supports very large teams, even those that are geographically dispersed. ClearQuest also provides automated workflow management of change requests as described in the requirements.

As shown in Figure 10 - 21, ClearQuest efficiently captures, tracks, and manages all types of change-related information. We take advantage of ClearQuest's extensive configurable customization capabilities to support the Department's specific needs. ClearQuest is easily configured to capture and display IME-specific change request fields, processes, user interface, queries, charts and reports.

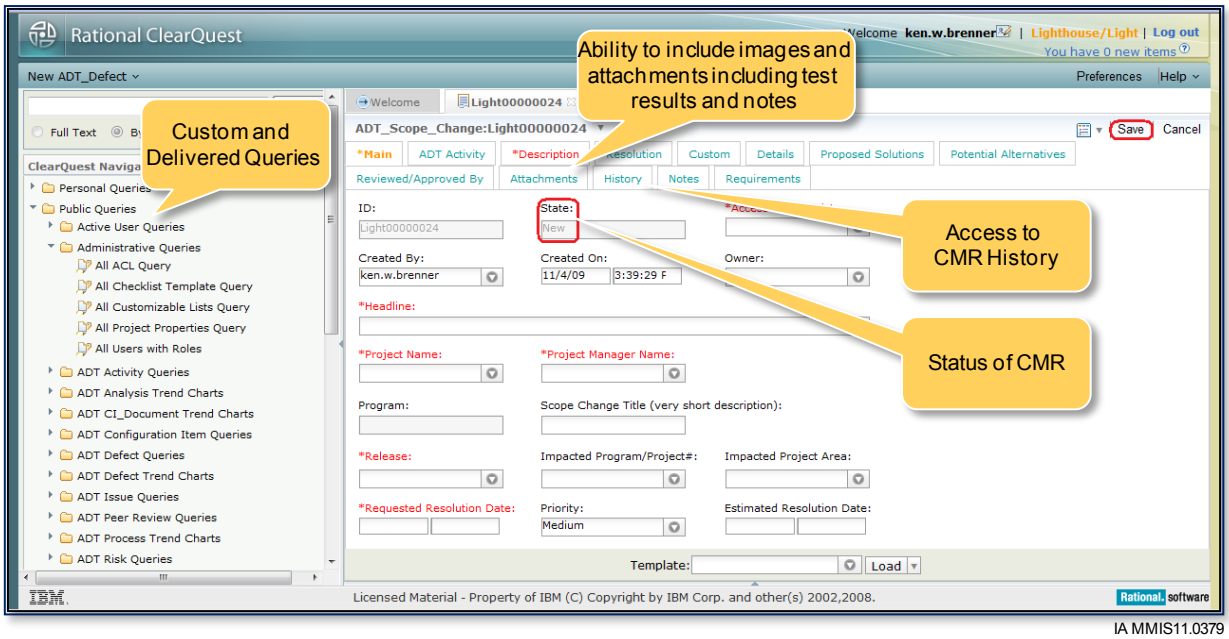


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*Figure 10 - 21. Rational ClearQuest provides robust and flexible capabilities to log, track, manage and report on the change management activities from initiation to completion.*

**Online Entry of CMRs**
Our solution allows for the online entry of new CMR requests. ClearQuest shortens change cycles by unifying the entire IME team, in managing change requests. Online entry and viewing of change requests is available to any Department resource deemed appropriate, giving the Department complete transparency into change management activities.

**Images and Attachments**
Our online tracking tool provides the capabilities to image and include all attachments pertinent to each CMR. ClearQuest allows for file attachments to a change request record in order to provide additional information related to the record. An attachment could include any number of items, such as a source code file, test results, a shell script that reproduces the defect or problem, or a document that provides additional detailed description of observed behavior, the image of screenshots, or the scanned image of a hardcopy original document.

**Flexible Online Reporting Capabilities**
Stakeholders impacted by a change request process needs to understand not only how changes are being implemented on an individual level, but also how the changes impact the project as a whole. Our online tracking tool provides capabilities for flexible online reporting and status inquiry into the Change

Management System ClearQuest enables us to track defects, enhancement requests, assign work activities, and assess the real status of projects throughout their life cycle.

ClearQuest includes robust support for querying, charting and reporting. Charting capabilities include trending and aging charts that help visualize complex data. Charts are easily created and can be drilled into when it's necessary to analyze the underlying details. And users can generate to-do lists based on their assignments.

**Automatic Notification**
Our online tracking tools provides automatic notifications to affected parties when a CMR status changes. We use the ClearQuest capabilities to email notifications automatically to stakeholders or stakeholder groups when certain criteria are met. For example, when a change request's status changes the appropriate users and/or user groups are notified by email.

Workflow is configurable in the tool, and we can tailor the process to the Department's environment. For example, when a change request is entered, it must have the specific area of the system identified such as Financial Management or the Worker Portal. Based on the system area specified, ClearQuest sends an email notification to the team lead responsible for that area. The team lead reviews the change management request according to the overall change management process. Once the change has been approved for implementation, the team lead assigns the change request to a developer on the application team. ClearQuest generates an email notification to the developer assigned to implement the change. When the change is ready for implementation, the developer updates the status to indicate that the change request is ready for testing. That update generates a notification email to the testing lead, who then assigns a person to execute the appropriate test scripts. When testing is complete, the tester updates the change request status to indicate that the change is ready to be promoted to production. At each step in the process, whenever the change request is assigned to someone for the next phase of work, ClearQuest generates and email notification.

**Maintain and Access Prior Changes**
Our online tracking tool maintains and provides access to all changes made by the Department or Accenture Team staff to each CMR. It identifies the changes made, the person making the change and the date and time the change was made. ClearQuest is linked to ClearCase, another one of the Rational tools in our tool suite. We use ClearCase as the underlying document repository for system lifecycle documentation prior to packaging and creating point and time deliverables which are then stored in the centralized SharePoint repository. This means that for each CMR entered into ClearQuest it is also viewable via ClearCase. Using ClearCase, we are able to access historical versions of the change management request and because of the versioning and auditing capabilities within the tools, we are able to view changes made as well as identify who made the change.

**Status Reporting Coding and Attachments**
Our online tracking tool shows status report coding changes, allows Department and Accenture Team staff to attach test results and record notes related to each CMR. Within ClearQuest, there is a field, as shown in Figure 10 - 22, indicating the status of the change management request. Additionally, ClearQuest provides the capability to add attachments and notes which could include testing results or notes from Department staff or Accenture Team members. As mentioned earlier, viewing historical information provides detailed information regarding changes to the status codes changes. Table 10 - 15

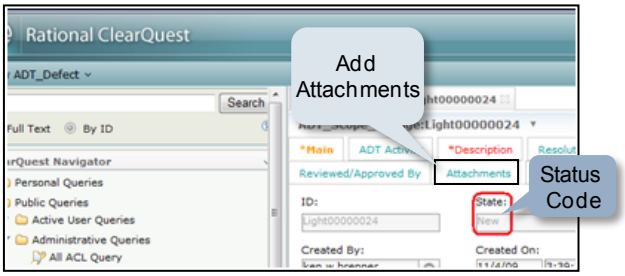


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*Figure 10 - 22. ClearQuest provides status of the CMR and enables the attachment of notes and other information to the request.*

summarizes the capabilities supported by our online tool, ClearQuest, which we use for tracking, managing and reporting on change management requests for maintenance, modifications and enhancements to the IME MMIS during the Operations phase:

| Online Tracking Tool Requirements | Supported Capability |
|---|---|
| Integrate Workflow Management | ✓ |
| Allow online entry of new CMR requests | ✓ |
| Image and include all attachments pertinent to each CMR | ✓ |
| Provide flexible online reporting and status inquiry in the Change Management System | ✓ |
| Provide automatic notification to affected parties when a CMR status changes | ✓ |
| Maintain and provide access to all changes made by the Department or the contractor to each CMR, identifying the change made, the person making the change and the date and time of the change. | ✓ |
| Show status report coding changes, attach test results and record all notes from the Department and contractor staff related to each CMR. | ✓ |

*Table 10 - 15. We use ClearQuest to track and manage all modifications and enhancements effectively and to provide transparency to the Department.*

## *Change Control Reports*

2. The system must produce Change Control Reports that are downloadable to other formats such as Excel. Information to be captured shall include at a minimum the following:
   i. Change Management Request number.
   ii. Priority number.
   iii. Modification description.
   iv. Modification related notes or comments.
   v. Request date.
   vi. Requester.
   vii. Modification start dates.
   viii. Assigned resource(s).
   ix. Estimated completion date.
   x. Estimated hours.
   xi. Hours worked to date.
   xii. Documentation impact and status.
   xiii. Testing status.
   xiv. Department approval of the modification.
   xv. Implementation date.
   xvi. Indicate if implementation date is mandated by legislation or rules.

Our change management system produces Change Control Reports that are exportable to other formats such as Excel. Our change management process uses Rational ClearQuest to track and manage change management requests. Information captured includes for example: Change management request number, priority number, modification description, modification related notes or comments, request date, requestor, modification start dates, assigned resource(s), estimated completion date, estimated hours, hours worked to date documentation impact status, testing status, department approval of the modification, implementation date and an indication if the implementation date is mandated by legislation or rules.

The Rational Suite of tools provides two basic types of reports:

- **Intelligence** reports which typically have the following characteristics:
  - Graphical (e.g., pie charts, graphs, scorecards, etc.)
  - Help to communicate status, monitor progress, diagnose problems, identify corrective actions, etc.
  - Decision-support tool for managing projects and programs.
- **Documents** reports which typically have the following characteristics:
  - Document-style (e.g., requirements specification, compliance document, test coverage document, end to end lifecycle traceability report, etc.)
  - Specifications are often written in one project phase and then passed into the following phase (e.g., a requirements document is handed off to a design team)
  - May be contractual deliverables (e.g., the completion of a specification may be an exit criteria for a project phase, and trigger a payment)
  - Often form the basis of a contractual relationship (e.g., a requirements specification)

The Accenture Team leverages the Rational Tool Suite's reporting capabilities to identify areas for improvement, track progress of those improvement initiatives and gain insight into the overall effectiveness or our change and improvements initiatives. These robust reporting capabilities improve our ability as well as the Department's ability to visualize, understand, and communicate the need for change and the impact that it may have on the Department and its constituency.

We use a variety of reports that address measures relevant to our change management processes. Whether it is at the individual change management request or project level, we use the business intelligence reports to effectively manage the change projects. We also use the historical information to plan change projects and to track progress against key benchmarks, providing end-to-end traceability for projects, greatly reducing risk and greatly increasing quality.

All reports that we produce via the Rational Tool Suite are exportable to other formats, including Excel. These reports can be used as-is or can be customized to meet the Department's specific needs for status, progress, and the other needs of our stakeholders. Table 10 - 16 lists the more common reports that are provided "out of the box:"

| Report Name | Output Format | Report Description |
|---|---|---|
| ***Closed Work Items Daily*** | Graph | Bar graph showing number of work items being closed, one bar per day |
| ***Change Set Activity*** | Graph | Bar graph indicating number of change sets added/removed/modified in a stream over time. One bar per day |
| ***Work Items by Priority*** | Graph | Multiple line graph indicating number of work items over time, one line per work item priority. Two graphs: one for open, one for closed |
| ***Work Items by Owner*** | Graph | Bar graph indicating number of work items, one bar per owner. Bars broken down by work item type or state (open/closed) |
| ***Open Work Items by Type*** | Graph | Multiple line graph indicating number of open work items over time, one line for each work item type |
| ***Open vs. Closed Work Items*** | Graph | Multiple line graph indicating number of work items over time, one line for open work items, one line for closed work items |
| ***New Work Items by Severity*** | Graph | Bar graph of new (created) work items, one bar per day, stacked by severity |
| ***Latest Repository Metrics*** | Graph | Bar graphs indicating item count, state count, and footprint of artifacts in the repository |

| Report Name | Output Format | Report Description |
|---|---|---|
| ***Frequent Test Failures*** | Table | Table indicating top ten frequent test failures, one row per test |
| ***Estimated vs. Actual Work*** | Graph | Line graph showing accuracy of work item estimates as a ratio of estimate/time spent, over time |
| ***Defect Discovery Rate*** | Graph | Line graph indicating number of work items opened (created) over time, one data point per week |
| ***Defect Backlog*** | Graph | Line graph indicating number of open defects over time |
| ***Closed Work Items Daily*** | Graph | Bar graph showing number of work items being closed, one bar per day |
| ***Closed Work Items by Iteration*** | Graph | Bar graph showing number of closed work items, one bar per iteration |
| ***Actual as Percentage of Estimated Work*** | Graph | Distribution bar graph showing how close actual work was to estimated work |

*Table 10 - 16. The Rational Tool Suite provides standard change control reports out-of-the-box that we use to manage and control change management request projects during the IME MMIS Operations phase.*

## *Respond to All Requests and Complete CMRs on Schedule*

3. Be responsive to all requests from the Department for system modification, whether categorized as maintenance, defect, enhancement or modification

Our goal is to be responsive to all system modification requests from the Department; regardless of how the request is categorized. As specified in the change management Performance Standards we provide a written response in a Statement of Understanding (SOU) to each CMR within 10 business days of receipt. The SOU demonstrates our understanding of the request and a high-level schedule for completion. We provide the Department with high-quality solutions that meet the requirements, are completed on time, and are on budget. To do that, we integrate CMMI level 4 quality processes into the delivery framework prescribed by our Accenture Delivery Methods (ADM) and apply them daily to the work we do.

4. Complete the CMR on or before the requested completion date

We complete the CMR on or before the requested completion date. Once a CMR is approved, we apply our successfully demonstrated Project Management Methodology and leverage our experienced delivery team to complete the request. Our field-tested estimators help us estimate and plan the system change with a high degree of confidence and accuracy. This accuracy enables us to appropriately resource each change project and accurately schedule a target completion date. Additionally, we communicate and socialize the change via the established governance process and use our release management process to determine realistic dates for the change to be released into production. We apply effective management controls throughout each phase of the change project, providing regular status reports, efficiently managing issues and mitigating risk in a timely manner.

## Clear and Complete Responses to All CMRs

5. Provide clear and complete responses to all CMRs including:
   i. Definition of the problem.
   ii. Proposed solution.
   iii. Proposed approach to implement the solution.
   iv. Proposed schedule for completion.
   v. Constraints and assumptions.
   vi. Financial impact.
   vii. Stakeholder impact (e.g., provider, members, Department).
   viii. Estimated effort detailed by:
      a. Labor in hours.
      b. Hours per task.
      c. Hours per full-time equivalent (FTE)
      d. Equipment.
      e. General and administrative support in hours.
      f. Ongoing support requirements.
      g. Provider knowledge transfer.
      h. Documentation.

Our staff provides clear and complete responses to all CMRs.

In our response to B.1 earlier in the Online Tracking Tool section, we discussed in detail the ClearQuest tool, how it captures the appropriate information to define the problem, capture the proposed solution and approach to implement the solution, proposed schedule for completion, constraints and assumptions financial impacts, and stakeholder impacts. It also includes any attached documents or other objects that enhance the captured information.

In this section we focus on the estimated effort and how we estimate the effort associated with a change management request. Using our approach to estimating, we determine: the labor (in hours) to complete the change, hours per task, hour per FTE, equipment needed, the amount of general and administrative support hour, ongoing support requirements, the knowledge transfer needed and the documentation changes needed. Our approach facilitates reliable estimates and schedules, which benefits the Department in execution planning and execution. We view estimating as an integral part of our ability to develop solutions with more predictable implementation schedules and offer lower risk results. We do this by using our delivery experience over the last 30 years and refining our ADM estimating models based upon the outcomes of these delivery experiences.

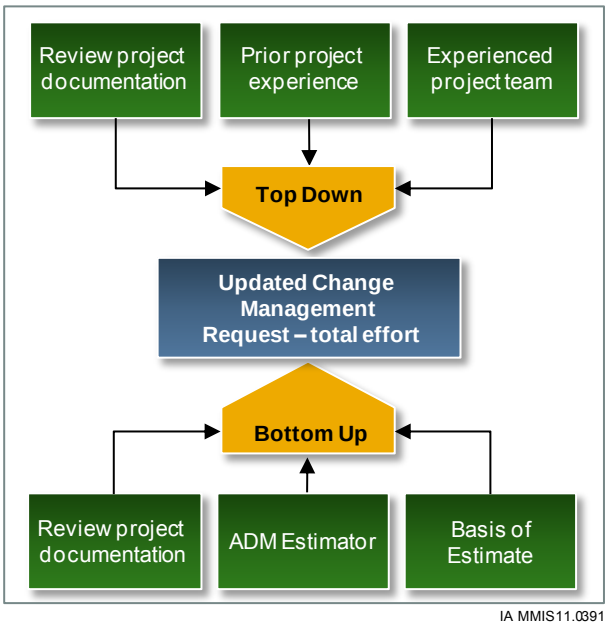


*Figure 10 - 23. We create estimates from both a top down and bottom up perspective.*

Our methodology incorporates both bottom-up and top-down estimates, as

shown in Figure 10 - 23. Top-down estimators are intended to be used early in the project life cycle, when less detailed information is known. They are used to create high-level estimates for initial planning. Bottom-up estimates are more detailed which create more accurate and comprehensive estimates. Based on our experience, the sooner we can drive to a bottom-up estimate, the more reliable the estimate.

Finally, we develop a Basis of Estimate (BoE) for each change management request project, which helps to validate that project estimates are realistic and more importantly, achievable. The Department can benefit from an experienced based bottom-up estimate where a high degree of accuracy can translate to lower project risks and achievable implementation schedules.

To estimate change management requests during the Operations phase, we use the ADM Estimator for Packaged Development. Use of these tools establishes a common estimating model framework that shares capabilities so that our team can produce:

- A total effort estimate and the corresponding staffing guidelines
- An initial financial estimate
- An initial work plan that can be loaded into Microsoft® Project

We have used this approach to successfully deliver on hundreds of projects including our Texas Medicaid client. The advantages of our experience-based estimating approach results in a potentially more predictable and often accelerated deployment of change management projects.

## *Maintain Code Promotion and Version Control Procedures*

6. Maintain documented and proven code promotion procedures for promoting changes from the initiation of unit testing, through the final implementation to production.

Configuration Management is a sub process within our Change Management methodology designed to confirm that we use only authorized items in the APHP environment. We monitor and track these items throughout their component life cycle. We maintain procedures for promoting code through unit testing to implementation. We also maintain version control procedures that include maintaining an established baseline and verifying that the code changes or new software versions are thoroughly tested before being installed.

**Code Promotion**
We maintain documented and proven code promotion procedures for promoting changes from the initiation of unit testing, through the final implementation to production. Configuration management covers the identification, control, maintenance, and verification of configuration items, including their versions, constituent components, and relationships. We store all software and hardware elements as configuration items within the configuration management database, including the associated documentation. Configuration Management and Change Management provide the control mechanisms for code promotion, allowing us to maintain systems integrity and functionality.

We accomplish Configuration Management (CM) using our Project Management tool suite. For CM, we rely on the following products:

- Rational RequisitePro – Requirements tracking and traceability management
- ClearCase – Change control and code/document version repository
- ClearQuest – End-to-end management of configuration from requirement definition to code item definition to defect management to traceability verification

The Rational tools have been pre-configured with templates, processes, and documentation from the Accenture Development Methodology. These enhancements promote adherence to the methodologies and faster uptake for the Accenture Team members. This benefits Iowa by potentially lowering risk and increasing quality of the configuration items addressed throughout the IME MMIS Operations phase.

Our procedures include storing code and system related documentation in ClearCase. Once the change is completed, we indicate completion in ClearQuest. We lock down ClearQuest when we begin the test phase so that only code associated with a defect can be changed or fixed. We build test scripts to test the satisfaction of the requirements. As testing continues we use the Rational Test Suite to indicate the completeness of test scripts, and, therefore, the overall completeness of the fulfillment of the requirements. Because our requirements traceability chain is intact, we know that the CMR is ready for release when the test scripts are 100% complete.

The Configuration Management process also contains the recovery steps to be taken in retreating to the last stable configuration should the need arise to restore the last known stable configuration. Documentation for each release details the procedures necessary to accomplish a fallback if it becomes necessary. Due to the rigorous testing that all releases must follow, the likelihood of needing a fallback scenario is small. Regardless of how long the current release has been in production the fallback capability is preserved.

**Version Control Procedures**

7. Maintain documented version control procedures that include the performance of regression tests whenever a code change or new software version is installed, including maintaining an established baseline of test cases, to be executed before and after each update, to identify differences.

To support configuration requirements as new versions and/or upgrades to the IME MMIS and its underlying COTS components are released, our overall change management process for configuration management is subject to the approval of the Change Control Board (CCB). Using the change management governance process, the CCB directs change through a series of clearly defined processes that include system checks, evaluations and approvals. The process consists of identifying, testing and implementing vendor patches, fixes and enhancements. These steps reduce risks and minimize negative impacts of the configuration changes in production. We maintain the documented version control procedures that include the performance of regression tests whenever a code change or new software version is installed. This includes maintaining an established baseline of test cases, to be executed before and after each update, to identify differences.

## *Staffing Levels and Timely Completion of CMRs*

8. Maintain adequate staffing levels to ensure CMRs are completed within the specified timeframe determined by the Department.

We maintain adequate staffing levels during the Operations phase in order to complete the CMRs as scheduled. We recognize that our response to items #8 and #9 is redundant to our response to items #3 and #4, above. The items and corresponding response are quite similar in nature, necessitating a very similar response.

Our goal is to provide the Department with high-quality solutions that appropriately address requirements, your stated requirements. To accomplish that, we integrate our quality processes into the delivery framework prescribed by our methodology and apply them daily to the work we do.

9. Ensure that all CMRs are addressed within timeframe determined by the Department.

We address all CMR*s* within the timeframe determined by the Department. We provide a successfully demonstrated project management methodology, a delivery team with healthcare industry experience, and a systems management team with extensive experience in maintaining systems of similar complexity and size as the MMIS for Iowa Medicaid. Our methodologies include effective management control throughout all phases of every CMR project.

## *Document Management*

10. Provide before and after copies of documentation changes that affect the CMR.

Within our overall change management process, Configuration Management covers the identification, control, maintenance, and verification of configuration items, including their versions, constituent components, and relationships. Our tools provide access to before and after copies of documentation changes that affect the CMR. Documentation are configuration items, thus they are controlled through our configuration management processes just like all software and hardware elements. Together, configuration and change management provide the control mechanisms for changes, allowing us to maintain the integrity of all items placed under its control. In Accenture's experience, a rigorous document management process is critical element to the success of a project and essential to effective ongoing operation, maintenance and enhancements.

As depicted in Figure 10 - 24, Accenture's Document Management approach uses an established document management methodology, toolset and process. Documentation is the foundation for outlining scope as defined in the contract documents as well as business processes, application and technical specifications, and formal communication. Throughout each phase, Accenture would keep current documentation for the project within a version controlled document repository.

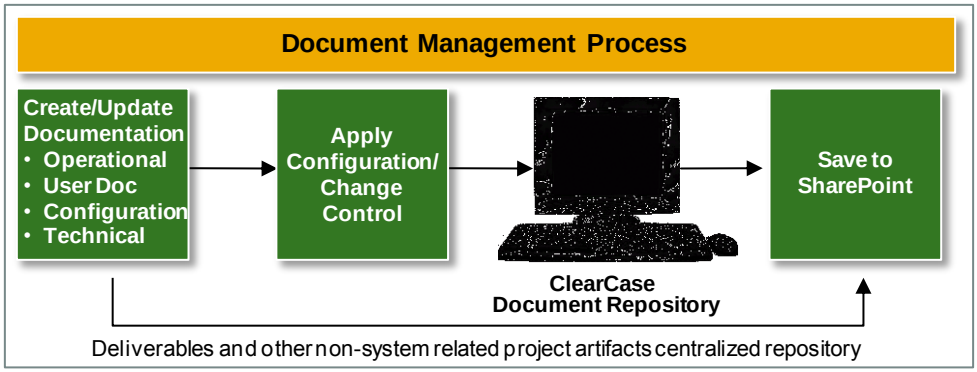


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*Figure 10 - 24. We apply our configuration and change control protocol to keep documentation current, and storing it in an easy to access document repository.*

Rational ClearCase and SharePoint are the standard repositories and tools we use to manage project documentation during the project's lifecycle. ClearCase's version management and auditing functionality promotes the efficient management of documents and validates that they contain up-to-date material are traceable from requirement through deployment. SharePoint is the overarching document repository for all project deliverables including those packaged from ClearCase for various system deliverables at specific points in time, such as the System Development Design documents. Access-control features limit the editing and revision to only authorized individuals. Our standard document management practices include:

- Establishing and communicating a standard directory structure
- Establishing and monitoring document naming conventions and standards
- Capturing and reporting on standard document elements, such as: version number, author, change history and rationale, participants in document creation, and approvals

During the Operations phase, we would continue to maintain and update the IME System Services Project documentation based on the Document Management Plan established early in the project.

As specified in the Performance Standards we would provide updates to documentation within 10 business days after the Department approves the enhancement or modification for production. Each version would represent a complete document rather than changes to a prior version. The use of the SharePoint Repository for storage and access of project artifacts, including documentation, provides built-in version control mechanisms. Restoring to a previous version of a document is available when necessary, as is creating a delta to show the differences between one version and another, including a before and after version.

### *10.1.3.2 Performance Standards (8.1.3.1)*

a. Within 10 business days of receipt of a CMR for an enhancement or modification, provide a written response in a Statement of Understanding (SOU) demonstrating understanding of the request and a schedule for completion or a more thorough assessment of the impact of the change on operations and contract cost per contract year as designated by the Department.

b. Provide updates to all documentation within 10 business days after the Department approves the enhancement or modification for production.

c. If the contractor finds an issue or defect, the contractor must notify the Department within 24 hours. Failure to do so will result in sanctions being assessed. The contractor will be responsible for the research, coding and testing of the issue or defect. Prior to implementing any changes in production, the contractor must present the test results to the Department for approval. This work must be done without impacting scheduled Department requests.

d. Randomly survey the submitters of CMRs to verify that the user was satisfied with the timeliness, communication, accuracy and result of the CMR process ninety-five percent of the time.

Accenture has read the Department's specified performance standards for the change management process and acknowledges and accepts them as described in Table 10 - 17.

| 10.1.3.1 Change Management - Performance Standards | Acknowledge and Accept |
|---|---|
| Within 10 business days of receipt of a CMR for an enhancement or modification, provide a written response in a Statement of Understanding (SOU) demonstrating understanding of the request and a schedule for completion or a more thorough assessment of the impact of the change on operations and contract cost per contract year as designated by the Department | ✓ |
| Provide updates to all documentation within 10 business days after the Department approves the enhancement or modification for production | ✓ |
| If the contractor finds an issue or defect, the contractor must notify the Department within 24 hours. Failure to do so will result in sanctions being assessed. The contractor is responsible for the research, coding and testing of the issue or defect. Prior to implementing any changes in production, the contractor must present the test results to the Department for approval. This work must be done without impacting scheduled Department requests | ✓ |
| Randomly survey the submitters of CMRs to verify that the user was satisfied with the timeliness, communication, accuracy and result of the CMR process ninety-five percent of the time | ✓ |

*Table 10 - 17. Accenture acknowledges and accepts the performance standards for Change Management processes.*

## 10.1.4 System Remediation (8.1.4)

The contractor is required to deliver certifiable MMIS and POS components for the proposed price. The contractor must expeditiously correct any item that CMS will not certify on a schedule to be approved by CMS and the Department. The contractor must correct all items not certified at no additional charge to the Department.

**Accenture minimizes the need for system remediation activities by employing our disciplined processes and due diligence to design, develop and implement the Accenture Public Health Platform in accordance with the Medicaid Enterprise Certification Toolkit and Iowa Medicaid-specific requirements.**

**Our approach to certification provides the highest eligible rate of FFP retroactive to the first day of operations**

- Accenture implements a MMIS that meets applicable certification review criteria of CMS and qualifies the highest FFP retroactive to the first day of operations
- Accenture begins certification readiness activities when the project starts
- An experienced Certification Manager oversees activities starting day one of the project
- Accenture is assessed at CMMI Level 4, including Accenture Delivery Methods, which include project and change management
- Users are able to incrementally learn the capabilities of the APHP, easing the transition and increasing the certainty of certification

Accenture delivers certifiable MMIS components for the proposed price. Accenture is not bidding on POS systems and POS operations.

Our approach to delivering the successful certification of the MMIS begins on day one of the contract. Early certification activities include maximizing checklist visibility to all stakeholders and validating that each checklist item is addressed in our system design and development activities. We also actively coordinate with other Iowa Medicaid Enterprise (IME) contractors for any checklist items they are participants of. Along with monitoring certification compliance, we establish the evidentiary materials that prove compliance for each checklist item and the capture plan for the items through the phases leading up to certification.

Accenture gave extensive certification consideration in its selection of Commercial off-the-Shelf (COTS) products and made the Medicaid Enterprise Certification Toolkit (MECT) a criterion that competing systems had to address to be considered. We are confident that our Accenture Public Health Platform (APHP) will give Iowa an MMIS that will be certified for full Federal Financial Participation (FFP) from the first day of operations.

Accenture's past performance demonstrates our ability to design, develop and implement a MMIS that meets the Content Management System (CMS) requirements and to manage the certification process as evidenced by our successful completion of MMIS certifications in Maryland and Kentucky. If it is determined there is a deficiency with a system component that is part of the APHP solution, we expeditiously correct any certification deficiency at no additional cost to the Department. We work with the Department to determine and approve a system remediation schedule.

Using our "waves" approach during analysis and design, users are able to incrementally learn the capabilities of the APHP by focusing on only each wave's components and mastering each skill set. This approach relieves users of being overwhelmed; it creates less stress, increases system acceptance and productivity, and eases the transition to APHP. All of these benefits to our approach provide additional assurance of a successful certification phase.

Additional specifications regarding our approach to certification of APHP as the IME's new MMIS are located in RFP Section 8.3 and Tab 11 of this proposal.

Under the leadership of the Certification Manager, we have a dedicated focus on certification activities. The Certification Manager addresses the certification-related risks or issues encountered throughout the phases and develop the Certification Plan deliverable. As well as, assists the Department and other IME contractors with the certification readiness letter and plan. Figure 1 below depicts the process steps we follow to reach certification. Accenture is highly motivated to have the IME MMIS certification process go smoothly. We apply our established methodologies and apply the necessary resources to do what we are known best for doing, delivering and integrating critical solutions for our clients when they need them and at the agreed to price.

Additional resources are available to the certification manager at key times, such as for the CMS Certification Review Team's site visit.

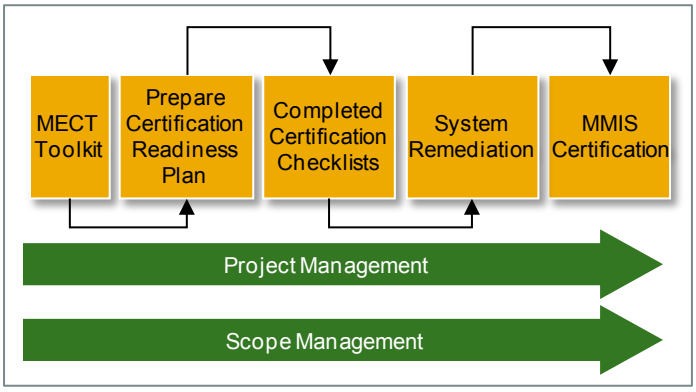


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*Figure 10 - 25. The MECT Toolkit together with our project and scope management drives our certification process resulting in the highest eligible rate for FFP retroactive to the first day of operations.*

As the CMS Certification Review Team concludes their site visit, additional questions or information may need to be addressed prior to finalizing their duties. The CMS Certification Review Team or Regional Office requests the additional information for the resolution of a specific finding. Accenture addresses immediately any information needs and resolve any specific finding by CMS. We expeditiously correct any item that CMS does not certify on a schedule to be approved by CMS and the Department

Accenture retains the necessary staff, consisting of business and systems analysts, subject matter experts, developers and testers dedicated to working directly with the CMS Certification Review team and the Department throughout the system remediation process, if necessary.

The Certification Manager immediately engages any additional staff necessary to perform remediation activities to adhere to the schedules agreed to by the Department, and to confirm any certification findings are corrected quickly and effectively. In addition, any documentation and other artifacts are updated to reflect the resolutions implemented.

Certification of the MMIS is also dependent on the work of other contractors within the IME and the Department. Accenture is best suited to work in this environment. As a large systems integrator, Accenture is accustomed to working in a unique business model like the IME has with eight complementary contracts. We work collaboratively with the other contractors and the Department to expeditiously correct any issues. As detailed in our references in Section 5, we have a track record of being successful in this type of environment.

We understand the importance of meeting the certification standards set by CMS. The ability to correct any identified deficiency in a timely greatly impacts the success of the certification process. Our team

takes any identified deficiency through our change management process, as depicted in Figure 2 outlining the process we will follow to remediate the MMIS during the certification phase.

Our change control approach provides transparency, effective management and scope control. Change control is a two-fold activity during certification. First, we must confirm that any changes made that are not related to the certification activities do not adversely affect the certification. Second, we need to closely monitor any changes made to correct any certification related functions to verify they do not affect other project areas. Our change management procedures confirm both of these types of changes are considered and properly controlled. Upcoming changes are communicated to the staff and the Department via regularly scheduled status meetings, status reporting and electronically through automatically generated alerts.

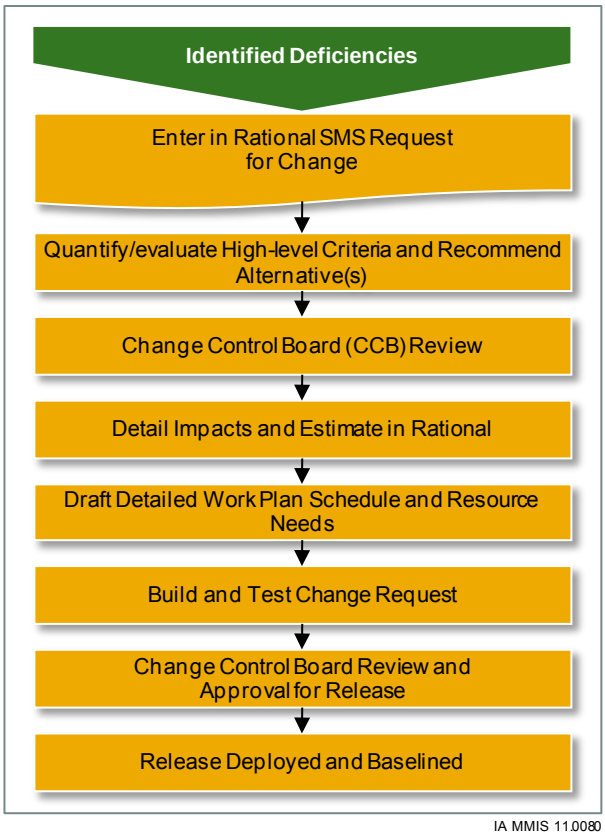


*Figure 10 - 26. Defect processing is based on Accenture's proven processes and standard methodology.*

Accenture Delivery Methods (ADM) is the foundation for our implementations and operations approach and is also used to manage changes during the operations and certification phases. As discussed in Tab 6, project-wide change management falls under the purview of the PMO who works closely with the certification manager and supporting staff during the certification process to confirm the system and documentation changes are accounted for and communicated. Changes required to correct certification are assigned top priority and are subject to the same disciplined processes defined in our ADM.

Should the Department or CMS request a Corrective Action Plan (CAP) be created in response to their findings, Accenture is prepared to promptly develop and submit a CAP to the Department and CMS for approval. Accenture is committed to a timely resolution of any issues and acknowledges items in our scope that are not certified must be corrected at no additional cost to the Department.

## 10.1.5 Mail and Courier Service (8.1.5)

The Core MMIS contractor will maintain the mail handling function for all paper forms and correspondence and is accountable for each claim from the time it is received. The Core MMIS contractor will provide courier service to pick up mail and deliver reports or other items to external entities as required. The mailroom which is located in Des Moines, Iowa, at the IME facility, receives all incoming mail, logs the claim, screens all claim documents and attachments and returns to the provider those claims that fail the screening criteria specified by the Department. Documents that are complete are sorted and batched by type.

**The Accenture Team provides complete courier and mailroom support for incoming and outgoing mail. Our preferred practices make use of enhanced technology to automate most mail operations. These cost-savings methodologies result in increased speed and reduced errors which lead to greater overall provider satisfaction.**

**Proven automated processes lead to greater provider satisfaction.**

- Automatic mail extraction processes increase speed by more than 50% compared to the historical manual process
- Error rates are significantly reduced through automated processes to capture hardcopy data with OCR software
- Automation increases speed and reduces errors which lead to faster payments for providers

### Our Process

The Accenture Team understands that we use the current IME facility and equipment for mail and courier services. The Accenture Team understands the processes in the Procurement Library and plans to build upon the current processes to create a stronger foundation for the mail and courier system. We bring our Operational Excellence methods and years of experience with mailroom operations. Our goal is to use methods and best practices to make a thorough assessment and create a more efficient mailroom operation.

Using the Accenture Public Health Platform (APHP) solution, we maintain the Department's current OnBase document image capture and workflow management software and continue its functionality as an image repository and workflow engine to support current transaction routing rules. This significantly reduces risk because APHP is integrated with OnBase. APHP also contains an enterprise wide workflow solution which provides the Department robust and dynamic workflow options and document image capture software. APHP provides an interoperable framework for ease in integration into the current IME MMIS environment while providing the Department the foundation for future expansion.

The Accenture Team holds responsibility in maintaining the mail handling function for all paper forms and correspondence and is accountable for each claim from the time it is received. Additionally, we provide courier service to pick up mail and deliver reports or other items to external entities as required by the Department.

Paper documentation may be received via mail or courier service. The mail is transported to the processing center using insured vehicles and the drivers are trained to help verify that documents are attended at all times. Mail is processed in a secure room. Following extraction of contents but prior to secure destruction, envelopes are physically verified to ensure that all contents have been removed. In the event that documents are found inside an envelope, the document is returned to a supervisor for insertion with the documents that had been previously removed. Envelopes for certified or returned mail are retained and scanned, otherwise envelopes are discarded. "White" or "junk" mail as defined by business requirements is returned in paper format on a frequency to be determined. All documents received must be prepared for processing by staff. Mail is sorted based on type, such as claim, attachment, or enrollment. Sort criterion is determined by specific business needs. All paper is prepped by removing anything that interferes with scanning processes, such as staples or paperclips. Documents are then batched and identified through system-generated bar-coded batch header sheets. The batches

are entered into our production control system. If checks or money orders are received, they are processed through an exception handling process that records and controls each check/money order/financial document to verify that is scanned and indexed, prepped for deposit, and then routed via courier or other applicable transportation method to the appropriate Contractor or Agency for deposit.

Documents within each batch are screened to confirm that the identified critical information is present. If required information is omitted or if a claim is billed on an incorrect claim form, the document is Returned to Provider (RTP). When a document is returned, it is first logged for future reference in audit purposes or for responding to provider inquiries. The documents to be returned are pulled from the original batch, sorted by reject reason, and placed in the appropriate bin to be counted, batched and returned on a daily basis. The documents are returned by paper or by electronic means depending on the desired workflow process. When returning to the provider, a customized letter is sent explaining the reason for return and suggestions for successful resubmission. Our mailroom operation works with the Provider Contractor and the applicable Help Desks to communicate returned mail patterns to help avoid future RTP situations.

Documents which pass the screening process are then scanned. We acknowledge that the APHP solution uses the Department's current scanning hardware. Our imaging software integrated in APHP, Captiva, integrates with the Department's hardware scanner equipment and the software requirements. Our Captiva document imaging solution provides the following services:

- Document scanning services
- Document indexing services
- Optical Character Recognition (OCR) of claims
- Extraction of claim data
- Automated verification of claim data against look up tables
- User assisted verification of claim data – visual verification and manual data correction
- Delivery of documents and metadata to OnBase for storage in the repository
- Delivery of claim data to integrated tool to be formed into an Electronic Data Interchange (EDI) 837 file for forwarding into the APHP claims processing engine

The Optical Character Recognition (OCR) capability of Captiva captures data from the claim form, reducing the level of effort required to process paper submissions. The software uses well defined business rules and confidence levels for correct capture of data. From the previous experience the Accenture Team has with OCR and configuration of standard claim forms, we have been able to achieve a 90% or higher OCR success rate. Claims that are missing data or are unrecognizable are returned to the provider in the same manner as paper claims. Returns are logged for future reference, pulled from original batch and returned on a daily basis either through hardcopy or electronic image. The provider receives a customized letter explaining the reason for return and includes suggestions for successful resubmission.

Once a document is prepared and scanned, it is uploaded into OnBase where the scanned and indexed documents reside for access through the workflow solution. Documents then progress through a final verification for required elements and control processes help to verify that all documents received have entered the document management system and are ready to load into the APHP claims processing engine as shown in Figure 10 - 27.

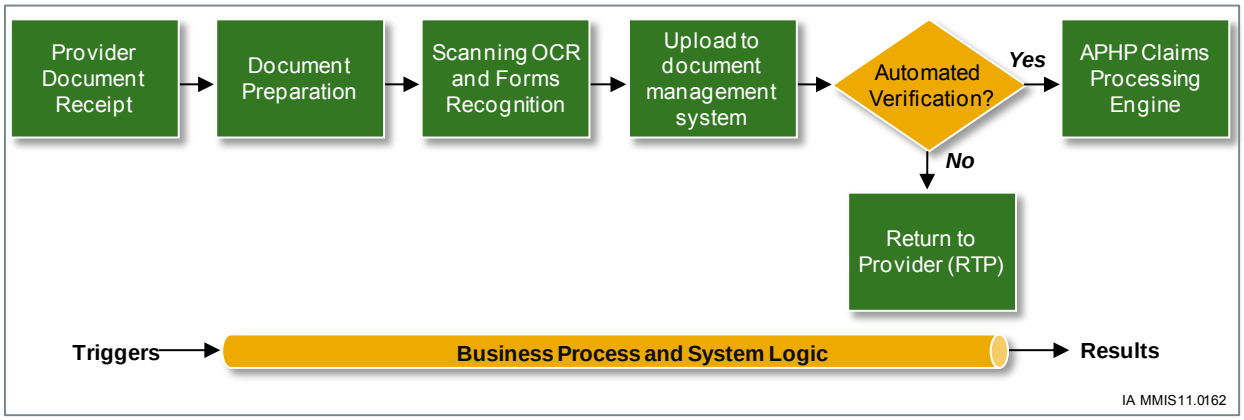


*Figure 10 - 27: Prescreening of documents prior to loading into APHP identifies and returns documents missing required elements.*

**Our Control Procedures**

Documents receive a unique control number immediately upon scanning. The assigned control numbers (Document Control Number or Transaction Control Number) reside with the document and/or claim for the life of the transaction. These numbers are used to maintain control of the transaction and are used to retrieve information and images from entry into the system, through final adjudication and when eventually archived. A significant benefit to our electronic document management solution is the electronic hyper linking of claims and related correspondence. A scanned document is easily accessed by clicking on the specific claim number or via a search engine through the APHP functionality. For example, as a Claims worker is resolving open edits or clearing a suspended claim, if a reference back to the original claim image is required, that worker clicks on a link on the claims portal within APHP which opens (via OnBase) the indexed image without separate sign-ons.

**Our Quality Assurance Procedures**

At initial receipt, documents are reviewed by the Mailroom supervisor through the strategy and methods developed by the Quality Manager to determine if they qualify for further processing. Automated sorting streamlines document process to decrease time to system export and increase quality. Image quality is maintained throughout the scanning process by visual checks for proper alignment and contrast settings. Scanner equipment is serviced through routine diagnostics to maintain image quality. Please reference Section 10.1.2 Internal Quality Assurance for a more detailed description of our Quality Assurance program and strategy.

### *10.1.5.1 State Responsibilities (8.1.5.1)*

a. The Department will pay all postage and external entity mailing costs for IME operational costs.
b. The Department will identify the most cost effective way to print and mail.
c. The Department will be responsible for identifying large-volume mailings.

The Department holds the responsibility for paying all postage costs. The Accenture Team acknowledges the Department responsibilities as depicted in Table 10 - 18 and strives to support them in this activity.

| 10.1.5.1 Mail and Courier Service - State Responsibilities | Acknowledgement |
|---|---|
| The Department pays all postage and external entity mailing costs for IME operational costs. | ✓ |
| The Department identifies the most cost effective way to print and mail. | ✓ |
| The Department is responsible for identifying large-volume mailings. | ✓ |

*Table 10 - 18. The Accenture Team provides full support in helping the Department meet their operational cost requirements.*

### *10.1.5.2 Accenture Responsibilities (8.1.5.2)*

a. All outgoing mail will go through the IME mailroom including regular daily mail and small-volume mailings.

The Accenture Team, using the current mailroom facility and mailroom equipment, plans to process daily mailings and outgoing small-volume mailings agreed upon by the Department. In parallel, we work closely with the Department to confirm the scope of small mailings and destination agency or vendor for outbound mail data from APHP for larger/mass mailings. APHP software converts flat files of outbound mail data into print-ready copies for spooling to a printer or fulfillment vendor as necessary.

Collaborating with contractors and Department staff is important from a communications perspective as it facilitates fostering and sharing process improvements and assists in expedited issue resolution. From a staffing perspective, the Accenture Team seeks to hire current resources that are working in the IME mailroom as this reduces continuity and knowledge base risks from the beginning of service operations. As mentioned in other areas of our Technical Proposal, the Accenture Team is a leader in re-badging and in transfer retention. We are confident that the same holds true when we offer similar transfer opportunities to current mailroom staff.

Additionally, the Accenture Team is pleased to propose Mainstream resources for performing daily fulfillment activities to assist our mailroom operations. From review of the Mainstream mission statements, it is clear to us that continued use of Mainstream services offers social benefits for those that are part of that organization and helps provide a positive environment for all involved. We continue to find additional opportunities in the Core MMIS operation to utilize Mainstream services during the course of our service operations.

b. The contractor generating the mailing will be responsible for providing a print-ready copy of the documents to the printer the Department selects (such as the state print shop or a commercial print shop).

APHP offers an integrated software component that creates print ready versions of documents that are triggered via the correspondence and outbound mailing configuration rules within APHP. This software is configured in the style and format required by the Department for forms, letters, and other mailings. The mailing files are generated in the appropriate media and interfaced or distributed to the vendor as directed. The Accenture Team is committed to working closely with the Department to design and implement the best method for approvals of proofs before final versions are distributed for mass mailings.

c. Develop and maintain screening instructions for each claim type. Screen all hard copy claims upon receipt. This includes:
1. Date-stamp the claims.
2. Sort and batch the claims.
3. Screen the claims.
4. Assign claim control numbers.
5. Scan and image the claims.

Prior to the Operations and Maintenance phase of work, the Accenture Team begins developing critical operating procedure documents and control points to create required training materials and job aids. From a mailroom perspective, the receipt, screen, and image process for all paper claims is critical front end activity to avoid claim adjudication errors or invalid suspended claims later in the process. The following process helps define how the process will be executed:

Paper documents are date stamped upon receipt in the mailroom. Mail is sorted based on type, such as claim (and by claim type), attachment, enrollment, provider inquiry, etc. Automatic Document Recognition (ADR) is used for sorting incoming documents as applicable. Sort criterion is configurable according to specific business needs. This tool provides powerful automation for routing documents within the workflow, saving time and human intervention. Documents are then batched and identified through system-generated bar-coded batch header sheets. The batches are entered into our production control system.

Documents within each batch are screened to confirm that critical information is present. If information is omitted or if a claim is submitted on an incorrect claim form, the document goes through the RTP process. When a document is returned, it is first logged for future reference in audit purposes or for responding to provider inquiries. The documents to be returned are pulled from the original batch, sorted by reject reason, and placed in the appropriate bin to be counted, batched and returned on a daily basis. The documents are returned by paper or by electronic means depending on the desired workflow process. When returning to the provider, a customized letter is sent explaining the reason for return and suggestions for successful resubmission.

Documents which pass the initial screening process are then sent for scanning. The electronic scanning tool used helps to verify that quality requirements are met by having quality control analysts verify captured claim images. The documents receive a unique control number immediately upon scanning. The assigned control number resides with the claim for the life of the transaction. This number is used to maintain complete control of the transaction and is used to retrieve information and images from entry into the system, through final adjudication and when eventually archived.

If applicable, the process includes OCR to capture data from the forms, reducing the level of effort required to process paper submissions. Once a document is prepared and scanned, it is uploaded into OnBase. Documents then progress through a final verification for required elements and control processes help to verify that all documents received have entered the document management system and are ready to load into the APHP claims processing engine.

d. Imaged claims must be immediately available for processing and viewing.

Claims that are prepped, sorted, screened and scanned are available in APHP immediately for processing and viewing. As OnBase will be fully integrated into APHP, users access the image via the worker portal or other applicable entry points without requiring log in to OnBase separately.

### *10.1.5.3 Performance Standards (8.1.5.3)*

a. Return claims lacking a procedure and diagnosis code to the provider, unless an exception is made by the Department within one business day.

b. Do not enter a claim in MMIS (with the exception of Medicare crossover claims) unless it contains the member ID number, provider ID number and signature of the provider or his authorized representative. Do not accept a facsimile stamp unless it is initialed by the provider or his/her authorized representative. Return claims not meeting these criteria to the provider within one business day.

c. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department.

d. One hundred percent of claims and all other documents will be scanned and available within in the system within a 24 hour period of receipt excluding state holidays and weekends.

We acknowledge and accept the RFP performance standards for Mail and Courier Service as depicted in Table 10 - 19.

| 10.1.5.3 Mail and Courier Service - Performance Standards | Acknowledge and Accept |
|---|---|
| Return claims lacking a procedure and diagnosis code to the provider, unless an exception is made by the Department within one business day. | ✓ |
| Do not enter a claim in MMIS (with the exception of Medicare crossover claims) unless it contains the member ID number, provider ID number and signature of the provider or his authorized representative. Do not accept a facsimile stamp unless it is initialed by the provider or his/her authorized representative. Return claims not meeting these criteria to the provider within one business day. | ✓ |
| Create and/or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department. | ✓ |
| One hundred percent of claims and all other documents will be scanned and available in the system within a 24 hour period of receipt excluding state holidays and weekends. | ✓ |

*Table 10 - 19: The Accenture Team acknowledges and accepts the performance standards for Mail and Courier Service.*

## 10.1.6 Member Management (8.1.6)

The purpose of the Member Management module is to accept and maintain an accurate, current and historical source of eligibility and demographic information on individuals eligible for medical assistance in Iowa and for supporting analysis of the data contained within the member database. The maintenance of member data is required to support Iowa eligibility verification, claims processing and reporting functions. The member management module is also responsible for maintaining indicators for member lock-in. The member management function maintains an accurate and current identification of members eligible for both Medicaid and Medicare.

**APHP is modular suite of Commercial Off-the-Shelf (COTS)-based products, supported by a framework design using Service Oriented Architecture (SOA), APHP offers the ultimate level of flexibility: a highly interoperable member management component with the ability to seamlessly integrate with current and future eligibility systems. The ability to interface in real-time with multiple sources for inputs and outputs helps to verify that operations are supported with accurate and up-to-date eligibility information.**

**The Accenture Team's Member Management experience provides the tools for IME success**

- Currently manage systems that process over 8.8 million eligibility records per month with less than 0.02% error rate.
- Supported 12 U.S. welfare eligibility systems in the last 15 years, including building the leading web-based integrated eligibility system for key public assistance programs in California
- APHP delivers MMIS Interoperability, creating immediate access to member information across the IME multi-contractor environment
- Combination of processes and tools result in reduced time and accurate eligibility information

The member management component of the Accenture Public Health Platform (APHP) receives demographic and eligibility information for members eligible for Medicaid, maintains current and historical data, and makes this information available to both internal and external areas of operations to support claims processing, reporting, surveillance and utilization reviews and eligibility verifications. Accurate member data is critical to the administration of member health benefits and the subsequent calculation of state and federal funding elements.

### Our Process

Member eligibility and demographic information is received from various source systems and integrated into APHP. The Electronic Data Interchange (EDI) component of APHP provides immediate feedback to the originating source that includes reconciliation to help verify proper totaling and supports error correction and synchronization. The technical architecture of APHP allows for a seamless connection to different vendor services even if they reside on ancillary systems. The APHP user interface provides consistent and integrated access to all business functions and provides an online view of all member eligibility categories as shown in Figure 1.

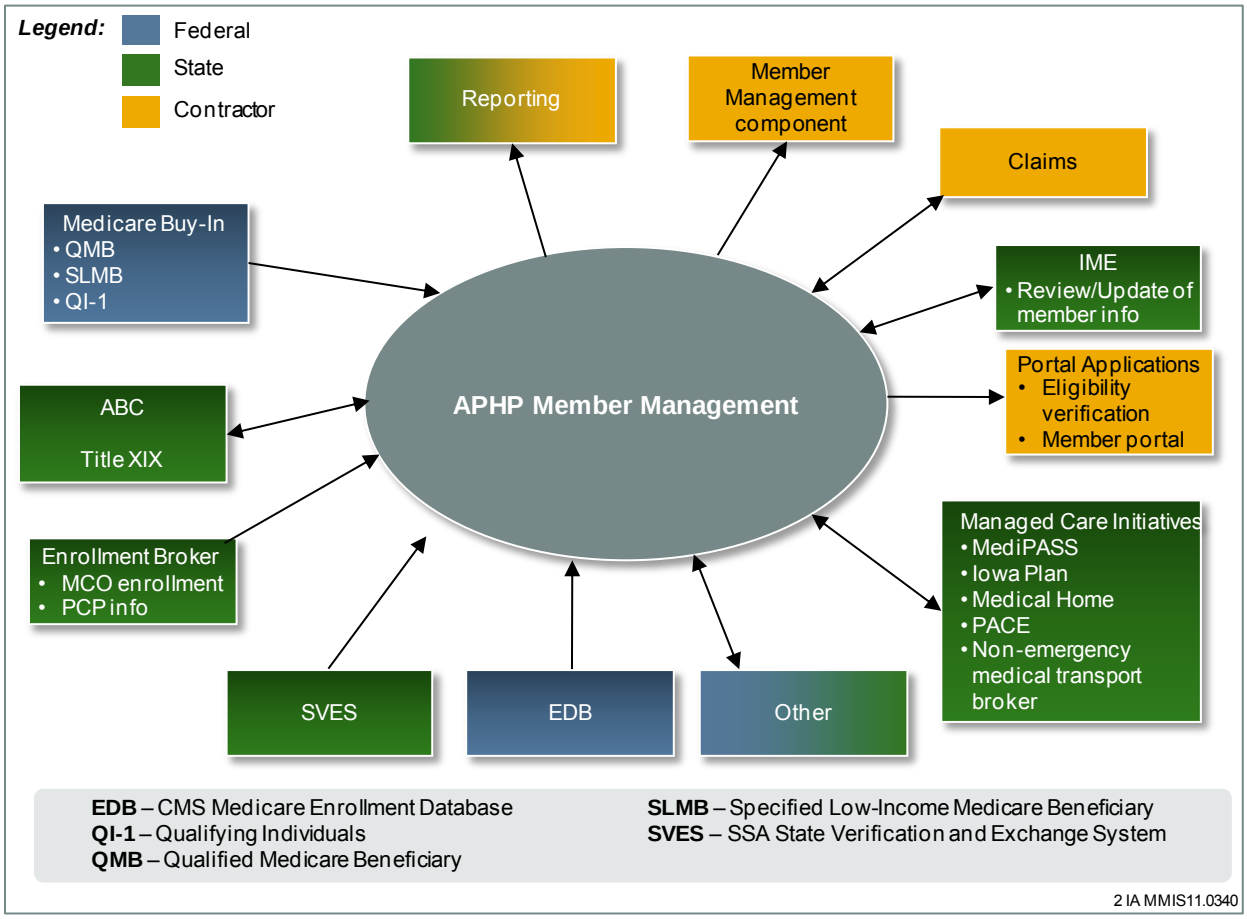


*Figure 10 - 28. APHP connects seamlessly to various programs and trading partners for data exchange.*

Upon successful receipt of member eligibility data from either a real-time web service or batch interface file from the source system, the data is automatically loaded and processed to update member records in APHP within the specified timelines required by Department. Incoming information is validated based on Department rules and include a screening for required data, verification of field content and verification of application information with external entities. An administrative alert is raised as soon as an error is encountered and the erred transaction is rolled back immediately with the details of the error being stored in an error database. Errors are routed through an integrated workflow tool to the appropriate staff for review and resolution.

The APHP member management component maintains demographic information, eligibility date bound segments, benefit plan enrollment, service limitations and accumulators, patient responsibility information, and notes received electronically or entered by the Department. A key feature of APHP Member Management, and new to the state's MMIS capabilities, is our ability to carry member enrollment and eligibility information at both the individual and family levels. Additionally, APHP not only provides a view of all Medicaid health benefit plan assignments at both the individual and family level, APHP can store and display other state program participation on the MMIS member record. These capabilities further enhance the "member-centric" approach which is priority one within the IME.

Data is managed in two databases. One database stores current member data. There can be multiple addresses stored for each beneficiary. These are identified by type of address and include beginning and end dates. The database is configurable to allow for the use of a specific address for correspondence.

Database level verification of required data fields help to verify the completeness of data imported through the EDI process. If required fields such as date of birth, phone number or email address are missing from the enrollment data, the information is not inserted into the database. A second database stores historical member data.

The Accenture Team maintains processes to identify data suitable for archiving as per Department parameters. This data automatically transfers to the historical database using a data transfer utility within APHP. Archived data is accessible at any time for verification or validation of any backdated detail. Accessing archived data is no different than accessing current data.

Rigorous controls, including automated schedules for real-time and batch updates, checks for duplicate entries, and data validation of key identifier fields, help safeguard the integrity of existing member data against unauthorized updates. APHP employs concurrency control on databases to prevent data from being updated by multiple transactions simultaneously. Regular checks are done, typically against a Social Security number, first and last name, Health Insurance Claim Number (HICN) and date of birth, to prevent duplicate member records.

Processes for maintaining member data are automated and transparent to providers and end users. This approach allows for uninterrupted access to member data. Our operations team is on point and has the necessary access to make manual member updates in emergency and other purposes as well, and reconciliations are run after manual updates to preserve the integrity of the data. APHP is designed for enabling configurable bi-directional communication between users for eligibility data. Data updates are received from multiple trading partners. APHP supports standard and non-standard interface management utilizing an integrated component within our EDI solution. Highly configurable to support inbound and outbound secure data exchange, this component is complementary to the APHP core claims engine supporting member management capabilities. As with other aspects of our solution, APHP is highly configurable and allows for quick and easy changes to existing formats and adoption of new interface formats as shown in Figure 2. The SOA based architecture of APHP provides the flexibility and interoperability to work with systems of today while providing the foundation for future expansion.

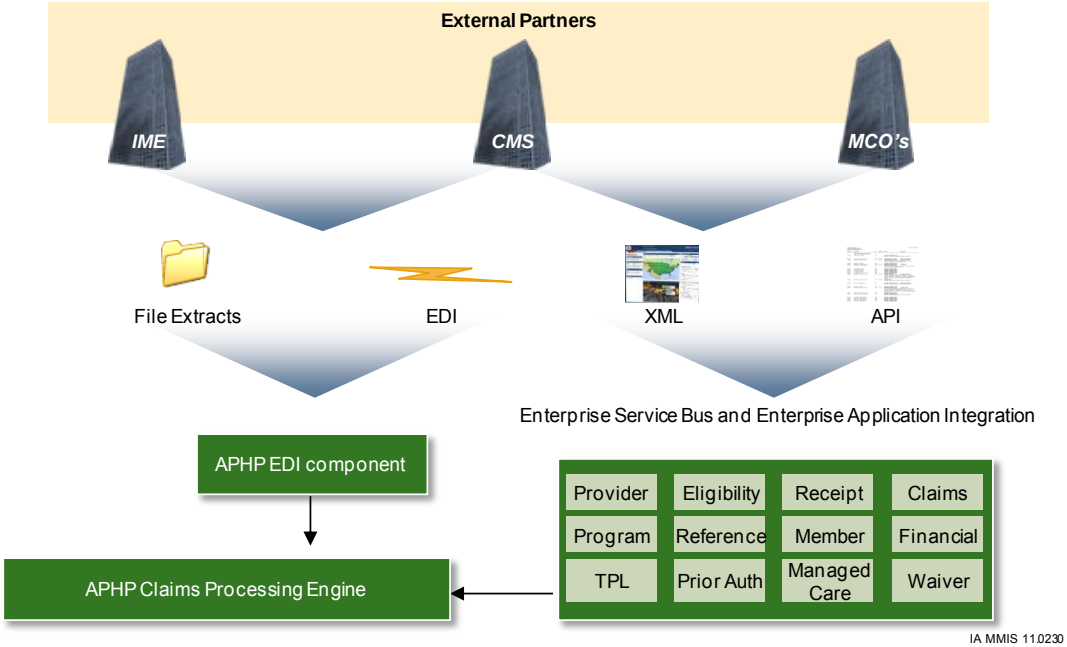


*Figure 10 - 29. APHP provides the flexibility to quickly modify existing formats and adopt new ones.*

Data is updated in the system through the EDI component of APHP. By using the EDI component, data is validated, verified, edited and reconciled. Data is imported from source systems, validated per Department policy and updated in the member database. APHP's interoperable platform leverages web services, XML and APIs which supports real-time eligibility updates from the Department's current and future eligibility determination systems, among other data source systems and resources. Our system also provides for automated schedules for batch updates as per Department policies. Real-time and automated batch processes provide timely updates, automatic adjudication, benefit plan enrollment and reconciliation processes with the Department's eligibility system to help verify that all data is up to date. Feedback is provided to the originating source which includes a reconciliation of records processed in APHP against the incoming source file. This helps to verify proper totaling and supports error correction and synchronization. Our staff is on point to work closely with the IME Member Management contractor to help deliver seamless data transfers and make manual changes in emergency or other situations as needed.

## Our Control Procedures

Data is controlled through stringent processes within APHP and the EDI transactions. All types of access to the system, as well as changes to any data are recorded. The database captures identity and date/time stamp as well as the identity of the originating source whenever an update is made. A comprehensive audit trail database captures each version of reference data and updates to transactions including errors in changes and suspended changes. Audit trails store the time and date of each entry on reference data tables as well as user ID logged in.

Access to member data through the APHP portal is strictly controlled through Single Sign On (SSO) and role-based security profiles. Users are assigned a role and each role is assigned levels of access. Access is defined at the field level to prevent unauthorized transactions and exposure of sensitive or protected data from unauthorized users.

Rigorous controls, including automated schedules for batch updates, help safeguard the integrity of existing member data against unauthorized updates. APHP employs concurrency control on databases to prevent data from being updated by multiple transactions simultaneously.

## Our Quality Assurance Procedures

APHP employs stringent duplicate checking to preserve the integrity of data. Criteria for duplicate checks are configurable according to Department policy. Inbound records are typically checked against Social Security numbers to locate exact match duplicates. Additional checks are made weekly or monthly to review all member records and typically check again first and last name, HICN and date of birth. Records marked as suspect for duplicate are forwarded through the integrated workflow tool for follow up. A user may determine that the duplication does not exist or may choose to merge two or more records.

A reconciliation process is performed quarterly or as requested by the Department to check source data against APHP data. Discrepancies are automatically identified and fallout records are routed to the appropriate staff for resolution through the integrated and configurable workflow tool. Records requiring resolution are presented in a user-friendly format for review and correction. The correction process is defined by the Department.

The Member Management module supports the business operations of the Core MMIS contractor related to Member Management which include:

a. Member Management Module: process eligibility file replacements and daily file update records received from the Department and maintain the MMIS member eligibility file for use in claims processing, eligibility verification and Program Integrity activities and reporting

Member data is primarily updated in the system through the EDI component of APHP, in real-time or in batch. User friendly capabilities exist for manual updates to be applied to the MMIS using the APHP worker portal. The EDI component comprehensively supports that data is validated, verified, edited and reconciled. Data is imported from source systems, validated per Department policy and updated in the member database. APHP provides for automated schedules for batch updates as per Department policies. Automated batch processes provide timely updates, automatic adjudication, benefit plan enrollment and reconciliation processes with the Department's eligibility system to help verify that all data is up to date. Feedback is provided to the originating source which includes a reconciliation of records processed in APHP against the incoming source file. This helps to verify proper totaling and supports error correction and synchronization.

Member data is maintained within two databases, one for current data and another for historical data. Database level verification helps to ensure that incomplete data does not enter the database. These databases are called by internal and external areas of operations in support of claim processing, reporting, surveillance and utilization reviews and eligibility verification.

b. Eligibility Verification: provide member eligibility verification services through the interactive voice response system (IVRS) which is referred to as the Eligibility Verification System (ELVS), standard HIPAA transactions and web-based inquiries for eligibility information

The APHP solution offers multiple electronic means of verification of member Medicaid eligibility by external entities including:

- The APHP web portal
- Interactive Voice Response System (currently known as ELVS)
- Structured, standard HIPAA compliant inbound and outbound transactions

Additionally, APHP has the flexibility to develop new means of eligibility verification through integration with future systems.

Member eligibility is searched using a combination of member identification number, Social Security number, first and last name, and date of birth as shown in Figure 3. Inquiries into the eligibility verification system returns required information such as eligibility status, dates of coverage, benefit plan information, participation in a managed care program, any service restrictions such as lock-in data and notification of third-party payers, including Medicare specifics such as coinsurance and deductible amounts, who should be billed prior to Medicaid.

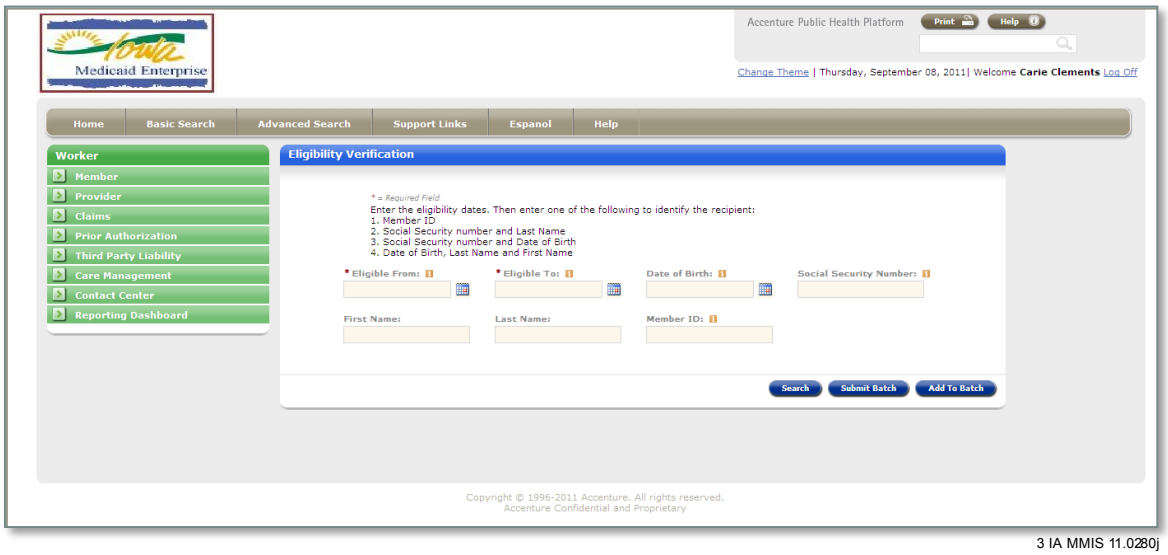


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*Figure 10 - 30. The APHP web portal provides a user-friendly interface for eligibility verification.*

c. Eligibility verification should be a service that can be called by other services

The advantage to using a SOA solution is that external entities, such as the POS contractor or Health Information Exchange (HIE) vendors, have the ability to call APHP services in real-time, when they need eligibility verification. Member record databases in the APHP solution seamlessly interface with both internal and external sources to support reliable access to member data as seen in Figure 4.

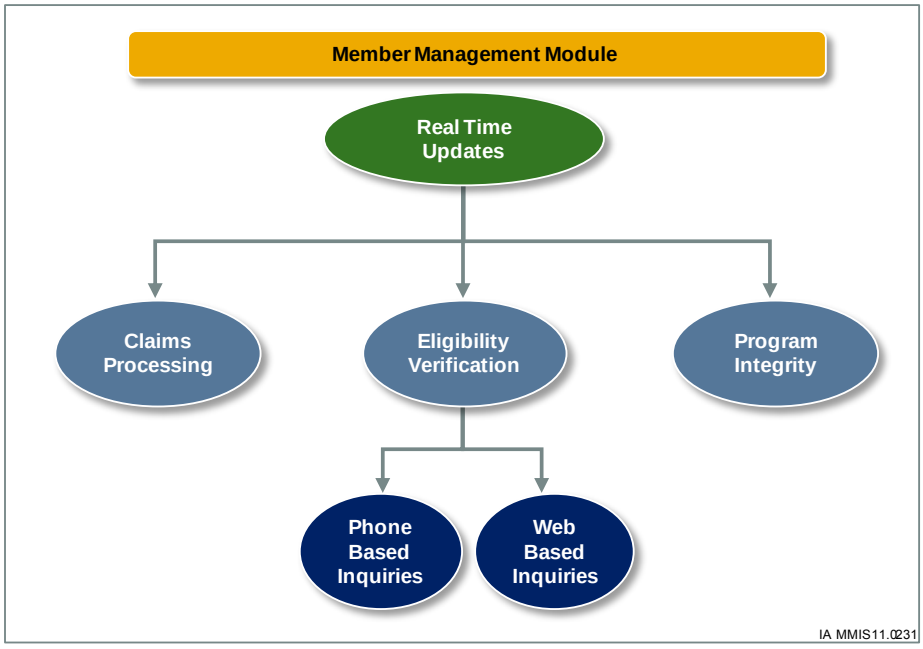



*Figure 10 - 31. APHP's member management component is called to provide the most current information and reliable access to support both internal and external functions.*

### *10.1.6.1 Activities (8.1.6.1)*

The activities of the MMIS Member Management function are:

a. Maintain the identification of all individuals eligible for Medicaid benefits

Upon initial enrollment, each member is assigned a single unique Medicaid ID. A member may be enrolled in several different programs concurrently and each program may assign member identifications unique to that program. The APHP Member Management component links and tracks other identification numbers from other sources back to the single unique Medicaid ID that is assigned to the member at the time of enrollment. Authorized users have the capability to view the complete list and history of identification numbers, source and effective dates.

The APHP member management component identifies demographic information, eligibility date bound segments, benefit plan enrollment, service limitations and accumulators, patient responsibility information, and notes received electronically or entered by the Department for each beneficiary.

Rigorous controls, including automated schedules for batch updates, help safeguard the integrity of existing member data against unauthorized updates. APHP employs concurrency control on databases to prevent data from being updated by multiple transactions simultaneously. Regular checks are done, typically against a Social Security number, first and last name, HICN and date of birth, to prevent duplicate member records.

b. Build and maintain a computer file of member data to be used for claims processing, administrative reporting, surveillance and utilization review functions

Member data is maintained within two databases, one for current data and another for historical data. Database level verification helps to avoid incomplete data entering the database. These databases are called by internal and external areas of operations in support of claim processing, administrative reporting, surveillance and utilization reviews.

c. Keep the MMIS member eligibility file current through updates of eligibility information from the eligibility system

APHP supports both real-time and batch updates of member eligibility information for the IME. Member eligibility data is imported through structured update transactions from the Department's eligibility system. APHP is configurable to provide for the real-time updates via standard web services and automated schedules for batch updates as per Department policies. Automated batch processes provide timely updates, automatic adjudication, benefit plan enrollment and reconciliation processes with the Department's eligibility system to help verify that all data is up to date. Feedback is provided to the originating source, which includes a reconciliation of records processed in APHP against the incoming source file. This helps to verify proper totaling and supports error correction and synchronization.

d. Maintain positive control including confidentiality of data over the member eligibility data required to process claims and meet state and federal reporting requirements

Integrity of data is protected through rigorous controls and safeguards against unauthorized updates or access to sensitive, confidential information in line with state and federal reporting requirements. All operational areas that seek member eligibility data have access only to the data needed to perform their function. Role-based, field level security helps to verify that users only view and update fields where they have been granted access. APHP is configurable to allow updates made to member records only if approved by a supervisor or other authorized user. This creates two levels of security for all updates. An update to member data records user identity, date/time stamp and identity of originating source.

e. Maintain the unique identification of all eligible's for medical benefits under Medicaid or other Iowa assistance programs as determined by the Department

Upon initial enrollment, each member is assigned a single unique Medicaid ID. A member may be enrolled in several different assistance programs concurrently and each program may assign member identifications unique to that program. The APHP member management component links and tracks other identification numbers from other sources back to the single unique Medicaid ID that is assigned to the member at the time of enrollment. Authorized users have the capability to view the complete list and history of identification numbers, source and effective dates.

Regular and frequent validations are done, typically against a Social Security number, first and last name, HICN and date of birth, to prevent duplicate member records.

f. Distribute eligibility data to other processing agencies as required

The technical architecture of APHP allows for a seamless connection to different vendor services even if they reside on ancillary systems. The APHP user interface provides consistent and integrated access to all business functions and provides an online view of all member eligibility categories. Other processing agencies as authorized by the Department are given access to the APHP portal in support of eligibility data and verification as needed.

In addition to immediate access to data via the portal, data is distributed as eligibility extracts via configurable interfaces based on business need. It is also available in a paper format, if that is required by the processing agency.

Maintaining the integrity of member data is of utmost importance. We implement online security to safeguard against unauthorized access. The APHP web portal implements Single Sign On (SSO) access and proper authorization and security level designation is required. This role-based, field level security helps to verify that users only view and update fields where they have been granted access. File exchanges are supported through secure interfaces to authorized users only.

g. Assign members to benefit plans

Members are assigned to specific benefit plans based on their individual eligibility category within the Iowa Medicaid program. The benefit plans contain only the specific services which are considered a covered benefit for the member. Members may easily be assigned to more than one benefit plan at the same time, just as their individual eligibility dictates. Additionally, coverage dates for each benefit plan that the member is assigned, may completely overlap or may stagger from one plan to the next. Benefit plan assignment within APHP can be tailored to fit the exact need of the member.

Through the transferring and loading of member data from multiple sources, APHP captures information for each member based on aid category and program participation or assigns each member into one or more benefit plans based on Department policies. APHP is capable of a vast number of different benefit plan configurations. Members can be assigned to multiple benefit plans concurrently. Because coverage rules for plans are applied to the detail line of the claim, APHP allows for the submission of services covered under different plans and utilizing different payment methodologies to be submitted on a single claim.

The design of the APHP benefit plan component is an intuitive and innovative model based on applying reusable building blocks as shown in Figure 5. These building blocks are highly configurable. A user specifies collections of diagnosis codes to create diagnosis code groups and a collection of procedure codes to create procedure code groups. These groups are then combined to define treatment types. APHP allows the application of accumulators and other configurable constraints to each of the treatment

types to create a collection of allowable services known as a benefit plan. Finally, operational staff defines which population of members is allowed these benefits.

The population is further defined and constrained by enrollment and individual eligibility criteria. Medicaid members are then associated to a benefit plan through a benefit contract. APHP provides the ability to associate multiple benefit plans to a member. This added flexibility gives IME the ability to augment or temporarily add services to members without changing the base benefit plan.

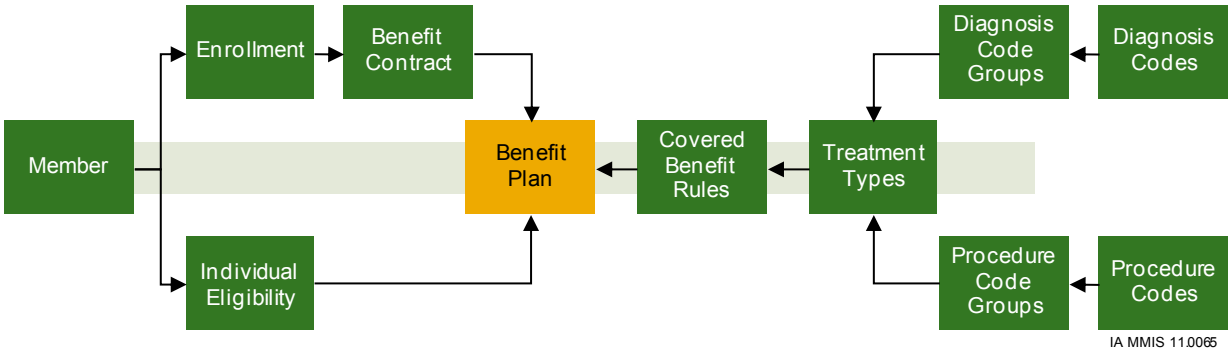



*Figure 10 - 32. Our intuitive and innovative framework for implementing benefit packages is based on reusable building blocks that improve speed to implement and ease maintenance and modification.*

### h. Manage the state Medicare buy-in process

The Accenture Team recognizes that there are several parties involved in the Medicare Buy-In process. We have the ability to seamlessly integrate with other contractors to achieve smooth and accurate handling of the Buy-In process from beginning to end.

APHP addresses the Medicare buy-in process in an automated fashion. Using eligibility data, members are identified as being dually eligible for Medicare and Medicaid. Buy-In eligibility information is then matched against defined CMS Federal Medicare database records and responses are returned from CMS indicating approval or denial into the Buy-In program. Appropriate premium amounts are given for each member. The Buy-In approval is treated as a benefit plan assignment in the member data record. Upon assignment to the plan, APHP manages the member premium billing and receipt for the transaction to verify that the applicable matching funds are received and reflected in the member record. This helps to determine if the member is up to date on the premium payment.

The receipt and processing of the member premium is managed by automated workflows which updates the member records automatically and support automated claims processing against the plan in which the member is assigned. Our solution to the Buy-In process includes processes to determine the efficient buy-in of members into Medicare as shown in Figure 6. Based on defined timeframes, we compare member claims payment history with premium history to calculate a return on investment. The outcome of these reviews is used to help verify that proper actions are taken for managing the Medicaid program.

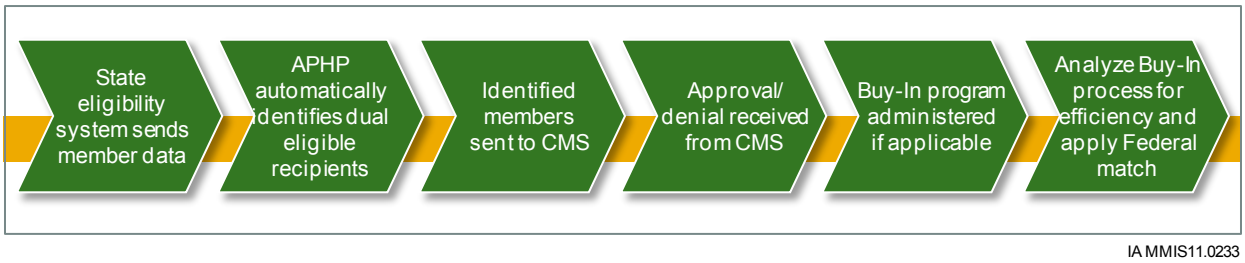


*Figure 10 - 33. Automatic processes for identifying and verifying Medicare Buy-In members allows APHP to help verify that Medicaid is the payer of last resort.*

i. Contractor must manage the systems to support Managed Care and Medical Home Enrollment

Using APHP portal screens or the eligibility interface, APHP provides the ability to enroll members from Managed Care and Medical Home programs with ease. We view managed care processing as a different type of benefit plan in which encounters may be processed for designated provider types in addition to claims from other provider types. APHP provides flexible, table-driven rules and services that are configured through easy to use screens providing the ability to specify benefit plans and services. A benefit plan specifically for Medical Home includes services payable by Medical Home providers that are not covered by traditional Medicaid. Using member eligibility assignment and provider payment contract assignment, APHP establishes which members can receive services, which providers can provide services, and how they get paid. Specifically, we are prepared to support Iowa in its future managed care activities, including the expansion of its recently implemented Medical Home 1115 waiver and its transactions with Accountable Care Organizations. Please reference Section 10.1.19 Managed Care for a more detailed explanation of our ability to support these programs.

### *10.1.6.2 State Responsibilities (8.1.6.2)*

The capture and maintenance of member data is primarily the responsibility of the Department. The Department determines eligibility for Medicaid and other entitlement programs through the eligibility system. The Department produces daily update files and a master file containing member eligibility data, which are transmitted to the MMIS and the Department is responsible for the following member functions:

a. Determine eligibility
b. Produce and deliver to the Core MMIS contractor daily electronic transmissions and eligibility files for update to the member eligibility file
c. Identify individuals eligible for managed care enrollment
d. Assign identification numbers to individual eligible
e. Determine hawk-i eligibility through a contract with a third party administrator
f. Provide presumptive eligibility system and data
g. Determine and clarify eligibility policy
h. Provide medically needy eligibility data to the Core MMIS contractor including conditional eligibility information, the certification period, spenddown amounts and responsible relative
i. Identify individuals that are responsible for a premium payment
j. Issue and mail member medical ID cards
k. Update member eligibility file with SDX and Beneficiary and Earnings Data Exchange (BENDEX) file transactions
l. Issue notification of eligibility and client participation to facility providers
m. Resolve eligibility errors that require further research such as potential duplicates
n. Verify and maintain member address within the eligibility system

The Department is responsible for determining member eligibility, providing MMIS with eligibility data, determining policy and issuing ID cards. The Accenture Team acknowledges all of the Department responsibilities as seen in Table 1 and provides support in these activities through the consolidation of data from multiple sources and stringent processes to help verify the integrity of member data.

| 8.1.6.2 Member Management - State Responsibilities | Acknowledgement |
|---|---|
| Determine eligibility | ✓ |
| Produce and deliver to the Core MMIS contractor daily electronic transmissions and eligibility files for update to the member eligibility file | ✓ |
| Identify individuals eligible for managed care enrollment | ✓ |

| 8.1.6.2 Member Management - State Responsibilities | Acknowledgement |
|---|---|
| Assign identification numbers to individual eligible | ✓ |
| Determine hawk-i eligibility through a contract with a third party administrator | ✓ |
| Provide presumptive eligibility system and data | ✓ |
| Determine and clarify eligibility policy | ✓ |
| Provide medically needy eligibility data to the Core MMIS contractor including conditional eligibility information, the certification period, spend-down amounts and responsible relative | ✓ |
| Identify individuals that are responsible for a premium payment | ✓ |
| Issue and mail member medical ID cards | ✓ |
| Update member eligibility file with SDX and Beneficiary and Earnings Data Exchange (BENDEX) file transactions | ✓ |
| Issue notification of eligibility and client participation to facility providers | ✓ |
| Resolve eligibility errors that require further research such as potential duplicates | ✓ |
| Verify and maintain member address within the eligibility system | ✓ |

*Table 10 - 20. Our technical solution for member management helps the Department meet their responsibilities.*

### *10.1.6.3 Accenture Responsibilities (8.1.6.3)*

The member functions of the Core MMIS contractor are to:

a. Accept and maintain an accurate, current and historical source of eligibility and demographic information on individuals eligible for Iowa medical assistance. The maintenance of member data is required to support the claims processing and reporting functions and to support the Iowa requirements for eligibility verifications

The member management component of APHP receives demographic and eligibility information for members eligible for Iowa Medicaid and maintains current and historical data and makes this information available via an intuitive web portal to both internal and external areas of operations to support claims processing, reporting, surveillance and utilization reviews and eligibility verifications. Accurate member data is critical to the administration of member health benefits and the subsequent calculation of state and federal funding elements.

Member eligibility and demographic information is received from various source systems and applied within the member management component of APHP. The EDI component provides immediate feedback to the originating source that includes a reconciliation to help verify proper totaling and supports error correction and synchronization. Upon the successful receipt of a real-time update or an interface file from the source system, the file is automatically loaded and processed to update records into APHP within the specified timelines required by IME. Incoming files are validated based on Department rules and include a screening for required data, verification of field content and verification of application information with external entities. The system automatically corrects file errors based upon predefined rules. An administrative alert is raised as soon as an error is encountered and the erred transaction is rolled back immediately with the details of the error being stored in an error database. Errors that cannot be automatically corrected are routed through an integrated workflow tool to the appropriate staff for review and resolution. The resolution, which is configurable as desired by the IME Member Services contractor, may include notification to the member of missing or invalid information or referral to the Department for further research as shown in Figure 7.

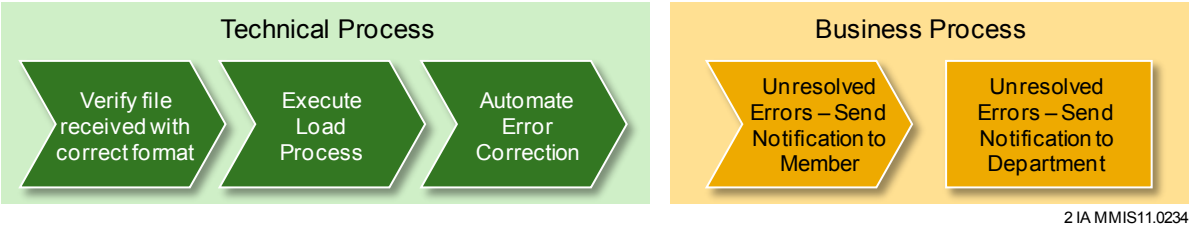



*Figure 10 - 34. Technical processes controlling the receipt and loading of member data result in timely and accurate member information.*

APHP is designed to enable bi-directional communication between users for eligibility data, helping to verify uninterrupted access to the most up to date and accurate member data. Updates are securely received from multiple sources and integrated into one system of record to maintain the integrity of the data as it supports many operational areas, including claims processing, administrative reporting and eligibility verification. Multiple identification numbers from the various data sources are maintained and linked to the single unique Medicaid ID. Data is maintained in current and historical databases that are accessible at any time for verification or validation of eligibility details. Verification of required data fields at the database level help to verify that invalid information is not entered into the database. Controls such as automated schedules for batch updates, duplicate record checks and data validation of key fields help verify the integrity of member data in APHP.

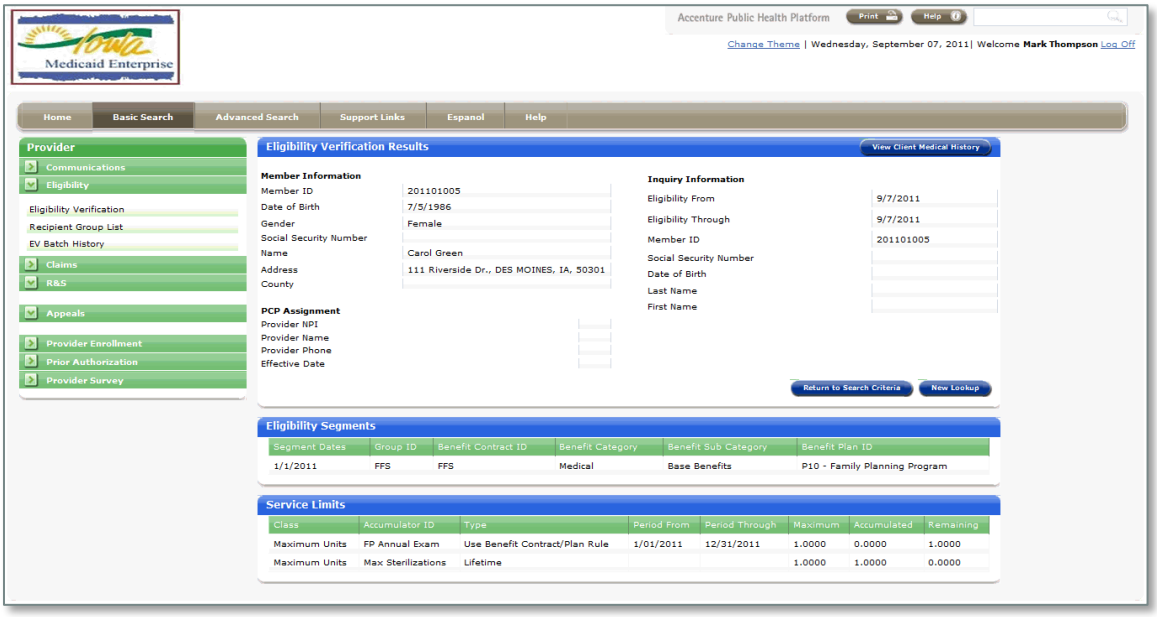
b. Process updates to member eligibility data transferred by the Department and process a month-end replacement file for all medical assistance on a monthly, daily, or real-time bases or as directed by the Department

The Member Management component of APHP obtains and maintains member demographics and eligibility information for members receiving benefits under any of the MMIS programs. Member data is updated and processes a month-end replacement file for all medical assistance records on a monthly, daily or real-time basis within the system through the EDI component of APHP. By using the EDI component, data is validated, verified, edited and reconciled. Data is imported in real-time and in batch from source systems, validated per Department policy and updated in the member database. The SOA-based platform of APHP offers the interoperability to work with various systems already in place and seamlessly integrates with new systems in the future. Data is imported through structured transactions in addition to custom interface layouts. An integration tool provides the ability to quickly and easily build and modify custom interfaces for trading partners. The system provides for automated schedules for batch updates as per Department policies. Automated batch processes provide timely updates, automatic adjudication, benefit plan enrollment and reconciliation processes with the Department's eligibility system to help verify that all data is up to date. Feedback is provided to the originating source which includes a reconciliation of records processed in APHP against the incoming source file. This helps to verify proper totaling and supports error correction and synchronization. The month-end replacement file is imported into APHP in the same manner. Exceptions to the month-end replacement process are reported and routed to appropriate staff for resolution.

c. Provide online update and inquiry capability to member eligibility files and other MMIS files through the state-operated computer network

It is critical that current and historical member information is accessible and viewable to other areas of operations. Member eligibility data is made available to authorized users for online update and inquiry, delivering real-time access, facilitating communication and research of potential issues. Member eligibility verification is managed by a service in APHP using standard HIPAA X12 270/271 transactions. APHP interfaces with other entities for eligibility verification through the APHP web portal.

Access to the portal through Single-Sign-On (SSO) and proper authorization and security level designation is required. This role-based, field level security helps to verify that users only view and update fields where they have been granted access. APHP is configurable to allow updates made to member records only if approved by a supervisor or other authorized user. This creates two levels of security for all updates. An update to member data records user identity, date/time stamp and identity of originating source. Updates that are made through the web portal are sent back to the Department eligibility system during the standard update process. Inquiries made into the portal show member information such as personal details entered into the system, addresses, eligibility information, and eligible benefit plans including date spans, hierarchy of benefit plans, claims status and medical provider information as shown in Figure 8.




3 IA MMIS 11.0280m

*Figure 10 - 35. An inquiry to the APHP web portal returns important demographic and the most current benefit plan data for the member.*

d. Allow accessibility to the member file for the member services contractor who is responsible for manning the member call center. Support research inquiries including contacting providers for additional information and assisting providers to resolve claims processing problems. Send results of the research to the Department for issuance of a notice to the member

The APHP web portal provides the IME Member Services contractor with direct access to the most current member data held within the MMIS. Portal access is available standard browser, without any need to download additional software for connectivity. The IME Member Services contractor staff will have the flexibility to work within defined levels of access to the member data, using the APHP SSO and Enterprise level security settings to manage role based security and overall access.

APHP web portal provides authorized stakeholders (including the member and provider call center representatives) immediate access to MMIS member and provider demographic, eligibility, benefit plan assignments, current and historical claims data, COB/TPL and other key data elements which will significantly reduce the level of research effort within both the Member and Provider Services units.

Research is supported through member search functions based on designated criteria. It is not uncommon that a majority of claims processing research requests will require the review of audit records. APHP creates audit trails that capture all user access to the system, as well as all changes to any data

and elevates these detailed audit trails for authorized individuals to view via the APHP worker portal. The database captures identity, date/time stamp as well as the identity of the originating source whenever an update is made. To assist specifically with claims processing research, Accenture recognizes how important access to reference data is to the Member and Provider Services units. Our APHP web portal opens up a comprehensive view into the audit trail for each version of reference data and updates to transactions including errors in changes and suspended changes. This data shows how pricing was calculated, how limitations and restrictions were applied to processed claims through editing and auditing, and other data that impacts claims payments. Reference data is date specific and reference tables store both current and retired pricing information. Audit trails store the time and date of each entry on reference data tables as well as user ID logged in.

Finally, to further assist with fluid, efficient operations within the Member and Provider Services units, APHP provides configurable, automated workflows that are tailored to each of the units' research activities and needs. Any research inquiries that arise in which the Member and/or Provider Services contractor cannot resolve are forwarded to the appropriate Department or external staff through the integrated workflow tool. Also leveraging automated workflow functionality, member correspondence and all notices resulting from the research and/or corrections to the member record will be facilitated and APHP will be updated accordingly with the link within the member record to the actual correspondence delivered to the member.

e. Identify individuals eligible under the Medicaid program and who are responsible for payment of premiums to receive Medicaid. Pay claims for MEPD individuals when the premium requirement is met

Member eligibility assignments are connected to benefit plan assignments and are based on the particular level of services for which the member is eligible. If a member is part of a benefit assignment that requires a premium, the specific premium value amount is identified within the benefit plan configuration. Upon assignment to the plan, the member is flagged, thus identifying that the member is responsible for the payment of premiums.

The receipt and processing of the member premium is managed by the IME Revenue Collections contractor through the use of the APHP worker portal. APHP receives information from that contractor and automated workflows update the member records automatically. Upon total premium payment receipt, claims for members, including MEPD individuals, will be included within APHP automated claims processing cycles to process against the plan in which the member is assigned and has fulfilled the premium payment. Once the premium requirement is met, claims are adjudicated against the business rules associated with the assigned benefit plan.

f. Provide the Member Services contractor with access to enter member lock-in data

Member lock-in information is accessible via the APHP web portal and is also retrievable through the IVR. IME Member Services contractor staff use the APHP worker portal to view, update, add or delete lock-in information. Lock-in data is applied to member records based on the eligibility assignment and benefit plan or plans associated with that member. This data is accessible to all functions that call up the member record through various defined sources such as the APHP web portal, EDI transactions, IVR or the Member Services call center. Members may be locked-in to more than one provider at a time (PCP, Facility, Pharmacy, etc).

g. Do not pay claims from non-designated providers for lock-in members unless the emergency or referral and consultation criteria are met

Members who are locked-in to a specific provider(s) will not have access to any other provider for approved Medicaid services, unless emergency services criteria is met and appropriate referrals are used. APHP prevents the payment of claims to other providers who are not the designated lock-in provider per the business rules established within the assigned benefit plan. The business rules to

support the limited access available for member lock-in stems from the benefit plan configuration and inclusion of service level exceptions. These exceptions may include ER services that must contain a service authorization. Other exceptions are supported within APHP benefit configuration per the Department's policies. If a claim is submitted by a non-designated provider to which the member is not assigned, APHP automatically denies the incoming claim for reimbursement.

h. Accept and load presumptive eligibility records from the Department and add to the member file

Presumptive eligibility records are accepted and loaded into the member database through the same methods as other records, through the APHP EDI component or through APHP web portal updates by authorized users. As defined by the Department, a presumptively eligible member's claims may be pended for payment until eligibility is approved or the member has no benefit plans assigned, verifying that payments are not made until eligibility is approved. User defined result codes allow for prescriptive holds on claim payments for situations such as presumptive eligibility.

i. Ensure that the most current updated member eligibility file is used for each claims processing cycle

APHP performs real-time claims adjudication against the most current eligibility information available. APHP's interoperable platform leverages web services, XML and APIs which supports real-time eligibility updates from the Department's current and future eligibility determination systems, among other data source systems and resources. APHP stringently manages batch processing based on established scripts to validate the delivery of receipt of a file. Controls are in place to trigger an alarm if the batch fails. Workflow processes route errors to the appropriate staff for quick resolution. The most current updated member file is accessed and applied immediately for up to date claims processing. If errors arise to the member record and updates from the eligibility system are identified, automated workflow processes are configured to support the recycling of claims where member records have been updated prior to a payment cycle.

j. Perform quarterly reconciliation of eligibility file records with the Department

As directed by the Department, a quarterly or as needed reconciliation of eligibility records to performed to help verify that the member data maintained in APHP is accurate and up-to-date. APHP receives the file data and performs an automatic reconciliation of all elements. Exceptions to the reconciliation process are reported and routed to the appropriate staff for resolution. This process, and its strict controls, ensures that APHP serves as the member eligibility system of record for all areas of operations.

k. Maintain and operate a process to access archived eligibility data

Huge amounts of data are generated in an MMIS system within a short period of time. Part of this data may become obsolete. Archiving obsolete data is critical because it improves query performance, decreases disk space usage and reduces the maintenance window. The Accenture Team maintains processes to identify data suitable for archiving as per Department parameters. This data is transferred to an archive database using a data transfer utility with APHP. Archived data is accessible at any time for verification or validation of any backdated detail. Accessing archived data is no different than accessing current data. APHP security administration allows role based, person based or field level security for access to data.

l. Maintain all member data elements as specified by the Department

The comprehensive member management component of APHP receives and maintains accurate, current and historical source of eligibility and demographic information on eligible individuals. The maintained data elements are configurable by the Department and include but are not limited to those elements as shown in Table 2.

| Maintained Member Data Elements | Acknowledgement |
|---|---|
| Mailing Address | ✓ |
| Residential Address | ✓ |
| County of residence | ✓ |
| Multiple instances of county of legal settlement | ✓ |
| Guardian name and address | ✓ |
| Custodian name and address | ✓ |
| Representative payee name and address | ✓ |
| Zip plus four on all addresses | ✓ |
| Date of birth | ✓ |
| Date of death | ✓ |
| Pregnancy date of delivery | ✓ |
| Race(s) | ✓ |
| Gender | ✓ |
| Marital status | ✓ |
| Ethnicity or tribal designation | ✓ |
| Emancipated youth indicator | ✓ |
| Deprivation code | ✓ |
| Primary language spoken | ✓ |
| Primary language for correspondence | ✓ |
| Benefit address | ✓ |
| Custody status | ✓ |
| Telephone numbers such as home, cell, work, and guardian | ✓ |
| Fax number | ✓ |
| Email address | ✓ |
| Text or pager number | ✓ |
| Head or member of household | ✓ |
| Foster care indicator | ✓ |
| Foster care for EPSDT mailing indicator | ✓ |
| Immunization Registry data | ✓ |
| Social Security number | ✓ |
| State ID from the eligibility system | ✓ |
| Multiple indicators of disability, chronic or other condition as identified by IME | ✓ |
| Member name, legal and preferred | ✓ |
| Eligibility span | ✓ |
| Case number | ✓ |

| Maintained Member Data Elements | Acknowledgement |
|---|---|
| Others as determined by the IME | ✓ |

*Table 10 - 21. All member data elements are maintained as specified by the Department.*

m. Update the POS and member eligibility verification applications real-time or as directed by the Department

APHP is the sole source of all Medicaid program data for use by the POS and supporting member eligibility verification applications. APHP is architected with a SOA framework that utilizes a business integration layer which passes and receives data (such as up to date eligibility) in real-time. APHP is able to interface with the Department member eligibility determination system in real-time and in batch (as necessary), thus delivering the ability to apply eligibility data immediately. Updates to eligibility made directly into the APHP member records are also available for immediate, real-time use if the Department so desires. Alternatively, automated workflow processes are configured to support the appropriateness and timeliness in which direct updates are applied, if so desired by the Department.

n. Send a file to Medicare contractors identifying individuals as dual eligible (Medicaid and Medicare) to indicate that a crossover claim should be generated

The EDI component in the APHP solution promotes data exchange via web services interfaces with SSA and CMS to help identify Medicare entitlement information for Medicaid beneficiaries. Medicare contractors receive monthly extracts of the members who are dual eligible for Medicare and Medicaid to coordinate the benefits for Part A, Part B and Part D.

Upon identifying individuals as having dual eligible status, the APHP automated workflow and process rules engine component will trigger the system that a Medicare Crossover claims should be generated. The triggering action can be configured as an X12 message transaction to the Medicare contractor in real-time or as an input to the creation of a batch file transaction to support the level of interface between IME and the Medicare contractor.

o. Educate contractors and the Department users in the creation and modification of benefit plans and in the use of the rules engine to assign members to the benefit plans and to set the hierarchy of benefit plans

Report specifically on:

1. Changes to benefit plan structure or addition of benefit plans
2. Performance of the benefit plan administration module
3. Other items as determined by the Department

Accenture educates all authorized users to create and modify benefit plans as well as associate those plans with appropriate programs, members, providers and payment methodologies. The Accenture Team has a comprehensive training program on specific job functions and system functionality that is combined into relevant curriculum for various user groups.

One specific module of the training program is focused on the configuration of the benefit administration module and rules engine to support membership and eligibility assignments. One of the key training aides for benefit plan administration instruction are the subsequent reports that detail the benefit plan structures, how the plans are assigned to and perform for the various member populations (groups) within the IME. Initial system training is conducted through Instructor-led Training (ILT) or through Computer Based Training (CBT) at the direction of the Department.

Training materials are created during development to help verify that any user with access is well trained on the functionality and performance of the benefit plan module. Training manuals, self-paced training, job aids, system navigation aids and other tools help end users quickly come up to speed and perform required job functions. Ongoing training is critical to maintaining the integrity of benefit plan data, and

changes and additions to benefit plans as well as any other information affecting the performance of the benefit plan administration module is be communicated to all affected staff. Please reference Section 8.3.2.4 Knowledge Transfer Activities for a more detailed explanation of the variety of methods used by the Accenture Team to provide users with a comprehensive understanding of APHP and benefit plans.

p. Establish new benefit plans as directed by the Department

Establishing new benefit plans and associating them to members is handled quickly using the benefit configuration functionality of APHP. Leveraging existing benefit plan frameworks as templates, APHP configuration efforts are significantly reduced for overall benefit plan construction as the need to start from scratch for each new plan is eliminated. The claims processing engine component of APHP applies criteria driven rules that are established by Federal and/or State guidelines. These rules are configurable according to Department need. Medicaid benefits are appropriately assigned to members automatically or manually as needed. Updated eligibility data is used to determine the benefit plans to which the member is assigned. A member may be assigned to one or many benefit plans. Benefit plan assignment is maintained separately from eligibility data and is date span specific. Benefit limitations are defined in the benefit plan package or at the benefit framework hierarchy rules management or program levels. Effective end dates are assigned to each benefit plan record to establish a history of the plan limitations.

Prior to the implementation of a new benefit plan we complete Verification of Benefit (VoB) testing. This process is used to validate that benefits are applied as intended before members are assigned to the plan or it is entered into a production environment. APHP has the online capability to define benefit plans and to associate them with programs, members eligible for those programs, providers enrolled to provide services under those programs, and appropriate payment or funding data.

q. Edit the data transferred for completeness and accuracy according to edit criteria established by the Department. Provide confirmation of data received

It is critical to maintain the validity of eligibility data transferred from external sources. APHP EDI employs concurrency control on databases to help verify that there is no destructive interference during transactions. Transferred data is monitored during transfer and edited for completeness and accuracy using the edit criteria established by the Department. Database level verifications of required data fields help to verify the completeness of data imported through the standard EDI process. If required fields such as date of birth, phone number or email address are missing, enrollment data is not inserted into the database.

Regular checks are done to help to prevent duplication of member records. Edits are defined based on Department policy to identify and prevent 'exact' duplicates and add a notification with 'suspect' duplicates. The criteria used to determine exact and suspected duplicates, typically social security numbers, first and last names, HICN and date of birth, is configurable based on business needs. Exact duplicate records and suspected duplicate records are automatically flagged to prevent associated claim overpayments.

The APHP EDI component provides immediate feedback to the originating source confirming all data received. This process generates an output file in the same structured EDI process. This reconciliation helps to verify proper totaling and supports error correction and synchronization. There is built in capacity to identify transaction errors. Administrative alerts are raised as soon as an error is encountered. Erred transactions are immediately rolled back and error details are stored in an error database.

r. Maintain a minimum of 60 months of eligibility history including benefit plans, lock-in, managed care enrollment and waiver and long term care programs

APHP retains all eligibility transaction history for a minimum of 60 months per Department requirements. Eligibility information including benefit plans, lock-in data, managed care, waiver and long term care

programs is made available to all authorized users via the APHP web portal. Historical data beyond 60 months is also available for access via the web portal. APHP marks transactions for exclusion from the archive process when necessary, such as to support lifetime procedures.

s. Send a file to Medicare contractors identifying individuals as dual eligible (Medicaid and Medicare) to indicate that a crossover claim should be generated

The EDI component in APHP promotes data exchange via web services interfaces with SSA and CMS to help identify Medicare entitlement information for Medicaid beneficiaries. . Medicare contractors receive monthly extracts of the members who are dual eligible for Medicare and Medicaid to coordinate the benefits for Part A, Part B and Part D.

Upon identifying individuals as having dual eligible status, the APHP automated workflow and process rules engine component will trigger the system that a Medicare Crossover claims should be generated. The triggering action can be configured as an X12 message transaction to the Medicare contractor in real-time or as an input to the creation of a batch file transaction to support the level of interface between IME and the Medicare contractor.

### *10.1.6.4 Performance Standards (8.1.6.4)*

The performance standards for the member functions are provided below:

a. Update the member eligibility database with electronically received data and provide the Department with update and error reports within 24 hours of receipt of daily updates. Update within two hours of receipt of data for batch-processing environment. Resolve eligibility transactions that fail the update process within 24 hours of error detection
b. Refer to the state all eligibility transactions that fail the update process and cannot be resolved by contractor staff pursuant to edit rules or state approved standards within one business day of attempted error resolution
c. Perform online updates for hardcopy update transactions to member data, except presumptive eligibility records, within one business day of receipt
d. Add records for presumptively eligible individuals to the member eligibility file the same day as the eligibility determination
e. Maintain a ninety-eight percent keying accuracy rate for online updates
f. Identify and correct keying errors in online updates within one business day of identifying the error
g. Produce and send notices to members based on adverse actions for denied ambulance and rehabilitation claims and denied and modified prior authorizations within three business days of decision on the claim
h. Provide a weekly report to the Department of all NOD to members that were sent to members based on adverse actions for denied ambulance and rehabilitation claims and denied and modified prior authorizations within five business days of the NOD
i. Issue NOD to members within 24 hours of the determination of the denial of ambulance claims and rehabilitation therapy services claims for occupational therapy, physical therapy and speech therapy
j. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department
k. Produce state-defined reports within the Department required timeframe

The Accenture Team acknowledges and accepts the RFP performance standards for Member Management as depicted in the following table.

| 8.1.6.4 Member Management - Performance Standards | Acknowledgement |
|---|---|
| Update the member eligibility database with electronically received data and provide the Department with update and error reports within 24 hours of receipt of daily updates. Update within two hours of receipt of data for batch-processing environment. Resolve eligibility transactions that fail the update process within 24 hours of error detection | ✓ |
| Refer to the state all eligibility transactions that fail the update process and cannot be resolved by contractor staff pursuant to edit rules or state approved standards within one business day of attempted error resolution | ✓ |
| Perform online updates for hardcopy update transactions to member data, except presumptive eligibility records, within one business day of receipt | ✓ |
| Add records for presumptively eligible individuals to the member eligibility file the same day as the eligibility determination | ✓ |
| Maintain a ninety-eight percent keying accuracy rate for online updates | ✓ |
| Identify and correct keying errors in online updates within one business day of identifying the error | ✓ |
| Produce and send notices to members based on adverse actions for denied ambulance and rehabilitation claims and denied and modified prior authorizations within three business days of decision of the claim | ✓ |
| Provide a weekly report to the Department of all NOD to members that were sent to members based on adverse actions for denied ambulance and rehabilitation claims and denied and modified prior authorizations within five business days of the NOD | ✓ |
| Issue NOD to members within 24 hours of the determination of the denial of ambulance claims and rehabilitation therapy services claims for occupational therapy, physical therapy and speech therapy | ✓ |
| Create or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce state-defined reports within the Department required timeframe | ✓ |

*Table 10 - 22. The Accenture Team acknowledges and accepts the performance standards for Member Management.*

## 10.1.7 Medically Needy (8.1.7)

The medically needy program provides medical assistance to individuals who meet the categorical but not the financial criteria for Medicaid eligibility. Medically needy eligible may be responsible for a portion of their medical expenses. This is referred to as "spenddown." The Department determines the spenddown obligation for these members. Once individuals become eligible by meeting their spenddown obligation, Medicaid pays the claims that were not used for spenddown for the certification period.

The medically needy module serves as an "accumulator" of claims that apply toward the spenddown amount. The module displays the medically needy spenddown amount, the amount of claims that have accumulated towards the spenddown amount, information for each certification period, the date spenddown is met and information about claims used to meet spenddown. The Department can access the medically needy screens online.

The medically needy function of the MMIS consists of processing claims for members eligible for the medically needy program tracking medical expenses to be applied to the spenddown and providing reports of spenddown activity.

**A benefit of the Accenture Public Health Platform (APHP) Commercial Off-The-Shelf (COTS)-based solution is that there is flexibility and control relative to each stakeholder: providers, members and administrators. Through the APHP web portal, approved individuals have access to current claims, financials, utilization and other details for all members participating in the medically needy program.**

**Automated processes deliver benefits in an accurate and timely manner**

- APHP uses commercial preferred practices using a coinsurance and/or deductible logic to support spenddown management for the medically needy
- APHP has systematic tracking of certification periods and spenddown requirements
- Providers, members, staff and contractors have immediate access to medically needy data including certification periods, spenddown requirements and accumulations

### Our Process

As part of the member eligibility load processes, we accept spenddown amounts from the State eligibility data. Spenddown amounts are carried at the individual member record within APHP. Personally verified spenddown expenses and claims accumulate towards the amount, similar to commercial coinsurance/ deductible management. If the claim is applied to the spenddown requirement, it is denied for Medicaid payment. Claims are edited against certification period and eligibility data. Claims failing edits are suspended for manual resolution to help verify that medical expenses are applied in the correct order of deduction in the accumulator. Once the spenddown requirement is met, automated workflow confirms the State eligibility system is notified with updated eligibility information and fund code information indicating that the member is Medicaid eligible.

Real time status of the current spenddown amounts per member is available to both Department and contractor staff. Information is made available to applicable members via the APHP web portal if desired by the Department. Providers are able to submit inquiries regarding member spenddown requirements through the provider self-service web portal, and members, using the APHP member web portal, are able to view all associated medically needy data, including certification periods and claims used to meet spenddown.

### Our Control Procedures

Upon receipt of notification from the State's eligibility system, the member is associated with a medically needy benefit plan for the certification period and an accumulator, which tracks expenses and applies verified expenses to the spenddown requirement for their defined certification period. The APHP systematically deducts the appropriate amounts until the member has no further liability. Guidelines agreed upon with the Department are used to help verify that the correct order of deduction is applied to the claims used by the accumulator when manual intervention is required. These processes control the

payout of Medicaid funds by helping to verify that any spenddown is appropriately applied prior to any Medicaid payment.

## Our Quality Assurance Procedures

Our staff operates with a continuous process improvement approach that identifies opportunities for recommending changes in business processes. We focus on prevention, root cause analysis, and operational controls for identification of issues before impact. We use methodologies and operational metrics to analyze recurring issues and determine a permanent resolution to avoid costs. We develop and implement corrective action plans to preserve the integrity of medically needy data that is used in support of many other areas of operations.

### *10.1.7.1 Activities (8.1.7.1)*

The activities of the MMIS medically needy function are:

a. Track expenditures for members enrolled in the medically needy program.

Upon receipt of notification from the State's eligibility system, the member is associated with a medically needy benefit plan that identifies the certification period and the spenddown amount that must be met by the member. Within the benefit plan for that member, we define an accumulator that is used during claims adjudication to track and apply verified expenditures to the spenddown requirement for their defined certification period, systematically deducting the appropriate amounts until the member has no further liability. Once the member's spenddown requirement is met, the eligibility system is updated and the member is Medicaid eligible.

b. Ensure that all appropriate expenditures are applied to the spenddown amount before claims are processed and paid by Medicaid.

The capabilities of the APHP benefit plan allow us to configure not only those services that are covered, but also allow us to define those services that are not covered but should be applied towards the spenddown amount for that member if they are entered. Authorized APHP workers may use the APHP worker web portal to enter appropriate expenditures, including non-medical or non-covered expenditures, to be applied to the member's spenddown amount. APHP uses a claim form with specialized procedure codes to capture this data, and stores them in the APHP claims history databases. Editing rules identify the member as part of the medically needy program, determine if the claims are appropriate for spenddown based on the Department's policy, and invoke the appropriate spenddown logic as shown in Figure 10 - 36. APHP allows receipts or other documentation to be imaged and linked to these claims, which provides additional documentation and justification for the application of the expense to the member's spenddown amount. Claims for medical expenditures are received from providers and the Department's Income Maintenance (IM) workers on the member's behalf. Medical claims are applied to the spenddown amount and denied for payment if the member's spenddown amount has not been met. Once the member's spenddown has been met, medical claims are adjudicated against the member's benefit plan for payment (if a covered service). The APHP applies appropriate expenditures to the spenddown amount before claims are processed and paid by Medicaid.

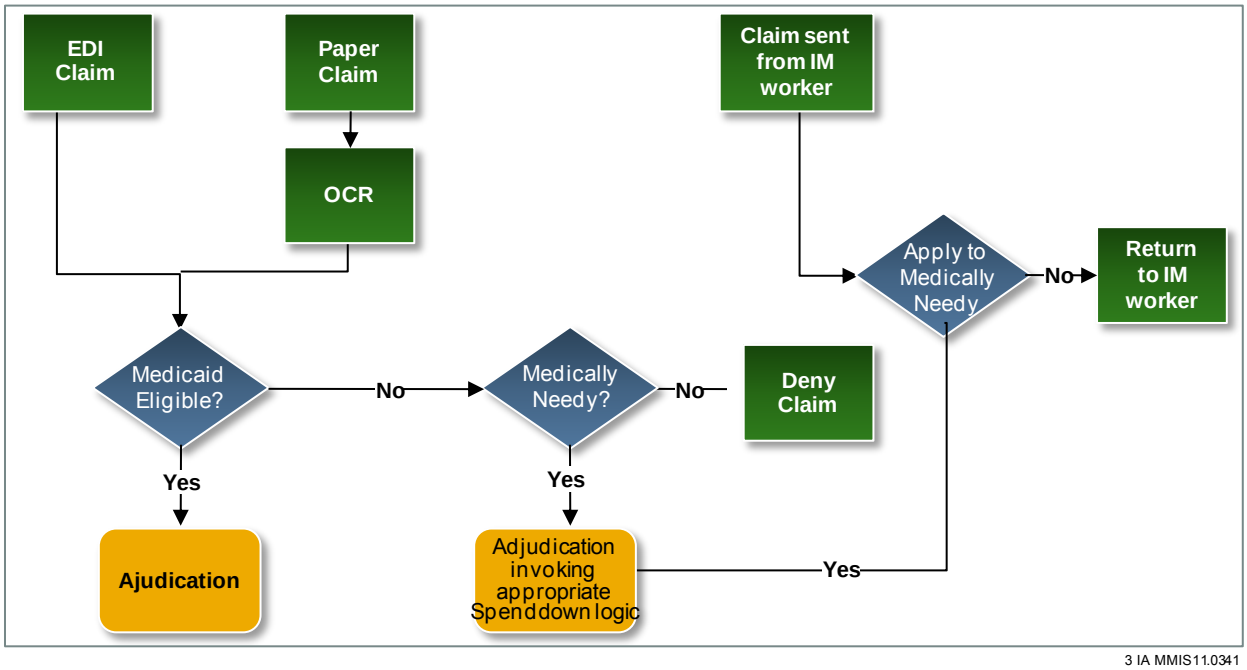



*Figure 10 - 36. All claims are systematically checked to verify that appropriate expenses are applied to the spenddown amounts of medically needy members*

### 10.1.7.2 State Responsibilities (8.1.7.2)

The Department is responsible for the following medically needy functions:

a. Calculating the amount of the spenddown needed and entering a medically needy fund code indicator in the eligibility system. The fund code is sent to the MMIS

b. Providing medically needy eligibility data to the Core MMIS contractor including conditional eligibility information, the certification period, spenddown amounts and responsible relative indicator

The Department holds the responsibility for determination of spenddown amount and providing medically needy eligibility information. The Accenture Team acknowledges these responsibilities as seen in the table below and supports the Department in these activities through the maintenance of medically needy information.

| 10.1.7.2 Medically Needy - State Responsibilities | Acknowledgement |
|---|---|
| Calculating the amount of the spenddown needed and entering a medically needy fund code indicator in the eligibility system. The fund code is sent to the MMIS. | ✓ |
| Providing medically needy eligibility data to the Core MMIS contractor including conditional eligibility information, the certification period, spenddown amounts and responsible relative indicator. | ✓ |

*Table 10 - 23. APHP performs updates in real time to help the Department meet their responsibilities*

### *10.1.7.3 Accenture Responsibilities (8.1.7.3)*

The Core MMIS contractor has the following responsibilities for the medically needy program:

a. Notify the medically needy program manager and other parties designated by the Department of any problems with the medically needy module within 12 hours of discovering the problem.

Medically needy data resides within the member management and benefit administration components of APHP. Stringent controls are in place to preserve the integrity of data coming into and going out of member management. These processes allow us to catch and quickly correct any out-of-balance situations or other problems as they arise. Designated parties, as determined by the Department, are notified of any problems and their impact to affected operational areas as soon as problems are identified.

b. Set up certification periods with spenddown amounts according to information passed from the eligibility system for medically needy cases.

Once the State's eligibility system provides information on the spenddown requirement of a member, the member is associated with a certification period and spenddown total in the member management component of APHP. This is accomplished by enrolling the member into the medically needy benefit plan, using the certification dates as the enrollment period and the spenddown amount as the benefit accumulator. All claims entering the system on behalf of this member are edited against this data and are applied to the member's spenddown accumulation as appropriate. APHP maintains historical data on a member's certification periods. Historical data is accessible by authorized users via the APHP web portal as needed for research for the proper adjudication of claims.

c. Enter claims in the medically needy module (in MMIS) to meet spenddown. Once spenddown is met send updated fund code to the eligibility system indicating that the person has met the spenddown for the period and is now Medicaid eligible.

Claims for medical expenses are received from providers and the Department's Income Maintenance (IM) workers on the member's behalf. These claims are submitted in the same manner as normal claims. Paper claims received through the mailroom go through the same prepping, sorting and scanning processes to be entered into the APHP claims processing engine. Electronic claims are received through the EDI component or through provider entry into the APHP web portal. Please reference section 10.1.9 Claims Receipt Entry and Control for a more detailed explanation of claims entry. Additionally, authorized APHP workers may use the APHP worker web portal to enter non-medical or non-covered expenses that are to be applied to the member's spenddown amount. APHP uses a claim form with specialized procedure codes to capture this data, and stores them in the APHP claims history databases. APHP allows receipts or other documentation to be imaged and linked to the claim.

Once inside the APHP claims processing engine, editing identifies the member as part of the medically needy program. Edit logic checks to verify that the medical expenses submitted were incurred during the certification period as set up in the member's data, and that the expenditure is valid as listed in the member's benefit plan as either a covered medical service, or a non-covered service, that may be applied to the spenddown obligation. All expenses that fit the defined criteria are entered into the member's accumulator towards their Department defined spenddown requirement. When the requirement is met, the member's data is updated with the applicable fund code signifying that they are now Medicaid eligible. This update is sent to the State's eligibility system.

d. Prioritize medical expenses that have been submitted according to the Iowa Administrative Code and Code of Federal Regulations.

Claims received on behalf of the member that are for covered services within their current certification period are systematically applied to the member's spenddown accumulator chronologically by date of submission. Claims received outside of these criteria, such as for non-covered services or expenses outside of the current certification period, fail editing and are routed to the appropriate staff for resolution.

When manual intervention is required to help verify that claims are applied to the accumulator in the proper order, staff is trained to follow the guidelines of the correct order of deduction. We confirm that we have the ability to handle the priority documented per the Iowa Administrative Code and Code of Federal Regulations, as shown in the table below. Priority assignment is easily configurable to adapt to changes in current priorities.

| Correct Order of Deduction |
|---|
| Medicare and other health insurance premiums, deductibles, or co-insurance charges.<br>EXCEPTION - Health insurance premium is not allowed as a deduction to meet spenddown requirements of member of household that are eligible for full Medicaid benefits under the Health Insurance Premium Payment Program (HIPP) |
| Cost of medically necessary personal care services provided in a licensed residential care facility (average statewide monthly standard deduction applies) |
| Medical expenses for necessary medical and remedial services recognized under state law but not covered by Medicaid (deducted chronologically by date of submission) |
| Medical expenses for acupuncture (deducted chronologically by date of submission) |
| Medical expenses for necessary medical and remedial services that are covered by Medicaid (deducted chronologically by date of submission) |

*Table 10 - 24. Expenses are applied to spenddown accumulation in the correct order of deduction according to the Iowa Administrative Code and Code of Federal Regulations.*

e. Claims received for a non-covered Medicaid service are entered into the system and are applied toward the spenddown accumulation amount. If a claim for a non-covered service is received after spenddown has been met, the amount of the non-covered service is counted toward the spenddown instead of a claim that had been used to meet spenddown.

APHP accepts claims received for a non-covered Medicaid service for members in the medically needy benefit plan. The capabilities of the APHP benefit plan allow us to configure not only those services that are covered, but also allow us to define those services that are not covered, but should be applied towards the spenddown amount for that member if they are entered. The APHP employs editing rules to determine if a claim for a non-covered Medicaid service received on behalf of a member should be applied to their spenddown requirement. If a claim for a non-covered service is received after spenddown has been met, Department policy indicates that the amount of the non-covered service be counted toward the spenddown instead of a claim that had been used to meet spenddown. In this situation, APHP provides authorized APHP workers claim adjustment capabilities. In APHP, adjustments can be done individually, meaning they affect only one claim transaction at a time, such as when a provider submits a claim correction. Adjustments can also be done via mass adjustment processes initiated through the APHP worker portal, affecting a population of claims transactions simultaneously, as to support spenddown updates when new non-covered expenses are entered for a member where the spenddown was met with covered medical expenses. Potential for claim adjustments to correct the spenddown accumulator includes but is not limited to:

- Receipt of a claim with covered service incurred prior to the certification period is subsequently received after spenddown has been met
- Receipt of a claim with non-covered service is subsequently received with a service date prior to the Medicaid-covered service
- Receipt of a paid claim for a covered service incurred in the certification period with a service date prior to the date of the notice of spenddown status is subsequently received after an unpaid claim for a covered service incurred in the certification period has been applied to spenddown accumulation

f. Apply verified medical expenses against the unmet spenddown obligation and reject expenses that cannot be applied to spenddown.

APHP accepts verified medical expense claim forms from providers and workers on the member's behalf, edits them against the Department's spenddown expense policy, and rejects expenses that cannot be applied to spenddown. Using system editing that is configurable to meet the Department's spenddown policies, any expenses received outside of Department-defined filing time guidelines or are otherwise not eligible to be applied to the spenddown requirement are rejected. The APHP claims editing process uses the benefit plan to determine which expenses are covered under the benefit plan, and which expenses are not covered but can be applied to the spenddown accumulator. If a medical expense is edited and verified, these expenses are calculated and tracked against the member's spenddown requirement.

g. Once spenddown is met send the file to issue medical eligibility cards to the Online Card Replacement Application (OCRA) system.

When the member has fully met their spenddown obligation, they are eligible for Medicaid and covered medical claims are adjudicated within APHP appropriately. Once the spenddown requirement has been met, the APHP system automatically triggers the appropriate notifications that the member is now Medicaid eligible, including transmitting a file to the Online Card Replacement Application (OCRA) for the issuance of Medicaid cards to the member. These processes are automated in APHP via the rules engines and integrated workflow tool.

h. Generate spenddown notification documents.

APHP enables efficient communication by providing the ability to automatically generate letters and documents based on various triggers and conditions that are applied through the APHP rules engine. Spenddown notifications may be sent as documents through outbound mail or email. If desired, spenddown notifications may also be sent through notification for an outbound call through our integrated workflow tool to the Member or Provider call centers. APHP is highly configurable to generate customized notification documents as claims are applied to spenddown accumulations and once spenddown requirements have been met. The frequency and need of this documentation, as well as the recipients of the documents, are determined based on the specifications set by the Department.

i. After spenddown is met ensure that eligibility verification applications are updated.

Upon the application of the claim that meets spenddown requirements for the certification period, the member becomes Medicaid eligible and the State eligibility system is notified of the change in status. All areas that call on eligibility verification, such as the Eligibility Verification System (ELVS) and the APHP self-service web portals, retrieve the most current member data from the APHP databases.

The APHP web portal allows both providers and members to access spenddown data at any time. Providers have the ability to submit inquiries concerning the spenddown requirements of a member. Members have the ability to view claims submitted and those used to meet spenddown requirements. If the member has met their spenddown obligation for the certification period, the member is displayed as Medicaid eligible for the certification period.

j. Respond to questions from the Department staff and IME contractors.

We have a controlled and disciplined process for tracking questions and issues. In the event that assistance is needed, questions are entered through the web portal and routed through an integrated and configurable workflow tool to the appropriate staff to resolve questions in a timely manner. We remain accessible and responsive to the Department and other contractors for questions and concerns. We look

forward to working with IME leadership and contractors through open forums and open discussions to quickly resolve issues as needed.

k. Receive and process the medically needy add-ons and changes that are sent from the eligibility system.

Medically needy changes and add-ons are received from the eligibility system in the same manner as other eligibility updates. APHP has the ability to track attributes to designate members as medically needy and apply data updates within the normal eligibility data import processes. Data is updated in the system through the Electronic Data Interchange (EDI) component of APHP. By using the EDI component, data is validated, verified, edited and reconciled. Data is imported from source systems, validated per Department policy, and updated in the member database. Data is imported through structured, standard Health Insurance Portability and Accountability Act (HIPAA) compliant transactions.

The highly configurable system provides for automated schedules for batch updates as per Department policies. Automated batch processes provide timely updates, automatic adjudication, benefit plan enrollment and reconciliation processes with the State's eligibility system to help verify that all data is up-to-date. Feedback is provided to the originating source, which includes a reconciliation of records processed in APHP against the incoming source file. This helps verify proper totaling and supports error correction and synchronization. As needed, our Operations Team is on point and has the necessary access to make manual member updates in emergency and other needed situations. Reconciliations are run after manual updates to preserve the integrity of the data.

l. Prevent claims from paying until the member has met the spenddown amount. Allow claims for relatives to be used for spenddown per Iowa rules. Ensure claims not used for spenddown are paid.

APHP provides customizable processing rules to confirm claims are appropriately applied to spenddown accumulations for the applicable services and conditions. A medical service is rejected by the system if it is not verified as eligible to be applied to spenddown. Claims are not paid until spenddown requirements have been met for members that are designated as medically needy.

APHP has the capability to create member links or groups that are used to link members within the same family. This helps verify that spenddown amounts that are applicable to family units are accumulated using all claims for members in the same family.

As expenses are applied to the member's spenddown obligation, APHP updates the member's accumulator to represent the remaining obligation amount. Once the member's spenddown obligation is met, APHP adjudicates submitted claims against the information in the member's benefit plan and pays the claims accordingly.

m. Reject medical expenses that do not meet Iowa's criteria to be applied to spenddown.

We acknowledge that we meet Iowa's current defined criteria for the rejection of medical expenses towards spenddown requirements. Guidelines agreed upon with the Department are applied to each claim to ensure the appropriate payment or rejection of expenses. Based on current guidelines some examples of rejected care are:

- Care in a nursing facility or an intermediate care facility for the mentally retarded
- Care in an institution for mental disease
- Care in a Medicare-certified skilled nursing facility

The flexibility of APHP allows us to adapt to changes as policies and programs are introduced and updated. We verify that claims rejected because they do not meet specified criteria are not applied to the member's spenddown requirement.

n. Document and implement corrective action plans when requested by the Department.

We share any deficiencies, whether a result of our quality audits or other discovery methods, with the Department and provide a correction action plan within 10 days of discovery. Our corrective action plans each contain the following details:

- Problem Description - The description explains how the problem was discovered, the scope of the problem, and the impact to the Medicaid business.
- Problem Owner - The name of the Accenture Team Member assigned to correct the problem. This person works closely with the Department Contact to report on progress with the corrective action plan.
- Corrective Action Plan (CAP) - The CAP contains the detailed steps, due dates, and monitoring processes that must be followed to resolve the problem and close it out.
- Department Contact - The Department Contact is responsible for assessing our progress in executing the CAP in accordance with the plan timeframes.

Once the corrective action plan is approved, we execute against it and provide regular progress updates to the Department.

### *10.1.7.4 Performance Standards (8.1.7.4)*

The performance standards for the medically needy program functions are provided below

a. All claims will be applied to the medically needy spenddown accounts according to the following timelines:

1. Within 24 hours of adjudication cycle for all Medicaid covered claims.
2. Within 48 hours of adjudication cycle for all Non-Medicaid covered claims.

b. Identify at least ninety-five percent of the appropriate claims for the medically needy spenddown account for approved medically needy clients.

c. Create and or update operational procedure manuals within 10 business days of the implementation procedure or change by the Department.

d. Produce state-defined reports within the required timeframe as defined by the Department.

The Accenture Team acknowledges and accepts the RFP performance standards for the medically needy program functions as depicted in the table below.

| 10.1.7.4 Medically Needy Program Functions - Performance Standards | Acknowledge and Accept |
|---|---|
| All claims will be applied to the medically needy spenddown accounts according to the following timelines:<br>1. Within 24 hours of adjudication cycle for all Medicaid covered claims.<br>2. Within 48 hours of adjudication cycle for all non-Medicaid covered claims. | ✓ |
| Identify at least ninety-five percent of the appropriate claims for the medically needy spenddown account for approved medically needy clients. | ✓ |
| Create and/or update operational procedure manuals within 10 business days of the implementation procedure or change by the Department. | ✓ |
| Produce state-defined reports within the required timeframe as defined by the Department. | ✓ |

*Table 10 - 25. The Accenture Team acknowledges and accepts the performance standards for medically needy program functions*

## 10.1.8 Provider Management (8.1.8)

The provider management module function of the Core MMIS contractor consists of maintaining provider data, providing online access to update the provider database and providing reports related to providers. The Department has awarded a separate contract for provider enrollment, knowledge transfer, and education and provider relations. The specific requirements for the MMIS provider function are provided below.

**Our solution, Accenture Public Health Platform (APHP), supports the maintenance of provider information for all operational areas dependent on accurate and up-to-date provider data. We collaborate with the Provider Services Contractor and the Department to deliver and maintain excellent levels of customer service.**

**APHP provides benefits for the successful management of provider data.**

- Robust workflow tool for efficient routing of provider enrollment information.
- Automated support for provider data verification.
- Eliminated need for multiple system access through integration and Single Sign On functionality.
- Comprehensive reporting in support of all areas of operation.

The Accenture Team understands the importance of communication and collaboration with the contractor that performs Provider enrollment processes. As a result of our history supporting Medicaid and Medicare programs, we understand the Provider information is fundamental to support claims processing, management reporting, surveillance and utilization review and managed care operations. We propose a comprehensive solution to provider management that encompasses all aspects of the business processes. The inclusion of the APHP integration capabilities helps to verify that the operational areas always work with the most current and accurate provider data.

### Our Process

The first critical component of provider data management is the capture of enrollment data. Enrollment applications are received via paper or through the APHP provider web portal. The APHP self-service Provider portal, as shown in Figure 10 - 37, allows direct entry of an enrollment application by the provider, and also gives them the opportunity to upload related documentation such as the provider agreement and proof of licensure.

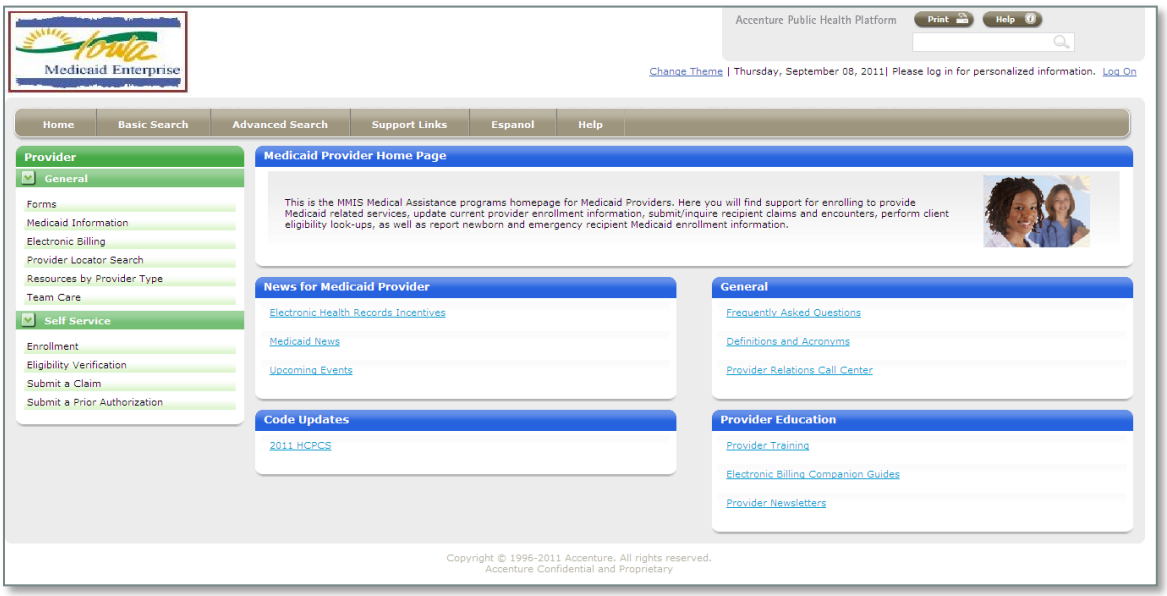



*Figure 10 - 37. The APHP Provider portal allows the self-service option of online provider enrollment.*

Paper applications and associated documents are imaged and loaded into OnBase where the documents reside for access through the workflow solution.

Once entered, the electronic application is available to the APHP integrated workflow tool. Both submittal methods result in the assignment of a unique control number to the application. As enrollment tracking is fully integrated between APHP and the Provider Services contractor, Point-of-Sale (POS) contractor, and other entities as defined by the Department, the application identification number is used to track the application from receipt to enrollment without requiring duplicate entries in various systems. Correspondence documents are linked to the application as needed using the assigned identification number.

Once applications are available to the workflow tool, they are routed to the Provider Services contractor staff for review as determined by business rules. Applications are retrievable through the APHP web portal by query on any of the key fields. APHP provides full support to the contractor staff through various automated processes, such as suspending applications that require further information, identifying providers that initiated the enrollment process but did not return necessary information, or tracking enrollment denials. The Provider Services contractor also has the ability to pull processing statistics by type, month, year and processor, and can monitor the age of enrollment applications to be reviewed through an Operational Excellence Dashboard as shown in Figure 10 - 38.

*Figure 10 - 38. Enrollment application age is monitored through Operational Excellence Dashboards in APHP.*

APHP automates communications to providers on the pending status, approval or rejection of their application. Providers have the opportunity to choose the method of delivery of communication, such as secure encrypted email, fax, mail or a combination of methods. The Provider Services contractor staff may generate requests for information, correspondence or notifications based on the status of the application right on the same provider enrollment screen.

The provider enrollment and demographic data captured and maintained by APHP is date-specific. As updates are made to a provider record, beginning and end dates of attributes are captured to maintain current and historical data for access by other areas of operation. Demographic data is maintained a minimum of five years for online inquiry by contractor and the Department staff.

Providers are assigned a unique identification number upon initial enrollment. Other identification numbers are mapped to this single unique number in the provider file, including the National Provider Identifier (NPI) when required. Providers eligible for a NPI are required to submit their NPI on all standard transactions mandated under Health Insurance Portability and Accountability Act (HIPAA). APHP provides the ability to link other Medicaid IDs for the same provider. This functionality allows the Department to manage the legacy IDs and provider IDs that are erroneously issued or multiple NPIs for different subparts. Other links verify that individual practitioners are linked to the appropriate billing provider number and that providers are linked to other entities such as groups, Managed Care Organizations (MCO), networks, ownerships or partnerships as applicable.

APHP is capable of placing providers on prepayment or post payment review. Information contained in the provider record identifies the status of the provider as no review, prepayment review, post payment review or both prepayment and post payment review and includes an indicator to identify the reason the

provider was placed on review. As directed by the Department, APHP also has the ability to suspend, terminate or withhold payments from providers under investigation.

APHP receives provider data updates from various external entities and from the provider directly through the APHP web portal. APHP is also capable of conducting mass updates to provider information based on flexible selection criteria as directed by the Department. Edits within the update process tracks and identifies errors and inconsistencies and routes to the appropriate staff for resolution. All updates trigger an entry into the transaction audit trail which captures the date and time of the update, the type of update and the identification of the originating source of the update. This audit trail information is available online through the APHP web portal and easily queried by authorized users.

APHP is equipped with robust reporting capabilities in support of the Provider Services contractor and other areas of operations as applicable. A daily provider file audit report that documents the processing of all update transactions for the previous day is produced and delivered at the direction of the Department. APHP provides the functionality to produce standard production reports as well as user defined, parameter driven reports of data contained in the provider master file.

## Our Control Procedures

An important automation feature of APHP is the ability to interface with many external entities through standard interfaces to support the Provider Services contractor. As shown in Table 10 - 26, APHP supports automated screening and verification of critical provider enrollment information to ensure the most accurate and up-to-date provider data is included in the provider master file.

| External Entity | Verification Activity |
|---|---|
| National Plan and Provider Enumeration System (NPPES) | • Verify National Provider Identification (NPI) of provider applicants |
| Occupational Licensing entities | • Update licensure data based on receipt of electronic files |
| Health Information Exchange (HIE) | • Synchronize data with statewide provider directory |
| Clinical Laboratory Improvement Amendments (CLIA) national data site | • Capture certification information and specific procedures each laboratory is authorized to cover |
| Various Exclusion and Sanction lists | • Identify sanctioned providers and prevent enrollment of members in sanctioned facilities<br>• Perform automated checks of national databases and bulletin boards for exclusions, sanctions or license revocation in other states or by the Centers for Medicare and Medicaid Services (CMS)<br>• Match providers based on files of sanctioned providers and flag the record for possible termination. |
| Other | • Automate criminal background checks for all providers as specified by the Department |

*Table 10 - 26. APHP supports the Provider Services contractor with automated verification of critical provider enrollment data.*

APHP captures end dates for licensure and other provider credentials and is able to establish a provider review schedule to ensure that providers continue to meet program eligibility requirements and do not allow credentials to lapse. APHP provides the ability to identify providers whose licenses, certifications, provider agreements and permits are set to expire prior to the end date of current certification. If directed, APHP automatically generates letters to providers requesting license certification renewal. A second alert is generated when the provider fails to respond within the determined time limit with their updated information.

## Our Quality Assurance Procedures

Our staff operates with a continuous process improvement approach that identifies opportunities for recommending changes in business processes. We focus on prevention, root cause analysis and operational controls for identification of issues before impact. We use methodologies and operational metrics to analyze recurring issues and determine a permanent resolution to avoid costs. We develop and implement corrective action plans to preserve the integrity of provider management data that is used in support of many other areas of operations.

## *10.1.8.1 Activities (8.1.8.1)*

The activities of the MMIS provider module function are:

a. Maintain comprehensive current and historical information about providers eligible to participate in the Iowa Medicaid program

The Accenture Team understands the importance of capturing and maintaining comprehensive, current, and historical information for the providers that are eligible to participate in the Iowa Medicaid Program. This data is critical because it is used extensively in the IME MMIS to define business processes, provide adjudication decisions, determine rates, and define reporting categories. Only healthcare practitioners and healthcare facilities meeting the Department eligibility requirements may be enrolled in the Medicaid Program. Our APHP Provider Management solution is the control point and central source of data for providers.

APHP supports the universal provider identifiers NPI and Taxonomy. APHP also has the native ability to assign and track provider identifiers that include Atypical Provider Identifiers (API), legacy identifiers, provider identifiers assigned via other systems, and other identifiers such as Drug Enforcement Agency (DEA) numbers. Each identifier is captured with an effective date span, type and source. Additionally, APHP quickly and easily configures rules in response to changing legislative policy and program changes that may require additional provider identifiers or additional validation requirements for specific identifier types.

An important component of the enrollment process for Medicaid includes credentialing, endorsement, and licensure verification to ensure that all providers meet the Department conditions and standards for participation in the Medicaid Program. APHP interfaces with other State and Federal agencies to accomplish validation of credentials, including verification of the NPI and taxonomy, license and certification. APHP is configured to give the Provider Services contractor the correct tools to review and approve provider applications.

The Centers for Medicare and Medicaid Services (CMS) requires covered entities to obtain a National Provider Identifier (NPI) and requires the use of the NPI in standard transactions. It is critical that each provider's NPI is validated against the National Plan and Provider Enumeration System (NPPES) for accuracy. Upon entry of a provider enrollment application into APHP, the NPI is automatically validated against NPPES data to determine if the entered number is valid and associated with an organization or individual. Applications that do not include a valid NPI are not submitted for review. Once the Provider Services contractor accepts an application, a secondary validation matches the provider information submitted to specific information in the NPPES file. In cases where a match cannot be confirmed, APHP is configurable to allow the Provider Services contractor to generate a letter to the provider requesting

accurate NPI information. The application suspends for a period of time as determined by business need to await additional information. This process helps to verify that only providers with valid NPI are enrolled in the Medicaid Program.

To maintain the accuracy of reference data collected during the enrollment process, checks are done as records are added to the provider database to determine if a record already exists. When a provider record is identified as exact or suspect duplicate, steps are taken to resolve the record is configurable through the features of APHP's integrated workflow product to the specifications of the Provider Services contractor team. APHP is configurable to provide the necessary tools to prevent duplication of records.

Each provider record contains current and historical data as related to that provider. The data for both active and terminated providers remains available for use by all applicable areas of operation. Reference file management organization keeps effective and termination dates on applicable provider attributes. Changes to the provider record trigger the capture of data for an online audit trail that is accessible to the approved operations staff. Information captured includes the value of the field prior to the update, the user identification (ID) or program ID (if system applied) of the entity that changed or added the value, and the date and time the value was changed or added. This audit trail is easily queried for all transactions applied to a provider record. Maintenance of comprehensive audit trails is critical to resolving data discrepancies.

b. Maintain through the establishment of a single provider master file in an acceptable format, provider demographic, certification, rate and financial information to support accurate and timely claims processing, enhanced management reporting and utilization review activities and reporting

Areas of operation such as claims processing, surveillance and utilization review and reporting require timely access to accurate provider information. APHP has the ability to automatically interface with external entities on a schedule determined by the Department to obtain the information required to establish a single provider master file and serve as the system of record for provider data. The data captured through this process, as well as data entered directly into APHP web portals, includes provider demographics, certification and licensing, and financial data, as well as applicable reference data on provider specific rates.

The Service-Oriented Architecture (SOA) model of APHP includes an Enterprise Service Bus (ESB) architecture that creates the opportunity for secure data exchange between the IME MMIS and trading partners, state agencies, or other Department designated outside entities. APHP has the ability to configure interfaces with external organizations to support exchange of both inbound and outbound provider data, as well as perform reconciliation between the two data sets to get the most currently available provider information. A reconciliation process is triggered after each update to provider data regardless of the source of update. Exception reports to data synchronization are submitted as requested to the trading partner in a format approved by the Department.

Individual provider-specific rates represent just one of many payment methodologies supported by APHP. As part of the Accenture Team's approach to streamline operations of the Medicaid Program, reference data, including provider specific rates, is maintained by our Reference Data Management team. This data is updated and maintained to be utilized by various MMIS processes including claims adjudication. Please reference Section 10.1.12 Reference Data Management for a more detailed explanation of the reference data maintenance process.

c. Produce provider data and special data such as lab certification information.

The Accenture Team understands the importance to capturing and maintaining special data such as Clinical Laboratory Improvement Amendment (CLIA) certification as well as other certifications and licenses. APHP is configurable to automatically update the latest license information from the individual licensing boards as applicable. This data is accessible during the claims adjudication process as well as

by the internal worker for research purposes. It is included in the provider master file extract as well as made available for backend reporting purposes. Providers may update the information via the APHP portal including uploading supporting documentation.

d. Maintain comprehensive provider-related information necessary to enroll, audit and pay participating providers in the Iowa Medicaid program

APHP maintains comprehensive provider-related information necessary to enroll, audit and pay participating providers in the Iowa Medicaid program. Provider data maintained by APHP includes demographic, program identification, rate information and other provider information. Consistent naming conventions differentiate between first names, last names and business or corporate names to allow flexible searches based on provider name. As part of maintaining the most accurate provider address information APHP supports editing for address standardization according to the United States Postal Service (USPS). Current and historical multiple addresses are maintained for providers, including location address, pay-to address, corporate address and correspondence address. A correspondence email address is attached to each mailing address in the provider file as applicable. APHP also automatically identifies providers with foreign mailing addresses and provides the capability to not send payments to a foreign mailing address. APHP also provides for the collection and maintenance of additional data elements, including but not limited to those shown in Table 10 - 27.

| Additional provider data elements | **Captured in APHP** |
|---|---|
| Sanction information | ✓ |
| Accreditation information | ✓ |
| Provider links to Taxpayer ID Number (TIN) and parent organizations | ✓ |
| Inactive and active filter | ✓ |
| Care management and/or lock-in restrictions | ✓ |
| Case load assignments | ✓ |
| License number and licensure status | ✓ |
| Pay for Performance (P4P) indicator | ✓ |
| Restrictions for payments | ✓ |
| Flag for Electronic Funds Transfer (EFT) information | ✓ |
| Drug Enforcement Agency (DEA) | ✓ |
| County | ✓ |
| Email contact information | ✓ |
| Electronic Health Records (EHR) system and CMS certification number for the EHR system | ✓ |

| Additional provider data elements | Captured in APHP |
|---|---|
| Facility bed size | ✓ |
| Vendor code field for HMO or MediPASS providers | ✓ |
| Geographic codes for provider addresses | ✓ |

*Table 10 - 27. APHP captures and maintains additional provider data elements as directed by the Department.*

As requested by the Department, APHP produces a random sample of providers for audit purposes based on established selection criteria

Multiple provider-specific reimbursement rates with beginning and end dates as per Department policy are maintained, including but not limited Per Diem, Percentage of charges, Fee for Service (FFS), Ambulatory Payment Calculations (APC) and Diagnosis Related Groups (DRG). APHP has the ability to limit providers to certain benefit plans, services, procedure codes, and range of procedure codes, member age or by provider type as directed by the Department. APHP provides the capability to store and maintain provider rates including historical rates and date changes. The APHP web portal provides authorized users with an online view of all provider-specific rates.

The provider financial data that is maintained in APHP is necessary to track, consolidate and Report 1099 information and includes both current and prior year reported amounts. The APHP web portal provides on online inquiry that summarizes financial data for the provider such as year-to-date claims submittal and payment data. APHP collects the data to appropriately generate responses to 1099-B notices from the IRS as determined by the Department. Additional provider data maintained in APHP includes the identification of the entity that holds a lien against the provider, total lien amount, periodic payment amounts withheld, cumulative payment amounts withheld, and lien balance.

e. Include in the provider master file all active and inactive providers in order to support claims processing, management reporting, surveillance and utilization review and managed care operations of the program. Provider applications and information changes are interactively processed in the PMF using online screens

As part of a comprehensive list of information maintained in the provider master file, providers are indicated as active or inactive in the Medicaid Program. All operational areas dependent on provider information, including claims processing, management reporting, surveillance and utilization review, managed care and other program systems and operations, are provided with current and accurate provider records.

APHP provides roles-based web portals for viewing provider master file data. Providers and staff are equipped with the appropriate access credentials and have online access to data. Provider data is easily updated through APHP by users with the appropriate approvals and security profiles. Enabling providers to view and update their own data in real time results in up-to-date, accurate provider data. All updates to provider records, whether initiated through the APHP portal or interface update transactions, are available immediately upon approval for use in processing and are accessible through user interfaces.

### 10.1.8.2 State Responsibilities (8.1.8.2)

The state responsibilities for the MMIS provider function are:
a. Establish policy regarding provider eligibility, service coverage, reimbursement and related issues.
b. Approve data to be carried on the Provider Master File.
c. Monitor the contractor's performance of its provider function responsibility.

The Department holds the responsibility for establishing policy, approving data and monitoring contractors in the management of provider data. The Accenture Team acknowledges all of the Department responsibilities as seen in Table 10 - 28 and strives to give support in these activities through the maintenance of APHP as the system of record for provider data.

| 8.1.8.2 Provider Management - State Responsibilities | Acknowledgement |
|---|---|
| Establish policy regarding provider eligibility, service coverage, reimbursement and related issues | ✓ |
| Approve data to be carried on the Provider Master File | ✓ |
| Monitor the contractor's performance of its provider function responsibility | ✓ |

*Table 10 - 28. The Accenture Team provides full support to help verify that the Department meets their responsibilities.*

### 10.1.8.3 Accenture Responsibilities (8.1.8.3)

The following are the requirements of the MMIS Provider function:
a. Maintain Provider data on providers in an acceptable format

APHP's provider management component maintains key demographic data on providers such as provider first and last name, business or corporate name and Doing Business As (DBA) names in a format defined by the Department. Consistent naming conventions are enforced at the form field level, maintaining a consistent data structure within the APHP database allows for flexible searches for provider data.

The accuracy of provider data is critical in support of claims processing, management reporting, surveillance and utilization review, managed care and other operations within the Medicaid program. APHP's capability for verification of provider information by online applications supports the accuracy of provider data. Examples of methods of ensuring current, accurate data are shown in Table 10 - 29.

| Method of ensuring accuracy | Description of quality assurance |
|---|---|
| **Online field editing** | Includes both validity and content editing to verify the data entered meets requirements |
| **APHP field requirements** | Confirms that required information is completed prior to allowing a user to save data or complete an enrollment |
| **Bad address indicator** | Flags a provider record as having a bad address on file if mail is returned. Future correspondence is held until Provider Services resolve or escalate the issue |

*Table 10 - 29. Quality assurance methods help to verify current and accurate provider data.*

Additionally, APHP provides an online audit trail that is easily queried for all transactions applied to provider record. Maintenance of comprehensive audit trails is critical to resolving data discrepancies. Whenever a data field is modified, APHP maintains the following information including but not limited to:

- The value of the field prior to the update.
- The user ID or program ID (if system applied) of the entity that changed the value, or added the value.
- Date and time the value was changed or added.

b. Assume responsibility for the maintenance, security and operation of all computer programs and data files identified as part of the MMIS provider function.

As part of the Accenture Team's Application Outsourcing (AO) services, we have staff dedicated to the maintenance of the entire APHP solution. This maintenance and operation is inclusive of the provider management functions that support the responsibilities as set forth in this RFP.

The Accenture Team's system design services are grounded in the Information Technology Infrastructure Library (ITIL) and the Control Objectives for Information and Related Technology (CobiT) framework for effective governance and control and maximum system security of data. The framework follows structured process for the maintenance, security, and operation of all computer programs and data.

c. Provide the provider file audit report daily or as directed by the Department

APHP's reporting component provides multiple capabilities and program audit features to bring program transparency and automation to program reporting. The reporting component is configurable to create a provider file audit report with the requested data elements daily or on the frequency as directed by the Department.

APHP's Program Reporting Dashboard tool allows creation of a series of dashboards and graphical reports, as the example shown in Figure 10 - 39, that provide the information necessary to determine the adequacy of the Medicaid provider network based on provider / beneficiary ratios by geographic region, provider type and other data fields as requested by the Department.

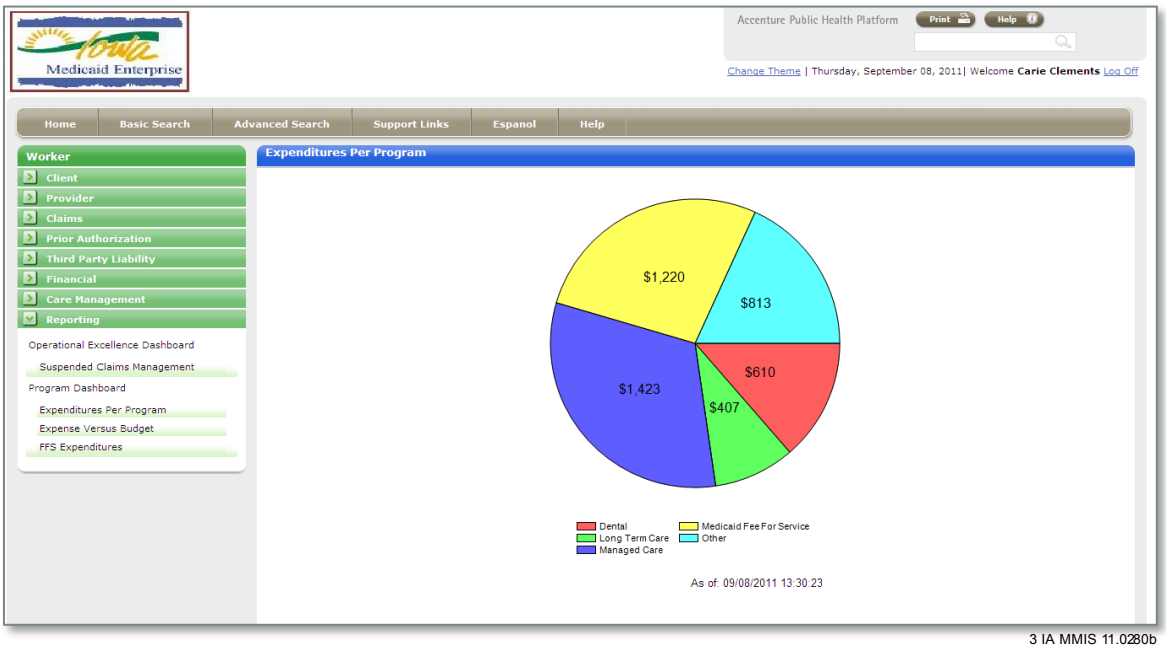



*Figure 10 - 39. Reports are designed and delivered as per Department requirements.*

APHP provides an interoperable framework for easily fitting into IME's current reporting environment while providing the foundation for future audit reporting needs. APHP's correspondence component produces responses to requests/inquiries. Depending on user security levels, access to view and extract data is available. APHP web services provide the interface to the reporting tool that delivers these formalized data extracts and reports supporting provider management. Capabilities also exist for the authorized users to extract data directly from APHP.

d. Produce annual 1099s on federally approved forms and mail to providers. Produce the 1099s in electronic format if requested by the Department

As part of our approach to streamline operational business processes, the function of producing 1099 earnings data is handled by the Accenture Team's finance department. On an annual basis, APHP automatically generates 1099 reports which summarize total payments to the provider with the exception of any recoupment or credits. APHP maintains a single record for the provider, regardless of how many benefit plans or programs in which the provider participates. This allows the easy consolidation of payment information to that provider to produce accurate 1099 information. Prior to submission for fulfillment, staff validates the data used as input to ensure the accuracy of the reported amounts. Once validated, a fulfillment request triggers the printing and distribution of the 1099 on the appropriate form or electronic format as specified by the Department.

e. Produce and deliver to the Department all reports created by the provider data maintenance function at the specified frequency, medium and delivery destination

Comprehensive reporting capabilities using accurate and up-to-date information give the Department the information needed to make informed decisions regarding the Medicaid program. All provider data elements are available in an operational reporting data store and are used to produce all necessary reports to the Department. The reporting solution within APHP supports fully automated report generation based on timelines and formats as agreed upon with the Department and are made available

through APHP web services or delivered by courier service to appropriate recipients when specified by the Department.

f. Produce provider-mailing labels as directed by the Department

APHP offers an integrated software component that creates mailing labels that are triggered via the configured business rules within APHP. Our system takes flat files from triggered fulfillment requests to translate into a format for the output. APHP is configurable to print labels in the style and format required by the Department. The mailroom operations team is responsible for printing the labels or providing them in the appropriate media and distributing them as directed.

g. Produce and mail notifications to providers due for re-certification or licensable based on the Department requirements

License and certification effective and termination dates are monitored and business rules developed to trigger notification to providers of upcoming expirations that may impact their ability to be reimbursed under the Medicaid program. Fulfillment is determined and automated based on certain criteria or attributes. Providers are reminded that certification and licensing information needs to be renewed through emails with specific language to direct providers to the appropriate process. Providers that do not wish to have notification through email are sent paper requests for re-certification or licensure. This process is configured as to give the provider ample opportunity to submit updated prior to disruption of client care and access to services. Failure to comply with licensure renewal triggers a final termination letter and the provider is places on hold until the required information is received and the record is updated. This fully automated process relieves the burden from individual providers to keep the Medicaid program informed of licensure renewals. APHP has the most recent data on file from licensure boards, eliminating manual monitoring of information and the potential error of unlicensed providers participating in the program.

h. Update all necessary information to track, consolidate and Report 1099 information prior to issuance of the 1099

APHP maintains a single record for the provider, regardless of how many benefit plans or programs in which the provider participates. This allows the easy consolidation of payment information to that provider to produce accurate 1099 information. APHP stores financial data and has the systematic capability to track, consolidate and report this information prior to the 1099 processes executing within the system. We are able to provide complete audit trail for all necessary data used as input to produce a 1099, allowing for reconciliation of the amounts reported and verification to providers if they have any questions on the amounts reported.

i. Provide a complete provider file to the Department daily

As the system of record for the Department and other IME contractors, APHP maintains a complete provider file that is provided to the Department through a standard interface or media.

j. Provide a complete provider file to the POS daily

The Accenture Team understands the inner complexity of the IME structure and acknowledges the critical nature of maintaining the system of record for provider data for the Department and other IME contractors. As we understand the importance of access to pharmacy services to Medicaid members, we work closely with the POS vendor to provide accurate and complete provider data through a standard interface on a daily basis.

k. Accept retroactive rate changes to the provider file

The Provider Management function of APHP maintains date-specific enrollment and demographic information for all individuals and groups who are approved to provide services to Medicaid members and participants to any other related programs supported by the State. Providers are associated with fee schedules and other reference data as appropriate to their enrollment. Reference file management organization keeps effective and termination dates on different rates for different providers, groups or fee schedules. Any retroactive rate changes trigger mass adjustments based on date of service. Historical data on rates is maintained in the master file and viewable through audit trails to support adjudication research.

l. Support periodic provider reenrollment

The Accenture Team understands the complexities involved in the provider enrollment process. We appreciate that reenrollment periods are a critical time and that gaps or issues in the process could cause a disconnect that reduces provider counts, potentially reducing access to Medicaid members. APHP brings an automated and online functionality to support seamless provider reenrollment activities that are vital to retaining participating providers in the Medicaid Program.

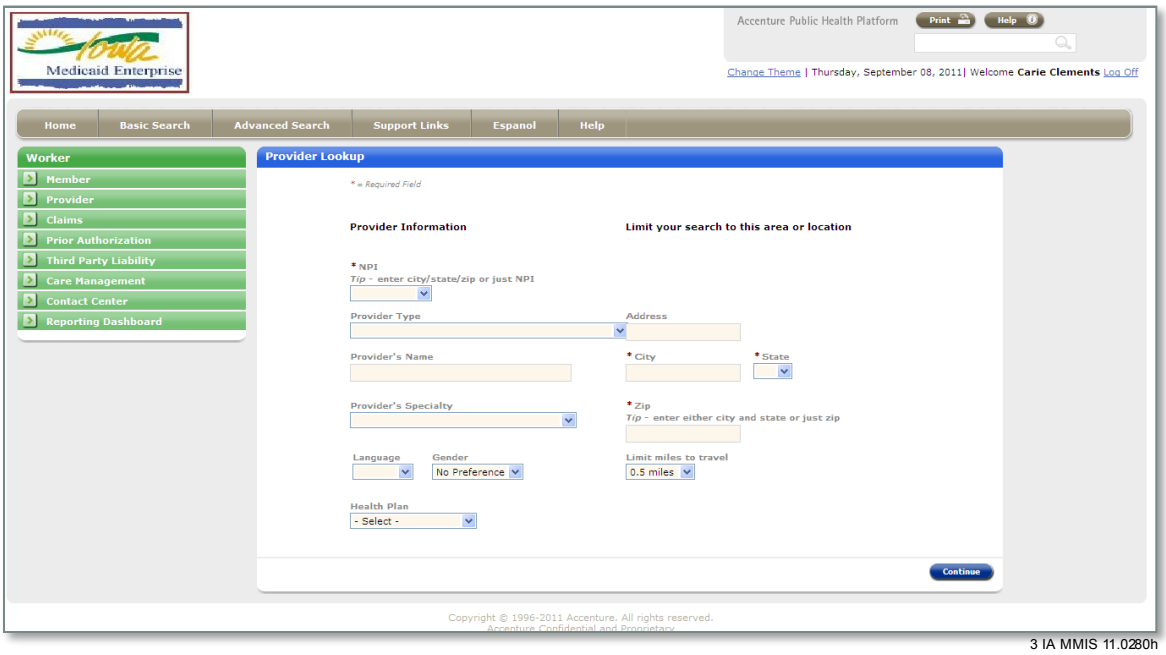
During reenrollment periods, medical professionals who desire to enroll in the Medicaid program have the option to complete and mail a paper application or use the APHP web portal where the provider's current information is automatically populated into the online reenrollment application. Upon submission of a request for enrollment, the application enters the provider management workflow to route to the designated Provider Services contractor staff for review and approval of applications and appropriate attachments. The Accenture Team works hand in hand with the Provider Services contractor to establish an automated provider enrollment rules engine and work flow according to Department guidelines. Our configurable integrated workflow tool includes multiple automated and manual steps to assist Provider Services contractor staff in reviewing and processing all submitted provider applications to a final status.

The Provider Services contractor is fully supported by APHP in any required operational processes for enrollment approval, including confirmation of provider credentialing during the review of provider enrollment applications. As the system of record for provider information, enrollment and credentialing information is received and maintained from multiple sources. APHP has the capability to systematically verify Licensure, Certifications, NPPES data, and Federal and State exclusion lists.

In support of the Provider Services contractor, the APHP web portal gives providers the ability to manage their respective enrollment application including the submission of supplemental information, deletion, modification and resubmission of information and applications, and cancellation of the entire process. Information input through the web portal is captured via a web services interface and routed to appropriate staff as defined by business need. The APHP portal supports the ability to upload documents and images, including large documents in various formats (PNF, JPEG, GIF) and medical images such as X-rays, MRI and ultrasounds.

m. Provide flexible secure access to the Department staff and contractors as directed by the Department to add, modify or view provider data

The APHP Provider Lookup portal provides users with a flexible means to create, update, or query provider information. As the system of record for provider data, both current and historical provider information on medical and non-medical providers, such as demographics, credentialing, provider group and MCO affiliations and Electronic Funds Transfer (EFT) information, is made available for authorized users. Secured by Single Sign On (SSO) for control, the web based portal as shown in Figure 10 - 40 provides instant access to approved Department and contractor staff.




3 IA MMIS 11.0280h

*Figure 10 - 40. Our web based portal for provider management offers full query view and update functions on provider data within APHP.*

Updates are easily made, tracked securely within APHP and are available immediately upon approval for use in processing and accessible through user interfaces. When applicable, receipt of external data is reconciled with the master data file in APHP to verify the most current and accurate reference data is maintained. Through security administration screens, the Accenture Team has the ability to define role-based user profiles to provide the appropriate level of access and update ability to Department designated users. The provider database captures identity, date/time stamp as well as the identity of the originating source whenever an update is made. A comprehensive audit trail database captures each version of reference data and updates to transactions including errors in changes and suspended changes. Audit trails store the time and date of each entry on reference data tables as well as user ID logged in. These security measures verify the integrity of the provider reference data.

n. Update the provider file with Occupational Licensing updates daily or as directed by the Department to add, modify or view provider data

The SOA model of APHP includes an Enterprise Service Bus (ESB) architecture that facilitates secure data exchange between the IME MMIS and trading partners, state agencies, or other Department designated outside entities, including Occupational Licensing and other licensing agencies. APHP has the ability to configure interfaces with external organizations to support receipt of inbound provider data to incorporate into the master provider file in APHP as the system of record. Upon the daily receipt of update files from the Occupational Licensing system, reconciliation is performed between the two data sets to verify the most accurate provider information. Exception reports from the reconciliation process are submitted as requested to the trading partner in a format designated by the Department.

o. Maintain reference data related to valid provider attributes example provider type, taxonomy codes and specialty codes

APHP provides comprehensive relational data storage capabilities that are configurable to include all reference data elements required to support the full spectrum of APHP functionality. The accurate capture and maintenance of provider data is critical as such data is used extensively in the IME MMIS to define business processes, provide adjudication decisions, determine rates and provide reporting categories. Examples of the different types of reference data elements that are maintained in APHP related to provider management are shown in Table 10 - 30.

| Provider Management Reference Data Elements | |
|---|---|
| ✓ | Provider Identifiers including:<br>NPI<br>Taxonomy code<br>API<br>DEA numbers<br>Historically assigned identifiers<br>Identifiers assigned by other systems |
| ✓ | Provider type codes (individual and group) |
| ✓ | Specialty type codes |

*Table 10 - 30. APHP captures and maintains reference data related to provider attributes as required by the Department, including provider identifiers, provider types and provider specialties.*

APHP complies with all standard HIPAA requirements and supports universal provider identifiers, including NPI and Taxonomy. APHP also has the native ability to assign and track provider identifiers that include Atypical Provider Identifiers (API), legacy provider identifiers, provider identifiers assigned via other systems, and other identifiers such as Drug Enforcement Agency (DEA) numbers. Each identifier is captured with an effective date span, type and source. Additionally, APHP quickly and easily configures rules in response to changing legislative policy and program changes that may require additional provider identifiers or additional validation requirements for specific identifier types.

Provider information such as provider type and specialty information is collected and confirmed during provider enrollment. Provider NPI and taxonomy information is also captured and systematically validated through NPPES to verify accurate data and all necessary attributes from the NPPES file are stored in the reference file for that provider. APHP is capable of supporting multiple taxonomies and specialties in a single provider profile.

To maintain the accuracy of reference data collected during the enrollment process, checks are done as records are added to the provider database to determine if a record already exists. Edits may be defined based on Department policy to identify and prevent ‘exact’ matches and add a notification to ‘suspect’ duplicates. The criteria used to determine duplicate records is configurable and typically includes checks against provider identifiers including NPI, API, SSN, EIN, provider first and last name or provider business name, and/or date of birth. When a provider record is identified as an exact or suspect duplicate, the steps taken to resolve the record are configurable through the features of APHP’s integrated workflow product to the specifications of the Provider Services contractor team. APHP provides them with the necessary tools to prevent duplication of records.

p. Support provider data synchronization with the Health Information Network provider directory

The open architecture and systems interoperability of APHP allows for data exchange between APHP and authorized Department approved entities. This reduces the costs of maintaining duplicate data in

multiple systems, making APHP the single system of record, while providing external trading partners immediate access to the data that impacts their part in the effective administration of Medicaid and other healthcare programs.

The SOA model of APHP includes an Enterprise Service Bus (ESB) architecture that creates the opportunity for secure data exchange between the IME MMIS and trading partners, state agencies, or other Department designated outside entities, including the Health Information Network for the state of Iowa. APHP has the ability to configure interfaces with external organizations to support exchange of both inbound and outbound provider data, as well as perform reconciliation between the two data sets to get the most currently available provider information. Exception reports to data synchronization are submitted as requested to the trading partner in a format designated by the Department.

q. Support member identification with the Health Information Network Master Patient Index

The Accenture Team understands the Department's goals in collaboration with the Iowa E-Health program, to establish a statewide health information exchange. We believe that the secure data exchange capabilities of APHP and the systematic reconciliation of data from various sources are critical to effective participation in the statewide initiative. Through the ESB model, APHP has the ability to configure interfaces with the Health Information Network in Iowa and participate in the Master Patient Index.

### *10.1.8.4 Performance Standards (8.1.8.4)*

The performance standards for the provider data management functions are provided below:

a. If the state develops an automated interface for licensing and or certification data, the Core MMIS contractor must meet these standards for update of this licensing and certification data.

1. Validate the licensing update process within two business days of application of the update transmission.

2. Resolve licensing transactions that fail the update process within two business days of error detection.

3. Refer to the Provider Services contractor all licensing transactions that fail the update process and cannot be resolved by contractor staff pursuant to edit update rules or state-approved procedures within two business days of attempted error resolution.

b. Produce and mail provider 1099s by January 31st of each calendar year.

c. Produce and make provider mailing labels available for printing in the state data center within one business day of request.

d. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department.

e. Produce state-defined reports within the required timeframe as determined by the Department.

The Accenture Team acknowledges and accepts the RFP performance standards for Provider Management as depicted in Table 10 - 31.

| 8.1.8.4 Provider Management - Performance Standards | Acknowledge and Accept |
|---|---|
| If the state develops an automated interface for licensing and or certification data, the Core MMIS contractor must meet the following standards for update of this licensing and certification data.<br>1. Validate the licensing update process within two business days of the application of the update transmission.<br>2. Resolve licensing transactions that fail the update process within two business days of error detection.<br>3. Refer to the Provider Services contractor all licensing transactions that fail the update process and cannot be resolved by contractor staff pursuant to edit update rules or state-approved procedures within two business days of attempted error resolution. | ✓ |
| Produce and mail provider 1099s by January 31st of each calendar year | ✓ |

| 8.1.8.4 Provider Management - Performance Standards | Acknowledge and Accept |
|---|---|
| Produce and make provider mailing labels available for printing in the state data center within one business day of request | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce state-defined reports within the required timeframe as determined by the Department | ✓ |

*Table 10 - 31. The Accenture Team acknowledges and accepts the performance standards for Provider Management.*

## 10.1.9 Claims Receipt Entry and Control (8.1.9)

The claims receipt, entry and control module function ensures that all claims and related input to the MMIS are captured at the earliest possible time in an accurate manner. This function monitors the movement and distribution of claims once they are entered into the system to ensure an accurate trail from receipt of claims through final disposition. The function includes both manual and automated processes for claim control.

The claims entry and control module function of the MMIS must accept claims and other transactions via hard copy and electronic media. Electronic media claims are accepted in the form of magnetic tape, direct data entry through the web portal or electronic submission. The Core MMIS is responsible for the operations of the translator and will obtain written agreements from new providers wishing to submit claims via electronic media and provides the information to the Core MMIS contractor upon approval of the enrollment as an EDI provider.

The Core MMIS contractor maintains the mail handling function for all paper forms and correspondence and is accountable for each claim from the time it is received. The Core MMIS contractor will provide courier service to pick up mail and deliver reports or other items to external entities as required. The mailroom, which is located in Des Moines, Iowa, the Department facility receives all incoming mail, logs the claim, screens all claim documents and attachments and returns to the provider those claims that fail the screening criteria specified by the Department. Documents that are complete are sorted and batched by type.

All hardcopy forms and correspondence will be scanned, imaged and stamped with a sequential transaction control number (TCN) that uniquely identifies that document throughout the remainder of its processing. The documents are routed to the appropriate unit for handling after imaging. A batch control activation record is entered for each new batch for hardcopy claim documents. The online batch control process is designed to establish control of claims receipts as soon as they enter the mailroom to ensure that claims are not lost or delayed in processing. The batch control file allows Core MMIS contractor staff to monitor a batch of claims in the system as soon as the claims are batched.

Claim adjustments are processed as online real-time transactions. All claims are subject to the same edits and audits regardless of the billing media or method of entry into the claims module.

**Processes and tools that increase the speed and accuracy of claims adjudication lower Medicaid program costs. Accenture collaborates with the Provider Services contractor to reduce paper submissions while delivering an MMIS solution that supports flexible and configurable queue routing for fast, accurate claims adjudication and reduced costs for the IME.**

**Accenture brings the right controls for the Iowa Medicaid Enterprise.**

- Multiple channels of claims receipt with automated controls to maintain accuracy of data received.
- Controls to apply edits and audits consistently regardless of claim media.
- Complete end-to-end traceability from claims receipt to final disposition regardless of claim media.

Document receipt and entry into the system is the important first step in a well controlled claims processing operation. APHP provides multiple channels of claims receipt, including paper submissions, direct entry into the APHP web portal or secure Electronic Data Interchange (EDI) transmissions. Hardcopy documents received are processed so as to maintain integrity in the document's chain of custody from the time of receipt to the point of scheduled document destruction. Direct entry of data is immediately validated, checking for incomplete data and required information. EDI transmissions submitted through the APHP platform also have automated checks and controls for validity and required information. Regardless of the method of submission, each transaction goes through the same basic processes and rigorous controls prior to processing and adjudication. Edits and audits are applied to all claims regardless of claim media through configurable rules and business policies captured within APHP. Our solution maintains complete traceability of all claims from receipt to final disposition enabling the Providers, Department staff, and supporting Contractors of the IME to access historical and real time data on claim status and disposition via the APHP user interface.

### Our Process

The claims entry and control function of the MMIS accepts claims and other transactions via paper and electronic media. Paper documentation may be received via mail or courier service. The mail is transported to the processing center using insured vehicles and the drivers are trained to help verify that

documents are attended at all times. Mail is processed in a secure room within the current IME facility. Please reference Section 10.1.5 Mail and Courier Service for a more detailed explanation of mailroom processes.

Documents received are prepared for processing by staff. Mail is sorted based on type, such as claim, attachment, checks or misrouted mail items. Sort criterion is determined by specific business needs agreed upon with the Department. Paper is prepped by removing items that interferes with scanning processes, such as staples or paperclips. Documents are then batched and identified through system-generated bar-coded batch header sheets. The batches are entered into our production control system.

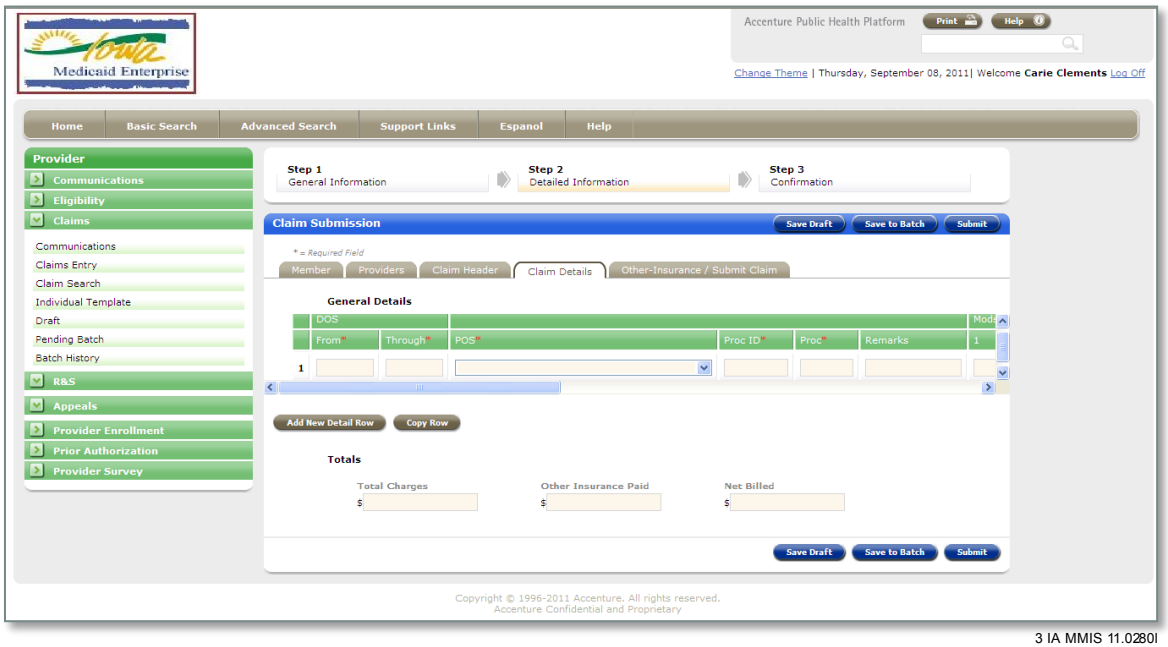
Once claims and claim attachments are logged by the mailroom and scanned for completeness, the documents are staged for the imaging and data capture process. As indicated in the Mail and Courier Service section of the RFP, if required information is omitted or if a claim is billed on an incorrect claim form, the document is Returned to Provider (RTP). Returns are logged, pulled and returned with a letter of explanation on a daily basis in the format desired by the provider.

Claims and claim attachments that are prepped for scanning are fed into the scanning equipment and then imaged via APHP's Captiva solution. This scanning tool helps verify that quality requirement are met by having quality control analysts verify captured claim images. The documents receive a unique control number (Document Control Number or Transaction Control Number) immediately upon scanning. The assigned control number resides with the claim for the life of the image and is linked to the system claim number for audit purposes. The claim number is used to maintain control of the transaction and is used to retrieve information and images from entry into the system, through final adjudication and when eventually archived. A significant benefit to our electronic document management solution is the electronic hyper linking of claims and related correspondence. The scanned document is easily accessed by clicking on the specific claim number or via a search engine.

After scanning and imaging is complete, Optical Character Recognition (OCR) software captures data from the claim form, reducing the level of effort required to process paper submissions. The software uses well defined business rules and confidence levels for correct capture of data. From our experience, standard claim forms have passed through OCR at 90% or higher pass rates. If there are certain fields that are not recognized through the OCR process, they fall for manual review and correction. Specific fields go through a "data perfection" process to validate the indexed claim data prior to release and creation of the claim record in the APHP system.

After this process is complete, the imaged claim and claim attachments are uploaded into OnBase and routed as per the configured business rules in APHP.

Electronic documents are submitted through the APHP EDI component or by using the APHP self-service web portal. A flexible EDI component within APHP allows for receipt of claims in batches from a provider or other approved clearinghouses. Providers submit and edit individual claims via the web portal. The entry window is intuitive and user friendly, presenting a format very similar to standard paper forms as shown in Figure 10 - 41.




3 IA MMIS 11.0280I

*Figure 10 - 41. User friendly interface makes claims entry easy for the provider.*

Using an electronic method of submission, providers receive a real time response providing them with information allowing tracking of the claims. Providers have the ability to submit attachments, scans, and other documentation in support of the claim through an upload in the web portal. If paper submission of supporting documentation is required, the provider submits the documentation and the mailroom process attaches the corresponding documents to the correct claim through a controlled imaging process (e.g., via unique IDs or bar codes).

Additionally, claims that are unable to be submitted electronically or translated via OCR may also be entered into APHP through Direct Data Entry (DDE). Authorized users key claims data directly into the system for processing. Workflow queues are utilized to move transactions through the capture and correction process. Again, regardless of method of entry, all claims go through certain standard checks for the validity of the entered data prior to being adjudicated for payment or denial.

An extensive system based reference library of standard edits in APHP used in conjunction with Department specific business rules control the accuracy of this data entry process.

If automated editing processes do not make the required data entry correction, the claim suspends for authorized users to address the remaining issues. An integrated and highly configurable workflow tool within APHP routes the claim to the appropriate staff and corrections are made. Operational processes also look for patterns of problems so that staff can proactively suggest edit and audit updates appropriately.

## Our Control Procedures

Control over claims receipt and data entry is critical to avoid downstream processing errors and help with timely adjudication and payment to the Iowa Medicaid Program providers. Controls take place through both operational and systematic checks and audits.

From a manual operations standpoint, staff are trained to recognize and reject claims billed on incorrect forms or on copies of original forms (paper claims). Our training focuses on understanding the type and format of standard claim types as shown in Table 10 - 32. If a claim fits conditions to go through the RTP process, these transactions are controlled by them being logged, pulled and returned with a letter of explanation on a daily basis in the format desired by the provider.

| Standard Claim Type (paper/electronic) | Description |
|---|---|
| **CMS1500/837P** | Standard format used by Healthcare professionals and Durable Medical Equipment providers |
| **UB04/837I** | Standard format used by institutional providers such as hospitals, skilled nursing facilities, home health agencies, etc |
| **ADA2006/837D** | Standard format used by dental providers |
| **NCDPD/5.1** | Standard format used by pharmacy providers |

*Table 10 - 32. Staff is trained to identify claims billed on incorrect forms.*

Additionally, claims receipt and entry are controlled systematically through our APHP platform. Claims control is established through balancing processes within APHP via automated reports and dashboards. These processing cycles provide automated and manual controls to balance incoming transactions as they pass through APHP. As an example, the EDI component of APHP has processes to confirm that transactions sent to the system are successfully received and that an appropriate response is sent back to the provider or clearinghouse.

Once claims are received and batched, our operation is able to quickly address out-of-balance situations to help verify that batches are released into daily adjudication. While hard copy claims are batched and tracked through the scanning process, electronic claims submissions are manually and systematically monitored on a daily basis to determine if an error has occurred. Daily reconciliation reports are run to see that batch transactions are processed and response is delivered. As hard copy and electronic claims are transmitted to the APHP claims processing engine, the APHP audit tracking functionality keeps track of each batch. Once inside the claims processing engine, batch control processes are triggered to provide balancing and control reports. Balance and out-of-balance reports are used to confirm that batches are entering the system correctly and are made available to Department and key staff resources electronically for review and confirmation. APHP provides the ability to further customize control reporting on a user basis to customize data views and historical data if required for additional trending and control.

## Our Quality Assurance Procedures

At initial receipt, documents are reviewed by the Mailroom supervisor through the strategy and methods developed by the Quality Manager to determine if they qualify for further processing. Automated sorting streamlines document process to decrease time to system export and increase quality. Image quality is maintained throughout the scanning process by visual checks for proper alignment and contrast settings. Scanner equipment is serviced through routine diagnostics to maintain image quality. Please reference Section 10.1.2 Internal Quality Assurance for a more detailed description of our Quality Assurance program and strategy.

### *10.1.9.1 Activities (8.1.9)*

The activities of the MMIS claims receipt entry and control module and EDI module function are:

r. Receiving and maintaining control over electronic claims transaction

APHP receives electronic claims transactions through the integrated EDI component or by using the APHP self-service web portal. The documents receive a unique control number (Document Control Number or Transaction Control Number) immediately upon scanning. The assigned control number resides with the claim for the life of the image and is linked to the system claim number for audit purposes. The claim number is used to maintain complete control of the transaction and is used to retrieve information and images from entry into the system, through final adjudication and when eventually archived. Control is established through automated balancing processes within APHP. Electronic claims submissions are monitored on a daily basis to determine if an error has occurred. Daily reconciliation reports are run to see that batch transactions are processed and response is delivered. APHP audit tracking functionality keeps track of each batch and batch control processes are triggered to provide balancing and control reports. Balance and out-of-balance reports are used to confirm that batches are entering the system correctly and are made available to Department and key staff resources electronically for review and confirmation. APHP provides the ability to further customize control reporting on a user basis to customize data views and historical data if required for additional trending and control.

s. Receipt and imaging of paper claims

Paper documentation may be received via mail or courier service and is processed in a secure room within the current IME facility. Please reference Section 10.1.5 Mail and Courier Service for a more detailed explanation of mailroom processes regarding the receipt of paper claims.

All documents received are sorted based on type, prepped by removing anything that interferes with scanning processes, batched and identified through system-generated bar-coded batch header sheets. The batches are entered into our production control system.

Once claims and claim attachments are logged by the mailroom and scanned for completeness, the documents are staged for the imaging and data capture process. As indicated in the Mail and Courier Service section of the RFP, if required information is omitted or if a claim is billed on an incorrect claim form, the document is RTP. Returns are logged, pulled and returned with a letter of explanation on a daily basis in the format desired by the provider.

Claims and claim attachments that are prepped for scanning are fed into the scanning equipment and then imaged via APHP's Captiva solution. This scanning tool helps to verify that quality requirement are met by having quality control analysts verify captured claim images. The documents receive a unique control number (Document Control Number or Transaction Control Number) immediately upon scanning. The assigned control number resides with the claim for the life of the image and is linked to the system claim number for audit purposes. The claim number is used to maintain complete control of the transaction and is used to retrieve information and images from entry into the system, through final adjudication and when eventually archived.

After scanning and imaging is complete, OCR software captures data from the claim form, reducing the level of effort required to process paper submissions. If there are certain fields that are not recognized through the OCR process, they fall for manual review and correction. Specific fields go through a "data perfection" process to validate the indexed claim data prior to release and creation of the claim record in the APHP system.

After this process is complete, the imaged claim and claim attachments are uploaded into OnBase and routed as per the configured business rules in APHP.

### *10.1.9.2 State Responsibilities (8.1.9.2)*

a. Monitor the performance of the Core MMIS contractor in regard to all aspects of claims receipt
b. Determine and document methods and policies regarding claims receipt
c. Design claim forms unique to the Iowa Medicaid program and make revisions to claim forms as directed by the Department
d. Approve the format and data requirements for electronic media claims submission

IME holds the responsibility for monitoring contractors, determining policy and designing and approving forms and formats. The Accenture Team acknowledges the Department responsibilities as depicted in Table 10 - 33 and strives to support IME in these activities through transparency in the reporting of claims receipt status and full control of transactions from receipt to final disposition.

| 10.1.9.2 Claims Receipt Entry and Control - State Responsibilities | Acknowledgement |
|---|---|
| Monitor the performance of the Core MMIS contractor in regard to all aspects of claims receipt | ✓ |
| Determine and document methods and policies regarding claims receipt | ✓ |
| Design claim forms unique to the Iowa Medicaid program and make revisions to claim forms as directed by the Department | ✓ |
| Approve the format and data requirements for electronic media claims submission | ✓ |

*Table 10 - 33. The Accenture Team provides full support in helping the Department meet their monitoring requirements.*

### *10.1.9.3 Accenture Responsibilities (8.1.9.3)*

The following are the requirements of the claims receipt, entry, control and EDI module functions:
a. Provide staff for courier service to pick up mail twice a day and make courier runs to various organizations external to the IME

The Accenture Team provides courier service to pick up mail and make runs to pick up or deliver reports or other items to external entities as required by the Department. The mail and other documents are transported to and from the processing center using insured vehicles and the drivers are trained to help verify that documents are attended at all times.

b. Develop and maintain screening instructions for each claim type. Screen all hard copy claims upon receipt. This includes:
1. Date-stamp the claims
2. Sort and batch the claims
3. Screen the claims
4. Assign claim control numbers
5. Scan and image the claims

Our extensive experience in this arena provides the Department with mature, industrialized processes to receive, control, and track incoming/outgoing claims and other correspondence. We develop and maintain screening instructions with the Department's approval for each claim type that we then use to provide consistent, repeatable quality standards in our Claims Operations.

We screen all hard copy claims upon receipt. Paper documents are date stamped upon receipt in the mailroom. Mail is sorted based on type, such as claim, attachment, or enrollment. Automatic Document Recognition (ADR) is used for sorting incoming documents. Sort criterion is configurable according to specific business needs. This provides a powerful automated solution for routing documents within the workflow, saving time and human intervention. Documents are then batched and identified through

system-generated bar-coded batch header sheets. The batches are entered into our production control system.

Documents within each batch are screened to ensure that all critical information is present. We develop and maintain screening instructions for each claim type to ensure that information required on each claim form is validated. If required information is omitted or if a claim is billed on an incorrect claim form, the document is Return to Provider (RTP). Returns are logged, pulled and returned with a letter of explanation on a daily basis in the format desired by the provider.

Documents which pass the screening process are then scanned. The electronic scanning tool used helps to verify that quality requirement are met by having quality control analysts verify captured claim images. The documents receive a unique control number immediately upon scanning. The assigned control number resides with the claim for the life of the transaction. This number is used to maintain complete control of the transaction and is used to retrieve information and images from entry into the system, through final adjudication and when eventually archived. A significant benefit to our electronic document management solution is the electronic hyper linking of claims and related correspondence. The scanned document is easily accessed by clicking on the specific claim number or via a search engine.

OCR capabilities of the integrated imaging software capture data from the claim form, reducing the level of effort required to process paper submissions. The software uses well defined business rules and confidence levels for correct capture of data. Claims that are missing data or are unrecognizable are RTP in the same manner as paper claims. Returns are logged, pulled and returned with a letter of explanation on a daily basis in the format desired by the provider.

Once a document is prepared and scanned, it is uploaded into OnBase where the scanned and indexed documents reside for access through the workflow solution. Documents then progress through a final verification for required elements and control processes help to verify that all documents received have entered the document management system and are ready to load into the APHP claims processing engine. Claims are then routed via defined workflow to the appropriate group or work queue for resolution. Please reference Section 10.1.5 Mail and Courier Service for a more detailed explanation of receipt and scanning processes.

c. Do not enter a paper claim in the MMIS unless it contains the Department defined data elements. Return claims not meeting these criteria to the provider

During training, our mailroom and claims teams are trained on key control points that might be on the critical path of the end to end claims process. We understand that the Department has specific criteria required that define a complete claim. Claims that do not meet these minimum criteria are subject to the Return to Provider (RTP) process.

As claims are received, they are reviewed for required elements prior to entry into the document management system. These claims must include, at a minimum:

- A member identification number
- A provider identification number
- Valid provider or representative signature
- Valid procedure code
- Valid diagnosis code
- Other elements as determined by the Department

If required information is omitted or if a claim is billed on an incorrect claim form, the document is RTP. Returns are logged, pulled and returned with a letter of explanation on a daily basis in the format desired by the provider. These RTP scenarios are controlled through a system based logging process that creates audit history of the image control number that correlates to the letter that is sent to the provider. This control is critical such that if a provider calls into inquire about claim status, the provider help desk

provides the appropriate level of details and the disposition of the claim (in this case a letter being mailed out to indicate missing information on a specific date. This control also helps with trending analysis for targeting specific provider types or a group of providers that may require additional training or coaching for claims submission.

d. Process all claims through the front-end claims editing functionality

Hardcopy and electronic claims, as well as adjustments, are entered into the APHP claims processing engine and immediately subjected to field validity edits and pre-editing to check, at minimum, provider identification numbers, member identification numbers, procedure codes and diagnosis codes.

This front end process suspends claims for quick resolution prior to downstream rules and policies that require special handling or manual review to complete the adjudication. By eliminating these front end suspension edits, the quality of the claims that pass through the core adjudication process complete at a higher pass rate and control the level of processing quality for final claim disposition.

e. Screen all claims to ensure they are submitted on the correct claim form and the paper claim form is an original

As part of our mailroom processes, all claims are screened to help verify that they are properly submitted on the correct claim form and the paper claim form is an original. Staff is trained to recognize and reject claims billed on incorrect forms or on copies of original forms (paper claims). Our training focuses on understanding the type and format of standard claim types. If a claim fits conditions to go through the RTP process, these transactions are controlled by them being logged, pulled and returned with a letter of explanation on a daily basis in the format desired by the provider. Quality assurance processes identify trends for these types of coachable errors and the Accenture Team collaborates with the Provider Services contractor to identify opportunities for additional provider outreach or training.

f. Log all claims returned to the provider to verify initial receipt

We log all claims returned to the provider to verify initial receipt. The Accenture Team applies a controlled process to the return of documentation to providers when necessary. When a document is returned, it is first logged for future reference in audit purposes or for responding to provider inquiries. The documents to be returned are pulled from the original batch, sorted by reject reason, and placed in the appropriate bin to be counted, batched and returned on a daily basis. The documents are returned by paper or by electronic means depending on the desired workflow process. When returning to the provider, a customized letter is sent explaining the reason for return and suggestions for successful resubmission. Our mailroom operation works with the Provider Contractor and the applicable Help Desks to communicate returned mail patterns to help avoid future RTP situations.

g. Provide data entry through both batch and online mode

Claims are input into APHP through Direct Data Entry (DDE) in batches or as individual claims. Authorized users key claims data directly into the system for processing. Field level validations are immediately applied to check, at minimum, provider identification numbers, member identification numbers, procedure codes and diagnosis codes. Workflow queues are utilized to move transactions through the capture and correction process. Front end data entry software interfaces with the APHP solution to allow external authorized users to input claim data as well.

h. Establish a quality control plan and internal procedures to ensure that all input to the system is captured timely and that all inputs to the claim input function are free from data entry errors

Regardless of entry, all claims go through certain standard checks for the validity of the entered data. Internal procedures agreed upon with the Department help verify that data is entered into the system in a timely manner and quality controls capture and correct data entry errors.

Claims correction functions within APHP include the correction of data entry errors. An extensive library of standard edits in APHP used in conjunction with the agreed upon Department specific business rules control the accuracy of the data entry process. Examples of some standard system checks are shown in Table 10 - 34.

| | Standard System Check |
|---|---|
| ✓ | Verification of fields designated as critical by the Department |
| ✓ | Verification of the member identification number |
| ✓ | Verification of the provider NPI |
| ✓ | Data validation for valid field amounts such as numeric fields contain only numeric characters and date |
| ✓ | Field relationship edits, including span dates of service edited against units of service, span dates of service edited to periods more than one month long or dates more than one year old, and edits that check valid modifiers for specific procedure codes |
| ✓ | Other relationship edits, including procedure code or diagnosis codes to sex or age criteria and procedure to provide type |
| ✓ | Logic checks applied to necessary imbedded codes and check digits |
| ✓ | Reference table edits used to incorporate provider, eligibility, local procedure, diagnosis or other local use codes for data validation and field population from database information |

*Table 10 - 34. Several standard system checks help to verify that data entered is free from errors.*

If editing processes do not make required data entry correction, the claim suspends for authorized users to address the remaining issues. An integrated workflow tool routes the claim to the appropriate staff and corrections are made. Approved standard operating processes also instruct the operations staff to look for patterns of recurring issues so staff can proactively suggest edit and audit updates accordingly. Please reference Section 10.1.2 Internal Quality Assurance for a more detailed explanation of the Accenture Team's approach to quality procedures.

i. Produce claim control and audit trail reports during any stage of the claims processing cycle, adjustment and financial transaction data as requested which consists of:

1. Inventory management analysis by claim type, processing location and age
2. Input control listings
3. Records of unprocessable claims
4. Inquiry screens, including pertinent header and detail claim data and status
5. Claims entry statistics
6. Data entry operator statistics, including volume, speed, errors and accuracy

We are committed to maintaining an efficient claims processing operation that complies with Department requirements for timeliness and accuracy. Our automated and manual procedures also comply with Federal requirements and pass periodic reviews conducted by CMS. We will produce claim control and audit trail reports during any stage of the claims processing cycle, adjustment and financial data as requested, as seen in Table 10 - 35.

| Report Data available | Acknowledgement |
|---|---|
| Inventory management analysis by claim type, processing location and age | ✓ |
| Input control listings | ✓ |
| Records of unprocessable claims | ✓ |
| Inquiry screens, including pertinent header and detail claim data and status | ✓ |
| Claims entry statistics | ✓ |
| Data entry operator statistics, including volume, speed, errors and accuracy | ✓ |

*Table 10 - 35. APHP provides the ability to produce configurable claim control and audit trail reports as requested.*

Every transaction has an audit trail attached which shows every action that has been systematically or manually applied during any stage of the claims processing cycle. The audit trail gives specifics on when the action occurred, what user performed the action, fields changed if applicable, among other information usable when researching the transaction history. APHP's reporting dashboards give authorized users instant access to inventory counts by location as well as information on the age of claims within locations as shown in Figure 10 - 42.

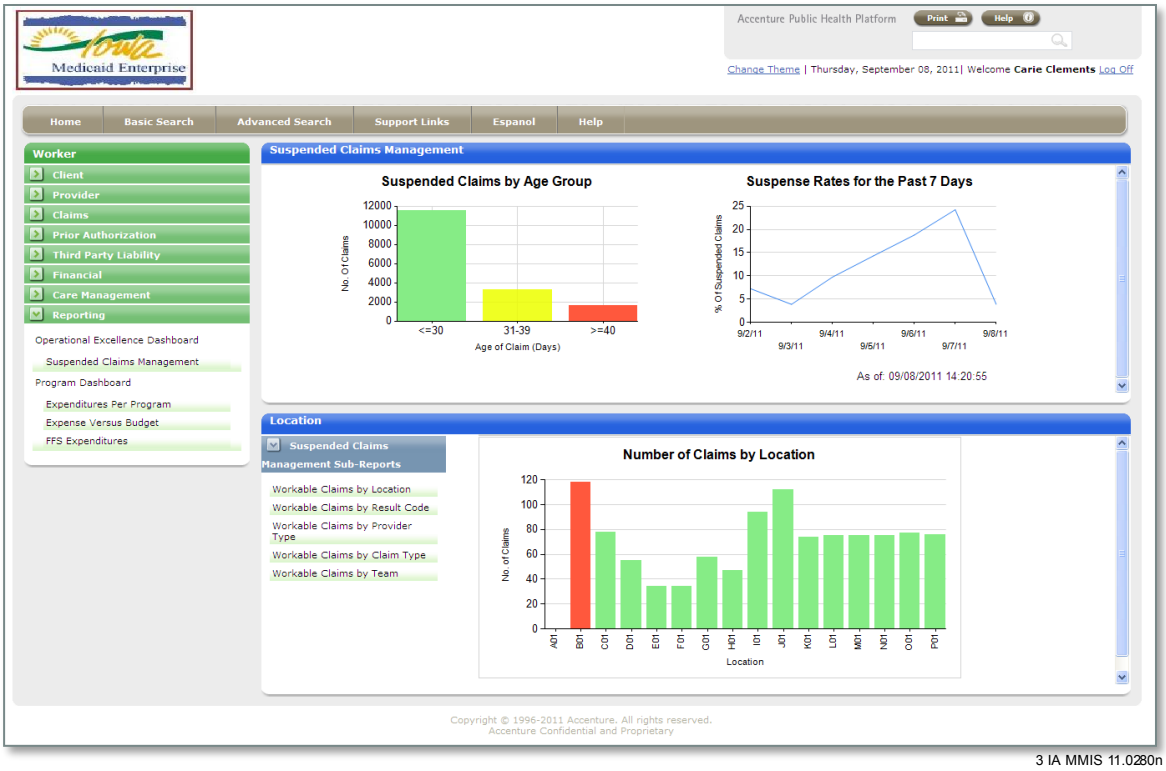



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*Figure 10 - 42. The Performance Management dashboard in APHP gives the Department immediate access to transaction data at any stage in the claims processing cycle.*

Additionally, APHP enables authorized users to create custom reports on specific claims types or other attributes for use in data analysis. This user based query supports the configured audit and control reports that are native to the APHP solution.

j. Maintain an electronic image of all claims, attachments, adjustment requests and other documents. Retain all original claims and attachments until the quality of the imaged copies has been verified by the Core MMIS contractor and for no less than 90 days from transaction control number date

APHP has the ability to retain transaction history per the agreed upon Department requirements. Transaction information necessary for research for resolution of claims is made available to users for a minimum of 60 months from the date of the transaction creation. Transaction information includes the scanned image of the original claim, any attachments associated with the claim, adjustment requests, and other relevant documents. This information is made available to authorized users through online inquiry on the APHP web portal. Data beyond 60 months rolls off into an offline storage that is easily retrievable through the reporting capabilities within APHP. APHP has the capability to mark transactions for exclusion from the roll off process when necessary, as for lifetime procedures.

As required, the mailroom operations retain original documents for 90 days from the date of the assignment of a unique transaction control number unless otherwise agreed upon with the Department.

k. Produce electronic copies of claims, claim attachments and adjustments and provide secure storage with ability to retrieve copies for state users upon request

The Accenture Team provides the Department access to electronic image copies of claims, adjustments, attachments, non-claims transaction documents and other applicable electronic transactions as requested. In addition, our solution supports the retrieval of claims data by authorized users quickly through the APHP web portal. Immediate availability of the securely stored data gives the Department the ability to efficiently manage the Medicaid program.

l. Identify and perform online correction to claims suspended because of data entry errors

Paper claims that are submitted by providers to our mailroom go through the mailroom process and the subsequent optical character recognition (OCR) process. Once the OCR process is complete for each claim, the OCR solution routes transactions that do not meet data entry translation thresholds for manual review. This review is carried out through an online correction process to modify specific fields that do not meet minimum configured requirements to pass the OCR process. For claims that are not able to be carried out through the OCR process and required full manual data entry via a Direct Data Entry (DDE) process, front end validation is carried out on fields that have required formats and field lengths. Additionally, if a claim from either process is suspended during the subsequent adjudication process for edits related to initial data entry or translation, as a last line of defense, our claims staff is trained to manually update the applicable fields via the configured workflow and through an online user interface to modify the necessary fields to clear the claims suspense.

m. Develop quality control procedures for imaging operations to ensure that imaged copies are legible. Submit written quality control plan to the Department for review

Quality procedures help verify that images are legible prior to entry to the APHP claims processing engine. Visual checks for proper alignment and contrast settings as well as servicing and cleaning scanner equipment are steps that are taken to help verify image quality. A complete quality control plan will be submitted to the Department for review and approval. Please reference Section 10.1.2 Internal Quality Assurance for a more detailed explanation of the Accenture Team's approach to quality control.

n. Provide to the Department claim inventory reports that will document the number of claims in each of the claims suspense area each day

We provide the Department with claim inventory reports that document the number of claims in each of the claims suspense area each day. With the integrated reporting solution in APHP, we quickly and easily generate claims processing reporting information. APHP has the capability to provide real time

information on claims at any status or in any location such as claims backlog, key entry backlog, pending file status and key performance metrics. The flexibility of APHP to customize reports based on Department need allows a high level of control of program funds. Trends are monitored using standard and easy-to-understand analytical tools and reports. APHP's Operational Dashboards give authorized users instant access to inventory counts by location, including all suspended claims, as well as information on the age of claims within locations as shown in Figure 10 - 43. Operational Dashboards provide up to the minute view of claim suspense inventories and allow for drilling down or across specific details concerning inventory. This allows for quick reaction to shifts in inventory levels and optimization of staffing and identifying billing or processing errors.

3 IA MMIS 11.0280c

*Figure 10 - 43. APHP Operational Dashboards give an instant overview to inventory counts and locations of suspended claims.*

o. Assume responsibility for marketing of the EDI concept to providers. Obtain written agreements from new providers wishing to submit claims via electronic media and ensure existing EDI agreements remain in effect

Based on the data in the Procurement Library, we understand that the Iowa Medicaid Program currently receives 15 percent of all claims via paper. Other states see paper submissions as low as five percent of total claims. Electronic submissions should be accessible to all providers and we understand the importance in reducing paper submissions to reduce overall cost and improve overall quality. We assume responsibility for marketing of the EDI concept to providers and will work to obtain written agreements from new providers wishing to submit claims via electronic media and ensure existing EDI agreements remain in effect. The Accenture Team will work closely with the Provider Services contractor to help verify that the provider community is well aware of the benefits and importance of EDI. We communicate to Provider Services when we identify an opportunity to educate providers on the EDI concept and supply all necessary materials for provider education. APHP has the ability to provide data

for analysis on paper claim submissions which identifies volumes and trends for targeted marketing campaigns and communication to the appropriate providers.

New providers wishing to come onboard with electronic submissions sign written agreements, which are entered into APHP and are retrievable at any time by authorized users. Agreements from existing providers transition to the APHP system and are retrievable in the same manner.

p. Ensure that EDI transmittals contain control totals and that all submitted records are loaded on the file

Our processing cycles provide automated and manual controls to balance incoming transactions as they pass through APHP. The EDI component of APHP uses control totals to confirm that transactions sent to the system are received and that an appropriate response is sent back to the provider or clearinghouse.

Once claims are received and batched, the Accenture Team is able to quickly address out-of-balance situations to help verify that batches are released into adjudication. Electronic claims submissions are manually and systematically monitored on a daily basis to determine if an error has occurred. Daily reconciliation reports are run to see that batch transactions are processed and response is delivered. As electronic claims are transmitted to the APHP claims processing engine, the system keeps track of each batch. Once inside the claims processing engine, batch control processes take over to provide balancing and control reports. Balance and out-of-balance reports are used to confirm that batches are entering the system correctly. APHP provides the ability to further customize control reporting.

q. Accept claims from eligible, enrolled Medicaid providers only. Accept submission of claims from providers, of the appropriate claim type and format for the submitting provider

The APHP claims processing engine edits against provider eligibility. If a provider was not eligible on the date of service, reimbursement is typically denied based on configuration of the agreed upon adjudication rules in the APHP platform. These codes are highly configurable by users through a front end interface and are modified through a controlled process to maintain flexible processing rules as the requirements of the IME evolve and modify over time. Claims that meet the required provider criteria such as claim type and format for the submitting provider are accepted into the APHP platform for processing and disposition. Details of the controls related to scenarios when documents do not pass the minimum criteria are processed via the Return to Provider (RTP) process.

r. Notify the provider after receipt of the transmission, of those claims accepted for further processing, of those claims rejected and the nature of the errors

When a claim is submitted through electronic media, the provider receives feedback providing the status of the claim and information to track the claim. If required information is omitted or if a claim is billed on an incorrect claim form, the document is processed via the controlled RTP procedures. When a document is returned, it is first logged for future reference in audit purposes or for responding to provider inquiries. When returning to the provider, a customized letter is sent explaining the reason for return and suggestions for successful resubmission. The information on the return and reason for the return is made available to the Provider call center so that the Provider Services contract can help deflect calls through educating the provider on their self-service options.

s. Test providers' readiness for EDI participation and allow only those providers passing testing standards to submit EDI claims

The Accenture Team uses the services of Edifecs for assistance in readiness testing starting six months before we go live. This allows all current submitters to test prior to coming to our EDI solution. We engage these services for a full year, and six months after we go live, we will bring the initial testing with new EDI trading partners in house. This gives our operational team the opportunity to work with new submitters individually to address their testing needs.

The APHP web portal supports the testing of provider claims submission systems by allowing providers to submit electronic claims test files into an environment that processes the claims through the adjudication cycle without impact to production environment data. The Accenture Team assists in sending test files, fixing errors in electronic claim files, and working towards achieving approval for the submission of electronic transactions. Transmission assistance is provided to providers, billing agents, clearinghouses and software vendors. The Accenture Team is available to field questions to identify and troubleshoot technical problems that arise in readiness testing. We allow only those providers passing testing standards to submit EDI claims. By implementing these testing procedures, we verify that only clean and valid data is submitted into the production environment.

t. Provide and adequately staff an Electronic Data Interchange (EDI) Helpdesk call center exclusively for the Iowa Medicaid business that works closely with providers, system vendors, billing agents and clearinghouses to support EDI transactions (ANSI X12 healthcare transactions. The EDI Helpdesk shall be open from 8:00 a.m. to 5:00 p.m. Central Time (CT) for providers

The Accenture Team understands the importance of being available to assist providers in support of EDI transactions. We provide trained staff for an EDI Helpdesk call center in exclusive support of Iowa Medicaid trading partners during convenient business hours. The Accenture Team is available from 8:00am to 5:00pm Central Time to field questions to identify and troubleshoot technical problems experienced by providers, billing agents, clearinghouses and vendors, including issues with file submission, report receipts, password resets and log-in issues. We use the existing Interactive Voice Response (IVR) and call center technology to configure a specific 800 number dedicated to receiving calls from these groups related to EDI transaction. The Accenture Team has an escalation process for help desk issues to help verify that all calls are resolved appropriately and in a timely manner. Additionally, we have the ability to transfer misrouted calls to the correct contractor staff as necessary to ensure swift resolution of all issues.

u. Coordinate the activities of the EDI helpdesk with the Provider Services contractor to perform site visits, in the cases where phone support is not sufficient to resolve or educate the providers

EDI help desk staff are trained in identifying when additional assistance is required for providers. The Accenture Team has the ability to track calls received and identify trends in call types to help develop targeted communications to specific provider groups. This helps to resolve or prevent issues through proactive call campaigns or live training as necessary in tandem with the Provider Services contractor. Should the assistance available over the phone prove insufficient to resolve the problem, the Accenture Team works closely with the Provider Services contractor to help verify that providers are given the requested assistance. We supply the Provider Services contractor with educational materials to assist in site visits as determined on a case-by-case basis as well as follow up with providers to confirm that their issues have been resolved.

v. Offer assistance and technical support to providers, trading partners and submitters who submit electronic transactions for the Medicaid Program. This assistance includes but is not limited to:

Assist providers in determining the best method of electronic transaction submission

Enroll providers for electronic transaction submission

Provide transmission assistance to billing agents, clearinghouses and software vendors

Test submission software with the Department trading partners

Identify and troubleshoot technical problems related to EDI transactions

Provide confirmation of electronic transaction submission

Provide assistance to support direct data entry of claims and other transactions through the web portal

A dedicated EDI helpdesk is available to all trading partners who require assistance in submitting transactions to the APHP solution. The Accenture Team acknowledges that the assistance required includes but is not limited to those items as shown in Table 10 - 36.

| Electronic Transaction Assistance | Acknowledgement |
|---|---|
| Assist providers in determining the best method of electronic transaction submission | ✓ |
| Enroll providers for electronic transaction submission | ✓ |
| Provide transmission assistance to billing agents, clearinghouses and software vendors | ✓ |
| Test submission software with the Department trading partners | ✓ |
| Identify and troubleshoot technical problems related to EDI transactions | ✓ |
| Provide confirmation of electronic transaction submission | ✓ |
| Provide assistance to support direct data entry of claims and other transactions through the web portal | ✓ |

*Table 10 - 36. Full assistance is provided to trading partners wishing to submit electronic transactions.*

We understand the importance in reducing paper submissions to reduce overall cost and improve overall quality. The Accenture Team works closely with the Provider Services contractor to help verify that the provider community is well aware of the benefits and importance of EDI. Through analysis of volumes and trends in paper claims submission, we help the Provider Services contractor develop targeted marketing campaigns and communication to the appropriate providers. The Accenture Team provides the necessary support to help drive up the electronic submission rate. Once providers are ready to convert to electronic submission, we provide all assistance needed in determining the best method of submission, enrollment in EDI, testing, claims submission and troubleshooting of technical issues.

### *10.1.9.4 Performance Standards (8.1.9.4)*

a. Data enter ninety-eight percent of all hard copy claims and adjustment and or void requests within five business days of receipt
b. Log, image and assign a unique control number to every claim, attachment and adjustment and or void, prior authorization and other documents submitted by providers all of which must be viewable in the MMIS within one business day of receipt.
c. Return hard copy and clean claims that fail the prescreening process within one business day of receipt
d. Maintain at least a ninety-six percent keying accuracy rate for data entered documents
e. Produce facsimiles of electronic claims within one business day of receipt
f. Maintain a ninety-nine percent accuracy rate for electronic claims receipt and transmission
g. Produce and provide to the Department all daily, weekly and monthly claims entry statistics reports within one business day of production of the reports
h. Provide access to imaged claims, attachments and adjustments and or voids, prior authorizations and other documents to all users immediately upon completion of the imaging. Response time for accessing imaged documents at the desktop must not exceed ten seconds
i. Return an electronic receipt and or notification for claims submitted electronically within four business hours of receipt
j. All EDI claims, including Medicare crossover claims, must be processed in the next daily cycle after receipt from provider
k. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department
l. Produce state-defined reports within the required timeframe as determined by the Department
m. Maintain a service level (SL) percentage of at least 80 percent for incoming EDI calls as calculated by the following formula:

SL= ((T – (A+B)/T)*100)

Where T = all calls that enter the queue

A= calls that are answered after 30 seconds

B= calls that are abandoned after 30 seconds

n. Ninety-five percent of all provider clean claims are able to clear EDI editing and continue to be uploaded and processed in the system

The Accenture Team acknowledges and accepts the RFP performance standards for Claims Receipt Entry and Control as depicted in Table 10 - 37.

| 10.1.9.4 Claims Receipt Entry and Control - Performance Standards | Acknowledge and Accept |
|---|---|
| Data enter ninety-eight percent of all hard copy claims and adjustment and/or void requests within five business days if receipt | ✓ |
| Log, image and assign a unique control number to every claim, attachment and adjustment and/or void, prior authorization and other documents submitted by providers all of which must be viewable in the MMIS within one business day of receipt | ✓ |
| Return hard copy and clean claims that fail the prescreening process within one business day of receipt | ✓ |
| Maintain at least a ninety-six percent keying accuracy rate for data entered documents | ✓ |
| Produce facsimiles of electronic claims within one business day of receipt | ✓ |
| Maintain a ninety-nine percent accuracy rate for electronic claims receipt and transmission | ✓ |
| Produce and provide to the Department all daily, weekly and monthly claims entry statistics reports within one business day of production of the reports | ✓ |
| Provide access to imaged claims, attachments and adjustments and/or voids, prior authorizations and other documents to all users immediately upon completion of the imaging. Response time for accessing imaged documents at the desktop must not exceed ten seconds | ✓ |
| Return an electronic receipt and/or notification for claims submitted electronically within four business hours of receipt | ✓ |
| All EDI claims, including Medicare crossover claims, must be processed in the next daily cycle after receipt from provider | ✓ |
| Create and/or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce state-defined reports within the required timeframe as determined by the Department | ✓ |
| Maintain a service level (SL) percentage of at least 80 percent for incoming EDI calls as calculated by the following formula:<br>SL=((T-(A+B)/T)*100)<br>Where T = all calls that enter the queue<br>A = calls that are answered after 30 seconds<br>B = calls that are abandoned after 30 seconds | ✓ |
| Ninety-five percent of all provider clean claims are able to clear EDI editing and continue to be uploaded and processed in the system | ✓ |

*Table 10 - 37. The Accenture Team acknowledges and accepts the performance standards for Claims Receipt Entry and Control.*

## 10.1.10 Claims Adjudication (8.1.10)

The claims pricing and adjudication module function ensures that claims are processed in accordance with all established Iowa policies. This functional area includes claim edit and audit processing, claim pricing and claim suspense resolution processing.

Claims and transactions that will be entered into the MMIS from the claims entry function include claims that are recycled after correction and claims released to editing after a certain number of cycles based on defined edit criteria, online entry of claim corrections to the fields in error, online forcing or overriding of certain edits provider, member and reference data related to the suspended claims.

*Bidder Note: The use of the term "pay" in this section refers to the adjudication of a claim to payment status. The payment instruments and processes used to pay claims (i.e., EFT transactions) will be produced by the MMIS, the file is then sent to the Department's financial institution.

**Timely and accurate payment of claims increases satisfaction with providers and better enables members to receive the health services they need. The Accenture Team's solution, Accenture Public Health Platform (APHP), focuses on auto-adjudication processes to help reduce erroneous payments or benefit assignment and has the flexibility to make quick modification to codes or policies through user configuration, without time consuming or risky hard coding change management.**

**The Accenture Team's preferred practices from 6,000+ Healthcare professionals worldwide result in cost savings and accuracy.**

- We have delivered over $1.1 billion in savings for 17 high-performing health plans.
- We are achieving more than 98 percent financial and statistical accuracy rates.
- We manually process 20 million claims a year at 99.5 percent accuracy.

The Accenture Team understands that the critical function of an MMIS is to process and pay claims accurately and in a timely manner. Successfully performing this critical function helps the IME meet the needs of both the providers and members as service demands increase and budgets decrease. To support our innovative technology solution, the Accenture Team also provides a staff of resources that have extensive of knowledge in claims processing, specifically in the administration of Medicaid benefits and reimbursement. The flexibility of APHP, and the resources to support it, lends itself to the fast-paced environment of IME and we provide the ability to expand through changes to the fee for service and managed care programs. As such, our technology and resources are structured to be flexible to meet changing Federal and State mandates and requirements. The Accenture Team brings established delivery methods and technical experience to implement APHP which aligns with MITA principles to give Iowa the ability to progress upwards within the Medicaid Information Technology Architecture (MITA) maturity model. The use of technologies such as Service Oriented Architecture (SOA) and the automation of business processes using integrated workflows and rules engines transform service delivery for the IME and remain responsive to the demands of government and legislative oversight well into the future.

Through standard services, APHP also integrates with external systems to achieve cost-saving service delivery and respond to changing requirements. We integrate with other IME contractors such as Member Services, Provider Services and Revenue Collections, and essentially plug into the current footprint of IME operations. The flexibility provided by APHP accelerates integration of policy changes that results in lower costs to maintain and higher performance overall. APHP provides the capability for expansion which takes the IME well into the future. Future Iowa systems, solutions, contractors, and Medicaid programs are able to interoperate using the APHP framework as the MMIS.

APHP is comprised of a suite of Commercial Off-The-Shelf (COTS) components which promote functional processes through the use of standard, reusable services. MITA specifies the use of SOA and web services to allow access to the Department, trading partners, providers, other contractors, and other product applications without requiring hand coded programs for each interface. The use of COTS

components within the APHP framework makes the solution highly configurable and delivers the performance of a custom solution without higher costs and longer development times. The design of APHP allows multiple product applications to be used, integrating both current and new product applications for a comprehensive Healthcare claims processing and benefit administration solution. Using pre-packaged COTS products, rules are tailored based on the Department's needs as shown in Table 10 - 38.

| Desired Result | Benefit of APHP |
|---|---|
| **Accelerated implementation** | COTS components are tailored based on IME policy and business rules using the pre-packaged edits, benefit configurations, payment methodologies and reference data included natively within APHP. |
| **Extendable** | APHP provides IME with a framework that extends beyond Medicaid and supports other state-based claims processing and benefit administration needs. |
| **Improved collaboration** | Standard interfaces and secure data exchange processes enhance information sharing among agencies and external trading partners. |
| **Improved data handling** | Data retrieval and reporting capabilities are enhanced through an increased capacity within the distributed data repositories and use of Enterprise wide services. |
| **Improved service delivery** | APHP portals for providers, members and workers allow secure access to the MMIS, providing a greater level of self service through transparency. |
| **Lower cost of ownership** | Modular components that are easy to modify and change mean that responding to changes and maintaining the system over the long term is less costly than SOA wrapped, code-driven systems. |
| **Risk management** | Established methodologies and COTS components that are in production environments today help to reduce technological, operational, security and delivery risks. |

*Table 10 - 38. The benefits of a SOA designed, COTS-based solution for MMIS far outweigh any other approach overall.*

A key core platform component within APHP is a robust, COTS claims processing engine. It is a highly configurable COTS application that is stable, scalable and flexible. Updates and / or maintenance related to HCPCS, CPT or ICD-9 codes, among other HIPAA compliant code sets, are done quickly and easily through automated configuration and maintenance. APHP fields and files structures are ICD-10 compliant and also provide the ability to support dual processing. This is important because the claims are submitted with ICD-9 codes for some period after the ICD-10 implementation date, although claims with a date of service or discharge after October 1, 2013 must contain ICD-10 codes to be HIPAA compliant transactions.

The claims processing engine is designed for high volume transaction processing, with a focus on systematic processing. Claims and transactions entered into the MMIS from the claims entry screen will include claims that are recycled after correction, claims that are released to editing after a certain number of cycles based on defined edit criteria, online entry of claim corrections to the fields in error, online forcing or overriding of certain edits on provider, member and reference data related to the suspended claims. APHP automates claims adjudication, expedites implementation of new benefit plans, maximizes processing accuracy, and simplifies changes to existing policies and business rules. APHP incorporates out-of-the-box reporting and data file creation capabilities for claims and prior authorizations. Data files are also easily created from our claims component to interface and communicate with the current Revenue Collection contractor.

## Our Process

Claims adjudication is the process in which a transaction goes through editing, pricing, payment (or denial), and application of other system logic parameters. The APHP claims processing engine integrates with other COTS applications to maintain complete control of a transaction from initial entry through final disposition as shown in Figure 10 - 44.

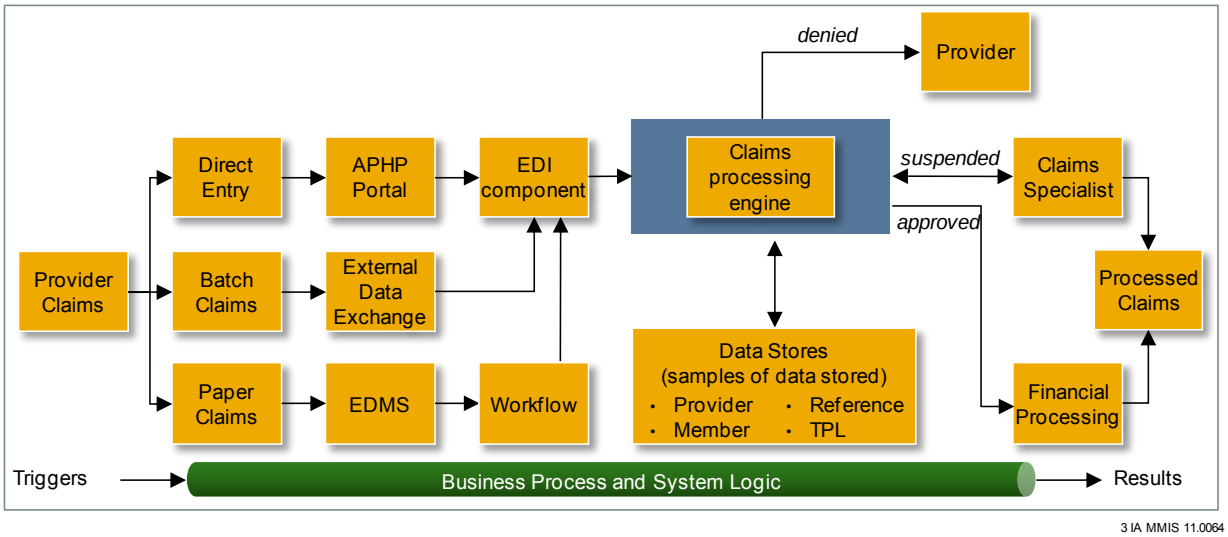


*Figure 10 - 44. APHP works seamlessly to control claims from receipt to fulfillment.*

APHP supports real-time claims processing and adjudication for individual claims submitted via the web portal from both providers and internal workers. APHP also supports batch claim processing from provider uploads via the portal and from clearinghouse/billing agent file submissions. Claims are assigned a unique control number immediately upon entry to the system. If the claim is submitted through electronic means, the provider or trading partner receives an immediate message providing them with necessary tracking information. The assigned control number resides with the claim forever. This number is used to maintain complete control of the transaction and retrieves information and images from entry into the system, through final adjudication and claims history and archival process.

We understand successful management of claims adjudication requires collaboration between IME and the Accenture Team. We identify Department specific requirements and implement rules with the goal to maximize the automation of claims processing by harnessing the processing capabilities of APHP. Our analysts work diligently with IME to help guide through the initial configuration setup for the most efficient processing methods. We understand that the MMIS implementation straddles the ICD-10 mandated implementation date of 10/1/2013 and that Iowa has dedicated a significant amount of time and subject matter expertise to identify, document, review and remediate the business rules and logic that contain ICD-9 codes. We leverage all that work and determine an efficient process to import that data to minimize the potential for duplicate or redundant work effort.

The first pass of the claim through APHP subjects the claim to industry standard edit processes, including Correct Coding Initiative (CCI) editing rules. This systematic application of criteria minimizes erroneous claims payment and improves operational efficiency. If the transaction does not fail any editing, pricing methodologies are applied automatically, requiring no manual intervention. Should a transaction fail an edit, the claim may be suspended for manual review and resolution or denied. There are varying levels of complexity for edit resolution and business processes determine the appropriate routing. Operations staff is authorized to resolve basic data validation edits while some resolutions such as manual or special

pricing, medical review or other more complex edits are generally routed to senior staff through a configurable workflow also within APHP. Some cases require APHP to route the claim to Department or external contractors for review according to business needs.

APHP is designed to make edit resolution easier for processing personnel. Staff is trained to take advantage of the features available within the solution to perform the required resolution. Provider, member and reference data are readily available for consideration while resolving suspended edits as shown in Table 10 - 39.

| Data Type | Description of data type |
|---|---|
| **Provider Data** | • Used to determine whether a payment is issued.<br>• Edits check against dates of service submitted on claim.<br>– If provider is not enrolled or eligible on date of service, reimbursement is denied.<br>• Edits check for provider participation in programs.<br>– If provider chooses to render services to member outside of their plan of participation, they may forfeit reimbursement. |
| **Member Data** | • Applied during claims processing to check data specific to an individual or family.<br>– Data is carried at both the individual and family levels to provide a view of all health benefits and other eligibilities across programs.<br>• Defined by the member's eligibility period or enrollment.<br>– Eligibility defines the period for which a member was eligible for Medicaid programs and services.<br>– Enrollment defines the specific types of services that the member is eligible to receive.<br>• Edits check if the member was eligible on the date of service submitted on the claim as well as determine if the member is eligible for the type of service submitted. |
| **Reference Data** | • Consists of standard codes used in data validation as well as reimbursement methodology.<br>– Codes can include diagnosis, procedure and revenue codes.<br>• Edits check data on submitted claim to validate appropriateness based on defined business rules.<br>• Please reference Section 10.1.12 for a more detailed explanation of our approach to maintaining reference data. |

*Table 10 - 39. Different data types are used by edit logic and made available for consideration for suspended claim resolution.*

The editing process allows authorized users to override or deny service, an action that permits a transaction to continue on the adjudication process. Updates to reference data such as codes are easily achieved through APHP with minimal impact and fast implementation. All edits that reference the ICD code set, either ICD-9 or ICD-10, are supported in APHP. Edits are date sensitive, as are the versions of the ICD code set, and this enables dual processing based on date of service or discharge date without requiring manual processing for claims submitted with codes outside of the implementation date.

Once a claim is subjected to the editing processes and failed edits are resolved, reimbursement methodology is applied. Department defined pricing is applied systematically although a few situations may require manual pricing. In this situation, once pricing is applied, the user overrides the edit to allow the transaction to continue through the adjudication process. APHP is highly configurable to support multiple rates through the fee schedule functionality. Fee schedules may be applied across providers or defined specific to individual providers, networks (groups), or benefit plans. Edits trigger for the entry of primary payment when applicable. That information is captured under the Coordination of Benefits (COB) area in the member record. Spenddown (Medically Needy) and other member liabilities are captured and assessed when considering cost of care to the member prior to claim adjudication and payment of Medicaid funds. Please reference Sections 10.1.7 and 10.1.14 for a more detailed explanation of COB

processing. Services subject to prior authorization are identified through editing. Prior Authorization data is applied to confirm that services or units are appropriately decremented against the authorized amounts. Please reference Section 10.1.13 for a more detailed explanation of Prior Authorization management.

A transaction is considered fully resolved when the claim (or claim line) is no longer posting a suspense edit status and the transaction is assigned a final status of paid or denied. This triggers the inclusion of the transaction in the payment cycle. After a payment cycle has run, a payment file, register and payment summary are generated. Files are sent to the Department's financial institution through direct, secure data exchange and interface capabilities within APHP. Once payment is completed, data received from the Department is applied to associate the appropriate check number to a claim transaction. Finalized claims report on Remittance Advice statements, which are fully customizable to report paid, denied or suspended claims transactions as well as adjustments, voids and gross financial transactions (payments or recoveries that may not be associated with a specific transaction). Providers are encouraged to take advantage of the capabilities of the APHP web portal to access remittance advice reports from a secure site or through X12 835 Remittance Advice transactions through APHP EDI component rather than receiving mailed paper reports.

After claims are completed through the adjudication process, the data is maintained a minimum of 60 months unless related to lifetime procedures agreed upon with the Department, in which case the data is maintained indefinitely. This data is made available for audit processing and online inquiry, as well as to other business areas as needed. Adjustments may be made to a previously processed claim. In APHP, adjustments can be done individually, meaning they affect only one claim transaction at a time, such as when a provider submits a claim correction. Adjustments can also be done via mass adjustment processes initiated through the APHP worker portal, affecting a population of claims transactions simultaneously, as to support rate or policy changes.

The Accenture Team is an organized team focused on the resolution of manually suspended claims and adjustments. Our dedicated claims reviewers are able to address issues in claims resolutions not only because of their process expertise, but also because they have direct access to subject matter experts within the same organization. As one MMIS systems and operations contractor we have built the APHP solution and maintain and operate the new MMIS. This removes an extra layer of complexity of contacting outside resources to resolve system issues. We maintain continuity and preserve the larger knowledge base of existing staff by folding them into our culture of continuous improvement, taking preferred practices for a mutually beneficial blending of current knowledge and our years of experience in the claims processing arena. In addition, all staff may suggest improvements to their processes through our successful We@Accenture program. The We@Accenture program creates an online idea forum for every associate across all our teams, to provide suggestions and recommendations on how to improve the work they support. This program is global and has resulted in many of the improvements we've executed in our units today. This collaborative approach energizes our teams to be result-driven and drives the accountability of improvement to all team members.

## Our Control Procedures

Claims control is established through balancing processes within APHP. Our processing cycles are supported by both automated and manual controls to balance incoming transactions as they pass through APHP. As an example, the EDI component of APHP has processes to confirm that transactions sent to the system are received and that an appropriate response (HIPAA compliant message) is sent back to the provider or clearinghouse.

Once claims are received and batched, reports are created to quickly address out-of-balance situations to help verify that batches are released into daily adjudication. Hard copy claims are batched and tracked through the scanning process. Electronic claims submissions are manually and systematically monitored on a daily basis to determine if an error has occurred. Daily reconciliation reports are run to see that batch transactions are processed and response is delivered. As hard copy and electronic claims are transmitted

to the APHP claims processing engine, the system keeps track of each batch. Once inside the claims processing engine, batch control processes take over to provide balancing and control reports. Balance and out-of-balance reports are used to confirm that batches are entering the system correctly. APHP provides the ability to further enhance and tailor to control reporting to help meet IME needs.

Using the integrated dashboard reporting solution, APHP quickly and easily generates claims processing and reporting information. APHP has the capability to provide real-time information on claims at any status or in any location such as claims backlog, key entry backlog, and pending file status as shown in Figure 10 - 45.

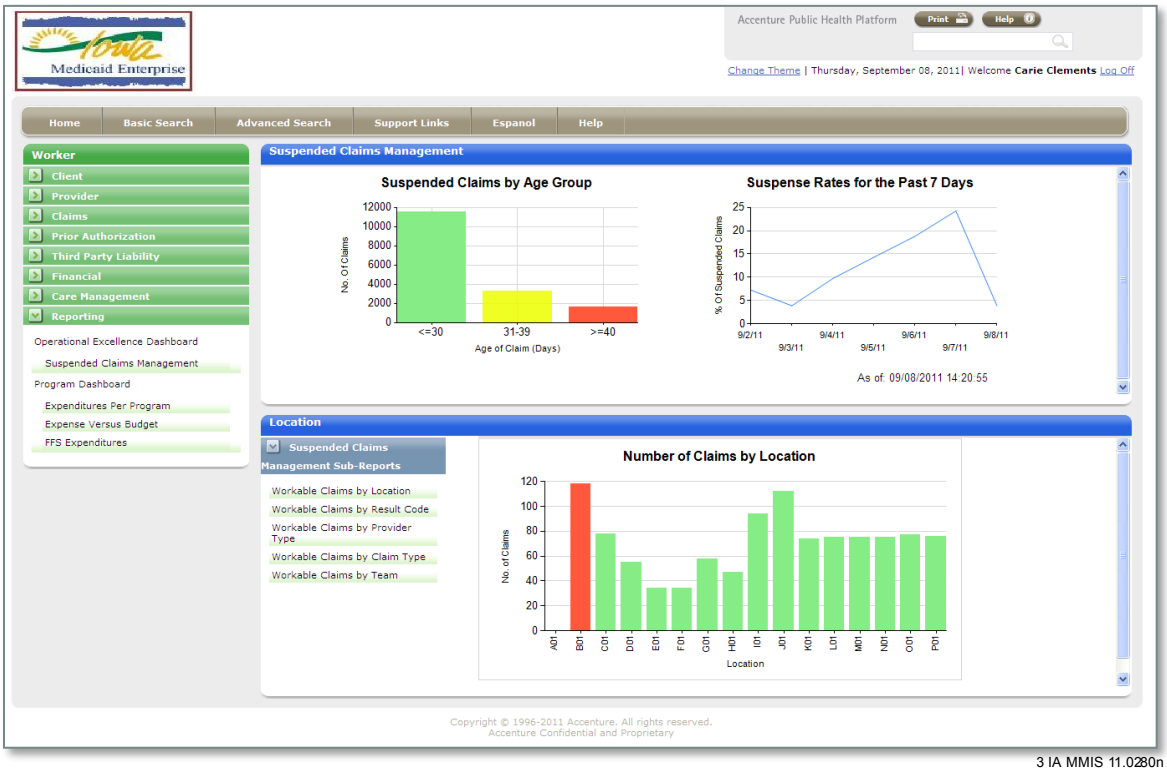


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*Figure 10 - 45. Suspended claims are managed through Operational Dashboards accessed through the APHP portal.*

The APHP portal provides the operational reporting capabilities required to support the efficient management of the claims throughput. The flexibility of APHP to configure reports, along with a cash filter capability, based on IME requirements, allows a high level of control of program funds. Trends are monitored using standard and user friendly analytical tools and reports. Payments are reported by service type, giving the Department a clear view of where program funds are being applied. This level of detail allows the development of third party payment profiles to help determine where program cost reductions may be achieved. APHP implements analytical dashboards to support data comparisons, history and trending information, and predictive analytics. Metrics dashboards are used to help identify areas in need of management decisions or additional investigation. The Enterprise Reporting services component provides transparency of claims operations and is accessible via the APHP worker portal to authorized users, and supports report distribution automatically via the APHP integrated workflow engine.

Additional controls confirm that received claims are appropriately assigned a disposition of paid, denied or pended and that the expected numbers of claims submitted into the financial cycle are paid out. The

payment cycle produces control totals of claim counts and reimbursement amounts after every processing step, as well as payment registers and summaries. These reports may be used to reconcile the payment cycle to adjudication processing prior to generating payment files and printing checks.

## Our Quality Assurance Procedures

Procedures are implemented to help ensure the integrity of claims entering the APHP claims processing engine. Claims pass through the EDI component for pre-processing edits and validation. HIPAA validation edits are used to check for compliant values for elements such as provider types, place of service, patient status codes and admit/discharge codes. Other validity edits are performed against current reference data for each claim based on the date of service. Several audit criteria are utilized to help protect against erroneous payment for duplicate services or services over policy limitations as shown in Table 10 - 40.

| APHP Audit type | Purpose of APHP audit |
|---|---|
| **Duplicate Audits** | These audits prevent the payment of duplicate claims or claims with data that is too similar to a claim that has already been paid. |
| **Limitations Audits** | These audits enforce policy limitations regarding the frequency of procedures or services provided to a client. |
| **Relationship Audits** | These audits look for related sets of procedures that are not allowed to pay in combination for a set period of time. |
| **Limitation Relationship Audits** | These audits look for related sets of procedures that are not allowed to pay in combination and also look at the frequency of the relationship. |
| **Spell of Illness** | These audits enforce spell-of-illness limitations regarding episodes of care, the duration of an episode of care, and the necessary break between episodes of care. |
| **Global Surgery Audits** | These audits prevent payment of pre-operative and post-operative care that is included in the cost of a surgical procedure. |
| **Negative-Relationship Audits** | These audits only allow payment of a service or procedure if another particular service or procedure has already been billed or paid (e.g., transportation codes not payable without another service performed on that same day). |

*Table 10 - 40. The use of several audit criteria help to verify that duplicate services or services not meeting limitation requirements are not processed for payment.*

In striving for quality service delivery, we continually monitor system and business processes to prevent errors and identify opportunities for improvement. Analysis identifies situations in which a minor change could automate adjudication criteria or identifies edit failures that are virtually never overridden and which may be candidates for automatic denial. As part of our quality control over operations, we identify and document improvement opportunities for Department approval.

To supplement and enhance the quality process, the Accenture Team incorporates our preferred practices, tools, and assets. We emphasize our contractual service level agreements (SLAs) and metrics. We look to evaluate the end-to-end quality measurement points, even in areas that we may not control. For example, inputs to our process affect timeliness and accuracy. We help track the quality of inputs received (e.g. images or indexing) to improve overall business outcomes.

Our quality approach considers communications, escalation and resolution of issues, and people management. To increase transparency, we escalate issues and propose resolution plans to IME according to an escalation plan that is communicated with IME at the outset. Our approach measures quality at the unit, team, and individual level. We then use this information to identify root causes and improve operations and predictability in our metrics. The Accenture Team's quality approach focuses on managing quality as close to real-time as possible so we affect the output as quickly as possible. We use

management reporting and analytics to understand quality trends, identify root causes of quality issues, and prevent repeated errors. In our current claims processing operations, these quality strategies enable our teams to not only meet Department expectations for quality accuracy and timeliness, but to sustain at such levels. We use a variety of quality reviews and sampling mechanisms, including unit and desk level audits across the operation, to go beyond just meeting the SLAs. We monitor errors by transaction type and by time of day to understand trends in quality associated with content and behavioral aspects (e.g. shift time, time of day). This approach applies our Accenture Operational Excellence (OE) practices to increase measurability, repeatability, and predictability to turn a quality issue into an operational strength for the IME.

### *10.1.10.1 Activities (8.1.10.1)*

The primary activities of the claims processing function and the claims module are shown below:

a. Maintain control over all transactions during their entire processing cycle. Monitor, track and maintain positive control over the location of claims, adjustments and financial transactions from receipt to final disposition

APHP maintains control over all transactions during their entire processing cycle. We monitor, track and maintain positive control over the location of claims, adjustments and financial transactions from receipt to final disposition. All transactions are assigned a unique control number immediately upon entering this system. This assigned number resides with the transaction from the time of initial receipt all the way through final disposition, payment and archiving. The control number is used to track a transaction at any point in the claims adjudication process in order to maintain complete control during the entire claims adjudication process. When a claim is submitted through electronic means, the provider is given the control number to allow them to monitor and track the claim at any time through the self-service portal. If it is required that a document be sent as hardcopy, the provider prints a barcode cover sheet to include with the document and that barcode is used to link the hardcopy document with the claim submitted. An inquiry for the transaction shows the current location as well as a history of locations through which the transaction has passed.

When correspondence or other hard copy documentation is scanned and entered into the system, the control number is electronically linked through the document management system to help verify that correspondence is appropriately associated with claims and that users have available to them all related documentation for consideration when resolving claim edits. This linking process is especially important in the creation of adjustments. When an adjustment is created, a new transaction has an electronic link of the control number of the original claim to provide availability of the original information at all times.

Additional controls confirm that received claims are appropriately assigned a final disposition of paid, denied or pended and that the expected numbers of claims submitted into the financial cycle are paid out. The payment cycle produces control totals of claim counts and reimbursement amounts after every processing step, as well as payment registers and summaries. These reports may be used to reconcile the payment cycle to adjudication processing prior to generating payment files and printing checks.

b. Provide accurate and complete registers and audit trails of all processing activities

We provide accurate and complete registers and audit trails of all processing activities. Audit trails are applied to every transaction in the system. This audit trail captures users and activities, retrievals, queuing, workflow actions and more. APHP is capable of displaying the most recent changes made to a transaction and historical changes in report format. The ability to view before and after data on a transaction provides verification of the integrity of the data. Other reports which show claims processing activities are available for generation at a frequency agreed upon with the Department.

c. Maintain inventory controls and audit trails for all claims and other transactions entered into the system to ensure processing to completion

We maintain inventory controls and audit trails for all claims and other transactions entered into the system to processing completion. The control number assigned immediately to a transaction upon entering the system serves as a way to control all transactions from initial receipt to final disposition, payment and archiving. All transactions that enter the system, including paper claims, electronic claims, adjustments, attachments, and non-claims transaction documents such as applications, consent forms and prior authorization requests, are tracked through its assigned number. Every transaction has an audit trail attached which shows every action that has been systematically or manually applied. The audit trail gives specifics on when the action occurred, what user performed the action, fields changed if applicable, among other information usable when researching the transaction history. APHP's reporting dashboards give authorized users instant access to inventory counts by location as well as information on the age of claims within locations as shown in Figure 10 - 46.

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*Figure 10 - 46. Drill down reporting of inventory counts and age of claims are instantly viewable by authorized users in the APHP portal.*

d. Control attachments required for claims adjudication including but not limited to:

1. Third-party liability and Medicare Explanation of Benefits
2. Sterilization, abortion and hysterectomy consent forms
3. Prior authorization treatment plans and emergency room reports

We control attachments required for claims adjudication. When a provider sends attachments such as Third Party Liability (TPL) or Medicare Explanation of Benefits notifications, sterilization, abortion or hysterectomy consent forms, or Prior Authorization (PA) treatment plans and emergency room reports, with either an electronically submitted claim via the portal or actually attached to a paper claim, all attached documents are associated to that claim's parent control number so that the attachments are immediately linked and viewable with the claim as associated documents. When the provider submits a claim via the APHP portal, they are given the option to upload attachments through APHP which also

associates attachments to the claims control number. Through this option the provider indicates the type of attachment that is being uploaded. Should a provider send related documentation after the initial receipt of a claim, they have the ability to print a bar code cover to affix to the attachment when mailing. This helps verify that the documents are correctly associated with the original claim.

e. Capture all inputs timely and accurately

Using the APHP worker portal, claims are input into APHP through Direct Data Entry (DDE) by authorized users in a timely manner within the MMIS system. Preferably, Optical Character Recognition (OCR) software is used to automate the capture of data and expedite entry of paper claims. Providers have the ability to enter claims directly through the APHP portal as well as submitting standard X12 837P, I or D formatted transactions through the APHP EDI component. Regardless of entry, all claims go through the same standard edits to validate entry of data.

The claims correction function within APHP includes the correction of data entry errors. An extensive library of standard edits used in conjunction with Department specific business rules control the accuracy of the data entry process. Examples of some standard system checks are shown in Table 10 - 41.

| | Standard System Check |
|---|---|
| ✓ | Verification of fields designated as critical by the Department |
| ✓ | Verification of the member identification number |
| ✓ | Verification of the provider NPI |
| ✓ | Data validation for valid field amounts such as numeric fields contain only numeric characters and date. |
| ✓ | Field relationship edits, including span dates of service edited against units of service, span dates of service edited to periods more than one month long or dates more than one year old, and edits that check valid modifiers for specific procedure codes |
| ✓ | Other relationship edits, including procedure code or diagnosis codes to sex or age criteria and procedure to provide type |
| ✓ | Logic checks applied to necessary imbedded codes and check digits |
| ✓ | Reference table edits used to incorporate provider, eligibility, local procedure, diagnosis or other local use codes for data validation and field population from database information |

*Table 10 - 41. Several standard system checks help to verify that data entered is free from errors.*

If editing processes do not force the required data entry correction, the claim suspends for authorized users to address the remaining issues. An integrated workflow tool routes the claim to the appropriate staff and corrections are made. Operational processes also look for patterns of problems so staff can proactively suggest edit and audit updates accordingly.

f. Ensure that every valid claim for a covered service provided by an enrolled provider to any eligible member is processed and adjudicated

All transactions entering the APHP system are controlled through balancing processes. Batch control processes help verify that claims are tracked through all points, from document preparation to imaging, from imaging to export files, and from export from imaging to import into APHP. Electronic transmissions are balanced by the incoming file header counts against actual transaction counts. The EDI component of APHP is equipped with processes to confirm transactions sent to the system are received and appropriate responses are sent back to the provider. Once in APHP, balancing and control reports are used to confirm that batches are entering the system correctly. We are able to quickly address out-of-balance situations to help verify that batches are appropriately released into daily adjudication. APHP

provides the ability to fully customize control reporting. Operational reports are used to track the adjudication process and maintain control over transaction deletion activities. APHP is capable of providing real-time information on claims at any status or in any location such as claims backlog, key entry backlog, pending file status and key performance metrics. Additional controls confirm that received claims are appropriately assigned a final disposition of paid, denied or pending and that the expected numbers of claims submitted into the financial cycle are paid out. The payment cycle produces control totals of claim counts and reimbursement amounts after every processing step, as well as payment registers and summaries. These reports may be used to reconcile the payment cycle to adjudication processing prior to generating payment files, electronic fund transfers, and printing checks.

g. Process all claims entered into the MMIS to the point of payment or denial

All claims that enter APHP are assigned a unique control number used to maintain control over the entire life cycle of the transaction. APHP provides for real-time adjudication and online suspense resolution through final disposition of the claim to the point of payment or denial. When claims are submitted by electronic means, providers are given an immediate response related to the claim status. A history of the claim is accessible through Claims Status Inquiry which shows all of the processing steps that have been applied to the claim. If the claim is suspended for manual review, the dedicated claims staff resolves the claim suspense edits based on approved standard operating procedures and Department policies to enable the claim to either pay or deny based on configured business rules and policies in the adjudication engine of APHP.

h. Support program management and utilization review by editing claims against the prior authorization file to ensure that payment is made only for treatments or services which are medically necessary, appropriate and cost-effective

The Accenture Team works closely with the IME contractor supporting prior authorization, medical services, program management and utilization review to develop communication standards for the sharing of PA data. APHP is flexible and supports the PA with a claim submission or applies a PA that is already on file by matching claim data previously received from the Prior Authorization contractor. APHP has the ability to support prior authorization processing based on provider, procedure, diagnosis, approved units, or approved costs for a single date of service or an approved date span. Please reference Section 10.1.13 for a more detailed explanation of APHP Prior Authorization management.

i. Edit all claims for eligible member, eligible provider, eligible service and correct reimbursement schedule

Claims are edited against member data, provider data, reference data and relevant fee schedule data. Member data is applied during claims processing to check data that is specific to an individual. A member's specific eligibility defines the period for which a member is eligible for services. A member's enrollment is specific to the types of services that the member is eligible to receive. Claims edit against member data, both eligibility and enrollment, to support the specific policies of the programs in which the member is enrolled. Coverage rules for programs are applied to the detail line of the claim. This allows for submission of services covered under different programs, using different benefit plans, and utilizing different payment methodologies to be submitted on a single claim.

Provider, benefit structure and fee schedule configurations determine the allowable reimbursement for all claims. Once the member is identified as eligible for the date of service and type of services submitted on the claim, the APHP claims processing engine edits against provider eligibility. If a provider was not enrolled or eligible on the date of service, the claim typically denies unless IME policy requires other measures to be taken. Fee schedule data is used to price the claim. APHP defines fee schedules across all providers or specific to individual providers, networks (groups) or benefit plans. The fee schedule appropriate to the provider services and date of service submitted on the claim is applied for pricing.

All edits, eligible benefits and reimbursements are built to accommodate processing against either ICD-9 or ICD-10 code sets. Benefits and reimbursements based on the ICD-9 code set are end dated September 30, 2013 with the ICD-10 code set effective October 1, 2013. This supports dual processing past the ICD-10 mandated implementation date.

### *10.1.10.2 State Responsibilities (8.1.10.2)*

The Core MMIS contractor performs claims processing activities for the majority of the claims operations. However, the state assumes responsibility for the following claims operations:

a. The Department performs the following functions in support of the claims module:

1. Monitor the performance of the Core MMIS contractor in regard to all aspects of claims processing
2. Determine methods and policies regarding provider reimbursement
3. Determine coverage policy and limitations
4. Determine which coding systems will be used in the MMIS for procedures, diagnoses and drugs
5. Approve all system edits, audits and changes to their dispositions
6. Perform Medicaid quality control functions in accordance with federal and state laws and regulations, with assistance from the Core MMIS contractor
7. Ensure that data for claims paid outside of the MMIS are provided to the Core MMIS contractor for inclusion on the MSIS reports
8. Approve the request for EFT for the scheduled provider payment cycle
9. Provide state owned vehicle for courier services

The Department holds the responsibility for determination of coverage policies, limitations and provider reimbursement. The Accenture Team acknowledges all of the Department responsibilities as shown in Table 10 - 42 and strives to support these activities by providing transparency throughout the claims adjudication process and supplying the Department with robust reporting tools.

| 10.1.10.2 Claims Adjudication - State Responsibilities | Acknowledgement |
|---|---|
| Monitor the performance of the Core MMIS contractor in regard to all aspects of claims processing | ✓ |
| Determine methods and policies regarding provider reimbursement | ✓ |
| Determine coverage policy and limitations | ✓ |
| Determine which coding systems will be used in the MMIS for procedures, diagnoses and drugs | ✓ |
| Approve all system edits, audits and changes to their dispositions | ✓ |
| Perform Medicaid quality control functions in accordance with federal and state laws and regulations, with assistance from the Core MMIS contractor | ✓ |
| Ensure that data for claims paid outside of the MMIS are provided to the Core MMIS contractor for inclusion on the MSIS reports | ✓ |
| Approve the request for EFT for the scheduled provider payment cycle | ✓ |
| Provide state owned vehicle for courier services | ✓ |

*Table 10 - 42. The Accenture Team provides full support to help verify that the Department meets their responsibilities.*

### *10.1.10.3 Accenture Responsibilities (8.1.10.3)*

The following are the requirements of the Claims Adjudication module functions:

a. Process and adjudicate all claims and claim adjustments in accordance with the Department program policy

APHP is capable of adjudicating claims against standard and global edits, as well as user defined edits. User defined edits give the flexibility to apply business defined criteria restrictions or plan accumulators to specific benefit plans, providers or members. Using targeted criteria expedites adjudication and emphasizes automation over manual resolution.

Editing is applied to claims throughout the adjudication process. Edits are used to help verify the integrity of claims submitted and to reduce the potential for erroneous payment. Edits involve the satisfaction of claim data against predetermined criteria. Areas that are subject to editing include but are not limited to data validation, member data, provider data, reference data, pricing, prior authorizations, utilization and duplicate claim processing. Audits validate claim data against other claims in history. Audit validations include checking for duplicate services, checking for exceeded service limits, or checking for exceeded "once in a lifetime" service limits, just to name a few examples.

Claim transactions that fail configured edits may suspend for manual resolution as defined by business rules. Claims are routed to internal or external reviewers based on the established workflow for the associated edit. Locations or work queues are assigned based on the complexity of the edit, the time involved to resolve, or the type of review needed. Staff is assigned specific queues to address suspended claims for resolution and some claims may require multi step manual resolution by specialized or lead claim resources. Resolution may result in manual denial, overriding of the edit or audit to allow for payment, or the application of manual pricing. Manual resolution conducted by the dedicated claims team as part of our service delivery organization works within APHP to resolve suspended claims that are not auto-adjudicated through controlled standard operating procedures that are approved by the Department. Additionally, manually resolved claim data is stored such that our operations generate reports that detail services denied or edits overridden for payment. This insight is used to analyze and suggest to the Department new edits or rules that are configured to reduce the number of claims that are suspended for manual review.

Claims pricing is preferably applied automatically. APHP supports the business needs of the IME through configuration of benefit plans and various payment methodologies through configurable fee schedules that include criteria restrictions and plan accumulators to help verify that payment is made accurately and that Medicaid is the payer of last resort.

A claim is considered to be finalized after all edits and audits have been resolved and pricing has been applied. The transaction is given a paid or denied status and all finalized transactions are reported to the provider on the remittance advice.

Once a claim is paid or denied, it can no longer be modified. To make changes or corrections, an adjustment must be created. Adjustments can be applied to individual transactions, such as when a provider makes a claim correction, or an adjustment can be made across a population of claims, such as when a policy rule or rate change is applied. APHP is able to automate the processing of adjustments in a similar real-time manner, just as originally submitted transactions. Our staff is highly trained and is dedicated to the IME to manually adjudicate adjustments when necessary to help verify proper processing per Department policies and procedures.

b. Run a payment cycle weekly or as directed by the Department

APHP has the flexibility and scalability to run payment cycles on demand. Preferably, payment cycles are run weekly per Department guidelines. Supplemental payment cycles may be run as authorized by the Department. The payment cycle collects and reports all transactions finalized and generates a file for the interface to the Department's financial institution. The output of the payment cycle generates remittance advice to providers which report paid, denied or suspended claims as well as adjustment, voids or gross financial transactions. Once the check-write process is completed by the financial institution, the appropriate financial information such as check number, warrant information and check amount are associated to the transactions which are maintained in the claims history database.

c. Process credits and adjustments to provider payments

Adjustments can be performed on an individual transaction, such as when a provider corrects a claim, or as a mass adjustment for a selected group of claims, such as when a new or revised policy or rate change needs to be applied. As needed in certain situations, highly trained analysts manually adjudicate these adjustments to help verify proper processing in accordance with Department policies. Once an adjustment to a previously adjudicated claim is processed, some transactions may result in a net recovery due from the provider or a supplemental payment to the provider. APHP supports multiple configurations to support recover, cutback and credit balancing as a result of adjustment processing. An adjustment resulting in additional payment to a provider could be configured to issue a supplemental payment during the next payment cycle.

d. Process non-emergency medical transportation capitation payments and receive and store encounter data

Capitation scheduling and processing is a key feature of the APHP claims engine component. Non-emergency medical transportation is defined as a benefit plan tied to a specific fee schedule. The configurability of APHP allows a different capitation schedule to be set based on different criteria, so that capitation payments for non-emergency medical transport does not have to adhere to the same schedule as medical claim capitation payments. Encounter data is received, identified and processed in the same way as other transactional based information.

e. Adjudicate claims based on the rate effective on the date of service unless otherwise directed by the Department

Provider, benefit structure and fee schedule data determine the allowable reimbursement for all claims. Once the member is identified as eligible for the date of service and type of service submitted on the claim, the APHP claims processing engine edits against provider eligibility. If a provider was not enrolled or eligible on the date of service, the claim typically denies unless the agreed upon Department policy requires other measure to be taken. Fee schedule data is used to price the claim. APHP defines fee schedules across all providers or specific to individual providers, networks (groups) or benefit plans. In addition to global fee schedules, APHP also applies data from modifier tables and uses code depreciation functionality to appropriately price services subject to professional or technical component fee reductions or multiple surgery reductions. Most of the complex pricing methodologies can be applied systematically, reducing the risk of erroneous claims payments.

f. Research and develop special payment circumstances including determining the proper payment amount for the service

Reimbursement methodology is systematically applied by APHP based on the agreed upon business rules. Rules are configured to suspend claims with special circumstances and an integrated workflow tool routes to work queues when manual review and research is required. When an exception applies, our solution enables staff to execute procedures to override normal processing of special claims. Once adjudicated, the adjudication detail provides the operations staff member with information that is used to identify all of the rules applied during the processing of the claim.

As needed, our operations staff researches and develops additional special payment circumstances and determine the proper payment amounts for these services through controlled documentation and standard operating procedures. Where applicable, configuration changes to support these payment circumstances are performed via front end user screens within APHP. All requests for these scenarios are reviewed by the Department for feedback and approval.

g. Provide claim histories and copies of claims to the Department upon request

The Accenture Team provides the Department with imaged claims, adjustments, attachments, non-claims transaction documents and electronic transactions as requested. However, the APHP solution provides

an on demand method of retrieval of claims data through via the APHP worker web portal as shown in Figure 10 - 47. Immediate availability of claims, member, provider and other key program data gives the Department and approved IME contractors the ability to efficiently manage the Iowa Medicaid program.

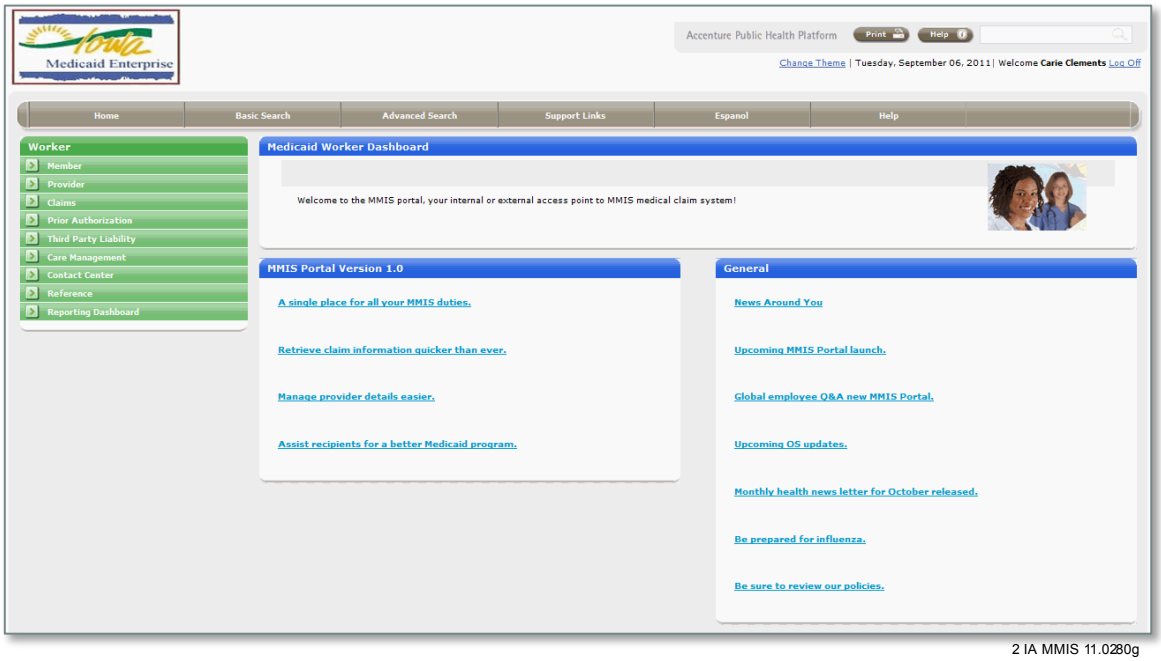


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*Figure 10 - 47. APHP Worker portal gives the Department and all authorized IME contractors search capabilities for claims histories and copies of associated documents as needed.*

h. Account for all claims entered into the MMIS system and identify the individual disposition status

Claims control is established through balancing processes within APHP. Our processing cycles are supported by both automated and manual controls to balance incoming transactions as they pass through APHP. Once claims are received and batched, reports are created to quickly address out-of-balance situations to help verify that batches are released into daily adjudication. Once inside the claims processing engine, batch control processes take over to provide balancing and control reports. Balance and out-of-balance reports are used to confirm that batches are entering the system correctly. APHP provides the ability to further enhance and tailor to control reporting to meet IME needs.

Every APHP generated transaction is associated with an audit trail, viewable via the worker portal, which shows every action that has been systematically or manually applied. The audit trail gives specifics on when the action occurred, what user performed the action, fields changed if applicable, among other information key to researching the transaction history. Edits and audits are configured based on business applies to each claim with a individual disposition status, and that disposition drives the claim to be routed to the appropriate group or work queues via configurable workflow capabilities within APHP.

i. Process any claims or partial claims that were not used to meet the medically needy spenddown amount

APHP has the ability to recognize Medically Needy members within the member's benefit plan and member record and associate claims that are to be applied to spenddown based on business rules. Claims that are not applied to the Medically Needy spenddown amount are processed as normal for payment to the provider. Please reference section 10.1.7 for a more detailed explanation of the claims management for the Medically Needy.

j. Accept and process all Medicare Part A and B crossover claims pursuant to the Department standards

Based on defined business rules, APHP has the ability to recognize and process Medicare crossover transactions for Medicaid liability on individuals that are dual eligible. Crossover claims are adjudicated according to Department standards using defined rules that encompass provider, member, claims type and payment processing.

k. Maintain a minimum of 60 months of adjudicated (paid and denied) claims history and all claims for lifetime procedures on a current, active, online claims history file for use in audit processing, online inquiry and update and make available printed claims including the entire claim record. Maintain the remainder of converted adjudicated claims history off-line in a format that is easily retrievable

APHP retains all adjudicated claims and financial disposition history for lifetime procedures on a current and active online claims history file for a minimum of 60 months per Department requirements. This information is made available to all authorized users through a services call, "Claim Status Inquiry", inquiry via the APHP web portal. Authorized users of this module print claims and entire claim records through an easy to navigate user portal. Historical data is also available for access via the web portal through an easily retrievable process to review claims older than 60 months. Users access individual claim records as well as use APHP reporting capabilities to run specific user queries to pull historical data sets for analysis and review.

l. Support multiple methodologies for pricing claims as established by the Department

The complexity of Medicaid includes proper allocation management by funding source to support a structure of multiple programs that require the use of various reimbursement methodologies. Leveraging a commercial COTS claims engine, the ability to facilitate a wide variety of payment methodologies exists natively in APHP. For example, using the fee schedule configuration capabilities, pricing and payment by DRG, RBRVS, REV, APC, % of, and other methodologies are supported. APHP supports multiple pricing methodologies through use of global and assigned fee schedules. Accumulators and other configurable parameters help create a collection of allowable services known as a benefit plan. Benefit plans are configured to apply appropriate payment methodology using specific fee schedules in accordance with the agreed upon Department policy for each program. APHP's claims processing engine calculates the price for each service based on the appropriate program and benefit plan in which the member is assigned. Prior to pricing, the claim is subjected to audits to enforce service limitations and check that the service has not been paid previously. Final pricing calculations are performed and include cutbacks due to member liability, spenddown and third-party liability.

m. Accurately calculate the payment amount for each service according to the rules and limitations applicable to each claim type and provider type

APHP supports line item pricing on medical claims, total bill and split bill on Hospital claims and specific pricing by provider and/or facility as necessary. Each service is applied a price during claims adjudication using the assigned fee schedule for the service. Fee schedules are defined using configurable rules and limitations in a variety of ways. Fee schedules may apply across the entire provider population, or may be specific to individual providers or networks (groups), claim type or provider type, as well as benefit plans. Payment is calculated based on the rules as defined for the date of service submitted on the claim, and since members may be assigned to multiple benefit plans which leverage separate fee schedules, it is not uncommon that due to the pricing at the claim line level, multiple fee schedules are applied to a single claim. Using the claim status inquiry feature from the APHP portal allows authorized individuals access to the adjudication details at the claim line by line view. This facilitates the easy audit trail use to clearly identify which fee schedule was used to price each claim. Direct links to the specific fee schedule from the claims detail enhance the research process.

n. Identify the allowable reimbursement for claims according to the date-specific pricing data and reimbursement methodologies contained on applicable provider or reference files for the date-of-service on the claim

APHP program, benefit plans, provider and fee schedule configurations determine the allowable reimbursement for submitted claims. Once the member is identified as eligible for the date of service and type of service submitted on the claim, the APHP claims processing engine edits against provider eligibility. If a provider was not eligible on the date of service, reimbursement is denied unless otherwise specified by the Department. APHP is flexible and highly configurable and supports single, multiple and ranking of fee schedules across all providers or specific to individual providers, networks or benefit plans. The fee schedule appropriate to the date of service submitted on the claim is applied for pricing.

o. Recommend for the Department approval specific edit parameters

The Accenture Team's claims processing staff are skilled at analyzing and identifying adjudication rules which may need updating. As situations arise during the resolution of claims, we identify root issues, propose updates to business rule edits, and continuously monitor and audit overall claims processing trends to improve Medicaid Program administration using APHP. We recommend processes that can be automated based on our extensive Healthcare claims processing experience that allows for quick absorption of our clients policies and programmatic approaches.

All staff are empowered to suggest improvements to their processes through our successful We@Accenture program. The We@Accenture program creates an online idea forum for every associate across all our teams, to provide suggestions and recommendations on how to improve the work they support. This program is global and has resulted in many of the improvements we've executed in our units today. This collaborative approach energizes our teams to be result-driven and drives the accountability of improvement to all team members.

In addition, the robust reporting capabilities of APHP generate standard reports that detail services denied and edits overridden for payment These reports are analyzed to look for areas in which to improve adjudication efficiency. Based on this analysis, changes to edit parameters are recommended for Department approval.

p. Configure the fee schedules, per diems, DRG rates, APC rates and other rates and rules established by the Department

APHP brings a stable, scalable and flexible application that allows for quick updates to fee schedules that support the use of per diems, DRG rates, APC rates and other rates and rules as directed by the Department. Reusable components within the application reduce the level of effort, time and associated costs required to configure and implement changes. Updates to fee schedules are performed through a user-friendly interface by authorized users as seen in the sample Professional Fee Schedule shown in Figure 10 - 48.

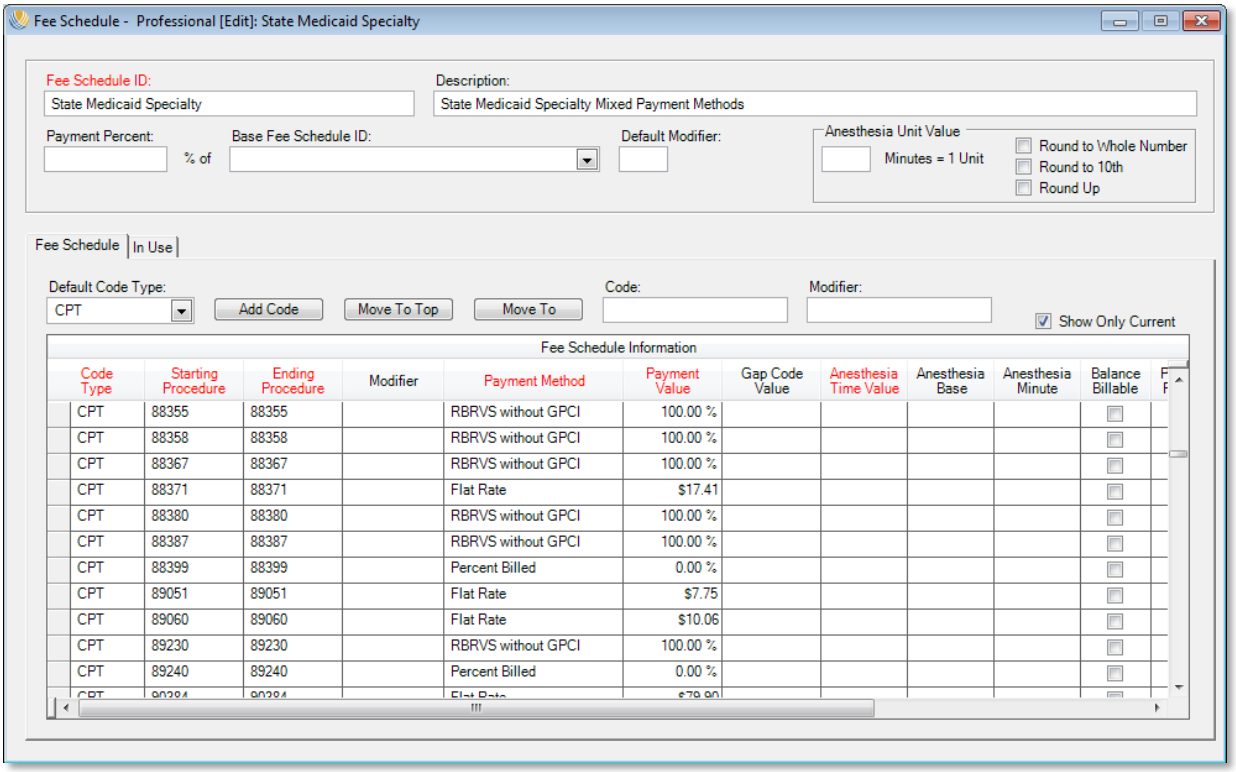



*Figure 10 - 48. Fee schedules within APHP are configured quickly and easily with no time-consuming hard coding of the system.*

### q. Deduct patient liability amounts according to the Department guidelines

Member liability is applied during claims processing in order to assess a total cost of care to the member prior to any payment of Medicaid funds. APHP leverages robust functionality to accurately manage the deduction of multiple member liabilities on a single claim. Using the same system logic that supports member deductible, coinsurance and co-pay, APHP accurately applies all member liabilities according to the agreed upon Department guidelines.

### r. Deduct TPL amounts as appropriate when pricing claims

APHP applies third-party liability information of the member during claims adjudication, thus reducing the liability assessed to Medicaid. Third-party liability details are stored in the Coordination of Benefits (COB) area of the member record. Member data applied during claims processing signals to APHP if there is any third party coverage, thus avoiding Medicaid payment when a third-party payer is liable for the service. APHP carries comprehensive information about the TPL, including but not limited to Plan name, coverage span dates, services covered, member liability, and demographic and contact information for the TPL. Please reference Section 10.1.14 Third Party Liability Management for a more detailed explanation of the process and criteria to apply third-party liability.

### s. Deduct member spenddown amounts as appropriate when pricing claims

APHP employs editing rules to determine if a claim received on behalf of a member should be applied to their spenddown requirement. Editing suspends the claim for manual resolution when there is a need to

adjust the spenddown accumulation based on priority and competing criteria to apply towards the spenddown amount. Adjustments to the spenddown accumulators apply incurred expenses towards spenddown requirements in the appropriate order. Please reference Section 10.1.7 Medically Needy for a more detailed explanation of the process and criteria to apply expenses towards spenddown.

t. Price claims according to the policies of the program the member is enrolled in at the time of service and edit for concurrent program enrollments

APHP member management supports the assignment of multiple benefit plans based on eligibility rules. A member's specific eligibility defines the period for which a member is eligible for services. Claims edit against all member data, both eligibility and enrollment, to price according to the specific policies of the programs in which the member is enrolled and associated benefit plans are assigned. Coverage and pricing rules for programs are applied to the detail line of the claim. This allows for submission of services covered under different programs and utilizing different payment methodologies to be submitted on a single claim and pay accurately according to the agreed upon Department guidelines.

u. Offset service plan payments for HCBS waivers (e.g., claims by provider) by any existing monthly client participation amount

APHP processes against all forms of total liability during claims adjudication in order to assess a cost of care to the member prior to any payment of Medicaid funds.

HCBS claims continue to be processed as Prior Authorization (PA) required claims. Reports are sent to the Department providing the data necessary to track the monthly participation amount. If the Department selects the Optional Waiver process described Section 10.1.21, APHP is configured for each Waiver program as a benefit plan and criteria sets up accumulators specific to benefit plans. APHP verifies that payments made to the benefit plan are offset by the accumulated member liability.

v. Provide adequate qualified staff to resolve suspended claims

The Accenture Team brings talented staff to support claims processing and resolution. APHP supports the varying levels of complexity for edit resolution and business processes and determines the appropriate routing of suspended claims. Our claims processing team is led by an experienced Claims Operation Manager as shown in Figure 10 - 49. This person is responsible for managing the claims operations as well as working with other contractors to help support resolution of any issues and communicate to all involved. Team members are authorized to resolve basic data validation edits while some resolutions such as manual or special pricing, medical review or other more complex edits are generally routed to senior staff. Some cases may require routing to Department or other IME contractors for review according to business needs. We work closely with the Department and incumbent staff for the continuity of business knowledge. The Accenture Team's staffing preference is to re-badge as many current Incumbent contractor employees as appropriate. We have extensive experience in making available opportunities for incumbent staff. We have re-hired more than 30,000 people from more than 130 clients; of these, 98% accepted our offer of employment and more than 95% remain employed with us after two years. In all cases, qualified staff are trained and re-trained and are provided the appropriate tools to ensure that they are resolving claims based on the agreed upon Department guidelines.

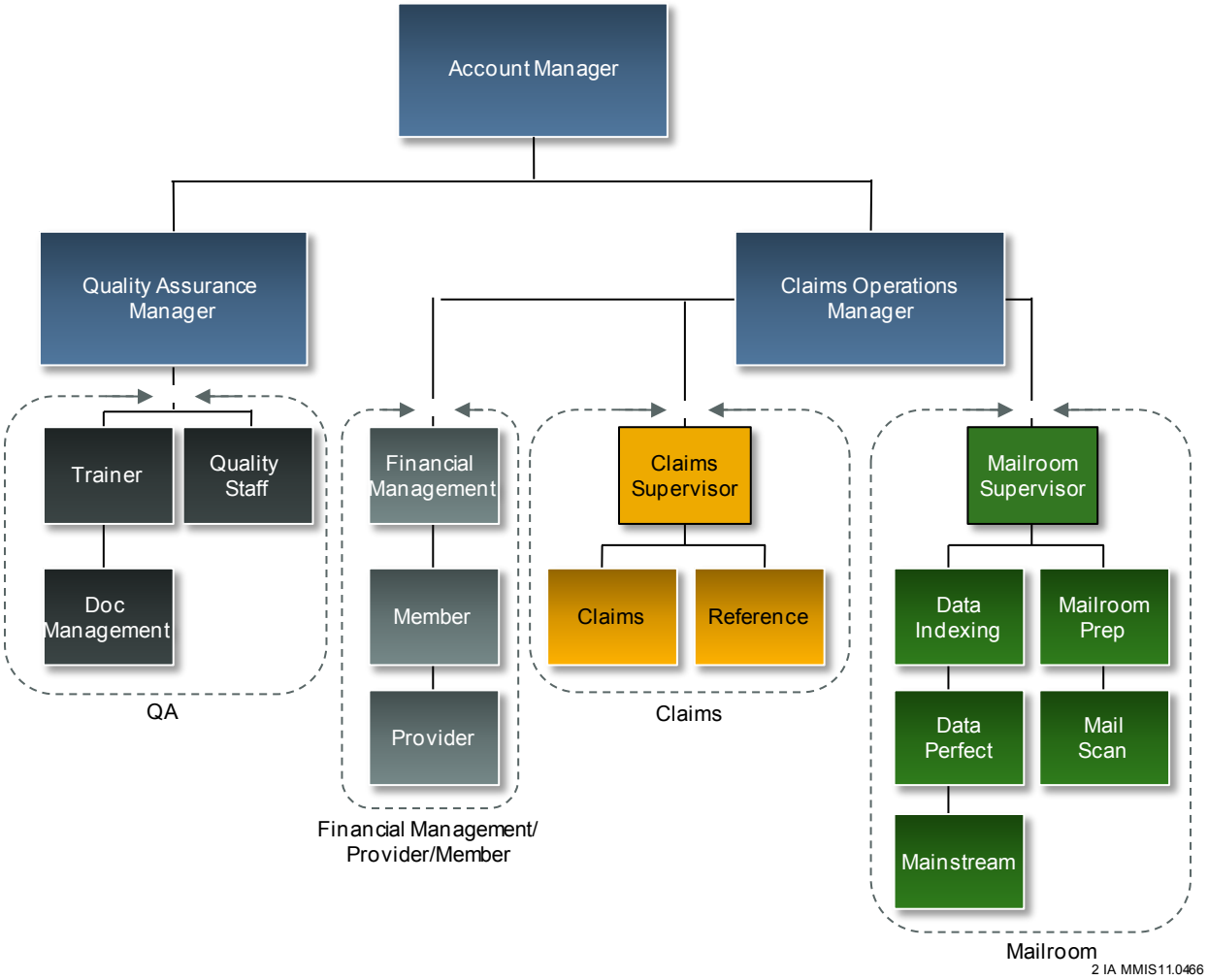



*Figure 10 - 49. Claims resolution staff report to an experienced Claims Operations Manager.*

w. Suspend for review, claims from providers designated for prepayment review, claims containing procedure codes or diagnosis codes designated for prepayment review and other claims due to edits in the system

Edits set up in APHP capture claims requiring special consideration, such as claims from providers designated for prepayment review, across all claims containing procedure or diagnosis codes designated for prepayment review and/or specific provider payment holds. Once the edit is triggered, the claim is suspended for resolution. Automated business processes determine appropriate routing for resolution and forward the claim to appropriate staff, supported by the highly configurable integrated workflow and process engine.

x. Recycle any claim type prior to denial, at the request of the Department. Deny claims after the Department specified number of days

APHP automatically recycles claims by identifying transactions in need of reprocessing based on defined business rule criteria. Once identified, APHP suspends or denies claims transactions after a predetermined number of days based on specific Department policy which is configured using the integrated workflow and process engine.

y. Conduct online real-time claims suspense resolution capabilities for all claim types

APHP is a web based, real-time claims processing solution for MMIS. Upon failing an edit during the initial claims adjudication process, claims are routed to internal/external reviewers based on the established workflow within APHP for the given edit. Edits/audits are assigned a location or work queue based on complexity, time to resolve or type of review. Accenture Operational or other IME contractor staff is assigned specific locations for resolution. Transactions that require manual resolution may result in manual denial, manual pricing, or the overriding of an edit/audit to allow for payment. Reviewers have immediate access to resolution manuals and instructions (standard operating procedures) clearly documenting how to proceed with adjudication online, via the same APHP worker portal in which resolution activities take place. Updates to instructions are applied in real time, helping minimize impact to claims adjudication and ensuring that all reviewers are using the most current resolution guidelines agreed upon with the Department.

z. Receive approval from the Department before establishing any new claim adjudication rules or changing the disposition status of existing claim adjudication rules in the system

We will work with the Department to receive approval before establishing any new claim adjudication rules or changing the disposition status of existing claim adjudication rules in the system. Robust reporting capabilities within APHP allow the generation of standard and ad-hoc reports that detail the services that denied and/or the edits used to override payment. This enables the Accenture Team staff to work directly with the Department and other IME contractors to analyze adjudication rules, establish new rules or make minor modifications to current rules. APHP also has the capability to test the impact of new rules or changes to existing rules prior to implementation against a model production environment. The impact analysis helps the Department decide to approve changes prior to introducing them into the system. APHP supports the Department's full evaluation of the impact of new policy additions by supporting scenario testing and the resulting impact analysis to the Department and supporting contractors. Leveraging the speed to value approach of a highly configurable COTS product based MMIS, the amount of time needed to configure a policy change and actually verify its validity to the program is drastically reduced by the APHP solution.

aa. Maintain an online resolution manual detailing the steps used in reviewing and resolving each error code. Update the resolutions manual as changes are made to claims processing procedures

Standard operating procedures for adjudicating claims and resolving error codes are available for reference via APHP worker portal to the document repository. These documents are accessible by staff online as they complete real-time resolution of suspended claims. As policies and business strategies of the Department evolve, and as changes are made to the claims processing guidelines, these documents and manuals are maintained and updated to detail the steps used in manually reviewing and resolving each error code.

Updates to edits, audits or other business rules are easily configured in APHP via the worker portal in a timely fashion with no hard coding required. Aside from the manual error resolution manuals, our solution includes a configuration manual that maintains all edits and disposition codes that is updated to audit and track changes of modification and changes to dispositions for each configured business rule and edit in the claims module. As needed, updates to the web based resolution manual are communicated across the operations staff via banner messages that display upon user and staff login to APHP.

bb. Identify potential and existing third-party liability (including Medicare) and avoid paying the claim if it is for a covered service under a third party resource for applicable claim types

APHP applies third-party liability information of the member during claims adjudication, which reduces the overall liability assessed to Medicaid. Third-party liability details are stored in the Coordination of Benefits (COB) area of the member record. Member data applied during claims processing signals to APHP if

there is any third party coverage, thus avoiding Medicaid payment when a third-party payer is liable for the service. APHP carries comprehensive information about the TPL, including but not limited to Plan name, coverage span dates, services covered, member liability, and demographic and contact information for the TPL. We recognize that the Revenue Collections contractor is responsible for the identification of TPL and work with that contractor to coordinate communications to help avoid a Medicaid payment when third party liability exists. Please reference section 10.1.14 for a more detailed explanation of Third-Party Liability management.

cc. Maintain the rules engine

We maintain the rules engine. Just as outlined in the CMS "Seven Conditions for Enhanced Funding" documentation that further defines the MITA principles, APHP is designed to leverage rules engines for business rule execution, automation of business processes, triggering of communication and alerts, and overall program administration. Designed using a Services Oriented Architecture (SOA) framework which leverages the power and configurability of the integrated COTS products' native rules engines, APHP does not require the use of an additional single "rules engine." As a matter of fact, only systems in which core capabilities are hard coded, non service-oriented nor exposed must apply a separate disparate rules engine approach. The APHP design for MMIS helps eliminate the extensive labor and time that may be needed to maintain, change or add new rules. Each of the integrated COTS products provide web based configuration pages that are accessible from the APHP worker portal. Using the native configuration tools from each product confirms accurate interpretation of the Biz rules configuration and eliminates any need for rules replication or compiling of rules during claims adjudication and processing. This attribute in and of itself sets APHP apart from all other MMIS solutions available to IME.

The rules engines integrated within APHP are accessible through a simple web interface in the APHP web portal system. This accessibility allows proper maintenance of the rules engines by designated users. Any configurations made to the rules engines are done via the worker portal and do not have to be hard-coded. APHP architecture aligns with MITA goals for using SOA and web services. Please reference Section 10.1.25 for a more detailed explanation of the APHP approach to the use of rules engines.

dd. Perform overrides of claim edits and audits in accordance with the Department approved guidelines

Standard claims processing procedures allow for the overriding of edits and audits based on the agreed upon Department guidelines. APHP provides for real-time updates to edit and audit rules to help verify that users access the most recent criteria for resolution. The action of overriding an edit/audit creates an entry into the transaction audit trail. The use of override codes is monitored and reports may be used to identify potential abuse. Monitoring of overridden claims helps us identify training needs and to make recommendations of adjustment to processes where needed.

ee. Apply established edits to claims pursuant to the Department criteria. Add, change or delete edits as directed by the Department. Suspend claims for manual review and pricing if the claim cannot be automatically priced

Normal edit processes, including CCI editing, are applied to claims upon entry to the APHP system. Edit and audit criteria are easily defined and applied systematically to improve operational efficiency. If a claim fails a system edit, the claim is suspended for resolution. Basic data validation edits are resolved by front-end operational staff while more complex resolutions, such as manual pricing, are generally routed to senior staff. Additions, changes or deletions to edit criteria are updated in real time, via the APHP worker portal, to help verify that users access the most recent criteria for resolution. As an added control to quality, access to current standard operating procedures for the claims staff are made available online as reference documents to assist in processing suspended claims for manual review and pricing.

ff. Override timely filing requirements if the failure to meet the timely filing requirements is due to retroactive member eligibility determination, delays in filing with other third parties or because the claim is a resubmitted claim. Exceptions may be granted

by the Department for other reasons such as court ordered payment, member or provider appeal, after the claim has been denied and the provider has made an inquiry

Timely filing limitations are easily configured at either a global level or for a specific benefit plan within APHP. Based on the agreed upon business rules, adjudication decisions are made and edits are applied using submitted claims data, submitted attachments and historical claims data. When an exception is made during the processing of a claim for reasons such as third-party filing delays, retroactive member eligibility, or other reasons as agreed upon with the Department, the failing edit is systematically overridden if data supports the exception. Other exceptions to timely filing requirements are granted after the original claim denial and an adjustment are performed to process the claim for payment.

### *10.1.10.4 Performance Standards (8.1.10.4)*

a. Ninety percent of all clean claims must be adjudicated for payment or denial within 20 calendar days of receipt
b. Ninety-nine percent of all clean claims must be adjudicated for payment or denial within 60 calendar days of receipt
c. One hundred percent of all claims must be adjudicated for payment or denial within 120 calendar days of receipt
d. One hundred percent of all clean provider-initiated adjustment requests must be adjudicated within 10 business days of receipt
e. Imaged claims must be immediately available for processing and viewing
f. Claims processed in error must be reprocessed within 10 business days of identification of the error or upon a schedule approved by the state
g. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department
h. Produce state-defined reports within the required timeframe as determined by the Department
i. Maintain a current online resolution manual detailing the steps used in reviewing and resolving each error code. Ensure manual is current as changes are made to claims processing procedures

The Accenture Team acknowledges and accepts the RFP performance standards for Claims Adjudication as depicted in Table 10 - 43.

| 10.1.10.4 Claims Adjudication - Performance Standards | Acknowledge and Accept |
|---|---|
| Ninety percent of all clean claims must be adjudicated for payment or denial within 20 calendar days of receipt | ✓ |
| Ninety-nine percent of all clean claims must be adjudicated for payment or denial within 60 calendar days of receipt | ✓ |
| One hundred percent of all claims must be adjudicated for payment or denial within 120 calendar days of receipt | ✓ |
| One hundred percent of all clean provider-initiated adjustment requests must be adjudicated within 10 business days of receipt | ✓ |
| Imaged claims must be immediately available for processing and viewing | ✓ |
| Claims processed in error must be reprocessed within 10 business days of identification of the error or upon a schedule approved by the state | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce state-defined reports within the required timeframe as determined by the Department | ✓ |
| Maintain a current online resolution manual detailing the steps used in reviewing and resolving each error code. Ensure manual is current as changes are made to claims processing procedures | ✓ |

*Table 10 - 43. The Accenture Team acknowledges and accepts the performance standards for Claims Adjudication.*

## 10.1.11 Encounter Function (8.1.11)

All Medicaid managed care organizations and the transportation broker conducting business in the State of Iowa are required to submit medical and transportation broker encounter data to the Core MMIS contractor. Encounters are submitted by the participating HMOs, the Iowa Plan contractor (currently Magellan Behavioral Health Care), PACE and the transportation broker to report services provided to members. The data is used in evaluating service utilization and member access to care. No payment is made for submitted encounters.

The Core MMIS contractor rejects the entire month's encounter record if the file exceeds the Department error tolerance level. The HMO and the Iowa Plan third party administrator (TPA) and the transportation broker are responsible for timely resolution of errors reported by the Core MMIS contractor and re-submitting the file in error.

The encounter data is maintained on a separate MMIS encounter history database for federal reporting, quality assessment and actuarial analysis.

**Encounter data is critical to the Department's ability to monitor managed care business partners and transportation broker services. Our APHP solution easily interfaces with encounter data sources and makes the data available for analysis, reporting and exchange with other HMO stakeholders.**

**The Accenture Team has extensive healthcare experience working with both payer and provider healthcare organizations.**

- Process over 2 million encounters per month at Texas Medicaid for 22 Managed Care Organizations
- More than 50 hospitals have worked with Accenture as they transform to Accountable Care Organizations
- We have served 25 U.S. states and 26 countries in the health and public service domain
- We have provided systems integration and technical solutions to 21 of the top 25 health care plans in the U.S., including managed care, traditional insurance, and non-profit plans

Managed Care is one of the tools states use to help manage costs and improve member outcomes. Our current economic conditions demand that all organizations maximize the quality of care for every healthcare dollar spent. The Department's ability to measure outcomes, quality of care and cost impacts compared to fee-for-service programs is critical to the Department's ability to determine the effectiveness of each Managed Care program. Accurate and timely encounter data submission allows the Department to analyze that effectiveness and measure the quality and completeness of care for Iowans.

The Accenture Team understands the necessity of a new MMIS to help deliver innovative solutions that allow the Department to focus on designing programs that optimize every healthcare dollar spent and not worry about technical limitations of the system needed to implement those programs. That is why we are proposing our Accenture Public Health Platform (APHP). APHP is designed using Service Oriented Architecture and aligned with MITA guidelines. APHP enables integration of COTS products and services. APHP is the flexible, highly configurable platform upon which the IME can better administer encounter data, healthcare services, and information.

Our APHP Solution is designed to interface easily and exchange healthcare information with partners and stakeholders across the healthcare ecosystem. We provide an easily configurable platform that allows us to interface with the HMOs and Iowa Plan contractors for the submission of medical and transportation encounter information. Our process includes a preprocessing procedure to report data quality metrics of the submission and either reject or accept the encounter file for processing based on the error tolerance level set by the Department.

The Accenture Team works with Managed Care Organizations (MCOs) and HMOs across the country as part of our Public Health and Services organization. MCOs in Texas submit all of their encounters to the Texas Medicaid program through the Accenture designed solution. Our solution allows the State of Texas

to easily add MCOs/HMOs to the program and get their encounter data into the MMIS with minimal system impact or effort.

We bring this experience to the Department along with our innovative APHP solution to deliver an encounter process that allows the Department to collect, process, and analyze quality encounter data efficiently and effectively.

This proposal section provides our processes, control procedures, and quality assurance steps for processing encounter data.

## Our Process, Control Procedures and Quality Assurance

The Accenture Team recognizes the needs to process encounter files and ensure that the data is of the highest quality possible. During the Implementation Phase of the contract, we meet with the Department to identify the specific encounter edits to enforce and their associated error tolerance level. Our process edits have four specific criteria that must be met:

**Completeness** - each encounter record must contain values in the required fields. Errors are set for missing fields. Optional fields are also evaluated and reported on to provide the Department with an overall data profile report for each submitted encounters file.

**Accuracy** - each field, required or optional, is evaluated for a valid, or legal, value. Errors are set for invalid or illegal values received. Our data profile report for each submission includes counts on the accuracy of the data items submitted.

**Consistency** - an additional quality check we perform is to compare this month's submission to the previous month's submission or average submission amounts to determine if the variance is outside a specified range. This quality check identifies submissions that do not contain all the expected encounters or contain other volume anomalies, which trigger our team to contact the submitter to verify the counts.

**Timeliness** - our system's operational processes include monitoring for files submission from the submitting entities. We generate an alert if the expected submitter is late in submitting their file and escalate to the appropriate contact.

Control of receiving and processing encounter transactions is critical to supporting the Department's encounter module. The Accenture Team also validates that the encounter file satisfies Federal Managed Care regulation 42CFR438.606 and includes an attestation for encounter data submissions.

Submitted encounters are processed within 5 days of receipt.

## Improving Encounter Submission

We believe that we can improve the quality of current encounter submissions by working with HMOs, the Iowa Plan contractor, PACE, and transportation brokers by adopting and submitting encounters to the Department in the industry standard EDI X.12 formats. Most of these organizations have EDI capabilities in house. The adoption of this standard has a number of advantages for all parties including:

- Eliminates proprietary file format
- Allows for new HMOs to be brought into the program without requiring them to build custom interfaces
- Uses industry recognized EDI standards for editing, error reporting, and submission framework
- Reduces overall system maintenance costs by using COTS capabilities
- Allows for standards based information exchange with other healthcare stakeholders
- Provides for future interoperability with other contractors or products the Department may procure to analyze outcomes, cost effectiveness or other program analytics
- Uses EDI support and helpdesk functions that already exist as part of IME MMIS operations

Accenture successfully deployed this capability for Texas Medicaid and currently processes over 2 million encounters from 22 MCOs monthly. The Accenture Team looks forward to the opportunity to work with the Department and stakeholders to evaluate and implement standards-based processing.

### *10.1.11.1 Activities (8.1.11.1)*

The following section responds to our primary encounter processing activities.

a. Receive, process and load encounter data into the repository. Produce and send encounter error reports to the health plans and the transportation broker and assist in reconciling the errors

During the Operations Phase, the Accenture Team monitors all inbound and outbound file processes. Included in the operational activities is the requirement to process encounter data files from the HMOs, the Iowa Plan, and the transportation broker. Our automated processes scan for the presence of encounter files sent in a secure file transfer to the IME MMIS by the submitting entity. Once detected, our automated process pre-processes the file by editing the data and accumulating the error statistics (both warnings and failures).

These statistics determine if the encounter file is below the acceptable error tolerance and if it can continue processing. If the file passes the edits thresholds, we import the data into APHP claims processing systems where we determine the fee-for-service equivalent and add the record to the encounter history. Encounters are then extracted from the claims database and loaded into our dimensional data store (DDS) where the Accenture Team and the Department can report and query on the approved encounter data.

Any file that exceeds the Department's error tolerance rate is rejected and sent back to the submitter. As part of normal processing, we return to the submitting entity the error details of the encounter file. Based on the operational procedures established during the Implementation Phase of the IME System Services Project, submitters correct errors and resubmit based on the criteria and timelines established. We understand the importance of receiving quality data to support reporting, analysis, and decision making concerning HMO effectiveness. We work with the Department to determine opportunities to improve the process and identify how best to work with the health plans and transportation brokers to acquire and process quality encounter data.

b. Organize and provide data to analyze member access to health and transportation services and quality of health and transportation care providers

We share the Department's interest in utilization review and quality of care. Our proposed solution is designed to provide data that supports analysis for better outcomes. The encounter data is made available in the APHP reporting platform to support the Department's ability to analyze the performance of the HMOs, the Iowa Plan contractor, PACE, and transportation brokers. For example, the Department may want to analyze the following:

- Calculate the cost of services reported on the encounter claim had they been paid on a fee-for-service basis
- Evaluate the access to care and the quality of care members receive for health and transportation services
- Comply with the IME program requirements and plan performance
- Evaluate capitation rates and risk adjustments
- Create performance benchmarking

Our APHP operational data store (ODS) and dimensional data store (DDS) both contain all submitted encounter data. These reporting capabilities provide the Department and other approved entities access to encounter data to support the required reporting and analysis capabilities.

c. Ensure accuracy and adequacy of encounter data received from managed care entities and the transportation broker

We understand the importance of receiving accurate and adequate quality data that supports reporting, analysis and decision making concerning HMO effectiveness. Our automated interface process pre-processes encounter data received and accumulates the error statistics (both warnings and failures) to determine if the encounter file can continue processing. If the file passes the edits thresholds, we import the data into APHP. Any file that exceeds the Department's error tolerance rate is rejected back to the submitter.

As part of normal processing, we return error details of the encounter file to the submitting entity. Based on the operational procedures established during the Implementation Phase of the IME System Services Project, submitters correct errors and resubmit based on the criteria and timelines established.

d. Produce encounter data files and reports including transportation broker

Encounter data files are extracted from the claims processing engine and loaded into our dimensional data store (DDS) where the Accenture Team and the Department can report and query on the approved encounter and transportation broker data. We use Microsoft SQL Server Reporting Service (SSRS) to generate automated reports and query responses. Using the DDS reporting platform, we produce reports containing information on managed care and transportation broker encounters. SSRS also provides the ability to produce data files for analysis of HMO and transportation broker encounter information or for data exchanges with other Department stakeholders.

SSRS provides the end user the ability to use "drag and drop" functionality to design reports for analysis of the encounter data. Providing a COTS tool such as SSRS allows users to build additional reports to help answer requests from Department staff and further analyze operations management.

APHP also offers the capability to create a data file for an interface partner. Files created from our DDS can use Microsoft's SQL Server Integration Services (SSIS) to create files using the COTS provided scripting capabilities within the tool.

### *10.1.11.2 State Responsibilities (8.1.11.2)*

The Department is responsible for the following encounter activities:

a. Establish policy and make administrative decisions concerning the encounter submission process
b. Determine data content and format for encounter submissions
c. Submit appropriate information as deemed necessary to be merged with MMIS history file for reporting encounter data
d. The Department contracts with the University of Iowa Public Policy Center to analyze managed care data and provide reports on Healthcare Effectiveness Data and Information Set (HEDIS) outcome measurements. The third party administrator for hawk-i (contractor) sends the encounter data to the University of Iowa; contractor provides the hawk-i encounter data to the Core MMIS contractor
e. Monitor contractor performance

The Department holds the responsibility for policy and process determination of encounter activities. The Accenture Team acknowledges all of the State responsibilities for the encounter function as presented in the Table 10 - 44 and supports the IME in these activities through our close collaboration on data collection and reporting.

| 8.1.11.2 Encounter Function - State Responsibilities | Acknowledgement |
|---|---|
| Establish policy and make administrative decisions concerning the encounters submission process | ✓ |
| Determine data content and format for encounter submissions | ✓ |
| Submit appropriate information as deemed necessary to be merged with MMIS history file for reporting encounter data | ✓ |
| The Department contracts with the University of Iowa Public Policy Center to analyze managed care data and provide reports on Healthcare Effectiveness Data and Information Set (HEDIS) outcome measurements. The third party administrator for hawk-i (contractor) sends the encounter data to the University of Iowa; contractor provides the hawk-i encounter data to the Core MMIS contractor | ✓ |
| Monitor contractor performance | ✓ |

*Table 10 - 44. Our approach to the encounter function helps the State to meet their responsibilities*

### *10.1.11.3 Accenture Responsibilities (8.1.11.3)*

The Core MMIS contractor performs virtually all activities associated with the processing of Medicaid claims and managed care and transportation brokerage encounter data. Processing of the encounter data from the HMOs, the Iowa Plan and the transportation broker includes receiving and validating the encounter data, generating and sending error reports to the plans and broker and assisting in reconciling the errors. The Core MMIS contractor is responsible for the following related to encounter processing:

To provide a complete picture of the medical and associated services utilization by eligible members, both claims and encounters need to be recorded, maintained and aggregated. The resulting data is used for a variety of purposes by the IME, from monitoring medical loss ratios by member to analyzing the efficacy of Care Management and carve-out programs.

Similar controls and quality assurance edits applied to processing accuracy of claim processing are applied to encounters to validate that they are processed at the same level of quality. Encounters and processed claims are aggregated and provide the source of data from which the Department generates reports and complete analysis.

Just as performance criteria are applied to claim processing analysts, performance criteria of a slightly different type are applied to those entities that submit encounters. A summary report is generated with each submitted encounter file. This report includes a record of submissions activity for the file. These data, including total number of encounters submitted, number and percentage accepted, and number and percentage of encounter records denied are recorded and trended to evaluate the performance of each submitter.

Error resolution is generally the responsibility of the submitter to resolve. To assist with resolution, reports of encounter errors are prepared for each submitter. Support is provided to each submitter to assist in raising the percentage of accepted encounters. The objective of encounter processing is to accept and process the highest percentage of encounters possible without compromising quality. Once the encounter is accepted and processed, it is included in history and available for reporting, analysis, and generation of files to meet regulatory reporting requirements. .

a. Accepting the encounter data from the HMOs, the Iowa Plan contractor and the transportation broker

We understand the importance of receiving quality data that supports reporting, analysis, and decision making concerning HMO effectiveness. Our automated interface process accepts, preprocesses encounter data received, and accumulates the error statistics (both warnings and failures) to determine if the encounter file can continue processing. If the file passes the edits thresholds, we import the data into APHP. Any file that exceeds the Department's error tolerance rate is rejected back to the submitter.

b. Accept and log attestation from each HMO, the Iowa Plan and the transportation broker for encounter data submission as required by 42 CFR 438.606

Our first validation of each encounter data submission is the attestation provided on the 42 CFR 438.606. We accept and log the HMO, the Iowa Plan, PACE, or transportation broker attestation for each encounter data. The 42 CFR 438.606 is required for every encounter data submission because it certifies the content of the encounter data. The certification must attest and be signed by an officer of the HMO, the Iowa Plan, PACE, or transportation broker.

c. Processing edits against the encounter file to ensure the data is technically correct

During the Implementation Phase, we work with the Department to identify and document edits for encounter data. Using our commercially available Quantum Data Services (QDS) tool, we process edits against the encounter file to verify and validate the data so the Department is confident the information is technically correct.

QDS incorporates the use of commercially available mapping software known as Altova MapForce 2011. MapForce 2011 is an award-winning any-to-any graphical data mapping, conversion, and integration tool that maps data between any combination of XML, database, flat file, EDI, Excel 2007+, XBRL, and/or Web service, then transforms data instantly or auto-generates royalty-free data integration code for the execution of recurrent conversions. QDS uses this capability to translate the incoming encounters data to XML based on the corresponding transaction XSD for import into the APHP claims database. QDS provides a graphical mapping program that allows the end-user to graphically set up and modify their own maps.

The encounter data edits are set according to the initial requirements of the Department. Over the course of the IME contract the Department may add, change or delete encounter data edits to fit the needs of the Department and the Iowa Medicaid Program. The advantage of the APHP solution is that these edits can be configured, using QDS, and modified as business needs evolve.

d. Generating error reports to each plan

Each HMO, the Iowa Plan, PACE, and transportation broker receives an Encounter Submission Report. The main purpose of generating the Encounter Submission Report is to provide the errors reported from the processed encounter data through the APHP encounter edits for each plan. These reports are made available to the Department and each plan via APHP or through other forms of electronic delivery for analysis regarding the acceptance rate and quality of submissions.

e. Assisting the plans:

1. Create and send to the HMOs, the Iowa Plan and the transportation broker detailed reports on the results of the edit processing, providing the HMOs, Iowa Plan and the transportation broker with the necessary information to identify the invalid data on their monthly encounter file and prepare it for resubmission
2. Incorporate managed care encounter data received from the managed care organizations into the MMIS reporting system
3. Maintain five years of encounter data history for all clean encounter data
4. Based on the procedure code on the encounter claim on accepted input files count EPSDT screenings and retain for inclusion on the CMS-416. Include these EPSDT counts on the HMO Encounter EPSDT Counts Report

The Accenture Team recognizes the need to work with the supporting HMOs, plans, and broker organizations to maintain and report on the effectiveness of the Iowa Medicaid Program. We create detailed processing reports for each submitter that provides the submitter with all edit warnings and failures. The report allows the submitters to see the exact field in error and the associated error code. The submitters use this information to correct and resubmit the data.

Once a file is accepted, the accepted file is imported into the APHP claims processing systems. Encounters are then extracted from the claims processing engine and incorporated into our dimensional data store (DDS) where the Accenture Team and the Department can report and query on the approved encounter data.

The Accenture Team maintains clean encounter data history for five years from the date of submission. The data is available for access by the Department or approved users; i.e. auditors, as needed.

During processing, the APHP flags encounter data containing Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening claims. The encounter data is edited for specific procedure codes that indicate an EPSDT screening was performed. Based on the procedure code on the encounter claim, APHP counts EPSDT screenings and retains for inclusion on the annual CMS-416 report. APHP also includes the EPSDT counts on the HMO Encounter EPSDT Counts Report. The Department may also elect to use this data to monitor performance of HMOs, the Iowa Plan, and PACE as part of a quality improvement/feedback loop.

f. Produce and send encounter data files to the Department contractors as required by the Department

We produce and send encounter data reports to the Department contractors as requested by the Department. APHP supports ad-hoc requests for information through our ODS and DDS reporting data stores.

Encounter data files that are to be produced on a production schedule to interface with external partners like Milliman or for loading into the data warehouse are produced and sent to the appropriate stakeholder through our secure file transfer protocol (FTP) solution.

g. Accept, test and integrate into the MSIS files managed care encounter data submitted by MCOs and transportation broker

The Accenture Team creates the Medicaid Statistical Information System (MSIS) files for CMS reporting on a quarterly basis. Our data source for the MSIS reports is the Dimensional Data Store (DDS) that is part of the APHP reporting solution. As part of the encounter data processing operational procedures, the DDS is updated with the encounter data once the encounter file has passed all the appropriate edits. The Accenture Team creates the MSIS file quarterly for CMS. We accept, test and integrate into the quarterly MSIS encounter records processed by our claims engine processer and subsequently loaded into the APHP DDS.

h. Download encounters data extract updates to the data warehouse for reporting monthly

The APHP solution extracts the encounter data from the IME MMIS and sends the encounter information to update the data warehouse for monthly reporting. We work with the Department during the Implementation Phase to agree to a format to meet the Department's needs.

i. Send HMO encounter data to CMS in the MSIS format on a quarterly basis

The Accenture Team creates the MSIS format files containing data on HMO encounters processed and sends these files to CMS for reporting on a quarterly basis. Our data source for the MSIS reports is the Dimensional Data Store (DDS) that is part of the APHP reporting solution. As part of the encounter data processing operational procedures, the DDS is updated with the encounter data once the encounter file has passed all the appropriate edits. The Accenture Team creates the MSIS file quarterly for CMS. We accept, test and integrate into the quarterly MSIS encounter records processed by our claims engine processer and subsequently loaded into the APHP DDS.

j. Accept and process encounter data in different formats

Our proposed solution is designed to accept and process encounter data received in multiple formats from the Department and external entities. Encounter file integration is held to the same controls as any other interface. Regardless of the format, APHP can be configured to meet the agreed upon specifications to accept and process the encounter files as described in this section of our proposed solution.

Using our experience with systems implementation and application maintenance, we work with the various sources of encounter files and develop a standardized process for encounter submissions that accommodates the receipt of data in multiple formats.

### *10.1.11.4 Performance Standards (8.1.11.4)*

The Core MMIS contractor performs virtually all activities associated with the processing of Medicaid claims and managed care and transportation brokerage encounter data which includes processing of the encounter data from the HMOs, the Iowa Plan and the transportation.

The performance standards for the encounter functions are provided below:

a. Process and report disposition of encounter file edit review to the submitting managed care organization within three business days of receipt
b. Provide encounter data files, in acceptable format, to the Department recognized contractors within five business days of end of designated reporting period
c. Report findings from audits of HMO, Iowa Plan and the transportation broker, encounters to the Department within five business days from the end of the reporting quarter
d. Hardcopy claims must be imaged within one business day of receipt
e. Imaged claims must be immediately available for processing and viewing
f. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department
g. Produce state-defined reports within the required timeframe as determined by the Department

Our proposed solution is designed to include close collaboration between the submitters of encounter data and the Accenture Team. We assist the Department in its ongoing monitoring and active use of encounter data. We acknowledge and accept the performance standards for the encounter function as depicted in Table 10 - 45.

| 8.1.11.4 Encounter Function - Performance Standards | Acknowledge and Accept |
|---|---|
| Process and report disposition of encounter file edit review to the submitting managed care organization within three business days of receipt | ✓ |
| Provide encounter data files, in acceptable format, to the Department recognized contractors within five business days of end of designated reporting period | ✓ |
| Report findings from audits of HMO, Iowa Plan and the transportation broker, encounters to the Department within five business days from the end of the reporting quarter | ✓ |
| Hardcopy claims must be imaged within one business day of receipt | ✓ |
| Imaged claims must be immediately available for processing and viewing | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce state-defined reports within the required timeframe as determined by the Department | ✓ |

*Table 10 - 45. The Accenture Team acknowledges and accepts the performance standards for encounter function*

## 10.1.12 Reference Data Management (8.1.12)

The Reference Data module contains rates and pricing information, which is used to determine allowable payments to providers, control edits and audits and support other MMIS functions. Reference tables are used in the prior authorization and claims adjudication processes.

**The Accenture Public Health Platform (APHP) provides a powerful enterprise wide reference data management system to manage reference data for the Department. APHP reference data management staff makes up part of our Service Operation to perform the required maintenance and updates of data to execute core APHP and required Department business rules and processes such as prior authorization and claims processing.**

**Accenture's broad experience in reference data management**

- Innovative system providing flexible data and rule updating capabilities for authorized users
- Optimal Reference Data integrity through testing requirements and quality assurance controls
- Experienced team members providing ongoing support in reference data updates

APHP provides integrated COTS business enterprise packaged software that includes a module for reference data management. This integrated module and its content effectively supports standard functions for Medicaid operations and offers flexibility to operate state specific reference data functions and business rules such as claims processing, prior authorization, third party liability, provider management, financial management, and utilization management. The reference data management module in APHP is easily interoperable with existing business processes. The solution is also scalable to meet future capabilities through healthcare reform or other avenues to support the IME.

One key area, as mentioned above, that utilizes the key reference data within the APHP is the integrated claims engine. Our claims solution and reference data solutions supports the upcoming HIPAA 5010 and ICD-10 mandates. The forward thinking, configurable nature of the APHP Solution reduces the level of effort required to support these federal requirements. We understand that the IME has started a well thought out position on the impact to operations that this migration to ICD-10 will have through analysis and operational reviews. The IME should know that Accenture is a thought leader in the assessment of ICD-10 migration and has developed the APHP solution to help mitigate operational risks of the cutover to the new code sets.

Aside from federal mandates, the APHP reference data module supports Department approved program rules and historical information used by a Medicaid Management Information System (MMIS) for claims adjudication.

APHP's reference data maintenance module supports Medicaid policies and programs by maintaining reference information on business requirements that drive the key IME business outcomes. Reference data is an essential requirement to the operational functions of many Medicaid business areas, including, but not limited to: benefit administration, claims processing and payment, prior authorization, third-party liability, and utilization management.

The APHP reference data module is configured to meet the Department's requirements through Accenture's disciplined approach to system integration. Once deployed into the Operations environment, our staff then designates testing environments within APHP to allow authorized users to configure changes and review the impact of the new configurations prior to implementing these changes in production. Testing and collaborative review of testing results amongst program stakeholders builds trust in the solution across Department and impacted contractors in addition to the Accenture team.

*Figure 10 - 50. Shows the APHP reference data layer supporting claims processing, pricing, and coding.*

From Accenture's previous experience with integrating and operating claims and benefit systems, we understand that there are several reference files required to support all the areas of the IME. Reference data includes procedure codes, modifiers, diagnosis related groups (DRG) and revenue codes. APHP supports the diagnoses codes for the International Classification of Disease (ICD-9) and the updated ICD-10. APHP stores data entities such as rates, utilization review criteria (UR), exception controls, and national drug codes (NDC). APHP has the flexibility to easily update reference codes for policy or other operational changes. A representative sample of data supported by APHP for reference data management is listed in Table 10 - 46

| Reference Data Entity | APHP Feature Benefit Support |
|---|---|
| Procedure Codes: Healthcare Common Procedure Coding System (HCPCS) , CPT | **Yes** |
| Modifiers | **Yes** |
| ICD-9 Diagnosis (CM & PCS) | **Yes** |
| ICD-10 Diagnosis | **Yes** |
| ICD-10 Procedure Codes | **Yes** |
| Diagnosis Related Group (DRG) | **Yes** |
| Dental Procedure Codes | **Yes** |
| Revenue Codes | **Yes** |
| Rates | **Yes** |
| Utilization Review Criteria (UR) | **Yes** |
| Exception Control | **Yes** |
| Text | **Yes** |
| National Drug Code (NDC) | **Yes** |

*Table 10 - 46. Codes and attributes supported in APHP Reference Data Management.*

## Our Process

Our service delivery staff includes resources that will remain part of the team from the System Implementation phase to operate and maintain the Reference Data Management module in the APHP solution. This staffing approach has worked extremely well in other similar system implementation activities as it reduces the operational and knowledge transfer risks between the Implementation and Operations phase of work.

These resources can provide research and analysis support for the Department based on the system implementation experience and can offer efficiency and improvement considerations to continue to help the Department recognize the lowest cost of operating the programs supported by the IME

Access to the reference file data in our solution is not restricted to just the Accenture service delivery staff. The APHP Portal provides online access to reference data to authorized users through a secure user interface - including the capability to search on key terms and locate their usage within the configured business rules. An example of this would be searching for the ICD-9 to ICD-10 conversion lookup.

The SOA design of APHP solution makes having this type of access possible. It allows the Department to access information quickly via the promotion of MMIS data by the services layer and expedite the necessary data updates to help it remain compliant with state and federal policies. Our SOA-based approach, Figure 10 - 51, allows broad reporting capabilities for reference data management through the promotion of reference file data from the APHP Services Layer. We provide the required reports and listings of reference data to the Department in the defined content format, frequency, and media as agreed upon with the Department.

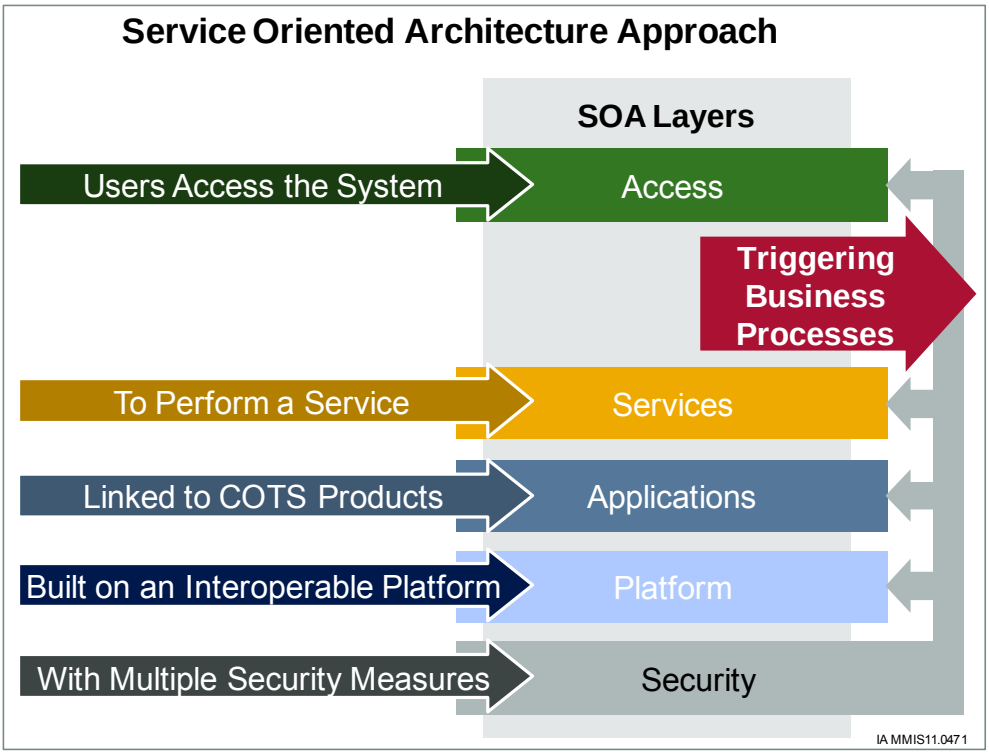



*Figure 10 - 51. Our innovative solution uses true SOA design delivering automation, stability, and efficiency now, with configurability and scalability for the future.*

## Reference Data Management Specialist

As discussed above, the service delivery team is staffed with reference data management (RDM) specialists that are authorized to modify, edit and audit criteria. These specialists maintain applicable data changes from policy updates, which define benefit limitation, service conflict criteria, and system rules. APHP functionality provides the operational and policy parameters for the RDM specialists to quickly design or modify edits and audits. The staff follows defined processes and procedures for reference data updates. Our strict process control helps provide accuracy and data consistency through our updates to current configuration and installation of reference data. To enable the applicable approval processes, the APHP solution routes the reference file changes via the integrated APHP workflow solution to the assigned Department users required to participate in the review and approval of these changes as required.

## Data Upgrades and Data Management

Timely reference file updates and management is required to operate business critical functions of the IME. Documentation for the service staff supporting reference management will maintain frequency of the update timings to maintain proactive control of the data to help avoid errors in provider reimbursement, claims processing, acceptance of prior authorizations, etc. As an example, APHP maintains the reference data for updates received for HCPCS by CMS, updates of current procedure terminology (CPT) sent by the American Medical Association (AMA), and updates to diagnosis related groups (DRG) notified by Iowa all on the appropriate update cycles. The updates are loaded into APHP worker portal's code importer. The code importer propagates changes to the entire reference data management system quickly without impact to the Core service operations and supporting contractors and Department users. While updates can be done real time through online configuration, APHP also offers batch or mass update features that help perform offline changes. APHP offers effective and termination date functionality configurable for each set of reference files to mitigate the risk and improve control of the reference data on record.

## Data Types

The Reference Data Management system maintains both ICD-9 and ICD-10 (CM and PCS) code sets to enable the systematic processing of claims based on date of service or date of discharge. We understand that the MMIS implementation straddles the ICD-10 mandated implementation date of 10/1/2013 and Iowa dedicated a significant amount of time and subject matter expertise to identify, document, review and remediate the business rules and logic that contain ICD-9 codes. We are able to leverage all that work and determine an efficient process to import that data to minimize the potential for duplicate or redundant work effort.

## Our Control Procedures

We control the changes and updates of the reference data tables and files through the same very tight change management and configuration management procedures as we use during the configuration and development of the IME System Services Project. Please see Start-Up Phase Section 8.2.3.7.9. Our change management procedures are aligned with Project Management Body of Knowledge (PMBOK) and Information Technology Infrastructure Library (ITIL) operational procedures. We are CMMI Level 4 accessed in the public sector and apply those principles to the APHP web services operational procedures. From a system implementation perspective we adhere to these procedures from the time a Reference Data Management is initially identified to the time it is implemented.

Throughout the operations and maintenance phase, each request for a change to the reference data files is properly documented, controlled and managed by project management office through the efforts of the staff supporting the reference file data and governed by the change control process. As part of the reference data management request process we participate with the Department in change management request meetings to review and prioritize the reference data management change request. We submit to the Department a comprehensive impact assessment of any changes to reference data management. Upon the Department's approval of the change management request, we test, validate and implement reference data management changes and provide updated documentation for user training. We report the status for all reference data management change requests and associated implementation. We use the Rational Tool suite to manage reference data management updates and changes. We layer a change control governance process to vet and prioritize the change and validate stakeholder agreement and buy-in. Figure 10 - 52 shows our change management process which provides transparency, consistency, effective management and scope control for reference data management control through our integrated tool suite.

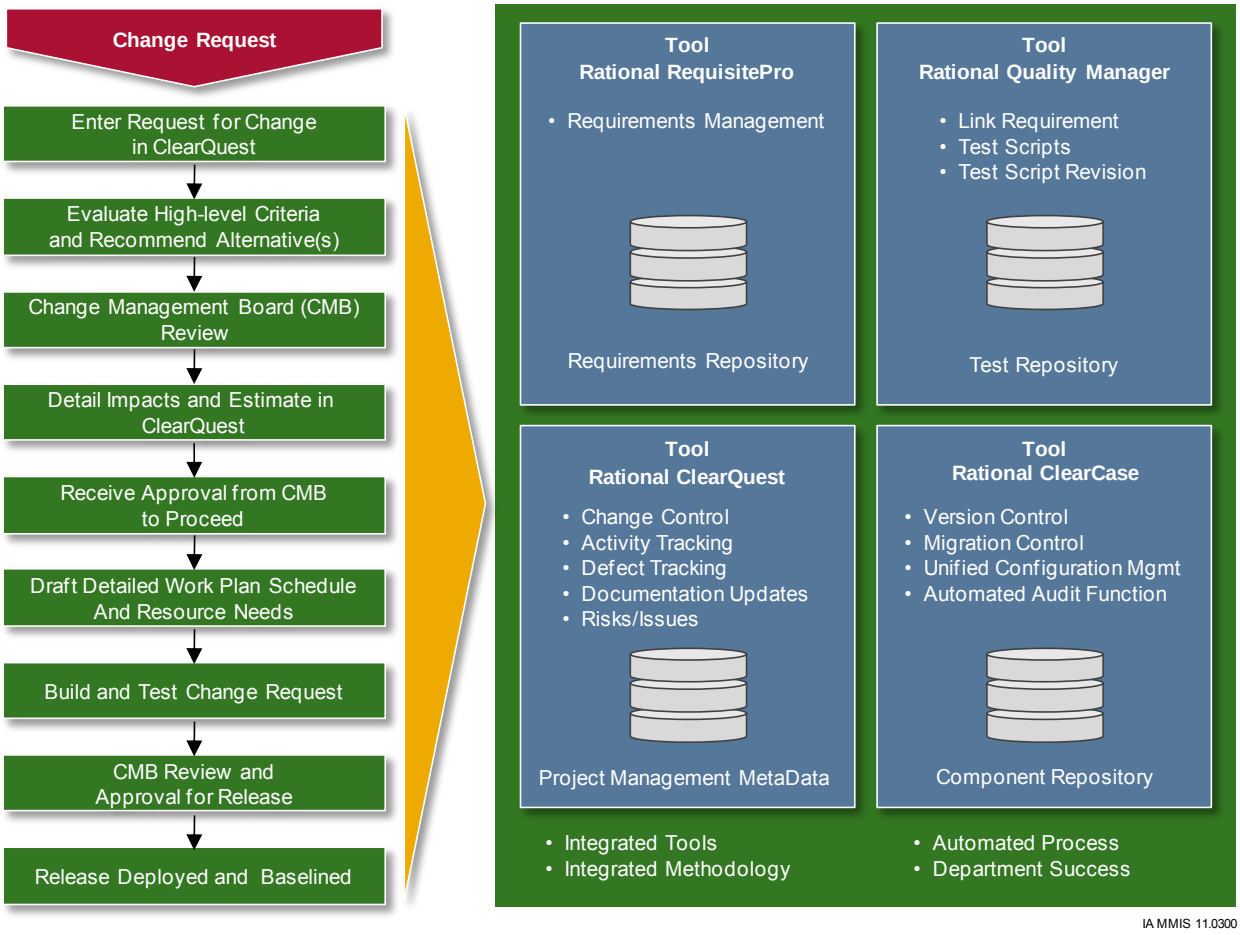



*Figure 10 - 52. Our comprehensive change management process provides transparency, consistency, effective management and scope control for web portal change control through our integrated tool suite.*

## Our Quality Assurance Procedures

The quality assurance process (QA) for reference data management focuses on reference data file changes. The operations and maintenance team identifies a reference file change request based on collaboration and research with the Department or through the expected changes as required to support the ongoing operations. The staff works with the required Department staff and supporting contractors (as necessary) to develop a mutually-agreed-upon solution and migration plan. The control procedures require that the change requests are monitored and approved by the appropriate management authority from the IME for approval. This approval can be performed through the workflow process configured within the APHP solution. Once the request has been approved, they are uploaded into the designated testing environment. APHP allows entry of project status, notes, and the related documentation for the reference file change. After successful testing is complete and outputs are reviewed by the appropriate approvers, the reference data file staff will work with the assigned trainers, supervisors, contractor, and Department staff to develop communication plans and knowledge transfer plans to inform the IME and supporting agencies via memorandum what the proposed changes are, when the timing of the changes take effect, and what the resulting impact is. One specific example of a quality process associated with resulting reference data is related to the impact to claims processing. Through the process of Verification of benefits (VOB), our operations teams provide a constant quality measure tied to an agreed upon baseline prior to migrating changes to the production environment. The reference data team generates a test plan to define claim scenarios based on the reference data changes and collaboration with the

Department. The test plan must undergo stakeholder review with Iowa staff and applicable contractors as necessary. The operational quality assurance requires that the test claims are submitted against the reference data changes for execution during the VOB phase. The operational quality assurance also includes user acceptance testing prior to product deployment. All deliverable reference changes undergo a final quality review. See Figure 10 - 53.

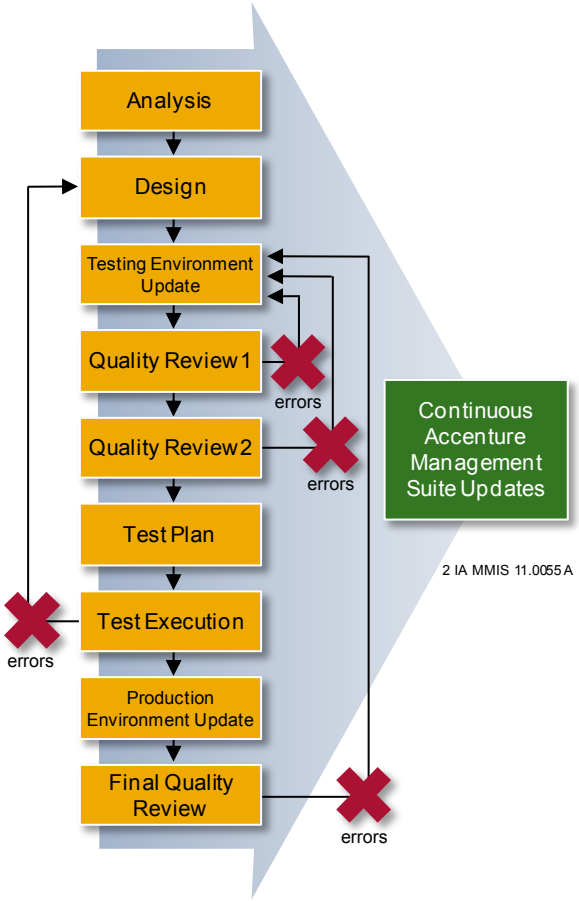



*Figure 10 - 53. Accenture has a rigorous quality assurance process for testing all features of the APHP solution to meet IME requirements.*

### 10.1.12.1 Activities (8.1.12.1)

The primary activities of the MMIS reference module and reference data functions are to:

a. Provide coding and pricing verification during claims processing for all approved claim types, assistance programs and reimbursement methodologies including capitated programs

Accenture's APHP solution provides the ability to perform coding and pricing verification during claims processing through the calls to the appropriate reference files such as procedure and diagnosis codes, fee schedules and other drivers of provider and other agency reimbursement, and contracts for capitation program.

APHP supports comprehensive reference data management using all standard code sets for HCPCS Level I & II, ICD-9, ICD-10, NDC, CPT, CDT, and uniform billing revenue codes, and payment classification code sets such as DRG, RUG, etc. APHP allows for code updates through configurable

changes that are available for immediate use during claims processing, reporting, etc. Drug pricing codes and formulary information is held within the POS component for point of sale claims processing.

Furthermore, Authorized users have the ability to configure code groupings in the APHP reference data management system. The DRG coding within APHP is pre-configured for diagnosis related groups for a grouping of diagnosis and or procedure code combinations. Our proposed solution performs complex business such as accepting and processing against modifier procedure codes that indicate special attention or provide information about procedures that need specific pricing or benefit application modifications. The reference data is updated for changes in policy, coding, or reimbursement at the federal or state level. Configuration related to DRG's based on ICD-10 codes will be separate from those built on ICD-9 codes. As with all other reference files that utilize ICD diagnosis or procedure code sets, DRG's will be applied based on date of discharge to apply the correct reimbursement mechanism.

Additionally, APHP has the flexibility for maintaining configuration for multiple fee schedules and various reimbursement methods such as flat rates, percentage of bill, usual and customary (UCR), and Resource Based Relative Value Scale (RBRVS), etc. Graphic xxxxxx shows that the reference data layer with diagnosis codes and procedures codes form the input for benefit plans and the related calculations for claims processing. The APHP benefit plan configuration methodology allows reusability of base procedures, diagnoses, criteria, and accumulator structures as well as associated reference data files. The Figure 10 - 54 below illustrates how reference data files and associated code sets fit into the overall benefit configuration architecture of APHP.

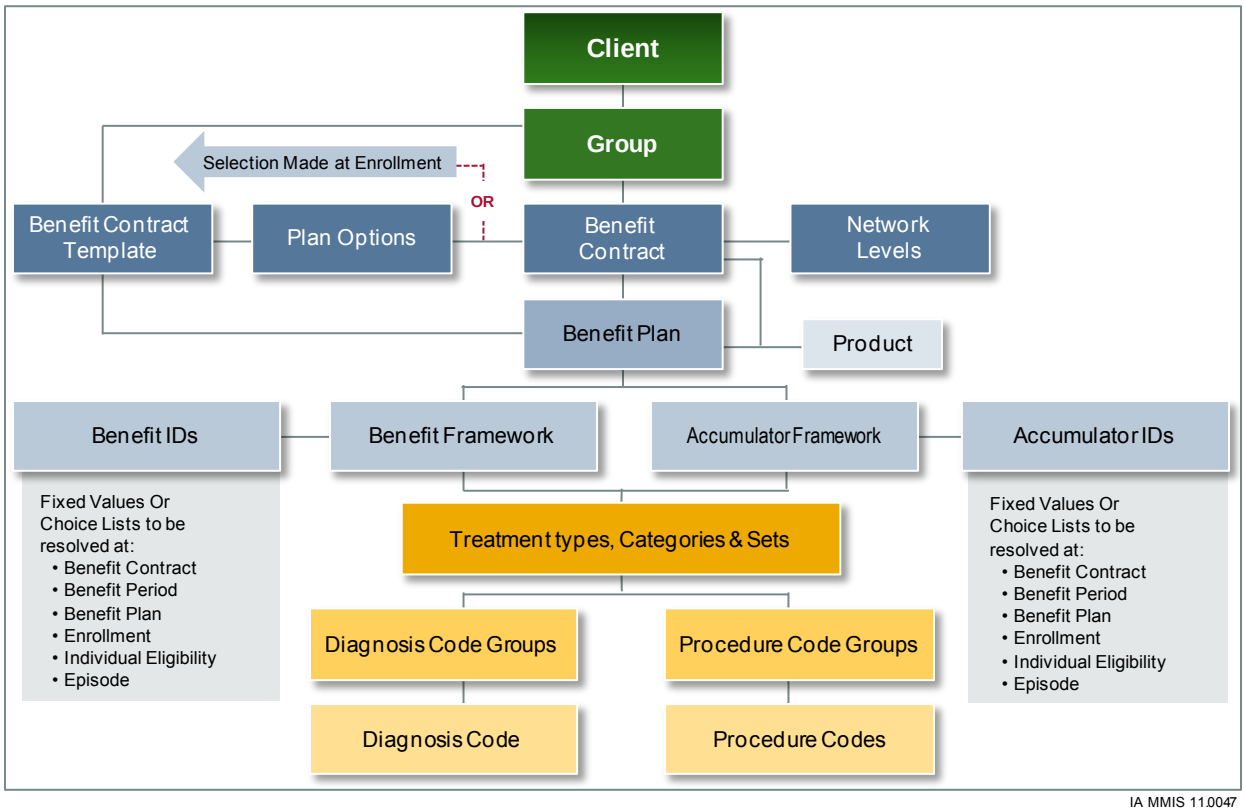



*Figure 10 - 54. Reference data - critical component of claims adjudication for benefits and reimbursements.*

b. Maintain flexibility in reference parameters and file capacity to make the MMIS capable of easily accommodating changes in the Medicaid program. Support the claims processing function by providing information used in the adjudication and pricing of claims

APHP contains a multi-level platform that easily accommodates changes to reference parameters and file capacity. Barriers such as customized table structures and reference file layouts which required costly and time consuming code development and several layers of testing to integrate new parameters and file sizes are not present in the APHP solution. Our solution has a framework that can adapt to these changes through a front end configurable interface as opposed to back end code development.

As an example, the APHP benefit configuration that supports claims processing uses base codes for plan procedures and diagnoses. The configuration of the benefit plan as an initial component will be done for base diagnosis and procedure codes. Individual codes will be grouped into procedural groups and diagnosis codes to develop treatment sets. The procedures, codes, diagnostic grouping, procedural grouping and treatment sets will be configured in the benefit plan. Subsequently, the client, group, and benefit contract are built top-down. The multi-layer architecture allows flexibility in maintaining reference parameters and file capacity to support claims processing functions for information used in adjudication and pricing claims.

The impact of the conversion to ICD-10 from ICD-9 presents a real challenge related to this requirement. The ICD-10 conversion causes a change in some benefit rules and pricing logic. For example, benefits that contained a range of diagnosis codes in ICD-9 will need to be de-constructed in ICD-10 as code ranges are not as common in ICD-10. Hence, the configuration requires two sets of benefits - one containing ICD-9 and one containing ICD-10. We are able to leverage the ICD-10 business remediation work that had been completed by IME during its ICD-10 implementation project to build the ICD-10 specific configurations. Furthermore, our ability to configure the changes to impact the length and properties of this situation and other claims support and pricing parameters can be performed easily through the APHP solution.

c. Support the data requirements of other MMIS applications such as claims processing, information access and decision support, utilization review and quality assurance, POS and prospective and retrospective DUR

APHP is configurable to support data requirements of other MMIS applications. The solution provides support for claims data by providing reference data for provider files, procedure codes, diagnosis codes, drug NDC, result codes, and DRG files. In addition, APHP maintains reference data for fee schedules, eligibility records and prior authorizations.

The program management for reporting POS, prospective DUR, retrospective DUR, and utilization review is done through the reporting module that utilizes reference data stored in the solution. DUR, retrospective DUR and utilization review is configured for the ICD-9 and ICD-10 code sets as required and can be accessed for reporting and other required analysis. Accenture works with the Department to determine the best way to present data for these functions to include both ICD code sets for utilization as well as dates that span the ICD-10 implementation date. This is one example among many other in which the APHP solution can support the information access of the Department via our interoperable solution.

d. Provide a master file of valid procedure, diagnosis, revenue and drug codes for use in the verification and pricing of Medicaid claims

APHP is configured to provide a master file of valid procedures, diagnosis, revenue, and drug codes for Medicaid claims. Standard information for master files include standard codes such as HCPCS Level I & II, ICD-9, ICD-10, NDC, CPT, CDT, and uniform billing revenue codes. APHP is configurable and easily accommodates changes to master files by applying the code importer which facilitates mass updates to codes in the master file. APHP assigns effective segments to the code files for the mass update. APHP also maintains a history of changes to the master file with a solution date and time stamp of the revision

made with the code importer. The update of codes in the master file may be configured for an automatic or manual process. In addition, Accenture is equipped with an experienced operations staff who gather requirements to facilitate the creation of a master file with attributes for procedures, diagnoses, and drug codes that comply with state regulations.

e. Provide a means of reporting any information from the files

APHP is able to provide reporting of information from the reference data files for current code, historical code, and updates. The reference data is reported for IME through APHP's central reporting data store. Ad hoc reports and additional details are added for standard reporting functions. The Accenture solution is integrated with a reporting dashboard setup for custom reports involving monitoring, metrics, quality assurance, or management. Figure 10 - 55 below shows the dashboard reporting APHP's customized dashboard monitoring metrics and quality assurance.

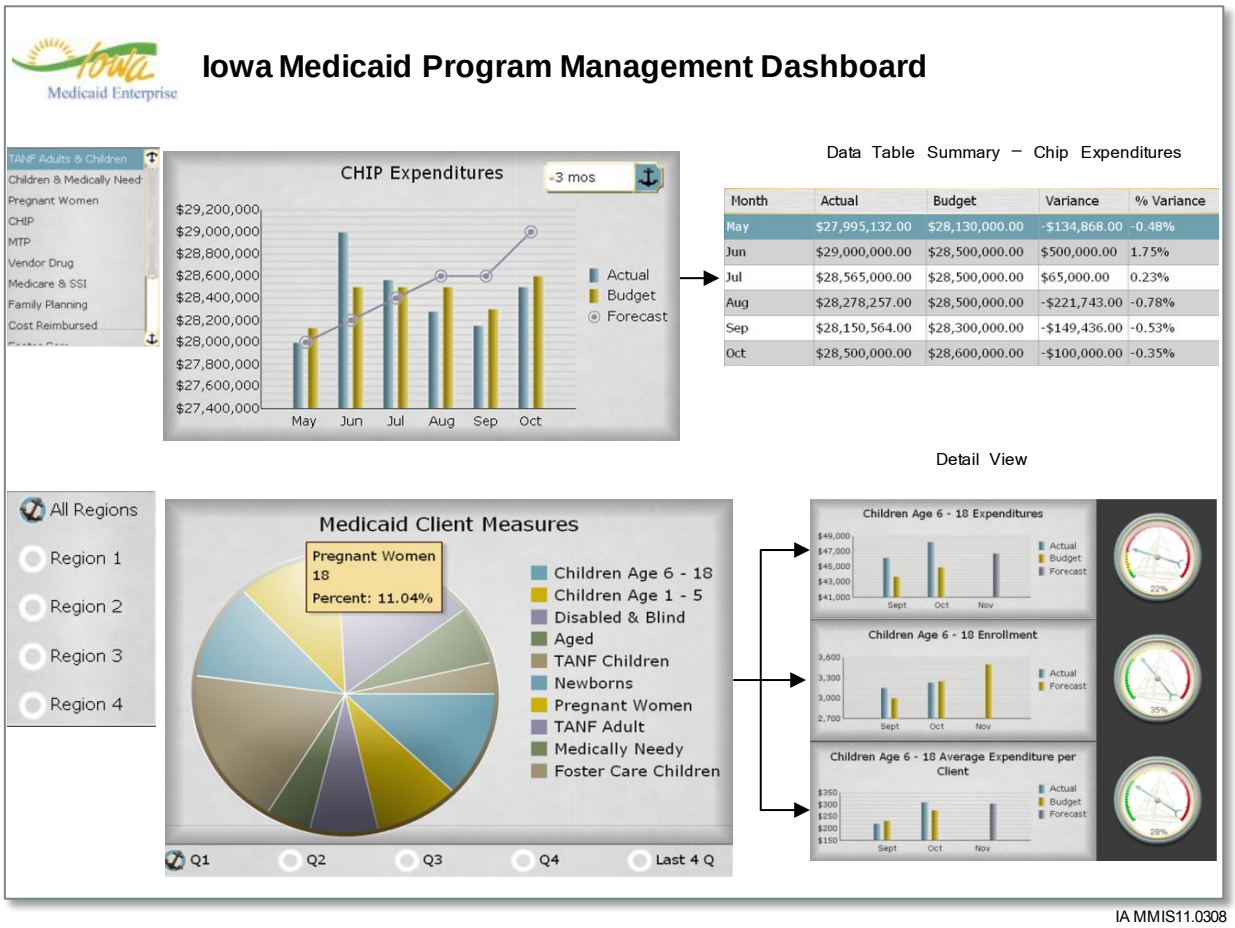



*Figure 10 - 55. APHP's customized dashboard monitoring metrics and quality assurance.*

f. Provide and maintain customary charge data for provider's Medicaid customary charges

APHP provides and maintains customary charge data for provider's Medicaid customary charges. The solution is configured to manage physician fee schedules for customary charges. The physician fee schedule management feature accommodates pricing methodologies such as flat fees, % of billed, capitation, RBRVS, per diem, and DRG. The fee schedule utilizes the RBRVS conversion factor if

applicable for geographical prices indices. APHP is configurable for modifier pricing and code depreciation. The solution also supports service calls to external pricing entities for re-pricing at industry standard levels.

g. Provide and maintain prevailing charge data for Medicaid charges

The APHP contains a Fee Schedule to provide and maintain prevailing Medicaid charge data for pricing files for procedures and other in scope services.

The APHP manages and applies payments and fees, professional and institutional, within each defined procedure code, or rev codes with a defined type of reimbursement methodology or other appropriate calculation.

h. Place benefit limits and maintains relationship edits on procedure, drug, diagnosis, DRG and APC codes. Use service limit codes and indicators on the procedure and diagnosis records to control benefit utilization

APHP is configurable for benefit limits for procedures, drugs, diagnoses, DRG and APC codes. Benefit limits related to diagnosis codes are configured separately for ICD-9 and ICD-10 and we work with the Department to validate that there is no variation in benefit application between the two configurations. We are able to leverage the work related to this strategy of benefit neutrality completed by the Department during its ICD-10 implementation project. Furthermore, the APHP solution is preconfigured with an accumulator function to configure maximum limits based on procedures and related diagnosis records. The accumulation limits are set for state and federal levels. Medicaid members may be set to a maximum unit of services. The Enterprise Administration Area within APHP allows configuration of standard result codes to provide messaging to the Medicaid provider and Medicaid member. Validity edits are performed against current reference data for each claim based on the date of service. Several audit criteria are utilized to help protect against erroneous payment for duplicate services or services over policy limitations as shown in Table 10 - 47. Our reporting solution can help facilitate utilization analysis through the ability of creating configurable ad-hoc queries for various data requirements from the accumulators mentioned above and the audit data listed below.

| APHP Audit type | Purpose of APHP audit |
|---|---|
| **Duplicate Audits** | These audits prevent the payment of duplicate claims or claims with data that is too similar to a claim that has already been paid. |
| **Limitations Audits** | These audits enforce policy limitations regarding the frequency of procedures or services provided to a client. |
| **Relationship Audits** | These audits look for related sets of procedures that are not allowed to pay in combination for a set period of time. |
| **Limitation Relationship Audits** | These audits look for related sets of procedures that are not allowed to pay in combination and also look at the frequency of the relationship. |
| **Spell of Illness** | These audits enforce spell-of-illness limitations regarding episodes of care, the duration of an episode of care, and the necessary break between episodes of care. |
| **Global Surgery Audits** | These audits prevent payment of pre-operative and post-operative care that is included in the cost of a surgical procedure. |
| **Negative-Relationship Audits** | These audits only allow payment of a service or procedure if another particular service or procedure has already been billed or paid (e.g., transportation codes not payable without another service performed on that same day). |

*Table 10 - 47. The use of several audit criteria help to verify that duplicate services or services not meeting limitation requirements are not processed for payment.*

### *10.1.12.2 State Responsibilities (8.1.12.2)*

The Department sets policy for the type of reimbursement system for Medicaid services and develops the rate methodology with assistance from outside contractors. These rate calculations include fee schedules, per diem rates, interim rates, premium rates, capitation rates and institutional rates.

Payment rates such as physician and laboratory fee schedules, per diem rates, drug reimbursement formulas and interim rates, are calculated by the Department or obtained from outside sources, like Medicare and maintained in table-based files in the reference module.

The Department maintains the following reference file functions:

a. Monitor file content and report detected errors to the Core MMIS contractor for correction
b. Determine and interpret policy and administrative decisions relating to the reference data maintenance function
c. Direct certain updates to the reference data files
d. Establish allowed rates or fees

Accenture acknowledges the state responsibilities as seen in Table 10 - 48 and will assist Iowa in meeting its requirements.

| 10.1.12.2 Reference Data Management - State Responsibilities | Acknowledgement |
|---|---|
| a. Monitor file content and report detected errors to the Core MMIS contractor for correction | ✓ |
| b. Determine and interpret policy and administrative decisions relating to the reference data maintenance function | ✓ |
| c. Direct certain updates to the reference data files | ✓ |
| d. Establish allowed rates or fees | ✓ |

*Table 10 - 48. Accenture acknowledge the State responsibilities for Reference Data Mangement.*

### *10.1.12.3 Accenture Responsibilities (8.1.12.3)*

The Core MMIS contractor is responsible for maintaining the different pricing files and reimbursement methodologies contained in the reference database. The Core MMIS contractor updates files based on the Department policy and federal requirements for the use of coding schemes in the MMIS. The Core MMIS contractor is responsible for maintaining all reference files in the reference module.

a. Maintain Revenue codes:

1. Maintain a revenue code data set for use in processing claims
2. Accommodate pricing action codes and effective end dates for each revenue code
3. Provide English descriptions of each revenue code in the revenue data set

APHP maintains different pricing files and reimbursement methodologies contained in the reference data management system. APHP is configured to accommodate pricing action codes and effective end dates for each revenue code. Additional features and functionality of APHP include the following.

- Maintains reference files in the reference modules such as revenue codes and related data sets for processing claims and other key functions supporting the IME.
- Accommodates multiple pricing methodologies and action codes for institutional fee schedules, professional fee schedules, global payment value, assignments and fee schedule modifier tables. Effective and termination dates can be configured by the reference file operating staff to document spans of validity for each data file.
- Provides English descriptions of each revenue code for user interpretation and reporting purposes.

b. Maintain current and historical reference data for all procedure codes and modifiers that include at a minimum the following elements:

1. Date-specific pricing segments including a pricing action code for each segment showing effective dates and end dates
2. The Department specified restrictions on conditions to be met for a claim to be paid such as provider types, member age and gender restrictions, place of service, appropriate modifiers, aid category and assistance program
3. Pricing information such as maximum amount, fee schedule amounts and relative value scale (RVS) indicators with unlimited segments showing effective dates and end dates
4. Prior authorization codes with unlimited segments showing effective and end dates
5. English descriptions of procedure codes
6. "Global" indicators for codes that include reimbursement for pre- and post- procedure visits and services
7. Other information such as accident-related indicators for possible TPL, federal cost-sharing indicators and prior authorization required

Accenture understands the critical importance of having an actively maintained set of supporting reference codes and modifiers that support claims processing and payment accuracy. As important as it is to have current data sets, having retained historical reference data files is critical to the ability for correctly administering retroactive adjustments and recovery processes from the Revenue Collections contractor. Similarly, other contractors such as the Provider Services contractor requires the access to both historical and current reference data to field and handle provider inquires to a level of the caller's satisfaction.

Accenture acknowledges that data stored in our solution greatly impacts the overall IME operation through Department staff and other supporting contractors. APHP will meet requirements for procedure codes and modifiers that include at a minimum the following elements in theTable 10 - 49.

| Element | Contractor Responsibilities | Existing Capabilities |
|---|---|---|
| 1 | APHP will maintain current and historical reference data for date-specific pricing segments including a pricing action code for each segment showing effective dates and end dates. | ✓ |
| 2 | APHP will meet department-specified restrictions on conditions for a claim to | ✓ |

| Element | Contractor Responsibilities | Existing Capabilities |
|---|---|---|
| | be paid such as provider types, member age and gender restrictions, place of service, appropriate modifiers, aid category, and assistance program. | |
| 3 | APHP will maintain current and historical reference data for pricing information such as maximum amount, fee schedule amounts and RVS indicators with unlimited segments showing effective dates and end dates. | ✓ |
| 4 | APHP will maintain current and historical authorization codes with unlimited segments showing effective dates and end dates. | ✓ |
| 5 | APHP will maintain current and historical reference data for English descriptions of procedure codes. | ✓ |
| 6 | APHP will maintain current and historical global indicators for codes that include reimbursement for pre- and post-procedure visits and services. | ✓ |
| 7 | APHP will maintain current and historical global indicators for other information such as accident-related indicators for possible TPL, federal cost-sharing indicators and prior authorization required. | ✓ |

*Table 10 - 49. Accenture acknowledges the seven subsets of requirements for maintenance of historical reference data.*

c. Maintain procedure information that sets adjudication limitations and medical policy restrictions for automatic pricing of medical procedures according to the effective date

APHP is configurable to maintain procedure information that sets adjudication limitations and medical policy restrictions for automatic pricing of medical procedures according to the effective date. APHP is not limited to set the restrictions on the procedure or diagnosis code itself, as has been standard practice by MMIS solutions to date.

Leveraging building block design approach from the APHP benefit administration component, the procedure and diagnosis codes, in and of themselves, become attributes within the configuration of any given benefit plan. The APHP difference by design, not setting the restrictions on the procedure itself, promotes flexibility and the reuse of the same procedure under different programs without cumbersome configuration or back end programming or coding routines. Specific medical policy and pricing rules are applied to support the various types of Medicaid and state-funded programs through simple and reusable configurations within APHP.

Specific medical policy and pricing rules are applied to support the various types of Medicaid and state-funded programs through simple and reusable configurations. APHP may be configured to set adjudication limits and medical policy restrictions for automatic pricing of medical procedures according to the effective date.

d. Identify when prior authorization and pre-procedure review approval is required

APHP reference rules for claims processing is also part of the core rules engine that supports claim adjudication. Our solution is configurable to identify specific situations based on claim data when prior authorization and pre-procedure review approval is required. These authorization requirements are configured into the APHP through front end updates. It is through this configuration that operations influences the edits that suspend and routes claims that require prior authorization or pre-procedure review by the appropriate team.

e. Restrict the use of procedure codes to those providers qualified to perform them

APHP restricts the use of procedure codes to those providers qualified to perform them through the configuration of attributes that are shared between the reference data and the provider data. The enrollment process for APHP assigns a specialty (provider type) and sub-specialty if applicable (specialty) to the enrolling provider based on submitted information. The APHP claims adjudication module uses the coded provider type/specialty and taxonomy restrictions within the reference configurations to restrict procedure codes to the appropriate providers.

APHP restricts providers at different levels based on a treatment set or the framework level. APHP may be configured for user-control of these restrictions.

f. Accommodate variable pricing methodologies for identical procedure codes based on provider specific data

APHP accommodates variable pricing methodologies for identical procedure codes based on provider specific data. The APHP solution contains an embedded fee schedule administrative feature for institutional fee schedules, professional fee schedules, global payment value assignments, and fee schedule modifier tables. The overall set of schedules support variable pricing methodologies for specific procedure codes. The type of reimbursement is configurable with the Fee Schedule Administration capabilities of APHP. The APHP integrated claims and payment engine supports a variety of reimbursements such as RBRVS, flat fee, modifier pricing, and geographic pricing. Each procedure is configured to have a one-to-many set of multiple fee schedules to allow processing of various pricing methodologies. The core foundation of the benefit plan is encapsulated with fee schedules to support the reimbursement of like services based on the business rules of IME. The variable pricing undergoes quality assurance testing for compliance with Iowa standards. APHP is configurable for user control of variable pricing methodologies which will promote adoption of required business requirements without time consuming or costly back end code development.

g. Maintain the previous and current diagnosis data set of medical diagnosis codes utilizing the International Classification of Diseases, Clinical Modification (ICD-CM) version required by HIPAA and Diagnostic and Statistical Manual (DSM) coding systems, which can maintain relational edits for each diagnosis code including:

1. Age
2. Gender
3. Place of service
4. Prior authorization codes with effective and end dates
5. Inpatient length of stay criteria
6. English description of the diagnosis code
7. Effective date
8. End date

The Accenture solution is configurable to maintain the previous and current diagnosis data set of diagnosis codes utilizing the ICD-CM required by HIPAA and DSM coding systems. We understand that DSM is in the process of revision and not expected for release until 2014 at the earliest. As such, our configuration is based on DSM-IV which is the most current version. Additional contractual obligations for Accenture are defined inTable 10 - 50.

| Element | Reference Data Management Function - Contractor Responsibilities | Existing Capabilities |
|---|---|---|
| 1 | Solution must maintain relational edits for age | ✓ |
| 2 | Solution must maintain relational edits for gender | ✓ |
| 3 | Solution must maintain relational edits for place of service | ✓ |

| Element | Reference Data Management Function - Contractor Responsibilities | Existing Capabilities |
|---|---|---|
| 4 | Solution must maintain relational edits for prior authorization codes with effective dates and end dates | ✓ |
| 5 | Solution must maintain relational edits for inpatient length of stay criteria | ✓ |
| 6 | Solution must maintain relational edits for English description of the diagnosis code | ✓ |
| 7 | Solution must maintain relational edits for effective date | ✓ |
| 8 | Solution must maintain relational edits for end date | ✓ |

*Table 10 - 50. Accenture acknowledges the requirements for each attribute of diagnosis codes.*

APHP is capable of maintaining the previous and current diagnosis data set of medical diagnosis codes utilizing ICD-CM used by HIPAA and DSM coding systems. APHP is configurable to maintain relational edits of data attributes for medical diagnosis codes such as age, gender, place of service, prior authorization codes with effective dates and end dates, inpatient length-of-stay criteria, descriptions of diagnostic codes, and effective dates and end dates. The relational edit feature supports the extension and restriction of benefits. The benefit plan has a benefit framework that allows reuse of base codes. The effective segments are adjusted for state or federal levels. The extension and restriction of benefits is configured for the codes while allowing reuse. The base codes are core attributes of the benefit plan, which allows forward propagation in reconfigurations for changes. The APHP Enterprise Administration feature is used to access and configure base codes. The code importer of Enterprise Administration is used to propagate changes to base codes. However, the rates associated to the base codes are attributes of the respective fee schedules. Codes are tested with the Accenture quality assurance process to comply with IME standards.

h. Maintain a master file of valid procedure, diagnosis, drug and revenue codes with appropriate pricing information for use in claims processing

APHP maintains a master file of valid procedures, diagnoses, and drug and revenue codes with appropriate pricing information for use in claims processing. The following standard code sets are supported with a master file: HCPCS Level I & II, ICD-9, ICD-10, NDC data, and Uniform Billing Revenue Code including modifications. APHP provides the ability to maintain reference data and the associated configurable state specific information like fee schedules and provide rates.

i. Perform batch and online updates to all reference files in the MMIS subject to the Department approval via the workflow process. Notify the Department electronically with results of file updates

Reference data is updated in APHP online, manual, or systematically depending on the volume. The update is first made in the test environment and reviewed for accuracy, if the update yields the intended outcome; the change is promoted in the production environment. Updates made online are immediately available for use in adjudication. Mass updates performed systematically using the code importer are available for adjudication after the update process is completed. As discussed during the introduction of this section of the technical proposal, our solution contains an integrated workflow engine that routes proposed changes to reference files within the APHP system directly to the designated Department approvers for confirmation and signoff prior promoting the updates as being valid on the requested effective date. Similarly to the notification of the workflow, confirmation emails or other electronic messages (e.g., banner alerts on the APHP portal) are distributed once the resulting updates are completed.

j. Maintain online access to all reference files with inquiry by the appropriate code

APHP maintains online access to all reference files with inquiry by the appropriate code. APHP provides an interoperable framework for easily fitting into IME's current environment while providing the foundation for future expansion of reference data management. Hence, the portal is flexible for integration of multiple reference files. There are two APHP access layers for workers to access reference data:(1) the worker portal and (2) the Plexis QC application. Upon access, the user has search options from either layer to retrieve reference data. An authorized user may complete a search by reference codes to examine data attributes. The SOA is integrated with business rules to allow configuration of providers to access reference data such as procedure fee schedules and coverage, result codes and description. General reference data information such as rate, UR, exception control, text, and NDC may be accessed online for inquiries by code.

k. Maintain the procedure, diagnosis, drug, DRG, APC, revenue code, medical criteria and other files. Provide access based on variable, user-defined select and sort criteria with all pertinent record contents

APHP maintains the procedure, diagnosis, drug, DRG, APC, revenue code, medical criteria and other reference data files.

The user control is configured for security at the screen-level or field level. In addition, functions such as search inquiries, sorting, create ability, and update functions is configured for user-security profiles or customized through the flexible reporting and query capabilities within APHP. Please reference Section 10.1.15 Program Management Reporting, for a more detailed explanation of the reporting capabilities that allow for users to select and sort on the pertinent record contents.

l. Make mass updates to the allowed fee or rate effective on a certain date

APHP updates MCO capitation rates and provider fee schedule rates with each fee having an associated effective begin and end date through manual, on-line modification of fee schedules and systematic mass updates. The update process is inclusive of impact analysis within a test environment, implementation in the production environment and quality review. The code importer updates files including but not limited to procedures/rates, diagnoses, CCI edits and UB data elements. APHP performs updates related to policy changes by (1) CMS for HCPCS and diagnosis codes, (2) AMA for CPT, and fiscal agents for DRG updates. The import process of each file assigns an effective data for implementation for audit and historical data access purposes. The imported files are quickly verified in production to promote immediate use for the claims adjudication process. Figure 10 - 56 below shows the process for APHP code importer updates of diagnosis codes and procedure codes.

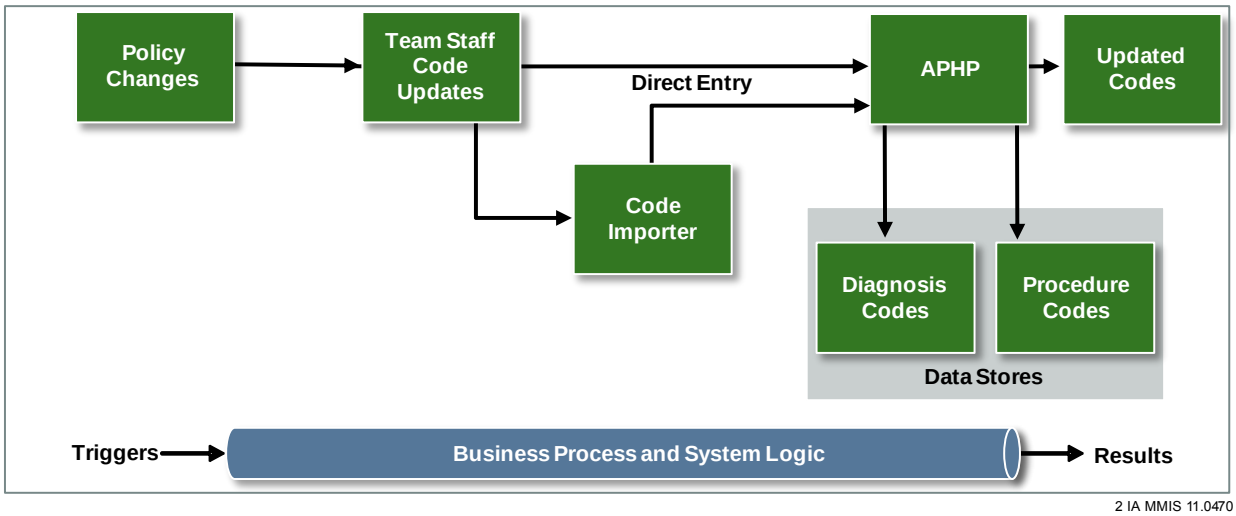



*Figure 10 - 56. The code importer of APHP has a proven capability for implementing mass updates of reference data.*

m. Maintain the per diem rates for hospitals with Medicaid-certified physical rehabilitation units as specified by the Department. Update the rates as required by the Department

APHP administers complex payment methodologies that support defined Department guidelines and allow for multiple provider specific reimbursement rates with begin and end dates. APHP's user interface provides the capabilities to load per diems, level of care per diems, case mix, percentage of charge rates, and rates based on level of care, preferred provider agreements, managed care agreements, volume purchase contracts or other cost containment initiatives with begin & end effective dates.

APHP maintains per diem rates for hospitals with Medicaid-certified rehabilitation units as specified by the department and updates rates as required for IME. APHP contains a fee schedule administration feature that manages institutional fee schedules, professional fee schedules, global payment value assignments, and fee schedule modifier tables. APHP is configurable for per diem reimbursements as defined by IME. The core feature of APHP is the benefit plan, and the flexible architecture allows the benefit plan to use existing fee schedules or configure new fee schedules for rehabilitation units and reimbursements.

n. Provide online inquiry and update capability for all files

Online inquiry and update capability is important for Department staff, supporting contractors, and staffs supporting the Core MMIS processes (such as claims processing and adjustment review). Authorized users perform online queries via the APHP portals. Although providers and members do not have access to all reference files, the online inquiries are configured for custom user-control features based on three general user profiles: provider access, member and user. APHP reference data management is accomplished through online, batch, or mass update processes as defined below. Online or manual updates to Reference data provide an easy, non-technical method of modifying information data to reflect program changes. Data updates entered online are edited for correct formats, valid values, completion of required fields, etc. The online change is executed in real-time in the test environment. The change is then promoted to the production environment after verification and has an immediate effect on transaction processing using a controlled, workflow driven approval process.

o. Produce audit trail reports in the media required by the Department showing before and after image of changed data, the ID of the person making the change and the change date

Control in the maintenance and operation of any system module is critical to trace root causes of issues and confirm activity is performed as required. APHP has a robust audit capture capability and produces an audit trail report in the media required by the Department showing before and after images of changed data that can be stored as supporting documents in the system, the ID of the person making the change and the change date. The reference data is documented through version control in the APHP solution and each version of the stored reference data file is searchable for online queries through the APHP worker portal. The versions represent changes which have audit trails documenting who made the change, what change was made, and the date/time of change. Audit trails are shown for standard changes, errors in changes and suspended changes. The attributes provide APHP users with details on pricing calculations, applications of limitations, restrictions through editing, auditing and impacts of data on claims payments.

p. Edit all update transactions either batch or online for data validity and reasonableness as specified by the Department. Report all errors from batch updates to the Department

Through APHP, users enter reference data, pricing data, procedure codes and benefit plan configuration. APHP validates and prevents overlapping dates or invalid code modifiers. Batch updates also provide similar edits to prevent overlapping dates and erroneous code modifiers. APHP prevents erroneous reference data. APHP generates error reports informing users of errors. These error reports are systematically routed to the appropriate user or work group within the department through configurable integrated workflow within the APHP solution.

q. Accommodate multiple reimbursement methodologies including but not limited to DRG, APC, fee schedules and per diem

The ability of our APHP solution to accommodate multiple reimbursement methodologies represents one of many examples of how Accenture helps enable the IME to build complex policies to effectively operate the Iowa Medicaid program. Our solution accommodates reimbursements methods including but not limited to DRG, APC, fee schedules and per diem. APHP fee schedule administration functionality is configured for a variety of reimbursement calculations such as flat rates, percentage of bill, UCR, RBRVS and reimbursement for services submitted in UB04 (837I) format.

r. Maintain pricing files based on:

1. Customary
2. Fee schedule
3. Per Diem rates
4. DRGs
5. APCs
6. Capitation rates for managed care plans
7. Administrative fees for primary care management, medical home and others as designated by the Department
8. Maximum allowance cost (MAC), estimated acquisition cost (EAC), average wholesale price (AWP), Medicaid average wholesale price (AWP), Veterans Health Care Act 5193 and Federal Upper Limits (FUL) pricing for drugs
9. Multiple rates for long term care providers
10. Encounter rates for federally qualified health centers and rural health centers

The Accenture solution is configured to maintain pricing files for the entities below inTable 10 - 51.

| Element | Pricing File Entities | Existing Capabilities |
|---|---|---|
| 1 | Customary | ✓ |
| 2 | Fee schedule | ✓ |

| Element | Pricing File Entities | Existing Capabilities |
|---|---|---|
| 3 | Per diem rates | ✓ |
| 4 | DRGs | ✓ |
| 5 | APCs | ✓ |
| 6 | Capitation rates for managed care plans | ✓ |
| 7 | Administrative fees for primary care management, medical home and others as designated by the department | ✓ |
| 8 | Maximum allowance cost (MAC), estimated acquisition cost (EAC), average wholesale price (AWP), Medicaid average wholesale price (AWP), Veteran Health Care Act 5193 and Federal Upper Limits (FUL) pricing for drugs | ✓ |
| 9 | Multiple rates for long term care providers | ✓ |
| 10 | Encounter rates for federally qualified health centers and rural health centers. | ✓ |

*Table 10 - 51. Accenture acknowledges existing capabilities to meet responsibilities for maintaining each attribute of pricing files.*

APHP is configured to maintain multiple and complex pricing files. APHP contains a flexible and scalable solution to implement pricing that varies by attributes such as, procedure, modifiers, provider type and specialty, and place of service among others as required. The Accenture pricing process is designed to review billed amount, allowed pricing, and actual paid for the claim. In addition, APHP interfaces with external pricing applications such as Ingenix and 3M to support DRG derivation and APC processing.

s. Maintain and update the DRG-based prospective payment file for inpatient hospital services and update the base rates periodically as authorized by the Department. Apply an economic index to the base rates as authorized by the Department

APHP maintains and updates the DRG-based prospective payment file for inpatient hospital services. In addition, the solution manages updates to the base rates periodically as authorized by the Department. In APHP the reference data is adjusted to apply an economic index to the base rates as authorized by the Department. APHP is configured for DRGs assigned by grouper programs that set for claim data with common attributes such as ICD diagnoses and procedures. Additional data such as age, gender, and complications within DRG files are processed efficiently by the Accenture solution. APHP processes updates at the Departments descretion. Our solution has the ability to process these payment files from a variety of sources and file structures through a file interface or import process.

t. Maintain and update DRG and APC data sets which contain at a minimum by peer group, facility and effective date, unlimited occurrences of:

1. Price by code
2. High and low cost outlier thresholds
3. High and low length-of-stay outlier thresholds
4. Mean length-of-stay

The Accenture solution maintains and updates DRG and APC data sets. APHP maintains and updates unlimited occurrences for entities contained within the DRG and APC: price by code, high and low cost outlier threshold, high and low length-of-stay outlier thresholds, and mean length of stay. We will collaborate with the state to remain current with product releases and updates subject to change control process. In addition, two sets of DRG's will be maintained; one for ICD-9 related DRGS's and one for ICD-10 related DRG's. Both of these versions would be maintained and updated.

u. Maintain the fee schedules in the reference file and update on an annual basis or as authorized by the Department including applying an economic index to the fee schedule rates

APHP maintains the fee schedules in the reference file and update on an annual basis or as authorized by the Department including applying an economic index to the fee schedule rates. APHP is configured to work with multiple fee schedules and resources such as institutional fee schedules, physician fee schedules, global payment values, and modifier tables. The APHP fee schedule management feature is used to modify or adjust payment to a provider. As an example remote providers are reimbursed based on an index multiplier allowance which allows a higher payment. The reference data in the APHP solution applies a conversion factor for geographic adjustments of work, practice expense and malpractice fees to allow the full allowable rate for a given service.

v. Reimburse the following providers on the basis of a fee schedule, ambulance providers, ambulatory surgical centers, audiologists, chiropractors, community mental health centers, dentists, durable medical equipment and medical supply dealers, independent laboratories, maternal health clinics, hospital-based outpatient programs, nurse midwives, orthopedic shoe dealers, physical therapists, physicians, podiatrists, psychologists and screening centers

APHP is configurable for user-defined ranges or individual lists of codes. Our APHP solution supports multiple reimbursement methodologies for the following list of providers required by the IME (along with other providers as applicable). Reimbursement methods configured in the APHP solution include flat rates, percentage of bill, UCR, and RBRVS among other configurable fee schedules. The quality assurance process tests data transfer for reimbursements and related documents and functions that process the payment to providers.

| | Provider Type Supported | Acknowledged |
|---|---|---|
| 1 | Ambulance providers | ✓ |
| 2 | Ambulatory Surgical centers | ✓ |
| 3 | Audiologists | ✓ |
| 4 | Chiropractors | ✓ |
| 5 | Community Mental Health Centers | ✓ |
| 6 | Dentists | ✓ |
| 7 | Durable medical equipment and medical supply dealers | ✓ |
| 8 | Independent laboratories | ✓ |
| 9 | Maternal health clinics | ✓ |
| 10 | Nurse midwives | ✓ |
| 11 | Orthopedic shoe dealers | ✓ |
| 12 | Physical therapists | ✓ |
| 13 | Physicians | ✓ |
| 14 | Podiatrists | ✓ |
| 15 | Psychologists and screening centers | ✓ |

w.

x. Reimburse optometrists, opticians and hearing aid dealers on the basis of a fee schedule for professional services plus the cost of materials at a fixed fee or at product acquisition costs

The provider fee schedule for optometrists, opticians, and hearing aid dealers utilizes the general provider reimbursement methodologies discussed in this section of the proposal. In addition to reimbursement on the basis of a specific pricing method, our solution selects the appropriate configured fee schedule entries to price professional service plus the cost of materials. The reimbursement methodology is flexible and is configurable to include costs of material at a fixed fee or at product acquisition costs. The ability to configure a system, whether through rules, data tables, workflow or other parameters – enable APHP to implement changes rapidly in a controlled environment while reducing the costly effort of back end custom code development and testing.

y. Reimburse managed care providers, contractors and the non-emergency transportation broker on a monthly capitation basis based on rates provided by the Department

Managed care channels and capitated services are very important to the ability for the IME to offer medical services to the most needy of Iowans. Through our APHP solution, the Department can continue to support these capitated providers as well as support the future capitation programs required by the IME.

Capitation payment scheduling and processing is a key component of the APHP claims engine and supports the configuration of multiple rates through the capitation payment functionality. APHP configures capitation payment schedules and vendors as the pay to person for the managed care providers, contractors and the non-emergency transportation broker. The configurability of APHP allows a different capitation schedule to be set based on business requirements, not system limitations such that, capitation payments for non-emergency transport, for example, does not have to adhere to the same schedule as medical claim capitation payments.

z. Maintain edit and audit criteria in the rules engine providing a user-controlled method of implementing service frequency and quantity limitations, service conflicts for selected procedures and diagnoses and online update capability

Normal editing processes are applied to claims upon entry in APHP and continue to apply throughout the adjudication process. Edits are used to help verify the integrity of claims submitted and to reduce the potential for erroneous payment. Edits involve the satisfaction of claim data against predetermined criteria. APHP edits include data validation, member data, provider data, reference data, pricing, prior authorizations, utilization and duplicate claim processing. Audits validate claim data against other claims in history. The APHP rules engine integrates real-time interaction with industry standard CCI tools within the claims adjudication process. This additional feature provides logic that edits for items such as consistency, payment limitations, procedure unbundling, mutually exclusive procedures, incidental procedures, and investigational procedures,

Audit validations include checking for duplicate services, checking for exceeded service limits, or checking for exceeded "once in a lifetime" service limits. Table 10 - 52 below shows the various relationship audits to address potential service conflicts.

| APHP Audit type | Purpose of APHP audit |
|---|---|
| **Duplicate Audits** | These audits prevent the payment of duplicate claims or claims with data that is too similar to a claim that has already been paid. |
| **Limitations Audits** | These audits enforce policy limitations regarding the frequency of procedures or services provided to a client. |
| **Relationship Audits** | These audits look for related sets of procedures that are not allowed to pay in combination for a set period of time. |

| APHP Audit type | Purpose of APHP audit |
|---|---|
| **Limitation Relationship Audits** | These audits look for related sets of procedures that are not allowed to pay in combination and also look at the frequency of the relationship. |
| **Spell of Illness** | These audits enforce spell of illness limitations regarding episodes of care, the duration of an episode of care, and the necessary break between episodes of care. |
| **Global Surgery Audits** | These audits prevent payment of pre-operative and post-operative care that is included in the cost of a surgical procedure. |
| **Negative-Relationship Audits** | These audits only allow payment of a service or procedure if another particular service or procedure has already been billed or paid (e.g., transportation codes not payable without another service performed on that same day). |

*Table 10 - 52. The use of several audit criteria help to verify that duplicate services or services not meeting limitation requirements are not processed for payment.*

APHP adjudicates claims against standard or global edits as well as user defined edits. User defined edits give the flexibility to apply business defined criteria restrictions or plan accumulators to specific benefit plans, providers or members. Using targeted criteria expedites adjudication and emphasizes automation over manual resolution. Service frequency and quantity limitations are implemented through the configuration of a member's benefit plan or plans. APHP is capable of a vast number of different benefit plan configurations. The design of the APHP benefit plan component is an intuitive and innovative model based on applying reusable benefit building blocks as shown in Figure 10 - 57.

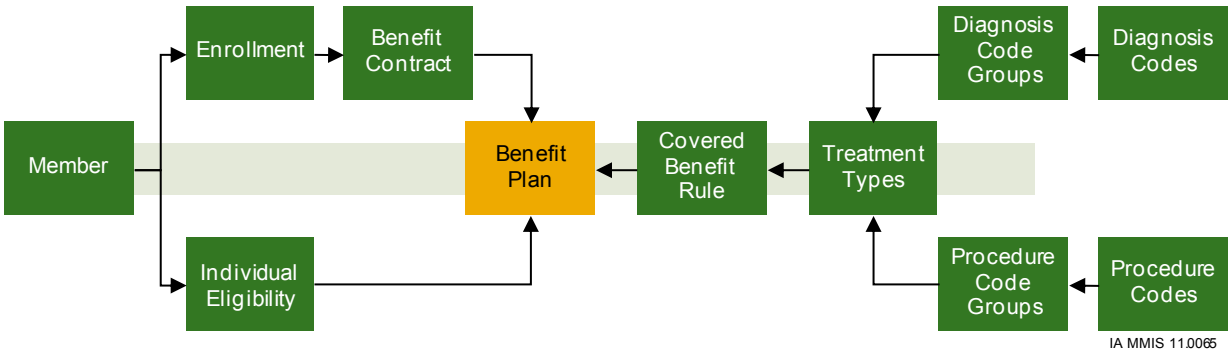



*Figure 10 - 57. Our intuitive and innovative framework for implementing benefit packages is based on building reusable data blocks that improve speed to implement and ease maintenance and modification.*

aa. Maintain a user-controlled claim edit and audit disposition data set with disposition information for each edit used in claims processing including disposition (pay, suspend, deny) by submission medium within claim type, description of errors EOB codes, suspend location and online update capability

The APHP claims adjudication process uses configurable rules that adjudicate and systematically resolve the greatest percentage possible of claims resulting in a finalized state. Once entered into APHP for adjudication, claims are processed through a hierarchy of edits and audits based on criteria established in the reference data sets as well as the rules engines and benefit plan administration modules of the solution. The reference data for each edit and audit will include the appropriate code which reports the description of errors found (as applicable) on the Explanation of Benefits (EOB) sent to the provider and member. The comments and code descriptions are configurable based on the intended audience of the EOB.

Each edit or audit is configured with an appropriate disposition result code which classifies the claim as paid, denied or suspended. Claims which fail an edit or audit result in a suspended status. APHP will not suspend every claim that fails an edit or audit because a claims analyst may not be able to resolve the issue. We only suspend claims where specific manual adjudication procedures are defined.

An integrated workflow functionality routes suspended claims to the appropriate staff for resolution. Then the APHP workflow management system will route the claim to the appropriate work queue or department based on the result code, load balancing requirements, or specialization of our staff. Locations are set up to sort claims by the manner of submission within each claim type as well as define the function that should be performed on the claims entering that location. The appropriate workflow criteria will be fully customizable based on Department requirements and will be updated with new configurations as business needs changed and evolve. We will work with the Department to define error specific resolution procedures that will be available online to anyone requiring access to resolve claim suspense. Through the worker web portal, APHP provides users with the ability to view all applicable business rules such as edits, audits and other rules in a single screen, making it easy to see how the system interpreted policy, for error review and resolution.

### *10.1.12.4 Performance Standards (8.1.12.4)*

a. Produce state-defined reports within the required timeframe as determined by the Department
b. Update the CLIA laboratory designations within one business day of receipt of file
c. Perform online updates to reference data within one business day of receipt and the Department authorization or on a schedule as approved by the Department
d. Process procedure, diagnosis and other electronic file updates to the reference databases within two business days of receipt and approval or upon a schedule approved by the Department
e. Provide update error reports and audit trails to the Department within one business day of completion of the update
f. Update, edit adjudication documentation within three business days of the request from the Department
g. Update error text file documentation within three business days of the Department approval of the requested change
h. Maintain a ninety-nine percent accuracy rate for all reference file updates
i. Notify the Department and correct errors within one business day of error detection
j. Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department
k. Produce state-defined reports within the required timeframe as determined by the Department

Accenture acknowledges and accepts the RFP performance standards for Reference Data Management as depicted in Table 10 - 53.

| 8.1.12 Reference Data Management - Performance Standards | Acknowledge and Accept |
|---|---|
| Produce state-defined reports with the required timeframe as determined by the Department | ✓ |
| Update the CLIA laboratory designations within one business day of receipt of file | ✓ |
| Perform online updates to reference data within one business day of receipt and the Department authorization or on a schedule as approved by the Department | ✓ |
| Process procedure, diagnosis and other electronic file updates to the reference databases within two business days of receipt and approval or upon a schedule approved by the Department | ✓ |
| Provide update error reports and audit trails to the Department within one business day of completion of the update | ✓ |
| Update, edit adjudication documentation within three business days of the request from the Department | ✓ |
| Update error text file documentation within three business days of the Department approval | ✓ |

| 8.1.12 Reference Data Management - Performance Standards | Acknowledge and Accept |
|---|---|
| of the requested change | |
| Maintain a ninety-nine percent accuracy rate for all reference file updates | ✓ |
| Notify the Department and correct errors within one business day of error detection | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department | ✓ |
| Produce state-defined reports within the required timeframe as determined by the Department | ✓ |

*Table 10 - 53. Accenture acknowledges performance requirements for reference data management.*

## 10.1.13 Prior Authorization Management (8.1.13)

The prior authorization management module responsibilities for medical and dental services are shared between the Department, the Medical Services contractor and the Core MMIS contractor.

**The Accenture Team proposes a MMIS solution, Accenture Public Health Platform (APHP), which provides the Medical Services contractor and the Department with system support for prior authorization (PA) operations. We understand the importance of proper maintenance of PA data and strive to maintain and deliver excellent levels of customer service.**

**The Accenture Team is positioned to support proper handling of IME Prior Authorizations:**

- Team hits the ground running with system interface experience and working knowledge of PA data elements
- Implementation plans with meaningful risk management approach; mitigates issues all too common in major technology programs

As Medicaid programs attempt to address the challenges of improving health outcomes among their covered population, the program has to have both insight and control. APHP provides both. The system is a powerful reporting and analytic platform that provides real-time insights into the Medicaid program, enabling the Department to have a true view into prior authorization trends and member needs. The Accenture Team's primary goal is to maintain and provide accurate prior authorization data to the Department and Medical Services contractor, which enables proper care for Iowa Medicaid members while controlling program costs.

The Department strategically selects vendors to support their Medicaid programs to provide the best in class service to Iowa Medicaid members. We are prepared to work hand in hand with Iowa Foundation for Medical Care (IFMC), the current prior authorization service provider, as they continue to perform prior authorization responsibilities for medical and dental services.

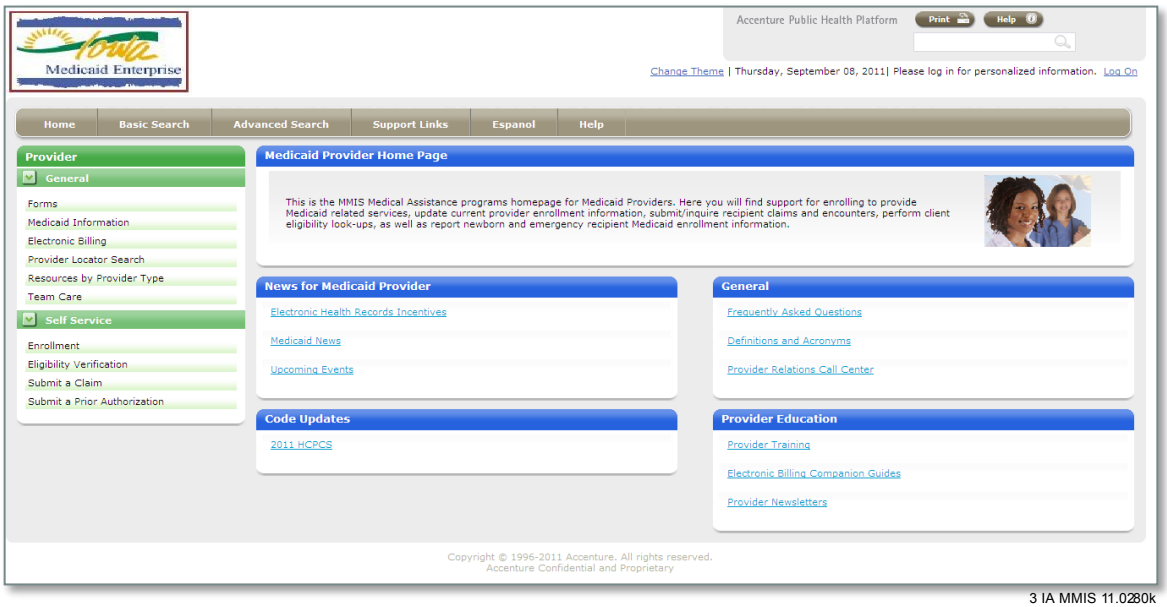
The Accenture Team is excellent in the area of teamwork. Our partnership with two other firms enabled a successful transition in January 2004 on Texas Medicaid and Healthcare Partnership (TMHP) Medicaid contract, which resulted in a two-year contract extension. We exceeded the original contract transition timeline by a week, and we have been instrumental in improving many areas of the Medicaid program. TMHP is the third largest Medicaid program in the US, and the success they experienced to date by selecting our team has proven to be a wise choice. We are positioned to work with IFMC to support current Prior Authorization (PA) responsibilities by contributing our strengths with IFMC current PA success. We believe in a One Team approach. We respect the manner in which our clients have managed their Medicaid programs. The Accenture Team embraces the One Team philosophy as illustrated in Figure 10 - 58.

*Figure 10 - 58. The Accenture Team is committed to a collaborative team effort; PAs are processed efficiently with proper collaboration*

We understand that the IME needs a seasoned contractor with extensive experience, established program management results, and dedicated resources with expertise in Medicaid administration. Through our APHP portal solution and additional applications, Accenture provides Prior Authorization functionality, files, and data elements necessary to support the RFP requirements.

APHP supports multiple types of service authorization requests by providing the flexibility to accept entry from a variety of media, a full range of configurable edits, and business process routing and workflow capabilities. Interfaces, edits and workflows are configurable based on Department need. In addition, APHP is flexible enough to accommodate future configurations as required.

APHP accepts PA requests electronically through standard interfaces with Department approved vendors. PA requests may be sent on paper, via email or by fax. The documents are imaged and entered into the system by mailroom staff and routed to the appropriate location or work queue based on business need. Additionally, providers may enter requests for prior authorization through the APHP provider portal as shown in Figure 10 - 59.




3 IA MMIS 11.0280k

*Figure 10 - 59. Providers submit Prior Authorization requests directly into the APHP portal for increased speed in the approval process*

Once received, each PA request is assigned a unique authorization number to identify it and provide the capability to track the request to completion. PA requests are submitted to a range of configurable business rules to confirm that only valid data is entered on the prior authorization record and duplicate requests are identified for denial back to the requestor.

Our easy-to-navigate, online APHP portal windows help providers, Department staff and contractor personnel review approval requests with regard to criteria such as medical necessity, procedure and/or diagnosis codes, date ranges, units of time or quantities, National Provider Identifier (NPI) taxonomy and member eligibility to perform and receive the requested service.

PA requests are routed to the appropriate Medical Services contractor staff for subsequent review and approval based on agreed upon business rules. Through an integrated workflow tool in APHP, the workflows used to route PA requests are configurable and are easily changed based on program needs. Approved PA requests are applied systematically or manually according to configuration during the claims adjudication process. Manual application of the PA during claims adjudication requires the inclusion of the PA number on the claim submission. Systematic application of the PA is based on an automatic match between data elements on the PA and the claim submission.

APHP includes role-based web portals for accessing PA data. The web portal provides full query, view and update access for authorized users as shown in Figure 10 - 60.

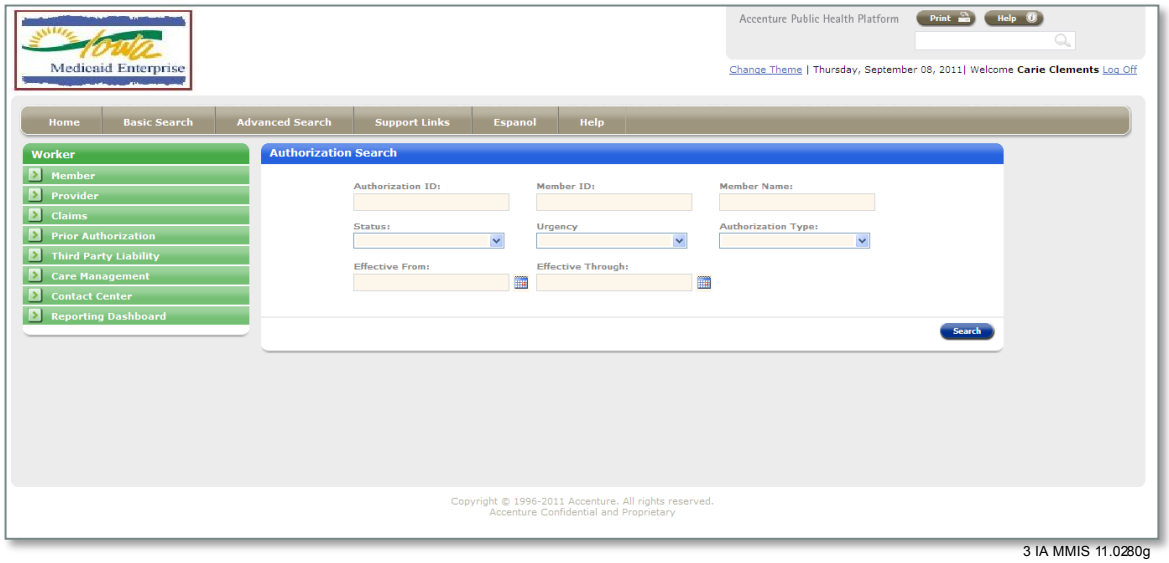



*Figure 10 - 60. The APHP web portal allows workers to search for PA requests using a variety of search criteria.*

Access to information is granted based on the security level defined for each user. PA requests are searchable using a single or a combination of multiple attributes as shown in Table 10 - 54.

| Prior authorization criteria | Searchable attribute |
|---|---|
| Provider name | ✓ |
| Provider ID | ✓ |
| Member name | ✓ |
| Member ID | ✓ |
| Date of submission range | ✓ |
| Dates of service requested range | ✓ |
| Status of request | ✓ |
| Primary diagnosis code | ✓ |
| Admit dates | ✓ |
| Discharge dates | ✓ |
| Referring provider | ✓ |

*Table 10 - 54. Prior authorizations are searchable using a single or multiple attributes*

APHP supports the establishment of provider Call Share Groups. These have the added capacity of allowing providers to share referrals and authorizations during the automatic claim to PA matching process of claims adjudication. Editing during the claims adjudication process helps validate submitted claims data against approved PA data to verify reimbursement of appropriate services, units, amounts and providers.

### *10.1.13.1 State Responsibilities (8.1.13.1)*

a. Develop policy and rules concerning prior authorization

The Department holds the responsibility for the development of policy and rules concerning prior authorization. The Accenture Team acknowledges this responsibility as shown in Table 10 - 55 and supports this activity by maintaining control of prior authorization data for Department and contractor use.

| 8.1.13.1 Prior Authorization Management - State Responsibilities | Acknowledgement |
|---|---|
| Develop policy and rules concerning prior authorization | ✓ |

*Table 10 - 55. The Accenture Team provides full support to help verify that the Department meets their responsibility*

### *10.1.13.2 Accenture Responsibilities (8.1.13.2)*

a. Operate a prior authorization system to load authorizations and track utilization of authorized services

Our authorization system provides an integrated, automated capability that promotes efficiency, cost-effectiveness, ease-of-use, and accuracy in the disposition of the prior authorization working inventories. The Accenture Team will operate the APHP prior authorization system to load authorizations and track utilization of authorized services. Our proposed solution better enables complete prior authorization receipt, adjudication of authorization X12 278 transactions, management of services and funds, updating of services utilization, and reporting.

Secure delivery channels include the APHP portal, APHP Electronic Data Interchange (EDI) capabilities, web based services and flat files. Defined workflow process route to the appropriate location or work queue for Medical Services contractor staff to review and approve requests. Prior authorization approvals are loaded and maintained in the APHP prior authorization module.

APHP assigns a unique identifier to each PA request. Users may search and retrieve data using this PA identification number. The PA may be applied to the claim record manually or systematically as determined by the Department. Manual application requires the submission of the PA number on the claim submission. Systematic application is based on an automatic match between data elements on the PA and the submitted claim. If a match is found, the PA number is applied to the claim record for processing.

APHP supports processing for multiple types of service authorization requests. APHP captures decisions and approved information for each authorization to facilitate tracking utilization of authorized services. Captured information, as shown in Table 10 - 56, interacts with claims processing during adjudication to confirm the existence of a PA and authorized available service criteria.

| Captured data on PA requests | Checked during Claims Adjudication |
|---|---|
| Identification of the member (or members in the case of a newborn under the mother's eligibility ID) | ✓ |

| Captured data on PA requests | Checked during Claims Adjudication |
|---|---|
| Status of the request | ✓ |
| Services authorized | ✓ |
| Number of units requested (and if applicable, consumption frequency) | ✓ |
| Number of units approved (and if applicable, consumption frequency) | ✓ |
| Service date range | ✓ |
| Cost amount requested | ✓ |
| Cost amount approved | ✓ |
| Provider approved (unless approved as non provider specific) | ✓ |

*Table 10 - 56. Information captured on PA requests interacts with claims adjudication to facilitate tracking of authorized service utilization.*

The PA is updated based on claims processing activity, such as by reconciling applicable units and dollars used and available based on claims payment or recoupment activity. During the adjudication process, the PA is decremented and reflects the outstanding amounts and/or units available. The adjustment and/or void of prior authorized services and amounts restore units to the PA.

APHP provides authorized users the ability to modify information on the PA record, including the effective period and authorized units. A comprehensive audit trail is maintained for access to the authorization functionality. Audit information, including current and previous data values and time and date of modification, provide the user with information about the history of the changes that have been applied to the record.

b. Maintain edit disposition to deny claims for services that require prior authorization (PA) if no PA is identified or active

APHP brings real-time capabilities to the Department's prior authorization (PA) business processes. These capabilities support the maintenance of edit dispositions to deny claims requiring a PA where no PA is identified or active. Prior authorization edits that are applied, both during the entry of the service request and the application of the authorization during claims adjudication, are configurable to mirror applicable claims processing edits. APHP reference data management functions support the configuration and maintenance of edits, audits, PA requirements and other service restrictions that are applied consistently across the system.

Editing validates values on entered PAs using current information on benefit plan, provider, member eligibility and reference databases. Claims processing interacts with the PA module during adjudication to confirm the existence of a PA and authorized available service criteria. If no match is found, the business rule logic is configurable to set a denied disposition to confirm that claims are not paid for a service requiring authorization but for which no active PA is identified.

APHP includes a field on the PA record to capture comments that are pertinent to the specific request and to record notes or observations related to that request. There is also a field for authorization or identification when an override is performed on an edit, allowing the audit trail to capture data that is

usable for research purposes. APHP has the capability to configure an alert to inform appropriate staff when an override indicator is used.

c. Receive and forward electronic PA requests received from providers to the appropriate prior authorization contractor as directed by the Department

The APHP Enterprise Service Bus (ESB) provides the opportunity for secure data exchange between APHP and the Department, IME contractors or other Department designated external entities. APHP supports automated workflow management and distribution of PA requests received from providers to appropriate Medical Services contractor staff for review and determination. APHP manages work assignment using multiple levels of criteria including but not limited to: characteristics of the claim or PA record, characteristics of the client, type of claim submission, and edit/audit type.

The Department has invested much effort to creating critical workflows within the OnBase solution to enable the key IME business processes. Our primary workflow management solution integrates and configures OnBase into our COTS based solution. As the needs of the IME continue to evolve, our team maintains OnBase workflows and also uses the APHP enterprise workflow solution to configure new workflows as necessary. Please reference Section 10.1.24 for a more detailed explanation of Workflow Management.

d. Scan, image and forward paper PA requests received from providers to the appropriate prior authorization contractor as directed by the Department

Based on the volume projections of prior authorizations as documented in the Procurement Library, our mailroom operations have the capability to accept and process the volume received via paper in a controlled mailroom environment. The Accenture Team uses effective processes for acquiring and managing paper input related to the prior authorizations. Paper prior authorization requests are received in the mailroom, sorted, batched, and imaged. As authorizations are imaged, the system assigns a document control number (DCN) that is permanently tied to that item and the associated attachments, and transferred into the core processing and data component of APHP. Requests or requests with attachments are imaged together and assigned the same DCN plus a sequence number. The DCN remains with the transaction throughout its life. Once imaging is complete, prior authorization requests are placed in work queues for data entry. Resulting images from the mailroom process are routed to the Medical Services contractor through the current workflows configured in OnBase. If the Department desires, we can forward the original paper authorization to the contractor, in addition to routing the image through the workflow. Other routing requirements are supported as the needs of the Department and supporting contractors are identified. Please reference Section 10.1.5 Mail and Courier Service for a more detailed explanation of the scanning and imaging of hardcopy documents.

### *10.1.13.3 Performance Standards (8.1.13.3)*

a. Complete all prior authorization interface updates from prior authorization entities within one business day of receipt of file if there are no critical errors.

b. Forward all prior authorization requests to the appropriate prior authorization entities within one business day.

c. Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department.

d. Produce state-defined reports within the required timeframe as determined by the Department.

The Accenture Team acknowledges and accepts the Department's performance standards for prior authorization as depicted in Table 10 - 57.

| 8.1.13.3 Prior Authorization Management - Performance Standards | Acknowledge and Accept |
|---|---|
| Complete all prior authorization interface updates from prior authorization entities within one business day of receipt of file if there are no critical errors. | ✓ |
| Forward all prior authorization requests to the appropriate prior authorization entities within one business day. | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department. | ✓ |
| Produce department-defined reports within the required timeframe as determined by the Department. | ✓ |

*Table 10 - 57. The Accenture Team acknowledges and accepts the performance standards for prior authorization management*

## 10.1.14 Third-Party Liability Management (8.1.14)

The purpose of the Third- Party Liability (TPL) module is to manage the private health insurance and other third party resources of Iowa's Medicaid members and ensures that Medicaid is the payor of last resort. The module processes and maintains all data associated with cost avoidance and recovering funds from third parties. Iowa Medicaid uses both a cost recovery process usually referred to as "pay and chase" and a cost avoidance process in managing its TPL activities. The information maintained by the module includes member TPL resource data, insurance carrier data and post payment recovery tracking data. The claims processing function uses the TPL coverage type during claims adjudication.

**Effective Third Party Liability (TPL) Management enables the Department to stretch its Medicaid budget and provide care for as many eligible members as possible. Our Accenture Public Health Platform (APHP) provides the Department an interoperable and configurable solution for Third Party Liability management with an enhanced capability to avoid costs and maximize recoveries of Medicaid funds.**

**Accenture's APHP product provides the Department with a robust solution that avoids costs and maximizes the recovery of funds**

- APHP supports accurate collection and verification of insurance information
- Uses insurance information to adjudicate claims quickly and accurately
- Identifies claims and services for billing to other entities to support pay and chase activities, trauma activities and estate recovery activities
- Accurately tracks and reports on TPL monies owed and collected

### Third Party Liability Management Reduces Medicaid Expenditures

Medicaid is typically the largest or second largest budget item in most states. The Department needs an MMIS solution that enforces Medicaid as the payer of last resort to preserve the state's limited funds and enable the Department to provide more services to the state's Medicaid-eligible population. The Third Party Liability Management program allows the Department to identify, cost avoid, and bill other entities that may be able to provide healthcare coverage to Medicaid members, thereby reducing the state's Medicaid program expenditures.

Accenture understands the complexities of Third Party Liability (TPL) programs that require coordination of the efforts of multiple business units, multiple subcontractors and multiple external organizations. Successful TPL programs have many business partners and interfaces with recurring data inputs as well as multiple, intelligently designed workflows to support and enforce the process. Table 10 - 58 highlights the features of the APHP TPL solution and associated benefits to the Department.

| APHP TPL Features | Benefits to the Department |
|---|---|
| • SOA-based solution that provides flexible, efficient, real- time system-to system integration | • Minimizes the need to replicate the same data in multiple systems |
| • Workflow business rules provide real-time access for claim adjudicators to access vital information such as insurance coverage information from other carriers | • Faster and more accurate processing of TPL claims through automated business process workflows |
| • Provides web-based access | • Better cost avoidance |
| • Allows batch files from external sources or real-time web services to accept, validate and store casualty related information | • Faster recovery of funds |
| • A solution that identifies claims with trauma diagnosis codes, accident codes and indicators that trigger subrogation casualty case for subsequent follow-up. | • More timely recoupment of funds |
| • Our APHP solution includes integrated COTS products and services that allow configuration of the system to auto generate letters | • Efficient mailings leading to more efficient follow-up by contractor TPL |

| APHP TPL Features | Benefits to the Department |
|---|---|
| | specialists |
| • APHP data model allows the capture of source of TPL information | • Increased audit trails to capture follow-up data and recoveries |

*Table 10 - 58. Accenture's TPL solution provides the Department with a faster, more accurate tool to avoid costs and maximize recoupments*

There are multiple parties and data sources for which interfaces must be built to collect and verify financial liability and/or insurance information. The financial liability and/or insurance information must be retained in a data base and available in real-time for fast access to properly adjudicate or resolve claims. Claims data and extracts must be able to report claims and services for billing to other entities, for pay and chase activities, trauma investigation activities and estate recovery activities. In addition, TPL programs must be able to track monies owed and collected as well as the financially responsible party.

APHP provides the solution for maintaining a timely, accurate and automated data repository of member third party liability data, including: carrier, group, policy,and begin and end dates, and identification of types of services and coverage provided.

APHP collects and maintains third-party resource information for all members. Our workflow business rules provide real-time access for claim adjudicators to access vital information such as insurance coverage information from other carriers and Medicare enrollees, including Medicare managed care health plan enrollments. We work closely with the Department and the TPL contractor to recommend implementation strategies to support the Department's TPL policies. Under the direction of the Department, we also provide required support to the Department for CMS engagements or requirements related to Medicare Secondary Payer (MSP) or, on specific coverage types to cost avoid or recover.

We work with the Department to help define coverage type, dollar volumes and time parameters applicable to the thresholds at which accumulated claims are to be recovered or declared unrecoverable. APHP can be configured giving the Department and the TPL contractor the flexibility to adjust these thresholds without having to deploy coding changes. APHP collects and provides TPL information from other defined sources in combination with our image capture software engine.

Figure 10 - 61 identifies the inputs and interfaces required for collecting and storing data for claims adjudication as well as for business partners requiring data for successful claims adjudication and TPL programs.

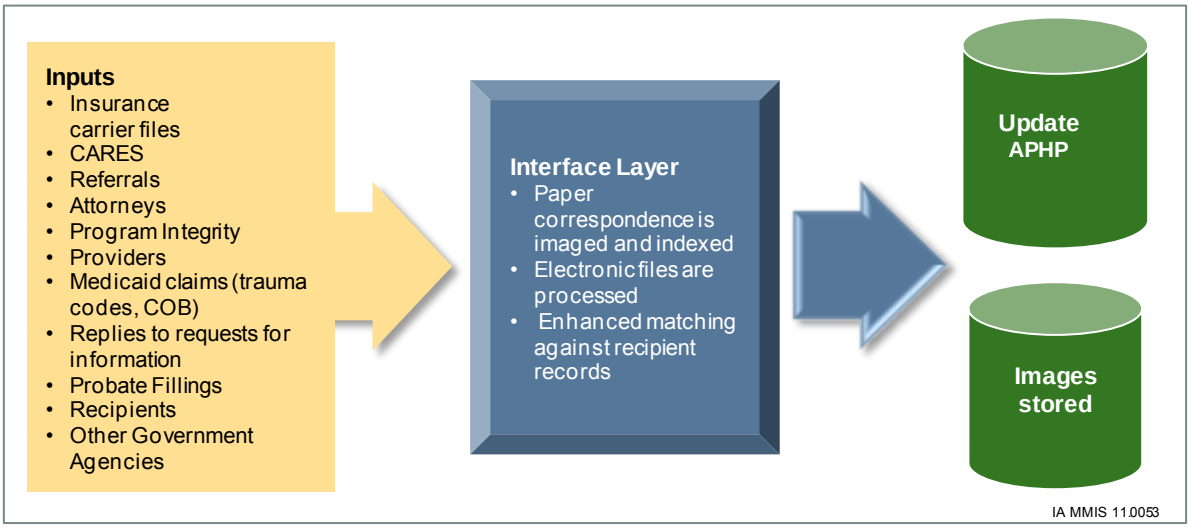



*Figure 10 - 61. We work with the Department's TPL contractor, with trading partners, as well as CMS to streamline operations while providing easy access to supporting case information.*

## APHP - Interoperable Solution

Larger payer environments and in particular, Iowa Medicaid, require real-time system-to-system integration. The implementation of our MITA aligned infrastructures with service oriented architecture (SOA) integration capabilities provides the flexible, efficient, real-time system-to-system integration critical to TPL interfaces across the IME. This minimizes the need to replicate the same data in various systems. Key to this transformation is to move from legacy nightly batch data transfers between systems to just-in-time processing of transactions even though the data may reside in more than one system.

Accenture's flexible and interoperable real-time APHP solution for TPL provides for both a cost recovery process usually referred to as pay and chase and a cost avoidance process in support of the Department's TPL recovery activities. The information maintained in APHP includes member TPL resource data, insurance carrier data and post payment recovery tracking data. The claims processing function uses the TPL coverage type during claims adjudication.

In addition, our APHP TPL solution provides web-based access, flexible and automated rules-based workflow processes and standard SOA based integration points. This provides real-time data, on request, for the Department's business partners and other entities designated by the state. APHP eliminates paper reviews and data entry activities for TPL specialists by imaging and storing related TPL documents.

APHP acquires, retains and consolidates third party liability and resource information. This consolidated information allows for better coordination of collections and recoveries associated with TPL, including estates, tort casualty, cost avoidance and asset balances. The Department has been diligent in enforcing rules that require the providers and members to provide or secure third party resource information. This helps identify those payers that should accept responsibility for payment of services prior to submitting claims to the Department.

Within APHP, we can configure outbound communication to providers, carriers, attorneys and other authorized third parties in accordance with the Department's specifications. There is not a “one size fits all” protocol for outbound communications. We can develop letter templates and we can accommodate new templates as amended. When a presented claim requires outbound communication, APHP suggests the appropriate template to the TPL specialist.

## Collaboration - Data Exchange and Integration

APHP supports the necessary interfaces and defined data interface standards to assure the successful automated receipt of input data and the proper distribution of output data between APHP and the Department's TPL contractor. APHP supports standard ANSI X12 transaction formats, as well as the ability to configure custom file formats as needed. The Enterprise Service Bus (ESB) provides for secure data exchange between the IME and the Department's multiple business partners, as well as other Iowa state agencies. The ESB provides XML and fixed file format interfaces, both inbound and outbound. Our solution keeps an audit trail of changes to member resource information including user ID, date and time and field value changes.

APHP provides the Department with an extensive set of data integration capabilities using widely deployed, industry standard components that supports its TPL interface and integration requirements. We provide workflows using the workflow management engine within APHP. The Department benefits from improved speed to recovery and increased visibility into the volume and status of recovery and cost avoidance activities.

Our approach involves working closely with the Department and the TPL contractor to determine similar business processes across various entities with related activities. We assist in helping the Department and the TPL contractor consolidate those processes into an automated workflow to more efficiently execute TPL functions. Consolidation, where it makes sense, spreads benefits across the associated business units and streamlines training efforts which increases quality.

## Interfaces

The Accenture Team has considerable experience in working with multiple business partners in complex environments and with mission critical milestones and deliverables. Our experience with building multiple complex interfaces in states such as California, Maryland, Nebraska and Tennessee, many of which are similar to Iowa's interfaces, allows us to quickly assess, build and implement online and batch interfaces. For example, we already have experience in working with an Electronic Benefit Transfer (EBT) vendor in California to build a fully-functional interface and we bring that experience to Iowa.

We are also familiar with building and executing interfaces such as the IV-D child support, Medicaid and EBT interfaces from our work in Maryland, Michigan, New Mexico and Tennessee. On the Tennessee Child Support Enforcement System (TCSES) project, we developed and supported 25 interfaces for more than 10 years. In California, we work with over 50 external system interfaces, including State-Federal Tax intercept and Direct Deposit. Figure 10 - 62 shows the interrelationship between data received via interfaces and its real-time application in an operational environment.

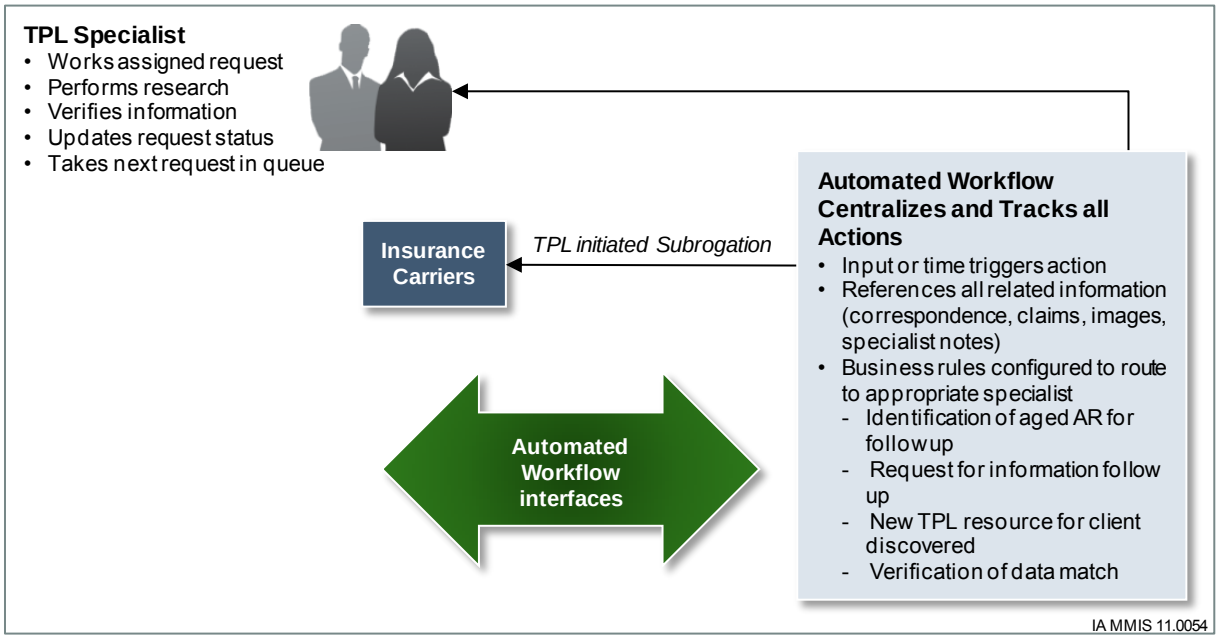



*Figure 10 - 62. We capture TPL inputs through our interface tools and update and store documents for retrieval by the subcontractor's TPL specialists*

## Our Operational Solution

APHP captures and cross-references TPL carrier and employer information, as available from the originating source. Carrier and employer information is used to confirm available coverage information for members, and to prepare and send bills for payment. APHP functionality provides comprehensive relational data storage capabilities that include data elements required to support the full spectrum of TPL required functionality.

We assist the Department and the TPL contractor in identifying members with other program coverage related to health insurance coverage through employment, Medicare, CHAMPUS, medical coverage support deemed by the courts, worker compensation, auto accidents or other types of accidents covered by liability insurance and from decease family estates.

## Process

APHP applies configurable edits to update transactions, regardless of the update source or media (such as interface and web portal). These edits, applied according to the Department's specific program policies, provide validity and consistency with existing TPL data. Data mapping and data entry in our APHP solution support configurable edits, not hard coding. APHP contains multiple, secure delivery channels for sharing and exchanging data to safeguard the confidentiality and integrity of TPL data. Secure delivery channels include the APHP portal, our Electronic Data Interchange (EDI) capabilities, web-based services and flat files.

We perform the following TPL processing functions for the Department, organized under the following major business processes:

- **Collect and make available for inquiry insurance coverage information**
  - Cross reference multiple sources including Carrier information
  - Keep information current
  - Make available to required stakeholders

  - When possible, interface real-time with other sources of insurance coverage
  - Provide comprehensive view of current and available coverage for members
- **Identify claims and services where other parties have a liability to cover medical services**
  - When other insurance is known
  - Where other parties may be liable
  - Recoveries from estate, casualty or other assets
  - Through other state or federal programs
- **Consolidate and track TPL monies owed to the Medicaid program**
  - Integrate TPL A/Rs and remittances into a centralized system
  - Provide on demand reporting for:
    - Recoveries to date
    - Outstanding A/Rs
    - A/Rs referred to collections
    - Collections effectiveness
    - Return on investment on TPL activities
    - Remittances

During claims processing, APHP applies rules to identify potential casualty or liability cases. Within APHP, we can configure treatment sets used to identify suspect claims for casualty or liability situations. These suspect claims are further analyzed. An automatic questionnaire is mailed to the member to determine if there could be a liable third party through personal injury protection policies or automotive insurance with medical coverage. The Accenture Team works closely with the Department during the Design phase to refine APHP driven algorithms based on diagnosis, procedures, benefits paid, age and other factors available for analysis. A member's response to the questionnaire helps to determine whether a TPL case is opened for pursuit or if the suspect casualty case is closed.

**TPL Workflows**

After third party payer information is established on the APHP databases, it is used during claims adjudication to determine the final disposition of a submitted claim. This processing is typically driven by business rules, frequently referred to as the TPL Matrix. The TPL Matrix drives the adjudication of the claim where other insurance coverage may apply. Based on the rules defined in the TPL Matrix, the final adjudication of the claim may result in processing the claim as pay and chase, paid as Medicaid primary, denied for cost avoidance, or pended for manual review.

APHP provides maximum flexibility to the Department by allowing configuration of the TPL Matrix business rules for each benefit plan. This allows for a different TPL Matrix from one program to another. The configuration of the TPL Matrix business rules for the benefit plan may include rules that provide exceptions to normal service coverage rules. For example, there are some instances when state or federal rules and policies mandate that certain services must always be paid by Medicaid, and then subsequently chased for payment by the third party carrier. These services are defined as pay and chase TPL services, and may be identified using procedure codes, or provider type. In these instances, APHP pays the claim as Medicaid primary when the member has other insurance information and the procedure codes or provider types are on the TPL excluded services list. Examples include pre-natal services, family planning and services for pregnant women. The configuration of pay and chase rules may include, for the benefit plan, a provision that identifies services provided to children who are under a medical child support order. APHP provides automatic billing for claims identified as pay and chase.

## Control Procedures

APHP workflow processes control billing and recovery processes, including the generation of the 837 claim form for automated billing and the claims mass adjustment (history only) requests. Additionally, our workflow processes contain an automatic letter generator to create and mail appropriate letters requesting TPL information or payment. The TPL operational snapshot depicts the dynamic operations workflows carried out by APHP in Figure 10 - 63.

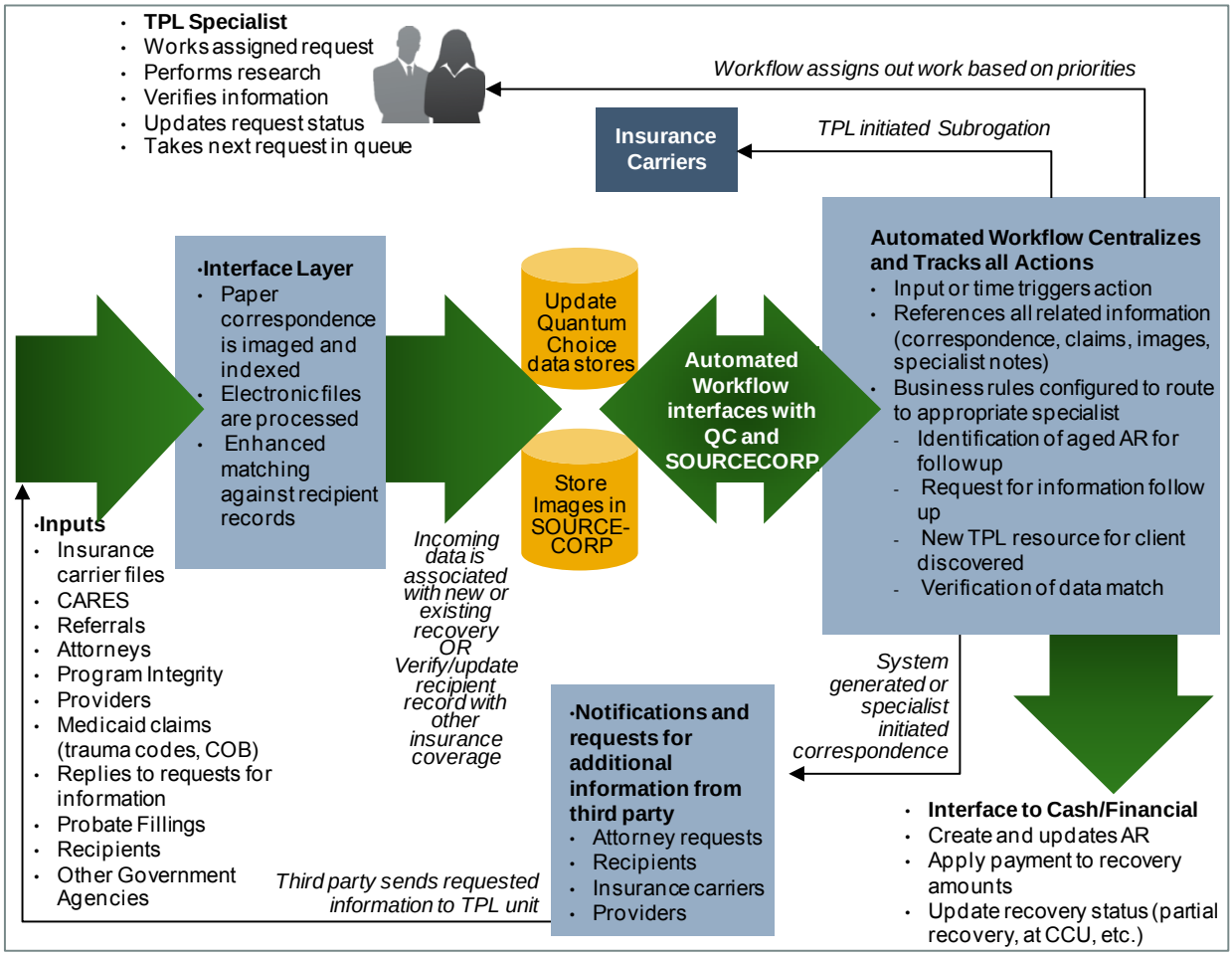



*Figure 10 - 63. The Department's TPL program requires the inputs, outputs, interfaces and data storage shown above and orchestrated by APHP workflow management software engine.*

## Configurable Business Rules

Department authorized staff can configure business rules through an easy-to-use interface that supports all aspects of benefit administration, claims processing and payment, provider and member management, utilization review, and other core MMIS functions. APHP provides users the ability to view all applicable business rules in a single screen making it easy for them to see how the system interpreted policy. For example, authorized Department staff can view all edits, audits, workflow or other rules associated with a pended claim. Automated processes in APHP improve recoveries and enable the Department to identify clients with other program coverage related to health.

## Data Integration

Our APHP TPL solution provides the Department an innovative approach to delivering a flexible, scalable, data integration solution and provides the ability to:

- Accept and generate HIPAA standard X12-5010 and non-standard (flat) files for batch processing if necessary for TPL required data
- Accept and generate individual HIPAA standard X12-5010 transactions for automating single transaction workflow in a TPL module

- Construct automated operational workflows for TPL administration
- Integrate external systems with a core administration system in real-time via use of service oriented architecture (SOA) and message based infrastructure for the Department's TPL programs
- Leverage industry standard integration and workflow related tools with minimal reliance upon proprietary languages or architectures
- Minimize data replication amongst various systems

The APHP Third Party Liability Management function receives and maintains an accurate, current and historical source of other insurance coverage information on individuals eligible for Medical Assistance in the state. Data is used to determine if claims should be denied, or have payment reduced, based on the presence of other insurance. The maintenance of other insurance coverage data is required to support claims processing, eligibility verification and reporting functions.

The APHP Third Party Liability Inquiry process allows access to a member's other insurance information through the web portal for both internal and external entities, inactive voice response telephone inquiries, and eligibility verification transactions. A member's other insurance data includes commercial insurance coverage for medical, dental, vision, pharmacy, and inpatient services, as well as Medicare coverage Parts A, B, C and D. Providers must verify the presence of other insurance prior to billing Medicaid for services.

The Third Party Liability Update process in APHP provides an accurate, current and historical source of member other insurance coverage information. Leads regarding other health insurance coverage may come from a variety of sources, including data matches with commercial insurance carriers, government health organizations and other State agencies. Our solution also supports online updates to selected fields by authorized users.

## APHP Functional Solution

Managing cost avoidance and maximizing recoveries are directly related to the quantity and quality of TPL information in our APHP database. We use commercial data matching solutions to improve the identification of matching records for Medicaid members. To discover potential third party resources, APHP can receive data input from local Departments of Social Services, as well as data matches with Blue Cross and Blue Shield, the Social Security Administration, and the State's Worker's Compensation Commission, Central Payroll, Retirement and Child Support Enforcement Administration. The Managed Care Organization (MCO) enrollment broker collects TPL information which is passed to the State if the TPL is previously unknown or changed. APHP captures the matched data and adds the coverage information to the system for processing and research. APHP captures the source of the data in the member’s COB eligibility information to provide an audit trail of the TPL information origination.

Our approach to obtaining a member's other insurance information includes both the import and export of member data using the standard HIPAA compliant X12 834 and 270/271 transactions in addition to customized interface layouts. As with other aspects of our solution, APHP is highly configurable and allows for quick changes to existing formats and adoption of new interface formats that the Department may request. Figure 10 - 64 depicts the comprehensive deployment of workflows, interfaces and functionality of the APHP TPL Management module.

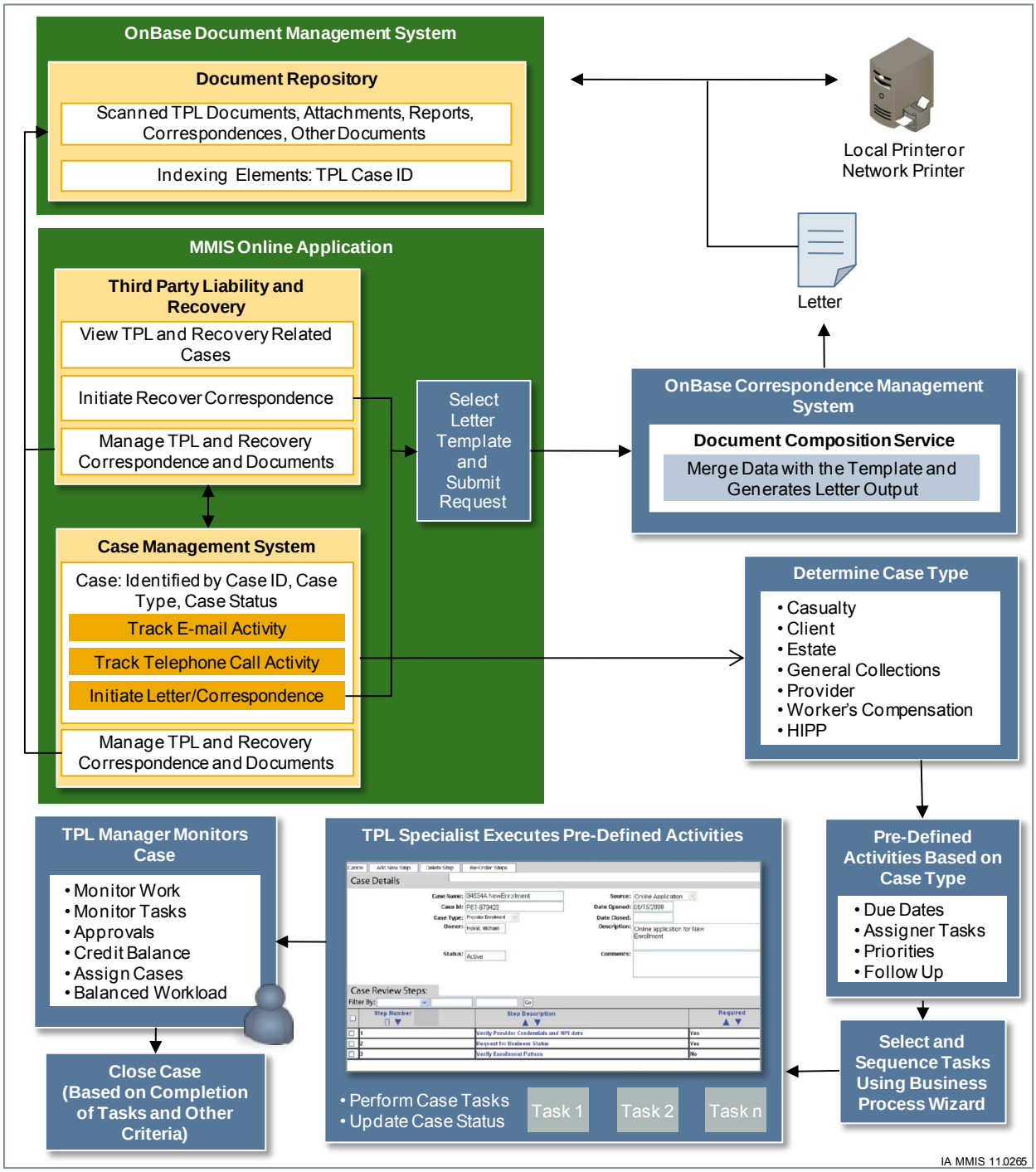
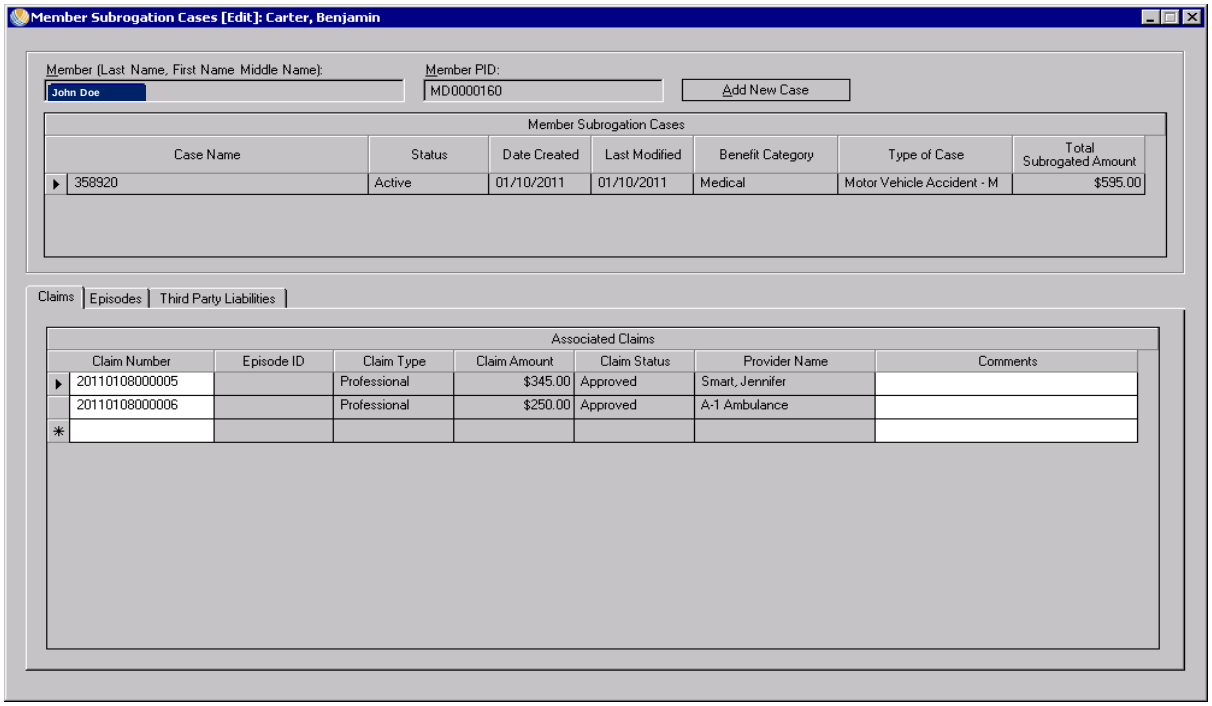



*Figure 10 - 64. APHP's comprehensive solution manages the Department's Third Party Liability program.*

## Subrogation

APHP provides for the entry of subrogation cases to track and record the recovery of monies from other parties. Each case allows authorized users to track claims associated with the case, as well as specific TPL healthcare polices, workers compensation incidents, auto accident insurance or general liability insurance. APHP provides the capability to create and track activities related to subrogation cases. We define multiple subrogation case types for tracking, including workman's compensation, trauma related to automobile accidents or other types of accidents, and estate recovery cases. This enables the Department to track and tie specific claims, episodes of care, and other insurance coverage information to the case. The flexibility of the subrogation process within the APHP allows us to store electronically, any information related to the case, including identified claims, related insurance information, and payments received. The Subrogation Entry screen, shown in Figure 10 - 65 displays the case entry and other fields used for subrogation cases.




IA MMIS11.0264

*Figure 10 - 65. Authorized users can enter subrogation cases into APHP to track and record the recovery of monies from other parties.*

## Our Quality Assurance Procedures

We use predefined quality assurance operational processes for third party liability management in support of the Department's TPL contractor. TPL interface changes undergo a design review prior to being moved to the APHP testing environment. We perform quality reviews on the test plans and test execution activities. Our approach provides the Department with export reporting features and simulated impact of any TPL interface changes. Users can see real-time, the impact of interface changes in a testing environment using real data. After testing produces the desired expected results for the interface updates, we conduct a final quality review and the change is ready for release into production. The ease-of-configuration elevates the quality in the post testing environment.

The benefit of APHP TPL quality assurance is the debugging feature that can identify errors in TPL interfaces and data exchanges with TPL business partners. We complete thorough test cycles using real

TPL data that simulates the exchange of TPL production data. We design the test environment to simulate the production environment.

### *10.1.14.1 State Responsibilities (8.1.14.1)*

a. Establish policies for TPL, estate recovery and Medical Assistance Income Trusts (MAIT)
b. Provide oversight to all contractors
c. Review and approve written communication with members on whose behalf Iowa Medicaid will be paying the employee share of health insurance
d. Provide general policy for verbal and written communication with employers for the purposes of setting up premium payment
e. Define documentation necessary to substantiate the need for premium reimbursement such as a check stub
f. Define documentation necessary to substantiate the need for premium payment such as an invoice from an insurance carrier or employer
g. Define report specifications and online screens to be provided by the contractor that will allow the state to monitor status of Health Insurance Premium Payment (HIPP) cases
h. Produce and send member notices when needed for each type of action (i.e., accretion and deletion activity for various groups)
i. Work with members and employers to enroll members in employer's health services programs and calculate the premium payment
j. Receive and process member check stubs for verification of HIPP premium amount
k. Define the groups of members to be considered for HIPP. Cost effectiveness data and formulas will differ depending on the program
l. Assist with contractor access to employer address information
m. Send forms to employers to gather information about insurance available to the member including:
1. What family members can be covered (e.g., employee, spouse, children, stepchildren)
2. When coverage can begin
3. Whether dental and or prescription drug coverage is available
4. The employer and employee share of the premium
5. Type of plan (e.g., managed care, fee-for-service)
n. Make calculations of cost effectiveness including:
1. Wrap-around costs for insured individuals based on age group, gender, dental and prescription drug coverage and managed care versus fee-for-service coverage
2. Medicaid costs by county
3. Wraparound costs for members in Medicaid managed care programs
4. Administrative costs associated with HIPP
5. Other information that may be necessary for the determination of cost effectiveness for other programs
o. Define specifications for reports to be produced that will allow the state to monitor caseload and savings associated with each HIPP program
p. Generate transactions that identify plan information for HIPP members
q. Generate transactions identifying HIPP payments to be made by the contractor
r. Mail HIPP questionnaire Employer Verification of Insurance Coverage (EVIC) to the employers of those members determined eligible for HIPP programs
s. Receive HIPP questionnaires from employers and review for accuracy and completeness of information
t. Perform cost effectiveness test to determine whether the employer's health insurance is cost effective for the HIPP program

Accenture supports the Department in fulfilling its role. The Accenture Team works with the Department to support its responsibilities, as shown in Table 10 - 59.

| 8.1.14.1 Third Party Liability - State Responsibilities | Acknowledgement |
|---|---|
| a. Establish policies for TPL, estate recovery and Medical Assistance Income Trusts (MAIT) | ✓ |
| b. Provide oversight to all contractors | ✓ |
| c. Review and approve written communication with members on whose behalf Iowa Medicaid will be paying the employee share of health insurance | ✓ |

| 8.1.14.1 Third Party Liability - State Responsibilities | Acknowledgement |
|---|---|
| d. Provide general policy for verbal and written communication with employers for the purposes of setting up premium payment | ✓ |
| e. Define documentation necessary to substantiate the need for premium reimbursement such as a check stub | ✓ |
| f. Define documentation necessary to substantiate the need for premium payment such as an invoice from an insurance carrier or employer | ✓ |
| g. Define report specifications and online screens to be provided by the contractor that will allow the state to monitor status of Health Insurance Premium Payment (HIPP) cases | ✓ |
| h. Produce and send member notices when needed for each type of action (i.e., accretion and deletion activity for various groups) | ✓ |
| i. Work with members and employers to enroll members in employer's health services programs and calculate the premium payment | ✓ |
| j. Receive and process member check stubs for verification of HIPP premium amount | ✓ |
| k. Define the groups of members to be considered for HIPP. Cost effectiveness data and formulas will differ depending on the program | ✓ |
| l. Assist with contractor access to employer address information | ✓ |
| m. Send forms to employers to gather information about insurance available to the member including: | ✓ |
| m 1. What family members can be covered (e.g., employee, spouse, children, stepchildren) | ✓ |
| m 2. When coverage can begin | ✓ |
| m 3. Whether dental and or prescription drug coverage is available | ✓ |
| m 4. The employer and employee share of the premium | ✓ |
| m 5. Type of plan (e.g., managed care, fee-for-service) | ✓ |
| n. Make calculations of cost effectiveness including: | ✓ |
| n 1. Wrap-around costs for insured individuals based on age group, gender, dental and prescription drug coverage and managed care versus fee-for-service coverage | ✓ |
| n 2. Medicaid costs by county | ✓ |
| n 3. Wraparound costs for members in Medicaid managed care programs | ✓ |
| n 4. Administrative costs associated with HIPP | ✓ |
| n 5. Other information that may be necessary for the determination of cost effectiveness for other programs | ✓ |
| o. Define specifications for reports to be produced that will allow the state to monitor caseload and savings associated with each HIPP program | ✓ |
| p. Generate transactions that identify plan information for HIPP members | ✓ |
| q. Generate transactions identifying HIPP payments to be made by the contractor | ✓ |
| r. Mail HIPP questionnaire Employer Verification of Insurance Coverage (EVIC) to the employers of those members determined eligible for HIPP programs | ✓ |
| s. Receive HIPP questionnaires from employers and review for accuracy and completeness of information | ✓ |
| t. Perform cost effectiveness test to determine whether the employer's health insurance is | ✓ |

| 8.1.14.1 Third Party Liability - State Responsibilities | Acknowledgement |
|---|---|
| cost effective for the HIPP program | |

*Table 10 - 59. The Accenture Team acknowledges the state's Responsibilities for Third Party Liability*

### *10.1.14.2 Accenture Responsibilities (8.1.14.2)*

TPL function:
a. Generate TPL and trauma lead letters per the Department policy and produce a report of all letters

Our workflow management engine provides the functionality to automatically generate and mail letters and other correspondence to members or other entities associated with the subrogation case. This includes generating TPL and trauma lead letters per the Department policy and producing a report of letters.

All paper correspondence is scanned, imaged, indexed and stored electronically and associated with the appropriate case in OnBase. TPL specialist can access supporting documents and other case notes electronically from OnBase.

APHP Portal combines the capability of specialized commercial software to support Medicaid business printing processes as defined by MITA, all in an attractive, consistent and accessible web-based interface. We have designed business services functionality as loosely coupled, but integrated within APHP.

All TPL correspondence sent and received is imaged, indexed, linked to the member and stored in the image repository, OnBase, for follow-up across TPL specific tasks and activities. Based on the configurable business rules for the TPL workflow, our auto letter generator creates and mails the appropriate letters to request TPL information or payment. Generated letters are stored and associated with the corresponding TPL case in OnBase. The cases may include any of those listed below:

- Requests for additional information on insurance coverage
- Questionnaires used to determine potential accidents and other liable parties
- Billing or follow up requests for payment

b. Generate a file of all paid claims and member eligibility monthly

We generate a file of all paid claims and member eligibility monthly. Accenture delivers reports created within the TPL module according to the Department's approved specifications. The Accenture Team works closely with the Department during all phases to solidify the reporting requirements for the Department's TPL programs. Our reporting solution allows for the rapid creation of reports to be deployed in standard crosstab format or a web dashboard. Because TPL requires the exchange of claim and membership data, we configure a file of the required information for review and disposition by the Department.

c. Process all files weekly or as directed by the Department (TPL updates and claims updates) from Revenue Collection contractor

We work closely with the Revenue Collection contractor under our project management governance model to meet with designated representatives from the Department and the Revenue Collection contractor. We create a plan to make configurable changes within APHP as required by the Department and the Revenue Collection contractor. The plan establishes the schedule to process all files from the revenue contractor on a weekly basis or as mandated by the Department. APHP captures matched data from the Revenue Collection contractor and processes coverage updates on a weekly schedule. We capture the source of the data in the member’s COB eligibility information to provide the audit trail of where the TPL information originated.

d. Process TPL updates manually entered by Revenue Collection contractor

APHP provides comprehensive relational data storage capabilities that include data elements derived from the Department's Revenue Collection contractor and required to support the full spectrum of TPL processing and functionality. We have designed the APHP databases to handle large volumes of data and have optimized them for fast querying. APHP stores each of the attributes listed below and processes manual TPL updates entered by the Revenue Collection contractor.

- Name of insurance company
- Address of insurance company
- Policy number
- Group number
- Name of policy holder
- Relationship to Medicaid recipient
- Services covered
- Policy period
- Employer of policy holder
- Multiple resources under one recipient, and
- Group health plan participants
- Health Insurance Premium Payment (HIPP) participant
- Long term care insurance
- The attributes can also be queried for reporting and exporting as needed for interface files

The updates are available to authorized users via the user interface. In addition to the data elements above, APHP's configurable interoperability allows for capture of additional data elements as required by the Department and manually entered by the Revenue Collection contractor.

e. Accept and process absent parent file from Child Support Recovery Unit weekly or as directed by the Department

Frequently, a non-custodial parent may provide health insurance coverage for children. Some non-custodial parents are court-ordered to provide coverage. In most cases, the non-custodial parent is not a member of the Medicaid household, and has not been assigned a Medicaid identifier since they may not be eligible for Medicaid. Most states, by federal rule, require the custodial parent to co-operate with state agencies to identify and track the non-custodial parent. These individuals must be identified, if possible, to allow child support and TPL to be pursued. The APHP solution captures information on the absent parent so that we can follow up on the possibility of other coverage. APHP accepts and processes absent parent files from the Child Support Recovery Unity weekly or on a schedule determined by the Department. We collaborate with the Department to validate the file format to receive records efficiently.

f. Update member files to include the TPL plan and coverage information for HIPP members

The Department's HIPP program which pays for an insurance policy for Medicaid eligible members where it is more cost effective to pay the premium and/or co-pays and deductibles than paying claims through Medicaid requires continuous update of member files. APHP captures HIPP plan, coverage information, premium payment information and TPL information from the State of Iowa Income Maintenance (IM) Social workers and the eligibility process. We enter the data received from the IM social workers into our member files and the eligibility process updates the member files with TPL plan and coverage information. We provide this information to the Department's TPL contractor through the APHP Enterprise interface module. In addition, we capture the source of the TPL plan data in the member’s COB eligibility information to provide the audit trail of where the TPL information originated.

g. Manage the premium payment process

We manage the premium payment process. APHP contains a core financial component that supports the capture and application of multiple types of premium payments, accounts receivables (AR) including premium collections, rebates, cost settlements and recoveries generated from estate probate, client annuities, property liens and the like. Premium payments can include payments made to members and employers, as well as carriers for the HIPP program. Premium payment may also be made to CMS for Medicare Buy-in. The APHP portal allows access to designated Department staff for submission and review of incoming checks and premium payments. APHP integrates these functions with our document management workflow management component and our image capture software so that document images are immediately available to the Department.

h. Create and issue HIPP remittance advice

We create and issue HIPP remittance advice. The APHP allows us to respond to queries from authorized users and applications. We can create, issue, or reproduce Remittance Advices (RAs) through the user-friendly APHP Portal, in hardcopy, or in standardize electronic format, in a non-technical language based format. Our RA business processes and workflows are triggered by receipt of data sets resulting from the pricing, audit and edit processes. The APHP workflow management engine drives the required manipulation of the data according to business rules and creates the required output data set. The workflow process generates an outbound transaction.

i. Produce state-defined reports

The Accenture Team delivers state-defined reports, produced within the TPL function in APHP, according to the Department's approved specifications and direction. Our team works closely with the Department during all phases to solidify the reporting requirements for TPL management. Our APHP reporting solution allows for the rapid creation of reports to be deployed in standard crosstab format or a web dashboard.

Transparency and visibility into the effectiveness of TPL cost avoidance and recovery processes requires both administrative and operational reports. Administrative reports for fiscal planning and control. Operational reports to measure the TPL unit's productivity, quality and efficiency. Key data can be summarized and stored for historical comparisons and trend analysis.

APHP contains a centralized reporting data store, tools and reporting functions providing immediate and holistic view of operations, service and performance, as well as enabling advanced analytics.

Using the MITA Business Process Model (BPM) as a common point of reference, we have structured the APHP Solution Data Warehouse to support business functions and capabilities directly related to the MITA framework. Additionally, APHP provides numerous data management artifacts and tools to allow the Department to govern and support the Department's data management practices.

j. Create a member file for HIPP enrollees who are not Medicaid members (i.e., AIDS/HIV, HIPP)

Medicaid covered services include payment of group health plan premiums when a member’s enrollment under a group health plan is cost-effective. Medicaid generally considers a healthcare premium payment cost-effective when the costs of a member’s Medicaid services are likely to be greater than the cost of paying the premium for a member to receive care under a group health plan. APHP contains a core financial component that captures and applies multiple types of premium payments for those members that are not Medicaid but are eligible for other benefit plans like AIDS/HIV.

Based on business criteria supplied by the Department and configurable rules, APHP creates of a Health Insurance Premium Payment (HIPP) or AIDS/HIV member file for those members that have met the Department's criteria, including those members identified as having other insurance coverage. APHP

creates member files for other programs that the Department may designate with similar software applications and logic resident within APHP.

### *10.1.14.3 Performance Standards (8.1.14.3)*

a. Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department

b. Generate TPL and trauma lead letters within 24 hours of receipt

c. Process TPL updates within 24 hours of receipt from the Revenue Collection contractor

d. Update member files to include the TPL plan and coverage information for HIPP members within 24 hours of receipt from the HIPP unit

e. Generate a file of all paid claims and member eligibility by the fifth business day of each month for the previous month

f. Produce state-defined reports within the required timeframe as determined by the Department

g. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department

Accenture acknowledges and accepts the RFP performance standards for Third Party Liability as depicted in Table 10 - 60.

| 8.1.14.3 Third Party Liability - Performance Standards | Acknowledges and Accepts |
|---|---|
| a. Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department | ✓ |
| b. Generate TPL and trauma lead letters within 24 hours of receipt | ✓ |
| c. Process TPL updates within 24 hours of receipt from the Revenue Collection contractor | ✓ |
| d. Update member files to include the TPL plan and coverage information for HIPP members within 24 hours of receipt from the HIPP unit | ✓ |
| e. Generate a file of all paid claims and member eligibility by the fifth business day of each month for the previous month | ✓ |
| f. Produce state-defined reports within the required timeframe as determined by the Department | ✓ |
| g. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department | ✓ |

*Table 10 - 60. Accenture acknowledges and accepts the performance standards for Third Party Liability.*

## 10.1.15 Program Management Reporting (8.1.15)

The Program Management Reporting module provides statistical information on key Medicaid program functions. Production reports are designed to assist management and administrative personnel monitoring of the MMIS and the performance of the Core MMIS contractor. This does not include preparation of federal reports.

**Accenture Public Health Platform's (APHP) Program Management Reporting approach provides Iowa with access to a set of preconfigured analytics and easy to use tools that will provide the Department to have transparency into the performance of the Medicaid program and Medicaid operations.**

**APHP's reports and dashboards provide meaningful insight into program and operational performance. Features include:**

- Operational Excellence Dashboard providing up to the hour into operational metrics, such as claim suspense or open prior authorizations
- Full report library of reports to analyze Medicaid program expenditures, utilization and participation
- Easy to use reporting tools for ad-hoc report creation
- Consistent, reliable data extract, transform and load (ETL), data validation and cleansing

The main objectives of the Program Management business area are to provide management to the key information to properly monitor the IME MMIS and core MMIS contractor performance and to administer and manage the Medicaid Program in a fiscally responsible manner. The APHP solution provides the State visibility into operational and program level performance by providing transparency and access to operational and program metrics. Our philosophy of transparency is in line with Accenture's core value of Stewardship. Stewardship of our client's business and business operations is not only a critical success factor for the Department and Accenture but also for building a cooperative and trusting relationship between Accenture and the Department.

APHP provides a comprehensive view of the IME MMIS operations. APHP enables near real-time reporting functionality through our Operational Excellence Dashboard (OED). The OED provides up to the hour statistics by collecting operational data from across the enterprise into an Operational Data Store (ODS). The ODS is loaded with transaction level business activity metrics. Examples include claim submission statistics, current suspense inventory, PA submissions and call center volumes, to name a few. These metrics and statistics are available to the Department, through an easy to access and use dashboard, any time of day or night.

Accenture also recognizes the importance of program level reporting to provide the Department with visibility into how the program is performing. APHP comes with a complete Medicaid program reporting capability. Program level reporting is done against a report data store designed specifically to support program level reporting and analysis. This Dimensional Data Store (DDS) is the database that supports the APHP program level reporting. The APHP DDS provides a wealth of information for program management analysis and produces a growing inventory of management and aggregate reports to support the Medicaid program.

APHP provides Program Management reports to provide insight into the Iowa Medicaid program. Our Program Management reporting solution contains standard reports for program performance, provider participation, service utilization, access to care analysis, enrollment statistics, capitation payment analysis, expenditure reporting, and reimbursement reporting and monitoring. The APHP DDS also enables trending of the various metrics tracked across the program.

## The IME MMIS Program Management Reporting Overview

The Accenture Team has developed, and continues to develop, expertise in the aspects of Medicaid program management reporting. APHP reporting offers search, selection, and drill-down features that leverage the capabilities of the Microsoft SQL Reporting Services (SSRS) toolset, providing the Department with flexible online access to a reporting library with relevant data vital to strong program management and administration.

Whether the Department is monitoring Medicaid operations or examining Medicaid program metrics, we provide an easy to navigate reporting and dashboard capability within APHP. Our technology offers numerous useful features including ad-hoc report generation, creation of custom report layouts, metric aggregation and reporting output with various visualization capabilities like pie charts, bar graphs, and other drag and drop dashboard controls; all providing presentation formats to provide clear, 'at your finger tips' information. Figure 10 - 66 below provides a context diagram for the APHP reporting solution. Our reporting data stores collection information across the enterprise and makes that information available to the Department and other key Medicaid stakeholders.

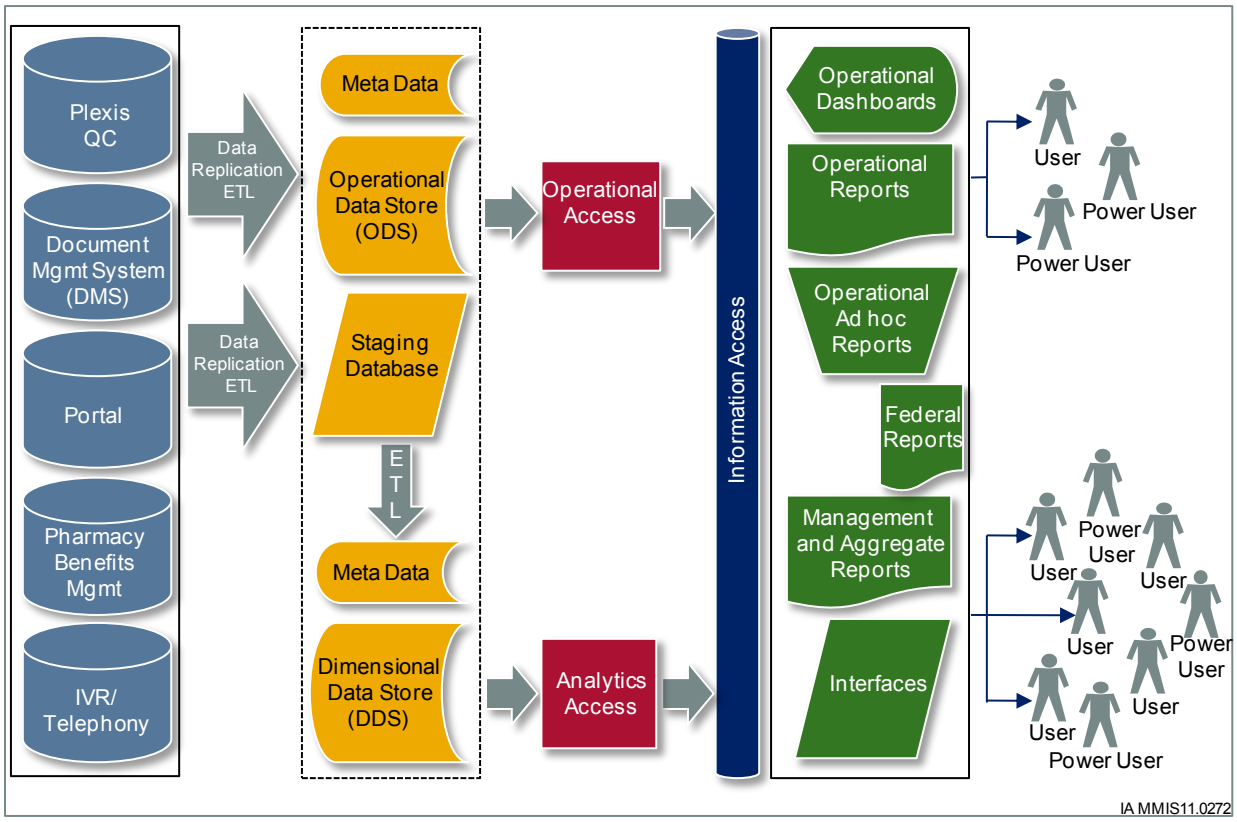



*Figure 10 - 66. The APHP reporting solution provides users multiple tools and methods for accessing and presenting information.*

By selecting APHP, you will discover new capabilities and have a strong foundation to meet your current needs and future reporting needs of the Medicaid program.

APHP has a robust and flexible integrated dashboard and reporting system which provides both high-level and granular views of the Iowa Medicaid program. APHP's dimensional data store (DDS)

consolidates data about Medicaid expenditures, participation and utilization. APHP reports data in a variety of ways providing the Department appropriate insight into program metrics.

APHP also delivers relevant program and operations information to the Department via analytical and operational dashboards that display and monitor information about Iowa's Medicaid Program. The analytical dashboard contains multiple metric categories with sub-metrics, graphs and data tables. It displays graphs and data tables from summarized Medicaid information housed in the DDS.

The dashboard is designed it to answer fundamental questions about Iowa's Medicaid Program, such as:

- Where did Medicaid dollars go over the past three State Fiscal Years (SFY)?
- What care was provided?
- Who provided that care?
- Who received the care?
- Where was the care rendered?

Dashboard users begin by viewing the data at a macroscopic level and can:

- Track historical utilization trends
- Look at static snap shots of comparative data between the different Iowa Medicaid programs
- Examine potential data relationships
- Explore the possibility of predictive analytics

Users may drill down and explore the data further to better understand underlying drivers for business patterns or trends.

Leveraging SSRS we offer an operational dashboard that provides real-time access and visibility into claims processing activities. We provide an up-to-the-hour view of claims suspense inventories where the claim supervisor can drill down or across to specific details concerning the inventory. This allows the claim supervisor to react quickly to shifts in inventory levels and to optimize both staffing and identify billing or processing issues early. Our solution also enables the Department to have appropriate visibility into the operations of the Medicaid program and report by a variety of variables. The Accenture Team's extensive healthcare industry experience coupled with our robust, flexible APHP functionality position us to build an IME MMIS solution aligned with the Department's specific requirements.

APHP provides access to an extensive out-of-the-box reporting library with the capability to produce additional reports. Additionally, ad-hoc reporting capabilities allow the Department maximum flexibility in meeting ongoing management reporting needs. Table 10 - 61 below shows some examples of how the APHP reporting solution provides program management benefits.

| Feature | Benefit |
|---|---|
| Cost can be analyzed to determine overall impacts to the Iowa Medicaid program | • Supports online real-time summary information such as, but not limited to, number and type of providers, beneficiaries and services.<br>• Tracks claims processing financial activities and provides reports on current status of payments.<br>• Provides the capability to produce unduplicated counts within a type of service and in total by month.<br>• Reports the utilization and cost of services against benefit limitations<br>• Provides information to assist management in fiscal planning and control.<br>• Provides information required in the review and development of medical assistance policy and regulations.<br>• Prepares information to support the preparation of budget allocations for the fiscal year.<br>• Supports the projection of the cost of program services for future periods.<br>• Compares current cost with previous period cost to establish a frame of reference for analyzing current cash flow. |

| Feature | Benefit |
|---|---|
| | • Analyzes various areas of expenditure to determine areas of greatest cost.<br>• Provides data necessary to set and monitor rate-based reimbursement.<br>• Maintains provider, recipient, claims processing, and other data to support agency management reports and analyses. |
| Analyze provider performance to show extent of participation and service delivery | • Reviews provider performance to determine the adequacy and extent of participation and service delivery.<br>• Reviews provider participation and analyzes provider service capacity in terms of Beneficiary access to healthcare.<br>• Analyzes timing of claims filing by provider to support good fiscal controls and statistical data.<br>• Provides access to information for each provider on payments to monitor trends in accounts payable such as, but not limited to, showing increases/decreases and cumulative year-to-date figures after each claims processing cycle.<br>• Produces provider participation analyses and summaries by different select criteria such as, but not limited to: Payments and Services. Types of services.<br>• Monitors individual provider payments. |
| Maintain an effective and efficient management reporting process | • Supports report balancing and verification procedures.<br>• Maintains comprehensive list of standard reports and their intended use (business area supported).<br>• Maintains a list of users of each standard report.<br>• Maintains online access to at least four (4) years of selected management reports and five (5) years of annual reports.<br>• Meets Department defined time frames and priorities for processing user requests. |

*Table 10 - 61. APHP reporting capabilities offer numerous benefits to the Department.*

Reports retrieve data from the dimensional data store (DDS). To provide data to the DDS, APHP uses an extract, transform, and load (ETL) tool that pulls data from MMIS and external data stores such as PBM to load the DDS. Executing reports from the DDS minimizes processing impact on other MMIS areas while the ETL maintains accurate, up-to-date reporting information. We use SSRS to generate automated reports and to query the repository to answer ad-hoc management questions.

Though reporting metrics and data are centralized in the DDS, the Accenture Team works closely with the various organizational and business units to promote reporting program success. Contacts and subject matter experts are identified across the program to support the identification and definition of metrics that will advance the goals of the Iowa Medicaid Enterprise.

Metrics are identified, defined, collected and reported in a continuous loop intended to support program success. Furthermore, metrics are captured in such a way that they can be displayed at varying levels of detail based on the audience. Though metrics development follows a standard approach, the metrics themselves are chosen based on the needs of the user. In all cases, the goal is to equip program resources with the information they need to be advance the goals of the Iowa Medicaid Enterprise. Accenture's methodologies and organizational culture promote successful program management through quantitative measurement and control.

APHP is an investment is in the future, not a holdover from the legacy MMIS market. APHP provides the capability for expansion that will take Iowa's Medicaid Program well into the future. With our flexible solution, new reporting requirements can be quickly and effectively implemented.

## Our Control Procedures

APHP has control procedures for product delivery that include risk assessment, control activities, information and communication, and monitoring. There are three key things that must be executed with

precision in order for the reporting capability to be successful. First, we must identify the metrics that are going to promote the types of behaviors and results we want to see. Secondly, we must define and calculate the metrics in a clear manner so that they can be clearly understood by the end user. Lastly, we must deliver the metrics at the appropriate frequency, level of detail, and format so that they can be used to make meaningful assessments regarding project health.

Accenture brings a strong foundation in for quantitative program management. We meet with reporting stakeholders across the program to identify and catalog the metrics that are required to manage the various parts of the business. Once the metrics are identified, we identify the data components that comprise individual metrics and collaborate with the report stakeholders to confirm calculation approach for individual program metrics. We solicit and confirm requirements on content and format for recurring reports and move forward with report development.

Once the metrics capability is established and reporting begins, upper and lower control limits are established to monitor metrics for statistical variances. Metrics can be trended at varying frequencies and averages and historical performance can be used to identify anomalies or outliers.

Quality assurance procedures are documented for the reporting program at all steps of the process. Though there is a strong focus on automation in our reporting, the Accenture Team brings resources with deep experience in quantitative program management to support successful and accurate delivery of data. Upper and lower control limits as well as historical benchmarks are reviewed by our reporting resources on an ongoing basis to understand performance trends and provide context for report data.

The APHP reporting dashboard has a comprehensive set of control procedures summarized in Table 10 - 62.

| Control Area | APHP Control Procedures of Program Reporting |
|---|---|
| **Risk Assessment:** | Accenture recognizes that Program Reporting must be accurate to enable the proper control of Iowa's Medicaid program. We document within each report definition the criticality of each report and the risks associated with inaccurate data to help determine not only testing and approval procedures, but also escalation path should a production defect or issue arise with the production of the report. |
| **Control Activities** | APHP is integrated with the defined security controls and methods for verification, reconciliation, performance reviews, and approvals of reports before final submission. |
| **Monitoring** | Accenture production operations of the APHP solution includes the monitoring and reporting of all production output, to include standardized reports and the associated data extraction, transformation and load of the reporting data stores. In the event any schedule output or schedule report is not create, the system will generate an alert that will initiate our production support team to research and escalate as required by our production support procedures. |

*Table 10 - 62. APHP control procedures are generally categorized into risk assessments, control activities and monitoring. APHP is flexible and can adjust control procedures for specific Department requirements.*

## Our Quality Assurance Procedures

APHP provides accurate, reliable reporting by translating our methodologies into well documented processes and procedures. Early documentation defines the process for metrics collection and the roles and responsibilities of those involved in metrics collection and reporting. As metrics are identified and

defined, reporting team resources work with departments leads to verify calculation and capture mechanisms.

Once metrics capture is active in the DDS, report data is made available in formal report deliverables, online dashboards, and ad hoc reports. For automated or online report viewing formats, using the DDS as the common data repository increases the consistency of reported data and significantly decreases the likelihood that data points are misreported due to human error.

For reporting that has a manual component (e.g. compiled Word or PDF versions of DDS data), detailed procedure documentation, quality checklists, peer reviews and report timetables are defined to confirm that quality assurance levels remain high.

APHP reporting approach provides a backdrop for transparent IME MMIS operations and scalable growth. APHP confirms reporting output meets stakeholder needs and, properly applying changes including accurate re-generation for retro-active updates, when an issue is discovered or a system error occurs.

The Accenture Team has a Quality Assurance (QA) process for report configuration that thoroughly tests reports before delivering them to the production environment of the IME MMIS. Reports are tested for "out-of-the-box" configuration standards and for customized settings. The Accenture Team provides integrity checks to balance records, counts, and amounts for all records processed. The Accenture process expedites quality assurance checks for necessary job dependencies, file dependencies, cut-off dates and other production control processes including systematic checks for system parameters, correct dates, and run parameters.

### *10.1.15.1 State Responsibilities (8.1.15.1)*

The Department is responsible for the following Program Management reporting functions:
a. Determine the frequency, format, content, media and number of copies of reports.
b. Review and approve reports.
c. Submit appropriate information as deemed necessary by the Department to be merged with the MMIS history file for reporting.
d. Operate the Medicaid DW/DS

The Accenture Team acknowledges all of the Department responsibilities for Program Management as shown in Table 10 - 63 and will strive to support the Department in these activities through the consolidation of data from multiple sources, quality assurance processes to support the integrity of program data, and enhanced reporting capability to impact program development.

| 8.1.6.2 Program Management Reporting - State Responsibilities | Acknowledgement |
|---|---|
| Determine the frequency, format, content, media and number of copies of reports. | ✓ |
| Review and approve reports. | ✓ |
| Submit appropriate information as deemed necessary by the Department to be merged with the MMIS history file for reporting. | ✓ |
| Operate the Medicaid DW/DS | ✓ |

*Table 10 - 63. Our reporting solution supports the Department in meeting their responsibilities.*

### *10.1.15.2 Accenture Responsibilities (8.1.15.2)*

The Core MMIS contractor maintains responsibility for the Program Management reporting.

a. Produce all required reports and information in accordance with the timeframes and requirements specified by the Department.

The APHP reporting tool provides all required reports and meets the timeframes and requirements of the Department. The Accenture Team understands the significance of the program decisions that are being made based on the data and analysis provided by APHP's reporting. Existing reports serve numerous useful functions such as allowing current financial status/activity to be compared with prior period status/activity, historical trends, outline expenditures, utilization, and other activities. The reports help the Department plan for fiscal budget forecasting, policy changes, and trends in provider, member participation, etc. Both existing and newly developed reports can be executed on-demand or automatically generated on Department-requested frequencies. Additionally, APHP transmits data based on Department-defined business rules specifying any criteria, any schedule, and any destination.

The Accenture Team understands the significance of the program decisions that are being made based on the data and analysis provided by APHP's reporting. Our proposed reporting solution brings together the right tools, people, and processes to produce all required reports and information in the timeframes required.

b. Assume all costs associated with producing special reports that require no changes to the system such as reports generated through the use of reporting capabilities inherent to the system.

The APHP provides reporting tools that provide "drag and drop" functionality so users can create their own queries, allowing for rapid report building. Using powerful and flexible COTS tools such as Microsoft's SSRS allows users to build additional reports as they need to further analyze operations and the program. APHP's reporting capabilities are very broad; therefore we do not foresee any issues in generating special reports that are supported by the inherent capabilities and data in the system. We accept all costs associated with special reports that require no changes to the system.

APHP's SSRS solution contains prebuilt queries and views into the data to allow for ad-hoc creation of reports without having to build a report from scratch. We include prebuilt dashboards for each of the operational areas that allow managers and Department stakeholders to view how each operational area is performing. These dashboards contain key performance indicators (KPIs), inventory levels, and work on hand to aid operational leaders in assigning work and increasing overall efficiencies. The reporting features are easy to use and reports can be generated quickly.

c. Review all process summaries to verify accuracy and consistency within and between reports before delivery of the reports to the Department.

APHP's report balancing process includes review of all process summaries to verify accuracy and consistency between reports before they are delivered to the Department. For MMIS processing, APHP applies cross-checks of similar totals and counts. If items do not balance as they should, the system generates an alert.

Upper and lower control limits are established to monitor metrics for statistical variances. Historical benchmarks or averages are also incorporated into peer reviews in order to verify accuracy and consistency of report data. Data outside normal control limits will be manually reviewed for accuracy by comparing report output to source system outputs.

Once the data is validated for accuracy, Accenture reporting resources will collaborate with business owners to understand the drivers behind any potential performance outlier and resulting impacts. Data that falls outside expected parameters can be addressed in formal report deliverables, discussed in program governance meetings, and communicated in an agreed upon manner to program stakeholders.

d. Make recommendations on improvements to reporting process and assist the Department in designing reports

Accenture works with the Department to improve reporting. We review requirements and offer suggestions to generate reports that provide insight into Iowa Medicaid program performance. For example, if you do not have an analytical report covering a salient issue, we will give you overviews of different reporting metrics to help determine what best suits the reporting requirement.

APHP's reporting modules are a valuable tool to support the administrative and monitoring duties of the Department. APHP's reporting function supports the Department in monitoring eligibility and program utilization, evaluating performance indicators, overseeing the program budget, and initiating program changes in response to defined regulatory developments or trends identified through data analysis.

The list below reflects the various reporting modules in APHP. It is our expectation that many of the Department's reporting needs will be satisfied by existing reports in the reporting modules.

- Member Reporting Module
- Provider Reporting Module
- Program Reporting Module
- Operations Reporting Module
- Federal Reporting Module

We work closely with the Department during operations in determining what reports are useful and being used regularly and what reports are not being used. Accenture, working with the Department, will make recommendations based on report utilization and looking at query patterns from ad-hoc users of the system. We look for opportunities on improving the reporting process and make our recommendations to the Department.

e. Provide the flexibility to add, change or discontinue benefit plans, categories of service, special programs, member aid categories, provider types and provider specialties and other reporting data elements. Carry through corresponding changes in affected reports without additional cost to the Department.

APHP's flexible, integrated design makes adding, changing, and discontinuing report data elements easy and subsequent report updating seamless with no additional cost to the Department. The data items include, but are not limited to benefit plans, categories of service, special programs, member aid categories, provider types and provider specialties.

Flexibility and adaptability are the hallmarks of the APHP, assuring the Department of superior levels of efficiency and timeliness in program management reporting. Impact of changes is minimized by our approach to designing and implementing reports. Our design approach is to not "hard code" values such that changes to values of data elements affect how the report would behave. These benefits of using APHP enable the Department to achieve its critical goals of minimizing costs and maximizing services.

f. Produce Ad-hoc reports on request.

APHP's reporting design enables the Department to easily produce ad-hoc reports on request. The solution architecture provides fast access to data enabling rapid report generation in flexible formats. The basis of the reporting component is a comprehensive reporting data store which is maintained separately from the claims processing engine of the IME MMIS to give rapid and efficient data access and analysis. Furthermore, by using a database and platform separate from MMIS transaction processing, our design prevents ad-hoc reporting from impacting production claims processing and other transactions.

In Figure 10 - 67 below is an example of an ad-hoc report on expenditures.

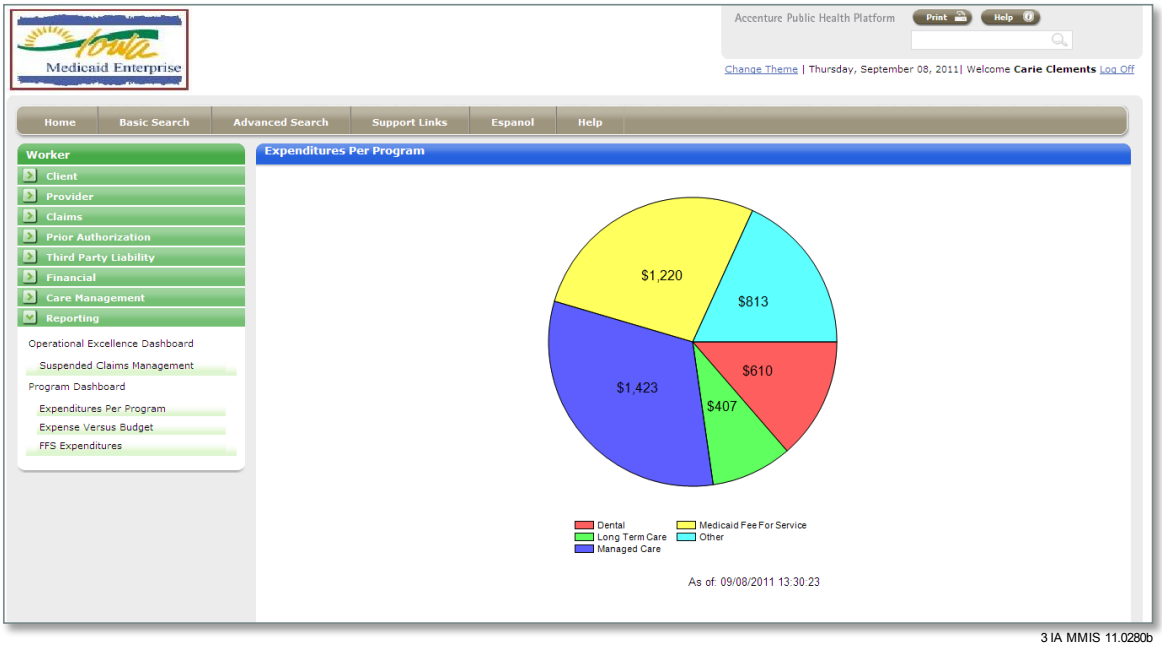



*Figure 10 - 67. This reports on expenditures illustrates APHP's ad-hoc reporting capabilities.*

g. Produce on a timeline approved by the Department data extracts for delivery to external entities

APHP has a standardized interface that integrates with Medicaid legacy systems or other external entities. We produce and deliver data extracts on the Department's timeline. We are prepared to produce the required reports to external entities based on the Department-specified timeline.

h. When an error in a report is identified either by the Core MMIS contractor or by the Department, provide an explanation as to the reason for the error. Correct and rerun the reports at the Core MMIS contractor's expense, when the reason for an error in a report is the error of the Core MMIS contractor's system.

If a reporting error is detected, Accenture reporting resources work closely with the business owners responsible for the metric to understand the source of the report error. Data outside normal control limits is commonly the trigger for these types of activities.

If the report data is confirmed inaccurate, reporting impacts will be assessed and all incorrect reports are remediated and resubmitted, as necessary. Activities performed in support of data correction, report generation and remediation are performed at no additional cost to the Department.

Quality Assurance documentation is generally reviewed and revised to control for any future incidents of the report error

### *10.1.15.3 Performance Standards (8.1.15.3)*

The following performance standards apply to all MMIS reports.

a. All standard production reports must be available on line for review by the Department staff pursuant to the following schedule:

1. Daily reports – by 6:00 AM of the following business day.
2. Weekly reports – by 6:00 AM of the next business day after the scheduled production date.
3. Monthly reports – by 6:00 AM of the first business day after month end cycle.
4. Quarterly reports – by 6:00 AM of the fifth business day after quarterly cycle.

5. Annual reports – by 6:00 AM of the (10th) business day after year end cycle (state fiscal year, federal fiscal year, waiver year or calendar year).

6. Balancing reports are to be provided to the Department within two business days after completion of the program management reporting production run.

b. When an error in a report is identified either by the Core MMIS contractor or by the Department, provide an explanation as to the reason for the error within one business day and correct the report within one business day following the date the error was identified unless the Department authorizes additional time for correction.

c. Data files for all reports must be made available on the state data center servers and accessible online within one business day of completion.

d. Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department.

e. Produce state-defined reports within the required timeframe as determined by the Department.

f. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department.

Accenture acknowledges and accepts the performance standards for Program Management Reporting as depicted in Table 10 - 64.

| 8.1.15.3 Program Management Reporting - Performance Standards | Acknowledge and Accept |
|---|---|
| All standard production reports must be available online for review by the Department staff pursuant to the following schedule:<br>– 1. Daily reports – by 6:00 AM of the following business day.<br>– 2. Weekly reports – by 6:00 AM of the next business day after the scheduled production date<br>– 3. Monthly reports – by 6:00 AM of the first business day after month end cycle.<br>– 4. Quarterly reports – by 6:00 AM of the fifth business day after quarterly cycle.<br>– 5. Annual reports – by 6:00 AM of the (10th) business day after year end cycle (state fiscal year, federal fiscal year, waiver year or calendar year).<br>– 6. Balancing reports are to be provided to the Department within two business days after completion of the program management reporting production run. | ✓ |
| When an error in a report is identified either by the Core MMIS contractor or by the Department, provide an explanation as to the reason for the error within one business day and correct the report within one business day following the date the error was identified unless the Department authorizes additional time for correction. | ✓ |
| Data files for all reports must be made available on the state data center servers and accessible online within one business day of completion | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department. | ✓ |
| Produce state-defined reports within the required timeframe as determined by the Department. | ✓ |
| The initial accuracy measurement upon submission of all documents and reports will be determined by the Department. | ✓ |

*Table 10 - 64. The Accenture Team acknowledges and accepts the IME System Services Project performance standards for Program Management Reporting.*

## 10.1.16 Federal Reporting Management (8.1.16)

The federal reporting management module function supports the generation of all federal reports.

**The Accenture Public Health Platform (APHP) provides the federal reports required by CMS so that Iowa's Medicaid Program receives federal matching funds. APHP allows the Department to analyze federal report data to gain insights into Program behavior.**

**APHP's Federal reporting solution is designed to be highly configurable to adapt to changes in how Federal and State expenditure are categorized**

- Simplifies changes to MSIS CMS Medicaid Statistical Information System (MSIS) CMS
- Adjusts to changes to federal and state legislation
- Allows for ad-hoc analysis of expenditure categorizations

The federal reporting process involves the categorization of services and expenditures to provide the CMS comparative measures and insights into how States are spending their Medicaid funds. Federal reports are produced from APHP's dimensional data store (DDS). The DDS contains claim data down to the claim detail service level. Each paid claim record is processed through a configurable rules engine which assigns a MSIS category of inpatient, long term care, other non-institutional, or prescription drug to the claim header or claim line as specified in the MSIS Data Dictionary rules. The APHP solution also stores the Federal expenditure category as well as multiple State defined expenditure and service categories down at the claim detail service level. This design enables the State to perform ad-hoc analysis by Federal and State expenditure categories. This gives the State the ability to trend and forecast expenditures ahead of the generation of any of the CMS reports.

APHP produces the federal reports/files/interfaces currently required by CMS. APHP maintains all the data sets required by CMS for MSIS reporting. Specifically:

- Inpatient hospital claims
- Long term care claims
- Other, non-institutional claims
- Prescription drug claims
- Eligibles

Financial transactions, adjustments, or other updates to claim data are applied according to the business rules specified by CMS so that the APHP MSIS file captures the corrections in the applicable reporting period.

APHP reporting meets the CMS federal reporting guidelines. The reporting features of APHP enhance and extend common MMIS reporting features because APHP ad-hoc capabilities offer much more flexibility and transparency than in pre-MITA systems. APHP has a server-based reporting dashboard that integrates with the rest of the solution and offers useful features including charts, matrices, custom layouts, ad hoc reports, custom report items, and a variety of presentation formats. The reporting dashboard provides navigation ease and allows various aggregations and graphical elements.

APHP generates and delivers CMS reports 21, 37, 64, 372, 416, and the Quarterly Ethnicity report plus the SF269. APHP also produces the MSIS files per CMS requirements in the MSIS File Specifications and Data Dictionary. The CMS-21, CMS-64, and CMS-37 reports are delivered to the Medicaid Budget and Expenditure System.

## Our Process

APHP federal reporting produces the reports/files/interfaces currently required by CMS and provides the scalability, flexibility, and fast configuration capabilities to meet future requirements without new coding. Via APHP's user-friendly interface, an authorized user can quickly re-configure a federal report by setting specific parameters and functions to execute the report. The general configuration process with formats, timeframes, and verification activities is illustrated in Figure 10 - 68.

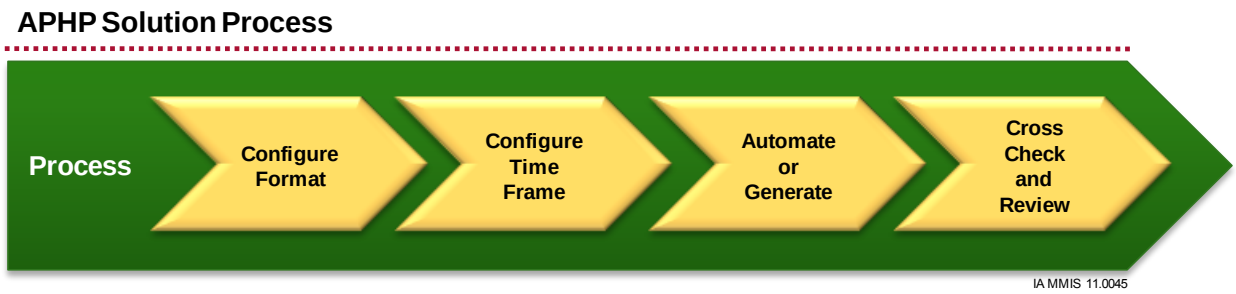



*Figure 10 - 68. The APHP solution for federal reporting is easy to implement and adapts to changing requirements if necessary. Configurations undergo cross-checks and reviews.*

The configuration process for building the federal reports uses a suite of Microsoft COTS products. These tools make it quick and easy to change the format, frequency, or data elements used to create a report. APHP generates federal reports on schedules determined by the Department and CMS.

The graphical powers of the reporting dashboard are illustrated in Figure 10 - 69, which shows a screen shot of FFS expenditures.

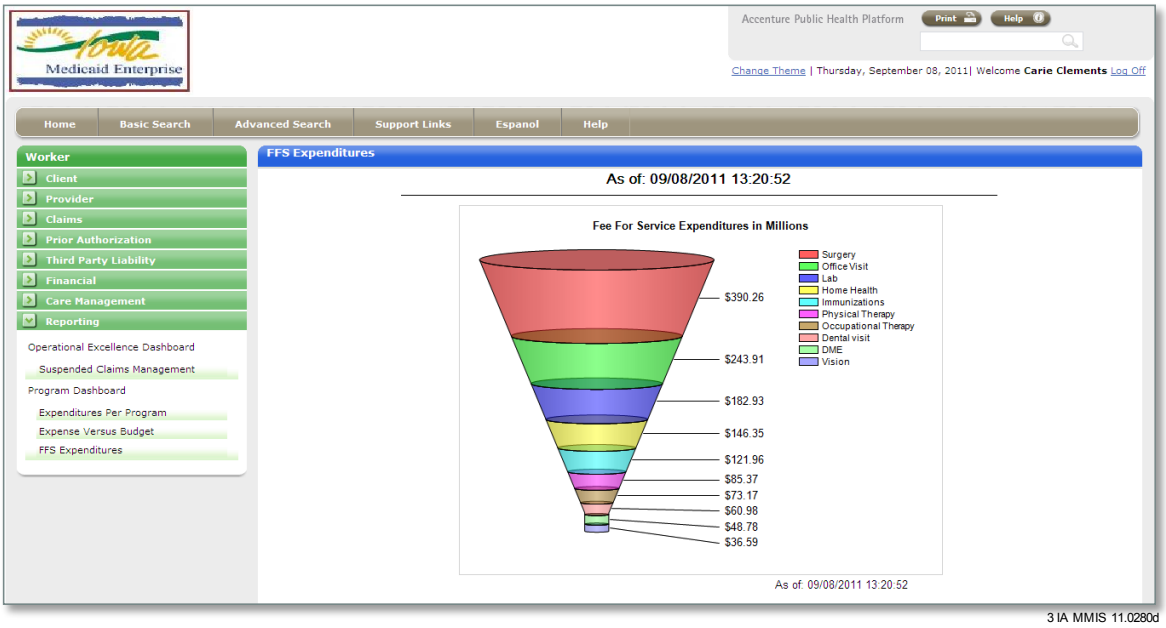



*Figure 10 - 69. This graphical representation of FFS expenditures shows the relative weights of allocations clearly.*

Our reporting solution is an automated process that provides faster, accurate access to data and reports via systematic data extraction from our claims processing tool. We also selected Microsoft's SQL Server Reporting Services (MS SSRS) tool because it integrates into our Microsoft architecture and complies with the security requirements needed to protect private health information as defined by HIPAA regulations.

The Department's business model is one in which the Accenture Team has experience and maturity: multiple companies working toward common goals. For Texas Medicaid, the Accenture Team has supported Federal Reporting and Program Management Reporting functions which include hundreds of reports and interfaces including the data necessary to produce CMS-64, State Waiver programs, MSIS and SURS. We have also operated the programs necessary to aggregate program expenditures based on State-type category and funding source to produce the data necessary for State Actuary department rate setting. Based on our experience in Texas, we are confident in our ability to implement and maintain Federal Reporting and Program Management Reporting modules for the IME MMIS.

## Our Control Procedures

APHP has control procedures for product delivery that include risk assessment, control activities, information and communication, and monitoring. The general risk for Federal Reporting is loss of Federal matching funds due to inaccurate reporting. A significant decrease or delay in Federal funds puts Medicaid programs, provider payments, and services for Medicaid recipients at high risk. In addition, if CMS receives inaccurate reports, the Congressional queries for Iowa expenditures are at risk of misrepresentation.

Accenture applies multiple control activities to maintain a high quality of federal reporting functions and output. Policy analysis for changes is an important aspect of control procedures. Our program team will review policy changes and determine a change impact analysis. For example, APHP is ready to implement ICD-10 standards to comply with CMS updates. Processes require the review of the Federal Registry and state/Federal legislation for control measures. Such policy changes will be quickly implemented in APHP for federal reporting. The reporting dashboard can be reconfigured quickly without major programming updates that might impede delivery.

In addition to policy analysis, the Accenture Team also has integrated production controls to verify the accuracy of reports. The control process includes counts and amounts to verify federal report output. Issues that are discovered undergo a root cause analysis. APHP federal reports are validated with one another. Accenture also maintains consistency by enforcing cut-off points for transaction data. The APHP reporting dashboard has a comprehensive set of control procedures summarized in Table 10 - 65.

| Control Area | APHP Control Procedures of Federal Reporting |
|---|---|
| **Risk Assessment:** | Accenture recognizes that Federal Reporting must be accurate to receive appropriate matched funds and maintain proper representation of Iowa's Medicaid Program to CMS and for Congressional queries. |
| **Control Activities** | APHP is integrated with security controls and methods for verification, reconciliation, performance reviews, and approvals of federal reports before final submission. |
| **Information and Communication** | APHP uses a portal with multiple interfaces**.** APHP allows quick access to information and effective communication to authorized users. APHP is scalable across an organization. |
| **Monitoring** | APHP allows transparent monitoring by the Department of data and the generation of Federal Reporting and is setup for monitoring on an ongoing basis or through periodic evaluations or both. |

*Table 10 - 65. APHP control procedures are generally categorized into risk assessments, control activities, information and communication, and monitoring. APHP is flexible and can adjust control procedures for specific Department requirements.*

## Our Quality Assurance Procedures

APHP provides accurate, reliable reporting by staying current with Federal requirements and regulatory changes so the Department can take advantage of them through the regular maintenance and upgrade process. APHP balances between reports, properly applies changes including accurate re-generation for retro-active updates, executes timely re-runs when an issue is discovered or a system error occurs, and has secure transmission of files.

The Accenture Team has a Quality Assurance (QA) process for report configuration that thoroughly tests reports before delivering them to the production environment of IME MMIS. Reports are tested for "out-of-the-box" configuration standards and for customized settings. We provide integrity checks to balance records, counts, and amounts for the records processed. Our process expedites quality assurance checks for necessary job dependencies, file dependencies, cut-off dates and other production control processes including systematic checks for system parameters, correct dates, and run parameters.

### *10.1.16.1 State Responsibilities (8.1.16.1)*

a. Provide direction on the requirements of each federal report.
b. Identify and approve changes to be made to the federal reporting.
c. Review all federal reports.
d. Initiate and interpret policy and make administrative decisions.
e. Determine the need, content, format, media and number of copies for each federal report.
f. Determine the schedule for production of all federal reports.
g. Monitor the performance of the contractor in all areas of the federal reporting function.

The Accenture Team acknowledges all of the Department responsibilities for Federal Reporting as shown in Table 10 - 66 and will strive to support the Department in these activities through the consolidation of data from multiple sources, quality assurance processes to support the integrity of program data, and enhanced reporting capabilities.

| 8.1.16.1 Federal Reporting - State Responsibilities | Acknowledgement |
|---|---|
| Provide direction on the requirements of each federal report | ✓ |
| Identify and approve changes to be made to the federal reporting | ✓ |
| Review all federal reports | ✓ |
| Initiate and interpret policy and make administrative decisions | ✓ |
| Determine the need, content, format, media and number of copies for each federal report | ✓ |
| Determine the schedule for production of all federal report | ✓ |
| Monitor the performance of the contractor in all areas of the federal reporting function | ✓ |

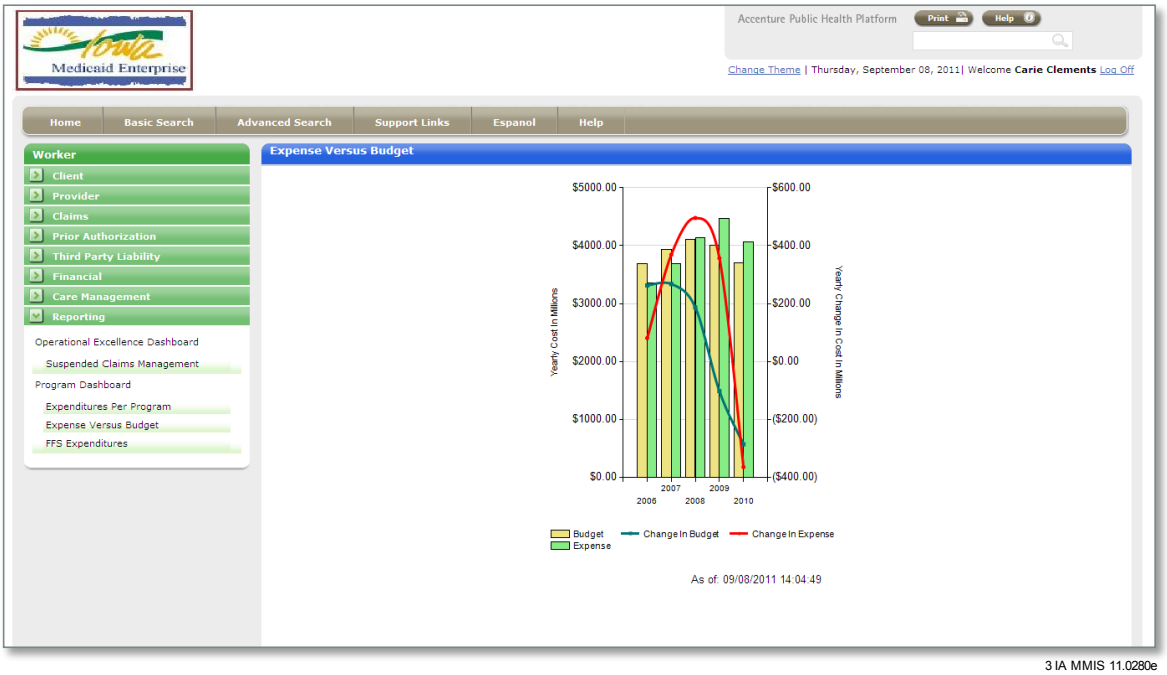
*Table 10 - 66. Accenture acknowledges the Department's Federal Reporting responsibilities.*

### *10.1.16.2 Accenture Responsibilities (8.1.16.2)*

The Accenture Team is responsible for producing the federal reports in a timely, accurate manner in accordance with the defined CMS and Department requirements. While viewing a particular federal report, a user can analyze information such as: (a) capitation payment records from enrollment

processes, (b) eligibility characteristic data from eligibility intake processes, (c) Medicaid services processed by non-MMIS State departments, and (d) utilization based on Managed Care Encounters by using the robust capabilities of the online reporting tools.

The flexibility and features of APHP enable the Department to see the data reported to CMS in new ways. Additionally, the Accenture Team will monitor expenditures, adjustments, and refunds to suggest opportunities for improved reporting. Figure 10 - 70 shows an APHP graphical report for expense versus budget which clarifies the relationship between changes in budget compared to changes in expenses.




3 IA MMIS 11.0280e

*Figure 10 - 70. This screenshot from APHP reports actual expenses versus budget.*

h. Generate required reports to support federal reporting on demand and scheduled within timeframes and formats required by the state including but not limited to:

1. CMS 21 report Quarterly State Children's Health Insurance Program Statement of Expenditures for Title XXI.
2. CMS 21B.
3. CMS21E statistical report.
4. Quarterly ethnicity report.
5. CMS 64 - Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program.
6. CMS 37 Quarterly Projections for the Medical Assistance Program.
7. MSIS Data according to CMS media requirements and timeframes and submit a copy to CMS on specified media for review and filing.
8. CMS 372 cost neutrality assessment for waivers and other specified waiver reports.
9. CMS 416 report information in accordance with the Federal specifications and the Department specifications.
10. MSIS and CMS tapes according to CMS timeframes. Media may change based on CMS and state approval.
11. SF269 Federal Financial Status Report.

APHP generates and delivers CMS reports 21, 37, 64, 372, 416, and the Quarterly Ethnicity report plus the SF269, as part of the reporting solution. APHP also produces the MSIS files per CMS requirements in the MSIS File Specifications and Data Dictionary. These reports and files meet the formatting requirements and are produced and delivered on the schedules currently published by CMS. See Table

10 - 67 for the correlation of existing capabilities of APHP to the production of each required report. APHP provides an interoperable framework with a reporting dashboard that easily fits into the Department's current environment while providing the foundation for future expansions.

| Report | Definition | Existing Capability |
|---|---|---|
| CMS 21 | Accenture solution produces the Quarterly Children's Health Insurance Program (CHIP) Statement of Expenditures containing information on CHIP expenditures and administrative costs which reconciles actual advances and expenditures for which states are entitled to Federal reimbursement under Title XXI and which reconciles any advance of Title XXI Federal funds made on the basis of estimates provided on the Form CMS-21B. | ✓ |
| CMS 21 B | Accenture solution produces the Children's Health Insurance Program Budget Report which is the basis for advances of Federal matching funds for CHIP. | ✓ |
| CMS 21 E | Accenture solution produces the required report on enrollment in child health programs that are not part of Medicaid... Alternately, we can also report SCHIP Medicaid expansion programs on the CMS-64.21E Form. | ✓ |
| Quarterly Ethnicity Report | Accenture solution produces the Quarterly Ethnicity Report. | ✓ |
| CMS 64 | Accenture solution produces Quarterly Expense Report -- including all required forms on Medicaid benefit costs and administrative expenses. | ✓ |
| CMS 37 | Accenture solution produces the Medicaid Program Budget Report on budget estimates for Federal matching funds | ✓ |
| MSIS Data | Accenture solution produces the required report(s) on CMS-required media for Medicaid statistical data, specifically:<br>• Inpatient hospital claims<br>• Long term care claims<br>• Other, non-institutional claims<br>• Prescription drug claims<br>• Eligibles | ✓ |
| CMS 372 | Accenture solution produces the Report on Waiver Expenditures according to the current lag requirements. | ✓ |
| CMS 416 | Accenture solution produces Early and Periodic Screening Diagnostic and Treatment Participation Report. | ✓ |
| MSIS and CMS Tapes | Accenture solution produces MSIS and CMS tapes within the appropriate timeframe for federal reporting. | ✓ |
| SF269 | Accenture solution produces the Financial Status Report, which accounts for all uses of Money Follows the Person Rebalancing Grant Demonstration monies and is submitted semi-annually. | ✓ |

*Table 10 - 67. Each report meets the standards listed in the opening statement and its specific responsibilities specified in this table.*

i. Support Payment Error Rate Measurement (PERM). In compliance with CMS quarterly claims sample frequency requirements, send the required data to the statistical contractor (SC) according to the claims extract approach using CMS-approved formats, media and security procedures.

APHP supports Payment Error Rate Measurement (PERM) for reporting of metrics on error rates of expenditures for Iowa Medicaid to CMS. The APHP reporting data store receives data via an ETL process that also extracts claims in compliance with CMS quarterly claims sample frequency requirements for PERM reporting. The output is in CMS-approved formats and media and is transmitted to the statistical contractor (sc) using CMS-required security procedures.

j. Modify reports supporting federal reporting as requested by the Department. Modifications are made available within timeframes required by the state.

The Accenture Team modifies reports as requested by the Department and makes the modifications available within Department-specified timeframes. APHP is designed for flexibility to allow rapid, easy modification of reports within Department-specified timeframes. The federal reporting input, output, and business functions may be modified based on changes in policy, data, or implementation. Modifications can be made to standard report features such as selection criteria, printing, exporting, report generation, output, or custom fields or functions.

k. Generate CMS 64 Variance and CMS 21 Variance reports as specified by the state for the current and three prior quarters. The variance reports must be made available within timeframes and formats required by the state.

APHP generates the CMS 64 Variance Reports and CMS 21 Variance Reports for the current and prior three quarters to give a full picture of an entire rolling year of budget and expenditures for CHIP and Medicaid programs. Reports are available for delivery to the CMS Medicaid Budget and Expenditure System within timeframes and formats required by the Department. Users can investigate report details using the online reporting capabilities of the APHP reporting solution.

l. Conduct research and respond to questions from CMS, OIG and state auditors regarding the MSIS data and federal reports.

Accenture is staffed with a team of business process analysts who conduct research and respond to questions from CMS, OIG, and State auditors regarding the MSIS data and federal reports. We follow a process of collaboration to gather metrics and requirements based on input, output, pertinent functions, and interfaces. Our team-centered approach focuses on efficiency of communication to meet requests from CMS and its contractors, OIG, and other auditors for federal reporting and MSIS. The Department's business model is one in which Accenture has experience and maturity; multiple companies working toward common goals.

m. Prepare and deliver to the Department the Quarterly Report of Abortions (CMS 64.9b).

APHP prepares and delivers the Quarterly Report of Abortions (CMS 64.9b) to the Department as part of the Federal Reporting module. The report is part of the APHP reporting solution and meets all CMS and Department requirements.

n. Prepare and deliver to the Department the report on expenditures under the Money Follows the Person program.

APHP prepares and delivers to the Department the report on the expenditures under the Money Follows the Person Program. The APHP reporting solution identifies and reports expenditures and related information for Medicaid recipients who transition from institutions to person-based care. The reporting data store can provide data for generating Money Follows the Person (MFP) reports to meet Federal compliance requirements.

o. Identify and report the Federal Financial Participation (FFP) rate for each claim line.

APHP's reporting solution identifies and reports the Federal Financial Participation (FFP) rate for each claim line. APHP provides many measures of enrollment by categories and costs of assistance. The Accenture Team will work with the Department to develop useful reports specific to Department needs on FFP rates. The web portal's extensive repository can be configured to generate FFP reports, and users can run ad-hoc reports as needed.

p. Produce a report of pharmacy drug rebate amounts for inclusion on federal reports.

APHP's reporting dashboard produces a report of pharmacy drug rebate amounts for inclusion on federal reports. Additionally, Accenture's experienced team will work with the Department to gather and report any Department-specific information needed.

q. Regenerate, at no cost to the Department, the MSIS file and federal reports when errors are identified or when there has been a mass adjustment of federal reports codes.

APHP is configured to regenerate reports and interfaces such as MSIS with no additional costs to the Department. The APHP reporting solution has control procedures to identify errors, which can expedite report regeneration. In addition, any mass adjustment of federal report codes can be identified with Accenture's control procedures for federal reporting and impacted reports can easily be regenerated. APHP is scalable and configurable without the administrative costs of paper-based claims systems or the limited features of systems that only focus on claims.

### *10.1.16.3 Performance Standards (8.1.16.3)*

a. Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department.
b. Produce federal reports on the following schedule:
   1. Quarterly reports – by 6:00 AM of the first business day following the final regular pay cycle of the quarter.
   2. Annual reports – by 6:00 AM of the fifth business day after last pay cycle of the reporting year (state fiscal year, Federal fiscal year, waiver year or calendar year).
c. Produce PERM data within the required timeframe determined by the Department.
d. Modify changes to federal reports within five business days of request by the state.
e. Respond to questions from CMS, OIG and state auditors within the timeframes determined by the Department.
f. Produce state-defined reports within the required timeframe determined by the Department.
g. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department.

Accenture acknowledges and accepts the RFP performance standards for Federal Reporting as shown in Table 10 - 68.

| 8.1.16.3 Federal Reporting Management - Performance Standards | Acknowledges and Accepts |
|---|---|
| Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department | ✓ |
| Produce federal reports on a scheduled outlined below:<br>1. Quarterly reports - by 6:00 AM of the first business day following the final regular pay cycle of the quarter<br>2. Annual reports - by 6:00 AM of the fifth business day after last pay cycle of the reporting year (state fiscal year, Federal fiscal year, waiver year or calendar year) | ✓ |
| Produce PERM data within the required timeframe determined by the Department | ✓ |

| 8.1.16.3 Federal Reporting Management - Performance Standards | Acknowledges and Accepts |
|---|---|
| Modify changes to federal reports within five business days of request by the state | ✓ |
| Respond to questions from CMS, OIG and state auditors within the time frames determined by the Department | ✓ |
| Produce state-defined reports within the required timeframe determined by the Department. | ✓ |
| The initial accuracy measurement upon submission of all documents and reports will be determined by the Department | ✓ |

*Table 10 - 68. Accenture acknowledges and accepts the performance standards for Federal Reporting.*

## 10.1.17 Financial Management (8.1.17)

The financial management module function supports accounts payable and accounts receivable activities including issuance of check-write and EFT files and remittance advices.

Currently, Wells Fargo is the entity that produces and transmits the electronic fund transfers. The Core MMIS contractor is responsible for producing checks for mailing.

**The Accenture Public Health Platform (APHP) is a proven solution for financial management. APHP's flexible and scalable solution fully supports the Department's management of program funds including accounts receivable and payable (AR/AP) and related transactions.**

**APHP offers a comprehensive solution for program financial management with the following features:**

- Provide EOB
- Properly recognize accounts payable/receivable
- Tracking by beneficiary and program type
- Process and retain all data from credits and adjustments
- Issue remittance advice
- X12 835 transactions
- Electronic Fund Transfers
- Void Processing and Stop Payments
- Checks and Payee Information
- Funds Source Determination

Much more than a simple claims processing system, APHP's comprehensive Financial Management solution supports funds management, processes accounts payable (A/P) and receivable (A/R), performs or assists with reconciliations, supports coordination of benefits including producing EOBs to individuals, interfaces with claims processing, supports financial reporting, and controls secure access to information. Additionally, the APHP Financial Management solution supports the configuration of Accounting Companies that represent a financial set or subset of business with a corresponding group of General Ledger accounts and bank accounts associated together. APHP supports the creation of one or many Accounting Companies as required to provide the desired degree of financial segregation required to support the Department's chart of accounts and fund code reporting structures.

The highly configurable portal accepts input via the web interface and electronic data interface (EDI) to provide seamlessly integrated transaction processing and subsequent financial information. APHP is scalable and expands to accommodate evolving Medicaid requirements. Additionally, the Department business model of multiple companies working toward common goals is one in which Accenture has experience, success, and maturity.

Accenture has successfully operated, maintained, and enhanced the programs necessary to run financial management for Texas Medicaid for the last seven years. We converted from an insured arrangement to a Fiscal Agent arrangement for the Texas program. For Acute Care, we process more than 1.25 million claims weekly that on average total to more than $100 million in payments to providers. For Long Term Care, we process more than 250,000 claims weekly that on average total to about $80 million in payments to providers.

### IME MMIS Financial Management Overview

APHP's financial management module meets all the Department requirements and standards and all objectives on the CMS Financial Management Checklist. The comprehensive, flexible features provide functions that transcend the basic models of legacy systems. APHP adapts to changing requirements and easily integrates with the Department's processes for management of program funds such as spend-down tracking and applying provider "debit / credit" status to each payment cycle. APHP is a cost-effective solution that is MITA-compliant with a seamless integration of multiple components to support

AR/AP transactions. Our flexible design and robust architecture enable APHP to grow and change for evolving requirements of financial management and MMIS.

Accenture is extensively experienced in claims processing and related financial management functions. The financial management system provides effective processing, control, and reporting for Department and Federal funds. APHP is configurable for core financial management features such as the generation of remittance advices for providers or explanation of benefits for members and readily incorporates new funding sources, payment methods, recoupment methods, and adjustments. APHP allows maintenance of records such as periodic bank and fund allocation reconciliations. Numerous data attributes are supported such as type, reason, disposition, and payout amounts. Authorized Department users perform all required tasks such as adjusting provider 1099 earnings and updating claims history and financial data.

Other online access features include accounts receivable, provider credit balances, remittance advices, recovery funds, lump-sum payments, and payment requests. APHP's financial management's integrated solution automates cross-referencing of claims information. This automation enhances the claims adjudication process by offering faster calculations of payments, garnishment, tax, and splitting details. See Figure 10 - 71 for a screenshot of APHP's financial management interface.

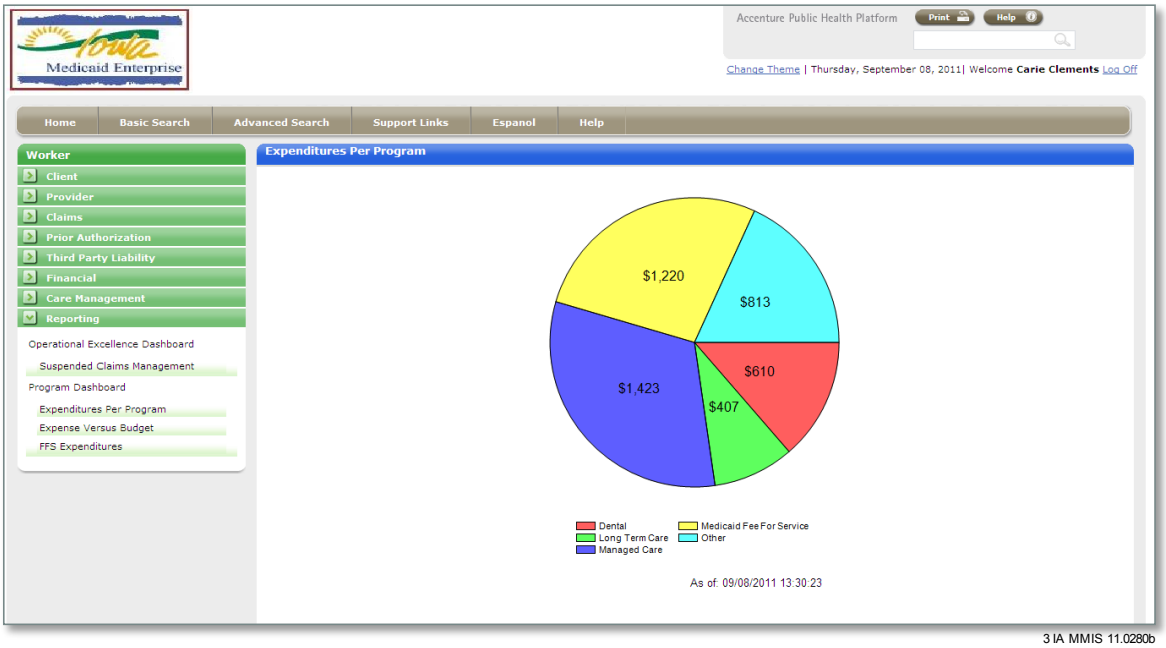



*Figure 10 - 71. This graphic shows APHP financial reporting of dental care, long term care, managed care, Medicaid FFS, and others.*

## Our Process

APHP's financial management system is configured to interface with internal and external data sources including batch file and real-time. External financial data enters the portal via the Quantum Data Services (QDS) framework and is applied to APHP's extensive data repository. Additionally, the QDS infrastructure supports workflows that allow manual or automated entry of financial transactions.

Figure 10 - 72 illustrates APHP's integration of multiple components for financial management. Provider claims are entered directly, in batches, or scanned in from paper. APHP's claims processing engine analyzes each claim for denial, approval, or suspension. Denied claims are reported to the provider, and

suspended claims go to a claims specialist for further processing. Approved claims go to financial processing.

In the financial management module, APHP processes capitation payments or fee-for-service payments. If there are any capitation payments or other carve-out reimbursement situations based on diagnosis category, APHP can process these payments based on either the ICD-9 or ICD-10 code set. The financial calculations for payment amounts are automatically generated. Other transactions that are processed include long term care turn around documents, HCBS provider claims, and MCO encounters. The financial management module processes financial input such as priced claims, TPL, crossover or member payment adjustment, and other financial data. The system makes claims adjustments that are monitored for performance. APHP generates remittance advices and provider 1099 earnings. The financial management module also works with special payment requests and payment value withholdings. APHP provides a reporting solution and monitoring of expenditure data for accounts receivable and payable.

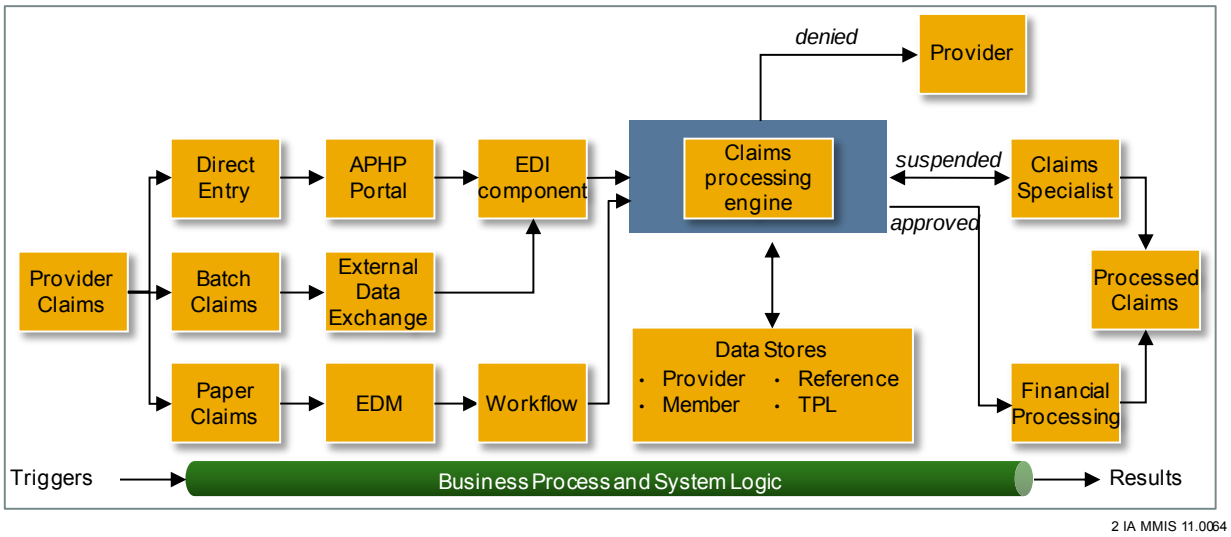



*Figure 10 - 72. The APHP web portal has a seamless integration of multiple components for financial management.*

## Our Control Procedures

Accenture recognizes that financial management must be accurate and reliable for the Department. APHP is integrated with control procedures to maximize quality during the product lifecycle of financial management. The control procedures generally include risk management, control activities, communication and information, and monitoring. The categories are flexible and adapted to each aspect of the Department's requirements. Financial management is comprehensive and requires the kind of custom controls that Accenture has a long, successful history of managing for clients.

The system enhances data integrity by applying cross-references and cross-checks to data input as part of control activities. The solution process applies changes to tables that maintain referential integrity and update the database accordingly. The data aspects of financial transactions promote automation for cost-effectiveness and speed. APHP has a core feature to track expenditure data.

APHP is designed to allow users to monitor financial transactions at a macro and granular level. The financial management system offers comprehensive reporting capabilities to the Department. APHP contains a reporting dashboard integrated in the multi-component system with quick access to the data

repository. The financial management system complies with 1099, W-2, and FICA reporting requirements. The reporting dashboard contains a secure access point to access, manage, edit, and audit financial transactions. The financial information is easily accessible for enhanced communication and information management.

The reporting feature is configurable for the Department's provider types. The reporting dashboard also implements standard financial management reports such as schedules, formats, and distributions. The financial management system contains reporting capabilities for the accounting interface such as project codes, fund sources, programs, and voucher types. The reporting dashboard integrates with APHP by utilizing QDS and Biztalk to access the data repository for up-to-date information. The reporting dashboard is setup to monitor accounts receivable with time periods such as weekly, monthly, and quarterly in aggregate and/or individual accounts. The reports are generated online or on paper.

Accenture contains comprehensive control features to provide security for the Department. APHP is protected with three layers of security: secure-sign in, authentication, and authorization, and the control procedures of APHP are compliant with HIPAA and HITECH. The system logs access-related events such as a user who fails to login correctly. Timeouts are also monitored and flagged for security purposes. Excessive login attempts and logouts are escalated by the system for security alerts.

In addition to technical controls, we also provide procedural controls with training. Accenture has developed a comprehensive educational system that benefits the Department. Subject matter experts with teaching experience are available onsite to provide one-on-one or class-based training. In addition, the APHP portal includes training tutorials for online education. The system is integrated with job aides and user guides. APHP also contains a section for frequently-asked-questions (FAQs). Accenture minimizes risks to financial management by also addressing ongoing training needs of the Department.

The summary of control procedures for financial management is shown in Table 10 - 69.

| APHP Control Procedures of Financial Management |
|---|
| 1. Risk Assessment: Accenture recognizes that inaccuracy of financial transactions for claims processing is a high risk for Medicaid recipient, Medicaid providers, and other Medicaid stakeholders. |
| 2. Control Activities: Data integrity cross checks and automated calculations maintain accuracy and reliability. Security and training are part of controls. |
| 3. Information and Communication: Financial information is easily accessible and will be communicated with multiple interfaces. |
| 4. Monitoring: The reporting dashboard provides comprehensive monitoring for financial management. |

*Table 10 - 69. APHP control procedures are generally categorized into risk assessments, control activities, information and communication, and monitoring.*

## Our Quality Assurance Procedures

The financial management system requires the combination of standard quality assurance (QA) procedures and additional quality checks customized for financial management. Accenture provides a comprehensive process of operational quality assurance for financial management. The APHP solution is integrated with Accenture's QA process for design reviews, claims-based testing, quality reviews, and user acceptance testing. Accenture utilizes a test environment that simulates production.

The sophisticated financial management system also requires customized QA procedures for verification and validation. APHP is configured to maintain a history of claim recovery payments. The system provides audit trails for sources of general ledger transactions. The attributes of these audit trails

describe who made the change, the reason for the change, and the date/time of occurrence. The financial management system is also configured to automate bank and fund reconciliations.

APHP contains a process for cross-checking and verifying data as claims and payments are received. The data is integrated into the financial management repository and reporting system. The financial management system is configured to calculate withholding for Medicaid providers and recover Medicare overpayments.

APHP is capable of calculating and assessing the impact of financial transactions. Accuracy checks are integrated into the financial management process with added features for reporting and ad hoc queries. The financial management system tracks details of un-cashed and cancelled checks

### *10.1.17.1 State Responsibilities (8.1.17.1)*

a. Provide account coding and federal report coding requirements
b. Approve manual payments and receivables
c. Provide business rules for setting the status of accounts receivable to manage provider's due process rights
d. Provide interface file layouts and business processing rules for payment, journal, deposit and receivable files
e. Provide business rules for sending accounts receivables to the state warrant offset program or other collection agent
f. Provide interface file layouts for state warrant offset processing
g. Monitor the contractors performance of its Financial Management functions
h. Provide business rules for billing the non-federal share of benefit expenditures to other entities

The state responsibilities are defined for standard financial management. Accenture acknowledges the responsibilities as shown in Table 10 - 70 and will assist where applicable to help the state towards meeting its requirements.

| 8.1.17.1 Financial Management - State Responsibilities | Acknowledgement |
|---|---|
| Provide account coding and federal reporting coding requirements | ✓ |
| Approve manual payments and receivables | ✓ |
| Provide business rules for setting the status of accounts receivable to manage provider's due process rights | ✓ |
| Provide interface file layouts and business processing rules for payment, journal, deposit and receivable files | ✓ |
| Provide business rules for sending accounts receivables to the state warrant offset program or other collection agent | ✓ |
| Provide interface file layouts for state warrant offset processing | ✓ |
| Monitor the contractor's performance of its Financial Management functions | ✓ |
| Provide business rules for billing the non-federal share of benefit expenditures to other entities. | ✓ |

*Table 10 - 70. Accenture acknowledges the Iowa responsibilities for financial management.*

### *10.1.17.2 Accenture Responsibilities (8.1.17.2)*

Our solution delivers financial accuracy and timely delivery of provider payments and reporting through systematic and operational controls, combined with inline and post payment quality assurance audits. The APHP solution provides the core set of functions that are configured to the Department requirements set out below for Accenture's responsibilities. See Figure 10 - 73 for an illustration of Accenture responsibilities.

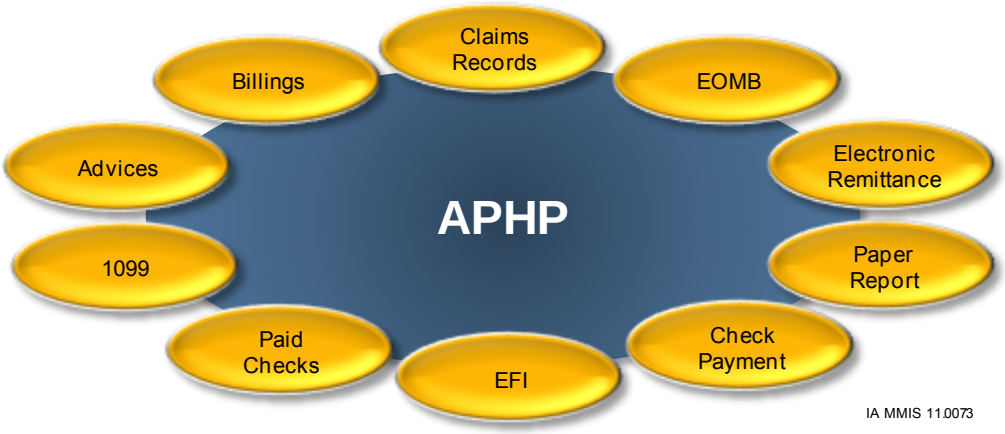



*Figure 10 - 73. APHP meets the Department requirements for Accenture Responsibilities.*

The following are the requirements of the Core MMIS contractor.

a. Include the following data in the claims reporting function:

1. All the claim records from each processing cycle
2. Online entered, non-claim-specific financial transactions, such as recoupment's, mass adjustments, cash transactions
3. Provider, member and reference data from the MMIS
4. Individual claim records for all claims not paid through the MMIS

APHP accurately reports claims data for financial management and analysis. Accenture works closely with the Department to gather requirements specific to the Department and update our rules engine to execute those requirements. The APHP portal contains a reporting dashboard with comprehensive features for federal reporting, program reporting, and other Department reporting requirements.

Reports are easily setup for content, format, frequency, and media. The reporting dashboard also allows configuration of reports for financial information such as services, eligibility codes, and fund codes. Customized reports can be quickly created for numerous kinds of information including claims data from each processing cycle. The reports can be setup for parameters such as schedule, format, and distribution requirements. The APHP process for populating the data stored that are used for reporting, shown below in Figure 10 - 74, provides report data accuracy.

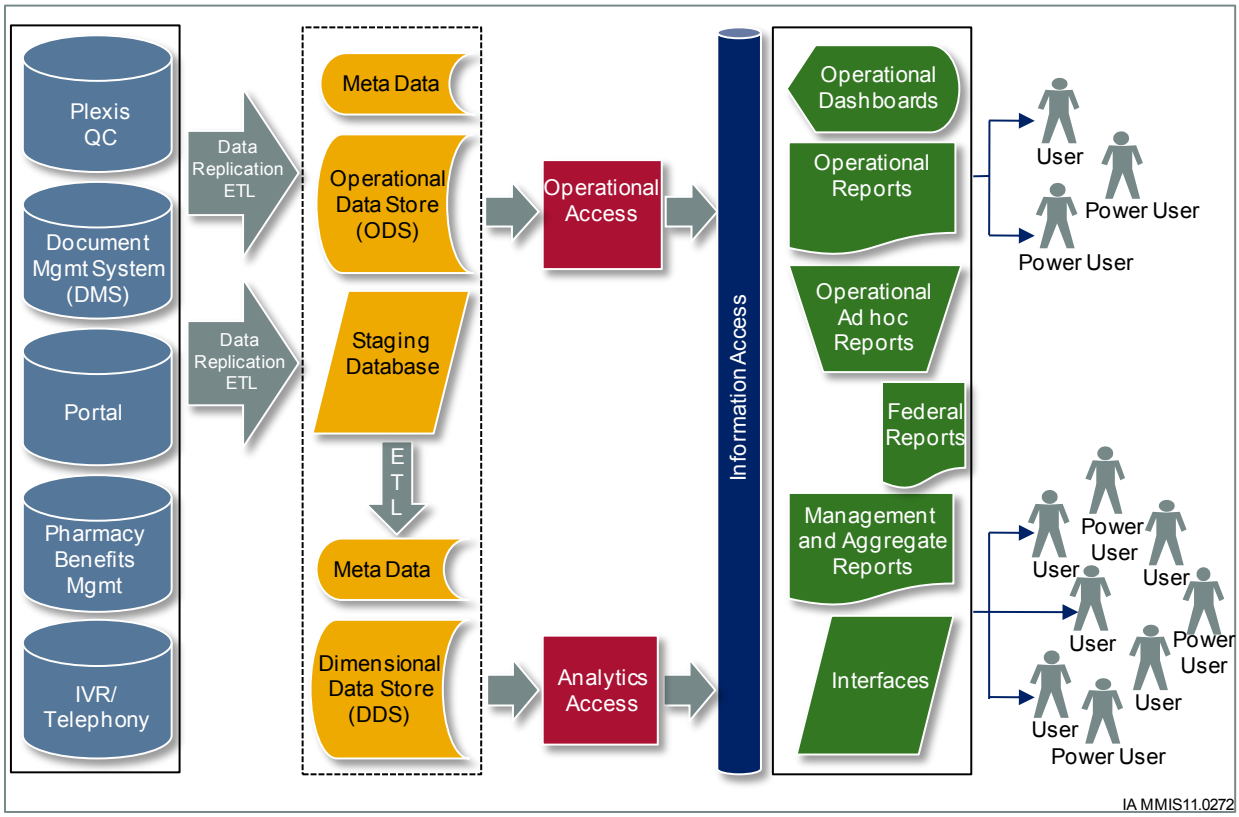



*Figure 10 - 74. The APHP reporting process provides the Department with real time, interactive analytical capabilities.*

APHP provides an interoperable framework for easily customizing reporting functionality to the Department's current environment while providing the foundation for future expansion. The solution uses service-oriented architecture that allows flexible configuration of data from multiple sources via an extract/transform/load ETL process which loads data from MMIS areas such as provider, member and reference, and from Department-specified external sources. APHP integrates those multiple data sources to provide information on financial items such as:

- MMIS claims from each processing cycle
- Online entered non-claim-specific financial transactions such as recoupments, mass adjustments, cash transactions and other non-claim-specific financial transactions
- Provider, member and reference data from the MMIS
- Individual claim records for all claims not paid through the MMIS

b. Perform mass adjustments as directed by the Department

Through APHP's re-adjudication filter, users can request mass adjustments due to rate changes, changes to benefit plans, for cost settlements, to group all claims for a particular provider, or other reasons which can be easily added per Department direction. The mass adjustment process causes re-adjudication of claims with the selection criteria and performs the same processing that is done for single adjustments by negating claims or claim lines.

When a request is entered, all of the affected claims are displayed for review, as well as the dollar amounts affected, so that the user can assess the impact of the mass adjustment prior to executing it. Once satisfied, the user can release all or part of the adjustments based on the review. This functionality

can also be used by the Department as a modeling tool in the impact analysis environment to determine the impact of potential business rules, policies, and rate changes.

c. Provide electronic funds transfer and electronic remittance advices

Automated electronic funds transfer and electronic remittance advices for claims processing activity are provided to authorize users using industry standard HIPAA compliant transactions. The interface in APHP uses a flexible architecture that meets all industry standard requirements for electronic funds transfer and electronic remittance advices. Common attributes of electronic remittance advices such as payment transfer, total payment, itemized payment, and related services are pre-configured for electronic remittance advices and can be easily changed by users. APHP has the flexibility to generate EFT transactions on a variable or pre-defined schedule. In addition, APHP has the ability to send either paper Remittance Advice notifications or Electronic Remittance Advance (ERA) notifications based on entries in the provider record.

d. Provide paper checks and remittance advices to specific provider groups as directed by the Department

APHP's core features generate paper checks and remittance advices to provider groups as defined by the Department and maintained in the provider file. APHP contains standard paper remittance advice (RA) format that meets industry standards. The APHP interface allows users to access seamlessly integrated components so that Department users can configure provider payment attributes to indicate reimbursement via paper check or electronic fund transfer. Systematic and manual checks generated by APHP are recorded in the financial management system with information such as check number, EFT number, warrant number, and other attributes. APHP supports the transfer of check files to the Iowa treasury for check-write in addition to supporting fiscal agent check-write functions. The reporting dashboard of APHP provides reports on all checks and remittances.

APHP displays multiple interfaces and data access layers integrated with a documentation system that allows printouts of checks. The process is equipped with control procedures for risk management and quality assurance as described previously in the opening section. During requirements gathering, we work collaboratively with the Department to review the RA to determine if any additional requirements need to be considered.

e. Provide electronic copy of the check payment register to the Department following each check write, in the format and content approved by the Department

APHP's enterprise data management feature provides an electronic copy of the check payment register to the Department following each check-write in the format and content approved by the Department. After each payment cycle, the APHP financial information is updated with the check numbers issued by provider. This information is also provided back to the providers on the 835 files or paper remittance and status. Accenture provides to the Department, a summary of the weekly check-write that includes, at a minimum, the check number, pay to entity, amount, and date. We will work with the Department during the Implementation Phase to finalize the format and content for Department approval.

f. Run a check-write payment cycle and EFT authorization on a schedule determined by the Department

APHP runs a check-write payment cycle and EFT authorization on a schedule determined by the Department. APHP's flexible design allows job scheduling to be easily updated by authorized users should the need for special cycles occur.

g. Issue remittance advices to all providers pursuant to the Department guidelines and timeframes

APHP is configured for remittance advices to all providers pursuant to the Department guidelines and timeframes. The process for establishing remittance advices involves the business process analysts who work with the state to gather information to comply with this contractor responsibility. The remittance advices are typically generated with a receipt of data sets with attributes for pricing, audits, and editing. APHP applies the rules engine and formats the results based on the Department requirements. The process generates output for remittance advices. The outputs are printed in hardcopy or transferred with standard electronic formats. APHP provides the capability for expansion of financial management details such as remittance advice generation that will take the Department well into the future.

h. Produce and mail a Explanation of Medicaid Benefits (EOMB) each month to a statistically valid random sample using a state approved sampling methodology of members who received Medicaid benefits (currently, a 1 percent sample is used). This sample is combined with state specified targeted members or a group of claims and the EOMB is mailed to each appropriate member. The EOMB lists all the Medicaid services the member received the previous month, including date of service, provider, procedure and amount paid

APHP produces an EOMB on a Department-specified schedule each month. APHP has a standard EOMB format. Accenture is staffed with subject matter experts for financial calculations and statistical analyses that will work with the Department to verify that the EOMB accurately explains Medicaid benefits. APHP contains features for documentation and data management that allow users to print out and mail the EOMB to each appropriate member. The core benefit plan is easily accessible for analyzing group benefits and individual benefits. The reporting dashboard generates reports of benefits for each Medicaid recipient.

APHP setups EOMB data in an encapsulated format with the appropriate parameters such as Medicaid services received in previous month, date of service, provider, procedure, and amount paid. The flexible document formatting capabilities inherent to APHP allow the user to define the manner in which the EOMB is presented to the member. Specifically, the EOMB is presented as a report or in an easy to read letter format.

APHP generates EOB notices to members based on random and focused sampling requirements as defined by the Department. The sampling methodology of members is configurable, and can be easily changed from the 1 percent sample currently used by the Department as needed. The sample set of EOMBs is combined with state specified targeted members or group of claims and then mailed to each appropriate member.

APHP supports the delivery of EOMB documents to the member through hardcopy mail and electronically via the secure message center of the APHP Member Portal. EOMB documents are member correspondence and are accessed by authorized users for review and reprint through the EDMS. APHP provides an interoperable framework for managing Medicaid benefits that will easily fit into the Department's current environment while providing the foundation for future expansion.

i. Run a minimum of three cycles per week of claim history print requests and run a minimum of five cycles per week of member history requests and a minimum of one cycle per week for purged claim history requests

APHP operates print requests at a minimum of three cycles per week of claims history and run a minimum of five cycles per week of member history requests. APHP also operates print requests at a minimum of one cycle per week for purged claim history requests. The core features of APHP allow updates and viewing of claims history with such attributes as check number, date of payment, amount paid, and the claims payment cycle.

APHP is preconfigured to update the Perform Accounting Function for transaction details such as pending claims and paid claims. The control procedures of APHP trace each transaction to a specific claim. The change control procedures provide a history of each claim transaction with an audit trail. The Department

business model is one in which The Accenture Team has experience and maturity; multiple companies working toward common goals to run claim history reviews.

j. Provide the Department with electronic copies of remittance advices and EOMB forms

APHP supports forms management integrated with all of the product components to automatically produce required correspondence, letters, and notices to members, providers, liable third-parties and other data trading partners. The APHP has the capability to produce Remittance Advices (RAs) and EOMB forms in a variety of media, including hardcopy, or via standardized electronic format, in a non-technical language based format. Additionally, APHP enables all authorized users (providers, workers, members, IME contractors, etc.) to use the self service web portal feature to access claim and financial information, including claims status, check amounts, remittance vouchers, explanation of medical benefit forms, or other transaction information.

k. Provide the Department of Inspections and Appeals a file of all checks paid out and Electronic Fund Transfers (EFTs) made

APHP is configurable to provide the Department of Inspections and Appeals a file of all checks paid out and EFTs. The APHP portal is configured for integration with appropriate internal and external data sources in the service-oriented architecture to generate the records needed for checks paid out and EFTs. The solution is designed for easy, secure generating and processing of interface files.

Additionally, the reporting dashboard generates information on checks paid out and EFTs and can be easily customized to Department requirements. APHP provides an interoperable framework that will fit into the Department's current environment while providing the foundation for future expansion.

l. Produce electronic file of monthly billings for entities responsible for the non-federal share of claims

APHP produces electronic files of monthly billings for entities responsible for the non-federal share of claims. The financial management module of APHP is integrated with the financial repository of data for billing entities and the non-federal share of claims. The Accenture Team has designed an interface that easily reports financial transactions for analysis of non-federal share of claims. We have business process analysts who will work with the Department to configure the solution to comply with requirements.

m. Print billings for entities responsible for the non-federal share of claims as directed by the Department

APHP's documentation subsystem prints billings for entities responsible for the non-federal share of claims as directed by the Department. Alternately, APHP creates electronic EDI billings or billing interface files for delivery to Department-specified recipients.

n. For ICF/MR provider assessment fee payments, identify the non-federal share and ensure these amounts are not transferred to the accounts receivable system for collection by the Department

The Accenture Team understands, from a review of Iowa's policy, that licensed ICFs/MR certified to participate in the Medicaid program that are not operated by the state are obligated to pay a monthly assessment fee to the Department, and that the Department deducts each facility's monthly provider assessment fee from their monthly medical assistance payments. APHP is highly configurable and can identify the non-federal share of transactions including those for Intermediate Care Facilities for the Mentally Retarded (ICF/MR) providers. APHP has the ability to stamp transactions at the claim and line level with the date, federal report code, and state account which allows delineation between federal and non-federal share amounts. The rules engine will mark the non-federal share of ICF/MR as financial transactions that are not transferred to the accounts receivable system, which consequently prevents collection triggers to the Department.

o. Maintain the table of Integrated Information for Iowa (I/3) financial accounting system codes in the system

APHP is configurable to maintain the table of Integrated Information for Iowa (I/3) financial accounting system codes in the system. The Accenture Team is experienced in accounting systems and plans to work collaboratively with the Department during requirements gathering to meet this requirement. This is similar to what we do for Texas Medicaid where the state gives us a list of accounting codes for financial transactions that we map to the state categories, so that when the transactions are transferred to the state accounting system they have the appropriate code.

p. Extract information required for billing entities responsible for the non-federal share of benefit expenditures for download to an SQL-server based A/R system

APHP is capable of extracting information required for billing entities responsible for the non-federal share of benefit expenditures and quickly download the information to a SQL-server based A/R system. The solution uses a SOA design with an access layer, business services layer, and data layer. The extraction process for billing entities is a standard, automated process in the solution. Data elements can easily be added and removed from the extract. Examples of current data elements are provider billing name, address, tax ID, type, claims numbers and amounts, and date of service.

q. Produce and mail a paper report and invoice to entities responsible for the non-federal share of benefit expenditures with instructions to send the checks for payment to the Department

APHP contains a documentation feature to produce and mail a paper report and invoice to entities responsible for the non-federal share of benefit expenditures with instructions to send the checks for payment to the Department.

The APHP manages the billing process for entities responsible for the non-federal share of specified services. APHP provides transaction processing functionality that allows claim lines to be split across funding sources while applying accurate, prescriptive payments to providers, members and other authorized entities based on IME business rules and defined payment methodologies. The transactions are assigned to accounts based on User-defined account assignments. The detailed accounting of funding source supports the invoicing of billing entities for the non-federal share of the cost of services provided to members. APHP utilizes a COTS claims product that natively supports the ability to produce invoices to individuals, organizations or other entities when an overdue balance is discovered. Collection of the non-federal share could be accommodated through invoice generation or the creation of AR directly from the claims adjudication process.

r. Accept and process the Department of Administrative Services Vendor Offset file received weekly from the Department

APHP leverages the EDI component for secure data exchange between the MMIS and external data sources and systems. In preparation for payment processing, the APHP financial management component will perform reconciliations for credit balance and offsets. APHP accepts the Department of Administrative Services Off-set file on a monthly basis and apply the offsets as part of the financial payment cycle. APHP generates a payment file for submission, via established secure interface, to the State's accounting system, which will be reflective of this offsets.

s. Transmit accounts that cannot be collected (e.g., provider overpayments) to the Revenue Collection contractor

APHP offers financial management of accounts that cannot be collected. The APHP's EDI transmits accounts that cannot be collected to the Revenue Collection contractor. The Accenture Team acknowledges that management of delinquent accounts is important for Department budget expenditures. Our control processes are setup for comprehensive accounting procedures to track and manage delinquent accounts.

t. Generate provider remittance advices in electronic, paper (currently less than 1500 providers) and PDF media. Electronic remittance advices must meet ANSI X12 835 standards. Include all of the information identified below on the remittance advice. For the ANSI X12 835 format, information is limited to available fields on the authorized format

1. An itemization of submitted claims that were paid, denied or adjusted and any financial transactions that were processed for that provider, including subtotals and totals
2. An itemization of suspended claims
3. Adjusted claim information showing both the original claim information and an explanation of the adjustment reason code
4. The name of the insurance company, the name of the insured and the policy number for claims rejected due to TPL coverage on file for the member
5. Explanatory Messages relating to the claim payment cutback or denial
6. Summary section containing earnings information regarding the number of claims paid, denied, suspended, adjusted, in process and financial transactions for the current payment period, month-to-date and year-to-date
7. Explanation of Benefits payment Messages for claim header and for claim detail lines
8. Patient account and medical records numbers, where available
9. Any additional fields as described by the Department

APHP generates provider remittance advices in electronic, paper, and pdf format that meets ANSI X12 835 standards. APHP includes the 9 items listed in requirement (t) within the remittance advice. See Table 10 - 71.

| Information Included on Remittance Advice | Existing Capability |
|---|---|
| The Accenture solution provides an itemization of claims that were paid, denied, or adjusted and any financial transactions that were processed for that provider, including subtotals and totals. | ✓ |
| The APHP solution provides an itemization of suspended claims. | ✓ |
| The solution provides adjusted claim information showing the original claim information and an explanation of the adjustment reason code. | ✓ |
| APHP generates the name of the insurance company, name of insured, and policy number for claims rejected due to TPL coverage on file. | ✓ |
| APHP provides explanatory message relating to the claim payment cutback or denial. | ✓ |
| The solution generates a summary section containing earnings information regarding the number of claims paid, denied, suspended, adjusted, in process, and financial transactions for the current payment period, month-to-date, and year-to-date. | ✓ |
| APHP provides an explanation of benefits payment messages for claim header and for claim detail lines. | ✓ |
| The solution provides patient accounts and medical records where available. | ✓ |
| APHP provides a comprehensive database of fields required to support the Department. The APHP solution provides the ability to include any of the data in the APHP database on the Remittance Advise, as required by the Department. | ✓ |

*Table 10 - 71. The financial management system of APHP provides comprehensive support of all major attributes for remittance advices.*

Accenture has experience in managing claims data for X12 formats for 45 Code of Federal Regulations Part 162: ASC X12N 835 and ASC X12N 820. Accenture's investment is the future of Medicaid financial management, not the legacy MMIS market; APHP provides the capability for expansion that will take the Department well into the future.

u. Provide the capability to insert informational Messages on remittance advices or a supplemental document to accompany payment, with multiple Messages available on a user-maintainable Message text file, with selectable print parameters such as provider type, claim type and payment cycle date(s)

APHP allows authorized users to insert informational messages on remittance advices (RAs) or a supplemental document. The process logs all transactions into the APHP solution. The control procedures calculate and assess the impact of each transaction. Users can view the remittance advices and add annotations or attach documents. Communication artifacts are configured to accompany payments with multiple messages available on a user-maintainable message text file that has selectable print parameters such as provider type, claim type, and payment cycle dates. APHP provides flexible framework that allows for future expansion as requirements for RAs and informational messages evolve.

v. Provide the flexibility to suppress the generation of zero-pay checks and EFTS but to generate associated remittance advices

APHP is capable of suppressing the generation of zero-pay checks and EFTs while still generating associated remittance advices. Zero-pay checks occur when a provider has an outstanding credit balance (whether carry-over from prior cycles or generated in the current cycle), and the reimbursement for the cycle in question is not enough to cover the outstanding credit. Therefore, the offset results in a net zero, or zero paycheck. Our solution allows the insertion of business rules to apply a threshold to the financial process so that if the calculated check amount is zero or less, the check print is suppressed. APHP still reports the transaction to the provider on the 835 transaction.

w. Provide to the state each provider's 1099 information annually

APHP provides each provider's 1099 information annually to the state. APHP's process of 1099 preparation and electronic reporting complies with IRS specifications. The solution calculates 1099s based on FEIN or Tax ID and accumulates payments to the same Tax ID on a single 1099. APHP's workflow generates notification to the provider's secure portal inbox when their 1099 is ready. The completed 1099 is viewable in the portal by the provider associated with the Tax ID and approved Department users.

APHP produces quarterly reconciliations of 1099 activity to cash and adjustment reports and individual payment reports. The Accenture Team actively resolves 1099 issues through research and responds to provider inquiries for 1099 postings in a timely manner. Any updates will amend 1099s while retaining the original 1099 input. We comply with IRS B1 and B2 protocols for resolution of mismatched data.

x. Accommodate manually issued checks by the state and the required posting to the specific provider's account to adjust the provider's 1099 earnings data and set up recoupment criteria

APHP processes manually issued checks by the state, posts them to the specific provider's account, and adjusts the provider's 1099 earnings appropriately.

If the check is an advance, APHP automatically sets up a recoupment process for the provider by creating an AR to recoup the payment advance from future claim payments to avoid overpayment. As each future claim is paid out, APHP reduces the payment as specified by the Department. Recoupment amount options are to retain the full amount of the claim payment, a percentage of the claim payment, or a set dollar amount of the claim payment until the full amount of the advance is recouped. APHP also allows the recoupment to be administered based on frequency: for example, to reduce the provider payout with each payment cycle, on a monthly basis, or other period until the full amount is recouped.

APHP’s automatically generated provider remittance advices (RAs) contain the details of a provider's recoupments such as amounts, specific members, transactions and claims involved in the adjustment.

y. Enter lien and assignment information to be used in directing or splitting payments to the provider and lien holder

APHP supports user setup of liens and payment assignments directing payments to the provider and lien holder(s). This is accomplished by configuring a provider's withholding to route a percentage or a set amount of the provider's payment to the lien holder identified within APHP as a Vendor or Pay-To person. The withholdings process includes setup of criteria that indicate percentage or amount, frequency, and total amount to be withheld.

z. Identify providers with credit balances and no claim activity during the Department specified number of months and generate a quarterly report of credit account balance audits

The Accenture Team recognizes that the Department is charged with paying for actual services rendered, so that overpayments -- both planned and unplanned -- must be tracked carefully. APHP identifies providers with credit balances and no claim activity during the Department specified number of months and generates an audits report of credit account balances on a Department defined frequency including quarterly. The easy-to-use reporting dashboard is integrated with financial management data, so that reporting queries clearly reflect months and providers with a balance greater than $0, but no claim activity during the specified time period. The reports can be quickly generated and printed or exported.

aa. Generate overpayment letters to providers when establishing accounts receivable

APHP generates overpayment letters and provides information on recoupment procedures to providers whenever the system establishes an accounts receivable (AR). The letter may be delivered electronically or mailed. The portal has control procedures and integrated cross-checks to properly track and reconcile overpayments when they are made.

bb. Provide paper, envelopes, check stock and all services associated with printing and mailing Residential Care Facility (RCF) letters and checks, including lien holder provider checks

The Accenture Team provides paper, envelopes, check stock and all services associated with printing and mailing Residential Care Facility (RCF) letters and checks, including lien holder provider checks. We realize that paper transactions, though typically more expensive than electronic, are necessary and accept these cost.

cc. Provide report on all financial transactions by source, including TPL recoveries, fraud and abuse recoveries, provider payments, drug rebates

APHP Enterprise Reporting and Analytics provides a full range of tools and services to help manage program administration, leveraging the use of contract management and performance measures reporting dashboards. APHP's reporting dashboard provides reports on all financial transactions by source including TPL recoveries, fraud and abuse recoveries, provider payments, and drug rebates.

1. Transmit financial data electronically from the MMIS directly to the Department or the entity responsible for producing EFT

The APHP Framework consists of a core claims COTS product which natively delivers comprehensive claims payment processing services. Upon completion of the claims payment process, which is automated via the APHP automated workflow and process engine, a claims payment file is created for payment issuance. APHP's core claims product supports claims payment processing for providers and other entities who choose to receive payments via Electronic Funds Transfer (EFT). Our open architecture and systems interoperability allow authorized data exchange between APHP and State approved entities, allowing us to transmit financial data electronically from the MMIS directly to the Department or the entity responsible for producing EFT.

2. Manage the billing process for entities responsible for the non-federal share of specified services

APHP manages the billing process for entities responsible for the non-federal share of specified services. APHP provides transaction processing functionality that allows claim lines to be split across funding sources while applying accurate, prescriptive payments to providers, members and other authorized entities based on IME business rules and defined payment methodologies. The transactions are assigned to accounts based on User-defined account assignments. The detailed accounting of funding source supports the invoicing of billing entities for the non-federal share of the cost of services provided to members. APHP utilizes a COTS claims product that natively supports the ability to produce invoices to individuals, organizations or other entities when an overdue balance is discovered. Collection of the non-federal share could be accommodated through invoice generation or the creation of AR directly from the claims adjudication process.

3. Accumulate paid claims and Information on each claim line including member's county of legal settlement

APHP provides functionality to support county billing based on IME's need to collect the non-federal share of specific services. The APHP accumulates paid claims and stores information on each claim line, including member's county of legal settlement, to support county billing activities.

4. Produce and mail a paper report and invoice to entities as directed by the Department
5. Produce electronic file for entities as directed by the Department

Leveraging the APHP EDI component, Accenture provides invoices generated from the financial management component within the COTS claims engine to the carriers, county offices and other entities as defined by the Department in an electronic file, via secure data exchange. Subsequently, if paper invoices are required, the APHP document management component will support the creation and distribution of the paper invoice.

6. Manage account receivable function to track all amounts due the Department as a result of a transaction processed by the MMIS and POS

APHP provides accounts receivable (AR) functionality that generates a financial transaction for every receipt. Receipt source data is kept in the financial transaction record such that the AR can be easily traced back to the provider, member or other entity that submitted it to the program. AR and Accounts Payable (AP) management leverage standard services which can be applied across all areas of financial management. APHP will utilize the core claims COTS product to process all financial transactions for providers, members and other entities. All data supporting outstanding AR balances will be applied during the payment cycle to offset provider payments accordingly. The APHP Framework delivers a core financial management component (accounting system) supporting the capture and application of multiple types of accounts receivables (AR) including, but not limited to premium collections, cost settlements and recoveries generated from estate probate, client annuities, and property liens. All financial data surrounding provider credit and AR transactions, including claim history applicable to the AR or credit balance, will reside in the APHP operational data store (ODS). The APHP Enterprise reporting component will access this data for standard and ad hoc reporting as required.

Accenture provides reports that help manage proper budgetary control of the Department and related Medicaid stakeholders. We are aware that Medicaid benefits and programs must meet the needs of the Medicaid recipients, Medicaid providers, and Medicaid programs. The APHP web portal transmits financial data, manages the billing process, and accumulates claims information. The documentation system will produce paper reports for mailing. APHP is preset with the core ability to track amounts of financial transactions. The easy-to-use interface allows comprehensive adjustments of related business services to fulfill these requirements without excessive software development often required for legacy

systems. The Department business model is one in which Accenture is experienced and mature: multiple companies working toward common goals such as financial management of Medicaid transactions.

### *10.1.17.3 Performance Standards (8.1.17.3)*

a. Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department
b. Produce state-defined reports including, but not limited to accounts payable and receivable reports, within the required timeframe determined by the Department
c. Produce, post and mail the Explanation of Medicaid Benefits (EOMB) within five business days of the pay cycle
d. Produce, post and mail all remittance advices within one business day of the pay cycle
e. Perform mass adjustments within five business days of being directed to do so by the Department
f. Deliver the EFT and check file as directed by the Department
g. Deliver the file of charges to entities responsible for the non-federal share of benefit expenditures to the state's accounts receivable system within one business day of the last pay cycle of the month
h. Print and mail RCF letters and checks, including lien holder provider checks as determined by the Department
i. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department

Accenture acknowledges and accepts the RFP performance standards for Financial Management as depicted in Table 10 - 72.

| 8.1.17.3 Financial Management - Performance Standards | Acknowledge and Accepts |
|---|---|
| Create or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department | ✓ |
| Produce state-defined reports including, but not limited to accounts payable and receivable reports, within the required timeframe determined by the Department | ✓ |
| Product, post and mail the Explanation of Medicaid Benefits (EOMB) within five business days of the pay cycle | ✓ |
| Produce, post and mail all remittance advices within one business day of the pay cycle | ✓ |
| Perform mass adjustments within five business days of being directed to do so by the Department | ✓ |
| Deliver the EFT and check file as directed by the Department | ✓ |
| Deliver the file of charges to entities responsible for the non-federal share of benefit expenditures to the state's accounts receivable system within one business day of the last pay cycle of the month | ✓ |
| Print and mail RCF letters and checks, including lien holder provider checks as determined by the Department | ✓ |
| The initial accuracy measurement upon submission of all documents and reports will be determined by the Department | ✓ |

*Table 10 - 72. Accenture acknowledges the performance requirements for financial management.*

## 10.1.18 Program Integrity Management (8.1.18)

All Program Integrity functions are the responsibility of the Program Integrity contractor and or the Department staff. The contractor responsibilities for the MMIS Program Integrity functions are limited to producing files and reports indicated in this section.

**Substantial experience and established processes for sharing and exchanging sensitive data is the key to successful program integrity. By working closely with other trading partners and establishing standard interface methods, we increase the efficiency and security of data transfers.**

**Information exchange is easy and secure with APHP.**

- Current operations in Texas Medicaid exchange over 900 interface files with over 40 separate external partners.
- Integrated workflow tool provides ability to quickly and easily build and modify custom interfaces.
- Controlled processes establish the transfer of data efficiently and accurately.
- Multiple secure delivery channels share and exchange data to safeguard the confidentiality and integrity of the data.

The Accenture Team understands our role in providing the data for the Department and other contractors to manage the Medicaid Program. Of utmost importance to us are the integrity, confidentiality and availability of this data to all operational areas that we support. Our solution, the Accenture Public Health Platform (APHP), includes an approach that is reliable, flexible and configurable and that supports data exchange through several means. We provide secure delivery of files and reports through APHP Electronic Data Interchange (EDI) capabilities, secure web services via our APHP web portal, and flat files sent through secure transmission methods.

We work closely with the Department and other file sharing partners to determine the appropriate method for sharing data. Whether by structured Health Insurance Portability and Accountability Act (HIPAA) compliant data exchanges through standard or customized interfaces, through web services capabilities such as secure sign on to the APHP web portal or Secure File Transfer Protocol (SFTP) interface access, or via secure email in data formats such as Portable Document Format (PDF) or Excel spreadsheet, files and reports are provided accurately and efficiently. APHP also includes a robust reporting functionality that allows for the rapid development of standard reports as well as a user friendly interface for ad hoc reporting. Please reference Section 10.1.15 Program Management Reporting for a more detailed explanation of our reporting capabilities.

The Accenture Team is committed to protecting client data while performing the necessary sharing functions to support many different areas of operations. As seen with our experience with the Texas Medicaid MMIS, with over 900 interface files to 40 separate external partners, we have implemented security initiatives that help ensure that we remain excellent stewards of data. We have over 46 years of experience with government clients and have rigorous processes that support the applicable regulations related to security and privacy.

### Our Process, Control Procedures and Quality Assurance

The Accenture Team recognizes the needs to provide the Program Integrity contractor and other Program Integrity (PI) stakeholders, including the Department, timely and accurate claims, provider, and LTC and payment information. During the Implementation Phase of the contract, we meet with the Department to validate the requirements, formats and frequency of the data to be exchanged with the PI contractor and other PI stakeholders. During operations, we apply quality assurance checks based on those requirements to meet four specific operational process criteria:

**Completeness** - Each file or report record must contain values in the required fields. Any missing fields or values will trigger an alert that initiates a research action to determine if there is a system issue or

problem. Optional fields are also evaluated and reported in an overall data profile report for each submitted files.

**Accuracy** - Each file is balanced to validate that the total number of records written for the output files match the selection count for all the records that meet the extract criteria. Reports are balanced as part of the process that generates the specific report.

**Consistency** - An additional quality check we perform is comparing the current week's record/report counts to the previous week's record/report counts or average counts to determine if the variance is outside a specified range. This quality check identifies deliverables that do not contain all the expected records or contain other volume anomalies.

**Timeliness** - Our system's operational processes include monitoring for file/report creation from the production schedule. We generate an alert if the expected deliverable is late in being created and escalate to the appropriate contact.

Control and monitoring of the file and report submissions is critical to supporting the Department's program integrity module. The Accenture Team validates the deliverables necessary to support the Program Integrity vendor and other stakeholders (Member services contractor, MFCU, Department of Inspections and Appeals).

### *10.1.18.1 State Responsibilities (8.1.18.1)*

The Department provides program oversight and specifies the parameters and criteria used by the Program Integrity contractor to develop exception, profile and informational reports of providers and support the Program Integrity member analysis functions, including investigation of potential member overuse or misuse of services and identification of members for the member lock-in program. The Member Services contractor will perform the member analysis and member lock-in functions. The Department performs the following functions related to the SUR module:

a. Oversight to all contractors involved with Program Integrity
b. Details on the contents of files and reports
c. Approve requests made to MMIS by the Program Integrity contractor

We understand the Department's responsibilities in regard to overseeing the Accenture Team's involvement with the Program Integrity contractor. We work with the Department to facilitate timely and secure reporting to external entities to lend our support in meeting their responsibilities as shown in Table 10 - 73 below.

| 10.1.18.1 Program Integrity Management - State Responsibilities | Acknowledgement |
|---|---|
| Oversight to all contractors involved with Program Integrity | ✓ |
| Details on the contents of files and reports | ✓ |
| Approve requests made to MMIS by the Program Integrity contractor | ✓ |

*Table 10 - 73. Reporting flexibility helps the Department to meet their responsibilities.*

### *10.1.18.2 Accenture Responsibilities (8.1.18.2)*

The contractor responsibilities for the MMIS Program Integrity functions are limited to the following:

a. Provide weekly or as required by the Department, a file of all paid claims to Program Integrity contractor, Member Services contractor and a Medicaid Fraud Control Unit (MFCU)
b. Provide weekly or as required by the Department, a copy of the provider claims history profile report to the Department of Inspection and Appeals
c. Produce for the Department of Inspection and Appeals an electronic summary of LTC

d. Provide to the Department Medicaid Fraud Control Unit, weekly or as directed by the Department an electronic copy of all checks paid and Electronic Fund Transfers (EFTs) made

APHP provides secure delivery channels for sharing and exchanging data with various partners in accordance with HIPAA. The Accenture Team works with the Department and other vendors to establish standard interoperability protocols. Sharing partners, including the Program Integrity contractor, the Member Services contractor, the Medicaid Fraud Control Unit and the Department of Inspection and Appeals, receive file exchanges and reports securely and in a timely manner.

As shown in Figure 10 - 75, these files and reports are made available through designated means, including web services such as a SFTP transmission, email distribution of electronic file formats such as an Excel spreadsheet or PDF, or viewable format loaded in a document management system repository.

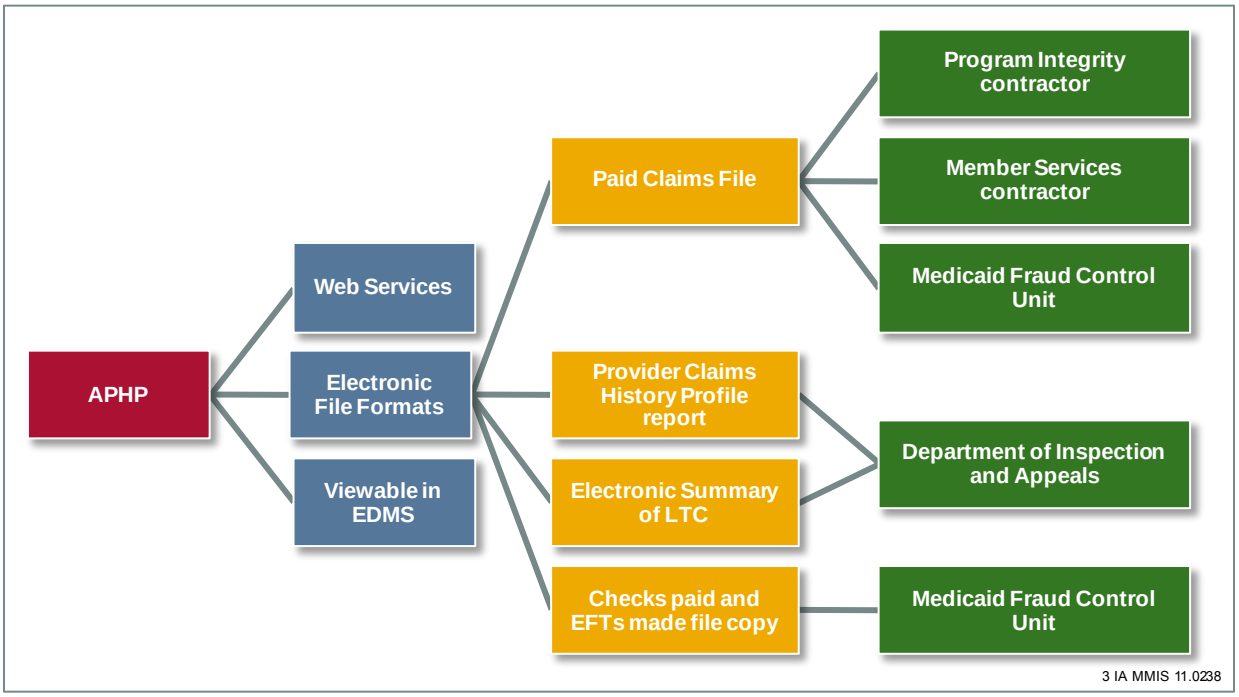



*Figure 10 - 75. APHP provides files and reports in a variety of formats to multiple sharing partners.*

### *10.1.18.3 Performance Standards (8.1.18.3)*

a. All required reports must be available online for review by the Department staff pursuant to the following schedule:

1. Daily reports - by 10:00 AM of the following business day
2. Weekly reports – by 10:00AM of the next business day after the scheduled production date
3. Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department
4. Produce the state-defined reports within the required timeframe as determined by the Department

We acknowledge and accept the RFP performance standards for Program Integrity Management as shown in Table 10 - 74.

| 10.1.18.3 Program Integrity Management - Performance Standards | Acknowledge and Accept |
|---|---|
| All required reports must be available online for review by the Department staff pursuant to the following schedule:<br>1. Daily reports - by 10:00am of the following business day<br>2. Weekly reports - by 10:00am of the next business day after the scheduled production date<br>3. Create and/or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department<br>4. Produce the state-defined reports within the required timeframe as determined by the Department | ✓ |

*Table 10 - 74. APHP supports standard and ad hoc reporting with a robust reporting engine and user friendly interface.*

## 10.1.19 Managed Care (8.1.19)

Iowa is committed to providing Medical Services to Medicaid members through managed healthcare wherever feasible. Iowa does not currently have a managed care-based fully capitated managed medical care program. There are currently five different managed care initiatives in Iowa:

a. A Primary Care Case Management (PCCM) program called the Medicaid Patient Access to Service System (MediPASS). Members enrolled in MediPASS are enrolled with a primary care provider who is responsible for providing primary care and coordinating or authorizing other necessary care. This is not a full risk form of managed care. The primary care provider is paid a set amount per member, per month, for managing the care and is paid fee-for-service (FFS) for other care delivered. All other care, provided the primary care provider approves it, is reimbursed on a FFS basis

b. Iowa does not currently have a managed care-based fully capitated managed medical care program

c. The State of Iowa has a managed behavioral health plan called the Iowa Plan for Behavioral Health (Iowa Plan). The Iowa Plan contractor operates under a capitated, risk-based contract

d. Medicaid members enrolled with the Iowa Plan receive mental health and substance abuse treatment services from providers that subcontract with the contractor, who is the behavioral mental health contractor with the Iowa Plan. The Department eligibility system automatically enrolls Medicaid-eligible individuals in the Iowa Plan unless they are exempt

e. A Medical Home is a location that serves a designated geographic area where primary healthcare (PHC) services, including care coordination, are delivered. Medical services are provided by persons appropriately licensed to provide such services in the state of Iowa. The Medical Home provides initial care and the majority of ongoing healthcare needs. If the Medical Home determines that a higher level of services are required than what it can provide, referrals to specialists may be made

f. PACE (Program of All-inclusive Care for the Elderly) is a program designed to help members stay as healthy as possible, but also to provide for any other medical care that may be needed such as hospitalizations, specialty care, nursing facility care, hospice, emergency care and transportation. Each PACE provider must operate an adult day services-certified PACE center in which primary care plus other services will be provided. Providers enrolled as PACE providers have a designated service area per agreement with the Department. PACE is a fully capitated program. The PACE provider is responsible for all Medicaid covered services for members enrolled with Medicaid. No FFS claims are paid for the PACE provider or any other Iowa Medicaid provider. Eligible enrollees are those Medicaid members over age 55 who meet nursing facility level of care criteria and choose whether to enroll in PACE

g. A non emergency medical transportation brokerage system was established effective October 1, 2010. The broker operates under a capitated, risk-based contract. Medicaid members eligible for non-emergency transportation make arrangements through the broker for transportation to medical or therapy appointments

**Accenture's solution provides the Department the ability to monitor member compliance, assess the effectiveness of managed plans, and define new plans. We give the Department a transparent view across managed care plans to assess their costs and effectiveness.**

**APHP is flexible to adapt existing managed care initiatives for Iowa and also implement new programs for the future.**

Accenture has extensive health and managed care plan administration experience:

- Supported 30-plus contracts
- Supported over 40 million members
- Processed over 20 million enrollment transactions at 98.5 percent accuracy
- Adjudicated more than 14 million claims totaling over $2.5 billion at 99 percent accuracy
- Processed more than 2 million provider updates at 95 percent accuracy
- Reconciled $18.5 billion in premium payments at 98 percent accuracy

Some states are even looking at 100 percent Medicaid participation in managed care. Our solution provides the capability for expansion to support the future of managed care plans associated with Iowa Medicaid.

We view managed care processing as a different type of benefit plan in which encounters may be processed for designated provider types in addition to claims from other provider types. Specifically, we are prepared to support Iowa in its future managed care activities, including the expansion of its recently implemented Medical Home 1115 Waiver and its transactions with Accountable Care Organizations.

Accenture provides leadership in the healthcare industry and works with organizations around the globe to identify trends affecting healthcare worldwide, including issues related to standardization, common records and identifiers, and patient-centric healthcare perspectives. We have more than 6,000

professionals in our healthcare consulting practices, with 4,600 professionals in our North America practice. Accenture's Health practice, consisting of provider, payer and public health industry groups, has assisted more than 800 different healthcare clients within the last five years. Our clients include Medicaid, Medicare, healthcare providers, Commercial health insurers, managed care organizations, public health organizations, biotechnology, and medical products companies.

Our experience is both as a submitter and processor for managed care. Our commercial experience includes some of the nation's largest most diverse companies, who offer numerous and varied managed care programs. Table 10 - 75 provides a sample of our current commercial clients and their programs.

| Client | Type | SOA | Health Ins | Web Portal | Health PMO | COTS Products Integration | Rules Engine | Claim Ops |
|---|---|---|---|---|---|---|---|---|
| **Commercial** | | | | | | | | |
| *WellPoint* | Reference | | X | X | | | | X |
| *Excellus* | Reference | | X | | | X | | |
| *CIGNA* | Credential | X | X | X | X | X | X | X |
| *Health Alliance Plan* | Reference | X | X | X | X | X | X | X |

*Table 10 - 75. Accenture has managed care experience both as a submitter and processor.*

On September 1, 2009, Accenture launched a new Health and Public Service Operating Group to integrate, focus, and expand services to government and commercial healthcare clients. Our innovative consulting and technology solutions and services enable healthcare and public service health organizations to deliver increased and improved services while containing costs. As one of the world's largest systems integration and managed services providers, we use preferred practice insights to simplify administrative processes while maintaining or advancing the quality and safety of care and addressing the most pressing issues in healthcare.

We are a full service Health and Public Services system integrator who can successfully deliver and support multiple complex systems. **We will not just re-place your current system; we will re-position the State of Iowa to successfully support a better overall managed health model for the future.**

### *10.1.19.1 Activities (8.1.19.1)*

A frequently heard criticism of managed care is that it manages costs, not care. We believe that both can be accomplished - improve health outcomes for Medicaid recipients and manage costs of the Medicaid program. Accenture recognized the needs of Iowa and other states faced with the new federal requirements defined by the CMS for MITA and the changes to the healthcare landscape. We charge our healthcare thought leadership in concert with our technology staff to identify a solution that would not only meet the needs of states today but to architect a solution that provides a framework to offer flexibility for the future. The answer to these challenges is the Accenture Public Health Platform (APHP).

The APHP framework aligns directly with MITA, meeting the defined objectives for the IME and CMS certification. The APHP framework is comprised of MITA defined business processes that are presented in a modular, component based manner, compatible with Iowa's enterprise architecture. APHP enables information to flow among the Core product components and with those selected by the Department to support additional IME capabilities. All of the products are integrated into APHP, yet insulated from each other such that product integrity across the framework is not jeopardized as upgrades are applied or new

COTS products are added. Interoperability across the platform is extended to external applications through web services to allow the IME up to date information necessary to operate effectively in real time. Additionally, Iowa benefits by a shortened delivery timeframe with a new approach to product installation, configuration and testing, which significantly reduces time to the Operational Phase.

## Our Process

Using APHP's flexible framework of commercially based products, we configure rules for Iowa's defined managed care programs including capitation for primary care services only, for behavioral health services, for non-emergency transportation, for home evaluation and medical home services. All of these can be configured to be reimbursed alone or along with fee for service processing. These functions are configured based on the requirements agreed upon with the Department including State requirements for annual category updates, creation of capitation rates, and monthly payment generation. In addition we build rules in the medical claim system to identify the division of financial responsibility (DOFR) so that claims can be forwarded or not paid for services that are capitated or carved out. Accenture supports Iowa's commitment to providing medical services to Medicaid members through managed healthcare using a combination of a benefit plan and provider reimbursement feature.

The Department's goals are aligned with those of a managed care program that emphasizes communication, responsiveness and a strong customer service orientation. Accenture supports the Department and managed care contractors through numerous defined activities and responsibilities. Accenture collaborates with the Department in the enhancement of managed care programs, with an emphasis on member eligibility and assignment, provider enrollment, program enhancement and the collection and analysis of encounter data.

Accenture works closely with the Department to enable the Department to meet your managed care goals of promoting and improving access to quality care in a cost-effective manner. Our services and managed care solution, APHP, supports Iowa to become a prudent purchaser of managed care by developing contractual standards for quality of care and other measures, collecting data to measure compliance with these standards, and rewarding or sanctioning health plans based on their performance.

Our solution supports multiple plans and multiple providers, as depicted in the following table.

| Features | Benefits to Iowa |
|---|---|
| *Flexible tool capable of managing a multi-program and multi-plan environment* | The ability to define and manage current and future programs using existing tool functionality without the need for costly and time-consuming code changes |
| *HIPAA compliant security and data protection* | Protected Health Information (PHI) and Personally Identifiable Information (PII) are secured through appropriate firewall and encryption protocols |
| *Integrated and automated reporting solution that ties together data across the program lifecycle* | Transparent and accessible data throughout the program lifecycle from enrollment through encounter and claims processing |
| *Modular, MITA-aligned architecture* | Meets the CMS Seven Conditions for Enhanced Funding and provides flexibility to share data with other systems through standard web services and interfaces and swap out tools to support changes in the future as new products and technologies come onto the market |
| *Document Management System* | Improved quality, control, and efficiency at scale with an estimated 24 hour turn-around of received documents. Configurable workflow to support various document types through an Integrated OCR/data entry functionality. Supports documents received and correspondence distributed in a single Enterprise |

| Features | Benefits to Iowa |
|---|---|
| | Document Management store that is integrated with the MMIS, CRM and Portal solutions. |

*Table 10 - 76. APHP supports expansion of the Iowa managed care programs.*

## Our Control Procedures

A benefit plan and provider reimbursement methodology is configured within APHP for specific options and related attributes for each plan. Each benefit plan has a unique identification number which enables customization for specific attributes, such as the capitation rates and service categories covered under that capitation. The unique identifier for each plan plays a significant role in the control management processes including audit trail and tracking of activity across each plan. The benefit plans include product and/or services that are covered for a member assigned to a capitated program. APHP allows updates without complicated programming by allowing authorized individuals direct access to each of the core component's native business rules engine for program configuration. The advanced design of APHP allows reusability of benefit plan configurations for multiple groups and members who require specific Medicaid services.

## Our Quality Assurance Procedures

Accenture is prepared with operational processes for quality assurance predefined for testing new configurations or updates as they occur. New features or changes undergo a design review prior to introduction to a testing environment. Quality reviews commence with test plans and execution. After testing produces satisfactory results, the production release occurs with a final quality review. The ease of configurations elevates the quality of testing by minimizing changes in the solution for configuration. APHP delivers a debugging feature that will identify errors in benefit plan and associated business rules configuration setup. The comprehensive test cycles can be completed with a test data repository that simulates production data. Accenture works with IME to define record rejections and processes to monitor such events with error reports and the Accenture analysts create a configuration design with test plan that includes cycles of quality reviews and testing.

The following sections provide details of our managed care services and the APHP managed care technical solution.

The primary activities of the Managed Care module function are listed below.

a. Support project coordination, technical analysis, data collection, analysis and reporting on the managed care contractors

APHP's SOA-based solution enables the Department to coordinate projects and perform 360 degree analysis of the Iowa managed care and transportation broker programs. Accenture prepares and provides the Department with reports, analyses and other information to evaluate program effectiveness. The data necessary for analysis is stored and made available to the Department from any current or future Managed Care Organizations (MCOs), contractors and transportation brokers, and included data from member eligibility files and processed encounter data. New functionality for managed care in the new MMIS includes:

- Flexible tools to manage multiple programs and plans
- Access to Provider and Member web-based portals
- Capability to monitor care regimens
- Facilitate possible program enhancements
- Means for potential program cost savings
- Integration of Case, Member, and Care management

Our APHP solution has the ability to assess member access to the managed care services by capturing and reporting on information regarding managed care contractors, providers, and members to assess the adequacy of Provider networks and review enrollments.

Our configurable APHP solution supports multiple program and plan calculations including various levels of member fiduciary responsibility across co-pays, coinsurance, and spenddown for the medically needy. This enables us to accurately calculate and report on managed care payments.

Our integrated solution employs an Enterprise Reporting Services component that applies collected data and delivers reports on financial data related to Medicaid managed care programs. APHP feeds data into our reporting tool for timely and automated reports. In addition, we provide robust ad hoc query functions to support on-the-fly requests and analysis.

b. Support the quality assurance, utilization review and grievance resolution of managed care contractors and MediPASS providers through the provision of data which is analyzed to ensure adequate system entry and data integrity of all encounter-based data

Accenture supports the quality assurance, utilization review and grievance resolution of managed care contractors and MediPASS providers through the provision of data which is analyzed to ensure adequate system entry and data integrity of all encounter-based data. As the number of members in Iowa managed care programs increases, the importance of collecting and maintaining accurate and timely encounter data also increases. Encounter data is critical for the Department to monitor the overall performance of the managed care programs as well as the performance of individual Managed care contractors and MediPASS providers and to perform comparative analyses with Fee for Service (FFS) claims. The encounter data can be used as a source for IME to evaluate inquiries from its contractors regarding adequate system entry and data integrity. Encounter data is also used to:

- Evaluate member access to care and the quality of care received
- Monitor managed care plan compliance with program requirements and plan performances
- Analyze expenditures, healthcare trends, service utilization and health outcomes
- Evaluate capitation rates and risk adjustment factors
- Develop performance benchmarks
- Meet federal reporting requirements

These factors lead to our developing steps to verify and validate the quality of encounter submissions. Our processes support the Department's desire to evaluate the quality of encounter submission by defining an error tolerance level screening before encounter are submitted for processing in the APHP.

Encounter submissions are screened prior to submission and processing in the APHP. Those submissions that do not meet the federal requirement for attaching an attestation are returned to the submitter, as are submissions not meeting the Department's error tolerance level. Encounter data passing this screening is processed through the APHP encounter edits, as defined by the Department.

We believe that another critical component of success in establishing meaningful encounter data submissions is the early engagement of key stakeholders. We will work to support Managed Care contractors and transportation brokers who experience high error rates or consistent rejections of encounter submissions to understand and assist in improving their encounter submission quality. Implementing APHP in Iowa supports quality assurance, utilization review and grievance resolution for all of the managed care contractors and MediPASS providers. Accenture makes the necessary data available for the Department concerning the adequate system entry and data integrity of encounter-based data.

c. Support the Iowa Plan and PACE by issuing the capitation payments and remittance advices, receiving, processing and maintaining encounter data in MMIS, editing FFS payments to avoid duplication of payment for services covered by the Iowa Plan, responding to provider and member questions, loading Iowa Plan data in eligibility verification applications and generating administrative and federal reports

The Iowa Plan and PACE are supported in our solution as another configurable benefit plan with associated capitated reimbursement. Each benefit configuration is accomplished through the user interface and the web-based APHP Portal for benefit configuration. The APHP solution performs automated per member, per month (PMPM) calculations of the Iowa Plan and PACE based on rate factors such as a fixed fee per enrollee or special supplement payment for high-risk enrollees and creates the correct capitation payments for each member.

As described in item (a) above, Accenture accepts, processes and maintains encounter data in the MMIS to support the Iowa Plan and PACE.

APHP enables IME to automatically implement State and Program rules to block payments to FFS providers when the member is covered in the Iowa Plan or PACE for services included in the benefit package, with the exceptions stated per the State Plan or Program direction. This is driven by identification of the financial responsibility by service which allows a systematic determination that a service is covered under a capitated arrangement or paid as a fee for service claim. This process allows the APHP to avoid the duplication of payment for services covered by the Iowa Plan.

Authorized individuals will access the web-based APHP Provider portal using single sign-on 24 hours per day, seven days per week for Remittance Advice retrieval, review, and downloads. Accenture publishes remittance advice to the Web Portal for provider viewing immediately following the completion of the financial cycle. Providers can review payment status information, including check amounts, as well as view and download remittances advice posted to the portal following the financial cycle. Providers can also request a hardcopy version if they elect not to access the Provider portal, if supported by the Department.

Accenture supports the Department or IME contractors responsible for responding to provider and member questions. Clear and concise, and easily understood information is a must when fielding provider or member questions. Working with the Department, we're committed to the ease and availability of information for responding to provider and member questions.

APHP provides pre-packaged editing capabilities enabling the quick identification of all FFS services included in the Iowa Plan or PACE benefit packages and will block those payments for FFS providers in accordance with Department rules. Department and program rules to edit and deny payments to FFS Providers, when the billed services are included in a member's Iowa Plan or PACE reimbursement, are standard within APHP. Eligibility verification is required and accomplished at the encounter or claims edit level. Iowa Plan member eligibility information is located on the APHP member databases, and is available for inquiry in the same manner as other program eligibility data. The APHP solution offers multiple electronic means of verification of member Medicaid eligibility by external entities including:

- The APHP web portal
- Interactive Voice Response System (currently known as ELVS)
- Structured, standard HIPAA compliant inbound and outbound transactions.

Additionally, this information is available to support the production of the agreed upon administrative and federal reports, as required by the Department.

d. Support the MediPASS and Medical Home by issuing the administrative and incentive payments and remittance advices, communicating member enrollment, editing FFS payments to avoid payment for unauthorized services, responding to provider and member questions, loading enrollment data in eligibility verification applications and generating administrative and federal reports

Just as with the Iowa Plan and PACE, MediPASS and Medical Homes will be supported within APHP as configurable benefit plans. Each benefit configuration is accomplished through the established configuration management features found natively within each of the APHP COTS product components. The APHP solution performs automated per member, per month (PMPM) calculations for MediPASS and

Medical Homes based on rate factors such as a fixed fee per enrollee, special supplement payment for high-risk enrollees or geographic based indicators.

APHP supports the implementation of Department and program rules to edit and deny payments to FFS Providers when the billed services are not authorized by primary care provider. Edits are defined based upon the Provider and Member files. We support MediPASS and Medical Homes by issuing administrative and incentive payments and remittance advices, editing FFS payments to avoid payment for unauthorized services and loading enrollment data in eligibility verification applications integrated within APHP. Administrative and federal reports are generated using the APHP Enterprise Reporting Services component.

Authorized individuals can access the APHP Provider portal using a single user ID and password for Remittance Advice retrieval, review, and downloads. Accenture posts Remittance Advices to the Web Portal for viewing by the provider immediately following the completion of the financial cycle. Providers can review payment status information, including check amounts, as well as view and download remittances advice posted to the portal following the financial cycle. Providers can also request a hardcopy version if they elect not to access the Provider portal.

Accenture supports the Department, enrollment broker and Provider Services contractor by providing current, accurate program information via the APHP web portal for timely response to provider and member questions. Clear and concise, and easily understood information is a must when fielding provider or member questions.

MediPass and Medical Home member eligibility information is located on the APHP member databases, and is available for inquiry in the same manner as other program eligibility data. The APHP solution offers multiple electronic means of verification of member Medicaid eligibility by external entities including:

- The APHP web portal
- Interactive Voice Response System (currently known as ELVS)
- Structured, standard HIPAA compliant inbound and outbound transactions.

Additionally, this information is available to support the production of administrative and federal reports, as required by the Department.

Accenture prepares and provides the Department with reports, analyses and other information to evaluate program effectiveness. The data necessary for analysis is stored and made available to the Department from MediPASS and Medical Homes, from member eligibility files and processed encounter data.

e. Support the Medical Home program. A Medical Home is a location that serves a designated geographic area where primary healthcare (PHC) services, including care coordination, are delivered. Medical services are provided by persons appropriately licensed to provide such services in the state of Iowa. The Medical Home provides initial care and the majority of ongoing healthcare needs. If the Medical Home determines that a higher level of services are required than what it can provide, referrals to specialists may be made

The Medical Home is both a gatekeeper and a gateway. The Patient Protection and Affordable Care Act (ACA) of 2010 provides states with a new Medicaid option: to provide "health home" services for enrollees with chronic conditions. This option, which became available to states in January 2011, has a 90 percent federal match rate (FMAP). Accenture's solution will support the Medical Home initiative already established by Iowa.

APHP's benefit administration component supports the automated enforcement of Department program policy and numerous specific payment methodologies by maintaining data which supports the configuration of rules, edits and audits, prior authorization requirements, and other code-based, service restrictions. IME Service contractors will use APHP to identify services covered by the medical home benefit plan, including primary healthcare (PHC) services and care coordination that provides initial care and the majority of healthcare needs as defined by the Department. APHP will be able to apply edits

designed to suspend or deny claims for those cases where a higher level of services was performed than what the medical home could provide. In these cases, APHP provides an automated solution for the prior authorization and/or referral process of obtaining the appropriate specialist to deliver services to the Medical Home member.

The Provider Management module of the APHP allows the State to create a strong and diverse Provider network that offers extensive geographic coverage and access to quality services. APHP's highly configurable MMIS provides all the options needed to support a varied rate structure for provider payments based on provider type, provider location, or provider participation in benefit plans. This includes paying the same provider at different rates depending on the client benefit plan or the provider network. The APHP solution contains a relationship structure between benefit plans, members, providers, vendors (payees), and payment contracts. This structure provides flexibility in defining what services are covered, how those services are delivered, and how payments are made. This structure allows the APHP solution to identify providers that are fee-for-service (FFS), MCO network only, and other State healthcare program participants, including the Medical home program, and retain the data according to State policy.

Through the use of fee schedules and provider networks, the flexible and highly configurable APHP solution supports the automated application of incentive payment configurations that includes medical home projects with enhanced payment. Accenture works with the Department during DDI to fully define and implement appropriate benefit administration configuration requirements for Medical Home projects with enhanced payment.

f. Support the transportation brokerage by issuing the capitation payments and remittance advices receiving, processing and maintaining encounter data in MMIS and generating Administrative and federal reports

APHP supports multiple financial reimbursement methods for the approved IME Transportation brokerages. Capitation and administrative fees are generated to the brokerages based on per member per month assignees. Monthly payments are issued electronically or by check to the brokerages.

Transportation brokerages process trips incurred by their assigned members and then submit encounter data to the IME. Encounter data is then processed in the APHP claims engine. Remittance advice are prepared and made available via the APHP Provider portal to brokerages for the capitation payments made to the providers associated with the program. Accenture posts remittance advice to the web-based Provider Portal for viewing immediately following the completion of the financial cycle. Transportation brokerages can review payment status information, including check amounts, as well as view and download remittances advice posted to the portal following the financial cycle.

APHP Enterprise Reporting Services applies all available encounter data for the generation of required IME administrative reports and associated Federal reporting.

g. Support the Accountable Care Organization program. Provide systems support for program administration and payment methods

An Accountable Care Organization (ACO) is a type of payment and delivery reform that ties provider reimbursement to quality metrics and reductions in the total cost of care for the assigned population of patients. Performance measures (quality, appropriateness, efficiency) are key to the success of these provider-led, progressive, and primary care focused entities.

Accenture has worked with more than 50 hospitals as they transform to ACOs. Our APHP solution supports the expansion of Iowa's work with ACOs. Using APHP's flexible framework of configurable components, we tailor rules for Iowa's defined ACOs based on the requirements agreed upon with the Department including State requirements. Our data driven, decision based approach assists the Department to integrate their administration and payment in our overall MMIS solution.

### 10.1.19.2 State Responsibilities (8.1.19.2)

The Department provides the Core MMIS contractor the information to maintain the managed care enrollment data on the MMIS provider file and for making the monthly payments for managed care contractors. The Department responsibilities include:

a. Establishing policy and making administrative decisions concerning the managed care programs and the transportation brokerage system
b. Developing contracts with managed care organizations and transportation broker.
c. Monitoring contract compliance and quality of care or service provided by the managed care organizations and transportation broker
d. Define rules for managed care and transportation enrollment
e. Establish the payment rates for each managed care program and the transportation brokerage

The Department holds the responsibility for defining rules and policies and rates and for developing and monitoring contracts for managed care as illustrated in Table 10 - 77. Accenture acknowledges all of the State responsibilities for Managed Care as presented in the following figure and supports IME in these activities through our integrated solution.

| 8.1.19.2 Managed Care - State Responsibilities | Acknowledgement |
|---|---|
| Establishing policy and making administrative decisions concerning the managed care programs and the transportation brokerage system | ✓ |
| Developing contracts with managed care organizations and transportation broker | ✓ |
| Monitoring contract compliance and quality of care or service provided by the managed care organizations and transportation broker | ✓ |
| Define rules for managed care and transportation enrollment | ✓ |
| Establish the payment rates for each managed care program and the transportation brokerage | ✓ |

*Table 10 - 77. Accenture's solution helps the State achieve its responsibilities in Managed Care*

### 10.1.19.3 Accenture Responsibilities (8.1.19.3)

The specific responsibilities of the Core MMIS contractor are:

a. Accept and process member eligibility updates to enroll or dis-enroll members in managed care plans or the transportation brokerage based on the Department rules

Accenture coordinates with the enrollment broker to implement an automated interface to process enrollment, re-enrollment, or disenrollment of Medicaid eligible members into Iowa's managed care contractors and transportation brokerages. Using standard data formats and our Enterprise Service Bus, APHP supports secure data exchange, data storage and reporting between the enrollment broker, the various managed care contractors and transportation brokerages processes.

As updates are received and processed into our system, we identify individuals/members who have terminated enrollment, dis-enrolled, or are deceased and should be excluded from capitation payments and adjust the calculations accordingly. Control reports are generated and available for reconciliation activities within APHP.

b. Accept and process managed care and transportation broker provider data from Provider Services contractor.

We accept and process managed care and transportation broker provider data from the Provider Services contractor. Managed care and transportation provider data is imported through structured update transactions from the Provider Services contractor. Feedback is provided to the originating source, which includes a reconciliation of records processed in APHP against the incoming source file. This helps to verify proper totaling and supports error correction and synchronization.

c. Calculate and issue administrative, incentive and capitation payments to the managed care contractors and the transportation broker

APHP tracks and makes accurate payments to managed care contractors and transportation brokers. APHP pulls data directly from our claims processing component. APHP captures department-defined rate factors including age, sex, category of eligibility, health status, and geographic location and automatically calculate PMPM capitation payments based on this data.

Our solution enables IME to track the exact amount of eligibility per member, per month and calculates capitation payments in accordance with the actual days of eligibility per month. APHP also calculates and issues administrative, incentive and capitation payments as well as capitation adjustments.

d. Adjudicate fee-for-service claims in accordance with the Department rules

Fee-for-service (FFS) claims are processed within APHP according to Department rules. The first pass of the claims through the APHP system subject claims to all normal edit processes, including National Correct Coding Initiative (NCCI) editing rules. This systematic application of criteria minimizes erroneous claims payment and improves operational efficiency. If the transaction does not fail any editing, pricing methodologies are applied automatically, requiring no manual intervention. Should a transaction fail an edit, the claim is suspended for manual review and resolution.

APHP enables IME to automatically implement State and program rules to correctly identify capitated services and suppress fee for service payment as well as fee for service duplicate services. Using APHP's rules-based solution, we configure the system to identify services covered under capitation payments and automatically deny duplicate FFS payments.

e. Generate reports as required by the Department

Accenture provides a robust reporting capability that is integrated in our overall solution. Our integrated solution enables us to automatically track and report on FFS claims for services performed outside of capitation agreements (e.g., for services “carved-out” of the managed care program). APHP leverages a robust reporting solution with the Enterprise Reporting Services component which is available for use by the Department and approved IME staff. APHP's benefit administration and claims processing component supports the automated enforcement of Department program policy and numerous specific payment methodologies by maintaining data which supports the configuration of rules, edits and audits, prior authorization requirements, and other code-based, service restrictions.
APHP reports offer:

- Department defined
- Out of the box
- Customizable
- Ad-hoc

Because APHP integrates Case, Member, and Care Management functions, related information to support managed care initiatives is consolidated and made available through our user interface. This level of integration:

- increases effectiveness of Case Manager
- improves customer service
- achieves optimal outcomes

As soon as data is processed into the system, it is available for reporting, including reports on capitation payments by managed care contractor or transportation broker containing a variety of categories including eligibility group and rate cell.

### f. Manage the payment process and issue the payments

We manage the payment process and issue the payments. APHP effectively tracks and makes accurate payments to managed care contractors and transportation brokers. APHP pulls data directly from our claims processing component. APHP captures Department-defined rate factors including age, sex, category of eligibility, health status, and geographic location and automatically calculate PMPM capitation payments based on this data.

Accenture will use APHP to print and mail provider checks and remittance advice notices and also send electronic payment transactions (ASC X12N 835 and 820) matching the standards required by 45 CFR Part 162. APHP also has the capability to generate either an electronic or paper remittance advice with electronic funds transfer transactions.

APHP supports electronic payment transactions and has the capability to handle HIPAA EDI transactions outbound via the web portal. Accenture sends electronic payment transactions, and prints and mails provider checks and remittance advice notices and other provider-related hardcopies of materials to providers when requested and maintain a record of each provider who receives mailed information.

APHP accepts special Department payment requests, such as provider or capitation payments during the payment cycle. APHP also accepts directions to generate certain administrative payments as directed by the Department. APHP validates data upload requests, applies instructions, and tracks activity. The Payment Information Repository provides access to payment records to other business area applications and users, such as the managed care program, member, contractor, and provider information processes, via record transfers, response to queries, and “publish and subscribe” services.

### g. Resolving fee-for-service and capitation payment errors

APHP enables IME to easily implement State and program rules to edit and deny payments to FFS providers, when the billed services are included in a member's benefit package. APHP identifies FFS services included in the benefit package and applies pre-packaged edits to block those payments for FFS providers in accordance with State rules.

APHP adjusts capitation payment based on reconciliation of errors or corrections (e.g., retroactive adjustments to a particular capitation payment based on more accurate data that the MMIS obtains retroactively on Beneficiary enrollments, dis-enrollments, and terminations). Data flows into the system via our automated interfaces and capitation rates and payments are adjusted as soon as the data updates are received.

If errors to FFS and/or capitation payments do occur, IME can rest assured that APHP will help IME contractors and the Department to correct the errors in an accurate and timely fashion. APHP is designed to quickly configure and perform mass adjustments in accordance with State policies (e.g., annual adjustment, negotiated rate change, court settlement). Specific consolidated payment histories include:

- Encounters

- Claims
- Provider payments
- Capitation payments
- Beneficiary direct payments
- Services covered by capitation payments to insurance carriers
- Medicare buy-in payments

APHP reconciles and reports on beneficiary records against managed care and PCP enrollment records and automatically reverse incorrect payments on regularly scheduled intervals as determined by the Department.

h. Issue enrollment rosters

APHP generates HIPAA-compliant 834 electronic enrollment maintenance rosters to managed care contractors and transportation brokers using federal standards for member-level data exchange, but customized by the Department's policies and procedures. The 834 frequency is twice per month, several days before the first and 15th of each month or on a schedule as determined by the State. While the generation of electronic enrollment rosters is preferred, paper based enrollment rosters can also be generated.

i. Send electronic remittance advices to the managed care contractors and transportation broker

Accenture posts remittance advice to the web-based Provider Portal for viewing by managed care contractors and transportation brokers immediately following the completion of the financial cycle. All providers, including the managed care contractors and transportation brokerages, can review payment status information, including check amounts, as well as view and download remittances advice posted to the APHP Provider portal following the financial cycle.

j. Send paid claims and encounter data to actuarial contractor

Accenture is very aware of the Department's emphasis on quality through programs that provide statistical processing controls, key measurements and improvement processes. APHP collects and prepares critical managed care and transportation broker data for the actuarial contractor. Data is shared with the actuarial contractor through APHP secure data exchange and will be transmitted on a Department approved schedule.

### *10.1.19.4 Performance Standards (8.1.19.4)*

The performance standards for the Managed Care function are:

a. Process payments on a schedule approved by the Department
b. Meet a ninety-eight percent accuracy rate for all capitation rate assignments
c. Meet a ninety-eight percent accuracy rate on appropriate payment or denial, of fee-for-service claims for managed care members
d. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department
e. Produce state-defined reports within the required timeframe determined by the Department

We acknowledge and accept the performance standards for Managed Care as depicted in the following Table 10 - 78.

| 10.1.19 Performance Standards for Managed Care | Acknowledge and Accept |
|---|---|
| Process payments on a schedule approved by the Department | ✓ |
| Meet a ninety-eight percent accuracy rate for all capitation rate assignments | ✓ |
| Meet a ninety-eight percent accuracy rate on appropriate payment or denial, of fee-for-service claims for managed care members | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce state-defined reports within the required timeframe determined by the Department | ✓ |

*Table 10 - 78. Accenture acknowledges and accepts the Performance Standards of Managed Care.*

## 10.1.20 Waiver, Facility and Enhanced State Plan Services Management (8.1.20)

The purpose of the Waiver module function is to support Home and Community-Based Services (HCBS). The current HCBS waivers include:

a. AIDS and HIV
b. Brain Injury
c. Children's Mental Health (CMH)
d. Elderly
e. Ill and Handicapped
f. Intellectual Disability
g. Physical Disabilities

The HCBS waivers provide services to maintain individuals in their own homes or communities who would otherwise require care in medical institutions. Examples of services reimbursed under the waivers are: adult day care, homemaker services, personal care services, community supports, home health aide, nursing services and respite care. Currently, all HCBS waiver services are incorporated into care plans, which are approved by the Department and submitted to the MMIS.

The current long term care facility based programs include:

h. Hospice Residing in Facility
i. Nursing Facility (NF)
j. Residential Care Facility (RCF)
k. Intermediate Care Facility for Individuals with Intellectual Disabilities (formerly ICFMR)
l. Skilled Nursing Facility (SNF)
m. Mental Health Institutes (MHI)
n. Psychiatric Medical Institutions for Children (PMIC)
o. Nursing Facility for the Mentally Ill (NFMI)

The current enhanced state plan and program services include:

p. Targeted Case Management (TCM)
q. Habilitation
r. Remedial Services
s. Program for the all-inclusive Care for the Elderly (PACE)
t. Money Follows the Person (MFP)
u. Allow for future Program changes and additions as directed by the Department

**The goal of specialized programs such as the Home and Community Based Waivers, Long Term Care Facility Based programs and Enhanced State Plan services is to enhance consumers' healthcare experiences, contain costs and improve the health of citizens. The Accenture Public Health Platform (APHP) provides a streamlined prior authorization process to help facilitate the delivery of services to Medicaid members.**

**We understand how crucial the proper processing of prior authorizations is to the Home and Community Based Services waiver programs, Long Term Care Facility Based programs, and Enhanced State Plan services**

- Architectural standards allow for direct communication across systems
- Integrated system for coordination of care helps to avoid duplication of services

According to federal data as reported by Kaiser Health News, aged, blind and disabled Medicaid members make up 27% of states' total Medicaid populations yet consume about 70% of the spending. This means that waiver programs, enhanced state plan services and long term care facility based programs may become even more important to the Iowa Medicaid Enterprise (IME) in the future. The Accenture Team supports the Department as it strives to increase the

quality of care and reduce its costs by its use of special programs such as the Home and Community Based Waivers; Long Term Care Facility based programs and Enhanced State Plan services.

## Our Process

Our flexible solution helps with the receipt and entry of prior authorizations (PA) from internal agencies and systems. This better enables management of services and funds, provides updating of services utilization based on claims adjudication and provides accurate and timely reporting of special program prior authorizations and members. The Accenture Public Health Platform (APHP) maintains the status of the prior authorization services by interfacing with the claims processing function to verify approval and to accurately increment/decrement the services used/remaining information.

In conjunction with the reference and other financial modules, our solution helps to easily define a broad range of prior authorization attributes, including edits/dispositions, limits and exclusions. The APHP System automates workflow, reducing or eliminating paper, streamlining processing for more effective and cost-efficient operations. It also provides a vehicle to help accurately specify and apply State clinical, practitioner and program coverage policy to services rendered, resulting in cost savings and reduced turn- around processing.

## Our Control Procedures

An important automation feature of APHP is the ability to interface with Individualized Services Information System (ISIS) through standard interfaces that support the Home and Community Based Waiver programs, Facility Based programs and Enhanced State Plan services. APHP supports automated screening and verification of critical member prior authorization information to provide the most accurate and up-to-date member prior authorization data included in the APHP prior authorization database.

Our integrated solution supports the ability to track and limit payments according to the rules configured for each waiver, facility and enhanced state plan services. This includes level of care, dates of service and service plan data. For specified Plan of Care waivered services, APHP is configured with business rules to prevent billing from exceeding pre-approved units and/or a pre-approved unit rate.

## Our Quality Assurance Procedures

Our staff operates with a continuous process improvement approach that identifies opportunities for recommending changes in business processes. We focus on prevention, root cause analysis and operational controls for identification of issues before impact. We use methodologies and operational metrics to analyze recurring issues and determine a permanent resolution to avoid costs. We develop and implement corrective action plans to preserve the integrity of Home and Community Based Waiver programs, Facility Based programs and Enhanced State Plan services and to support many other areas of operations.

### *10.1.20.1 State Responsibilities (8.1.20.1)*

a. Establishes waiver policy
b. Establish rates
c. Establish new waiver programs

The Department holds the responsibility for establishing new programs, policies and rates. We acknowledge the State's responsibilities for special programs such as Waivers, Long Term Care Facility Based Plans and Enhanced State Plan services as presented in Table 10 - 79. We will support the IME in these activities.

| 8.1.20.1 Waiver, Facility, and Enhanced State Plan Services Management - State Responsibilities | Acknowledgement |
|---|---|
| Establish waiver policy | ✓ |
| Establish rates | ✓ |
| Establish new waiver programs | ✓ |

*Table 10 - 79. Our solution helps the State achieve its responsibilities with Waivers.*

### *10.1.20.2 Accenture Responsibilities (8.1.20.2)*

The Accenture Team has the capability to meet the stated requirements of the Home and Community Based Services (HCBS) programs, the Long Term Care Facility Based programs and the Enhanced State Plan services, as listed in the RFP. We understand that the services for these programs are currently administered through the Individualized Services Information System (ISIS). ISIS incorporates the care plans through the development of a Prior Authorization (PA) which is approved by the Department and submitted to the MMIS.

The Accenture Public Health Platform (APHP) streamlines the PA process, making it easier for the Department and approved users to submit and inquire on requests. Our APHP solution also processes electronic inbound/outbound HIPAA X12 278 transactions, thereby channeling multiple medium types of PAs into an integrated system. Our solution offers:

- The ability to search PA requests using a single or a combination of multiple characteristics such as provider name, provider ID, member name, member ID, date of submission range, dates of service requested range, and status of the request. Other searchable criteria include primary diagnosis code; admit dates, discharge dates, and referring provider.
- PA data access and inquiry capabilities through the Web portal.
- Access to information granted based on security levels defined for each authorized APHP user.
- Assigns a unique identifier to each PA request.
- Authorized users the ability to search and retrieve PA data using the uniquely assigned prior authorization identification number.
- Claims adjudication processing that uses the benefit plan information to determine if a PA is required for a service. It can retrieve the proper PA request using the PA identifier submitted on the claim.
- Provides authorized users the ability to modify information on the PA record, including the effective period and authorized units.
- Audit information, including current and previous data values, and the time and date of modification, to provide information about the history of the changes that have been applied to the record.

Sharing and exchanging data with ISIS is an important function necessary for the success of the Department's Waiver programs, Long Term Care Facility Based programs and Enhanced State Plan services. Our solution includes a data exchange approach with ISIS that is reliable, flexible and configurable, allowing for new data fields and new programs as needed and approved by the Department. Prior Authorization data received from ISIS is available for review on our secure APHP portal, and includes information that tracks the utilization of approved units and dollars.

a. Accept and process data from the Department and external entities

The APHP solution provides several different methods to accept and process data from the Department and external agencies for support of the Waiver programs, Long Term Care Facility programs, and Enhanced State Plan services.

We provide a secure Web portal for access by approved program stakeholders. This portal is the central access point for providers, members and State and vendor staff into the Medicaid program. It supports

communication and data submission between the Department and external entities. The APHP portal provides consistent and integrated access to approved program stakeholders and provides authorized users a flexible access channel to update, create, verify and maintain system information.

In addition to the APHP Web portal, the APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other state-designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

b. Generate transactions to external entities

The APHP implements HIPAA requirements by developing electronic relationships with vendors using HIPAA ANSI X12 compliant transaction datasets. Based on the Department's requirements, we provide information about members, service authorization and utilization information for those members participating in the State's Waiver programs, Long Term Care Facility programs and Enhanced State Plan services to those external entities approved by the Department.

c. Verify eligibility and program participation for members from the eligibility system

Upon receipt of prior authorization information from ISIS, the APHP solution verifies that the member information on the ISIS prior authorization record is consistent with the member information on the APHP Member databases, including eligibility and program participation for the dates covered by the authorization request.

d. Maintain level-of-care, dates of service and service plan data for waiver facility and enhanced state plan program members including tracking of services and expenditures

Our integrated solution supports the ability to track and limit payments according to the rules configured for each waiver, facility, and enhanced state plan program, including level of care, dates of service and service plan data. For specified Plan of Care waivered services, APHP is configured with business rules to prevent billing from exceeding pre-approved units and/or a pre-approved unit rate. The Accenture Team works with the Department to define all editing and payment parameters for Plan of Care waivered services benefit administration.

e. Produces required reports

To support report production, we use an extract, translate, and load tool to pull data from APHP data stores to automatically create a reporting database. This minimizes processing impact from report generation while maintaining accurate, up-to-date information. APHP Enterprise Reporting Services is supported by the Microsoft SQL Server Reporting Service (SSRS) to produce automated reports and query responses.

APHP provides end users the ability to use "drag and drop" functionality to design their analysis, allowing for rapid report building. Providing powerful and flexible COTS tools allows the user to build additional reports as needed, to help answer requests of Department staff and further analyze operations management.

Since processed special program data resides on the APHP, the Department has the capability to select many of the same parameters from this data as other Medicaid benefit plan data. For example, report criteria could include:

- Provider
- Member
- Date of Service
- Diagnosis or Procedure codes

- Services provided by data range
- Units billed and rate

We work with the Department to present static report data which meets your needs and the capability to request ad hoc reports.

Our solution produces the program data necessary to satisfy the Federal Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants. Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal Medicaid reporting requirements. Our solution allows for expenditure, utilization, participation and claims based quality measures to be produced for the participants and providers of any benefit plan administered within APHP.

f. Educate contractors and the Department users in the creation and modification of benefit plans and in the use of the rules engine to assign beneficiaries to benefit plans and to set the hierarchy of benefit plans

In our experience, training plays an important role in the overall success of any new system. At the start of the project, we work with the Department to analyze and confirm the plans for addressing the need for the Department and approved users to learn about benefit planning.

We design a training session to educate applicable Department users and IME contractor staff with an understanding of our APHP solution and how benefit plans are defined, created and modified in APHP. Users learn how to create and modify a benefit plan using the APHP rules engine as well as how to assign beneficiaries to a benefit plan and how to set the hierarchy of benefit plans. Our knowledge transfer approach is role-based and is directly relevant to each affected group's IME MMIS role. This enables efficient use of the knowledge recipient time. In alignment with our overall knowledge transfer strategy, we design role-based knowledge transfer materials. This allows us to present the appropriate skills and knowledge for each audience in an effective and dynamic way to promote a successful transition to the new IME MMIS. For additional information on our Knowledge Transfer capabilities, please refer to section 8.3 Knowledge Transfer.

### *10.1.20.3 Performance Standards (8.1.20.3)*

a. Update MMIS with transactions from external sources within 24 hours of receipt
b. Send updates to external sources within 24 hours of update
c. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department
d. Produce the state-defined reports within the required timeframe determined by the Department
e. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department

We acknowledge and accept the performance standards for Waivers as depicted in the following Table 10 - 80.

| Performance Standards for Waivers | Acknowledge and Accept |
|---|---|
| Update MMIS with transactions from external sources within 24 hours of receipt | ✓ |
| Send updates to external sources within 24 hours of update | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce the state-defined reports within the required timeframe determined by the Department | ✓ |

| Performance Standards for Waivers | Acknowledge and Accept |
|---|---|
| The initial accuracy measurement upon submission of all documents and reports will be determined by the Department | ✓ |

*Table 10 - 80. We acknowledge and accept the performance standards for Waivers.*

## 10.1.21 Optional Waiver, Facility and Enhanced State Plan Services Management (8.1.21)

This scope of work is to be bid as an optional component to be considered by the Department. Refer to Attachment N for pricing.

The purpose of the Waiver module function is to support Home and Community-Based Services (HCBS). The current HCBS waivers include:

a. AIDS/HIV
b. Brain Injury
c. Children's Mental Health (CMH)
d. Elderly
e. Ill and Handicapped
f. Intellectual Disability
g. Physical Disabilities

The HCBS waivers provide services to maintain individuals in their own homes or communities who would otherwise require care in medical institutions. Examples of services reimbursed under the waivers are: adult day care, homemaker services, personal care services, community supports, home health aide, nursing services and respite care. Currently, all HCBS waiver services are incorporated into care plans, which are approved by the Department and submitted to the MMIS.

The current long term care facility based programs include:

h. Hospice Residing in Facility
i. Nursing Facility (NF)
j. Residential Care Facility (RCF)
k. Intermediate Care Facility for Individuals with Intellectual Disabilities (formerly ICFMR)
l. Skilled Nursing Facility (SNF)
m. Mental Health Institutes (MHI)
n. Psychiatric Medical Institutions for Children (PMIC)
o. Nursing Facility for the Mentally Ill (NFMI).

The current enhanced state plan and program services include:

p. Targeted Case Management (TCM)
q. Habilitation
r. Remedial Services
s. Program for the all-inclusive Care for the Elderly (PACE)
t. Money Follows the Person (MFP)
u. Allow for future program changes and additions as directed by the Department

**Enabling more Medicaid Members to receive care at home provides dual benefits of improved health outcomes and program cost savings. APHP provides the Department with a flexible, easy-to-configure tool for managing Home and Community Based Services (HCBS) waivers.**

Effective Healthcare delivery requires a program that is flexible and responsive to the ever changing and diverse needs of the Medicaid population. Flexibility in the delivery model and benefit packages is a must in order to help meet the varied needs unique to public health programs. The Accenture Public Health Platform (APHP) provides a more unique and powerful ability to design and implement benefit packages using industry tested and endorsed COTS solution that supports Iowa's requirements for Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans.

States like Iowa are looking to expand and extend healthcare programs as a way to offer services to maintain individuals in their own homes or communities who would otherwise require care in medical institutions, to provide transition services and enhanced support services to move individuals back into the community, and to provide the correct level of services to those individuals residing in a nursing facility, or adult day care facility. The innovative healthcare programs have been established to be more

cost effective and support the needs of the individual and their families; however these programs may be limited to specific care levels and the number of individuals they are meant to serve. In addition, these programs may introduce unique payment methods, including capitated financing, to help providers to deliver all services participants need rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems.

Most states have found the cost of modifying a legacy system is both cost and time prohibitive. In many situations, the Return on Investment for these types of unique healthcare delivery programs to be programmed into their legacy MMIS far out way the federal match and states cannot afford to use their own funds to pay for lengthy change orders. In some cases, the special healthcare program has a shorter duration that the programming effort. States have had to develop manual and labor intensive workarounds outside of their MMIS and transmit processed prior authorizations and/or claim data into their MMIS.

**APHP capabilities offer the Department expanded capabilities to accommodate the program needs of Iowa's Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans.**

- Configurable Benefit Plans define services that are available in each program's care plan, replacing the need for most Prior Authorizations
- Benefit Plans can enroll providers for the HCBS services independent of the MMIS
- Atypical services can be processed within the benefit plan
- Prior authorizations are used for services that are not part of the normal care plan for that plan
- Flexibility to add future Waiver Programs, Facility Based Programs and Enhanced State Plan Services Programs
- APHP allows for multiple service delivery models to exist simultaneously

## Our Process

Accenture is capable of meeting the requirements of these special healthcare programs today and in the future as new healthcare delivery models or expanded opportunities are approved by CMS and agreed upon with the Department. The Accenture Public Health Platform (APHP) solution supports special programs through the configuration of program specific benefit plans. Each healthcare program becomes its own benefit plan and framework containing the data driven rules for program specific restrictions such as beneficiary age, gender, diagnosis code, only to name a few.

The APHP uses flexible, table-driven rules and services that are configured through easy to use screens. Authorized Department, IME contractor and Accenture staff can configure business rules through an interface that comprehensively supports all aspects of benefit administration, claims processing and payment. Because APHP is a robust COTS solution, rules changes or program additions become functional configuration changes instead of customizations at the code level. This better enables trained, non-technical personnel to make rules changes without programmer intervention.

The advantages to the Department include:

- The capability to administer Waiver programs, Facility Based programs and Enhanced State Plan Services programs at the benefit level, not the individual level.
- The ability to enroll, track, manage and report on participants eligible for special benefit plans, including HCBS (1915I) waiver programs, Long Term Care Facility Based Plans and Enhanced State Services Plans, to help meet the State's objectives and monitor against the enrollment limits.
- The flexibility to enroll traditional and non-traditional service providers meeting identified standards of care into the program to provide services to the target population.
- The ability for users to display detailed services including both individual services and groups of related services as defined in the individual's approved plan of care.

We understand this Scope of Work is bid as an optional component to be considered by the Department. The following sections are provided to help the Department assess the "Value Add" of opting for this additional service.

## Our Control Procedures

Data is controlled through stringent processes within APHP and the EDI transactions. All types of access to the system as well as changes to any data are recorded. The database captures identity and date/time stamp as well as the identity of the originating source whenever an update is made. A comprehensive audit trail database captures each version of reference data and updates to transactions including errors in changes and suspended changes. Audit trails store the time and date of each entry on reference data tables as well as user ID logged in.

Access to Home and Community Based Waiver program data, Facility Based program data, Enhanced State Plan Data, including benefit plan information, member enrollment, participating provider data, prior authorization and other related reference data is provided through the APHP portal and is strictly controlled through Single Sign On (SSO) and role-based security profiles. Users are assigned a role and each role is assigned levels of access. Access is defined at the field level to prevent unauthorized transactions and exposure of sensitive or protected data from unauthorized users.

Rigorous controls, including automated schedules for batch updates, help safeguard the integrity of existing member data against unauthorized updates. APHP employs concurrency control on databases to help verify that there is no destructive interference during transactions.

## Our Quality Assurance Procedures

Our staff operates with a continuous process improvement approach that identifies opportunities for recommending changes in business processes. We focus on prevention, root cause analysis and operational controls for identification of issues before impact. We use methodologies and operational metrics to analyze recurring issues and determine a permanent resolution to avoid costs. We develop and implement corrective action plans to preserve the integrity of Home and Community Based Waiver programs, Facility Based programs and Enhanced State Care Plan programs that is used in support of many other areas of operations.

### *10.1.21.1 State Responsibilities (8.1.21.1)*

a. Establish policy and rules
b. Establish rates
c. Establish programs

The Department will have additional responsibilities during the Implementation phase related to implementing the Waiver functions, Long Term Care Facility Based programs and Enhanced State Plans into the APHP. Department staff are required to work with Accenture to define each benefit plan and support the implementation of the new benefit plan and program functions.

Once the ISIS is retired and the Optional Waiver, Facility and Enhanced State Plan Services functions are operating in the APHP, the Department responsibilities for establishing programs, policies and rates will return. Accenture acknowledges the State's responsibilities for Optional Waivers as presented in the following Table 10 - 81 and will support IME in these activities.

| 8.1.21.11 Optional Waiver, Facility and Enhanced State Plan Services Management - State Responsibilities | Acknowledgement |
|---|---|
| Establish policy and rules | ✓ |
| Establish rates | ✓ |
| Establish programs | ✓ |

*Table 10 - 81. Accenture's APHP solution helps the State achieve its responsibilities in Optional Waivers*

### *10.1.21.2 Accenture Responsibilities (8.1.21.2)*

When a benefit plan such as an HCBS Waiver, Long Term Care Facility Plan, or Enhanced State Services Plan is configured in our system, program-knowledgeable Department staff can define specific rules for permitting payments against services identified in the plan. As claims are received, our solution compares the claim information against the plan rules and automatically pays, suspends or denies payments based on those rules. Department staff can identify a specific list of permitted services for each benefit plan they configure in APHP.

A major component within the APHP Rules Engine is the Benefit Administration Module. This module enables business users to define how benefits are applied to eligible members of each Waiver program, Long Term Care Facility Plan or Enhanced State Services Plan, as depicted in Figure 10 - 76. The Benefit Administration Module is also used to define how claims are processed, paid, denied, or suspended from manual review. APHP can be configured for rules and benefit plans very quickly with minimum or no coding time required. The benefit plan forms the basis for benefit contracts applied to groups of special program approved clients.

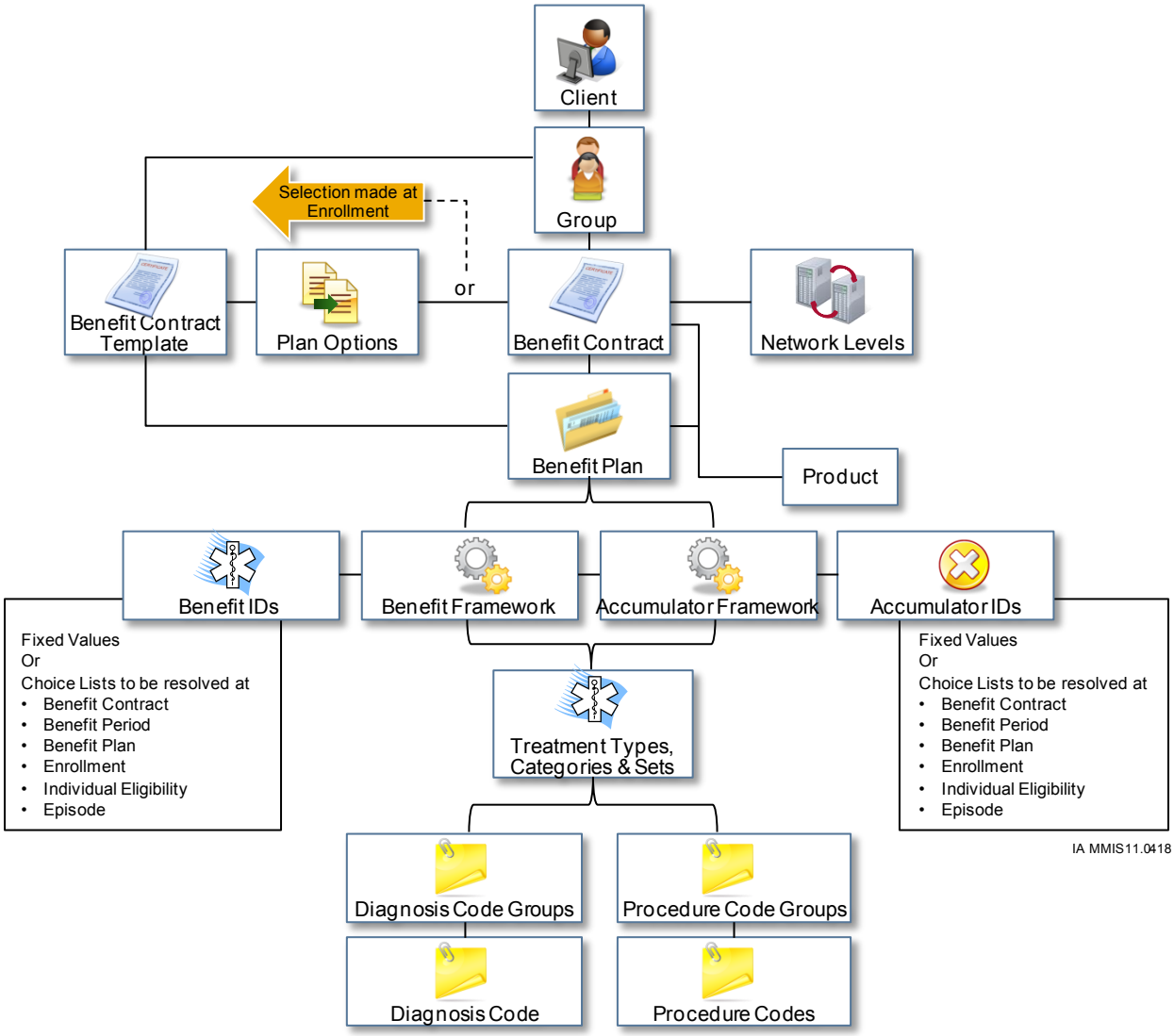



*Figure 10 - 76. Special Programs, such as HCBS Waiver programs, Long Term Care Facility Plans, and Enhanced State Service Plans, are configured as benefit plans in APHP.*

A benefit plan can be configured through the rules engine for specific plan options and related attributes for coverage. Each benefit plan has a unique identification number which enables customization for specific attributes, such as the accumulators. The benefit plans include product services that are covered for an eligible recipient. These services have attributes and rules set with diagnosis codes and procedure codes. The maximum limit of the member coverage can be set with the accumulator framework. The advanced design of the Rules Engine allows reusability of benefit plan configurations for multiple groups and members who require specific program services.

The Provider Management module of the APHP allows the State to create a strong and diverse provider network who will offer extensive geographic coverage and access to quality services. APHP's highly configurable MMIS provides all the options needed to support a varied rate structure for provider payments based on provider type, provider location, or provider participation in benefit plans. This includes paying the same provider at different rates depending on the client benefit plan or the provider

network. The APHP solution contains a relationship structure between benefit plans, members, providers, vendors (payees), and payment contracts. This structure provides flexibility in defining what services are covered, how those services are delivered, and how payments are made. This structure allows the APHP solution to identify providers that are fee-for-service (FFS), MCO network only, and other State health care program participants, including waiver programs, long term care programs and enhanced state services programs, and retain the data according to State policy.

a. Accept and process data from the Department and external entities

The APHP solution provides several different methods to accept and process data from the Department and external agencies for support of the Waiver programs, Long Term Care Facility programs, and Enhanced State Services Plans.

Accenture provides a secure Web portal for access by approved program stakeholders. This portal is the central access point for providers, members, and State and vendor staff into the Medicaid program, and supports communication and data submission between the Department and external entities. The APHP portal provides consistent and integrated access to approved program stakeholders and provides authorized users a flexible access channel to update, create, verify, and maintain system information.

In addition to the APHP Web Portal, the APHP Enterprise Service Bus (ESB) creates the opportunity for secure data exchange between the MMIS and trading partners, State agencies, or other State designated outside entities. The ESB provides XML and fixed file format interfaces, both inbound and outbound.

b. Maintain appropriate edits and controls to ensure the accurate processing of the programs

Accenture maintains appropriate edits and controls to provide accurate processing of the business rules for each of the wavier, facility and enhanced state plan program. As part of our collaborative approach with the Department, we propose establishing an edit/audit governance working group. This workgroup will allow department and Accenture representatives to discuss current adjudication guidelines, compare medical and dental policies, and revise them for clarity and accuracy. The working group develops objectives for each year and monitors the annual plan through biweekly and monthly meetings. Sub-workgroups are developed for more in-depth analysis of certain edit and audit guidelines. The group focuses on systematic functionality of the edits and audits and reviews claims that are manually adjudicated to verify they follow policy expectations. This process provides the opportunity to identify areas for provider education and improved rules.

c. Maintain accurate data and audit trails of changes to data

APHP maintains accurate data for members enrolled in the State's Home and Community Based waivers, Facility Based programs and Enhanced State Plan Programs. Rigorous controls, including automated schedules for real time and batch updates, checks for duplicate entries, and data validation of key identifier fields, help safeguard the integrity of existing benefit plans, prior authorizations, member and provider data against unauthorized updates. APHP employs concurrency control on databases to help verify that there is no destructive interference during transactions. APHP creates audit trails that capture all user access to the system as well as all changes to any data and elevates these detailed audit trails for authorized individuals to view via the APHP worker portal. The database captures identity, date/time stamp as well as the identity of the originating source whenever an update is made. Our APHP web portal opens up a comprehensive view into the audit trail for each version of reference data and updates to transactions including errors in changes and suspended changes.

d. Produce required reports

Report production starts with our extract, translate, and load tool to pull data from APHP data stores to automatically create a reporting database, which minimizes processing impact from report generation while maintain accurate, up-to-date information. APHP Enterprise Reporting Services is supported by Microsoft SQL Server Reporting Service (SRS) which produces automated reports and query responses.

APHP Enterprise Reporting provides the end user the ability to use "drag and drop" functionality to design their analysis, allowing for rapid report building. Providing a powerful and flexible COTS approach allows the user to build additional reports as they need to help answer requests of Department staff and further analyze operations management.

Since processed special program data resides on the APHP, the Department has the capability to select many of the same parameters from this data as other Medicaid benefit plan data. For example, report criteria could include:

- Provider
- Member
- Date of Service
- Diagnosis or Procedure codes
- Services provided by data range
- Units billed and rate

We work with the Department to present static report data which meets your needs and the capability to request ad hoc reports.

Our solution produces the program data necessary to satisfy the current Federal Medicaid reporting requirements, monitor utilization and assess quality of care provided to participants. Our reporting solution captures data from the claims processing engine and makes it available in our reporting environment for analysis and the creation of standard, production reports that meet the Federal Medicaid reporting requirements. This solution allows for expenditure, utilization, participation and claims based quality measures to be produced for the participants and providers of any benefit plan administered within the APHP.

e. Educate the Department users in the creation and modification of benefit plans and in the use of the rules engine to assign members to benefit plans and to set the hierarchy of benefit plans

In Accenture's experience, training plays an important role in the overall success of any new system. At the start of the project, Accenture works with the Department to analyze need and confirm the plans for addressing the need for the Department and approved users to learn about benefit planning.

We design a training session to educate applicable Department users and IME contractor staff with an understanding of our APHP solution and how benefit plans are defined, created and modified in APHP. Users learn how to create and modify a benefit plan using the APHP rules engine as well as how to assign beneficiaries to a benefit plan and how to set the hierarchy of benefit plans. Our knowledge transfer approach is role-based and is directly relevant to each affected group's IME MMIS role. This enables efficient use of knowledge receipt time. In alignment with our overall knowledge transfer strategy, we design role-based knowledge transfer materials. This allows us to present the right skills and knowledge for each audience in an effective and dynamic way to promote a successful transition to the new IME MMIS. For additional information on our Knowledge Transfer capabilities, please refer to Section 8.3 Knowledge Transfer.

f. Manage the system and accomadate changes as defined by the Department

APHP is a cost-effective solution that is MITA-compliant with a seamless integration of multiple components to support Home and Community-Based Services (HCBS) Waivers, Long Term Care Facility Based programs and the Enhanced State Plan Services plans. Our flexible design and robust

architecture enable APHP to grow and change for evolving requirements of healthcare delivery programs and the MMIS.

Accenture has extensive experience in benefit plan management and related prior authorization and claims processing functions. We will manage the APHP and accommodate changes as defined by the Department. Strong, collaborative change management is an essential element to our success, and is an integral part of Accenture's overall approach to project management. Once we implement the APHP, we use our field-tested change management methods, tools and our documented Change Management Plan to control changes for all maintenance and enhancements during the Operations phase. Leveraging the Change Management Plan, our staff works with the Department to identify, prioritize, and schedule maintenance and enhancement changes to the new IME MMIS system. Our staff is responsible for system maintenance and system changes to include hardware and software upgrades, business rule updates, and configuration changes based on things like policy updates and benefit plan changes. Our Change Management Process is staffed with sufficient resources to satisfy the service level agreements and provide sufficient staff at no additional cost to the Department. Please refer to Section 10.1.3 for additional information on our Change Management processes.

g. Collect level of care determination, approval of services, date spans, units, rate and providers by member and use this as prior authorization for claims payment

The APHP solution contains a relationship structure between benefit plans, members, providers, vendors (payees), and payment contracts that provide the State with tremendous flexibility in defining what services are covered, how those services are delivered, and how payments are made. The APHP Benefit Administration Module is used to define a benefit plan within the MMIS, including the definition of eligible populations groups (or subsets of population groups), the package of covered services, limits and constraints such as the number of total population covered or dollar thresholds and accumulators, effective periods, and financial payer information. The Provider Management Module is used to define and identify providers that are fee-for-service (FFS), MCO network only, and other State health care program participants, including waiver programs, long term care programs and enhanced state services programs.

Using the features of the benefit framework within APHP allows us to define standard sets of services or treatment plans that are covered under a benefit plan, and to establish those services that may be covered if an approved prior authorization is present. If the rules configured for a benefit plan include the requirement for prior authorization, APHP collects data for the the prior authorization record, including level of care, approval of services, date spans, units, rate and providers by members. When a claim is received, the APHP claims adjudication process will use the information on the PA to properly authorize payment for the service.

### *10.1.21.3 Performance Standards (8.1.21.3)*

a. Update MMIS with transactions from external sources within 2 hours of receipt
b. Send updates to external sources within 2 hours of update
c. Produce the state-defined reports within the Department defined timeframe
d. Provide and integrate quarterly updates for all knowledge transfer materials and documentation
e. Claims will not be paid without an approved level of care
f. Claims will not be paid for dates that are not covered by the level of care effective dates
g. Claims will not be paid without prior authorization
h. Claims will not be paid for services that are not within the authorized service, units, provider and date spans
i. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department

Accenture acknowledges and accepts the performance standards for Optional Waivers as depicted in the following Table 10 - 82.

| 10.1.21 Optional Waiver, Facility and Enhanced State Plan Services Management - Performance Standards | Acknowledge and Accept |
|---|---|
| Update MMIS with transactions from external sources within 2 hours of receipt | ✓ |
| Send updates to external sources within 2 hours of update | ✓ |
| Produce the state-defined reports within the Department defined timeframe | ✓ |
| Provide and integrate quarterly updates for all knowledge transfer materials and documentation | ✓ |
| Claims will not be paid without an approved level of care | ✓ |
| Claims will not be paid for dates that are not covered by the level of care effective dates | ✓ |
| Claims will not be paid without prior authorization | ✓ |
| Claims will not be paid for services that are not within the authorized service, units, provider and date spans | ✓ |
| The initial accuracy measurement upon submission of all documents and reports will be determined by the Department | ✓ |

*Table 10 - 82. Accenture acknowledge and accepts the Performance Standards for Optional Waivers*

## 10.1.22 Interactive Voice Response System (IVRS) Management (8.1.22)

The existing Interactive Voice Response System (IVRS), also called Eligibility Verification System (ELVS) which is not being replaced, is a telephone voice and touch-tone response system maintained by the contractor that provides access to limited data elements from the MMIS. The purpose of the IVRS referred to as ELVS is to provide date-specific information to providers regarding member eligibility, provider payment amounts, TPL coverage and managed health care participation. The IVRS referred to as ELVS is provided at no charge to the providers.

IVRS operates seven days a week 24 hours a day. The information reported by IVRS is in the form of digitally recorded phrases stored on the IVR computer.

The purpose of the IVRS is to:

a. Support telephone inquiries

b. Provide a response from the eligibility file and other files on information such as last check amount

IVRS (referred to as ELVS) Data: Providers may query member eligibility or recent provider payment information by responding to prompts on their touch-tone telephones. Based on information supplied by the caller IVRS systematically retrieves data, interprets the data and then communicates the appropriate phrases back to the caller.

**Providers rely on the Iowa Eligibility Verification System (ELVS) as a fast way to check member eligibility and payment information via the telephone. Accenture Public Health Platform (APHP) is designed to easily interface with Interactive Voice Response System (IVRS) systems like ELVS to support phone, voice, and touch-tone interactivity.**

**Accenture & Cisco Business Group**

- Faster route to business agility by integrating technology with business processes
- Make IT a strategic asset
- Reduce costs, increase revenue and better enable superior customer service
- Improve productivity and change how work gets done

The Accenture Contact Center Infrastructure Practice specializes in all facets of contact centers including Cisco Contact Center Express. This group is made up of industry veterans that have completed work around the world for our clients as well as Accenture's own internal contact centers. We have worked with Cisco to form the Accenture & Cisco Business Group (ACBG) bringing a market readiness and first mover practice that can support your Cisco IVRS solutions at greater speed and on a broader scale using an integrated team approach. We blend Cisco's advanced and emerging technologies with Accenture's industry-specific understanding of how technology impacts people, applications and business processes and assist clients in charting practical roadmaps to design, build and run solutions that are effectively integrated into key business processes.

### Our Process

The Accenture Delivery Methods for Interactive Voice Response (IVR) focuses on the development and maintenance of IVR solutions for our clients. This methodology supports the following in relation to IVR solutions: business process analysis, requirements and use case analysis, functional and technical design, technical architecture development, and deployment of the solutions and/or post deployment changes related to ongoing maintenance. Our methodology is used as a basis for the maintenance and ongoing enhancements of the IVRS (ELVS).

### Our Control Procedures

Our change control procedures are aligned with Information Technology Infrastructure Library (ITIL) operational procedures. We have been assessed at CMMI Level 4 in the public sector and apply those principles to ongoing maintenance and operations procedures. We adhere to these procedures from the time an IVR (ELVS) issue or change is initially identified to the time it is implemented. Throughout the

process each ELVS issue and/or change request is properly documented, controlled and managed by the Project Management Office (PMO) and governed by the change control process.

As part of the ELVS change request process we participate with the Department in change management request meetings to review and prioritize the requests. At the Department's request, we evaluate specific business change requests and submit an impact statement analysis. Upon the Department's approval of change management request, we build/configure, test, validate and implement the ELVS change and provide updated documentation for user training. We report the status for all ELVS change requests and the associated implementation. We use the Rational Tool Suite to manage business rule updates and changes. We layer a change control governance process to vet and prioritize the change and validate stakeholder agreement and buy-in. Our overall Change Control Process is further described in Section 10.1.3 on Change Management Process.

### Our Quality Assurance Procedures

Accenture uses a predefined process for effective quality assurance (QA) of Unified Contact Center Express (UCCX) IVR systems. In the QA process, changes and updates are reviewed for proper design before implementation. We conduct a design review to gather requirements and interface changes. The operational quality assurance begins with design reviews as it is more cost effective to identify and fix defects early in the project lifecycle prior to implementation. Iterations of operational quality assurance include reviews and testing with simulated data in a test environment. The design and configuration can be updated throughout the iterations to properly implement the web service in the web portal. Additional testing such as user acceptance testing is included to help ensure proper compliance with the defined quality standards.

## *10.1.22.1 Activities (8.1.22.1)*

The primary activities of the IVRS function is to provide Medicaid member data, provider data and claims data to authorized providers 24 hours per day via automated access.

We acknowledge the need for the IVRS (ELVS) to provide Medicaid member, provider, and claims data to authorized providers 24 hours per day via automated access. Our high level approach is to use a web service to accept and pass data between ELVS and the MMIS to provide real-time member, provider, and claims data to authorized providers 24 hours per day.

## *10.1.22.2 State Responsibilities*

The Department is responsible for approving the data elements available in the IVRS and the configuration of the system, which includes methods for access, volume of calls supported and frequency of updates to information:

a. Approve the functionality and voice response scripts for the Core MMIS contractor's Interactive Voice Response System (IVRS).

b. Monitor performance.

c. Enter into contracts with telecommunication vendors.

The Department is responsible for approving the data elements available in the IVRS and the configuration of the system, which includes methods for access, volume of calls supported and frequency of updates to information: Accenture acknowledges the State responsibilities for the Interactive Voice Response (IVR) system and would support IME in these activities in Table 10 - 83.

| 10.1.23 IVRS - State Responsibilities | Acknowledgement |
|---|---|
| Approve the functionality and voice response scripts for the Core MMIS contractor's Interactive Voice Response System (IVRS) | ✓ |
| Monitor performance | ✓ |
| Enter into contracts with telecommunication vendors | ✓ |

*Table 10 - 83. Our technical solution to IVR's would help the State to meet their responsibilities.*

### *10.1.22.3 Accenture Responsibilities (8.1.22.3)*

The Core MMIS contractor is responsible for the following IVRS (referred to as ELVS) activities:

a. Ensure that the IVRS referred to as ELVS, is updated with current accurate information from the MMIS. The data elements included and the frequency of updating is approved by the Department

Accenture delivers updates to ELVS through web services as a native capability of APHP. We will offer these web services to the IVR, allowing the state to provide real-time access to the most current information that is stored on the MMIS.

The Department owned Unified CCX (UCCX) component that is part of ELVS today has the capability to support these web services through the HTTP Contact elements in the scripting language. The data elements that is included as part of the web service and the frequency of updating will be approved by the Department as part of the implementation and ongoing operations process.

b. Send the necessary data elements to the IVRS referred to as ELVS

All the necessary data elements are sent to ELVS via web services. The IVR verifies information it receives from touchtones entered by the provider and sends those inputs to the MMIS database for verification. Once verified, the MMIS responds with information to ELVS through these web services with the appropriate data elements.

c. Provide member eligibility and provider information through an automate voice response system (IVRS). Voice response is available to all providers with a touch-tone telephone

Member eligibility and provider information requested will be provided back to the provider through the ELVS system. Voice response is available to all providers with a touch tone telephone as a typical standard in an IVRS. The information is presented through grammar and .wav files that can be played back to the provider with their requested information. The output can be in the form of spoken words, numbers, currency or other variables. Standard text to speech, prerecorded phrases, words, number or recordings in a client selected voice are options the Department can choose from for consistency.

d. Provide appropriate safeguards to protect the confidentiality of eligibility information, conform to all state and federal confidentiality laws and ensure that state data security standards are met

e. Ensure the system checks member identification using predefined access keys approved by the Department

Accenture conforms to all state and federal confidentiality laws and meet department data security standards. Confidentiality of eligibility information will be protected. Only authorized administrative users have access to the backend Cisco system. Administrators accessing the system will need to log in through a Graphical User Interface (GUIS) and Command Line Interface (CLI). User passwords are inaccessible and are encrypted on the system using the 128-bit Secure Hash Algorithm (SHA). This provides the needed security to keep unauthorized personnel from obtaining confidential information

within the Cisco database. All packages within the Cisco architecture are signed by Cisco to help ensure their integrity. Even then, if somehow untrusted code is installed on the system, a built-in chain-of-trust model will prevent the unauthorized code from operating.

HTTP over Secure Sockets Layer (SSL) access to the GUI would be added for secure connectivity to the system. Additional security features include configurable system behavior when end users erroneously log in to telephone user interface (TUI) handling. This approach gives the Department the flexibility to apply your specific security policies.

To support member identification when members try to access the IVR, the members are prompted for their predefined access key information. The IVR system authenticates the information provided by the user and gives the user access to only those items that they should have access to based on their security profile.

The validation information in Box 2 of Figure 10 - 77 is the validation point so only an authorized user is accessing member and provider information thru ELVS. We enable the proper safeguards to protect the confidentiality of your eligibility information.

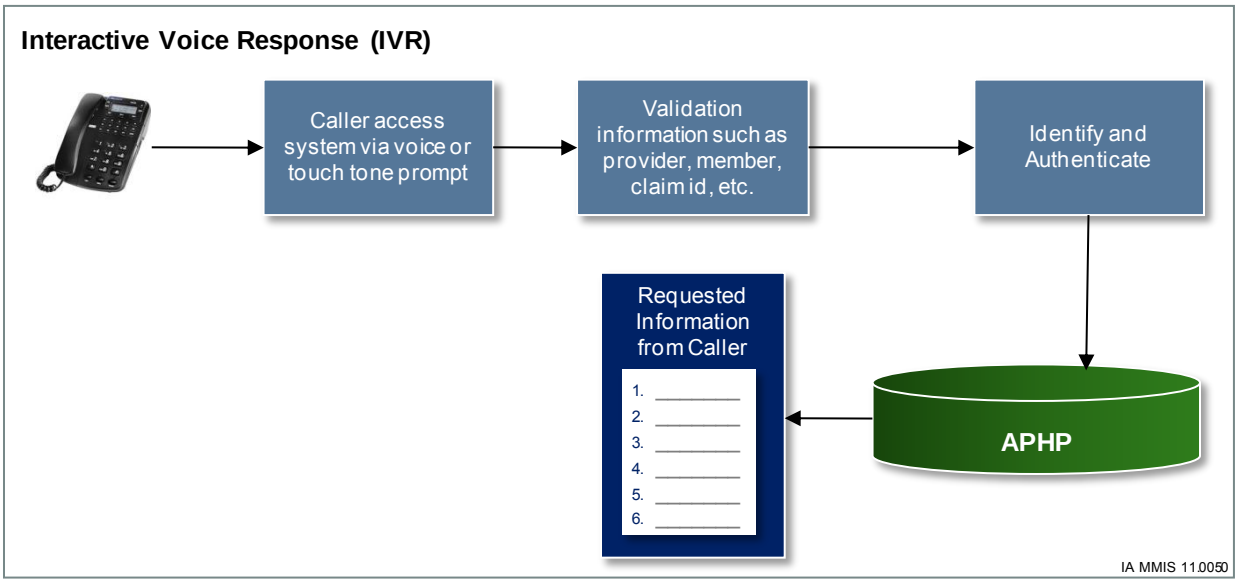



*Figure 10 - 77. Our commitment to securing IME data is at the core of Accenture's IVR operational standards*

f. Provide automated logging of all transactions and produce reports as required by the Department

g. Track and identify caller statistics, including provider type, provider number, number of inquiries made, duration and errors or incomplete calls

The UCCX provides automated logging of all the information that the user inputs into the system and stores that information in the UCCX database. Self contained SQL reports within the UCCX provide the data the Department requires, including caller statistics related to provider type, provider number, and number of inquiries made, duration and errors, or incomplete calls. In addition, Accenture integrates the UCCX reporting application with the MMIS providing access to the reports directly from the APHP worker web portal.

h. Coordinate with the Department to assure sufficient communication capabilities to accommodate all providers requiring utilization of the system

i. Coordinate with telecommunication and software vendors to resolve operational and performance issues

Accenture will coordinate with the Department to assure sufficient communication capabilities are delivered to all providers utilizing the system. An Acceptance Review (AR) will be conducted (Hardware, Software and Data capacity) to document final acceptance by the Department that the defined IVR requirements have been met. The AR includes the required licensing for accessibility to the IVR. In addition to those requirements, the frequency of the data updates will be included.

**Acceptance Review Delivery Plan (ARDP) overview:**

The process for conducting these ARs is documented in the Acceptance Review Delivery Plan (ARDP). This plan encompasses the appropriate disciplines and responsibilities of each discipline, and delineates the overall approach to which the data elements and major systems and components must meet to be compliant with the Department requirements. An ADRP containing documents verifying quality, reliability, and functional acceptance of the MMIS integration to your IVR will be delivered to the Department.

## Vendor Management

The Accenture Support Team takes advantage of the support agreement between the State and vendors and partners, such as Cisco, the Iowa Communications Network (ICN) or DHS Division of Data Management (DDM) to address performance and operational issues with the MMIS. For issues that are assigned to the Accenture Support Teams and are believed to be defects in the delivered applications or infrastructure, the Accenture team would initiate contact with the vendor's support Infrastructure to resolve the issue. The Accenture Support Team would maintain contact with the vendors throughout the investigation and resolution of the issue to help confirm that the issue is actively tracked and ultimately resolved. In rare cases where critical issues require escalation, members of the State's leadership team would be utilized to escalate issues to the vendor sales representative, which is usually restricted to the licensed customers.

j. Override the system pronunciation of names as necessary to correct computer generated pronunciation

The Unified CCX (UCCX) system uses specific grammars when recognizing and responding to caller response to prompts. A grammar is a specific set of possible spoken phrases and Dual Tone Multi-Frequency (DTMF) digits to be recognized by UCCX applications and acted upon during run time. Several system-level grammar files are loaded during installation, however, any file you create needs to be made available to the UCCX Engine before the application can use them. This is done through the UCCX clusters. The UCCX Server's local disk grammar files are synchronized with the central repository during the Engine startup and during run-time when the Repository datastore is modified.

This is the process most often used with our IVR clients, however we will support the existing name pronunciation process the Department is using or requires as an override. For example, if you use a staff person for the pronunciation updates, we will factor that into the workflow to incorporate the updates.

k. Notify the Department designees of operational issues within one hour of identification

Our issue management process provides a systematic approach for identifying and managing technical or operational issues. The process consists of steps for identifying, analyzing, prioritizing, resolving, reporting, and escalating issues on an ongoing basis, and will include notification to identified designees within one hour of issue identification.

l. Provide knowledge transfer to Provider Services' contractor in the use of IVRS options and respond to questions from Provider Services contractor

We provide knowledge transfer to the Provider Services contractor in the use of IVRS options. The provider education graphic in Figure 10 - 78 is on the homepage of the APHP provider portal login screen. We update this portal screen to include IVR related training information. We will work with the Provider Services contractor to plan and deliver training on the use of IVRS and respond to questions from the Provider Services contractor.

**Our knowledge transfer method is a learn by doing approach. The approach occurs as Accenture and the IME provider service contractor personnel work together. By working side by side with the provider service contract, we would share and effectively transfer IVR functional knowledge.**

**This would help team members improve their proficiency on the IVR functionality and analysis the impacts it would have on the providers. We couple Accenture resources with appropriate provider service contractor staff to facilitate the knowledge transfer**

**We would integrate knowledge transfer related information into provider education section of the APHP portal.**

IA MMIS 11.0260

*Figure 10 - 78. We would integrate provider related knowledge information into provider education section of the APHP portal.*

**Accenture would take the following knowledge transfer steps with the current Provider Services contractor:**

- Provide input to help identify personnel that would be the target of learning by doing session. It is expected that the identified persons would have a role in supporting the IVR System in a technology/systems related capacity or an ongoing analyst and training capacity.
- Develop a Knowledge Transfer Approach to address knowledge, skill, and ability gaps through collaborative engagement during the design, development, and implementation.
- Plan and schedule "lunch and learn" sessions as a forum for ongoing knowledge sharing based on a jointly established set of topics.

m. Support and maintain the IVRS referred to as ELVS

Once any enhancements to the existing IVR functionality has been built/configured, tested, and approved, we would support and maintain ELVS. The Figure 10 - 79 below highlights the testing steps we would

complete prior to obtaining sign off.

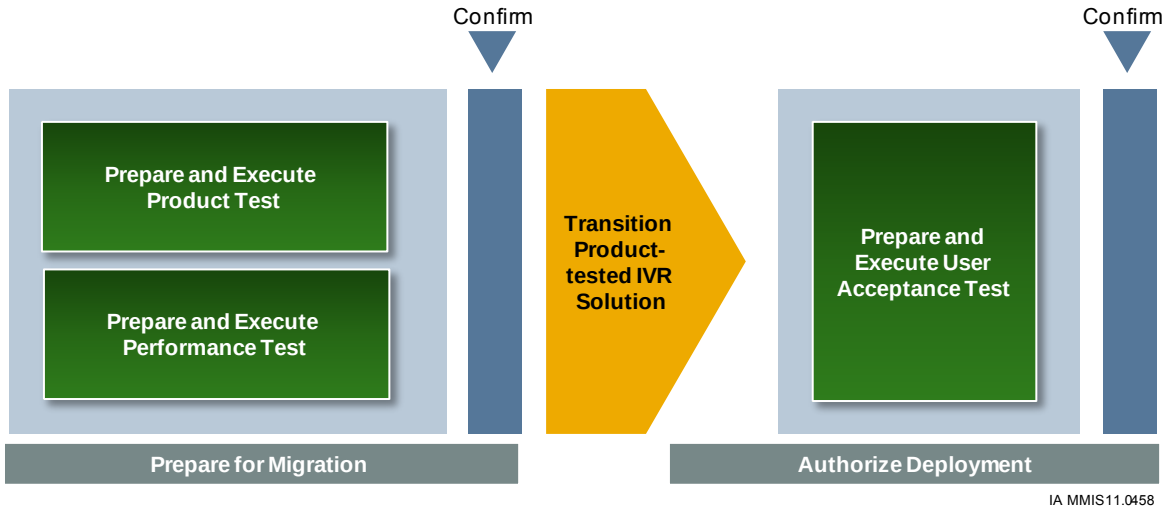



*Figure 10 - 79. The Accenture Team executes a robust testing strategy to confirm the IVR system functions and Department requirements are met.*

While supporting and maintaining ELVS we would not implement changes without going thru the change control process. The change control process governs changes impacting the data provided to ELVS on provider member eligibility and provider information.

**We will categorize the changes in the following manner when submitted for approval.**

**Standard** - A request change that is completely documented and performed on a scheduled or ad hoc basis. These changes are pre-approved and pre-authorized by the Change Advisory Board (CAB) and the change manager. Routine changes do need to be scheduled on the change calendar.

**Normal -** (non-standard) A request for change that is not routine and requires advance approval and planning. The change manager must assess the risk and impact of normal changes. The CAB (or a defined subset of the CAB) must approve normal changes. Normal changes may be further classified based on impact and risk levels.

**Emergency** - A request for change that requires immediate action to meet service levels. An emergency change needs to be implemented immediately and outside the normal approval procedures. This situation can arise where rapid changes are required to keep the operation working. For example, virus patches need to be updated on server and all workstation to control the vulnerability.

### *10.1.22.4 Performance Standards (8.1.22.4)*

The performance standards for the IVRS (referred to as ELVS) functions are provided below.

a. Assure a response time of less than five seconds on the IVRS referred to as ELVS. Response time is determined by measuring the elapsed time from speaking or entering the requested provider and member information to receipt of a response.

b. The IVRS referred to as ELVS must be available ninety-eight percent of the time, 24 hours a day and seven days a week.

c. Update IVRS referred to as ELVS within 24 hours following Core MMIS contractor receipt of the Medicaid Recipient Eligibility File or provider file updates or upon completion of each claims processing check write production.

d. Correction of system pronunciation of names within one business day of identification of problem.

e. Update voice response scripts to correct errors within one business day of identification of problem.

f. Notify the Department designees of operational issues within one hour of identification.

g. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department.

h. Produce the state-defined reports within the required timeframe determined by the Department.

i. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department.

Accenture acknowledges and accepts the IME System Services Project performance standards for the Interactive Voice Response (IVR) as depicted in Table 10 - 84.

| 8.1.22.4 Interactive Voice Response - Performance Standards | Acknowledge and Accept |
|---|---|
| Assure a response time of less than five seconds on the IVRS referred to as ELVS. Response time is determined by measuring the elapsed time from speaking or entering the requested provider and member information to receipt of a response | ✓ |
| The IVRS referred to as ELVS must be available ninety-eight percent of the time, 24 hours a day and seven days a week | ✓ |
| Update IVRS referred to as ELVS within 24 hours following Core MMIS contractor receipt of the Medicaid Recipient Eligibility File or provider file updates or upon completion of each claims processing check write production | ✓ |
| Correction of system pronunciation of names within one business day of identification of problem | ✓ |
| Update voice response scripts to correct errors within one business day of identification of problem | ✓ |
| Notify the Department designees of operational issues within one hour of identification | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce the department-defined reports within the required timeframe determined by the Department | ✓ |
| The initial accuracy measurement upon submission of all documents and reports will be determined by the Department. | ✓ |

*Table 10 - 84. Accenture acknowledges and accepts the performance standards for the IVR.*

## 10.1.23 Web Services (8.1.23)

This section describes the operational requirements for the web services module function.

**Our APHP Enterprise solution provides the Department a scalable and configurable Web Portal layered on a powerful APHP COTS enterprise wide platform. The APHP Access Layer provides a consistent user interface and standards-based web services via the web portal.**

**The APHP Web Portal is built for the future of Medicaid. A standards-based, configurable, MITA aligned services access layer.**

- Single sign-on to all components
- 24x7 Self Service web based portal
- Easy to use, consistent web interface
- Configurable to meet IME specific needs
- Powerful and accessible content management

The APHP Portals provides the Department and all MMIS users access to all of the COTS component applications through a single, consistent, easy-to-use web interface. The business services for provider management, recipient management, program management, operations management, care management, management administrative reporting, and third party liabilities are all available through the APHP Portal. Our standards-based web portal is also very configurable so changes and modifications can be made without the need for coding change. The APHP Portals provide the Department with the ability to tailor the interface specifically for Iowa Medicaid, while remaining adaptable for the future.

### Our Process

Our web services communicates through X12/5010 and the APHP MITA business services. Our APHP business integration layer integrates as a "plug and play" interface to the component COTS products. This service oriented architecture (SOA) provides flexibility so that services can be re-used, COTS components can be replaced and with scalability to support future expansion well beyond the functionality of old legacy systems. This capability enables the system to expand without significant investment in additional hardware and software as the state Medicaid program expands.

Our web services are designed to be flexible, scalable and configurable to meet the demands and expectations of an expansive Medicaid program. Our APHP Enterprise-wide solution is a rules-based system that allows for ease of administration of multiple programs and client populations. APHP's value is derived from its capability to leverage components across programs, departments and agencies.

Figure 10 - 80 shows an example of the web portal screen for the Department's staff.

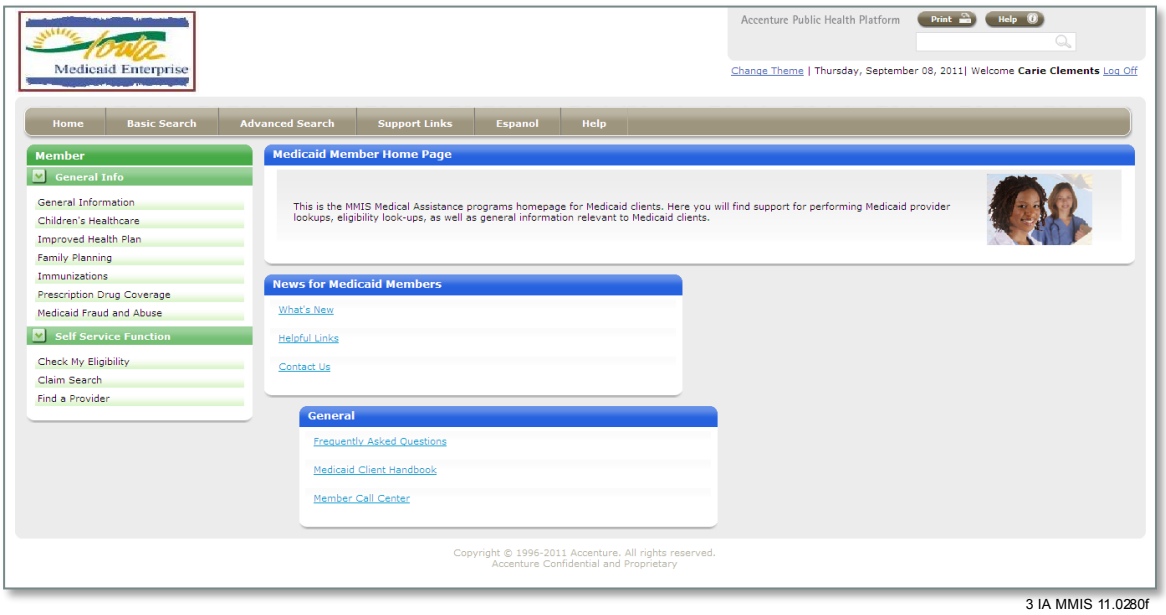



*Figure 10 - 80. The clean design of the APHP user screen provides ease of navigation.*

## Web Services Operational Functionality

The APHP web portal is not just a browser enabled version of a legacy window or screen, but an advanced medium through which a well-constructed interface provides better, faster ways of doing work. Web service plays a critical role in providing the Department with a flexible tool to ensure secure data exchange and communication between the provider community, member community and business partners. Given today's Medicaid environment, web access and ease of navigating through the web portal is crucial to meeting the provider's high expectations of customer service. Providers submit claims, members get issues resolved, and all stakeholders communicate through an interactive web portal that provides critical and timely information to all Medicaid stakeholders. The APHP web portal interface gives access to providers, members and workers in a consistent and integrated way. All users get the same look and feel and can access everything needed to complete an inquiry or transaction in a single session. APHP provides a structure to easily accommodate Medicaid program changes, as well as new capabilities, such as member eligibility and enrollment and health information exchange.

Our dual layer approach consists of a public layer and a secure layer. The public layer is a flexible content manager solution with user friendly navigation features. Based on the Department's needs, APHP can deploy web forms, browser-based applications or a Windows forms application with comprehensive web portal capabilities. The APHP enterprise service bus (ESB) directs the interaction and communication between the APHP COTS software applications and the web portal. The interoperability functionality provides the Department the power and flexibility of a web portal responsive to the needs of providers, members and stakeholders

The web portal is configured for three entry points. Additional portals can be added as necessary to expand and extend the MMIS into other areas.

- Provider
- Member
- Worker

## Provider Portal

The Provider portal gives providers an intuitive interface designed to make their interactions with the MMIS as easy as possible. Key functions available via the provider portal include:

- On-line provider enrollment and updating
- Member eligibility verification
- Claims submission, claim status inquiry
- Prior authorization requests and status
- Remittance and payment inquiry

Figure 10 - 81 below shows the provider's claims submission screen of the APHP web portal.

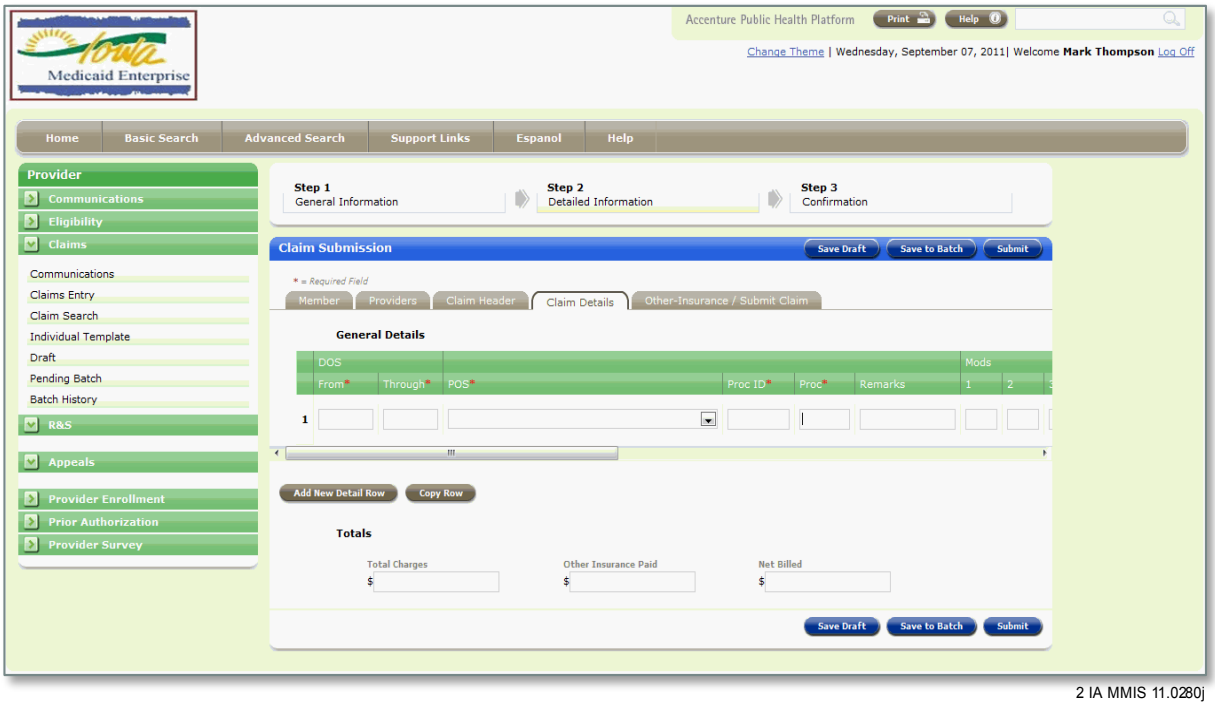



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*Figure 10 - 81. Web access and ease of navigating through the web portal is crucial to meeting the provider's high expectations of customer service - Providers submitting claims.*

## Member Portal

The Member portal gives members access to their benefit plan, profile and transactions, allowing them to become stewards of their information and engaging them in the management of their health. Many functions are available to members, such as:

- Benefit plan summary
- Claim status inquiry
- Member claims history
- Eligibility status
- Report suspect fraud or abuse
- Program news

The Member portal is a key feature for the Department's expansion and change. Today, members have limited engagement with the MMIS and it is usually transactional, such as notification after a prior authorization decision is made. The APHP portal can "host" other member portal functions or "serve"

MMIS functions to other portals to achieve "no wrong door." It is truly expandable to integrate services from other systems and platforms for members and to interoperate with the Department's programs.

## Worker Portal

The Worker portal gives access to the Department, professional services contractors and other authorized users who rely on the MMIS, or information from it, to perform their job responsibilities. A wide range of functions is available via the Worker portal, including:

- Suspended claim adjudication
- Provider enrollment
- Provider and member call center assistance and inquiry
- APHP configuration changes
- Prior authorization processing and inquiry
- Business rule access and management
- Workflow management
- Operations monitoring via the APHP dashboard

The Worker portal has the same look and feel as the Provider and Member portals. Likeness in work tools helps people connect and work together effectively. This is especially relevant to work that is handed off to other workers, for example, from a professional services contractor to the Department. The Worker portal also increases productivity. The worker is presented with everything needed to complete end-to-end processes, from document images to code explanations to letter generation, all in one continuous process. Data fields are pre-populated or menu-driven via business rules, improving quality.

## External Web Services

APHP web services can be exposed externally for use by authorized entities. This gives the Department the ability to share services with other agencies or departments, other states or the federal government. The Department could also allow new external entities to integrate with the MMIS without having to build custom interfaces. For example, if the Department wanted to allow another state agency to view active home healthcare providers, this web service could be made available to the requesting agency. The agency would need the appropriate security rights provisioned and then using our SOA, subscribe to the standards-based web service. Integration occurs on the APHP side without system modification.

The Department may also wish to use the APHP web portal to make information more widely available to the Medicaid community, such as vision statements, strategic plans and Medicaid brochures. Our flexible design and straightforward approach to content management means content is easily published on APHP external web site for the IME MMIS. All content that is published on the external web site is coordinated with and approved by the Department.

## Control Procedures

We control the modifications and enhancements of the web portal through the same change management and configuration management procedures as we use during the Implementation Phase of the IME System Services Project. Our change management procedures are aligned with the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) and Information Technology Infrastructure Library (ITIL) operational procedures. We are CMMI Level 4 accessed in the public sector and apply those principles to the APHP web portal operational procedures. We adhere to these procedures from the time a web portal change is initially identified to the time it is implemented. Throughout the process each web portal change request is properly documented, controlled and managed by project management office and governed by the change control process.

As part of the web portal request process we participate with the Department in change management request meetings to review and prioritize the web portal change request. Multiple stakeholders, providers, members and business partners access the web portal. We submit to the Department an impact

assessment of any changes to the web portal. Upon the Department's approval of change management request, we test, validate and implement web portal changes and provide updated documentation for user training. We report the status for all web portal change requests and associated implementation. We use the Rational tool suite to manage web portal updates and changes. We layer a change control governance process to vet and prioritize the change and validate stakeholder agreement and buy-in. Figure 10 - 82 below shows our change management process which provides transparency, consistency, effective management and scope control for web portal change control through our integrated tool suite.

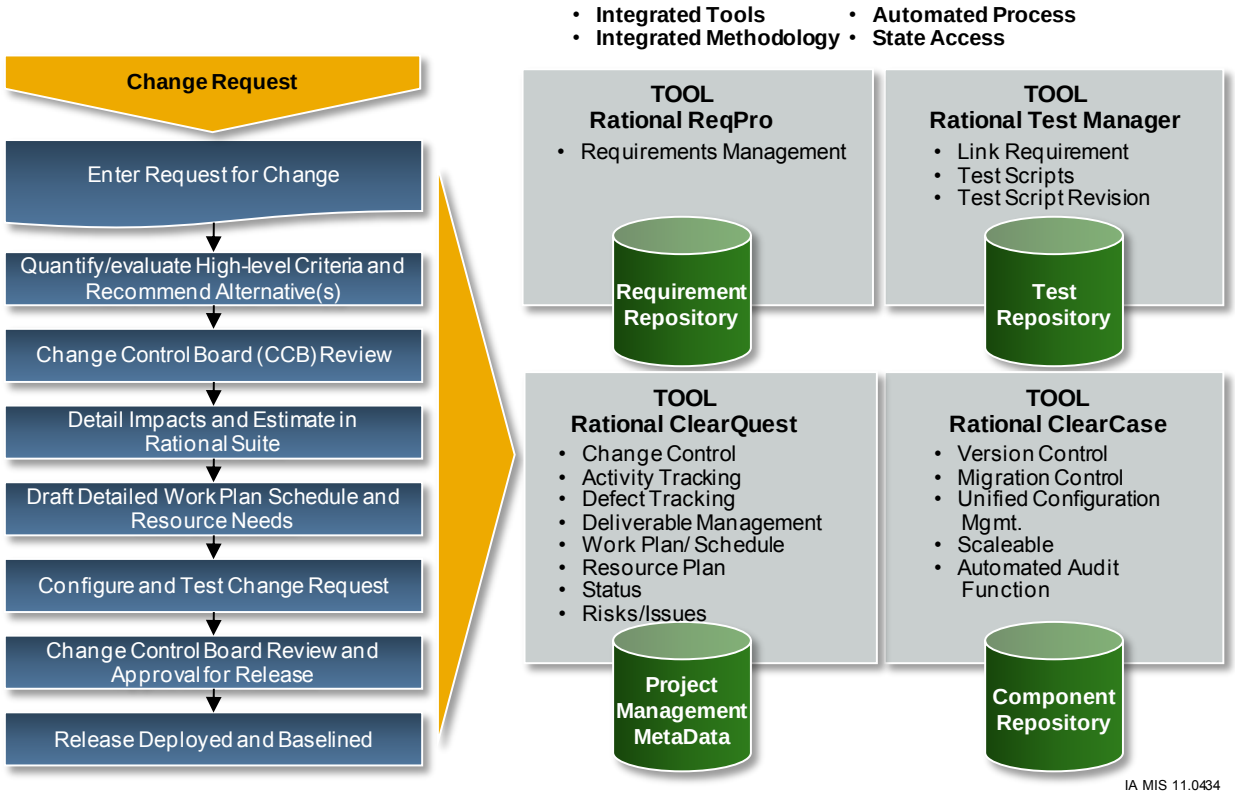


*Figure 10 - 82. Our comprehensive change management process provides transparency, consistency, effective management and scope control for web portal change control through our integrated tool suite.*

The web portal is integrated with a security controls to propagate high standards of web service configurations into the portal system. APHP is compliant with the current privacy requirements of the HITECH and HIPAA and uses Single-Sign-On (SSO) for role-based security. The SSO uses the Microsoft Active Directory Federated Services. The access-related-events are logged and session timeouts are managed. Login attempts are monitored and flagged if needed. APHP is a functionally robust solution that can be configured quickly to benefit IME. The control procedures are designed to maximize the quality of our product throughout its lifecycle.

## Quality Assurance Procedures

APHP provides stable, easy to use, reliable web services as an integral part of the new IME MMIS. During the operation of APHP, our Quality Assurance (QA) process for web configuration stays consistent with our methodology and processes that were followed through the Implementation Phase of the IME Systems Services Project. All changes go through our change control process and include thorough

testing changes before delivery to the production environment. Our web portals are tested for "out-of-the-box" configuration standards and for customized settings. The Accenture Team provides integrity checks to validate the web portals and associated functions perform as expected. Finally, our process also requires all technical and user documentation is updated to reflect the change and made available to the affected stakeholders.

### *10.1.23.1 State Responsibilities (8.1.23.1)*

a. Approve all web content
b. Provide wording for alerts
c. Provide guidelines for authorizing users
d. Provide all rules and policies

Accenture acknowledges that Iowa responsibilities are specifically defined as seen in Table 10 - 85.

| 8.1.23 Web Services - State Responsibilities | Acknowledgement |
|---|---|
| Approve all web content | ✓ |
| Provide wording for alerts | ✓ |
| Provide guidelines for authorizing users | ✓ |
| Provide all rules and policies | ✓ |

*Table 10 - 85. Iowa responsibilities are acknowledged in the table above for web services.*

### *10.1.23.2 Accenture Responsibilities (8.1.23.2)*

a. Update the content of the web portal within two days of receipt of the Department approval

The APHP Content Management solution is a standard COTS application that allows content management changes without requiring any coding changes allowing immediate content update of the web portal exceeding the department's requirement of two business days. The APHP web portal updates content providing viewable features such as information, links, announcements, policies, procedures and time sensitive Medicaid information well within two days of receipt of the Department approval. Interface features in APHP such as links, menus, lists, navigational buttons, and bookmarks are designed to be easily updated.

b. Comply with the Department usability and content standards (i.e., style guide) and provide a layout that has user-configurable resolution, fonts and color choices

Accenture complies with the defined Department usability and content standards (i.e. style guide) and provides user-configurable resolution, fonts and color choices. Accenture will implement an efficient, user-friendly interface, compliant with the current state and federal requirements. The APHP web portal complies with the current ADA 508C disability standards for displaying content information. Change theme links will be used to change style guide. APHP comes with set of standard styles. If Iowa wants a specific style guide, this can be tailored by adding a new style in our repository. The APHP user interface is designed with help of Usability Experience specialists who have extenive skills in designing user interface.

Figure 10 - 83 shows the different styles, fonts, illustrations, colors, and layouts that can be applied in one specific example - the primary interface of the web portal.

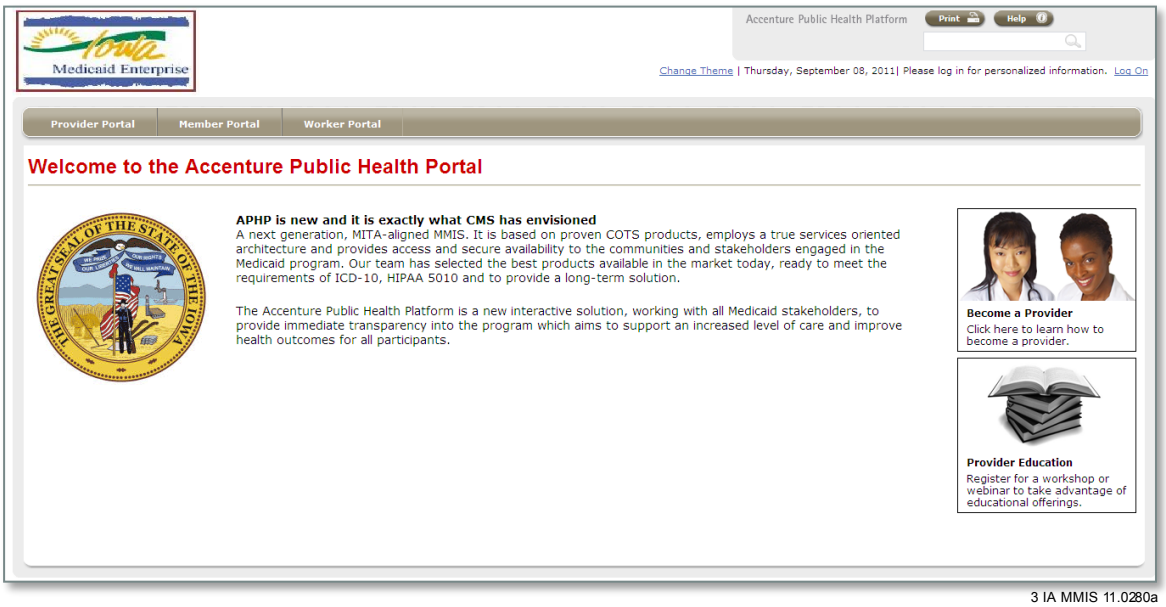


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*Figure 10 - 83. The APHP portal has standards for resolution, fonts, and color that can be easily implemented as shown in the screenshot.*

c. Update interactive content, such as, but not limited to, alerts or current fee schedule on the web, as required by the Department within approved timeframes

The APHP solution updates interactive content such as alerts, and reference content such as fee schedules, or other configuration items as needed. Example content for Medicaid includes enrollment forms, Medicaid claims information, special billing forms, training announcements, field representatives' names and contact information, links, provider inboxes, and other pertinent information. The portal system delivers standard alerts and allows customization. For example, the APHP Web Portal functionality provides for posting of announcements specific to the user type at sign-on, this allows for immediate, targeted notification. Users have easy access to institutional fee schedules, professional fee schedules, and global payment value assignments. As required by the Department, authorized Accenture staff members are able to update fee schedules within timeframes mandated by the Department. The control procedures are combined with quality assurance to verify and validate that fee schedule updates are accurate and consistent.

d. Monitor the web environment to evaluate the adequacy of infrastructure to support access by providers and members.

APHP monitors and manages the web services applications and infrastructure 24x7 ensuring the shortest downtime, and immediate notification of performance degradation or service unavailability. APHP's flexible and advanced alerting conditions, triggered actions and escalation scripts provide the Department confidence that the web services applications and infrastructure are performing optimally. APHP automatically discovers and monitors network resources, regardless of type or location. APHP provides a single pane view of performance and availability of web services. All web portal transactions are monitored and system performance can be viewed in real-time. APHP monitors for downtime, as well as user-access events such as timeouts or login errors.

e. Notify the Department immediately of the downtime in the event of unscheduled downtime. If the Department requires, provide a written and the Department-approved action plan to resume system activity and provide a time when the system is will be available. Weekly reports to the Department must be produced detailing all system downtime

We notify the Department immediately of any unscheduled downtime. APHP can set alerts for individual resources, groups of resources, resources of the same type, and at the application level. Based on the type and severity of the condition that triggers an alert, APHP will initiate an automatic alert, for instance, an email notification or text messaging to the approved distribution.

APHP provides a view of performance and availability results from the user perspective. The Department can view and analyze these performance metrics in performance reports. The APHP provides monitoring capabilities that provide a view into web service operations, health and overall transaction processing metrics. Accenture produces reports with detailed information on any downtime event, and provides a written action plan for full system resumption that includes a time when the system will be available at the department's request. As with all performance standards, performance measures will be available anytime on our Service Level Dashboard. As required, we will provide reports weekly detailing any system downtime or service disruption.

f. Obtain approval from the Department of all documents and functionality (e.g., applications, manuals, handbooks, notices, welcome packets and others) before being posted on the web portal

Accenture collaborates with the Department to obtain approval of the documents and functionality to meet the Departments requirements. The APHP web portal allows easy access to documents for user guidance and training. The documentation types supported by Accenture include manuals, handbooks, notices and welcome packets. Accenture's quality assurance plan includes proper integration of documentation to address management issues such as training, compliance, security, user documents, handbooks, notices, applications, manuals, welcome packets, and others. Access to documentation can be placed under security control for authorized users.

### *10.1.23.3 Performance Standards (8.1.23.3)*

a. Create and or update operational procedure manuals within in 10 business days of the approval of the implementation procedure or change by the Department
b. Produce the state-defined reports within the required timeframe determined by the Department
c. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department

Accenture acknowledges and accepts that our integrated solution must comply with the performance standards for Web Services, shown in Table 10 - 86.

| 8.1.23.3 Web Services - Performance Standards | Acknowledge and Accept |
|---|---|
| Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce the state-defined reports within the required timeframe determined by the Department | ✓ |
| The initial accuracy measurement upon submission of all documents and reports will be determined by the Department | ✓ |

*Table 10 - 86. Accenture acknowledges and accepts the performance standards for web services.*

## 10.1.24 Workflow Management (8.1.24)

The Department workflow module is a software suite that combines document imaging, electronic document management and records management and workflow.

**The Accenture Team provides a seamless and adoptive approach to workflow management. Our configurable and interoperable APHP solution complements and enhances the current OnBase workflow management solution.**

**Accenture's experience provides the tools to succeed.**

- Accenture's interoperable approach preserves OnBase
- Our APHP solution provides seamless adoption of current OnBase workflows
- APHP Enterprise workflow management solution complements OnBase and positions the Department for future enhancements and workflow requirements

The Accenture Team understands that OnBase has been the key driver behind the Department's workflow management since 2005. We also recognize that the Department has invested heavily in customizing and developing OnBase to reflect changing workflow requirements, as well as changing business requirements. Our solution integrates the existing OnBase configuration into the Accenture Public Health Platform (APHP), leveraging the existing knowledge capital contained within. This approach benefits the Department and the contractors currently supporting the IME. We leverage OnBase and incorporate it as part of our integrated COTS family of solutions that make up the APHP solution.

We understand that implementing a new MMIS may introduce significant change for the Department's staff and contractors. One concern among the staff may be that the traditional processes and systems they are accustomed to will be changed with the implementation of a new MMIS. Accenture's APHP solution minimizes disruption and mitigates these potential concerns for the Department. By preserving the existing workflows in OnBase, the change to the end users' ability to receive and process work remains consistent.

Out-of-the box, APHP provides a powerful and flexible enterprise-wide workflow management component to complement OnBase and enhance the existing workflow management capabilities. Our solution enables business users across the IME to create configurable workflows quickly and efficiently without lengthy development time. The flexibility and interoperability of our APHP platform adapts and inherits any workflows currently configured in OnBase. The benefit of APHP is that it is capable of plugging legacy solutions into a COTS-based environment to quickly integrate and deploy functionality while minimizing the business disruption to existing users. The Department can use its existing OnBase workflows which we integrate into our APHP enterprise wide workflow solution.

### 10.1.24.1 State Responsibilities (8.1.24.1)

a. Provide guidelines for workflow processes.
b. Oversee and monitor contractor performance.

We would meet with the Department to understand and use the necessary state's guidelines for workflow processes. We would use these guidelines as an integral part of all planning and design in the approach and implementation of the new workflow management system. We acknowledge the state's responsibilities as seen in Table 10 - 87.

| 8.1.24.1 Workflow Management - State Responsibilities | Acknowledgement |
|---|---|
| Provide guidelines for workflow processes. | ✓ |
| Oversee and monitor contractor performance. | ✓ |

*Table 10 - 87. Accenture acknowledges the state responsibilities for Workflow Management.*

### 10.1.24.2 Accenture Responsibilities (8.1.24.2)

a. Configure new workflow management system.

We will adopt the Department's existing OnBase solution into APHP and configure the APHP workflow management. The Department has invested much effort in creating critical workflows within the OnBase solution to enable the key IME business processes. Our primary workflow management solution would integrate and configure OnBase into our COTS-based solution. The flexibility and adaptability of this solution allows OnBase to integrate with our other solution components (for example, Claims rules engine, Provider Portal, etc.) and easily intermix with our enterprise-wide workflow leveraging the investment and knowledge accumulated over the years. As the needs of the IME continue to evolve, our team continues to maintain OnBase workflows, as well as leverage the APHP enterprise workflow solution to configure new workflows, as appropriate.

b. Import and reconstruct the current IME workflow processes.

We can import and reconstruct the current IME workflow processes should the Department prefer. Our solution minimizes the need for such mass export/import and reconstruction of existing workflow processes as we integrate the existing OnBase configuration into the APHP COTS component architecture. This approach helps to lower both the effort and overall risk as we maintain the years of experience that is contained within these processes. Additionally, Accenture reviews all of the workflows and where appropriate, connects or moves them into the APHP enterprise workflow.

Figure 10 - 84 shows the conceptual process for the mapping and analysis of current workflows in OnBase. After we analyze the current OnBase workflow, we work with the Department to determine if the OnBase workflow efficiently addresses the requirements. We then make recommendations for the optimal workflow tool to support the process. Our methodology takes the guess work out of the workflow development process and reduces the time required to configure and document the workflow modifications. By having defined actors and steps each person knows there task(s) and the next steps that are needed based on the determined decision.

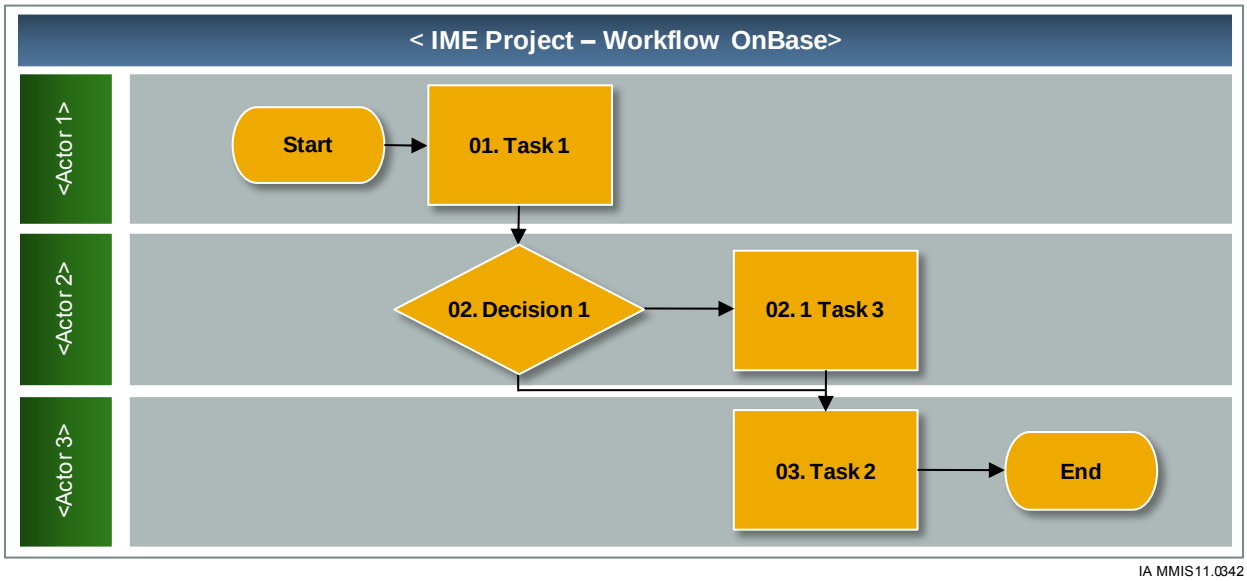


*Figure 10 - 84. We analyze and map each workflow item within the Department's current workflow management module as depicted in our conceptual process flow.*

c. Reconfigure workflows as required to support revised business processes.

We reconfigure workflows as required to support revised business processes. We follow our Change Management Process as detailed in Tab 10.1.3 to manage and document workflow revisions and updates. Our user friendly interface is easy for business users to understand when reviewing the current workflow model. It also allows for rapid design. If there are new programs or the Department implements policy changes that require a workflow revision, updated process steps, or a new work queue, the APHP enterprise workflow, integrated with OnBase, provides the necessary tools to assess the impact of a change across process, systems, interfaces and reports and allow it to quickly be implemented into production.

d. Create the process for assigning and transferring claims within the workflow.

We create the process for assigning and transferring claims within the workflow. Our APHP solution includes preconfigured claims workflow that automatically assigns claims to specialized user groups for efficient processing, volume/load management and exception processing as required by our claims team. Our objective is to process claims in an efficient and timely manner.

APHP Enterprise workflow processes are integrated into the logic of edits and audits and other business rules so that claims systematically route to the appropriate queue. This functionality is fully configurable and performed through our integrated workflow management tool. APHP loads business rule logic into the rules engine and each claim/document is subjected to those business rules. The APHP integrated workflow management transfers the claim to the appropriate location as configured through the rules engine.

The power of the APHP configurable workflow management solution is its dynamic routing capability. This means that our claims operations has the ability to quickly make claims queue changes to route claims to different queues as needed to maintain optimal throughput and quality from the claims staff. This dynamic routing may include claims escalation, prioritization changes, or other types of processing adaptations that routinely occur in the claims environment. The claims staff can resolve basic data validation edits

while some claims resolution such as manual or special pricing, medical review or other more complex edits, can instantly be routed to senior staff. Some cases may require routing to state or external contractors for review according to business requirements. We can change claims queues quickly and seamlessly through the APHP workflow management solution.

e. Monitor activities and distribute workloads.

We monitor activities and distribute workloads. We understand that the real value of workflow management is in its capability to monitor real-time and report on what is occurring in operations and, make workflow changes if necessary, to improve efficiency or redistribute workloads. APHP provides the Department a real-time view of operational activities and workload distribution so that at any given point, operational workload such as claims inventory may be understood, and dynamically rerouted as necessary. Our operations management staff as well as the Department staff can view and monitor operations activities and redistribute workloads as required.

Figure 10 - 85 shows our Operational Excellence Dashboard derived from workflows created in APHP to provide the Department a view of operational status and metrics.

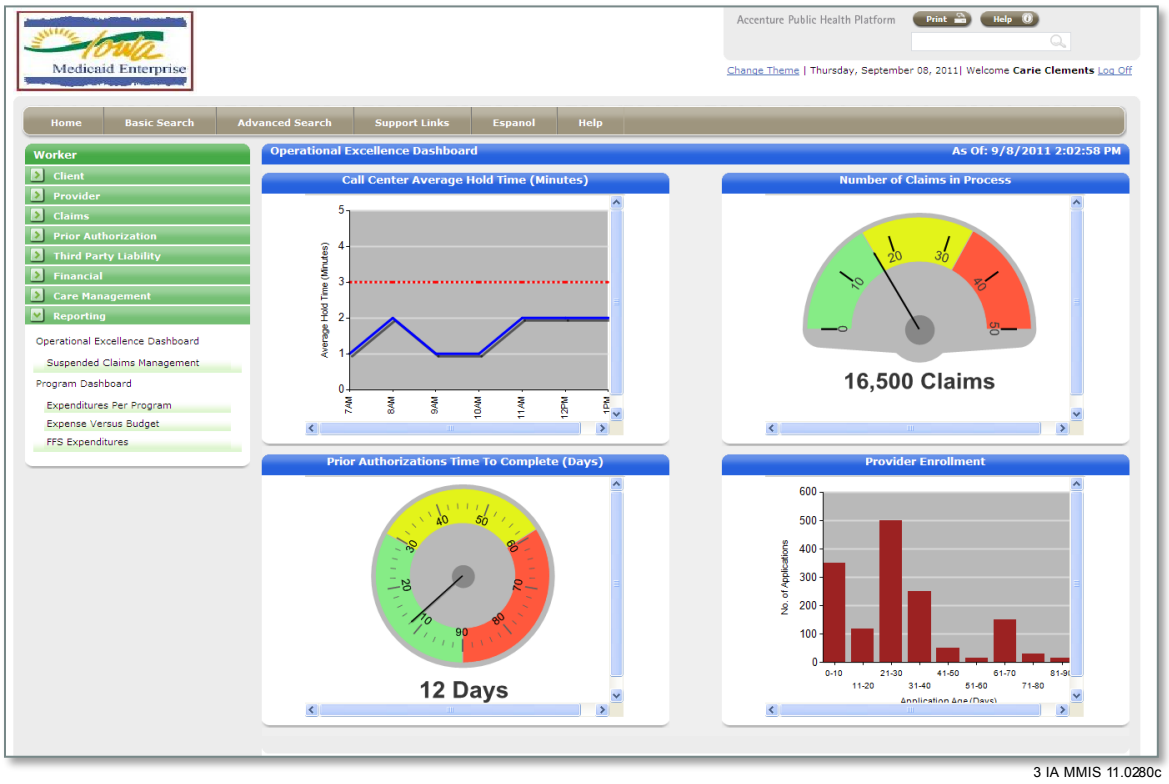


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*Figure 10 - 85. APHP's flexible workflow management solution provides the Department a view of operational status.*

f. Provide a demonstration of the workflow as requested by the Department.

The Accenture Team is pleased to have the opportunity to demonstrate its APHP workflow management solution to the Department. We document all workflows configured during the Implementation Phase along with their corresponding business processes. All of the workflow diagrams are stored in the

SharePoint repository to provide documentation of the IME business processes. We will, at the Department's request, walkthrough and demonstrate any of the production workflows to validate both the business process and the workflow processes. We work with the Department and if required, the IME Service contractors to determine if any modifications should be recommended to optimize the business process and corresponding workflow.

g. Destroy source documents according to procedures defined by the Department.

We recognize that safeguarding source documents is a fundamental and important responsibility we would have as the Department's Core MMIS contractor. Protecting source documents during destruction is essential to maintaining the trust of the Department, and that trust is at the focal point of every one of our Health and Public Services client relationships.

Accenture will adhere to the Department's requirements and mandated procedures for destroying source documents. We rely on the Department to provide any specific procedures that the Department would like us to follow.

### *10.1.24.3 Performance Standards (8.1.24.3)*

a. Create and or update operational procedure manuals within in 10 business days of the approval of the implementation procedure or change by the Department.

b. Produce the state-defined reports within the required time frame determined by the Department.

c. The initial accuracy measurement upon submission of all documents and reports would be determined by the Department.

Accenture acknowledges and accepts the RFP performance standards for Member Management as depicted in Table 10 - 88.

| 8.1.24 Workflow Management - Performance Standards | Acknowledge and Accept |
|---|---|
| Create and or update operational procedure manuals within in 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce the state-defined reports within the required time frame determined by the Department | ✓ |
| The initial accuracy measurement upon submission of all documents and reports would be determined by the Department | ✓ |

*Table 10 - 88. Accenture acknowledges and accepts the performance standards for workflow management.*

## 10.1.25 Rules Engine (8.1.25)

The Core MMIS contractor is responsible for populating the rules engine module initially and as required to implement rule revisions for:

a. Member Services.
b. Provider Services.
c. Benefit Plan Services.
d. Claim Receipt and Adjudication Services.
e. Reference Services.
f. Managed Care Services.
g. Financial Services.
h. Federal Reporting Services.
i. System Parameter Services.

**The Accenture Public Health Platform (APHP) gives users streamlines simplified tools to create and manage business rules with a SOA-based architecture that promotes adaptability and flexibility.**

**APHP Enterprise Rules Engine Solution**

- Comprehensive rule changes without programmer intervention
- Permits Rule testing "what ifs" against current real time data
- Easily configured business rules that focus on improving automatic adjudication of claims for higher throughput at a lower cost
- Uses native configuration tools ensuring accurate interpretation of business rules configuration

We understand that one of the critical success factors for a high performing MMIS solution is leveraging a powerful and flexible business rules engine. In our role as Core MMIS contractor, we populate the rules engine initially and as required implement rules revisions for member services, provider services, benefit plan services, claim receipt and adjudication services, reference services, managed care services, financial services, federal reporting services and system parameter services. Our rules engine has the necessary configurations to support the policy, rules and administration of Iowa's Medicaid Program.

Our proposed APHP solution is a highly flexible and configurable COTS solution for claims processing, benefits administration supported by robust but accessible business rule configuration. It provides the Department the power and assurance of secure import, revision and operational maintenance of the agreed upon business rules. Our solution optimizes the use of business rules, data, workflows and COTS application functionality to sustain a dynamic business rules environment. With our solution, no hard coding or programming is required. Authorized Department staff has the flexibility of entering new business rules or modifying current business rules "on-the-spot" with immediate deployment. Users and administrative staff can also quickly access and view all business rules and logic.

The APHP rules engine accommodates testing new or modified business rules, edits and audits in a non-deployed inactive status. Use of this status permits rules comparison and testing against current program data. Using what-if scenarios, authorized users can review, test and evaluate rules changes without risk to the active configuration and system performance. Staff can also review rules online, including dependencies and exceptions.

Our solution leverages the COTS rules engines for business rule execution, the automation of business processes, triggers for communication and alerts, as well as for overall program administration. These capabilities eliminate labor intensive efforts that are often required to maintain, change or add new business rules. Each of the integrated COTS products provide intuitive graphical user interfaces to view and edit rules configuration and is accessible to any authorized user from the APHP worker portal.

Using the native configuration components from each COTS product in our solution assures accurate interpretation of the business rules configuration and eliminates the need for rules replication or compilation. This feature differentiates APHP from other MMIS solutions available to the Department.

Our flexible APHP rules engine solution provides the Department with the capability for a secure import, a powerful rules revision module and the ease of ongoing operational maintenance. As the Core MMIS contractor, we use our APHP rules engine to perform initial rules implementation as well as ongoing rule modification and changes to sustain service levels. Accenture's robust controls and testing processes integral to our change management approach also provide discipline and structure for thorough documentation of all business rule changes. Throughout the change management process each business rule change request is properly controlled and managed by the IME Systems Services project management office and governed by our ADM change control management.

Figure 10 - 86 shows how the Enterprise Process and Workflow Rules Engine are layered on the APHP Enterprise platform, exhibiting the interoperability and ease of configuring enterprise wide business rules.

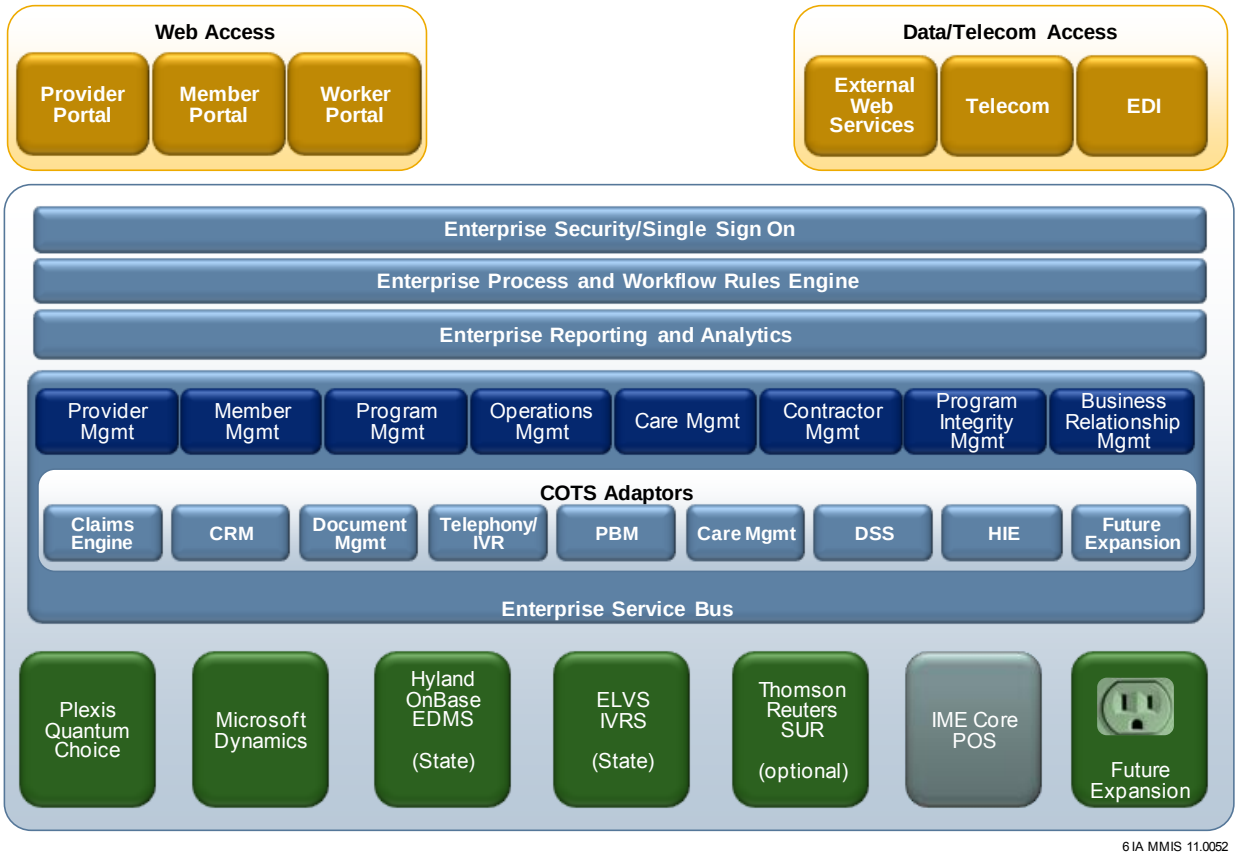


*Figure 10 - 86. APHP solution provides the Department with a configurable, rules engine solution for multi-program administration of claims receipt and adjudication, member management, provider services, benefit plan services and multiple other programs.*

## Process

Appropriately leveraging a business rules management system and applying that capability effectively is one of the critical success factors for a high-performance health program. Based on our experience, we have found that over-application of business rules can result in performance issues and under-application

can result in limited flexibility. Our APHP approach is designed to optimize the use of rules, data, workflows and COTS application functionality to deliver a rules engine that is both flexible and delivers high performance.

We document business rules and expected outcomes as primary inputs to establishing rules in the APHP rules engine. Our process for extracting the existing business rules starts with a review of the written policy manuals currently published by the Department, along with information that is readily available on the Department's public web portal. We review for information about how each program operates, the services covered and the populations served. We also compile information gathered from the IME contractor's documentation on current claims edits and audits. Additionally, we review any documentation available on system modifications to program policies that have been implemented in the last five years. If necessary, and on an as needed basis, we may also perform a review of the current contractor's system code for information on rules and policies.

Table 10 - 89 summarizes each source from which we leverage information for business rules extraction.

| Source | Activities |
|---|---|
| **Policy Manuals** | We start by reviewing the written policy manuals currently published by the Department. We also review information that is readily available on the public web portal, about how each program operates, the services covered and the populations served**.** |
| **Claims Edits and Audits** | We gather information from IME contractors' documentation on current claims edits and audits. |
| **System Modifications - Program Policies** | We review any documentation available on system modifications to program policies implemented in the last five years. |
| **Current System Code** | If necessary, and on an as needed basis, we review the IME contractors' current system code for information on rules and policies |
| **Claims Subset - Claims history for all combinations of provider types and specialties** | We then extract and analyze a subset of claims from claims history for all combinations of provider types and specialties, covering at a minimum, dates of service from the last five years. This becomes the 'regression' bed of claims used for validation**.** |
| **Conference Room Pilot Sessions** | We review the data and results of our analysis with the Department during conference room pilot sessions and make adjustments as necessary**.** |
| **Regression bed of claims** | We run our regression bed of claims in our configured environments to validate the expected adjudication results. This step is executed every time any changes are made as a way to continuously validate our configurations |

*Table 10 - 89. Our Business rules extraction process leverages multiple sources to establish a full set of rules for the IME MMIS*

## Business Rules Update Reporting and Status

To request business rules revisions, the project management staff submits the required documentation and change management request for a business rule change to the Department for approval. Documentation provided to the Department consists of:

- A written summary of the business rule Change Management Request and related activities.
- A description of any modifications to the IME MMIS baseline configuration, including requirements, design specifications, technical infrastructure and application required by the business rule change
- Any related test plans, test execution, including regression testing procedures and a final report on test results.

- IME MMIS documents affected by the business rule change, using a method that clearly identifies the business rule changes to the documents and the date of the change.
- Knowledge Transfer and Training materials (for example, updated plan, session and materials).
- Updated documentation submitted to the project SharePoint Repository.

The Change Management Request is entered into Rational ClearQuest, our online tracking tool and managed according to the approved change management process. We provide the Monthly Status reports which contain the total number of active business rule change management requests, the number of business rule change management requests scheduled for completion during the previous month, the number of actual business rule change requests completed and deviations from the completion schedule.

## Control Procedures

Modifications and enhancements of business rules are controlled through the same very tight disciplines used to manage changes during the Configuration and Enhancement Phase of the IME MMIS System Services project. In collaboration with the Department, we use our Accenture Delivery Methods (ADM) to manage modifications and enhancements to the business rules engine within the APHP Enterprise. Our change management procedures are aligned with Project Management Body of Knowledge (PMBOK) and ITIL operational procedures. We are CMMI level 4 accessed in the public sector and apply those principles to the APHP business rules engine operational procedures.

We adhere to our ADM change management procedures from the time a business rules change is initially identified. From the initiating stage when a change in policy occurs or a new requirement is mandated for claims or any operational area, to the approval process for implementation and then to closure, coordinated configuration and integration is provided for business rules changes and ongoing maintenance. We log the Change Management Request is logged into the online tracking tool, Rational ClearQuest, where, in support of transparency and open communication, it is accessible to all authorized users. Throughout the process each business rules change management request is properly documented, controlled and managed by the IME Systems Services project management office and governed by our ADM change management process.

We participate in the evaluation process for the proposed business rule change requests as submitted by the Department or by management staff for costs, schedule and impact on the System operations. We report the status via our monthly status reports for all business rule change requests and their associated implementation. Knowledge transfer, training materials and documentation are an integral component of business rules changes impacting the APHP Enterprise and are developed as part of the business rules Change Management Request package.

As part of the business rule change request process, we participate with the Department in business rule Change Management Request meetings for prioritization of the request. At the Department's request, we evaluate specific business rule change requests and submit full impact statement analysis. Upon the Department's approval of the business rules change request, we implement, test and validate all business rule changes and provide updated documentation for user training. We use the Rational tool suite and our ADM change management methodology consistently through the project and into operations to manage business rules updates and changes. We layer in a change control governance process to provide transparency, validate the user community agrees with the business rules change and prioritize the business rules change within the work schedule.

While our disciplined approach is structured and enforced, the flexibility of our APHP configurable Rules Engine solution allows for timely step through of our change management process. This assures the Department that while the actual process is controlled and structured; it is efficient and incorporates all of the activities to complete the effective implementation of a modified or enhanced business rule change. Following summarizes the elements of the change management process we use for business rule changes:

- Business Rule change request - Describes the business rule change
- Department assigned priority - Represents the Department's assessment of order of priority in implementing new business rules or modifying current business rules
- Change objective and outcomes - Describes the overall business rule change for the business objectives and documents quantified outcomes of the change for inclusion in the functional and technical design configuration
- Contractor assessment of impact - Provides an assessment of the impact to the Enterprise, taking into consideration operational impacts as well as any impacts to the business units and other APHP enterprise components
- Work plan for business rules change request - Includes information regarding the proposed schedule, deliverables, required resources by name and estimated hours for completing the change
- Test plan - Describes the testing activities needed to complete the business rules change, validate the functionality and regression as required to promote the business rules change through the various testing gates for unit, integration, system and user and into production
- Training - Describes the updates needed to the knowledge transfer or training materials that will be impacted by the business rule change and outlines the communication needed to inform providers, members, contractors and other stakeholders of the change
  - Update training materials - Updates to the system, user and help documentation for each business rule change or modification as part of a release

As demonstrated in Figure 10 - 87, the change management process is a collaborative process between the Department's stakeholders and the Accenture Team. Accenture project management personnel are assigned to and participate in the business rules change management process for cost, schedule and impacts to system operations. Our change management process is used to log and track business rule changes through to implementation and closure.

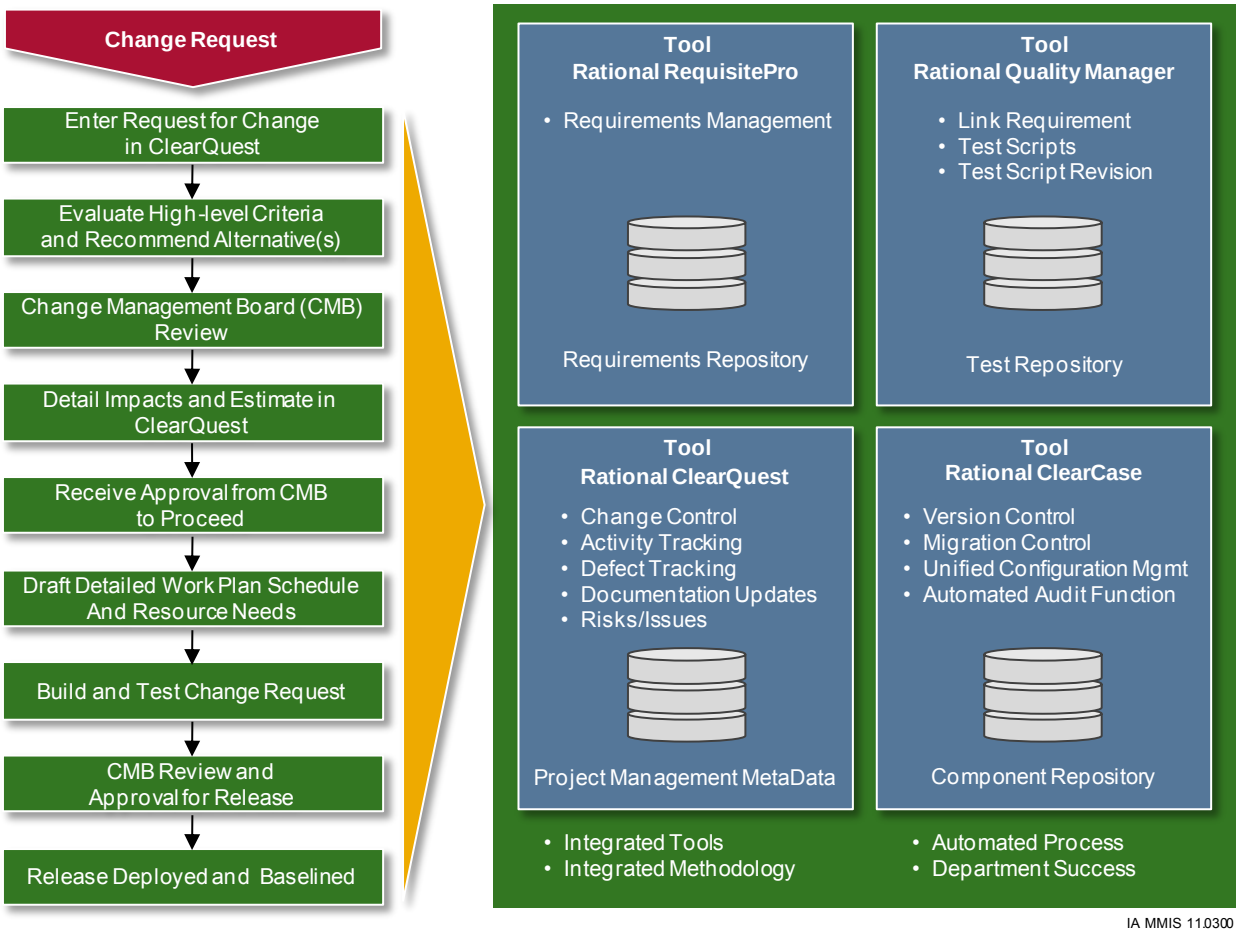


*Figure 10 - 87. Our field-tested change management process provides transparency, consistency, effective management and scope control for business rules change control through our integrated Rational tool suite*

## Quality Assurance Procedures

In accordance with our quality assurance procedures outlined in the Quality Management Plan, new and changed business rules undergo a Design review prior to testing. Once configuration changes of the business rule are complete, we conduct thorough testing as shown in Figure 10 - 88, using a real-world data repository to simulate production data. This approach enables users to simulate the impact of the new or changed business rules, prior to it going into production.

Testing continues until the expected business rules results are achieved. Upon completion of testing, the production release can occur. Because business rules are easy to configure in the APHP rules engine, the quality of testing increases and the number of changes required after testing decreases.

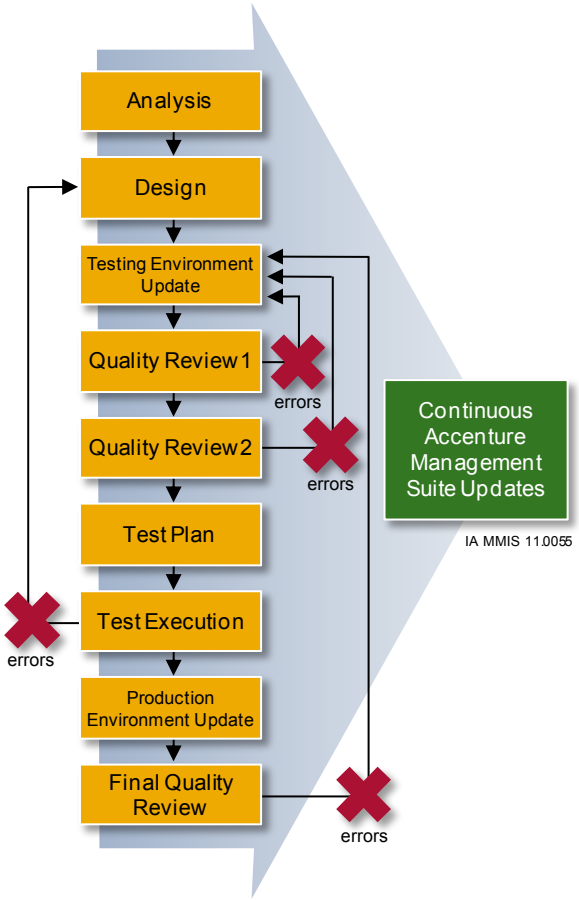


*Figure 10 - 88. Our thorough quality process for testing business rules changes validates the impact of the change prior to implementation.*

### 10.1.25.1 State Responsibilities (8.1.25.1)

a. Approve all rules prior to implementation.
b. Provide guidance on rule development.
c. Monitor contractors.

We acknowledge the State's rules engine responsibilities as stated in Table 10 - 90.

| 8.1.25.1 Rules Engine - State Responsibilities | Acknowledgement |
|---|---|
| Approve all rules prior to implementation. | ✓ |
| Provide guidance on rule development. | ✓ |
| Monitor contractors. | ✓ |

*Table 10 - 90. Accenture acknowledges and accepts the State's rules engine-related responsibilities.*

### *10.1.25.2 Accenture Responsibilities (8.1.25.1)*

a. Provide knowledge transfer to the contractors and the Department users in the use of the rules engine.

The Accenture Team provides knowledge transfer to the contractors and Department users in the use of the rules engine. We provide sessions for Department and IME staff that promote just-in-time knowledge transfer. We also provide easy to access reference materials and job aides via the web portal at the point of access to the rules engines.

During the business rules training, we provide participants with opportunities for hands-on interaction with the Rules Engine. Participants complete practice exercises in configuring business rules. These hands-on activities provide participants an opportunity to practice in a no-risk environment and help to reinforce the information presented during the session. Our hands-on and interactive approach to knowledge transfer impacts the participant's ability to effectively use the rules engine after implementation.

b. Maintain the rules within the rules engine and make all required modifications as directed by the Department.

As the Core MMIS contractor, Accenture Team staff maintains the rules within the rules engine and make all required modifications agreed upon with the Department. APHP provides an interoperable framework for business rules that fits into the Department's current environment while providing the foundation for future expansion. We maintain the rules within the rules engine and make the required modifications as directed by the Department.

Modifications of business rules follow our controlled Change Management Process as detailed in Tab 10.1.3. Once a modification is approved by the Department, we use the APHP code importer that allows for quick propagation of changes within the multi-component system. The changes integrate with the multiple COTS packages that comprise our solution.

c. Provide management summary reports on the overall status, all rules engine modifications during the period and have the reports accessible online, as directed by the Department.

We provide management summary reports on the overall status and on all rules engine modifications during the period as directed by the Department. Authorized Department staff can also access this status information online via the Rational toolset. Our solution provides the Department timely reporting and immediate access to status and performance metrics. Using our Client Services Reporting module and the Operational Excellence Dashboard, the Department can run custom reports to view adjudication details, sequences and dependencies associated with specific business rules modifications. We can tailor the reports or dashboard for specific rule changes. For example, we can tailor a report to the business rules associated with specific benefits, procedures or pricing methodologies providing the department with laser focus on the impact of rule and policy changes.

d. Maintain a rules engine(s), which can be queried online.

The rules and business logic contained within our APHP solution may be viewed and/or directly queried online in a variety of ways. The business rules viewer in our web portal provides easy access to benefit structures, business rules, logic and workflow providing a holistic presentation of relevant system logic. This information is presented to users, administrators or auditors to quickly understand the decision process and steps. Additionally, rules may be queried or directly access in our requirements and change management repository that contains very detailed information on the when, why, how a rule was changed or implemented; including any policy or legislative reference. Rules may also be queried directly in the host COTS application. Each of these methods provides quick access to the needed information enabling the Department or administrators to use the most appropriate for any given situation.

e. Maintain the documentation to support the reason for each change to a rule as directed by the Department.

We maintain the documentation to support the reason for each change to a rule as directed by the Department. Changes to the business rules follow the approved change management process. Each requested business rule change is logged as a change management request and is managed and tracked just like all other change management requests. We use the Rational Suite to maintain documentation that supports the reason for each business rule change. Each business rule change has a defined audit trail that shows who made the change, what change was made and when the change occurred. Our change management practices enforce our requirement for documentation of all new business rules and business rule changes. A written summary of the Business Rule Change Management Request and related activities is available at all times to the Department. Documentation includes a description of any modifications to the System baseline configuration, including requirements, design specifications, technical infrastructure and application required by the business rule change. We also maintain the related test plans, test execution, including regression testing procedures and a final report on test results.

### *10.1.25.3 Performance Standards (8.1.25.1)*

a. Implement new rules within one business day after approval by the Department.
b. Revise or terminate rules within one business day after approval by the Department.
c. Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department
d. Produce the state-defined reports within the required timeframe determined by the Department
e. The initial accuracy measurement upon submission of all documents and reports will be determined by the Department

We acknowledge that the rules engine activities must comply with stated performance standards and we accept these standards as depicted in Table 10 - 91.

| 8.1.25.3 Rules Engine - Performance Standards | Acknowledge and Accept |
|---|---|
| Implement new rules within one business day of approval by the Department | ✓ |
| Revise or terminate rules within one business day after approval by the Department | ✓ |
| Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department | ✓ |
| Produce the state-defined reports within the required timeframe determined by the Department | ✓ |
| The initial accuracy measurement upon submission of all documents and reports will be determined by the Department | ✓ |

*Table 10 - 91. We acknowledge and accept the rules engine-related performance standards.*

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## 10.2 POS Operational Requirements (8.1)

This section describes the operational requirement for the POS contractor which include the following module functions: Claims Processing, Reference, Prospective Drug Utilization Review (ProDUR) and Drug Rebate. The Pharmacy Medical Services contractor is responsible for the following functions: retrospective drug utilization review (RetroDUR), review and approval of prior authorization (PA) requests for prescription drugs, maintenance of the preferred drug list (PDL) and the supplemental rebate program.

Point-of-Sale (POS) refers to the online real-time claims processing and claims adjudication of provider claims. For this procurement, the POS requirements are limited to pharmacy claims.

The contractor will include a stand-alone POS prescription drug claim processing system with claim, provider and eligibility interfaces to the MMIS. The POS system must provide automated drug claim eligibility, ProDUR, adjudication and submission service to pharmacies.

Accenture is not bidding on the POS Operational Requirements component of the Iowa Medicaid Enterprise System Services Request for Proposal.

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# Tab 11 Certification Phase (9.2.12)

The Bidder must provide a detailed description of the approach to completing the contractor's responsibilities and producing the deliverables for this phase which is located in section 8 MMIS and POS Operational Requirements, Certification and Turnover Phases of the RFP.

The Department must apply for and receive certification of their system from CMS, by demonstrating that the system meets all requirements and performance standards before receiving enhanced federal funding. The objective of this phase is to obtain federal certification of the MMIS and POS.

Iowa recognized it needs to prepare for the changes that are coming, which represent the most extensive changes since the beginning of the Medicaid program. MITA 3.0 has been proposed by CMS, and as of August 2011, the changes from MITA 2.1 are being vetted by states, industry and standards' organizations. Based on the current proposal, new process areas will be added for Eligibility and Enrollment Management and Financial Management. Program Management will change to Health Plan Management, and Program Integrity Management will change to Performance Management.

**Our Certification approach is designed to provide an MMIS that will help Iowa qualify for the highest eligible rate for Federal Financial Participation retroactive to the first day of Operations.**

- Accenture completed validation of APHP and its Component Products against MECT
- APHP fully supports the recently published "Enhanced Funding Requirements: Seven Conditions and Standards"
- Accenture brings proven industry expertise in the form of SMEs with intimate knowledge of the MMIS certification process

The Affordable Care Act accelerated change in Medicaid programs across the country. MITA alignment, SOA-based solutions, Commercial-off-the-Shelf (COTS) products and industry standards moved from stretch goals to conditions for enhanced Federal Funding Participation (FFP). In April, 2011, CMS published Enhanced Funding Requirements: Seven Conditions and Standards, Version 1.0. In this publication, CMS identifies attributes that must be present and certified before it approves enhanced federal funding for states' Medicaid technology investments.

Accenture understands that one of the most critical objectives of the Iowa Medicaid Enterprise (IME) solution is to receive maximum FFP through the Certification of the IME MMIS. The IME contractors must work in unison to help achieve this objective. We must also work to prepare for new and changing CMS Certification requirements, which have not been defined at this point. Accenture is prepared and ready to work with the state and the IV&V contractor to prepare for, participate in and deliver the required artifacts for CMS Certification.

Accenture has reviewed and mapped each federal Medicaid Enterprise Certification Toolkit (MECT) and state-specific criteria for each business area to the Accenture Public Health Platform (APHP) and provided an explanation of how each requirement is or will be met.

Accenture extensively considered the selection of COTS products for the IME MMIS. The MECT and state-specific requirements are tracked in Rational RequisitePro, which provides the necessary tracking from Day One through each development phase leading up to the Certification. We are confident that our APHP provides Iowa with an MMIS that is certified for full FFP from the first day of Operations.

Accenture's focus is to support the state in its efforts to obtain Certification for the IME MMIS. We understand that our Certification responsibilities include verifying that the current MECT items are incorporated into APHP, and that we keep current and include those agreed to changes made to the MECT or state-specific requirements during the start-up and implementation phases.

Accenture has opted to only respond to the MMIS Core System portion for this procurement; therefore, the following sections only pertain to the MMIS.

# 11.1 Systems Certification (8.3.1)

Section 1903(a) (b) (d) of Title XIX of the Social Security Act provides 75 percent Federal Financial Participation (FFP) for operation of mechanized claims payment and information retrieval systems approved by the federal Department of Health and Human Services (DHHS). Up to ninety percent 90 percent FFP is available for MMIS-related development costs receiving prior approved by DHHS. The Iowa MMIS and POS must, throughout the contract period, meet all certification and re-certification requirements established by DHHS.

The contractor(s) must ensure that their area of system responsibility will meet federal certification approval for the maximum allowable enhanced FFP retroactive to the day the system becomes operational and is maintained throughout the term of the contract. If the MMIS, POS or any module, does not become certified or fails to maintain certification because of failure on the part of any contractor(s), the Department may allocate a portion of the loss of federal funds as actual damages to the responsible Professional Services contractor(s).

The contractor(s) will be liable for the difference between the maximum allowable enhanced FFP and that actually received by the Department, including any losses due to loss of certification, failure to obtain approval retroactive to the operational start date or delays in readiness to support certification.

All FFP penalty claims assessed by DHHS will be withheld from amounts payable to the contractor(s) until all such damages are satisfied. Damage assessments will not be made by the Department until DHHS has completed its certification approval process and notified the Department of its decision in writing.

The most important outcome for both Accenture and the state of Iowa is the Certification of the IME MMIS. Accenture understands the importance of helping to maximize the federal funding for the Iowa Medicaid program retroactive to the first day the system becomes operational. Our strategy for meeting each of our Certification responsibilities is to focus, from day one of the IME MMIS project, on the requirements for CMS Certification and to support the state in CMS Certification activities.

Our approach to MMIS Certification is to prepare for Certification throughout the start-up and implementation phase. We include the CMS Certification criteria as described in the Medicaid Enterprise Certification Toolkit (MECT) as part of our requirements definition; load all MECT requirements in our requirements traceability tool and address CMS required functionality in our analysis and design activities and deliverables.

Our objective for the state of Iowa is to support a smooth certification, recognizing Certification is one of the most critical goals. Accenture provides a dedicated Certification Manager and the deep experience of a certification subject matter expert from the beginning of the project to help keep certification as a consideration during all phases of development. Additionally, we work to identify relevant issues going forward and to update the Certification Plan on an iterative basis throughout the Design, Development and Implementation phases. This helps to eliminate any surprises and makes for a smooth Certification process.

Accenture acknowledges if our contracted MMIS services do not become certified or fail to maintain certification solely because of failure on the part of Accenture, the Department may allocate a portion of the loss of federal funds as actual damages.

We understand we may be liable for differences between the maximum allowable enhanced FFP and that actually received by the Department, to the extent any such difference is caused by Accenture's failure to fulfill a material obligation under the final contract between the parties, including any losses due to loss of certification, failure to obtain approval retroactive to the operational start date or delays in readiness to support certification for the Accenture contracted services.

Further, all FFP penalty claims owed by Accenture as described herein and in the final contract between the parties may be withheld from amounts payable to Accenture until all such damages are satisfied. Damage assessments will not be made by the Department until DHHS has completed its certification approval process and notified the Department of its decision in writing. The event that applicable federal agencies provide grace periods or other mechanisms to reduce or delay the impact of any sanctions described or reductions, Accenture will be entitled to share in such protections.

## 11.1.1 State Responsibilities (8.3.1.1)

a. Serve as the point of contact with CMS. Communicate all pertinent information from the contractor(s) to CMS and from CMS to the contractor(s)

b. Review and approve the CMS Certification Readiness Checklist

c. Facilitate certification meetings

d. Review and approve all enterprise changes and schedule

Accenture understands the importance of the Certification of the Iowa MMIS. Accenture further understands that the state is the sole point of contact with the CMS Regional Office Staff and federal Certification Team. Accenture acknowledges the Department's responsibilities for certification activities. Our approach to certification is a highly collaborative process with close coordination between the Department and the Accenture Team. We recognize that a realistic and achievable work plan and schedule for certification must consider a collaborative effort with the Department and include all tasks that the state and the Accenture Team supports together to achieve certification.

The Department serves as the main point of contact for CMS. We provide the Department with information needed to facilitate communications with CMS. We participate in certification meetings and provide deliverables, schedules, meeting minutes and certification reports to support the Department in responding to requests from CMS.

The Accenture Team works with the Department's project team and business SMEs during the Start-up and Implementation phases of the project to understand the MMIS business requirements and processes, to clarify state policies, regulations, and procedures, and to make staff available to participate in joint application design (JAD) collaborative sessions and reviews.

The Department is also responsible for attending walk-throughs of the deliverables before they are formally submitted by Accenture and reviewing, commenting, and providing written approvals on all certification task deliverables. We understand the importance of clear and timely communication. We focus on communication and governance through the project life cycle and continue that practice through to certification activities.

The State of Iowa is embarking on a very important and critical journey that helps determine how the Department is able to respond and adapt to the ever changing healthcare landscape. Accenture is of the belief that the MMIS and its operations should be a secondary concern to a state's Medicaid Agency. The system should support the Medicaid Agency's mission and be able to adapt quickly and efficiently to new healthcare standards, code set standards, data interchange standards and healthcare policy and regulatory changes.

It is critical to the Department and citizens of Iowa to see this vision in a financially responsible and achievable way. Accenture knows the importance of certification to the funding of the IME MMIS. We acknowledge that its vision began with the State of Iowa sitting down and specifying their requirements for a new MMIS.

Figure 11 - 1 below depicts the first milestone that marks the beginning of the future IME MMIS and the first step toward a successful IME MMIS certification.

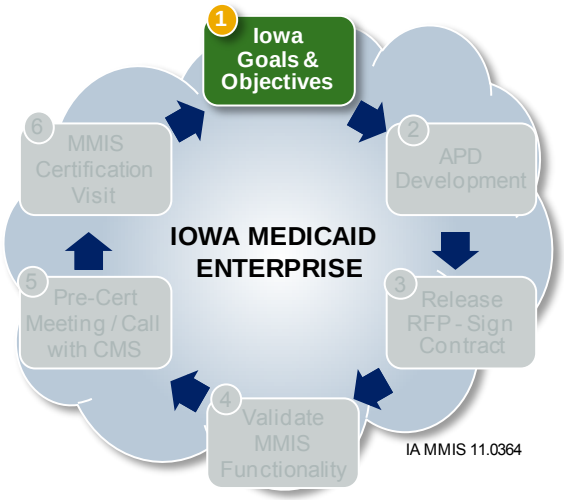


*Figure 11 - 1. Iowa has taken the first steps necessary to Certification.*

The Goals and Objectives of the new MMIS have been defined and submitted to the CMS Regional Office (RO). The business areas and business objectives from the checklists were used by the state to confirm that each Medicaid business area has been considered and that the state's unique business objectives were included.

Figure 11 - 2 highlights the second milestone in which the checklists in the planning documents were submitted to CMS as the basis for certification requirements in the MMIS portion of RFP Section 7 MMIS and POS Requirements.

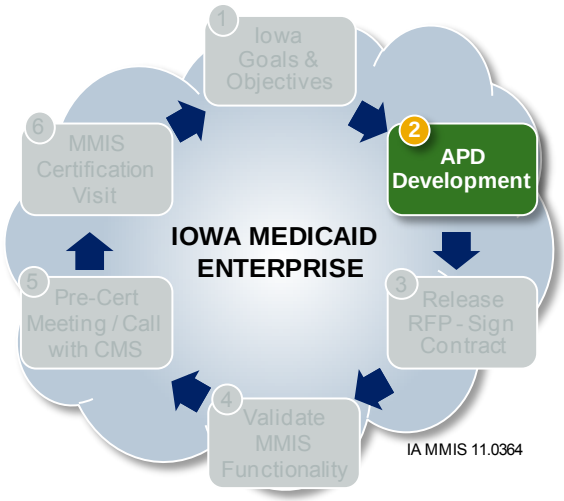


*Figure 11 - 2. The Advanced Planning Document (APD) and Implementation Advanced Planning Document (IAPD) provide a common basis for the state and CMS Regional Office to align.*

The release of the RFP highlighted in Figure 11 - 3 is the third milestone, which contains the MECT and state-specific requirements.

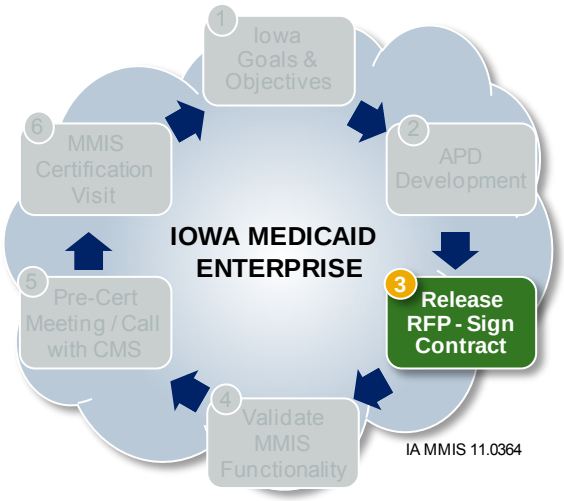


*Figure 11 - 3. The MECT and state specific requirements are the basis of the RFP and necessary for the Certification of the MMIS.*

In compliance with CMS' MECT **First Protocol** we recognize that the checklists represent a high level view of the state's intention and that specific requirements may evolve during the Implementation and Operation processes.

In addition to the state-specific milestones defined in the RFP, we have identified the additional state responsibilities from CMS' perspective during the CMS Certification process. Our approach is to support the State of Iowa throughout the certification process and supply the supporting documentation, checklist, plans, draft letters and other supporting certification documentation as required.

- The state keeps the Regional Office (RO) aware of any major system enhancements as specified in 45 CFR, Part 95.
- Accenture can draft a letter, along with attestations and completed checklists, requesting certification for the MMIS for the state to submit to CMS. Accompanying the letter is a completed and filled-in copy of the checklists from the Toolkit and any supporting documentation as required in the **Second Protocol**. We submit the request according to the CMS recommendation of two months after the first day of Operations and start the process for CMS to prepare for their visit to Des Moines.
- The state works with the RO or Certification Review (CR) Team to determine the need for a system walkthrough of the MMIS solution review prior to the onsite certification meeting as a means of training for the reviewers.
- The state must also provide a copy of the APD, RFP, vendor responses to the MMIS RFPs and the resulting contracts for the CMS Certification Team.
- The state coordinates and schedules with the CR Team Lead and Regional Office all activities detailed in the **Third Protocol** that are to take place before, during, and after the onsite visit. This includes all interviews, data products, and system access needed, along with the visit logistics.
- Accenture and the state to address daily action items raised by CR Team members and review needed Corrective Action Plans (CAPs). The Accenture Certification Manager reviews Core Services Certification findings to determine what research needs to be done or steps that are necessary to respond to each CAP. All responses to CAPs are submitted to the Department for their review and approval. The state is responsible for submitting the response to CMS.

## 11.1.2 Accenture Responsibilities (8.3.1.2)

During this task, the contractor(s) must provide technical support and assistance with federal certification as described in this section. The contractor(s) must perform the following tasks:

a. Update the CMS Certification Checklists to reflect changes or additions to system requirements that were submitted with the implementation advance planning document IAPD

b. Validate the RTM against the CMS Certification Checklists to affirm the readiness of the systems to be reviewed for certification

c. Complete the Certification Readiness documentation. Collect the information and documentation needed by CMS to verify that the MMIS and POS has been successfully operating for at least six months by the time of the visit. This information and documentation must be collected beginning on the first day of operations and cover a period of at least six months of full operation. The contractor(s) must provide an electronic "folder" (a type of repository for information that demonstrates that a system criterion is satisfied) for each criterion that contains reports, print screens or other documentation that demonstrate that the criterion is satisfied. The contractor(s) will provide a plan for data collection no less than 60 days prior to beginning operations. The plan must specify the documentation and information to be collected after reviewing the CMS Certification Readiness Protocol. For example, if a monthly report is produced, CMS will require to see monthly copies of the report. If a criterion applies to daily operations CMS will want to see evidence from the beginning, middle and end of the operational period prior to certification

d. Assist the Department in responding to CMS requests prior to the on-site certification visit and during the site visit

e. The contractor(s) must provide necessary resources to the Department for certification

f. Contractor(s) will assign an individual to coordinate all IME activities for the certification process

Accenture designates a CMS Certification Manager, who leads a dedicated CMS Certification Team consisting of a CMS Certification Project Manager and systems and operations resources to support the Department during each step of the preparation. Our CMS Certification Manager is responsible for developing a Certification Plan that documents the task and deliverables to be executed and collected to verify the MMIS has been successfully operating for the required six months after go-live. Our plan includes the mechanics and participation from the IME professional contractors and state staff necessary to complete not only all the Certification Readiness documentation but the certification process itself. Our team works with the Department and CMS to obtain federal certification within nine months of the October 1, 2014 Operations start date.

Accenture's CMS Certification Manager is responsible for reviewing deliverables necessary for Certification during the early phases of the project. Below we discuss our approach to certification through the phases of the system development lifecycle, to include implementation and operations.

Accenture's CMS Certification Manager prepares a Deliverable Expectation Document (DED) describing our Certification Plan and the proposed approach for each certification deliverable, including how certification documents and artifacts are prepared, the format and content, and level of detail. The Certification Plan identifies the steps required to provide the updated certification checklist, validate the RTM against the CMS certification checklist, prepare the CMS certification readiness documentation, prepare for the onsite review and designate the individuals who are responsible for each activity.

The Accenture CMS Certification Manager uses the same standards, processes, and tools that were employed during the Implementation activities, providing a transition from implementation to certification activities. The CMS Certification Manager's job is to promote effective communication, track task progress, action items, and issues and works closely with the Department's Certification Lead to help confirm that the IME MMIS certification preparation activities for the on-site visit are completed on time.

Accenture provides industry experts to support the CMS Certification efforts. Vince Cain, a well known subject matter expert (SME), joins our team to support Iowa's certification efforts. Retired from CMS, Vince was the MMIS Certification Review Team Lead for well over a decade. Vince supports the Accenture Certification Manager as a key advisor to review our certification process at regular intervals from the start of Implementation through the completion and achievement of CMS Certification. Vince's guidance and input provide additional confidence to the certification process, and we are excited to have him as part of our team.

Mr. Cain provides invaluable guidance and training as we prepare for certification and assists PMO and staff, including the Department certification team, in understanding CMS' expectations and interactions through the certification process. By working with industry experts, we provide the State of Iowa and Accenture staff the level of understanding required to support certification from the onset of the project.

Once training is complete, the certification team reviews the Certification Plan and the project work plan and updates them as needed.

The Certification Plan is submitted to the state in draft format for review. We recognize that other IME contractor teammates may be required to develop Certification Plans as well and participate directly in the certification process. We work with the state and other IME contractors to integrate each contractor teammate's plan into a Master Iowa Certification Plan. Lastly, we understand that the state must approve our deliverable before implementing the Plan.

Our team uses our Project Management and integrated management tools to help prepare and submit a Certification Readiness Plan that fulfills the federal and state-specific requirements for certification. During Analysis and Design, we assign specific resources who attend the requirements and design meetings and are responsible for documenting the requirements and mapping each MECT requirement of the checklists. These individuals validate that the certification checklist criteria are met for each business function and that the checklists are updated as needed as a result of those activities. Our requirements traceability methodology provides a structured approach to cross-check to the MECT. The requirements process, tools, and reporting are supported by our requirements traceability tool – Rational ReqPro.

Throughout the requirements process we work with the Department to evaluate and update the MECT checklists to accurately reflect federal and state requirements. These activities are completed in parallel with the system analysis and design, so certification requirements are part of the overall considerations as the system is designed and configured. As depicted in Figure 11 - 4 below, the validation of the IME MMIS requirements and functionality is the final step, performed throughout implementation, before engaging CMS for certification activities. We verify that the necessary documentation required for certification are produced and updated throughout and stored on the project's SharePoint repository.

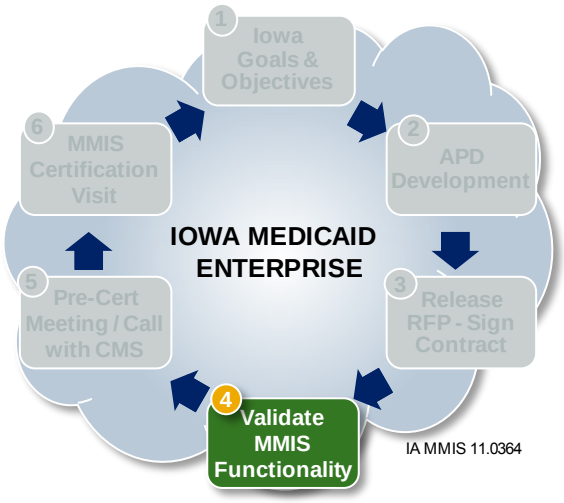


*Figure 11 - 4. Accenture enters all Toolkit and state specific requirements into Rational RequisitePro to use during the Implementation phase.*

**Milestone 4** is the validation of the MMIS functionality. The **Second Protocol** – State Certification Readiness is used by Accenture, the state and possibly the IV&V contractor to validate that all federal

and state-specific MMIS requirements have been satisfied and that the new MMIS is ready for certification.

We integrate the MECT, state-specific and RFP requirements into our project plan with tasks assigned to key stakeholders. This helps provide a cohesive view of the information to be delivered, tasks to be performed and logistical details to be arranged.

During the testing process, the Accenture Team assesses the MECT checklists as each test process is executed to confirm that the business functions meet the criteria. Any gaps that are identified are reported using the procedures outlined in the test plans. The Accenture Team works iteratively to identify all of the required certification documentation such as reports, system documentation and screen shots that are needed to demonstrate that the system meets the review criteria used for certification.

We propose to submit for state review our Certification Plan prior to Task 4.2 Implementation Preparation. In this way the CMS Certification Manager can provide a high-level overview of the CMS Certification process prior to User Acceptance Test (UAT). This review provides Department staff with an understanding of what the CMS reviewers evaluate as part of certification. The Department can use this information as part of acceptance testing and Operational Readiness reviews to make certain users are aware of how the system meets the business objectives listed in the Certification Checklists as well as illustrate how the system is providing the information necessary for certification.

Our Requirements Traceability Matrix (RTM) response provides a detailed explanation of how each business area requirement is met or our plan to meet the requirement as described in the GAP Analysis.

Accenture continues to review the MECT requirements during each phase of development to verify any changes at the federal level. Accenture works with the state if it becomes necessary to change or modify the state-specific requirements based on legislation or program changes.

To comply with the **Second Protocol** all required documentation is identified, collected, indexed and stored in our SharePoint repository to meet the CMS folder recommendation. Accenture develops a SharePoint location specifically for the certification documentation and the corresponding e-folders by the required CMS designation. We include system technical, operational and program-related documentation and artifacts. SharePoint provides a historical version record for audit and certification purposes.

During the implementation phase, Accenture works collaboratively with the Department and the other IME contractors to prepare for certification. Accenture finalizes all of the Certification folders on the SharePoint repository and reviews the documentation with the Department. The Certification Plan and actual certification tasks in the work plan are reviewed and updated as needed. All schedules for future certification meetings between the Department, IME contractors and Accenture are documented and confirmed.

We work with the Department once the system is implemented to conduct the internal certification readiness assessment and update the Certification Plan and schedule. We build time into our certification schedule to correct deficiencies that may be found during the Department's assessment. We correct deficiencies discovered during the internal readiness assessment through the development of Corrective Action Plans (CAPs) using our documented methodology. The Certification Manager leads the CAP efforts and manages all changes within the project's change management process. Our change process enforces the replacement of system documentation, user manuals, forms, and procedures required for the certification process and validates they are up to date and available on our electronic repository. We support the Department in gathering necessary documentation for Certification including:

- Attestations
- Reports

- Documentation required for initial letter
- System documentation and updates to that documentation as they occur including report distribution lists and data element dictionary updates

Once the validation of the MMIS functionality (**Milestone 4)** is completed, the focus changes to preparation for certification as depicted in Figure 11 - 5.

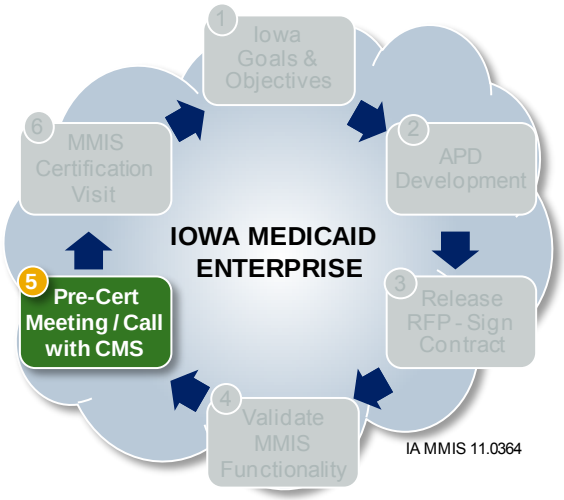


*Figure 11 - 5. Checklists affirming the MMIS readiness is prepared for submission with the request for Pre-Certification.*

Accenture prepares for the state a draft of the request for certification stating the MMIS meets all of the requirements for the law and regulations, and the date the system went live. The letter includes; 1) a declaration that the IME MMIS meets all of the requirements of law and regulation; 2) a copy of the official acceptance letter from the state to Accenture that the system is accepted; 3) the date the system became fully operational; and 4) the suggested date or timeframe when the state wants to undergo the onsite visit. The letter also certifies that the MMIS does the following:

- Meets the requirements of 42 CFR 433.117 for all periods for which the 75-percent FFP is being claimed
- Issues Explanation of Benefits (EOBs) on a regular basis for all periods for which 75- percent FFP is being claimed, in accordance with the provisions of Section 10 of P.L. 95-142, which amends section 1903(a)(3) of the Social Security Act
- Is ready for CMS certification, based on the state's evaluation using the checklists in the MECT.
- Adjudicates claims and information required for payment of services in accordance with all provisions of 42 CFR 447 and the approved state Medicaid plan
- Routinely generates data tapes containing up-to-date and accurate MSIS (Medicaid Statistical Information System) data in accordance with the Tape Delivery Schedules contained in CMS' MSIS Tape Specifications and Data Dictionary (Balanced Budget Act of 1997 [Public Law 105-33, section 4753])
- Exercises appropriate privacy and security controls over the system in accordance with 45 CFR Part 164, P.L. 104-191, the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and 1902(a)(7) of the Social Security Act as further interpreted in regulations at 42 CFR 431.300 to 307

As part of our preparations for certification, Accenture conducts collaborative mock certification reviews to test the thoroughness of the documentation collected in the certification folders and practices addressing certification related questions. These mock certification reviews have our certification SMEs play the role of CMS and work with the IME subcontractors, the Department's Certification Team and the Accenture

team in simulating the CMS certification visit. This simulation includes trial interviews with operational staff and folder review and walkthroughs with the Department's Certification Team.

We participate in preliminary pre-certification conference calls or meetings with CMS as requested by the Department and provide minutes of each meeting. Accenture also participates in all review sessions and provides facility walk-through reviews requested and scheduled by the CMS Certification Review Team. While the CMS Certification Review Team is on-site, our Certification Manager coordinates all requested certification tests and creates the necessary reports and supporting documentation. During CMS' on-site certification, we execute certification tests to demonstrate the system to CMS, as part of the certification process and develop CAPs to resolve any problems identified during the process. We provide status reports on performance issues, modifications, and corrective action plans throughout the entire Certification Phase.

Accenture assists and supports the Department in the creation of correspondence to CMS and that it is submitted to CMS within the prescribed timeframes. For all CMS on-site meetings, Accenture participates and remains available to assist and support any CMS requests.

Other activities during **Milestone 5** include:

- Accenture completes the MMIS checklists and any supporting documentation required to accompany the letter
- At the request of the state, we conduct an online demonstration of the Core System functionality for CMS Regional Office staff as part of the Pre-certification meeting/call
- The Accenture Certification Team prepares and delivers a presentation for CMS on the IME's MMIS alignment with MITA Goals and Objectives including COTS features

CMS sends a letter that acknowledges the state's certification request letter. The CMS letter provides an overview of the certification process, the general timeline of events, and identifies the CR Team members and their areas of responsibility. Attached to the letter is a list of the information required by the CR Team to be submitted in order for them to prepare for the certification review process. This list is likely to contain the following documentation and additional information needed from the state as determined by the CR Team lead:

- The date the system was officially accepted by the state as fully operational
- The time period of system operations to be claimed at 75-percent FFP rate
- An enterprise system diagram, including all components of the MMIS, identifying overall logic flow, data flow, systems functions, and their associated data storage
- A full and complete set of system documentation (hard copy available onsite)
- A network schematic showing all network components and technical security controls
- A narrative description of each identified MMIS component, including basic functions and the business area supported
- A list of all error codes and explanations by MMIS component
- A record layout of each data store with data element definitions
- A list of information retrieval functions and reports for each business area (including a list that identifies the distribution of the reports and who can access the information retrieval displays)
- A substantive and representative set of all reports and information retrieval screens (electronic format preferred)
- Evidence that Medicaid Statistical Information System (MSIS) data requirements have been met for timeliness and data quality
- A statement that the system meets Health Insurance Portability and Accountability Act (HIPAA) requirements for transactions and code sets, privacy and security, and when required, National Provider Identifier (this statement is in addition to the completion of all the HIPAA-related checklist criteria)

- A system acceptance test plan and results
- Evidence that a security risk assessment of the new system has been conducted by qualified personnel to identify security vulnerabilities and that the state has implemented security controls commensurate with these risks and vulnerabilities
- A list of all local and off-site facilities

Accenture responds to the CMS letter which requests submission of additional documents for CMS Review Team members to review prior to the Onsite Visit as requested by the state. We provide the IME MMIS data in a mutually agreed-upon electronic or hard-copy format, or both as requested. Figure 11 - 6 is the Certification visit milestone.

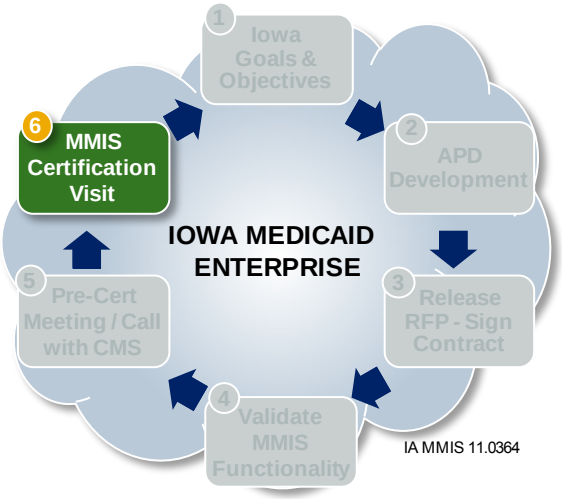


*Figure 11 - 6. The Certification Review Team uses the checklist provided by the state and approved by the Regional Office during the APD process.*

The onsite visit, **Milestone 6**, takes place after the completion of six months of successful full MMIS operation. We collect required system data from day one through the six month period or up until the onsite CMS visit, which demonstrates our system compliance. The certification visit is scheduled at a mutually agreeable time.

**Milestone 6** is comprised of three phases:

**Entrance Conference** — At the request of the state, the Accenture Certification Manager or other requested staff member attends the Site Visit Entrance Conference. The intent of attendance at this conference is to coordinate schedule, logistics, and state and contractor staff availability. Figure 11 - 7 are the deliverables identified by CMS for the Entrance Conference.

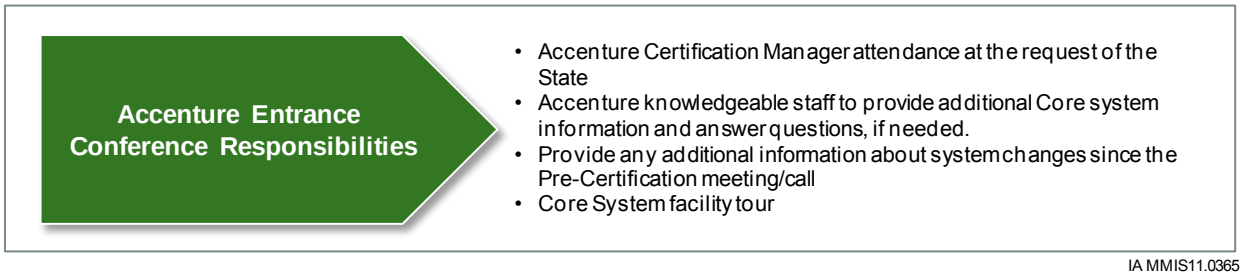


*Figure 11 - 7. Accenture is ready to support the state during the CMS Entrance Conference.*

**Evaluation of the MMIS** — With approval by the state, our Certification Manager supported by technical or operations staff provides MMIS presentations for the CR Team members to introduce them to the APHP solution and review the certification deliverables, how they were collected and where they can be found on the SharePoint site. We also clarify responses to CR Team questions raised during the presentation. The potential deliverables for the MMIS Evaluation are presented in Figure 11 - 8.

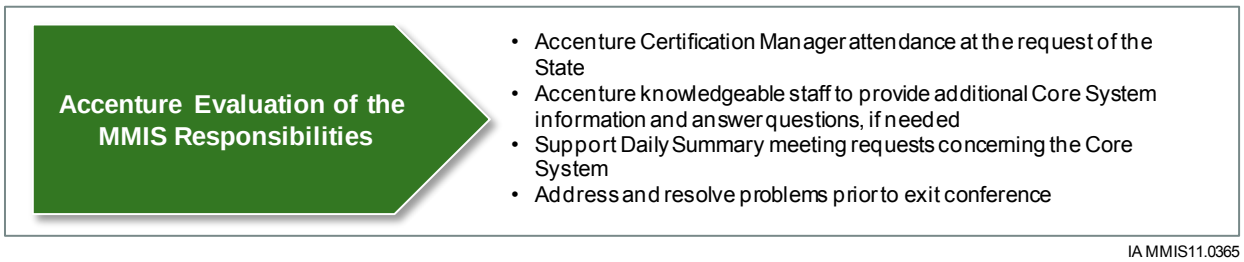


*Figure 11 - 8. Accenture supports any CMS requests for additional information.*

**Exit Conference** — At the request of the state, the Accenture Certification Manager attends the Site Visit Exit Conference and assists the state in addressing any feedback received from the CR Team Lead concerning any checklist items and additional information and/or documentation required.

The Exit Conference should provide an indication for the Certification outcome. Figure 11 - 9 provides the potential deliverables required to complete the certification of the MMIS. Our Certification Manager reviews and prepares a response for the state for any Corrective Action Plans (CAP) needed to address CMS issues or concerns and provide a tentative schedule for their completion.

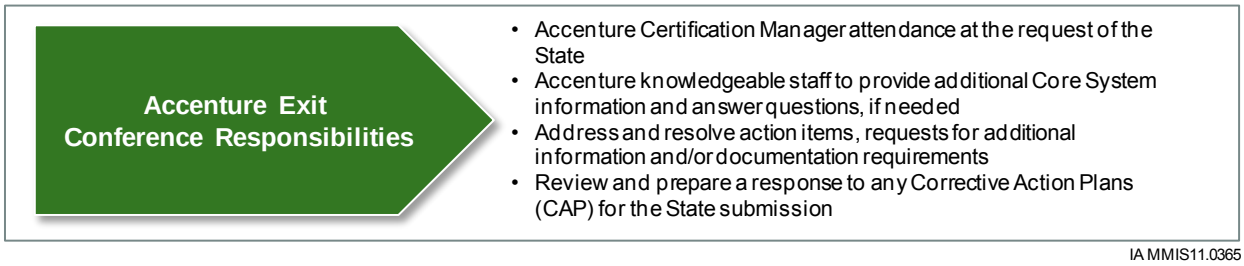


*Figure 11 - 9. Dedicated Accenture staff led by our Certification Manager prepares responses to action items or Corrective Action Plans, if required.*

## 11.1.3 Change Control for Certification (8.3.1.3)

The contractor(s) must execute appropriate controls for changes made during the certification process including testing requirements. Change must be managed in accordance with the requirements of the change control requirements in this RFP.

During the Certification Phase we continue to use the existing change control process installed during the Start-up Phase. Our Certification Project Manager has responsibility for change control compliance during the Certification Phase. Accenture is focused on delivering an MMIS that can be certified within the first 12 months of operations, with a nine month certification being our objective. We expeditiously correct identified deficiencies. As discussed previously, our proactive process leading up to certification is designed to close gaps prior to the official start of the certification process to avoid items deemed as uncertified by CMS. This includes:

- Assigning certification responsibilities to team members during project start-up and training that team in all certification processes and protocols
- Providing deep certification expertise up front from industry experts in the form of former CMS Certification lead Mr. Vince Cain
- Establishing the certification checklist criteria on day one of the project and updating as appropriate during requirements verification and design activities
- Establishing the certification database on the electronic repository
- Gathering and monitoring documentation on a regular, iterative process throughout the Implementation and Certification phases
- Testing certification business functionality as specified on the checklists during system and user acceptance test periods
- Working with the Department and stakeholders in executing mock certifications to help prepare the team for the CMS on-site visit

In the event that the CMS Certification Review Team identifies system deficiencies, we perform the necessary activities to correct the identified issues as outlined in Section 10.1.4, System Remediation.

## 11.1.4 Deliverables (8.3.1.4)

Deliverables to be produced by the contractor(s) for the certification phase include the following:

a. Updated CMS Certification Checklists

b. CMS Certification Readiness Checklists

c. Required information and documentation

d. Revised system documentation resulting from system remediation

Accenture understands that the most important deliverable is the Certification of the IME, which maximizes the federal funding for the Iowa Medicaid program. Our strategy for meeting each of the required milestones and deliverables is to start planning and developing the deliverables as soon as possible to allow the state time to review and approve each deliverable.

The Milestones and Deliverables for the Certification Phase include:

- A set of checklists that cover applicable business areas, business objectives and system review criteria for the IME MMIS. The checklist includes all federal and state-specific system review criteria for each business objective. Data is collected that demonstrates that each criterion in the checklist has been met. The federal and state-specific requirements defined in the RFP are entered into RequisitePro, where each requirement is tracked and version control tracked. A RequisitePro report is delivered to meet this requirement.
- Throughout the Implementation and Certification Phases, our team prepares and updates the agreed upon documentation, manuals, reports and forms necessary for federal Certification. Our Certification Manager works with the state to identify the appropriate documentation, manuals, reports and forms.

- Preparation of IME MMIS information required for submittal with the state's request for Certification to CMS
- Preparation and demonstration of IME MMIS functionality that addresses MECT Business Area Objectives
- Response to CMS Action Items and response(s) to CAP requests for CMS findings or comments
- Complete any issues or action items identified at the CR Team's Exit Conference or identified during post-visit data analysis

Accenture understands the certification process and is fully focused on to not only providing the State of Iowa with an MMIS that is certifiable, but to providing a focus on certification from the start of the project. Our Certification Manager, with the support of our Certification SME, has the tools and knowledge of the process necessary to help to get the IME MMIS certified. The components that make up our MMIS solution are nearly fully certifiable straight out of the box. This combination of experience, methodical documented processes, and certifiable-ready systems help provide Iowa with a low-risk Certification process.

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# Tab 12 Turnover Phase (9.2.13)

The Bidder must provide a detailed description of the approach to completing the contractor's responsibilities and producing the deliverables for this phase which is located in section 8 MMIS and POS Operational Requirements, Certification and Turnover Phases of the RFP.

8.4 Turnover Phase

This phase will begin 12 months before the end of the contractor(s) operations phase and end six months after the end of the contract period or as extended by the exercise of contract provisions or amendments to the contract. The contractor(s) must prepare for turning over responsibilities and operations at the end of the contract. The contractor(s) must cooperate with the successor contractor(s), other contractors and the Department in the planning and transfer of operations. The final contract payment will be based on the contractor(s) meeting all turnover deliverables and must receive approval from the Department. The contractor(s) must dedicate special additional resources to this phase.

**Accenture strongly supports Iowa's interest in preserving and protecting the relationship that Accenture clients have come to know. We plan and execute Turnover activities using our Accenture Delivery Methods. Our operational experience with effective turnover, coupled with our awareness of its importance, helps provide Iowa with a reliable, effective partner for Turnover planning and execution.**

**Our thorough Turnover Plan and management promotes a seamless turnover to the Department or successor contractor**

- We are committed to minimize disruptions of service to the Iowa Medicaid Enterprise and the constituents you serve
- Our Governance structure facilitates open communication between Accenture, the State and successor contractor(s)
- Our previous MMIS transition experience allows for a holistic approach to turnover
- We track turnover task status at a detailed level and provide full transparency to the Department

Accenture's focus during Turnover is the successful transition to the State or successor contractor. The transition mut not jeapardize system performance and service levels the IME contractors have grown accustomed to receiving from Accenture. We are focused on facilitating the successful transition of the Core System to the successor and preserving our relationship with the State.

Accenture understands that the goal of the Turnover Phase is to provide the Department and successor contractor the necessary support, training, documentation, application and system information to support a seamless MMIS transition. We pride ourselves on our core values of integrity and stewardship and apply these to our relationship with the successor contractor.

Accenture is committed to being flexible as we prepare for the Turnover Phase at the end of this contract. We understand that while there is one contract awarded for the Core System, the potential also exsists of a POS contract and other MMIS related procurements. Another important factor to consider is whether the next contract is a turnover or replacement of the MMIS. The aspects of a turnover are very different than a replacement.

Accenture's Service Termination methodology, which was designed as a Reverse Transition, is structured to aid in the effectiveness of our planning, mobilizing, and ultimately turning over the Core System and our services. We propose that the IME contractors and the State develop a Master Turnover Plan together to better assign ownership of all aspects of this phase.

Upon notification of contract termination, and no later than six months before the end of the contract period, we submit our Turnover Plan. Prior to the beginning of the Turnover Phase, our team provides the Department with current operational and systematic processing procedures, data, documentation, and other information on a schedule mutually agreed with the Department.

To help provide consistency through the turnover process, Accenture would select a dedicated Turnover Team. The Turnover Team provides planning, specific execution and decision making. Our previous MMIS takeover gives us experienced insight and allows for our team to develop and manage a detailed Turnover Project Plan that demonstrates an understanding of the responsibilities and needs of the parties.

Accenture understands that the final contract payment is based on the Department's acceptance of all turnover deliverables.

Accenture has elected to respond only to the Core System MMIS requirements therefore the following sections describe our responsibilities for those services only. Accenture works with the POS contractor to coordinate the turnover of both systems should that be required.

### 12.1.1 State Responsibilities (8.4.1)

a. Notify the contractor(s) of the Department's intent to transfer or replace the system, at least 12 months prior to the end of the contract
b. Review and approve a Turnover Plan to facilitate transfer to the Department or to its designated agent
c. Review and approve a statement of resources, which would be required to take over operation of the Department
d. Make the Department staff or designated agent staff available to be trained in the operation of the Department
e. Coordinate the transfer of the Department documentation in hard and soft copy formats, software and data files
f. Review and approve a turnover results report that documents completion of each step of the Turnover Plan
g. Obtain post turnover support from the contractor(s) in the event of software malfunction.

Accenture acknowledges all of the State responsibilities for Turnover notification and oversight as illustrated in Table 12 - 1.

| 8.4.1 State Responsibilities | Acknowledgement |
|---|---|
| a. Notify the contractor(s) of the Department's intent to transfer or replace the system, at least 12 months prior to the end of the contract. | ✓ |
| b. Review and approve a Turnover Plan to facilitate transfer to the Department or to its designated agent. | ✓ |
| c. Review and approve a statement of resources, which would be required to take over operation of the Department. | ✓ |
| d. Make the Department staff or designated agent staff available to be trained in the operation of the Department. | ✓ |
| e. Coordinate the transfer of the Department documentation in hard and soft copy formats, software and data files. | ✓ |
| f. Review and approve a turnover results report that documents completion of each step of the Turnover Plan. | ✓ |
| g. Obtain post turnover support from the contractor(s) in the event of software malfunction. | ✓ |

*Table 12 - 1. Accenture acknowledges all of the State responsibilities for the Turnover Phase and supports the Department in these activities.*

## 12.1.2 Accenture Responsibilities (8.4.1.1)

During this task, the contractor(s) must provide technical support and assistance with Turnover, as described in this Section. The contractor(s) must perform the following tasks:

a. Create a schedule for turnover activities and submit the schedule for Department approval.

We begin planning for the turnover of the Core System upon formal written notification from the Department. At this point in the Core System contract, the Department has prepared and submitted the Advanced Planning Document to CMS, which determines whether the new procurement is written for a contract turnover or replacement. Our Turnover Plan is developed to respond to the unique requirements of either type of contract.

We use our Accenture Delivery Methods (ADM) program management components to plan and execute transition just as we used them to configure and install the Core System. We prepare a detailed Turnover Project Plan. ADM incorporates our experience from past projects. It includes industry standards from the Project Management Institute's Body of Knowledge (PMBOK), Institute of Electrical and Electronics Engineers (IEEE), and the Software Engineering Institute's (SEI) Capability Maturity Model Integrated (CMMI). We are focused on a management approach that emphasizes open, timely communication with both the Department and the successor contractor.

We develop our Turnover Project Work Plan in Microsoft Project, an industry standard application. In addition to providing the schedule of the Turnover tasks, milestones and deliverables, we develop a narrative for each. We submit our Turnover Project Work Plan to the Department for review and acceptance. Upon Department approval, we baseline the Plan. The baseline provides a mechanism to measure any variances in the Turnover work schedule. The plan and all updates are available in our SharePoint repository for access by authorized staff at any time.

Our Turnover Project Manager schedules and participates in standard Project Management meetings. A monthly Turnover Core System Project meeting is scheduled to deliver a status of the Turnover to the Department. An agenda is prepared for each meeting to respond to the needs of the State. It may include specific topics for other IME contractors or the successor contractor.

The topics for other contractors depend on the nature of the IME procurements going forward. For example, if the State elects to issue the same procurements the next time around, the IME contractors need to be prepared to switch or cutover to the new Core System. We use the project Governance Model, shown in Figure 12 - 1, to identify and include all appropriate stakeholders in the transition planning process.

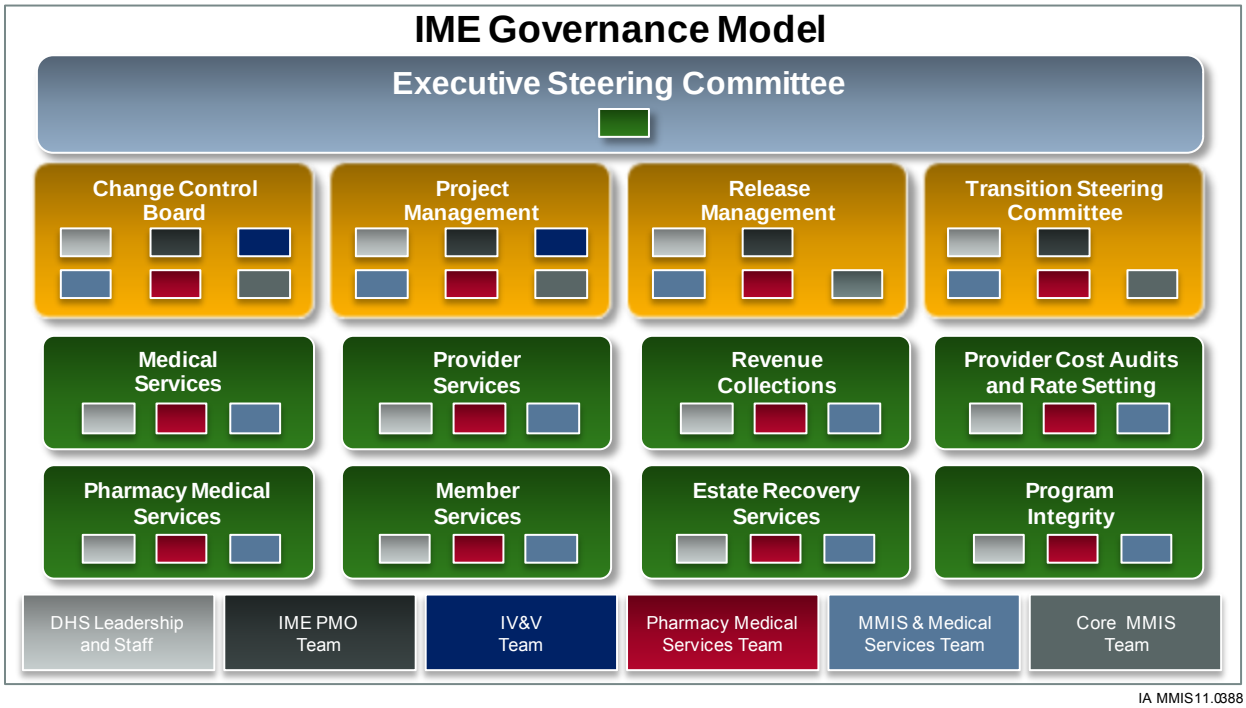


*Figure 12 - 1. We leverage the project Governance Model to create a collaborative and inclusive Turnover Planning Team for the for the Department.*

In Accenture's experience, a smooth and successful Turnover requires true collaboration and effective communication with the Department, other stakeholders, and the successor contractor. Accordingly, to facilitate communication, Accenture proposes that the current IME contractors and new contractor teams attend the turnover planning meetings. We create a written progress report summarizing the progress of the monthly meetings and deliver it to the State after each monthly turnover progress meeting and include, at a minimum, the following items:

- Identities and job functions of the attendees at the Turnover monthly progress meetings.
- Status of current Turnover Tasks, Milestones and Deliverables including any variance from the baseline if applicable for that period of time.
- Topics of general discussion at the monthly progress meetings.
- Planned tasks, deliverables, and milestones for the following two months.
- Status of contractually defined tasks, deliverables, and milestones scheduled in the Turnover Project Plan and any baseline variances.

b. Track both the Department's and contractor's responsibilities associated with the Turnover Phase

The Department's involvement during the IME Core System turnover is critical to its success. From our experience, involving Department staff throughout the project helps us to avoid any surprises once we complete Turnover. We provide users with walkthroughs and demonstration of the Core MMIS throughout the Turnover Phase. As the APHP system is a user-friendly, intuitive application, the Department can expect successor contract users to learn the system faster than with legacy MMIS systems that were designed decades ago.

The ever changing world of Medicaid means that Department staff are constantly in high demand. We work to develop our draft Turnover Work Plan to make efficient use of the Department's time. We socialize our Turnover Plan as soon as the Department has accepted the Plan and we have baselined it.

In that way, the Department, current IME contractors and the successor contractor are aware of their necessary participation.

Our Turnover Project Manager maintains and tracks the turnover project plan. We provide progress reports covering all tasks and assignment as turnover activities occur.

c. Work closely with the successor contractor(s) during the planning for the Turnover Phase

Throughout the term of the Core System contract, Accenture strives to build an open and transparent relationship with the Department and the IME teammate contractors. We view the successor contractor as a new teammate and work toward establishing the same type of open relationship. We work closely with the successor contractor during the planning of the Turnover Phase to devise a schedule for our turnover and their Takeover or Implementation Phase.

Our support includes the following tasks:

- Training for the successor contractor staff
- Provide the Department System software, files, test data files, tables, Core System document copies, and all other documentation and information requested by the Department to support parallel tests and other testing as determined by the Department
- Provide assistance to the Department with interpretation and analysis of test results
- Provide statistics requested by the Department regarding the levels of accuracy of the System and its components
- Provide to the successor contractor any Department-owned and leased equipment in our possession that is necessary to conduct acceptance testing, as long as this does not, in the judgment of the Department, jeopardize meeting our contract requirements
- Provide update/transaction files for all files required for delivery prior to the cessation of claims processing activities (Contract Term), so that the successor contractor's version contains the same data as our version. The updated files are delivered to the Department weekly on the following Monday after each update

d. Provide a Turnover Plan to the Department within six months before the start of the Turnover Phase. This Plan must include:

1. Proposed approach to the turnover
2. Tasks and sub-tasks for the turnover
3. Schedule for the turnover
4. All enterprise production data, program libraries and documentation, including documentation update procedures for the turnover
5. Furnish to the Department a statement of resource requirements that would be required by the Department or a successor contractor(s) to take over the MMIS and POS

Six months prior to the start of the Turnover phase or eighteen months before the end of the contract, Accenture delivers a Turnover Plan. This plan defines the activities required through the end of the contract plus six months after the end of the contract. We keep a record of "knowledge learned" during our IME Implementation Phase to assist in avoiding pitfalls during Turnover. This helps us transition to the successor contractor. Our Plan includes the following:

- Our proposed approach to the turnover of the Core MMIS
- A Turnover Project Work Plan defines tasks and sub-tasks for the turnover
- A Turnover Project Work Plan provides a schedule for the turnover
- A list of all enterprise production data, program libraries and documentation, including documentation update procedures for the turnover
- A statement of resource requirements that must be met by the Department or a successor contractor(s) to take over the MMIS

The Plan defines our Turnover Team, with their defined roles and responsibilities. The Team's primary focus is the development and oversight of the Project Management and Quality Assurance tasks

associated with the turnover. Our Turnover Team is staffed by experienced Core System people who remain assigned to Turnover activities through the end of the Turnover phase. Our Turnover Team reports to the Department's Project Manager and will be responsible for providing an assessment of the Core System documentation, our draft Turnover Project Work Plan and the final transfer of the contract operations.

The plan and all updates are available in our SharePoint repository for easy access by authorized staff at any time. Figure 12 - 2 illustrates our Turnover Process.

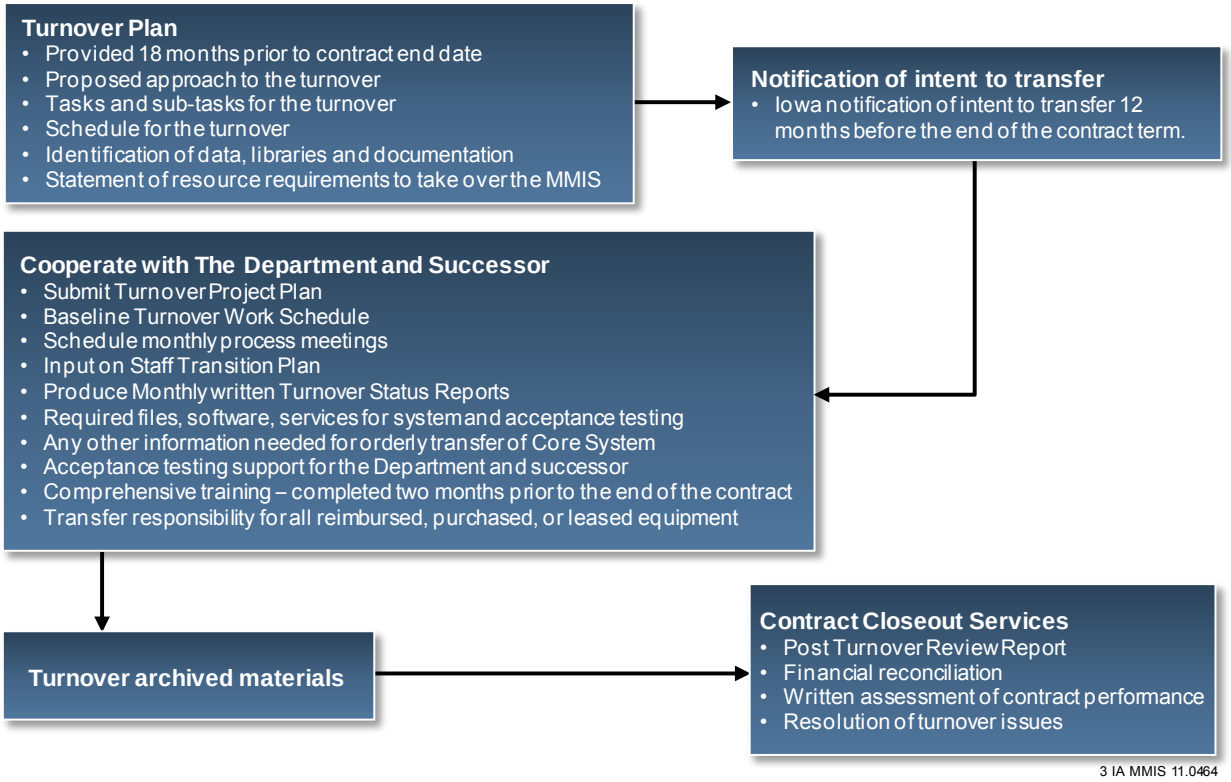


*Figure 12 - 2. During the Turnover Phase, we would provide tasks, in accordance with turnover services determined by the Department, to support transitioning the MMIS in a manner that reduces impact to the Iowa Medicaid members*

Our plan includes organization charts of the defined production departments and provides the resource requirements necessary to perform the operations of the Core System. Changes to the successor contract may be different based upon new or reduced requirements. In those instances, we work with the Department and successor contractor to estimate the required headcount to takeover the MMIS.

e. Provide the required turnover services. The contractor(s) will cooperate with the successor contractor(s), while providing all required turnover services. This will include meeting with the successor and devising work schedules that are agreeable for both the Department and the successor contractor(s).

As mentioned earlier, Accenture proposes that all of the IME contractors including the successor contractor meet to develop a Master Turnover Plan and attend regular Turnover Core System Project meetings. Accenture works with the Department and successor contractor to plan and execute for a smooth Turnover of the IME.

For a successful Turnover, it is critical that the successor contractor work collaboratively with us as well as with the other IME contractors. We leverage our Governance Model to promote a collaborative working relationship across several contractors. As a large systems integrator, Accenture is accustomed to working in a business model like the IME environment, with 8 complementary contracts. We work collaboratively with the successor contractor, other IME contractors and the Department to perform the Turnover. As detailed in our references in Section 5, we have a track record of being successful in this type of collaborative, multi-stakeholder environment.

f. Transfer all non-proprietary source program code onto media approved by the Department. The contractor(s) must submit a letter stating all proprietary source code is held by an escrow agent approved by the Department and is current as of the date of system turnover.

We provide the successor contractor with certified production copies (certifying in writing that each is complete, current, accurate, and is what we use for production) of each of the following via electronic media and/or secure transmissions:

- Names of COTS or modules
- A listing identifying which, if any, COTS or modules are online and which, if any, are batch processed
- A directory listing of all programs on the requested file
- Data Element Dictionary
- Other System software needed to execute the test
- Configuration parameters of tools utilized to support the operation of the System
- Operational parameters to operate and support the operation of the System
- Source-related components necessary to perform the contract's SOW requirements, which shall be included in this requirement regardless of nomenclature

Our APHP Solution does not include proprietary source code. In the event that the final system includes Accenture-proprietary source code, Accenture will prepare a letter stating that all such source code is held by an escrow agent approved by the Department and is current as of the date of system turnover.

g. that the Department will be error free and complete when turned over to the Department or the successor contractor(s)

While we will perform defect resolution for material deficiencies in the configuration, customizations and Iowa-specific interfaces and reports during the warranty period, we will not warrant that 3rd party software is error free. Any error or deficiency in any of the COTS component products would be covered under the applicable maintenance agreement with the product vendor. We work with the Department to smoothly transition the operations to the Department or the successor contractor(s).

h. Correct, at no cost to the Department, any malfunctions that existed in the system prior to turnover or were caused by the lack of support by the contractor(s) as may be determined by the Department

At no cost to the Department, Accenture corrects any material deficiencies in the configuration, customizations and Iowa specific interfaces and reports prior to turnover. Any error or deficiency in any of the COTS component products would be covered under the applicable maintenance agreement with the product vendor.

i. Supply a detailed organizational chart and an estimate of the number, type of personnel to operate the equipment and other functions of the Department. The estimate shall be separated by type of activity of the personnel, including, but not limited to, the following categories:

1. Data processing staff
2. Computer operators
3. Systems analysts
4. Systems programmers
5. Business analysts
6. Project management staff

7. Data entry and imaging operators
8. Provider services staff
9. Administrative staff
10. Provider field representatives
11. Clerks
12. Managers

Accenture provides a statement of the Core System resource requirements based on our experience and includes our actual resources devoted to the operation of the Core System. This statement also includes the actual resources devoted to the operations by type of activity. We provide a detailed organizational chart depicting our total staff supporting the MMIS operation. Our statement is separated by type of activity of the personnel, including, but not limited to, the following categories:

- Data processing staff
- Computer operators
- Systems analysts
- Systems programmers
- Business analysts
- Project management staff
- Data entry and imaging operators
- Provider services staff
- Administrative staff
- Provider field representatives
- Clerks
- Managers

Accenture works with the Department and the successor contractor to develop a Staff Transition Plan. Accenture works hand in hand with the successor contractor and our MMIS employees to transfer the appropriate people.

We meet with the successor contractor to assess their needs for the new contract. We work closely with the Department and successor contractor to transition Accenture employees hired by the successor contractor on a timetable and schedule that meets our continued, uninterrupted MMIS performance.

j. The contractor(s) must provide a statement that includes all resources required to operate the MMIS and POS including but not limited to:

1. Data processing and imaging equipment
2. System and special software
3. Other equipment
4. Telecommunications circuits
5. Telephones
6. Office space

Working with the Department and successor contractor, we prepare a statement providing the transfer responsibility for any cost-reimbursed, purchased, or leased equipment to the successor contractor. The actual date is determined by the Department, but should be on or about the last day of the contract term. We cooperate with the successor contractor as needed to reassign the cost-reimbursement equipment/software lease/maintenance and software license contracts.

In addition to the equipment, we transfer the associated software, supplies, operating manuals, maintenance contracts, and documentation used in the Core System as directed by the Department. Accenture provides a statement that includes all resources required to operate the System including, but not limited to:

- Data processing and imaging equipment
- System and special software
- Other equipment
- Telecommunications circuits
- Telephones
- Office space

All turnover data must be delivered in an organized and structured format as it applies to k, l and m and must be approved by the Department.

k. At the turnover date, transfer to the Department or the successor contractor(s) as needed a copy of the MMIS and POS data including but not limited to:

1. All necessary data and reference files
2. Imaged documents stored on optical and magnetic disk
3. All production computer programs
4. All production scripts, routines, control language and schemas

Accenture transfers a copy of the MMIS Core System data to the Department or successor contractor, including, but not limited to:

- All necessary data and reference files
- Imaged documents stored on optical and magnetic disk
- All production computer programs
- All production scripts, routines, control language and schemas

l. Provide all production documentation including but not limited to user and operations manuals, system documentation in hard and soft copy, needed to operate and maintain the MMIS and POS and the procedures of updating computer programs and other documentation

The Accenture Turnover Team audits the Core System documentation to help confirm that the documentation is current, accurate and that it reflects the current platform and COTS products. Once the audit is complete, we submit an assessment report to the Department for review and acceptance. Work in Progress (WIP) documentation is identified and a date provided for its completion.

The Department determines when Accenture delivers the documents and what medium (hardcopy, softcopy or both) it requires. At the Department's request, an electronic transfer of the necessary files can occur from our document repository to the Department and / or successor contractor's repository.

The MMIS Core System Documentation Inventory List includes a complete assessment report for each of the following:

- Architectural Design
- System Functional Design
- Detailed Program Design, if applicable
- Detail Program Specifications, if applicable
- Data Descriptions.
- Data Element Dictionaries
- Database Descriptions
- Job and Process Scheduling
- Computer Operations Procedures
- User and System Documentation
- Master List of all System manuals
- An assessment of all System software

- Core System documentation that facilitates prospective successor contractor's understanding of overall standards, network bandwidth needs, hardware capacity, software needs, and network topology to transfer, operate, and maintain the Core System.

m. Provide knowledge transfer to the successor staff in the operation of the MMIS and POS. Such knowledge transfer must be completed at least two months prior to the end of the Contract. Such knowledge transfer shall include:

1. Data entry, imaging and claims processing
2. Computer operations
3. Controls and balancing procedures
4. Exception claims processing
5. Other manual procedures

As a requirement of the new contract, we know the successor contractor brings healthcare knowledgeable and experienced management, supervisory and technical staff. Based on this, Accenture's training focuses on the Core System requirements. We prepare and deliver training utilizing the current and complete system documentation, instructional materials and handbooks pertaining to the Core System.

The training materials are based on the complete and current documentation provided in the Core System Documentation Inventory List. Formal training sessions are scheduled and completed at least two months prior to the end of the contract. We recommend training delivery methods for the training sessions but understand that the Department determines the delivery method. Prior to the training start date, we deliver the following information to the State:

- A schedule of planned training sessions
- Number of staff to be trained per Core System area
- Training subjects
- Training methodology (including description of training material handouts and media format of this material)
- Length of each training session
- Sample copies of material to be used in training sessions
- Locations of training sessions

At a minimum, our training and knowledge transfer covers the following topics:

- Data entry, imaging and claims processing
- Computer operations
- Controls and balancing procedures
- Exception claims processing
- Other manual procedures

n. On a schedule to be determined by the Department, the contractor(s) must package, insure and deliver all hardware used in the MMIS and POS to a location designated by the Department

On a schedule to be determined by the Department and specified in the final contract between the parties, Accenture, or one of its affiliate entities will arrange for inventory, packaging, insurance, and delivery of hardware used in the Core System to a location designated by the Department in the final contract between the parties.

o. At a turnover date to be determined by the Department, the contractor(s) must provide to the Department or the successor contractor(s) all updated computer programs, data and reference files and all other documentation and records, as will be required by the Department or its agent to operate the MMIS and POS

At a turnover date to be determined by the Department, Accenture provides to the Department or the successor contractor Core System updated computer programs, data, and reference files, and all other

documentation and records as are required by the Department or its agent to operate the System in the production environment.

p. Turn over all:
1. Paper claims and paper claim adjustments
2. Paper provider files
3. Paper file maintenance forms
4. Paper financial records
5. All reports associated with the contract(s) throughout the Operations Phase must be provided to the Department and placed in a designated folder determined by the Department
6. A turnover results report

Accenture turns over the following items to the Department and / or successor contractor:

- Paper claims and paper claims adjustments
- Paper provider files
- Paper file maintenance forms
- Financial paper records at a date determined by the Department
- Reports associated with the contract(s) throughout the Operations Phase are placed in a designated folder determined by the Department
- A turnover results report

We work with the Department and successor contractor to turnover Work In Progress (WIP) items. Logs are prepared providing the WIP items by operations departments with the current status in process. The successor contractor is able to assimilate the WIP items into their new day work to maintain First In/First Out (FI/FO) processing.

### 12.1.3 Deliverables (8.4.1.2)

a. Schedule of turnover activities.
b. Turnover Plan.
c. Non-proprietary source code.
d. Proprietary source code letter.
e. Current staffing plan.
f. Facility and resource statement.
g. The Department data, files and user and operations documentation in hard and soft copy format.
h. All reports associated with the contract(s) created during the Operations portion of the contract.
i. Turnover results report.

Our team applies our ADM Service Termination methodology to complete the contract turnover. Our structured, collaborative approach detailed in the Turnover Plan clearly defines the timeline for delivery of the requested deliverables depicted in Table 12 - 2.

| Accenture Deliverables | Compliance |
|---|---|
| Schedule of turnover activities | ✓ |
| Turnover Plan | ✓ |
| Non-proprietary source code | ✓ |
| Proprietary source code letter | ✓ |
| Current staffing plan | ✓ |
| Facility and resource statement | ✓ |

| Accenture Deliverables | Compliance |
|---|---|
| The Department data, files and user and operations documentation in hard and soft copy format | ✓ |
| All reports associated with the contract(s) created during the Operations portion of the contract | ✓ |
| Turnover Results Report | ✓ |

*Table 12 - 2. Accenture is responsible for the activities and deliverables required for a successful Core System Turnover Phase. (8.4.1.3)*

### 12.1.4 Performance Standards (8.4.1.3)

One hundred percent of all turnover activities must be completed and approved by the Department prior to final payment to the contractor(s)

Accenture acknowledges and accepts the RFP performance standards for Turnover phase as depicted in Table 12 - 3.

| 8.4.1.3 Turnover Phase - Performance Standards | Acknowledge and Accept |
|---|---|
| One hundred percent of all turnover activities must be completed and approved by the Department prior to final payment to the contractor(s). | ✓ |

*Table 12 - 3. Accenture acknowledges and accepts the performance standards for the Turnover Phase.*