

10.12.4 Performance Standards

RFP Section 8.1.11.4, Requirements a through g

Team Noridian understands the success of the encounter function depends on regular monitoring of contractors to determine the established performance standards are being met. Performance standards will be monitored by the Department. The new MMIS will provide the necessary data, which will be used to verify the metrics are being met. eCAMS will support the Department by providing operational and performance data plus reports for providing visibility and insight into the encounter function performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, which offers an online framework having the flexibility to define, monitor, and measure operations and process metrics. The performance dashboard monitors and inspects appropriate measures, such as transaction processing timeliness, which position Team Noridian to meet the performance expectations. This allows operational management and the Department a 'real time' view of performance requirements. Having this information in real time will empower both Team Noridian and the Department to identify trends before they become issues requiring corrective action. For example, Team Noridian could be notified if an encounter data error report has not been generated and transmitted for a specific plan which enables us to meet performance standards.

eCAMS HealthBeat will report data as it is extracted from other systems. The following systems will be used to gather reporting information:

OnBase and Transform

- Team Noridian will ensure all hardcopy claims are imaged within one business day of receipt and all imaged claims are available for processing and viewing immediately as detailed in Section 10.10, Claims Receipt.

eCAMS

- Team Noridian will process and report the disposition of the encounter file edit review to the submitting managed care organization within three business days of receipt and provide encounter data files, in acceptable format, to the Department recognized contractors within five business days of end of designated reporting period.

Encounter support functions are performed by Team Noridian staff to be reported to the Department. We will continue to provide ad hoc written reports as directed by the Department. Team Noridian will produce state-defined reports within the required timeframe as determined by the Department. Within five business days from the end of the reporting quarter, encounter data audit findings from the HMO, Iowa Plan, and the transportation broker will be reported to the Department.

Team Noridian will also be responsible for maintaining all operational procedure manuals and updating these according to the Department standards. Our rigorous process for creation of thorough documentation ensures all processes and procedures are written in a standard method using an online archive system. This system allows for directives to be updated in real time without the time consuming process of a paper based manual system. Our change management process includes the use of OnBase timers, which are set when requests for procedural changes are received, to assure operational procedures are updated timely and within 10 business days of approval.

10.13 Reference Data Management

RFP Section 8.1.12

Team Noridian's highly configurable, rules-based MMIS provides an easy to use and flexible approach to making all referenced data updates, allowing the Department to readily respond to changing program requirements.

10.13.1 Activities

RFP Section 8.1.12.1, Requirements a through h

Team Noridian's capabilities align closely with the Department's needs to provide coding and pricing verification, maintain flexibility in reference parameters, and support the data requirements of other MMIS applications. Our innovative and automated process will continue to allow the Department to have the ability to provide and maintain pricing information, charge data, and reporting to the Department's standards.

10.13.2 State Responsibilities

RFP Section 8.1.12.2, Requirements a through d

Team Noridian acknowledges the Department retains responsibility for establishing policies and rules relating to the reference data maintenance. These will include, but are not limited to monitoring file content and reporting detected errors, directing updates to the reference data files, and establishing allowed rates or fees.

10.13.3 Contractor Responsibilities

RFP Section 8.1.12.3

eCAMS provides an innovative and comprehensive framework to address administration needs related to Medicaid benefits, and it is administered through configurable program and benefit plan structures for FFS, managed care, and non-traditional programs. These configurable structures allow effective service administration and support ease in accommodation of new services to an existing program, reducing services from existing programs, enforcing service limits and rates, creating new benefit program plans, and funding account rules.

The fee schedule for professional services plus the cost of materials at a fixed fee or at product acquisition costs will be used as the basis for reimbursing optometrists, opticians, and hearing aid dealers.

The Reference business process area supports benefits administration and is facilitated through a hierarchical structure. It also supports administrators with online configurable functionality to define service coverage information, share-of-cost information for a plan, service limit information, and service plan funding information. The benefit plan structure contains configurable functionality to support definitions such as:

- Program eligibility criteria
- Program cost-sharing limitations/share of cost
- Covered services
- Restriction criteria
- Cost-sharing limitations (co-pay, plan deductible, and premium)

eCAMS is a Web-based system that provides an innovative and comprehensive framework to address Medicaid program administration needs, administered through an online configurable table-driven program and benefit structures for FFS, managed care programs, and non-traditional programs. eCAMS supports authorized online users both within a network (intranet) and outside the network (Internet). eCAMS employs role-based security access control (RBAC), which facilitates authorization of a user for a specific page or pages within the application.

This section first addresses the methodology by which Team Noridian and the IME are able to maintain reference data, using both batch and online interfaces. We then address specific approaches to meeting reference data needs for pricing, procedure codes, diagnosis codes, and edits and audits.

10.13.3.1 Management of Reference File Data

RFP Section 8.1.12.3, Requirements i, j, k, n, o, p, and u

Team Noridian provides a comprehensive solution to manage and maintain all reference file data supported by change management processes and controls. The solution includes flexible capabilities for both batch and online updates, with an advanced security framework that assures only appropriate personnel can implement updates. Team Noridian's established processes for updating includes rigorous change control, testing, and auditing capabilities. The reference data management process is supported by eCAMS, which provides next-generation capabilities to support complex changes without the need for system modification.

Updates to reference data will be accomplished through Team Noridian's documented change request process. Normally, updates to the reference files will occur during a regular release cycle. They could however, occur on an emergency or ad-hoc basis, if needed, to correct a problem or implement a code change between regular releases. The eCAMS system is highly-configurable so many changes to the reference database will be performed through simple table configuration by authorized personnel or through complete loads and replacements of data from external sources.

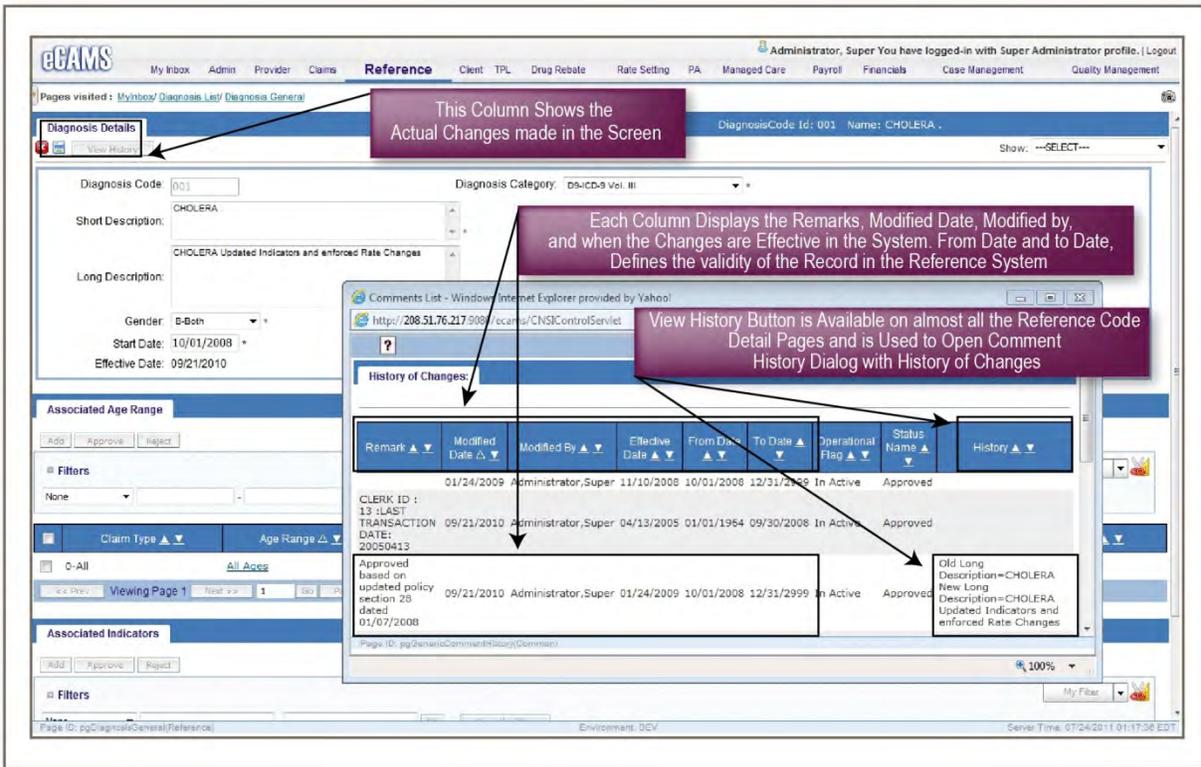
Team Noridian's reference data maintenance process follows the same general flow as most change requests. The change request workflow contains the following high level steps:

- Create and submit the change request
- Record and review the change request information
- Assess and evaluate the change request
- Obtain the appropriate approvals from business units and the Department
- Update plans and other documents based on the impact analysis
- Implement the change request
- Notify the Department with results of updates
- Update and close the change request

Team Noridian's implementation processes include the use of a test environment that allows business users to test actual or potential changes to business rules and procedures. This environment also allows the business user to perform "what-if" testing to assess the impact of a proposed business rule change resulting from policy or legislation changes. The use of "what if" scenarios compares current processing results with results from processing cycles with the updated test reference files to ensure updates to the files do not result in unnecessary or incorrect denials, suspensions, or payments.

Parameter change analytics can also be performed using paid claims history data to determine the impact business rule and edits changes may have to the environment. This reporting, using the Cognos reporting infrastructure, will determine such data as the number of claims impacted and dollar value impacts. Information from "what-if" and parameter change analysis will be provided to the Department through established workflows and through the SharePoint project portal. The use of these tests allows Team Noridian to determine the reasonableness and validity of reference file updates.

The eCAMS security framework ensures that only authorized users access and maintain information, while the audit framework captures who updated the information, what was changed, when it was change, and why. The eCAMS data model supports created by, modified by, created date, and modified date attributes to enforce audits and to support the View History function, shown in Figure 10-32, to identify all changes that were made to reference data. The Comment History page holds the change and approval reasons, along with what was changed in terms of old and new values. eCAMS also maintains master data and its associations using various audit attributes, such as from date, to date, operational flags (Active or Inactive), and status code (In review or Approved). When a new change is made to the reference data via screen or batch update, the change date defaults to the day the operation was performed or a user can selectively enter start and end dates. Historical date sensitive business rules and reference data are stored for seven years as required.



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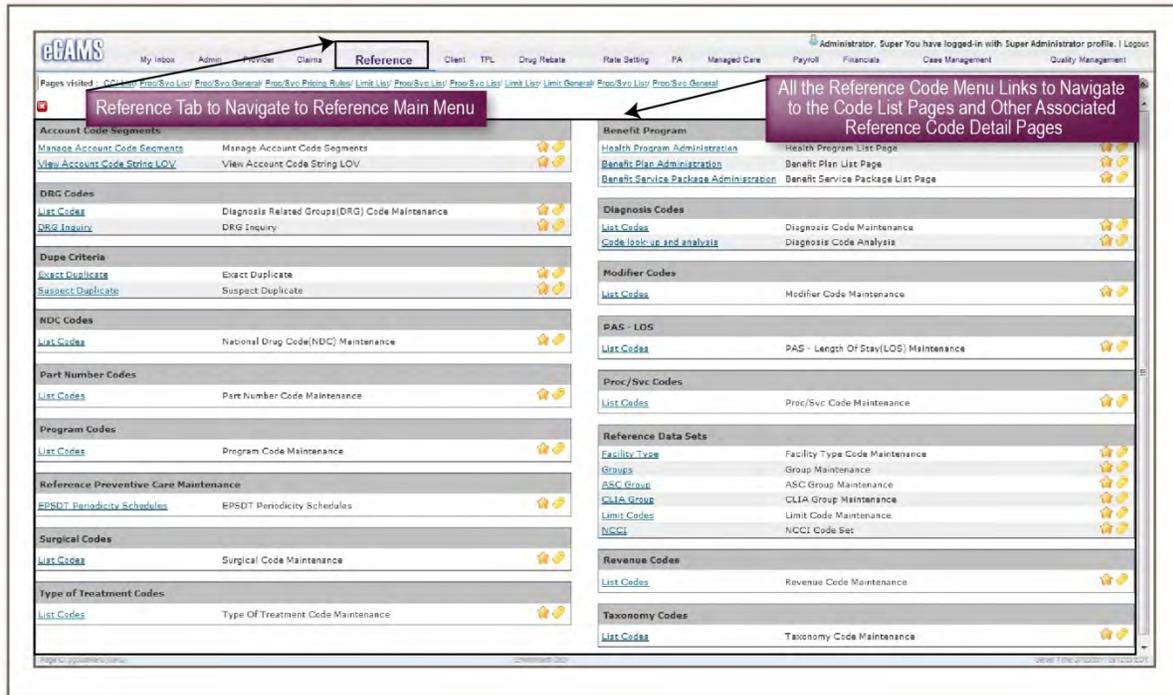
Figure 10-32. Audit History Information. The eCAMS security framework ensures that only authorized users access and maintain information, while the audit framework captures who updated the information and when and why.

Information from the eCAMS audit tables can also be exported to other formats and media types to allow research on data element changes.

Reference data extracts can be provided on the Medicaid provider Web portal as approved by the Department. Detailed system documentation on all system edits and audits that reflect the adjudication process in the MMIS can also be provided on a selective basis, depending on user-access privileges.

10.13.3.1.1 Online Inquiry and Update Processes and Controls

eCAMS offers the Department the flexibility to view, maintain, modify, and model changes to the benefit program and reference data as needed. All Reference data is stored in eCAMS and is available to view or query through online screens. Our Web user interface, shown in Figure 10-33 enables authorized users to rapidly respond to the changing needs of the Medicaid program. Authorized Department and Team Noridian staff can use eCAMS reference screens to query, add, and update reference codes as well as review and update different associations made with those codes.



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Figure 10-33. eCAMS Reference Main Menu. Offers IME and the operations team a wide choice of online capabilities to maintain code sets, rates and programs, and benefit plans

The Web user interface facilitates online updates or simple searches according to user permissions established by the security administrator. Navigating through the reference business process area provides users with access to more than 165 detailed and specific online screens as the means to perform tasks, including list, add, update, view, and search. eCAMS allows users to directly query reference data using a filter or a combination of filters on any code. Filters on any of the list pages, such as the procedure list page, can be used to extract procedure data. List pages allow easy-to-use select and sort criteria to drill down on records relevant to the user. The resulting data may then be downloaded into Microsoft's Excel spreadsheet.

Through role-based security, authorized eCAMS users can query and maintain all reference datasets, such as CPT, HCPCS, APC, revenue, ICD-9, ICD-9-CM, ICD-10, CLIA, DRG, anesthesia base rates, and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) schedules. Users with permissions can add, modify, and otherwise revise reference data in eCAMS. eCAMS supports page, control, and row level security, which enables a user to just add and update codes. Supervisors, or other designees, are given additional capabilities to approve and reject changes. All added or updated reference items are initially put in an in-review status. At this point, a supervisor reviews the changes and approves them to be effective and active in the system. eCAMS also facilitates functionality such as mass approvals and rejections. eCAMS allows users to select one or many codes. After reviewing, they can click on Approve or Reject to approve or reject the codes. To achieve mass approvals or rejections, users can enter remarks for such mass approvals or rejections.

Code updates include an associated description set up for every medical procedure, diagnosis, ICD-9 and ICD-10, surgical code, revenue type, program, value limit, facility type, type of treatment, group, modifier, and specialty/subspecialty. The details for every code include any age ranges and indicators associated with the code for specified time periods.

Indicators further qualify a reference code. Examples include a pricing schedule type or PA requirement flag for a certain type of procedure. The indicator types are different for every code type and are predefined by the Department matrices implemented in background processing.

The Group feature provided by eCAMS gives the Department the freedom to group different kinds of codes for editing and reporting purposes.

Team Noridian's rules engine, RuleIT, permits additional flexibility in testing of changes to business rules and procedures, as well as the impacts to claims adjustments and processing that may result from these changes, without intrusions to software code and requirements for special migration. RuleIT will be a critical component in this testing and support the functionality for changing, versioning, and deactivating rules as required to determine the impact of these changes to existing parameters. The required claims data will be made available in a database instance and can be stored as a baseline, backed up, and restored as required to attempt multiple tests on the same claim or set of claims.

10.13.3.1.2 Batch Update Processing and Controls

In addition to online update capability, reference data management supports the intake of CMS and other source data feeds and is orchestrated through the EXACT interface framework. This mechanism provides for large-volume batch updates to the reference datasets, such as Health care Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT), Current Dental Terminology (CDT), and Logical Observation Identifiers, Names, and Codes (LOINC), as received from external data sources. The identified source files, along with the resulting administrative, system, and technical requirements for implementation, drive the scheduling of these batch updates.

All modifications to the datasets go through an approval process where changed records go into an "in-review" status where a supervisor reviews and approves the record. An audit log is maintained that identifies who made the changes and who approved them. All datasets in eCAMS are date sensitive, and a complete history of the code set is maintained with both current and historical datasets for retroactive processing and for auditing needs. eCAMS maintains a wide variety of code sets, including:

- Current Procedural Terminology (CPT)
- Current Dental Terminology (CDT)
- Healthcare Common Procedure Coding System (HCPCS)
- National Council for Prescription Drug Programs (NCPDP)
- International Classification of Diseases (ICD)
- Revenue Center Codes
- Place of Service code, Diagnosis-Related Group (DRG) codes
- Ambulatory Surgical Center (ASC) groups
- Clinical Laboratory Improvement Amendments (CLIA) groups
- X12 Electronic Data Interchange (EDI) code sets
- Durable Medical Equipment (DME) code sets

EXACT provides the management and execution framework to support the automated upload of annual CMS code sets and other code sets. These batch interfaces are orchestrated by the EXACT BPEL engine to execute the appropriate file transfer mechanism and data translation service, depending on the type of file. The code sets are then inserted into staging tables for consumption by the eCAMS system, which manages code set versions and provides appropriate testing environments for the new code sets. EXACT automates the execution of the interfaces based on the frequency with which they are required to be executed.

EXACT’s orchestration includes escalation steps to ensure interfaces are executed and successfully transmitted to the receiving system on a timely basis. Data checks also occur during this process to determine validity and reasonableness of the planned update. If there are potential data validity issues or exceptions, EXACT notifies operations staff of the issue along with the error reasons. All automated batch updates will be initially loaded in the user acceptance staging region. Once loaded, impact of the new code sets will be analyzed against the Department’s edits, and Team Noridian will publish the impact analysis document along with the recommendations for the Department’s review and approval. Only upon the Department’s approval will they will be uploaded and released into production. This proven approach has been implemented and followed in two existing Team Noridian implementations.

10.13.3.2 Revenue Codes and Pricing Information

RFP Section 8.1.12.2, Requirements a, h, l, m, q, r, s, t, u, v, and z

eCAMS currently supports complex pricing logic in multiple MMIS implementations, including support for 78 pricing methodologies, as shown in Figure 10 -34.

Supported Pricing Methodologies in eCAMS	
<ul style="list-style-type: none"> ▪ ABCD Dental Fee Schedule ▪ APC ▪ APC Discounted ▪ ASC Pricing ▪ Admin Day Rate ▪ Anesthesia ▪ Automated Lab Test Pricing ▪ Bilateral Surgery Reduction ▪ Bundled Procedure Code ▪ Bundled Revenue Code ▪ CBSA Enrollee ▪ CBSA Provider ▪ DOH Supplied Vaccine ▪ DRG ▪ DRG High Outlier ▪ DRG High Outlier Ratable Factored ▪ DRG High Outlier Ratable Factored and Psych Base Rate Adjustment ▪ DRG Low Outlier ▪ DRG Out-of-State ▪ DRG Out-of-State High Outlier ▪ DRG Ratable Factored ▪ DRG Ratable Factored and Psych Base Rate Adjustment ▪ DRG Transfer ▪ DRG Transfer High Outlier ▪ DRG Transfer High Outlier Ratable Factored ▪ DRG Transfer Ratable Factored ▪ Dental Fee Schedule (Adult) ▪ Endoscopic Surgery Reduction ▪ FQHC Encounter Rate ▪ Fixed Case Rate ▪ Foster Kids Enhancement ▪ High Risk OB Enhancement ▪ Hospice Care Center Daily Rate ▪ Hospice Nursing Home Daily Rate ▪ IP Pain Rate ▪ Intra-Operative Rate ▪ LTAC ▪ Lab Panel Pricing 	<ul style="list-style-type: none"> ▪ Managed Care Price ▪ MSA Enrollee ▪ MSA Provider ▪ Manually Priced ▪ Maximum Amount ▪ Maximum Facility Amount Maximum Non-Facility Amount ▪ Military ▪ Multiple Surgery Reduction ▪ OPSS Fee Schedule ▪ Out of State OPSS ▪ Out of State RCC ▪ Outpatient Departmental Waived Cost to Charges ▪ Outpatient Fee Schedule ▪ POS NDC Priced ▪ Per Diem ▪ Per Diem High Outlier ▪ Per Diem High Outlier Ratable Factored ▪ Per Diem Out-of-State ▪ Per Diem Out-of-State High Outlier ▪ Per Diem Ratable Factored ▪ Percent of Charge ▪ Post-Operative Rate ▪ Pre-Operative Rate ▪ Priced as Billed ▪ QMB – Only ▪ RCC ▪ RCC CAH ▪ RCC CAH Ratable Factored ▪ RCC CPE ▪ RCC Out-of-State ▪ RCC Psych Base Rate Adjustment ▪ RCC Ratable Factored ▪ RHC Encounter Rate ▪ RHC Encounter Rate Outpatient Crossover ▪ Rural OB Care Enhancement ▪ Special Contract Out-of-State ▪ Trauma Enhancement

Figure 10-34. Pricing Methodologies in eCAMS. The eCAMS suite of pricing methodologies cover a wide range of pricing policies.

eCAMS supports and maintains reasonable and customary charges tied to both Medicaid and Medicare in the rate setting business process area and also supports the ability to define multiple pricing methodologies on given procedure and revenue codes.

In addition, the RuleIT rules engine is flexible enough to accommodate new methodologies or changes to an existing one. RuleIT supports reimbursement under the Medicaid program for other than outpatient drugs, Federally Qualified Health Center (FQHC), Rural Health Centers (RHC), Indian Health Services (IHS), and hospital inpatient and outpatient reimbursement (through DRG and APC), that is to be the lower of the provider's "usual and customary" charge or the rate established by the state, or the amount allowed under the Medicaid programs.

eCAMS supports rates that can be set up for multiple claim elements, or their combinations, as shown in **Error! Reference source not found.**

Rate Setting Elements	
<ul style="list-style-type: none"> ▪ APC Code ▪ Charge mode ▪ Claim Type ▪ Enrollee Age ▪ Enrollee ID ▪ County ▪ Date of Service ▪ DRG Code ▪ Facility/Non-Facility ▪ Group-of-Service Codes 	<ul style="list-style-type: none"> ▪ Modifier Code ▪ Place of Service ▪ Procedure Code ▪ Program Code ▪ Provider Location ID ▪ Provider NPI ▪ Revenue Code ▪ Taxonomy ▪ Patient Class

Figure 10-35. Rate Settings Elements. Support for multiple pricing factors adds to the flexibility in responding to changing policies.

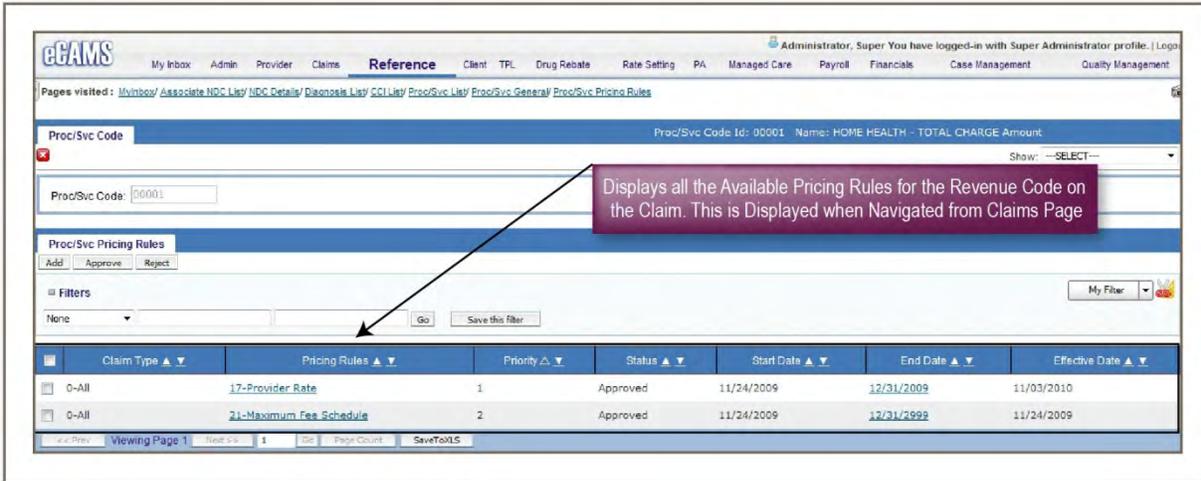
Different combinations of the pricing attributes make eCAMS an elite solution to house rates based on various and disparate parameters. Team Noridian will configure Department-specific complex pricing rules in RuleIT.

The per diem pricing methodology will include rates for hospitals with Medicaid-certified physical rehabilitation units. These rates will be recommended and approved by the Department prior to implementation.

eCAMS supports inpatient Diagnosis-related Group (DRG) and Ambulatory Payment Classification (APC) rates through the 3M APC Grouper (COTS) software. This software provides a robust solution for pricing using the DRG and APC pricing methodology, including the application of an economic index to base rates.

eCAMS supports variable pricing methodologies for identical procedures based on benefit plan, age range, place of service code, modifiers, region, provider type, claim type, taxonomy, member, and provider. These variable pricing methodologies allow the reimbursement of all provider types, including atypical providers, on the basis of fee schedules.

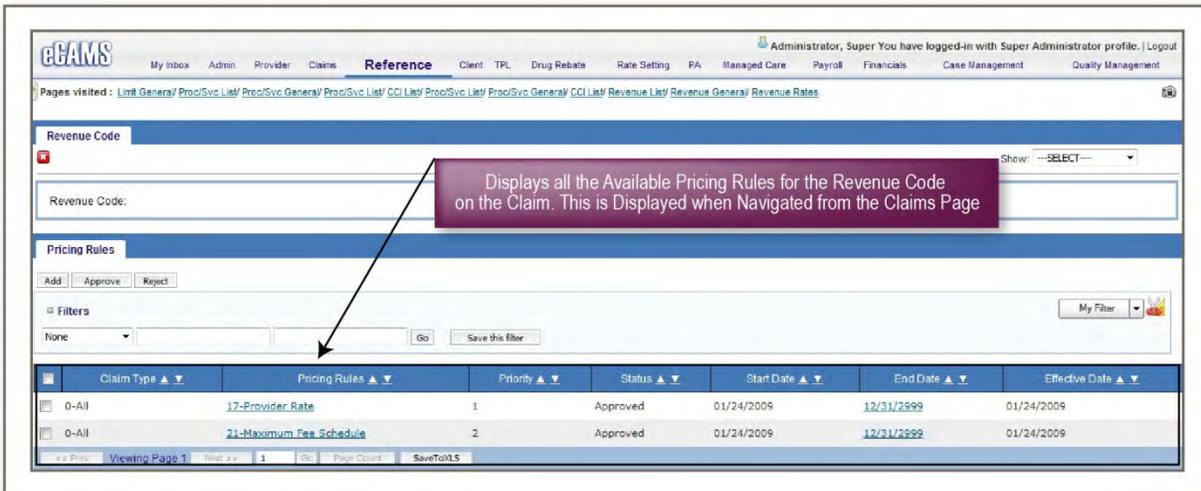
eCAMS supports maintenance of master files for procedures, diagnoses, drug, and revenue codes along with the necessary configuration to price claims, as shown in Figure 10-36.



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Figure 10-36. Pricing Rules Detail. eCAMS provides the flexibility to define priority-based pricing on procedure and revenue codes.

eCAMS supports maintenance of revenue codes and its association with other code sets, such as bill type first and second digits. Rates and pricing rules can also be set on revenue codes as shown in Figure 10-37.

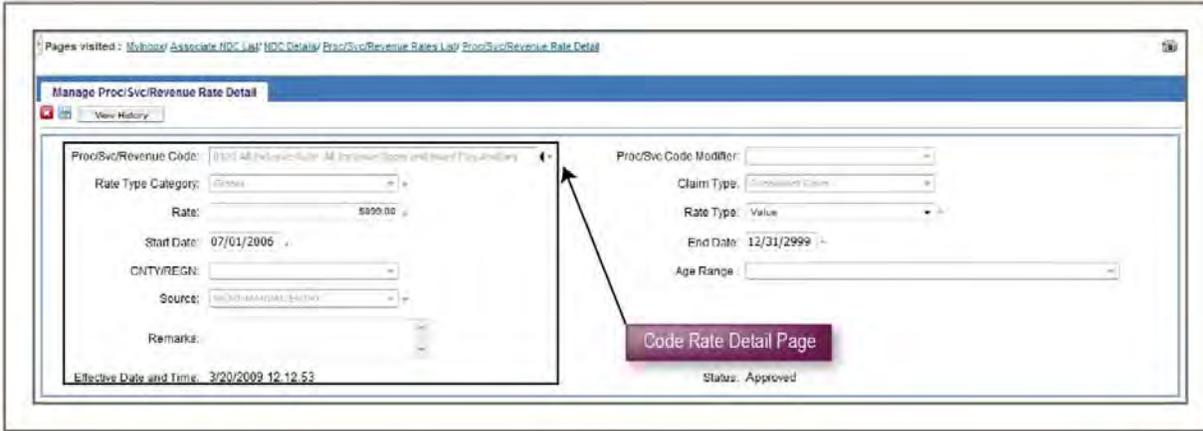


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Figure 10-37. Pricing Rules on Revenue Code. The solution provides flexible, multiple priority-driven pricing rules on a procedure code.

eCAMS supports start date, end date, and effective date, available in the rate screen. These are not allowed to be overwritten during claims adjudication. For any changes performed on a rate record, a history record is created automatically and the new rate record becomes effective from the date the new record rate is approved to be effective.

eCAMS maintains code rate details, shown in Figure 10-38. Coverage and restriction information through benefit plans and programs and supports factors such as procedure, revenue, diagnosis, surgical, modifiers, place of service, provider type, taxonomy, claim type, bill type, and member aid category to define service coverage and restrictions.



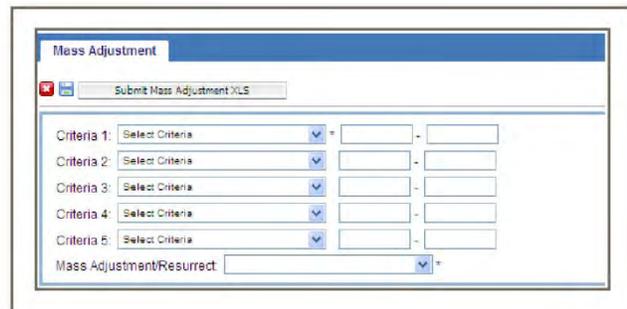
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Figure 10-38. Code Rate Detail Page. eCAMS offers the ability to define procedure/revenue rates qualified by a modifier, by rate type category, by claim type, or by region.

eCAMS stores pricing rules and rate information in the Reference data structure and uses this information to perform claim pricing during claim and encounter adjudication. The reimbursement methodologies defined on a procedure code of how a procedure code should be priced (e.g., provider-specific rate, Medicaid rate, Medicare rate) are also stored in the Reference data structure. As part of the Reference business process area, eCAMS supports configurable account code assignment rules to support benefit payments, as funding rules are a key aspect of payment administration.

For accurate pricing and coding validation, eCAMS further uses reference dataset functionalities, such as service limit definitions, to cap services based on either a dollar value or on service units. The benefit plan definitions stored in eCAMS are also used to validate whether a service is covered by the benefit plan assigned to a member.

eCAMS supports a variety of online editable rate screens and it includes provider, program, group, service code, member, taxonomy, and DRG code rate screens. The rate functionalities include functionalities to approve and reject entered rates. In addition, the rate functionalities have the capability to upload rates through an Excel sheet. eCAMS also facilitates priority-based pricing rules, such as provider rate, member rate, and procedure code rate to be defined on procedure codes to identify how the pricing needs to be prepared on a procedure code. eCAMS provides a complete historical view on the rate screens, and it includes the ability to view history on who, when, and what was changed. The view history functionality also shows the old value, the new changed value, and the approver's comment.



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Figure 10-39. Mass Adjustment Screen. eCAMS provides the flexibility to initiate mass adjustments to handle retroactive rate adjustments.

Mass adjustments of rates are also possible, as shown in Figure 10-39.

10.13.3.3 Procedure Codes and Associated Information

RFP Section 8.1.12.2, Requirements b, e, f, h, v

The Team Noridian solution loads annual and periodic HIPAA code sets as a batch transaction, as described above; to support changes in the service codes provided in codes files, including procedure codes. The new or updated codes are loaded with the 'In-Review' status and the supervisor of that business process area is notified to approve or reject the change. Figure 10-40 shows the in-review records on the Procedure Code List page.

The screenshot shows the eCAMS web interface. At the top, there is a navigation bar with 'Reference' selected. Below it, a breadcrumb trail shows the current page: 'Proc/Svc Codes'. There are buttons for 'Add', 'Approve', and 'Reject'. A filter section is visible with 'STATUS' set to 'In Review' and 'NONE' selected. Below the filter is a table with columns: Proc/Svc Code, Description, Category, Status, Start Date, End Date, Effective Date, and Association Status. The table contains 10 rows of codes, all with a status of 'In Review'.

Proc/Svc Code	Description	Category	Status	Start Date	End Date	Effective Date	Association Status
0014F	COMP PREOP ASSESS CAT SURG	Standard Code	In Review	01/01/2008	12/31/2999		COMPLETE
0015F	MELAN FOLLOW-UP COMPLETE	Standard Code	In Review	01/01/2008	12/31/2999		COMPLETE
0024T	TRANSCATH CARDIAC REDUCTION	Standard Code	In Review	01/01/2002	06/30/2007		COMPLETE
0054T	BONE SURGERY USING COMPUTER	Standard Code	In Review	01/01/2004	12/31/2007		COMPLETE
0055T	BONE SURGERY USING COMPUTER	Standard Code	In Review	01/01/2004	12/31/2007		COMPLETE
0056T	BONE SURGERY USING COMPUTER	Standard Code	In Review	01/01/2004	12/31/2007		COMPLETE
0065T	OCULAR PHOTOSCREEN BILAT	Standard Code	In Review	01/01/2005	12/31/2007		COMPLETE
0068T	INTERP/REPT HEART SOUND	Standard Code	In Review	01/01/2008	12/31/2999		COMPLETE
0069T	ANALYSIS ONLY HEART SOUND	Standard Code	In Review	01/01/2008	12/31/2999		COMPLETE
0070T	INTERP ONLY HEART SOUND	Standard Code	In Review	01/01/2008	12/31/2999		COMPLETE

IAMMIS9 703

Figure 10-40. "In Review" Records on the Procedure/Service Code List Page. Provides the option for supervisor to review the uploaded records before approving.

With the in-review status, these changes can be analyzed according to the Department needs before making the codes effective. eCAMS generates several impact analysis reports and based on these reports the staff can make a decision to accept or reject each change according to state policies. The generated reports present the impacts which include direct and indirect impacts. Direct impacts are impacts that are directly reflective of the code changes, which include limits and conflicts; rules composed in RuleIT utilizing the codes; and groups such as benefit plans, coverage codes, and account code assignments. Indirect impacts are anything that references direct impacts such as rules.

In addition to the automated impact analysis reports eCAMS offers global search capability in RuleIT for ad hoc search and impact analysis to identify edits that might have been impacted due to change in a service code.

To demonstrate the depth and scope of the eCAMS Reference functionality, there are more than 15 Web pages related to procedures datasets alone (which include HCPCS, ICD-9-CM, and revenue codes). In addition to the list, add, detail, and summary pages available for all codes, there are pages that enable authorized Department and Team Noridian users to:

- List indicators, groups, revenue codes, diagnoses, NCCIs, and other entities associated with procedures and add new associations
- Update the periods for which these associations are in effect
- Add and update age ranges for procedures

Continuing the example for procedure, users can view data fields such as procedure code, category, short and long description, state description (if available), units, unit type, follow-up days, gender, start date, end date, effective date, status, and a variety of data fields that relate to any age range limitations associated with the procedure and procedure indicator.

The procedures data set contains HCPCS procedures, revenue code data, and International Classification of Diseases, ninth and tenth Revision Clinical Modification data (ICD-9-10-CM). The procedure file consists of several interrelated database tables that meet the needs of claims processing, other business process areas, and interfaces. Update sources for these files may include the annual HCPCS update file containing HCPCS codes; Current Procedural Terminology, 4th edition (CPT-4) codes; Current Dental Terminology, 3rd and 4th edition (CDT-3-4) codes; and the annual ICD-9-10-CM, Volume 3 Procedure Codes file obtained from data files containing additional procedure codes. Procedure information is shown in Figure 10-41. The Procedure Detail Page includes the ability to associate elements such as age ranges, indicators, dental attributes, diagnoses, groups, modifiers, member aid category (RAC), rates, specialties, limits, and programs with a procedure.

The screenshot displays the eGAMS web interface for the Procedure Detail Page. The top navigation bar includes 'Reference' and various system functions. Below the navigation, there are sections for 'Associated Age Range' and 'Associated Indicators', each with a table of associated data. The 'Associated Age Range' table has columns for Claim Type, Age Range, Include/Exclude, Status, Start Date, End Date, and Effective Date. The 'Associated Indicators' table has columns for Claim Type, Indicator Name, Indicator Value, Include/Exclude, Status, Start Date, End Date, and Effective Date.

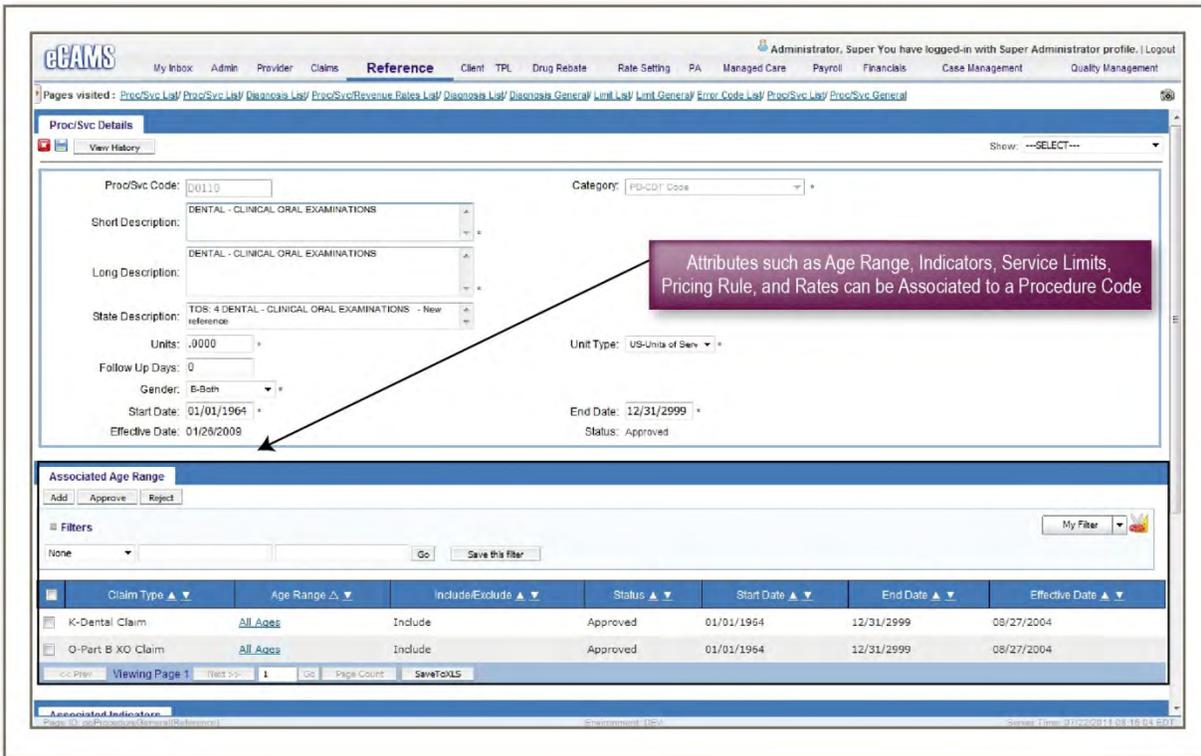
Claim Type	Age Range	Include/Exclude	Status	Start Date	End Date	Effective Date
O-Part B XO Claim	All Ages	Include	Approved	01/01/1964	12/31/2999	04/15/1995
P-Med Vendor Claim	All Ages	Include	Approved	01/01/1964	12/31/2999	04/15/1995

Claim Type	Indicator Name	Indicator Value	Include/Exclude	Status	Start Date	End Date	Effective Date
L-EPST Claim	EPST	N-No	Include	Approved	01/01/1964	12/31/2999	04/15/1995
O-Part B XO Claim	MEDICAID-COVERED	N-No	Include	Approved	07/01/1984	09/30/1985	04/15/1995
P-Med Vendor Claim	MEDICAID-COVERED	N-No	Include	Approved	07/01/1984	09/30/1985	04/15/1995

IAMMIS9 716

Figure 10-41. Procedure Detail Page. The procedure detail page offers rich attributes, including applicable age range, indicators, pricing rules, and other code sets associations.

All associations include a specified period during which they are in effect as shown in Figure 10-42.



IAMMIS9 063

Figure 10-42. Date-Sensitive Associations on Procedure. The solution provides the flexibility to associate attributes, such as age range, indicators, service limits, pricing rule, and rates, on a procedure code along with date sensitivity.

eCAMS allows for an unlimited number of indicators to be associated with a procedure code, as shown in Figure 10-43. These indicators give Team Noridian the ability to allow for special processing conditions.

The screenshot displays the eCAMS interface for a 'Reference' code. It includes navigation tabs, a breadcrumb trail, and two main data sections. The 'Associated Age Range' section shows a table with columns for Claim Type, Age Range, Include/Exclude, Status, Start Date, End Date, and Effective Date. The 'Associated Indicators' section shows a similar table with columns for Claim Type, Indicator Name, Indicator Value, Include/Exclude, Status, Start Date, End Date, and Effective Date. A callout box highlights the 'Associated Indicators' table.

Claim Type	Age Range	Include/Exclude	Status	Start Date	End Date	Effective Date
O-Part B XO Claim	All Ages	Include	Approved	01/01/1964	12/31/2999	04/15/1995
P-Med Vendor Claim	All Ages	Include	Approved	01/01/1964	12/31/2999	04/15/1995

Claim Type	Indicator Name	Indicator Value	Include/Exclude	Status	Start Date	End Date	Effective Date
L-EPSDT Claim	EPSDT	N-No	Include	Approved	01/01/1964	12/31/2999	04/15/1995
O-Part B XO Claim	MEDICAID-COVERED	N-No	Include	Approved	07/01/1984	09/30/1985	04/15/1995
P-Med Vendor Claim	MEDICAID-COVERED	N-No	Include	Approved	07/01/1984	09/30/1985	04/15/1995
P-Med Vendor Claim	MEDICARE-COVERED	N-Medicare Non Covered	Include	Approved	01/01/1964	12/31/2999	04/15/1995
O-Part B XO Claim	MEDICARE-COVERED	N-Medicare Non Covered	Include	Approved	01/01/1964	12/31/2999	04/15/1995

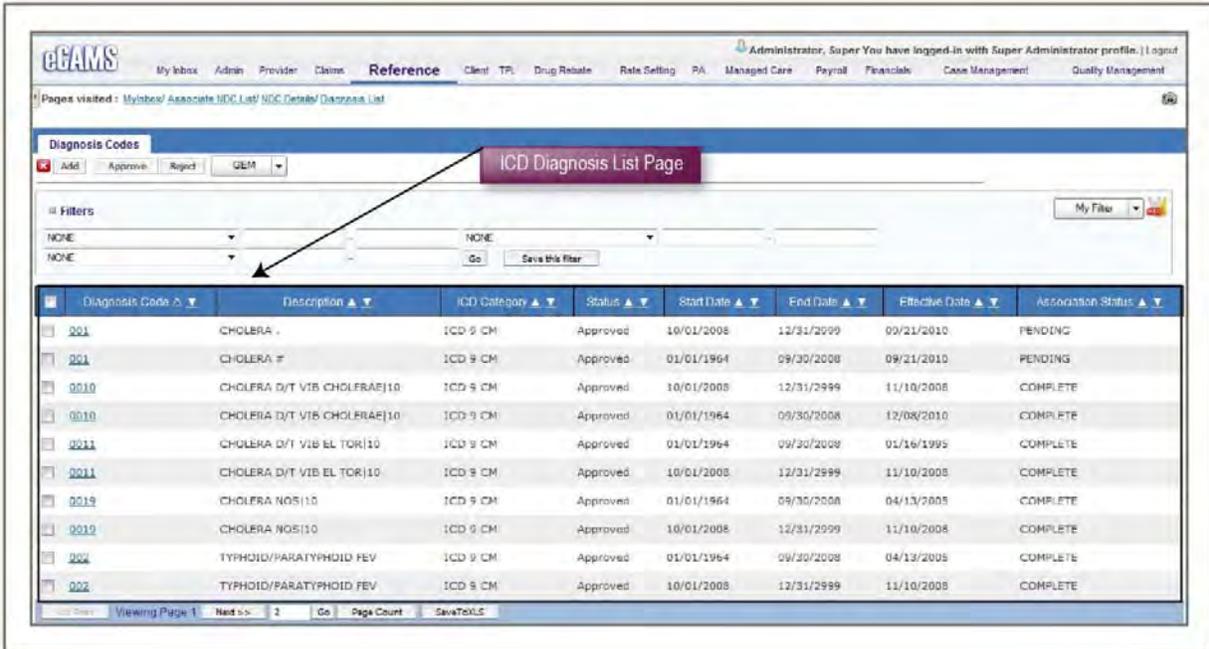
Figure 10-43. Procedure Code Indicators for Accurate Code Editing. The solution offers the flexibility to support unlimited indicators on a procedure code.

10.13.3.4 Diagnosis Codes and Associated Information

RFP Section 8.1.12.2, Requirement g

As described in the previous section, the procedures data set maintains ICD-9 and ICD-10 diagnosis data. The maintenance screens for diagnoses, include list-shown in Figure 10-44, add, detail, and summary pages available for all codes, including pages that enable authorized Department and Team Noridian users to:

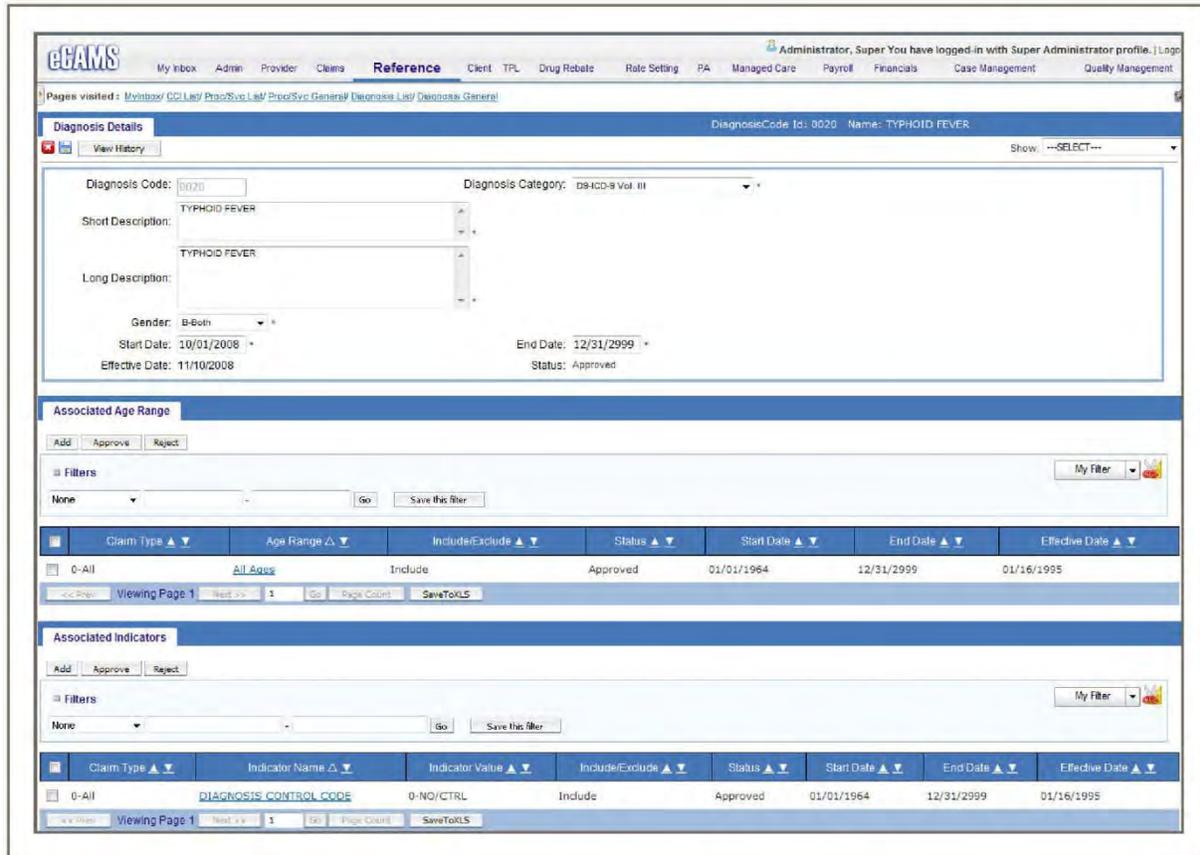
- List indicators and other entities associated with diagnoses and add new associations
- Update the periods for which these associations are in effect
- Add and update age ranges for diagnoses



IAMMIS9 045

Figure 10-44. ICD Diagnosis List Page. eCAMS includes the ability to hold both ICD-9 and ICD-10 code sets along with the cross walk between them.

Figure 10-45 shows the diagnosis detail page, including long and short descriptions, status, effective date, gender, age ranges, and associated indicators. The RuleIT rules engine allows for complex relational editing to occur on a number of additional factors such as place of service, prior authorizations, and length of stay.



IAMMIS9 210

Figure 10-45. Diagnosis Code Detail. This sample screen shows the Diagnosis detail with the Emergency treatment indicator on “Yes.”

10.13.3.5 Edit and Audit Information

RFP Section 8.1.12.2, Requirements c, d, y, and z

eCAMS provides an innovative and comprehensive framework to address administration needs related to Medicaid benefits, and it is administered through configurable program and benefit plan structures for FFS, managed care, and non-traditional programs. These configurable structures allow effective service administration and support ease in accommodation of new services to an existing program, reducing services from existing programs, enforcing service limits and rates, creating new benefit program plans, and funding account rules.

The reference business process area is linked to most of the other business process areas (such as provider, rate and audit, claims, and service authorization) to ensure that whenever a billing entity submits a claim, it is processed appropriately. The appropriateness is determined by a number of factors, including the relationships between and among provider type, provider specialty, procedure code, claim type, place of service, type of treatment, payment rates, and prior authorization requirements for the claim.

eCAMS reference services' configurable functionalities include code set maintenance, program and benefit plan administration, rate setting, pricing rules, service limits, and National Correct Coding

Initiative (NCCI), claim edit code maintenance, and claim duplicate criteria configurations. The reference services, along with Team Noridian's RuleIT rules engine, will enable the Department to quickly implement policy and program changes and eliminate most of the hard coding in the back-end software programs. Other business process areas, most notably claims, refer to the configurations defined in the reference business process area during claims adjudication. TPL edits in claims also refer to reference for cost-avoidance configurations defined in reference.

The claims adjudication engine accesses information in reference services real time for information tied to procedure codes, NCCI service limits, and allowable procedure codes for a given diagnosis code to validate accurate coding on the claim. Reference services contain national correct coding initiative code sets and are maintained through the online screens.

Limit detail captures data to support the system's ability to define limits and criteria as to how to edit against these limits. Limits can be anything defined by the Department in units or dollars that will affect claims processing if exceeded, anything from the number of office visits to dental procedures to dollar maximums for a certain period. Limits can be assigned to claim types, RACs, specialties, and types of treatment.

eCAMS maintains EPSDT screening and immunization schedule definitions in the reference business process area. The eCAMS member business process area monitors screening and immunization events for members against immunization schedule/periodicity definitions and triggers alerts necessary for appropriate follow-up actions. During claims adjudication, eCAMS determines whether there has been an immunization referral for an EPSDT recipient from the procedure/diagnosis codes present in the specific claim, compares that information against the immunization schedule definition, and updates the member immunization status for further tracking and targeting appropriate follow-up actions. If the claim has referral number and referring PCP provider information then the claim could be flagged with an EPSDT Referral claim indicator. Team Noridian will work with the Department to identify any other mandate that needs to be applied for the determination of EPSDT referrals.

eCAMS assigns a unique prior authorization (PA) number to each PA request. When a PA requester provides basic information, such as member ID, service dates, and service type, the system auto-generates a PA number and assigns that number to the request. eCAMS also supports multi-line PA requests for multiple services and multiple servicing providers under a same PA request.

eCAMS PA requests contain the service start and end dates and the time stamp containing the date the request was entered and approved. All PA edits in the rules engine utilize the PA start and end dates to perform edits against the claim line service dates. This is also applicable to all PA lines.

eCAMS claims processing contains prior and post authorization edits to deny claims that do not have a valid PA number for claim services that require prior authorizations. eCAMS also features PA utilization edits to ensure that the claim PA has sufficient unit or dollar amounts that have not been used. In addition, eCAMS tracks the utilization information and can be viewed through online screens and also has adjustment rules to roll back and reconcile PAs on adjusted and voided claims.

The eCAMS Prior Authorization Special Program Authorization structure provides the flexibility to store plans of care as multiple lines for standard or nonstandard procedures. eCAMS can provide lines for diagnosis and revenue codes as well as a span for defining the number of units and a span for each claim showing rate and status as approved, in-review, or rejected. The processed and paid services are linked to the actual claim/payment transaction and also track the utilized amount. The claim/payment transaction is hyperlinked and can be clicked by the user to see the detail of the services provided as a part of the individual's approved plans of care.

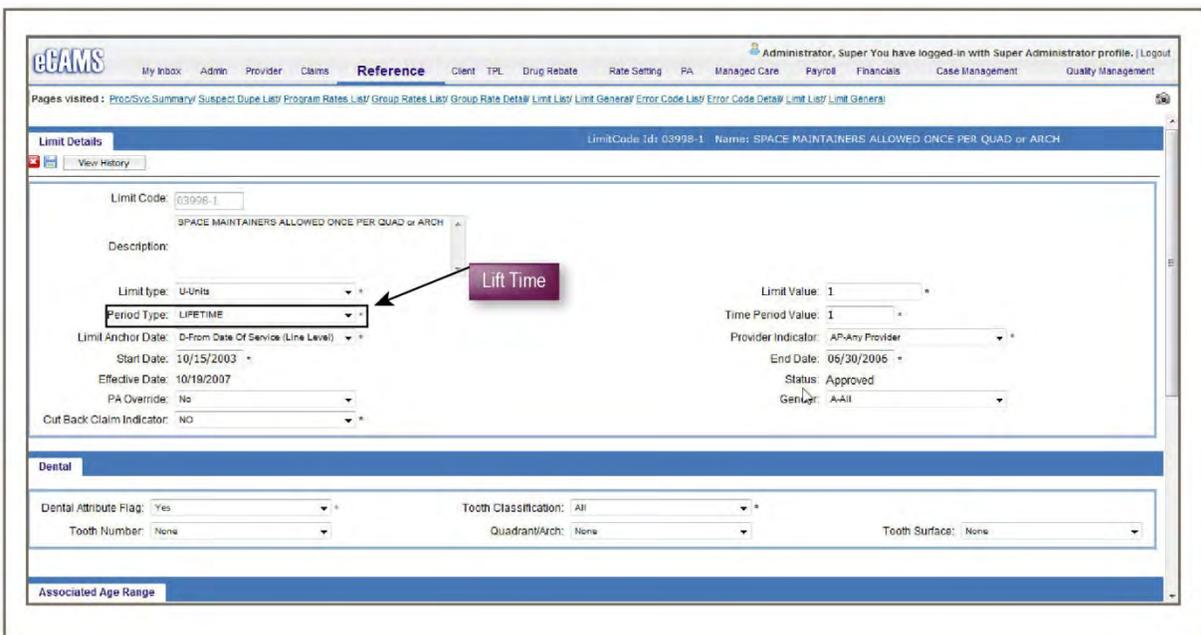
In eCAMS, the claims screens are linked to the reference screens through hyperlinks so that a claims specialist or a medical review specialist can seamlessly access the reference information to validate and

audit the posted edits. The claims adjudication engine accesses the attributes (indicators) defined in the procedure codes, such as PA required to check whether a procedure code requires a PA code or not. If it requires a PA, based on the business rules defined in RuleIT, the claims adjudication engine will suspend or deny the claim.

Team Noridian generates multiple daily operation reports and it also includes claim adjudication disposition reports. In eCAMS, each edit or audit is tied to an error code and each error code is associated to an error message and to a HIPAA remittance remark code. The error message is in layman’s term and could be customized according to Department needs while the HIPAA remittance remark code is a standard code and will not be changed.

When the system denies or suspends a claim due to a history edit, the historical claim, for which the current claim is denied or suspended, is available online and readily available for the resolution workers’ and Contact Center operators analysis.

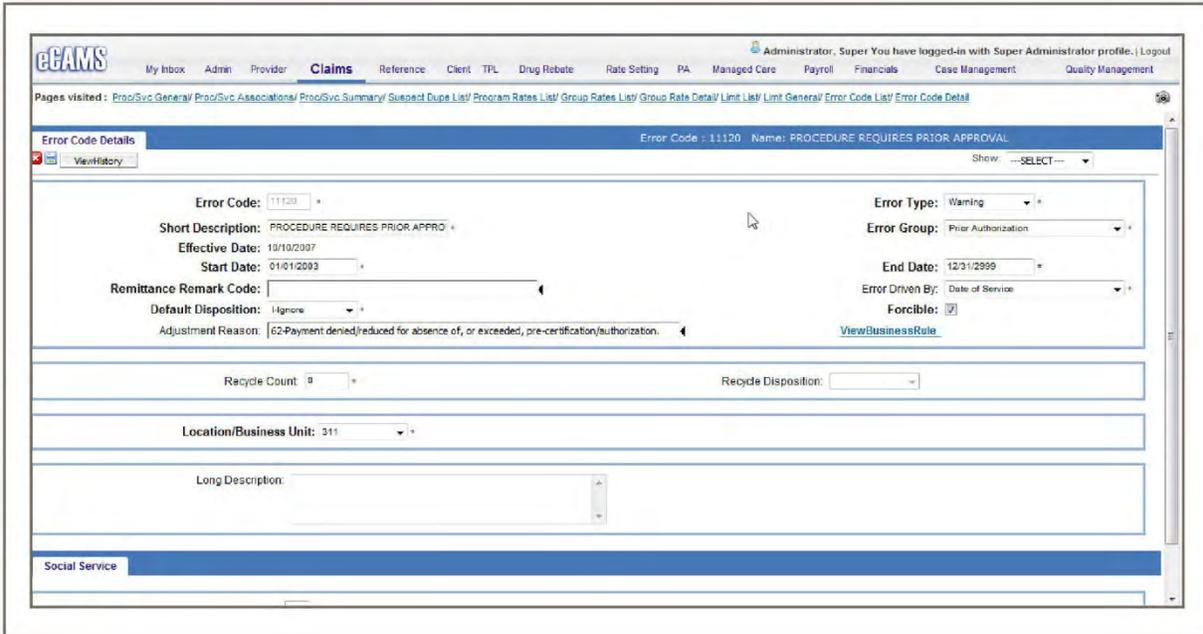
eCAMS handles service limitations by configuring limits. Limits, as shown in **Error! Reference source not found.**, can be established to cover various periods, including lifetime, year, month, or state fiscal year. The limit type can be for unit or dollars. eCAMS will maintain five years of claims history but will retain those claims that are tied to lifetime limit forever. If the member utilized all the units or dollar amount defined for the service, claim adjudication process posts an edit if the disposition of the edit is suspend then the claim will be flagged and routed for manual intervention.



IAMMIS9 620

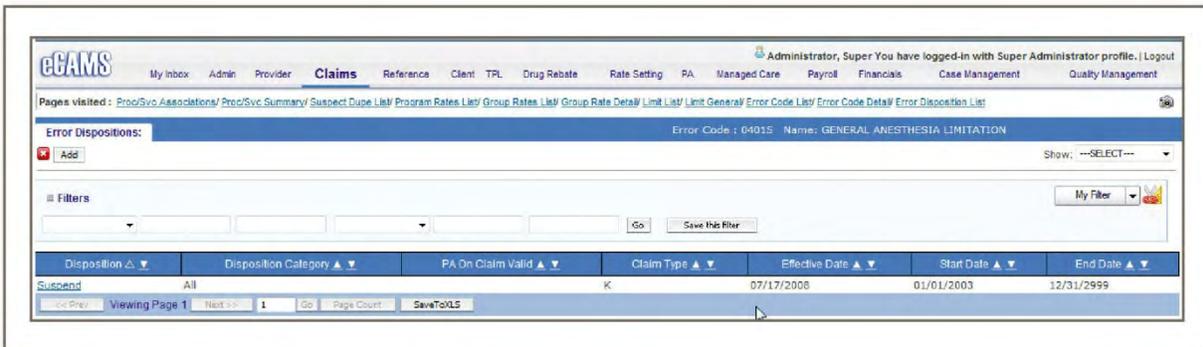
Figure 10-46. Limit Edit Configuration. A lifetime “Limit” is configured in eCAMS like any other limit, with period type option as “Lifetime”.

Figure 10-47 shows how eCAMS supports dollar- and unit-based service limits and **Error! Reference source not found.** shows how eCAMS allows PA based edits to suspend for manual intervention.



IAMMIS9 621

Figure 10-47. Service Limit Detail Page. Configurable service limitation supporting both dollar- and unit-based limits.



IAMMIS9 622

Figure 10-48. Limit with suspend disposition. Edit disposition of a limit edit is suspend.

10.13.4 Performance Standards

RFP Section 8.1.12.4, Requirements a through k

Team Noridian understands the success of the program depends on regular monitoring of contractors to determine the established performance standards are being met. Performance standards will be documented, reviewed, approved, and monitored between Team Noridian and the Department through service level agreements (SLAs). The core MMIS will provide the necessary data, which will be used to verify that the SLAs are being met. The eCAMS will support the Department by providing operational and performance data plus reports for providing visibility and insight into the claims processing business area performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, to monitor performance. The performance dashboard monitors and inspects appropriate measures, such as inventory levels and transaction processing timeliness, which positions Team Noridian to meet the performance expectations. This inspection and identification of high inventory levels is an important step to meeting the overall performance requirements. Team Noridian can quickly address and reduce high inventory levels that, if not reduced, may jeopardize timely performance.

Reference Data Management support functions are performed by Team Noridian staff to be reported to the Department. We will continue to provide ad hoc written reports as directed by the Department. The following requirements will be sent to the Department regarding Reference Data Management functions:

- Produce state-defined reports within the required timeframe as determined by the Department
- Notify the Department and correct errors within one business day of error detection
- Produce state-defined reports within the required timeframe as determined by the Department

eCAMS HealthBeat will report data as it is extracted from other systems. eCAMS will be used to gather reporting information:

- 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 of the requested change
- Maintain a ninety-nine percent accuracy rate for all reference file updates

Team Noridian will also be responsible for maintaining all operational procedure manuals and updating these according to the Department standards. Our rigorous process for creation of thorough documentation ensures all processes and procedures are written in a standard method using an online archive system. This system allows for directives to be updated in real time without the time consuming process of a paper based manual system.

10.14 Prior Authorization Management

RFP Section 8.1.13

Team Noridian will expand on the automation brought to the IME through OnBase using our ability to define complex processing rules within the MMIS to more effectively identify claims requiring prior authorizations and more expeditiously process prior authorization requests. Our solution gives the IME the benefit of automated workflow processes, a rules based claims adjudication that controls program dollars, and a prior authorization process allowing medical services or a prior authorization contractor to focus on the cases requiring medical expertise.

Team Noridian has the experience and understanding of Iowa’s needs to efficiently and effectively implement and operate the new MMIS and achieve the objectives of the Department. eCAMS is well positioned to meet the prior authorization management functions for the IME due to our close alignment with MITA principles. Our operations benefit from over 40 years of experience processing millions of health care claims and prior authorization support services. We will draw on this health care foundation to deliver a technology enabled, cost effective business solution, tailored to the unique requirements of the IME.

Team Noridian understands that prior authorization is a key mechanism for effectively managing Medicaid costs and for ensuring the care each member receives is medically necessary. The eCAMS solution provides a complete set of business and infrastructure services to support the prior authorization request and approval processes. The prior authorization request process supports paper and fax submissions and individual or batch electronic requests.

The system improves the auto-approval of prior authorization submissions through the use of business rules maintained in the RuleIT rules engine in the decision making process. Team Noridian will work with the Department and the medical services contractor to define and configure the rules for prior authorization processing. eCAMS provides a complete integrated MMIS environment with roles based security to access other domains, such as provider, member, and claims with easy online navigation.

It provides online access to providers, various IME contractor staff, the Department and other authorized users to query and view the current status of the authorization record in the system along with the actual claims having been processed using a given authorization record.

10.14.1 State Responsibilities

RFP Section 8.1.13.1, Requirement a

Team Noridian acknowledges that the Department retains responsibility for establishing policies and rules for the prior authorization processes. We will work collaboratively with the Department, medical services contractor and other stakeholders to ensure all data is captured, maintained, processed, and made accessible as directed by the Department.

10.14.2 Contractor Responsibilities

RFP Section 8.1.13.2

10.14.2.1 Prior Authorization Support and Usage

RFP Section 8.1.13.2, Requirements a and b

As with all other eCAMS functions, Team Noridian’s systems and operations teams will operate and provide support for the prior authorization functionality throughout the operations phase of the contract.

eCAMS provides functionality to view requested, approved, and denied quantities in amounts, units, and dollars for all PA requests. Figure 10-49 is an example of a prior authorization screen that includes that level of detailed information. As claims are processed authorizations are automatically updated as appropriate. As claim adjustments are processed, the unused units and dollars will be applied back to the prior authorization or deducted if the provider is requesting more than what was originally billed.

The screenshot shows the eCAMS interface for PA Utilization. At the top, there is a navigation menu with options like My Inbox, Admin, Provider, Claims, Reference, Client TPL, Drug Rebate, Rate Setting, PA, Managed Care, Payroll, Financials, Case Management, and Quality Management. Below the navigation, there is a summary box for the authorization details:

Authorization #: 100000008	Authorization Status: Approved
Client ID: 850002200EC	Client Name: Smith, Gary
Service: Medical	Organization: PA - DASA
Request Date: 11/23/2009	Last Updated Date: 11/25/2009
Service Start Date: 11/23/2009	Service End Date: 2/23/2010
Requestor ID: 1902999618	Requestor Name: Lisa Lisa

Below the summary box is a table with the following columns: Line #, Modified Date, Servicing Provider ID, Code, Modifier1, Modifier2, Part Number, From Date, To Date, Request Amount, Request Units, Auth Amount, Auth Units, Used Amount, Used Units, and Status. The table contains two rows of data:

Line #	Modified Date	Servicing Provider ID	Code	Modifier1	Modifier2	Part Number	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
1	11/23/2009	1902999618	64412				11/23/2009	11/23/2009	0	4	0	4	0	2	Approved
2	08/03/2010	1902999618	E1399				11/23/2009	11/23/2009	0	10	0	10	0	0	Approved

At the bottom of the table, there are navigation buttons: Previous, Viewing Page 1, Next, Page Count, and SaveToXLS.

IAMMIS9 018

Figure 10-49. Prior Authorization Detail screen. This screen shows a summary of requested, approved, and utilized units/dollars on PAs.

The eCAMS claims logic includes rules for paying, suspending, or denying claims based on the presence or absence of an approved prior authorization for specific services. The majority of Department business rules are stored in the RuleIT rules engine. A significant benefit to the Department is the new MMIS is loaded with all existing federal rules and will be available for a faster review, modification, and approval process during start-up and implementation phase. Additional Department specific edits and audits can be supported as needed throughout the operations phase. Claim adjudication processing rules are presented in narrative form to facilitate a clear understanding of the business logic.

Edits for specific prior authorization policies are grouped in the rules engine based on a logical grouping. For example, if no prior authorization is granted where one is required or if the member has exceeded the maximum number of services, the system will deny the claim.

Authorized users can view, update, and approve edit settings online in RuleIT. Edit criteria can be set to establish age, gender, and service limitations; and rules can vary by program, benefit, and claims type. Authorized users can define the fields that apply to duplicate edits. These rule changes will be controlled through Department approved change management procedures, including comprehensive regression testing capabilities.

Claims adjudication flow of edits and pricing methodologies are executed in the rules engine. The rules engine first loads the enrollee, provider, and reference information, as well as service authorization, if present on the claim data. After loading the data, the system derives the claim type. Based on the claim type and input medium of the claim, the system reads the disposition tables to decide what set of edits need to be executed for the claim at hand. The system then executes each group of edits and pricing in sequence. The system starts with claim data element validity edits followed by enrollee, provider, and TPL edits. If minimum elements are present for pricing, the claim is priced. After pricing, the final flow contains history edits tied to duplicate, conflict, service limits, and service authorization. After eCAMS executes the history claims-related edits, the claim disposition is set.

10.14.2.2 Transaction Receipt

RFP Section 8.1.13.2, Requirements c and d

Team Noridian's eCAMS solution is a successful standards-based, Web-centric solution to assist providers in submitting and tracking prior authorizations for Medicaid services. Our solution provides a complete set of business and infrastructure services to support the receipt and subsequent processing of prior authorizations.

Upon completion of the pre-screening process, all hard copy documents received in the mailroom are prepared for scanning. High-speed scanners will be used to produce images of scanned documents. Since 2005, Team Noridian has accurately processed approximately 40,000 hardcopy PA requests. Once scanned, the image is saved and uploaded into the OnBase Workflow Process Management System for retrieval at a future date. As the document is scanned, a unique control number will be assigned to each prior authorization request and will include the date of receipt. The date of receipt is used for calculations regarding timeliness of receiving and imaging prior authorization requests.

Once the unique identifier has been assigned, a digital or imaged record will be created. Any attachments included with the request use the same unique identifier, in addition to a page count, as the primary document to allow all related documents to be retrieved as one complete record when needed. Digital documents will be available to Team Noridian, the appropriate prior authorization contractor depending on the service being requested, and the Department online and in real time for prior authorization processing or research.

Prior authorizations submitted electronically via the Provider Portal, or other electronic means, will be made available to the appropriate prior authorization contractor as designated by the Department. eCAMS provides for internet submission of a prior authorization request through the secure Provider Portal. The provider can log into the Provider Portal using their login credentials and can upload the 278 prior authorization requests as shown in Figure 10-50.

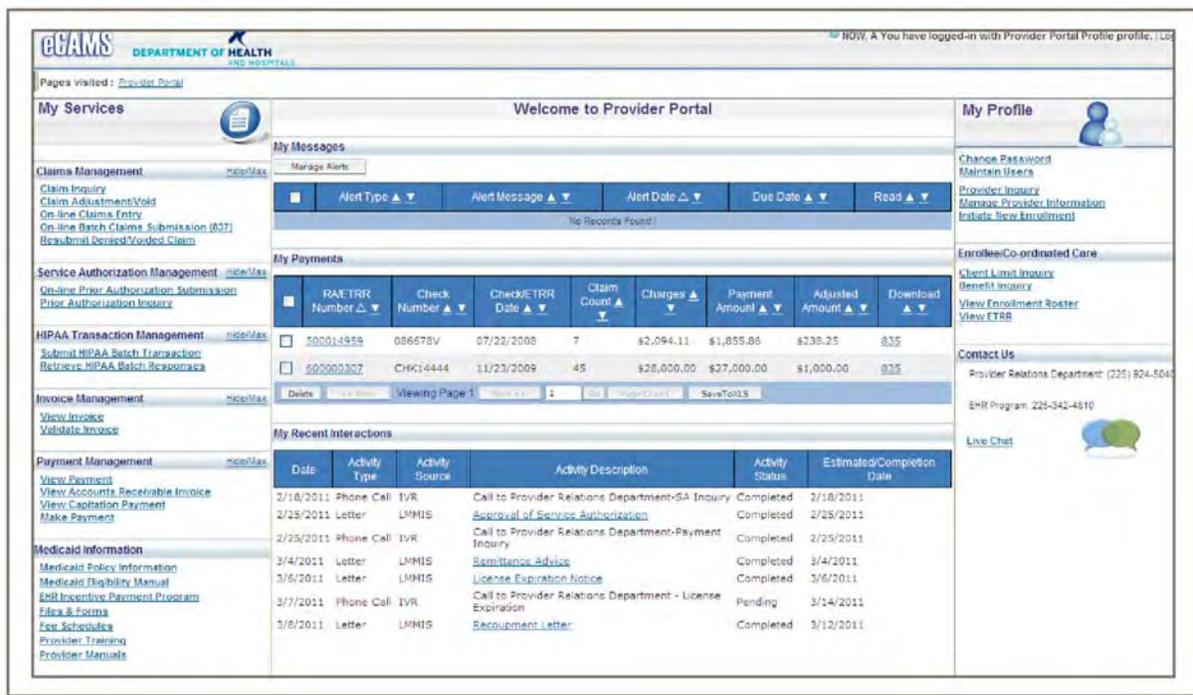


Figure 10-50. Provider Portal. Providers can invoke the 278 PA request web submission screen by clicking on the "Submit HIPAA Batch Transaction" hyperlink under "HIPAA Transaction Management" section.

After clicking the submit HIPAA batch transaction hyperlink, the system navigates the user to the batch attachment screen where by clicking the upload button, the provider can upload the 278 prior authorization request for processing as shown in the Figure 10-51.

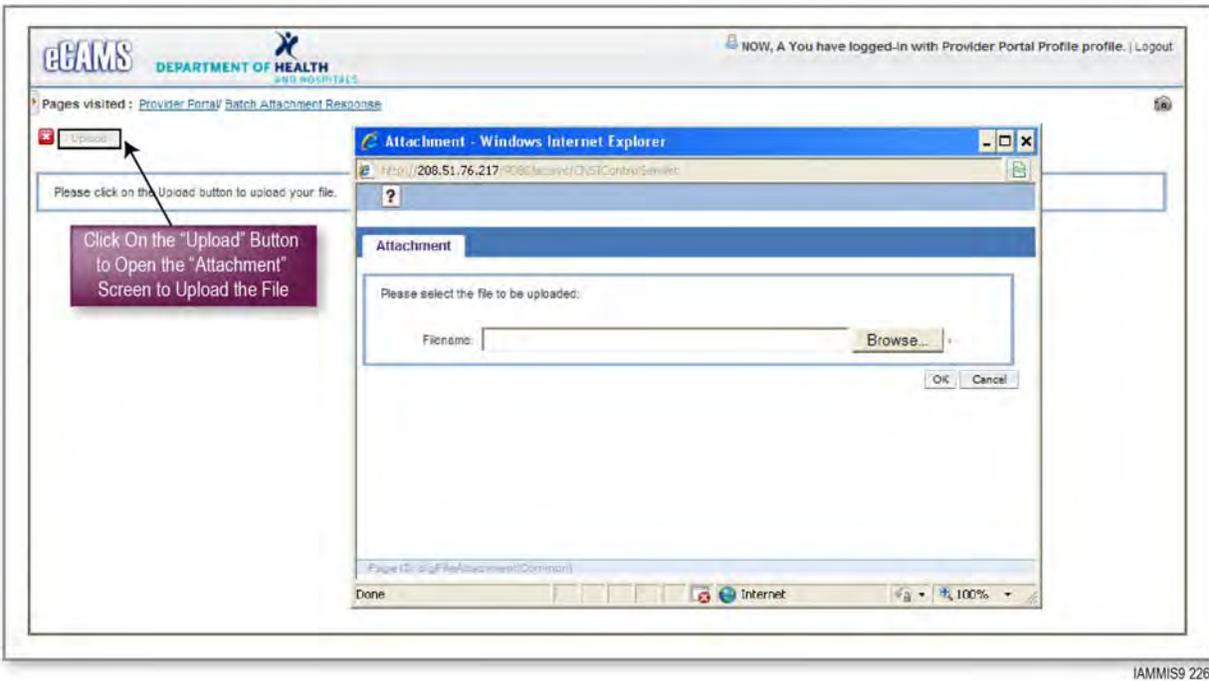


Figure 10-51. Batch Upload Attachment. Providers can attach and upload the 278 prior authorization request by clicking on the "Upload" button.

Additionally, eCAMS provides for online DDE, with online access to providers and authorized users via user friendly business process wizard to provide key information required for processing of a prior authorization request as shown in the Figure 10-52, resulting in a HIPAA 278 5010 compliant transactions.

Figure 10-52. Direct Data Entry for prior authorization request. Electronic prior authorization requests will be available to Team Noridian, the appropriate prior authorization contractor depending on the service being requested, and the Department online and in real-time for prior authorization processing or research.

10.14.3 Performance Standards

RFP Section 8.1.13.3, Requirements a through d

Team Noridian understands that the success of the prior authorization program depends on regular monitoring of contractors to determine if the established performance standards are being met. Performance standards will be documented, reviewed, approved, and monitored between Team Noridian and the Department through performance metrics. The core MMIS will provide the necessary data, which will be used to verify that the performance standards are being met. The eCAMS will support the Department by providing operational and performance data plus reports for providing visibility and insight into the prior authorization business area performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, to monitor performance. The performance dashboard monitors and inspects appropriate measures, such as inventory levels and transaction processing timeliness, which positions Team Noridian to meet the performance expectations. This inspection and identification of high inventory levels is an important step to meeting the overall performance requirements. Team Noridian can quickly address and reduce high inventory levels that, if not reduced, may impair timely performance.

The follow items will be included as part of the performance standards for the prior authorization:

- 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
- Produce state-defined reports within the required timeframe as determined by the Department

Team Noridian will also be responsible for maintaining all operational procedure manuals and updating these according to the Department standards. Our rigorous process for creation of thorough documentation ensures all processes and procedures are written in a standard method using an online archive system. This system allows for directives to be updated in real time without the time consuming process of a paper based manual system.

10.15 Third-Party Liability Management

RFP Section 8.1.14

Team Noridian brings an MMIS with a proven TPL solution certified in Washington and Michigan with full support for HIPP management. Our flexible rules-based system assures the accurate processing of claims while eliminating pay-and-chase associated with outdated TPL rules and policies.

Team Noridian has the experience and understanding of Iowa's needs to efficiently and effectively implement and operate the replacement system and achieve the objectives of Department. eCAMS is well positioned to meet the Third-Party Liability (TPL) Management functions for the IME due to our close alignment with MITA principles. Our operations benefit from over 40 years of experience processing millions of health care claims and TPL support services. We will draw on this health care foundation to deliver a technology enabled, cost effective business solution, tailored to the unique requirements of the IME.

The eCAMS TPL business process area solutions offer a comprehensive framework supporting cost-efficient TPL services. Team Noridian brings a solution that has been successfully implemented in Washington and Michigan and has been architected to be in alignment with MITA goals.

eCAMS provides extensive capabilities for storing TPL related member information and an unlimited number of insurance policies and plan information, as well as keeping track of an unlimited number of associations between recipients and third-party plans and policies. The integration with the Finance business process area allows the system to track all of the invoices, recoveries, and payments that can be tied back to individual claims. In eCAMS, the RuleIT rules engine supports the creation of user configurable rules to enable the Department and the Revenue Collection contractor to create specific rules for TPL edits. The rules can be extended to determine accurate TPL and coordination of benefit (COB) information when adjudicating claims.

eCAMS will capture insurance coverage in real-time and apply it in claims adjudication, thus minimizing costly pay-and-chase operations. The eCAMS business process areas such as claims, member, and reference maintenance are tightly integrated and are managed through a centralized database to ensure proactive interactions between multiple IME contractors and users.

The configurable cost-avoidance rules are housed in the reference business process area, and they help to deny or suspend based on defined criteria. The process also refers to the member business process area that is used to access the third-party resource information and Medicare enrolled member information. eCAMS has the flexibility to identify pay-and-chase claims and the ability to identify recovery cases based on predefined criteria.

10.15.1 State Responsibilities

RFP Section 8.1.14.1, Requirements a through t

Team Noridian acknowledges that the Department retains responsibility for establishing policies and rules for the TPL processes. These will include, but are not limited to definition and approval of communication between entities, reporting and screen specifications, communication with employers, calculations of program cost effectiveness, processing HIPP requests and cost effectiveness calculations, and mailing various documents. We will work collaboratively with the Department and other vendors to ensure that TPL information is captured, maintained, and made accessible, as directed by the Department.

10.15.2 Contractor Responsibilities

RFP Section 8.1.14.2

10.15.2.1 Reporting and Letter Generation

RFP Section 8.1.14.2, Requirements a, h, and i

The system is fully configurable to automatically select all claims for members (1) with newly discovered third party insurance, (2) with existing third party insurance, and (3) potential trauma, accident, workmen’s compensation, or other TPL for third party billings.

Specific diagnosis codes can also be flagged with a system identifier, when requested by the Department, to enable the system to execute background processing on a scheduled basis or on user request to create potential TPL cases for further research. When a claim is found with the specific diagnosis code, the TPL information from the claim is added to the member TPL information with an “unverified” status code. When there is an indication of a third party coverage received on a claim but no indication of a third party coverage on the member file, as is often the case, we identify this member and create an electronic report of newly identified potential member third party coverage. Depending on Department policy, the system is capable of automatically generating a health insurance questionnaire to the member to provide additional information related to any other health coverage. A sample questionnaire is shown in Figure 10-53.

Insurance Questionnaire

Coordination of Benefits
1234 Anywhere Street
Anytown, USA 99999-8888

Questions? LA-MMIS TPL Staff
1-800-562-3022 Ext: 0000

LA_MMIS Beneficiary
4321 Anywhere Street
Anytown, USA 99999-8888

In order to pay your claims quickly and accurately, we need complete information on other health care coverage that you or your dependents may have. Please complete this form and return it in the postage paid envelope provided as soon as possible.

INSURANCE INFORMATION				<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Long Term Care
NAME OF INSURANCE COMPANY					TELEPHONE NUMBER	
INSURANCE COMPANY ADDRESS (STREET OR PO BOX)			CITY	STATE	ZIP CODE	
NAME OF POLICYHOLDER			DATE OF BIRTH	POLICYHOLDER SOCIAL SECURITY NUMBER		
POLICY HOLDER IDENTIFICATION NUMBER		EMPLOYER		EMPLOYER GROUP ID NUMBER		
<small>Date coverage became effective (if not yet, when does it begin)</small>						

LMMIS-344

Figure 10-53. Insurance Questionnaire. Insurance questionnaires can be automatically generated to confirm enrollee coverage.

The Team Noridian's reporting infrastructure is comprised of eCAMS, IBM’s Cognos Business Intelligence suite of tools, and Hyland's OnBase which is a report repository, report management and accessibility tool. Both Cognos and OnBase support web-based interfaces for accessing reports. Cognos provides a tool called Query Studio for building ad hoc queries and a tool called Report Studio for building sophisticated reports with multimedia options. The reports and queries are delivered to the end user via a common web-based interface called Cognos Connection. Role based security is implemented

within the Cognos framework to ensure that proper access controls are in place. Security can be implemented at a query level as appropriate.

OnBase is a content repository that will be used to track report outputs in a folder-based structure. There will be folders for daily, weekly, and monthly reports. OnBase will also hold multiple versions of reports based on federal or state requirements. OnBase allows users to search for reports in the repository via keywords and report content.

Team Noridian has implemented a single sign-on from the MMIS application into the Cognos environment so users do not have to log into Cognos once they are authenticated by the application. All access to reports is provided through the Report Access Portal (RAP). The RAP allows access to Cognos as well as to OnBase.

Reports will be generated either directly from the eCAMS online transaction processing (OLTP) database or from the eCAMS Operational Data Store depending on the reporting need for real-time data and the volume of data accessed.

10.15.2.2 Interface Processes

RFP Section 8.1.14.2, Requirements b, e, and j

The new MMIS is designed to accept a variety of data sent by external systems, such as the Absent Parent file – provided by the Child Support Recovery Unit, as designated by the Department. Team Noridian will review, adapt, and implement the Department’s processes and established business rules to update TPL related data within eCAMS.

Team Noridian’s Systems unit will perform all system support functions including the file maintenance and data element maintenance on a frequency set by the Department to include monthly, daily, and real-time updates. This unit will be made up of experienced technical resources familiar with IME specific needs. Since 2005, Noridian has been assisting the Department and Revenue Collections unit with TPL questions, changes to MMIS and OnBase, file uploads, and adjustments to claims for TPL.

As stated before, our TPL management solution accepts data sent by external systems. This capability is delivered through the EXACT SOA framework, providing significant interoperability and flexible integration with internal systems, external systems and interface partners.

The EXACT platform supports data transmissions between third parties in a safe, efficient manner providing transaction validation, transaction response, and any-to-any translation services. The ESB provides connectivity for the flow of data among internal state systems and various other data trading partners that exchange data with the EXACT platform.

The solution provides an online screen to define the inbound and outbound interfaces. The definition includes the basic interface information, schedule frequency information, transport information, receipt notification, edit profiles for completeness or accuracy, error notification and escalation information.

Team Noridian will produce an electronic file of all paid claims and member eligibility on a monthly basis for submission to third parties. We will also create a separate member file to include HIPP enrollees who are not Medicaid members.

10.15.2.3 Process Updates

RFP Section 8.1.14.2, Requirements c, d, f, and g

Team Noridian’s eCAMS systems provide for expert TPL processing capabilities to ensure accuracy and quality in the performance of TPL responsibilities, stressing timeliness of deliverables and reporting. Our systems are designed to enable the Department and the Revenue Collection contractor to capitalize on greater MITA alignment, increased automation, and improved access to data. Our TPL solution

reduces cumbersome manual activities, improves visibility, and eases oversight for overall performance in all areas.

We will provide interfaces with the appropriate contractor(s) to facilitate the weekly process of TPL and claims updates, as well as HIPP member information according to the Department's business rules. Team Noridian's eCAMS capabilities bring real-world experience to TPL cost avoidance and recovery processing from a broad range of MMIS and Medicare contracts. The Core MMIS contractor and the Revenue Collection contractor have shared responsibilities for TPL activities. Cost avoidance activities include denying or reducing payments through the use of TPL-related claim information. Team Noridian recognizes the importance of accurate information to ensure Medicaid is the payer of last resort.

The new MMIS supports processing of TPL information via batch using interface framework, real-time using web service framework, and DDE (direct data entry) updates using eCAMS screen functionality. Regardless of the method of input, data will be accurately captured, updated and made available for use by other contractors or processes, such as claims.

Our Claims unit will review claims suspended for error codes related to TPL. Using IME operational instructions, which we are very familiar with, we will adjudicate the claim for payment or denial by examining other error codes set on the claim and detailed information within the attachments. Team Noridian is very familiar with these types of suspense examination procedures and conducts similar processing for its state, federal, and commercial health care contracts, to include processing of IME claims.

10.15.2.4 HIPP Processing

RFP Section 8.1.14.2, Requirements

Currently, the HIPP system generates and sends a weekly HIPP file to HMS (the Revenue and Collection contractor), where applicable formatting is performed before transmitting the file to the MMIS. The MMIS receives a report at the end of the month from the HIPP system which is used to report premium payments to CMS.

10.15.3 Performance Standards

RFP Section 8.1.14.3, Requirements a through g

Team Noridian understands that the success of the program depends on regular monitoring of contractors to determine if the established performance standards are being met. Performance standards will be documented, reviewed, approved, and monitored between Team Noridian and the Department through service level agreements (SLAs). The new MMIS will provide the necessary data, which will be used to verify that the SLAs are being met. eCAMS will support the Department by providing operational and performance data plus reports for providing visibility and insight into the claims processing business area performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, to monitor performance. The performance dashboard monitors and inspects appropriate measures, such as inventory levels and transaction processing timeliness, that positions Team Noridian to meet the performance expectations. This inspection and identification of high inventory levels is an important step to meeting the overall performance requirements. Team Noridian can quickly address and reduce high inventory levels that, if not reduced, may jeopardize timely performance.

The following items will be included as part of the SLAs for the TPL management functions and reported as agreed to in the design phase:

- Create and/or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department
- Generate TPL and trauma lead letters within 24 hours of receipt
- Process TPL updates within 24 hours of receipt from the Revenue Collection contractor

- Update member files to include the TPL plan and coverage information for HIPP members within 24 hours of receipt from the HIPP unit
- Generate a file of all paid claims and member eligibility by the fifth business day of each month for the previous month
- 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

10.16 Program Management Reporting

RFP Section 8.1.15

Team Noridian's program management reporting framework is built on the eCAMS robust data model and integrated with the Cognos Business Intelligence tool for data analytics. Combined, this ensures data integrity and enables accuracy and consistency in reporting.

Our direct experience and understanding of Iowa's needs enables us to more effectively achieve the objectives of the Department in the program management reporting area. The program management reporting business process reports on program expenditure and State reporting. Team Noridian's solution primarily uses eCAMS and the IBM Cognos analytics tool to facilitate financial and cost management and federal and state reporting. In addition, strategic planning and budget forecasting are tied to all state programs managed through the MMIS and are also available for reporting requirements. All of the standard reports are generated in a timely fashion and are published through the online OnBase document repository for stakeholder access.

10.16.1 State Responsibilities

RFP Section 8.1.15.1, Requirements a through d

Team Noridian acknowledges that the Department retains responsibility for establishing policies and rules for the program management processes. These will include, but are not limited to determining the frequency, format, content, media, and number of copies of reports; report review and approval; providing additional data as needed to be included in reports; and the operation of the Medicaid data warehouse and decision support system. We will work collaboratively with the Department and other stakeholders to ensure that program management reports are produced, maintained, and made accessible as directed by the Department.

10.16.2 Contractor Responsibilities

RFP Section 8.1.15.2

Since 2005, Noridian has supported a wide variety of reporting duties for the IME. We will use our intimate knowledge of the IME and the unique multi-contractor environment to support future reporting needs using the new MMIS capabilities.

10.16.2.1 Report Production

RFP Section 8.1.15.2, Requirement a

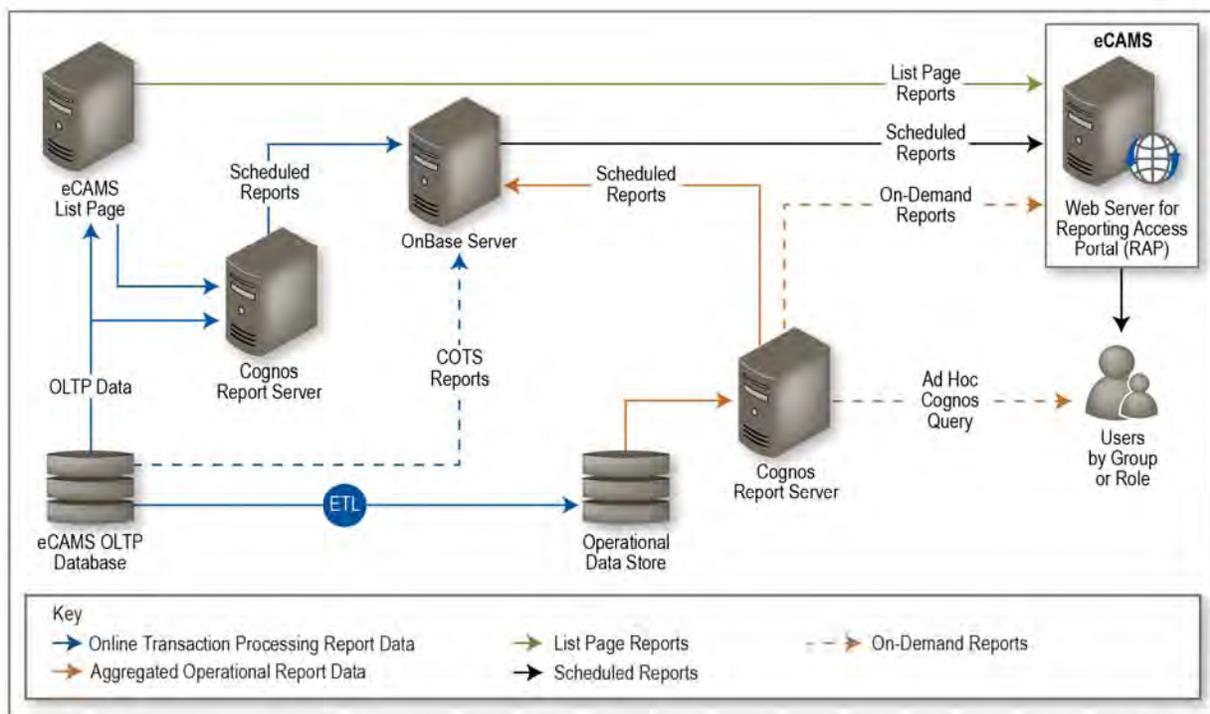
Team Noridian will provide an expert Quality Monitoring and Control Unit to ensure accuracy and quality in the performance of the reporting responsibilities, stressing timeliness, and ease of access to reports, in accordance with the timeframes and requirements specified by the Department. Our operations processes are designed to enable the Department to capitalize on greater MITA alignment, increased automation, and improved self-service access to data. Our solution reduces cumbersome manual activities, improves visibility, and eases oversight for overall performance in all areas.

Our reporting infrastructure is comprised of eCAMS, IBM’s Cognos Business Intelligence suite of tools, and Hyland’s OnBase, which is a report repository, report management, and accessibility tool. Both Cognos and OnBase support Web-based interfaces for accessing reports. Cognos provides a tool called Query Studio for building ad hoc queries and a tool called Report Studio for building sophisticated reports with multi-media options. The reports and queries are delivered to the end user via a common Web-based interface called Cognos Connection. Role based security is implemented within the Cognos framework to ensure that proper access controls are in place. Security can be implemented at a report or query level as appropriate.

OnBase is a data and content repository that will be used to track report outputs in a folder-based structure. There will be folders for daily, weekly, and monthly reports. OnBase will also hold multiple versions of reports based on federal or state requirements.

Team Noridian will implement single sign on from the new MMIS application into the Cognos environment so that users do not have to log into Cognos once they are authenticated by the application. All access to reports is provided through the Report Access Portal (RAP). The RAP allows access to Cognos and provides single click access to the reports stored and archived in the OnBase repository.

Reports will be generated either directly from the eCAMS online transaction processing (OLTP) database or from the eCAMS operational data store (ODS) depending on the reporting need for real-time data and the volume of data accessed. Figure 10-54 shows the report generation process.



IAMMIS9 120

Figure 10-54. Report Generation Process Overview. The Department will benefit from the integrated eCAMS reporting infrastructure, which is composed of IBM’s Cognos Business Intelligence application and OnBase, a document repository and document management and accessibility tool.

10.16.2.2 Report Creation, Improvement and Ad Hoc Reporting

RFP Section 8.1.15.2, Requirements b, d, e, and f

Using our extensive knowledge of IME reporting requirements gained through over six years of direct IME experience, we will continue to supply all required reports in a timely and efficient manner through

the use of our powerful Cognos reporting toolset. During implementation, we will provide knowledge transfer to Department users in the use of the Cognos tools and will provide ongoing support in the creation of reports using this powerful toolset. Throughout the operations phase, Team Noridian will support the Department and make recommendations on improvements to the reporting process and assist the Department in designing reports.

Cognos is an enterprise-level Web-based reporting tool that allows users to create full-featured ad hoc reports using its Report Studio report creation tool. Cognos also generates reporting outputs for predefined scheduled and on-demand reports.

Cognos allows users to have extensive analytical capability on their desktops, and allows dissemination of reports to non-technical end users via the Web. Reports can be generated in standard formats such as PDF, Excel, and Text based on user preference. Cognos also provides extensive scheduling capabilities to allow reports to be generated and delivered at predetermined times.

Report Studio is a powerful Cognos report creation tool that has complex report design capabilities. It allows for scheduled or parameterized on-demand report creation, a rich set of multimedia options, and great flexibility in formatting a polished report output. Using this toolset will provide broad flexibility in what is reported and how, to include modifications to benefit plans, category of service, aid categories, programs, provider type and specialties, and others—at no additional cost to the Department.

The reports that are generated using Cognos tools are made available through the OnBase. OnBase employs an automated file ingestion process. Documents to be loaded into the repository are distinguished by their preconfigured “document class.” Each document class may consist of a number of customized and predefined metadata attributes. These attributes are used for correctly distributing the reports to their assigned folder locations in OnBase. The metadata attribute values can also be used as search criteria for finding the reports.

10.16.2.3 Validation and Correction

RFP Section 8.1.15.2, Requirements c and h

Team Noridian will review process summaries as a part of ongoing quality analysis responsibilities. To facilitate these reviews, we will:

- Use a structured, documented methodology to conduct reviews
- Ensure results from the reviews are documented and distributed to the appropriate parties
- Document and explain any errors or deficiencies discovered
- Develop and track corrective action plans as needed

We will work with the Department to establish timeliness expectations and protocols. Any reports that are found to be in error due to a problem with the system will be corrected and re-run at no additional cost to the Department.

10.16.2.4 Data Extracts

RFP Section 8.1.15.2, Requirements g

Team Noridian has been producing required data extracts for Iowa Medicaid since 2005. Using our experience, we will continue to provide all data extracts to the appropriate interface based on the defined frequencies. Using our advanced Cognos toolset will allow for greater flexibility and a faster turn-around time for new requests or modifications. Extracts can be generated in standard formats such as PDF, Excel, and Text based on user preference. As stated before, Cognos also provides extensive scheduling capabilities to allow for extracts to be generated and delivered at predetermined times.

10.16.3 Performance Standards

RFP Section 8.1.15.3, Requirements a through f

Team Noridian understands that the success of the program depends on regular monitoring of contractors to determine if the established performance standards are being met. Team Noridian will work with the Department to ensure performance standards are documented, reviewed, approved, and monitored throughout the operations phase. We will provide the necessary data, which will be used to verify that the standards are being met. eCAMS will support the Department by providing operational and performance data, plus reports for providing visibility and insight into the program management business function performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, to monitor performance. HealthBeat monitors and inspects appropriate measures, such as report generation and availability, which positions Team Noridian to meet the performance expectations. This inspection and identification of timeliness is an important step to meeting the overall performance requirements. Team Noridian can quickly address any potential performance issues in a timely manner.

The follow items will be included as part of the performance standards for the program management reporting functions and reported as stated in the RFP:

- All standard production reports must be available on line for review by the Department staff pursuant to the following schedule:
 - Daily reports - by 6:00 AM of the following business day.
 - Weekly reports - by 6:00 AM of the next business day after the scheduled production date.
 - Monthly reports - by 6:00 AM of the first business day after month end cycle.
 - Quarterly reports - by 6:00 AM of the fifth business day after quarterly cycle.
 - 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).
 - 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.

10.17 Federal Reporting Management

RFP Section 8.1.16

Team Noridian’s federal reporting management functions are supported by the same framework used for program management reporting, which is built on the eCAMS robust data model and integrated with Cognos Business Intelligence tool for data analytics. Our federal reporting solution has been certified in both Washington and Michigan and will meet the needs of Iowa in a cost-effective way.

Our direct experience and understanding of Iowa’s needs enables us to more effectively achieve the objectives of Department in federal reporting management. The federal reporting management function produces a full array of detailed federal reports to meet the Department’s requirements.

Comprehensive federal and state reporting functionalities supported by Team Noridian’s proposed analytical and reporting framework will enable the Department to effectively analyze the program’s performance and produce federal reports in a timely fashion. Our reporting solution is based on our state-of-the-art, proven eCAMS technology currently in use by the states of Washington and Michigan.

Team Noridian’s eCAMS solution provides comprehensive and well integrated COTS products integrated to support report generation, storage, and access functions.

Report Generation. eCAMS uses Cognos, an enterprise-level Web-based reporting tool, to produce reports that are scheduled and reports that are to be generated On-Demand. Cognos allows users to create full-featured reports using its Report Studio report creation tool. Report Studio is a powerful Cognos report creation tool that has complex report designing capabilities. It allows for scheduled or parameterized on-demand report creation, a rich set of multi-media options, and great flexibility in formatting a polished report output.

Report Storage. All scheduled reports are stored in OnBase, the electronic document management system. OnBase is a powerful, flexible Web-based enterprise document management system that stores all scheduled report outputs from the Cognos Reporting system and other reporting systems. OnBase employs an automated file ingestion process. Documents to be loaded into the repository are distinguished by their preconfigured “document class.” Each document class may consist of a number of customized and predefined metadata attributes. These attributes are used for correctly distributing the reports to their assigned folder locations in OnBase. The metadata attribute values can also be used as search criteria for report search.

OnBase uses a folder hierarchy to organize reports. Security is group-based and can be applied to individual reports, types of reports, folders, or groups of folders in order to provide flexible, secured control of all reports.

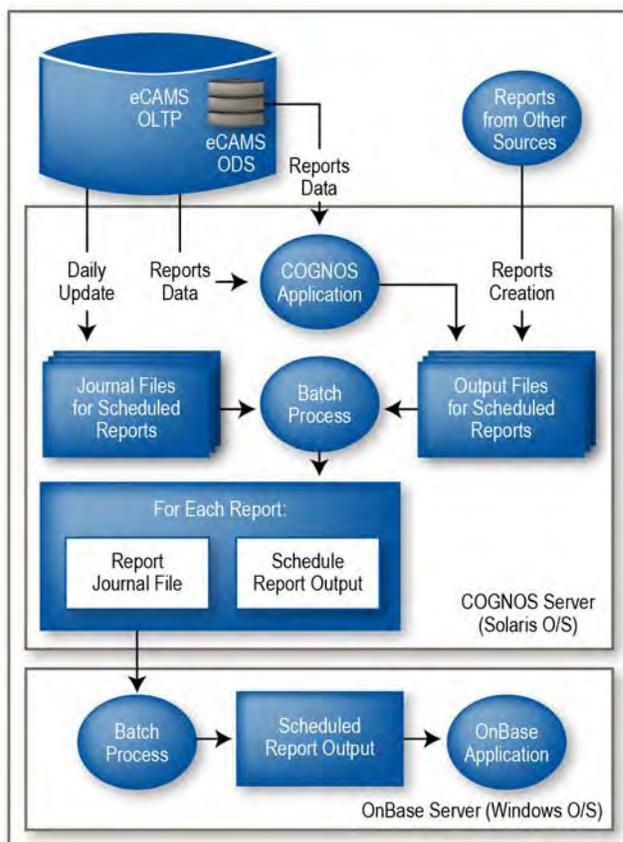


Figure 10-55. Cognos–OnBase Integration. Appropriate data sources (OLTP and ODS) are used by the integrated applications for the generation and storage of reports.

Report Access. All reports will be available for access through eCAMS Report Access Portal (RAP). eCAMS defines security for each report type and they are administered through the same security framework as that of the new MMIS. Users that are authorized to view the reports will be able to view the reports in RAP, but only those they are authorized to view. OnBase captures all scheduled report outputs from the Cognos Reporting system and other reporting systems, and automatically stores that output as files. Access of reports from OnBase is seamless to the users because of the internal integration of OnBase with eCAMS through the RAP page. It integrates with Cognos and other COTS products via a batch utility that allows report output to be archived correctly. The batch utility also manages the metadata needed to support OnBase search capabilities.

The application integration is shown in Figure 10-55.

Reports will be generated either directly from the eCAMS online transaction processing (OLTP) database or from the eCAMS operational data store (ODS) depending on the reporting need for real-time data and the volume of data accessed. Figure 10-56 shows the report generation process.

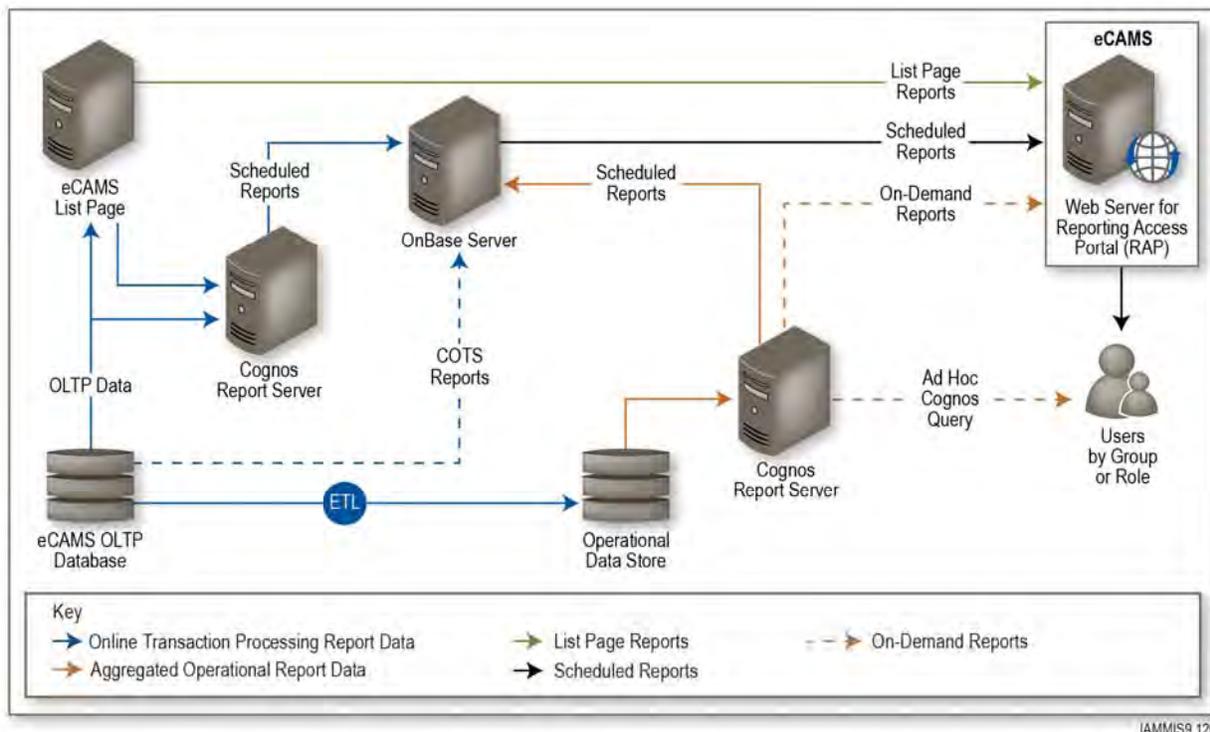


Figure 10-56. Report Generation Process Overview. The Department will benefit from the integrated eCAMS reporting infrastructure, which is composed of IBM’s Cognos Business Intelligence application and OnBase, a document repository and document management and accessibility tool.

10.17.1 State Responsibilities

RFP Section 8.1.16.1, Requirements a through g

Team Noridian acknowledges that the Department retains responsibility for establishing policies and rules for federal reporting management. These will include, but are not limited to determining the frequency, format, content, media and number of copies of reports, report review and approval, and providing additional data as needed to be included in reports. We will work collaboratively with the Department and other stakeholders to ensure that federal management reports are produced, maintained, and made accessible as directed by the Department.

10.17.2 Contractor Responsibilities

RFP Section 8.1.16.2

Since 2005, Noridian has supported the federal reporting duties for the IME. We will use our intimate knowledge of the IME in combination with our unique federal reporting capabilities using the new MMIS.

10.17.2.1 Report Production

RFP Section 8.1.16.2, Requirement a

Team Noridian will continue to provide an expert Quality Monitoring and Control Unit to ensure accuracy and quality in the performance of the reporting responsibilities, stressing timeliness and ease of access to reports. Our operations processes are designed to enable the Department to capitalize on greater MITA alignment, increased automation, and improved self-service access to data. Our solution reduces cumbersome manual activities, improves visibility, and eases oversight for overall performance in all areas.

Team Noridian is a leader in innovative health care solutions and brings a proven technology to implement federal reporting business processes that fulfill the Department's goals and objectives. Team Noridian's reporting solution is based on its state-of-the-art, proven eCAMS technology currently in use by multiple states and certified by CMS.

Comprehensive federal reporting functionalities supported by Team Noridian's proposed analytical and reporting framework will enable the Department to meeting all current and future federal reporting requirements including:

- CMS21 report Quarterly State Children's Health Insurance Program Statement of Expenditures for Title XXI
- CMS21B
- CMS21E statistical report
- Quarterly ethnicity report
- CMS 64 Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program
- CMS 37 Quarterly Projections for the Medical Assistance Program
- MSIS Data according to CMS media requirements and timeframes and submit a copy to CMS on specified media for review and filing
- CMS 372 cost neutrality assessment for waivers and other specified waiver reports
- CMS 416 report information in accordance with the federal specifications and the Department specifications
- MSIS and CMS tapes according to CMS timeframes. Media may change based on CMS and state approval
- SF269 Federal Financial Status Report

Team Noridian offers a robust and comprehensive reporting framework to deliver required federal reports to the Department in a timely fashion.

10.17.2.2 Support Payment Error Rate Measurement

RFP Section 8.1.16.2, Requirement b

Team Noridian will support the Department as directed in Payment Error Rate Measurement (PERM) processing by identifying and selecting samples and collecting the data needed in compliance with CMS claims sample frequency requirements.

We will select data based on guidelines and algorithms specified by CMS and the Department by selecting samples from a variety of payments (such as fee-for-service, managed care, eligibility, etc.). These extracted records will be provided to the DW/DSS contractor in a media and CMS-approved format as directed by the Department.

Team Noridian is prepared to support the Department in researching both medical review errors and data processing errors to determine root causes, as well as the creation of any corrective action plans that may be required.

10.17.2.3 Modifying Reports

RFP Section 8.1.16.2, Requirement c

Managing ongoing changes are a natural part of operational environments. Team Noridian will use our proposed change management process to ensure all modifications are completed in an effective and controlled manner. Our Change Management Plan describes the policies, processes, and procedures for managing configuration and change requests. These requests include the modification of federal reporting changes. This involves processes and steps required for submitting change requests, reviewing requests, assignments, and how the changes are implemented through service requests, as well as the roles responsible for each part of the process. A detailed description of our change management process can be found in Section 10.4 of our response.

Team Noridian will continue to provide ongoing support for report creation and modification in a timely and efficient manner by using the flexible capabilities inherent in the Cognos toolset. Cognos is an enterprise-level web-based reporting tool that allows users to create full-featured reports using its Report Studio report creation tool.

Cognos allows users to have extensive analytical capability on their desktops, and allows dissemination of reports to non-technical end users via the Web. Reports can be generated in standard formats such as PDF, Excel, and Text based on user preference. Cognos also provides extensive scheduling capabilities to allow reports to be generated and delivered at predetermined times. Report Studio is a powerful Cognos report creation tool that has complex report design capabilities. It allows for scheduled or parameterized on-demand report creation, a rich set of multimedia options, and great flexibility in formatting a polished report output.

The reports that are generated using Cognos tools are made available through OnBase. OnBase employs an automated file ingestion process. Documents to be loaded into the repository are distinguished by their preconfigured “document class.” Each document class may consist of a number of customized and predefined metadata attributes. These attributes are used for correctly distributing the reports to their assigned folder locations in OnBase. The metadata attribute values can also be used as search criteria for finding the reports.

10.17.2.4 Generating Variance Reports

RFP Section 8.1.16.2, Requirement d

The new MMIS and its robust data model contain all of the necessary information from which the data elements needed for the CMS-64 and CMS-21 are derived. As the information resides in the ODS, Cognos, the IBM reporting tool used by Team Noridian, enables Team Noridian to generate these reports, as well as the quarterly variance reports, both on demand and at scheduled intervals.

Because the prior reports and the underlying data are retained in OnBase and the ODS, it is very easy to create the CMS-64 Variance and CMS-21 Variance reports for the current and previous three quarters. Once the format for the variance reports have been agreed upon, Team Noridian can and will make the variance reports available within timeframes and formats required by the Department.

10.17.2.5 Researching and Responding to Questions

RFP Section 8.1.16.2, Requirement e

Team Noridian will support the Department, CMS, OIG and state auditors regarding any questions and required research concerning MSIS data or federal reports. Our business analysts will provide a written response to the Department or other stakeholder as appropriate, with a description of our findings in a timely fashion.

We are committed to keeping the Department and stakeholders informed at all times and will do that through scheduled and unscheduled face-to-face meetings, e-mail, and telephone calls when needed, and will follow up with more formal communications as appropriate.

10.17.2.6 Preparing and Delivering Reports

RFP Section 8.1.16.2, Requirements f through i

As stated previously, the new MMIS ODS contains all of the necessary information from which the data elements needed for federal reports are produced to included those specifically called out in the requirements:

- CMS64.9b
- Money Follows the Person Program reporting
- Federal Financial Participation rate reporting for each claim line
- Pharmacy Drug Rebate reporting

As the information resides in the ODS, Cognos enables Team Noridian to generate these reports, both on demand and at scheduled intervals.

10.17.2.7 Regenerating Reports

RFP Section 8.1.16.2, Requirement j

The MSIS is the principal source of state-reported data on Medicaid enrollees and expenditures submitted to CMS on a quarterly basis. For each person enrolled in Medicaid, MSIS collects information as to why the person is eligible for Medicaid, if their eligibility is tied to cash assistance or other standards, which months during the year the recipient was enrolled, whether or not the recipient is also enrolled in Medicare or other insurance, and other basic personal characteristics.

A complete description of Team Noridian's approach to the production (and reproduction) of this important data is included in our response to the system requirements found in Tab 9. As described, Team Noridian's solution for federal reports consists of stamping all of the claim lines as they are being processed with a rule-based federal reporting code (FRC) identifier that enables eCAMS to collect all of the items needed for each federal report and process and present it easily.

After the end of each federal fiscal quarter, a series of jobs are run against the eCAMS ODS (according to MSIS specifications) to produce the required files. The five files created from the ODS for submission to CMS are listed as follows:

- MSIS EL - (Eligibles file)
- MSIS Claim IP (inpatient hospital)
- MSIS Claim LT (long-term care)
- MSIS Claim RX (prescription drugs)
- MSIS Claim OT (other, non-institutional)

If the FRCs are changed, the underlying data will be updated and reorganized and the MSIS file and federal reports can be recreated to conform to the new report codes.

10.17.3 Performance Standards

RFP Section 8.1.16.3, Requirements a through g

Team Noridian understands that the success of the program depends on regular monitoring of contractors to determine if the established performance standards are being met. Team Noridian will work with the Department to ensure performance standards are documented, reviewed, approved, and monitored throughout the operations phase. We will provide the necessary data, which will be used to verify that the standards are being met. eCAMS will support the Department by providing operational and performance data, plus reports for providing visibility and insight into the federal reporting management function performance characteristics.

Team Noridian uses HealthBeat to monitor performance. It monitors and inspects appropriate measures, such as report generation and availability, which positions Team Noridian to meet the performance expectations. This inspection and identification of timeliness is an important step to meeting the overall performance requirements. Team Noridian can quickly address any potential performance issue in a timely manner.

The follow items will be included as part of the performance standards for the federal reporting management functions and reported as stated in the RFP:

- 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 the following schedule:
 - Quarterly reports - by 6:00 AM of the first business day following the final regular pay cycle of the quarter.
 - 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.
- 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 timeframes 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.

10.18 Financial Management

RFP Section 8.1.17

Noridian has been performing financial management functions timely and accurately since 2005. As MMIS Core Contractor we have been responsible for accurate payment and accounting of billions of dollars of state and federal funds. While many functions are highly automated, full accounting requires a wide array of support activities, including adjustments, mass adjustments, offsets to payments, lien processing, accounts receivable and accounts payable. In addition, critical interfaces are maintained with I3, the state's accounting system and with Wells Fargo for electronic fund transfer (EFT), limited check issuance and settlement. The new MMIS also generates a complete set of payment support information, ranging from payment summary and detail reports, remittance advice, and EOMBs. Our experience, combined with eCAMS system, will ensure the Department's Medicaid accounts remain accurate and balanced.

The eCAMS finance business process area handles all payment related processes, including all accounts payable and accounts receivable transactions, offsetting of payments, handling of taxes and liens and processing 1099s at the end of the year. The eCAMS functionality to support financial management is

described in detail in Tab 9, Section 9.1.4.3 of this proposal. One of the critical elements of implementing financial management will be the creation of interfaces between eCAMS and Wells Fargo to support remittances and also between eCAMS and the I3 state accounting system to ensure proper balancing is achieved between the two systems. eCAMS records all the remittance details within the database and associates them with claims. Remittance advices are available in the standard 835 format as well as in a paper (PDF) format. In operations, Team Noridian will operate the new MMIS to perform the set of operational processes to support payment and financial management shown in Figure 10-57.

Business Process	Type
Claims adjudication engine will determine the payment amount of a claim	Automated in eCAMS
The paid claims will go through account code assignment where account strings will be associated with payments and any errors will be resolved (automated/manual)	Automated in eCAMS Manual exception resolution by Team Noridian
Payments will be batched based on Tax ID and appropriate AP entries will be created	Automated in eCAMS
Payables will be netted against receivables based on business rules	Automated in eCAMS Manual support by Team Noridian for recoupments, liens and gross adjustments
Accounts will be checked for sufficient funds and alerts will be generated for action	Automated in eCAMS
EFT transactions will be sent to Wells Fargo	Automated in eCAMS
Checks will be generated by Team Noridian (automated)	Automated in eCAMS Mailed by Team Noridian
EFT and check information will be recorded on the claims at the line level	Automated in eCAMS
Information will be exchanged with I/3 state accounting system to ensure that both systems are in sync	Automated in eCAMS
Remittance advices/835 will be generated and made available for PDF download	Automated in eCAMS Paper remittance mailed by Team Noridian (as required)
Reports and other artifacts (such as EOMB) will be generated on a regular basis	Automated in eCAMS EOMB mailed by Team Noridian

Figure 10-57. Operational Processes Supporting Payment and Financial Management.

10.18.1 State Responsibilities

RFP Section 8.1.17.1, Requirements a through h

The Department has the primary responsibility for financial business functions that support the state Medicaid program. Medicaid is a federal and state funded program and financial management requires meeting both Iowa and federal accounting and financial management requirements. Each payment (and adjustment) for a service made through the new MMIS is linked to the funding appropriations as maintained in the I3, statewide accounting system. The new MMIS includes a rules engine to define account coding rules and apply to financial transactions. The Account Code Assignment (ACA) rules can be updated manually. The ACA allows the import from Excel of account codes and combinations into ACA descriptor and cross-validation edit data structures.

All payments are managed through the MMIS and all payments must be approved by the Department, and are subject to audit and oversight by the Department of Inspections and Appeals. Whether it is weekly claim payments, non cash payments for federal matching purposes or posting of manual payments, Team Noridian supports the continuous flow of MMIS transaction activity that keeps all accounts in synch with Iowa and federal funding sources and Wells Fargo, who processes payments. Manual payments and receivables in the new MMIS are created using the gross adjustment functionality. Gross adjustments include a workflow to require approvals of new payments and receivable requests. Team Noridian will

ensure that authorized Department users have proper credentials to access the approval functionality for manual payments and receivables.

Receivables that require due process handling, whether created due to claims adjustments or manual gross adjustments, are not immediately recouped or offset against payments. Team Noridian supports the Department through receivables maintenance, recoupment and lien processing and supporting the additional payment processing requirements for premium payments and other Title XIX payments.

Team Noridian will continue to assist the Department in monitoring contract performance of the financial management functions by providing the weekly summary report of the payment cycle.

10.18.2 Contractor Responsibilities

RFP Section 8.1.17.2

Team Noridian fully understands all contractor requirements. We have been providing this support to the Department since 2005. As the Core MMIS contractor we understand the time sensitive orchestration of activities needed for accurate payment and financial management. Noridian accurately made all scheduled payments on time since we assumed operations in 2005, and this is a demonstration of our commitment to timely and accurate payment and financial management.

10.18.2.1 Claims Reporting

RFP Section 8.1.17.2, Requirement a

Team Noridian uses the eCAMS claims business process area to adjudicate claims and other transactions, and to make payments to providers and other payers. Team Noridian maintains all claims loaded into the system prior to being archived (depending on the archival requirements). Such transactions include online entered, non-claim specific gross adjustment transactions, and mass adjustments. eCAMS' finance business process function keeps track of cash transactions like receipts, reversals and refunds.

The new MMIS includes provider, member, financial (AP and AR), claims, managed care and reference business areas, supported by the new MMIS data model. The operational data store provides reporting views against the data in the new MMIS database. Team Noridian uses Cognos to provide reporting in the new MMIS. Data from non-claims payments such as encounters, capitations payments and gross adjustments are all available for reporting through Cognos in the new MMIS.

10.18.2.2 Performing Mass Adjustments

RFP Section 8.1.17.2, Requirement b

Mass adjustments are used in many different ways to ensure the integrity of the claims payment data in the new MMIS and to keep the new MMIS in synch with Department financial activity, post payment actions, and to correct other accounting payment activity, including rate setting changes and cost settlement. The eCAMS claims processing business process functionality allows both system and user initiated mass adjustments process. The new MMIS, through the mass adjustment process, adjusts previously paid claims identified as needing adjustment. Claim is "voided" and "replaced" with a new claim with all claim lines reflecting the modified adjudicated amounts. The new claim will have a new TCN but store the Original TCN code as well for cross reference. Adjustment processing and mass adjustments in particular, are routine processing activities vital to financial management.

10.18.2.3 Providing Checks, EFTs, Remits, and EOMBs

RFP Section 8.1.17.2, Requirements c through g, j, k, t, u, v, x, and bb

eCAMS financial business process function is tightly integrated with many business process areas, such as claims, managed care, provider, and reference. The eCAMS financial business process area processes payment transactions from Claims, Managed Care, and Third Party Liability (TPL) business process areas. The payment details are sent to Wells Fargo, the State's warrant or EFT generation system based

on a pre-defined schedule approved by the Department. The State Accounting system then passes the warrant or EFT information back to the eCAMS financial system. eCAMS tags the claim documents with the warrant or EFT information and prepares the associated remittance advice (RA) in PDF format and HIPAA payment transaction (X12 835 or 820). Authorized Department users can access these RA and X12 transaction files. These transactions are sent to the providers (Secure File Transfer Protocol) SFTP folders for access. Authorized Department users can use the screens to generate a report on all checks and EFT payments. The new MMIS also sends payment files to the Department of Inspections and Audits.

Team Noridian will create RAs for all payments. RAs (either paper or PDF) include paid, denied, adjustments, and in-process claims, including summary totals such as total billed amount and total paid amount. All suspended claims of a particular provider get reported under the 'in-process' category. Claims are reported under separate sections depending on their business status (paid, denied, adjusted, in-process) for ease of reconciliation. Adjustment claims include details of the adjusted claim. Team Noridian will record explanations for all adjusted claims, which will be available on the remittance advice. eCAMS has the capabilities to provide carrier name, address and the policy information details for all the relevant TPL information on the remittance advice for a denied claim. The details will be reported on the RA since the TPL related values are stored in the system for each claim. eCAMS provides configuration of edits and errors, which are defined in the system. System allows disposition values like Ignore, Force or Deny. If a claim is adjudicated as denied with the corresponding edit with the Deny disposition posted, system populates such denial reasons on the RA. RA also includes patient and medical record numbers.

eCAMS allows messages on the RA based on the provider class, type, and taxonomy. This message is configurable through eCAMS screens and can be implemented as directed by business users.

RAs include claim header information and claim line data service codes, standard X12 835 RA reporting codes and any state-specific reporting codes or messaging configured during implementation to provide an easy to understand explanation of the service provided. These state-specific reason codes are configured and stored in the reference business area.

eCAMS finance business process area generates pseudo check numbers for providers who have only net zero payments. The system generates RAs for such pseudo check numbers ensuring all such claim transactions are reported back to the provider. In the case that the Department authorizes manually issued checks, Team Noridian will log these in the MMIS as payments to the provider's account to adjust the 1099 earnings data and set up recoupment criteria. All payments will be tracked in the MMIS to provide a comprehensive 1099 for the provider.

Team Noridian's Fargo print center will be responsible for the printing of all checks associated with the contract. Team Noridian's facility has the security and equipment to ensure check stock is protected at all times and is also able to handle the larger print jobs, such as 1099's. Team Noridian's print center has paper, envelopes, check stock and the necessary services to handle printing, postage, and mailing of the provider checks including RCF letters and checks as well as lien holder provider checks. This facility has dedicated staff and requires badge-swipe access that is limited to only print center staff. All check stock is tracked and verified before and after each run of checks. Team Noridian logs starting check number, ending check number, date, time, print job, and an itemized listing of all checks printed. In the case of any checks that are needed to be destroyed due to incorrect printing, Team Noridian will make a log of all such cases and destroy the checks in locked bins that are taken directly to shredding. Team Noridian will make the check payment register available to the Department electronically in the format approved by the Department after each check write.

10.18.2.4 Producing and Mailing EOMBs Monthly

RFP Section 8.1.17.2, Requirement h

Team Noridian uses the capabilities in eCAMS to produce explanations of Medicaid benefits (EOMBs) on a monthly basis based on the sample size (currently 1 percent) and targeting parameters in eCAMS. EOMBs are sent to members who have received Medicaid eligible health care services. Authorized Department users can access these EOMBs. eCAMS provides powerful new targeting capabilities that can greatly improve the program integrity efforts of the Department.

10.18.2.5 Processing Claim, Purged Claim, and Member History Requests

RFP Section 8.1.17.2, Requirement i

eCAMS, the new MMIS, will allow for scheduling of jobs such as claims history print requests three times weekly, member history requests five times weekly, and purged claims history requests weekly. The output is automatically generated on a schedule, according to the Departments requirements, and stored in OnBase as a report. In addition, through the eCAMS Operational Data Storage (ODS), Team Noridian provides extensive ad hoc query and reporting capabilities.

10.18.2.6 Producing and Printing Billings

RFP Section 8.1.17.2, Requirements l and m

The new MMIS has the ability to create receivables to bill entities such as counties for part or the entire non-federal share of claims. Team Noridian will use the payment processing capabilities of the new MMIS to identify the affected claims after adjudication and automatically creating the receivables with the appropriate lines in eCAMS finance business process area. The billed amount use to generate billing and reports. EXACT framework will be used to send outbound interface to the external agencies regarding such receivables.

10.18.2.7 Maximizing ICF/MR Funds

RFP Section 8.1.17.2, Requirement n

The new MMIS includes the ability to bill an external entity for the non-federal share of benefits. For these amounts the new MMIS will include a receivable for the amount billed to the entity. These receivables will have a specific receivable type that can be used to ensure they are not transferred to the state for collections.

10.18.2.8 Maintaining Financial Accounting System Codes

RFP Section 8.1.17.2, Requirement o

The EXACT framework is flexible and can support interfaces with external agencies such as the Integrated Information for Iowa (I/3) state accounting system for receiving the account coding segment values. eCAMS reference business process area includes functionality to maintain these account coding segment values and account code segment rules. While this is a complex area to set up it is one that requires change only to stay in synch with evolutionary and budget year updates the state accounting system.

10.18.2.9 Responsibilities for the Non-Federal Share of Benefit Expenditures

RFP Section 8.1.17.2, Requirements p and q

The new MMIS will provide an extract that can be used to provide the data needed to bill other entities, such as counties, for the non-federal share of benefits. List pages in the new MMIS extract the data into Excel, which can be easily imported into Access.

The new MMIS will provide an invoice to entities responsible for the non-federal share of benefits, with a data report included in the invoice. The invoice text will be developed during implementation using the correspondence framework, and will include instructions on how payments are to be made.

10.18.2.10 Accepting and Processing Department of Administrative Services Vendor Offset Files

RFP Section 8.1.17.2, Requirement r

Team Noridian will accept files from the Department of Administrative Services weekly. EXACT will orchestrate the file receipt and deliver it to eCAMS for processing. Payments due to other state entities can be recouped through the receivables files used in the new MMIS to ensure offsets are made before cash payment.

10.18.2.11 Transmit Accounts to the Revenue Collection Contractor

RFP Section 8.1.17.2, Requirement s

Team Noridian will use the capabilities of eCAMS finance business process area to send an open account receivables to collection agency (such as revenue collection contractor) and close them. The new MMIS also supports creation of account receivables (credit balances) of type Offset for a provider based on the interface data received from the collection agency.

10.18.2.12 Proving 1099 Information Annually

RFP Section 8.1.17.2, Requirement w

eCAMS stores and maintains tax withholding information and reportable claim amounts, along with all the information requested by IRS and State regulations. eCAMS provides detailed 1099 information for providers with 1099 reportable earnings and calculates/reports backup withholding. The new MMIS also has capabilities to audit and review the payment detail associated with each 1099 to aid answering inquiries and to resolve inquiries from providers related to 1099 statements.

10.18.2.13 Entering Lien and Assignment Information to be Used in Directing or Splitting Payments

RFP Section 8.1.17.2, Requirement y

Team Noridian uses the capabilities of eCAMS finance process area to maintain lien and assignment information. eCAMS allows the user to create a lien deduction and specify the processing rules for the deduction. The user also has the ability to access an existing deduction and modify the details. The Lien payments are made to the appropriate provider or lien holder as per the deduction setup.

10.18.2.14 Generating Reports

10.18.2.14.1 Quarterly Reports of Credit Account Balance Audits

RFP Section 8.1.17.2, Requirement z

Team Noridian maintains providers receivables (credit balances) related to claims, managed care invoices, and gross adjustments. They are viewed and maintained in the finance business process area of eCAMS. Receivables created in relation to claims are reported to the provider through the remittance advice. Users can query information by different parameters, including provider, type of receivable, status, or aging. The Receivable No-Activity Report can be configured to list all of the receivables by provider that did not have any activity for the number of days specified by the user.

10.18.2.14.2 Reports on Financial Transactions by Source

RFP Section 8.1.17.2, Requirement cc

Team Noridian will use the capabilities of eCAMS to maintain the cross walk and interface with the I3 state accounting system as well as with Wells Fargo to transmit the financial data required for producing EFT. Team Noridian will implement the EXACT interface framework for processing the outbound file to the EFT vendor.

Team Noridian will use the capabilities of eCAMS to manage the billing process for the entities responsible for non-federal share of specified services. The account code segments and assignment rules will be set up in a manner so that non-federal shares are clearly identified by entity responsible for providing the funds. eCAMS reports and correspondence framework will be used to generate reports and invoices to these entities.

eCAMS reporting framework provides reports that show claim details at header and line level. Member's county of legal settlement can be included in the report as long as it is available within the member record. Team Noridian will ensure that the member record contains that information.

The EXACT interface framework will be set up to handle all outbound file transfers to other entities that need information from the new MMIS. Team Noridian will work with the Department to design and implement these interfaces.

eCAMS finance business process area includes a centralized receivables and cash receipts hub that tracks all receivables created as a result of transactions processed within the New MMIS and POS. Team Noridian would collaborate with the Department to ensure accurate business rules are used for handling the receivables. As defined in new MMIS business rules, the receivables would be offset against payables, and also used to generate invoices that will be sent to responsible entities.

10.18.2.15 Generating Overpayment Letters

RFP Section 8.1.17.2, Requirement aa

Team Noridian will use the new MMIS to automatically or manually generate overpayment letters based on receivable activity including the establishment of new receivables, based on aging criteria or based on changes to the receivable such as the application of payments. Team Noridian uses standard accounting practices to ensure that all accounting records are accurate and current.

10.18.4 Performance Standards

RFP Section 8.1.17.3, Requirements a through i

Team Noridian fully understands and will meet or exceed all of the performance standards necessary to payment and financial management. Team Noridian understands the success of the program depends on regular monitoring of contractors to determine the established performance standards are being met. Performance standards will be documented, reviewed, approved, and monitored between Team Noridian and the Department through performance standards. The new MMIS will provide the necessary data, which will be used to verify that the performance metrics are being met. The eCAMS will support the Department by providing operational and performance data plus reports for providing visibility and insight into the payment and financial business area performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, to monitor performance. The performance dashboard monitors and inspects appropriate measures, such as payment activity and transaction processing timeliness, which position Team Noridian to meet the performance expectations. This inspection and identification of high inventory levels is an important step to meeting the overall performance requirements. Team Noridian can quickly address and reduce high inventory levels that, if not reduced, may jeopardize timely performance.

Financial Management support functions are performed by Team Noridian staff to be reported to the Department. We will continue to provide ad hoc written reports as directed by the Department. The following requirements will be reported to the Department regarding the financial management functions:

- Produce state-defined reports including, but not limited to accounts payable and receivable reports, within the required timeframe determined by the Department.
- Produce 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.

Team Noridian will also be responsible for maintaining all operational procedure manuals and updating these according to the Department standards. Our rigorous process for creation of thorough documentation ensures all processes and procedures are written in a standard method using an online archive system. This system allows for directives to be updated in real time without the time consuming process of a paper based manual system.

10.19 Program Integrity Management

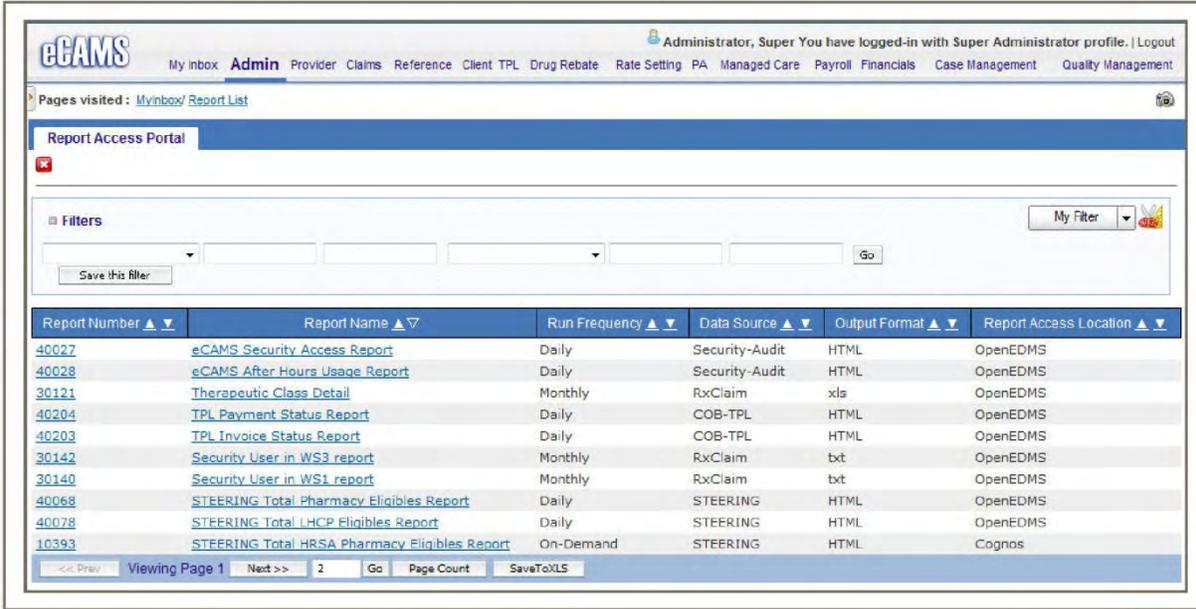
RFP Section 8.1.18

Team Noridian's program integrity management operations will bring a new focus and online access to data, decision support information, and user defined reporting functionality that will maximize efficiency and promote increased analytics.

Team Noridian has established effective data management and reporting processes and best practices while utilizing evolving technology to support its current business and customers for decades. Team Noridian provides a depth of expertise in database design, business intelligence tools and technology that is the key to timely delivery while adhering to project operations requirements.

Team Noridian has extensive experience with both data and report management in support of our operations to process over 272.5 million claim lines annually. We will draw on this health care and system foundation to deliver a technology enabled, cost effective business solution, tailored to the unique requirements of the IME. eCAMS provides a vastly expanded data model that will provide much improved insight into all aspects of claims data, provider data, and member data.

eCAMS provides access to reports in the Report Access Portal (RAP) to the authorized users. eCAMS will be configured to provide online access to reports produced for the Program Integrity module. The online configuration will limit the Program Integrity contractor to view the reports that are authorized to be viewed and this authorization is set at a report level in order to maintain control over the information. Figure 10-58 depicts the easy access view of reports that are accessible online in eCAMS for viewing.



IAMMIS9 423

Figure 10-58. Easy Access to Reports. The RAP will enable the Program Integrity Contractor to view the reports produced by eCAMS for Program Integrity functions.

10.19.1 State Responsibilities

RFP Section 8.1.18.1, Requirements a through c

Team Noridian acknowledges that the Department retains responsibility for establishing policies and rules for the program integrity management reporting; providing oversight over all contactors performing program integrity functions; determining specific report generation criteria, review and approval of reports; submitting additional data as needed for reporting; and operating the Medicaid data warehouse and decision support system (DW/DSS). We will work collaboratively with the Department to fulfill the reporting functions for the program integrity area.

10.19.2 Contractor Responsibilities

RFP Section 8.1.18.2, Requirements a through d

Team Noridian acknowledges a limited role in the program integrity management function. We will work collaboratively with both the Department and the Program Integrity contractor to ensure easy access to MMIS reports and data. Information needed to monitor member eligibility, provider eligibility, the accuracy of claims and encounter adjudication and payment, and other performance measures will be supplied to the DW/DSS; standard MMIS reports will be available in a timely manner. We will rely on our in depth understanding of the eCAMS data model, data extraction capabilities, and effective data transmission capabilities to meet the following requirements:

- Provide access to MMIS reports and data to DW/DSS to the Department in order for the Department to review files of all paid claims to Program Integrity contractor, Member Services contractor and a Medicaid Fraud Control Unit (MFCU).

- Provide weekly or as required by the Department, a copy of the provider claims history profile report to the Department of Inspection and Appeals.
- Produce for the Department of Inspection and Appeals an electronic summary of long term care (LTC).
- 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.

Team Noridian's proposed solution for the new MMIS will empower the Program Integrity contractor with access to all the information needed to meet the Department's requirements for Program Integrity functions. The ease of access to all eCAMS information available through online inquiries will transform the investigative aspects of program integrity activities.

The primary technologies we will use to support reporting functions are eCAMS operational data, OnBase, EXACT and COGNOS Reporting Tools. eCAMS will provide the online access to program integrity management reports using the RAP. Reports are stored in the OnBase EDMS that were generated in COGNOS using the operational data store (ODS) of eCAMS. EXACT will serve as an Enterprise Service Bus (ESB) to perform the automated data exchanges between the MMIS and the Program Integrity contractor. The high level overview of the program integrity functions in the new MMIS is shown in Figure 10-59.

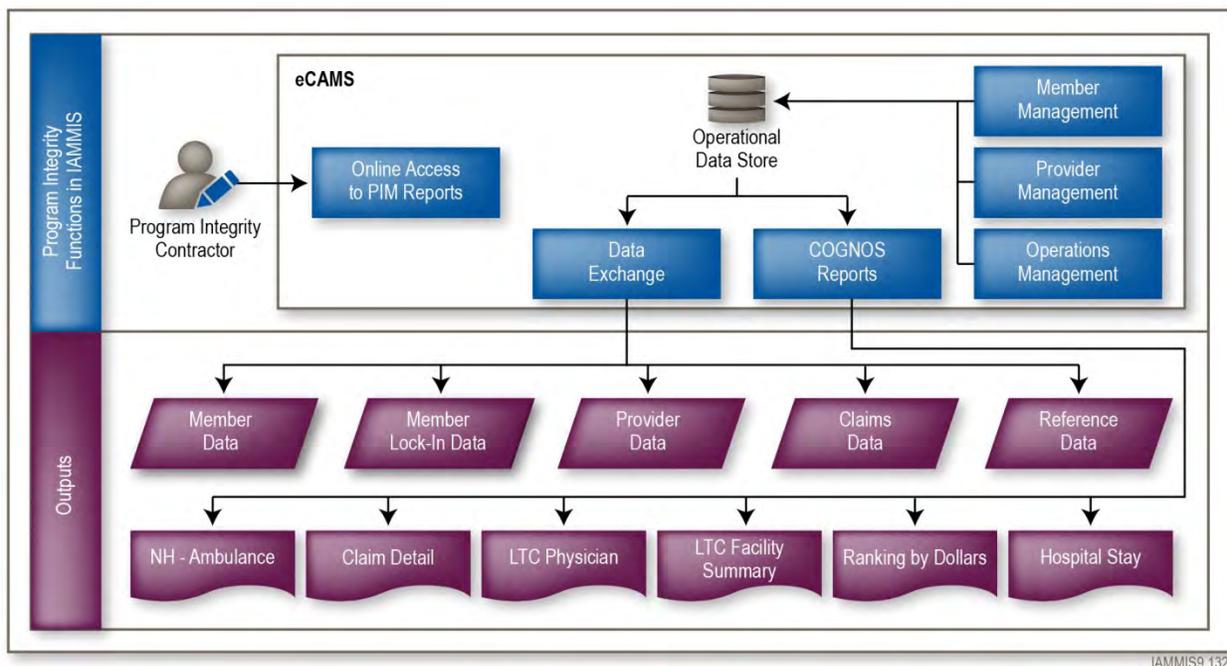


Figure 10-59. Functional Overview of Program Integrity Outputs in the new MMIS. The new MMIS will enable the Department and the IME Program Integrity Contractor to view the reports online in eCAMS.

10.19.3 Performance Standards

RFP Section 8.1.18.3, Requirement a

Team Noridian understands that the success of the program depends on regular monitoring of contractors to determine if the established performance standards are being met. Team Noridian will work with the Department to ensure performance standards are documented, reviewed, approved, and monitored throughout the operations phase. We will provide the necessary data, which will be used to verify that the standards are being met. eCAMS will support the Department by providing operational and performance data plus reports for providing visibility and insight into the program integrity management function performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, to monitor performance. The performance dashboard monitors and inspects appropriate measures, such as report generation and availability, and data extract generation and delivery, which position Team Noridian to meet performance expectations. This inspection and identification of timeliness is an important step to meeting the overall performance requirements. Team Noridian can quickly address any potential performance issue in a timely manner.

The follow items will be included as part of the performance standards for the program integrity management function and reported as stated in the RFP:

- All required reports must be available online for review by the Department staff pursuant to the following schedule:
 - Daily reports - by 10:00 AM of the following business day.
 - Weekly reports - by 10:00AM of the next business day after the scheduled production date.
 - Create and or update operational procedure manuals within 10 business days of the approval of the procedure implementation or change by the Department.
 - Produce the state-defined reports within the required timeframe as determined by the Department.

10.19.4 Optional SURS Component

10.19.4.1 Program Integrity Management

In this environment of extreme budget pressures when dramatic program changes are real possibilities, there is an increasing concern about reducing fraud and other inappropriate payments in the delivery system. To assist DHS to meet the challenges of reducing fraud and abuse, OptumInsight will install its Fraud and Abuse Detection System (IFADS) solution.

IFADS Solution Advantage

IFADS provides the ability to research aberrant behaviors, with a minimum of false positives, and confidently pursue suspicious providers and clients, in order to increase the amount of recovered dollars.

- Meets the MECT Program Integrity Checklist. IFADS was CMS Certified in the State of Washington, July 2011
- Fully Web-based
- Integrated Case Tracking

OptumInsight web-based IFADS solution incorporates components that use several different methodologies to uncover fraud, waste, and abuse, and provide components that aid investigators in their research and validation of apparently suspicious behaviors. OptumInsight offers an overall system that incorporates the use of two distinct discovery components that work as complements in order to thoroughly analyze claims data and detect anomalies. These tools are supported by several other investigative software components and the experienced resources offered by the OptumInsight fraud detection support staff.

IFADS is a MITA-aligned solution that features a suite of complementary tools designed to help identify and manage fraud and abuse investigations from detection through collection. IFADS provides the ability to research aberrant behaviors with a minimum of false positives. As a result, investigative staff can confidently pursue suspicious activity on the part of both providers and recipients.

10.19.4.2 Project Understanding and Approach

Having implemented and supported the State's current IFADS system as part of OptumInsight's Program Integrity (PI) contract with DHS, as well as supporting the States' PI personnel operationally, OptumInsight is well versed in understanding the State's PI efforts and needs. Through this experience and OptumInsight's PI experience in 24 states, Noridian and OptumInsight have a thorough understanding of DHS' requirements for the optional replacement of the Core Legacy SURS system. Leveraging its current CMS certifiable installation of IFADS for DHS, the majority of the components and functionality of IFADS described in the detailed description section below will be very familiar to the Department and the IME services PI staff.

To expedite our approach, OptumInsight will use the same OptumInsight IFADS product team who implemented the PI-contract system installation and who are currently also responsible for supporting the PI Staff, to install the MMIS replacement system. This provides advantages for the State as the DDI staff from OptumInsight are well versed in IME Program Integrity and Medicaid policy and procedures, as well as the analytics and reports currently being utilized by the State. In addition to having already installed IFADS for DHS, the IFADS project team is already knowledgeable of the requirements needed for the system as well as how the system is being utilized by the OptumInsight PI Services Staff to support the investigation of suspicious providers and recipients.

Our approach will follow how all OptumInsight engagements are planned and executed using OptumInsight's project management methodology which is comprised of the best practices of the Project Management Institute's (PMI) PMBOK (including the Government Extension). Leading best-practice methodologies, coupled with OptumInsight professionals who have managed and executed similar projects successfully in the past, provide a proven framework in addition to a coherent set of tools that support a structured yet flexible approach to managing the implementation of IFADS for the Department. Having implemented IFADS (or its legacy predecessor) in more than 15 sites (and four additional projects currently underway), OptumInsight uses repeatable and proven implementation processes and documentation throughout the project lifecycle, and afterwards for ongoing operational and maintenance support.

10.19.4.3 IFADS Navigation and Access

IFADS incorporates user friendly components, simple navigation conventions, and a Graphical User Interface (GUI) that allows all users to move freely throughout the system using pull down menus, window tabs, and "point-and-click" navigation. The navigation process is completed without having to enter identifying data multiple times. Help screens are included and are context-sensitive in order to provide for ease of use.

10.19.4.3.1 Detailed Description

IFADS is an umbrella term that refers to a software suite of tools. Two components are used to discover the apparent abnormal behaviors, and five additional components provide additional tools to support the investigation of those abnormal behaviors. All of these components are currently part of the IME's IFADS installation under the current PI contract and are detailed below.

IFADS is comprised of the following two Discovery components:

OptumInsight Surveillance and Utilization Review Subsystem (ISUR). ISUR offers flexibility in the creation of meaningful peer group profiles that quickly deliver actionable results. It has a user-friendly interface, and includes many new and enhanced features that simplify the use of the tool by DHS PI staff (e.g., embedded online help, hover text, drill downs to supporting reports, code translations, etc.) that were not yet available in our original installation. ISUR studies can be run on a scheduled or on-demand basis. As part of the implementation process, OptumInsight will transfer all of the Department's current ISUR studies and historical results into the new IFADS installation.

Provider Activity Spike Detection. OptumInsight's Provider Activity Spike Detection component detects providers who have had large increases (or decreases) in billing activity. This component takes a different view of the data than ISURS, by comparing a provider against himself over the past 26 weeks. By proactively surveying these providers after each weekly data load, state PI staff can quickly identify providers whose revenue growth rate rises at an unexpectedly or suspiciously high rate, or suddenly drops for reasons that likely should be reviewed (perhaps previous billings were high, or under review, or scrutiny was sensed, and the provider decided to suddenly close his door, but recoveries may still be possible if action is taken quickly).

Figure 10-60 is an example on one of the program integrity spike detection reports.

Provider Type Cd						Provider Type Desc						Min Pd Amt		Min % Change Pd Amt		Min % Change Recip Count		Min % Change Clm Count	
421						Dentist						\$10,000.00		40%		40%		40%	
Row	Prov ID	Prov Name	Provider Type Cd	Prev Week Paid Amt	Curr Week Paid Amt	% Change Paid Amt	Prev Week Recip Count	Curr Week Recip Count	% Change Recip Count	Prev Week Claim Count	Curr Week Claim Count	% Change Claim Count							
1	00009156	PROVIDER 131825	421	\$0.00	\$22,872.52		0	8		0	12								
2	00068672	PROVIDER 4184	421	\$7,907.29	\$11,088.07	40.00%	56	47	-16.0%	175	178	1.0%							
3	00077572	PROVIDER 182579	421	\$9,048.82	\$14,589.41	61.00%	35	49	40.0%	183	283	55.0%							
4	33807585	PROVIDER 28229	421	\$0,106.09	\$1,084.47	47.00%	59	97	64.0%	245	408	68.0%							
5	81820540	PROVIDER 58380	421	\$11,518.09	\$18,752.15	63.00%	108	155	55.0%	387	898	78.0%							
6	80778399	PROVIDER 58826	421	\$11,133.02	\$18,023.11	62.00%	86	150	74.0%	382	828	64.0%							
7	83175827	PROVIDER 126145	421	\$7,500.94	\$19,423.76	159.00%	24	31	29.0%	161	282	75.0%							
8	89887043	PROVIDER 118090	421	\$8,546.11	\$12,329.40	44.00%	37	44	19.0%	273	358	30.0%							

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Figure 10-60. Provider Activity Spike Detection, Increase Report. Proactive analysis of provider billing patterns supports detection of fraudulent activities more quickly.

The U.S. HHS/OIG has recently (within the past 18 months) warned states that at least eight different organized crime groups are moving into the health care arena quickly and efficiently, since it is a safer way to make profits than their traditional markets, and the revenue possibilities are potentially greater over time. A group obtains an ID using the name of a front person with no criminal record, or they buy an ID from a provider who is retiring or selling his business. Once enrolled, the front person ‘sells’ the business to the group, usually within a few days. The group then immediately begins to submit excessive amounts of claims to the program over the first few weeks, and then disappears. Typical losses have been in the low millions over just a few weeks. Another report produced by the Provider Activity Spike Detection component is one that details those ‘new’ provider IDs who have not been paid in previous weeks. This gives the PI staff an early warning of those Provider IDs that should be more closely watched over the coming weeks for excessive dumping of claims.

IFADS contains the following five research components to support investigations:

Browse and Search. IFADS also includes querying functionality referred to as Browse and Search. This very useful and powerful tool may well be the most heavily used capability of IFADS. ‘Browse and Search’ enables a user to view detailed information about claims (both headers and details of all claim types), and related providers and members, without leaving the IFADS software. This will enable the research necessary for fraud investigations to proceed much quicker and with much less frustration, especially since many fields are hyperlinked to related information and access is only a mouse click away.

Following are examples of the usefulness that the tool provides, with its sorting and filtering capabilities:

- The user can start with a claims header browse and search,
- filter the results to one provider,
- sort his claims by member ID,
- then specify a date range for FDOS paired with a specific member ID, and
- then drill down to the line items for that claim.

Figure 10-61 depicts limiting the view of claims to one pair of rendering provider ID/member ID, within a range of FDOS, sorted by FDOS ascending. Any underlined field is an easy hyperlink to additional supporting information.

Rndr Prov ID: 00065301
 Client Sys ID: 125469075
 LI FDOS: Between Jan 1, 2005 and Dec 31, 2005

Order By: LI FDOS asc Note: You Must Filter Data Before Employing an Order By Clause

Row	Claim Type	Enct FFS Ind	Clean Claim	Blng Ent Prov ID	Blng Ent Prov Type	Rndr Ent Prov ID	Rndr Ent Prov Type	Rndr Ent Prov Spec	Atndg Prov ID	Client Sys ID	Eligibility	Client Curr ID	TCN	LI Num	From	To
1	P	F	Y	00067599	345	<u>00065301</u>	450			<u>125469075</u>	072	00000648050970	<u>30500000003000269</u>	1	01/15/2005	
2	P	F	Y	00067599	345	<u>00065301</u>	458			<u>125469075</u>	072	00000648050970	<u>30500000003000269</u>	2	01/21/2005	
3	P	F	Y	00067599	345	<u>00065301</u>	450			<u>125469075</u>	072	00000648050970	<u>30500000003000269</u>	3	01/25/2005	
4	P	F	Y	00067599	345	<u>00065301</u>	450			<u>125469075</u>	072	00000648050970	<u>30500000003000269</u>	4	01/28/2005	
5	P	F	Y	00067599	345	<u>00065301</u>	458			<u>125469075</u>	072	00000648050970	<u>30511900277000161</u>	1	02/28/2005	
6	P	F	Y	00067599	345	<u>00065301</u>	450			<u>125469075</u>	072	00000648050970	<u>30511900277000161</u>	2	02/15/2005	
7	P	F	Y	00067599	345	<u>00065301</u>	458			<u>125469075</u>	072	00000648050970	<u>30511900277000161</u>	3	02/22/2005	
8	P	F	Y	00067599	345	<u>00065301</u>	450			<u>125469075</u>	072	00000648050970	<u>30511900277000161</u>	4	02/25/2005	

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Figure 10-61. Claims Pages. The claims lookup page provides detail information at the TCN header and line item level.

The user can start with a provider ID to view his demographic information, click on his address to map to Google Earth or the like, then return to the demographic page to view the provider’s enrollment history. After that, the user can click to see a display of all of the claims carried in the fraud data mart on which this provider was the treating/rendering provider (or the pay to/billing provider, if desired).

Reference Code Lookups. IFADS includes a lookup function for commonly used fields that typically have valid values associated with them, such as Category of Service, Claim Types, Counties, Diagnoses, Procedure Codes and Modifiers, NDC, Place of Service, and Provider Types and Specialties. Figure 10-62 shows a sample lookup on NDCs, using a wildcard looking for all drugs starting with the characters ‘oxyc.’

Executive Office of Health and Human Services
National Drug Codes

Order By: NDC asc Finish

Row Number	NDC	Drug Name	Drug Generic Name	GCN	Thera Class Spec
1	00054279525	OXYCODONE W/AFAP 5/500 CAP	OXYCODONE HCL/ACETAMINOPHEN	70500	H3A
2	00054885011	OXYCODONE W/AFAP 5/325 TAB	OXYCODONE HCL/ACETAMINOPHEN	70491	H3A
3	00054885311	OXYCODONE/ASA 4.88/325 TAB	OXYCODONE/ASPRIN	70481	H3A
4	00054885711	OXYCODONE HCL 5MG TABLET	OXYCODONE HCL	16290	H3A
5	00093002401	OXYCODONE HCL 10 MG ER TABL	OXYCODONE HCL	16282	H3A
6	00093003101	OXYCODONE HCL 20 MG ER TABL	OXYCODONE HCL	16283	H3A
7	00093003201	OXYCODONE HCL 40 MG ER TABL	OXYCODONE HCL	16284	H3A
8	00093003301	OXYCODONE HCL ER 80 MG TAB	OXYCODONE HCL	16285	H3A
9	00115184401	OXYCODONE HCL ER 80 MG TAB	OXYCODONE HCL	16285	H3A
10	00115702801	OXYCODONE 5 MG TABLET	OXYCODONE HCL	16290	H3A
11	00144053001	OXYCODONE W/AFAP 5/500 CAP	OXYCODONE HCL/ACETAMINOPHEN	70500	H3A
12	00172635460	OXYCODONE HCL 10 MG TAB SA	OXYCODONE HCL	16282	H3A
13	00172635560	OXYCODONE HCL 20 MG TAB SA	OXYCODONE HCL	16283	H3A

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Figure 10-62. NDC Reference Lookup. This example shows a reference lookup starting with ‘oxyc’, using wildcard search functionality.

Random Sampling: IFADS Random Sampling component provides users with a robust, statistically valid, and court-tested capability to draw simple random samples of claims or simple samples of providers and members. The user is presented with a series of optional prompts to enable him/her to limit the universe of records from which the sample is created. Users are able to generate random samples from the entire universe of claims, providers, or members, or from a subset, based on user criteria supplied within a prompt. Users can limit providers by provider type, category of service, or specialty. Users can limit members by program code, county, or category of eligibility. Users can limit the claims universe by claim type, provider ID, procedure code (or range of procedure codes), First Date of Service (or range of First Dates of Service), and FFS vs. encounter. For example, the user could ask to generate:

- A sample of all claims
- A sample of all claims for Dr. Smith
- A sample of all claims for Dr. Smith for procedure code 99999
- A sample of all claims for Dr. Smith for procedure code 99999 for a specified range of First Dates of Service
- Upper and lower 80%, 90%, 95%, and 99% confidence intervals around the sample mean are also produced for the line item claim paid amount

Case Tracking: An integrated case tracking component is included in IFADS. As part of the implementation process, OptumInsight will transfer all of the Department’s current IFADS cases into the new IFADS installation. Case tracking includes the abilities to:

- map to the user’s provider or client table to retrieve demographic information
- track and report on preliminary and full scale investigations separately

- compose and schedule emails to be sent at future dates to multiple addresses (to self as a reminder, to a provider regarding a missing payment, to an attorney notifying them of an upcoming hearing, to a manager asking to review case materials, etc.)
- attach files of any type to a case to create a single collection point of information; these files can reside on the user's hard drive, a LAN drive, or a SharePoint URL
- record investigator's notes (max of 4,000 characters per note, no limit on the number of notes per case or per day)
- link the results from SUR studies and fraud algorithms to a case
- associate a name or ID to a case in those situations where the investigator suspects a link between the subject of the case and another entity (whether or not that entity has an open case against them, or even has a Medicaid ID); the user can record notes to themselves about their suspicions to be addressed at a later time.
- track the financial recoveries of a case
- track one or more appeals of a case
- track the history of changes to most fields

Report Library. This is an open-ended library of analytical reports that will be delivered with a number of pre-built reports, and can be added to over time as the state's needs change. The reports delivered with the system include "Top N Reports" (by procedure code, diagnosis code, and NDC), and dollar summary reports by billing and treating providers by time periods (year, quarterly, and weekly).

In addition to these components, the IFADS Portal provides links to historical user meeting materials, state provider billing manuals if they are available, and links to external information about real-time current fraud and abuse news in an RSS feed from an internet search engine. Also available from the IFADS portal are the user manual and training guide.

10.19.4.3.2 Surveillance Utilization and Review

As one of a state's fraud detection tools, the surveillance and utilization review system (SURS) should be one of the pivotal pieces of any Medicaid system because it supports the investigation of potential fraud, abuse, or misuse of the Medicaid program by providers or members. Unfortunately, SURS has typically been an underutilized tool by most states, due mostly to its complexity, extensive learning curve, long turnaround time for results, and difficulty of use (batch or batch-like mode which translate to infrequent runs). ISURS addresses this problem by providing DHS staff with an easy to use tool to analyze historical data and develop profiles of health care delivery and service utilization patterns. ISURS enables users to build their own studies and queries without technical help, on-demand from their desktops, with results available within hours. ISURS provides a full complement of reports to delineate and disseminate the "suspects" (ranking reports, profiles, frequency distributions, drill-down reports to supporting claims). Drill-down capability is embedded in these reports, allowing users to navigate from a summary total in a profile to the underlying claim detail with the simple click of a mouse. This powerful functionality speeds the analysis efforts and greatly increases the productivity of investigative staff.

10.19.4.3.3 IFADS Fraud Data Mart

ISURS uses a fraud data mart, populated by input from the MMIS. Data elements in the fraud data mart will be maintained as they are today and the feed will be updated to accommodate the new MMIS being installed for the IME. Some of the more common data elements in the Fraud Data Mart includes, but is not limited to:

- Individual provider IDs (using NPIs, subsets, and/or group IDs, if available)
- Individual member IDs (and household/case IDs, if available)
- Claim types (e.g., inpatient, outpatient, transportation, drug, dental, durable medical equipment, home health, mental health)
- Procedure and diagnosis codes (by individual or range of codes, at header and line level)
- First date of service (FDOS) and last date of service (LDOS)

- Place of service (POS)
- Units of service (UOS)
- Paid and billed amounts
- Plan codes
- Zip codes and regional/county designations
- Member age, ethnic group, gender, geographic region, program category, special program code, financial funding categories, aid category, and living arrangement/LTC indicator
- Provider types and specialties, category of service, practice type, enrollment status, facility type (and number of beds, if appropriate), geographic region, and PCP status
- Drug related fields such as UOS, days supplied, DAW code, GCN, GSN, NDC, therapeutic class–standard and therapeutic class–specialty, and, if available, compound code, refill indicator, and OTC indicator

10.19.4.3.4 SURS Studies and Profiling

One of the key functional advantages that ISURS offers is its ability to produce comprehensive statistical profiles by provider peer groups and member peer groups using various criteria. Provider peer groups can be grouped not only by the traditional provider type and/or specialty, but by any other characteristic that the user so desires (e.g., procedure codes, or diagnosis codes, or place of service, etc.). The grouping characteristic is not limited to fields from the provider table. Fields from the claim header table, the claim detail table, or even the member table can be used as grouping characteristics to study provider service and billing practices. In addition, fields from all of these tables can be combined in order to construct very focused peer groups to hone in on specific patterns. For example:

- **Dental space maintainers.** In order to look for dentists who were paid for an unusually high rate of space maintainers, a peer group could be constructed that specifies a provider type (from the provider table) of dentist, a role on the claim of ‘biller/pay to’, and a procedure code (from the claim detail) indicating space maintainers. Thus, the peer group would consist of only those dentists who had billed for at least one space maintainer during the time period studied.
- **Non-emergency transportation (NET).** Being able to review both the member and provider side of an issue using ISURS has shown to be especially effective in NET studies. The billing provider study looks at aggregations such as average dollars paid per member, average dollars paid per claim, and average number of claims per member. The member-based study looks at aggregations such as total claims paid and total units of service (i.e., miles). Because there is a convenient drill-down capability into the supporting claims, it is easy to determine the NET providers who are servicing the high ranking members, and cross reference them to the ranking report generated by the billing provider study.

In addition to studying aberrant billing practices of providers, ISURS studies can be created that focus on any role a provider plays on claims, e.g., billing, treating/performing/rendering, attending, ordering/referring, prescribing, PCP, or other roles if tracked by DHS. Figure 10-63 shows a few of the peer grouping studies that can be built using ISURS.

Study Name	Created By	Date	Last Updated	Last Run	Schedule
Amb. ALS & BLS billings	STHO	10/05/2006 11:28 AM	TSTI 08/06/2009 02:30 PM	08/31/2009 08:52 AM	Schedule
Dental: Billing of Space Maintainers	mhd	01/25/2008 02:10 PM	TSTI 08/06/2009 02:40 PM	08/06/2009 03:05 PM	Schedule
Dental: Exam, Sealant, Filling, Xray	mhd	01/24/2008 09:33 AM	TSTI 08/06/2009 02:43 PM		Schedule
Dental: narc prescribing activity	mhd	01/24/2008 04:11 PM	GHIL 10/26/2009 03:53 AM	10/26/2009 10:30 AM	Schedule
Dental: SSC, Extr, Rt Can, SpaceMnth. Age 0-6	LMCS	07/03/2008 09:46 AM	TSTI 08/06/2009 03:27 PM		Schedule
Dental: SSCrown, Extractn, Rt Canal, Recip age 0-6	mhd	01/16/2008 11:27 AM	TSTI 08/06/2009 02:47 PM		Schedule
DME: Oxygen Equipment	STHO	10/05/2006 02:28 PM	TSTI 08/06/2009 02:49 PM	08/07/2009 11:32 AM	Schedule
DME: Wheelchair Study	mhd	02/27/2008 11:39 AM	TSTI 08/06/2009 02:51 PM	09/14/2009 07:02 PM	Schedule
LA: Port X-ray, R0070-R0075, Bill prov, FFS	LMCS	07/01/2008 03:12 PM	TSTI 08/06/2009 02:52 PM	08/07/2009 01:05 PM	Schedule
Modifier 25: Use by Physicians w All E&M Services	LMCS	08/01/2008 11:48 AM	TSTI 08/06/2009 02:53 PM	08/07/2009 01:55 PM	Schedule
Modifier 25: Use by Physicians w Est Pt Ovs	LMCS	07/30/2008 02:11 PM	TSTI 08/06/2009 02:54 PM	08/25/2009 12:14 PM	Schedule
NET by Client, Ages 65 +	STHO	10/06/2006 11:37 AM	TSTI 08/06/2009 02:55 PM		Schedule
NET by Providers for Clients 65+	STHO	10/06/2006 12:09 PM	TSTI 08/06/2009 02:59 PM		Schedule
NH: residents use of DME/Rx/Podiatry/Hearing	mhd	02/29/2008 01:37 PM	TSTI 08/06/2009 03:01 PM	08/25/2009 12:24 PM	Schedule
Nursing Home; Resident Clms with Urgent Diags	mhd	01/28/2008 12:04 PM	TSTI 08/06/2009 03:03 PM		Schedule
Phys: Common Add On codes w Office Visits	LMCS	07/22/2008 11:45 AM	TSTI 08/06/2009 03:04 PM	08/25/2009 12:34 PM	Schedule

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Figure 10-63. ISURS Study List. Peer grouping studies can be built using ISURS for quick comparison.

ISURS also includes a wizard that enables users to build a basic SUR study in less than a minute using a five-step process. Wizard studies are based on state defined provider types (or groups of taxonomy codes) and on the provider’s role on a claim (pay to/billing, treating/rendering, or prescribing).

Additionally, with a click on a checkbox, the user can include/exclude crossover claims, and include/exclude FFS or encounter claims from the study. Novice users can quickly and easily build an ISURS study that does not require significant understanding of either the ISURS software or health care claims. Experienced users can quickly and easily build a simple shell of a study that they can later augment and fine-tune as an investigation progresses by adding additional report items to the study, by changing default processing options, and by narrowing the definition of the study group.

Figures 10-64 through 10-68 show the five simple steps to creating a study.

Provider Wizard: The Wizard creates a basic provider Study in five quick steps

Step 1 of 5: Name and describe your Study

Study Information

Study Name: AZ: demo study for the ISUR Wizard

Study Description: This study will demonstrate the five step process to build a pay to provider study on DME suppliers

Learn More **Provider Role:** Pay To Prescribing Treating

← Back Next → Cancel/Return

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Figure 10-64. Wizard, Step 1. Name the Study, Enter a Description, Choose a Provider Role.

Provider Study Wizard: The Wizard creates a basic Provider Study in five simple steps.

Step 2 of 5: Define your Provider Study Group

Study Name: AZ demo study for the ISUR Wizard **Provider Role:** Pay To
Study Description: This study will demonstrate the five step process to build a pay to provider study on DME suppliers.

Select a Study Group:

Study Group Name	Last Updated: By	Date	
WZRole=PayTo; Type=Dentist	WZRD	12/28/2007 01:29 PM	View
WZRole=PayTo; Type=Hospital, General	WZRD	12/28/2007 01:30 PM	View
WZRole=PayTo; Type=Medical Supply Company	WZRD	12/28/2007 01:33 PM	View
WZRole=PayTo; Type=Pharmacy	WZRD	12/28/2007 01:33 PM	View
WZRole=PayTo; Type=Physician, DO	WZRD	12/28/2007 02:58 PM	View
WZRole=PayTo; Type=Physician, MD	WZRD	12/28/2007 01:34 PM	View

Enter new unique name for your Study Group:
 AZRole=PayTo; Type=Medical Supply Company

Fee for Service/Managed Care Claims

- Fee for Service Only
- Managed Care Only
- Fee for Service and Managed Care

Medicare Crossover Claims

- Include
- Exclude

<- Back Next -> Cancel/Return

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Figure 10-65. Wizard, Step 2. Choose the Study Group, Re-name It, Choose Options.

Provider Wizard: The Wizard creates a basic provider Study in five quick steps.

Step 3 of 5: Name your Report Section

Study Name: AZ demo study for the ISUR Wizard **Provider Role:** Pay To
Study Group: AZRole=PayTo; Type=Medical Supply Company **Fee For Service/Encounter Claims:** Fee for Service Only
Study Description: This study will demonstrate the five step process to build a pay to provider study on DME suppliers. **Crossover Claims:** Exclude

Enter new unique name for your Report Section:

Report Section Name: AZ|PayTo Provider Report Section
[Learn More](#)

<- Back Next -> Cancel/Return

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Figure 10-66. Wizard, Step 3. Re-name the System-built Report Section.

Provider Wizard: The Wizard creates a basic provider Study in five quick steps.

Step 4 of 5: Define Time Period(s) for your Study

Study Name: AZ demo study for the ISUR Wizard
Study Group: AZ.Role=PayTo; Type=Medical Supply Company
Report Section: AZ.PayTo Provider Report Section
Study Description: This study will demonstrate the five step process to build a pay to provider study on DME suppliers.

Provider Role: Pay To
Fee For Service/Encounter Claims: Fee for Service Only
Crossover Claims: Exclude

Time Periods

From: (mm/dd/yyyy) 01/01/2009
To: (mm/dd/yyyy) 12/31/2009

Add Time Period

<- Back Next -> Cancel/Return

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Figure 10-67. Wizard, Step 4. Enter One to Five Time Periods.

Provider Wizard: The Wizard creates a basic provider Study in five quick steps.

Step 5 of 5: Save and schedule your Study

Study Name: AZ demo study for the ISUR Wizard
Study Group: AZ.Role=PayTo; Type=Medical Supply Company
Report Section: AZ.PayTo Provider Report Section
Study Description: This study will demonstrate the five step process to build a pay to provider study on DME suppliers.

Provider Role: Pay To
Fee For Service/Encounter Claims: Fee for Service Only
Crossover Claims: Exclude

Time Period(s): Time Period 1
From: 01/01/2009
To: 12/31/2009

<- Back Next -> Cancel/Return Save

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Figure 10-68. Wizard, Step 5. Save the Study, Then Schedule Execution.

10.19.4.3.5 SURS Reports

ISURS provides standard variance analysis and comparisons on each study that is run. There are several reports produced for each study that provide the statistics necessary to support comparisons and variance analysis. These reports do not require any customization.

- **Ranking report.** This report ranks the suspect providers or members in descending order of total exception weight (a measure of the severity of the suspicion level for each provider/member, based on an assessment of all of the behaviors defined by the user for this study). This gives the user a quick way to compare the overall behaviors across the entire peer group in order to determine those with the highest likelihood of aberrant behaviors.
- **Summary profiles for each provider/member.** Drilling down using a hyperlink in the Ranking Report will take the investigator to a summary profile of a ranked provider/member. The investigator will then be able to review, in depth, the apparent aberrancies that caused the provider/member to rank.
- **Study group profile.** This report provides all of the statistics to support variance analysis for each behavior studied: total number of providers/members compared, numerical assessment of the average of that behavior, width of one standard deviation, calculated upper and lower limits, any overrides in effect (user option) that may influence those limits, the percentage and number of those who excepted, and a list of those who excepted for this behavior (from which the user can drill down to view specific profiles).

- **Frequency distribution histograms.** This is a graphical representation, by behavior studied, of the distribution of the peer group population. This graph will either inform the investigator that the distribution is ‘normal’ (i.e., follows a bell curve shape) and, therefore, that the standard deviation methodology is valid, or alert the investigator to an unusual population distribution and suggest that exception overrides be employed.

10.19.4.3.6 Additional ISURS Capabilities

Figure 10-69 is an overview of some of the additional key capabilities of the ISURS component.

Capability	Description
Online parameter library	Online parameter library is a user-defined collection of rules, behavior patterns, and reporting items used in limitless combinations to study peer groups. These library entities can be defined once online and shared among users. Once the basic library is established, users can quickly fine-tune or re-focus already existing studies by substituting rules and behavior patterns from the library.
Each time period can be of varying lengths	Up to five time periods can be studied in one profile; each period can be of varying lengths, and not necessarily consecutive. This flexibility (not previously available in traditional SURS) enables ‘seasonal’ studies, e.g., studies that compare the volume of claims for ‘child counseling’ during times when school is in session to holiday and summer seasons (perhaps disguising day care or camps).
Appropriate fields display both the code (valid value) and the text translation	Appropriate fields display both the code (valid value) and the text translation, both in the online pages and in the reports, to make it easier for users to interpret the results, and to speed the knowledge acquisition and understanding of traditional MMIS codes for novice users.
Ability to force providers or members into studies, or exclude them from studies	Ability to force providers or members into studies who might not have otherwise qualified for the peer group (perhaps due to an enrollment error). Conversely, the ability to exclude providers or members from studies who might otherwise have qualified for a peer group.
A unique ability to scan through the claims, the provider, and the member tables twice during the execution of each fraud study	A unique ability to scan through the claims, the provider, and the member tables twice during the execution of each fraud study. The first pass through the claims determines which providers or members are to be included in the study group, based on criteria built on any field maintained within the data mart. The second pass through the data allows aggregations to be performed on the claims related to members of the study group from the first pass. This is a powerful processing mechanism. This enables studies where, for example, the study group is based on a provider type of dentist (first pass), but the aggregations are based on drug claims in which a dentist from the study group was a prescriber (second pass). This ability has enabled several of our states to discover very high narcotic prescribing activity among their dental providers, some of whom have never submitted a dental claim for the member being prescribed the narcotics.
Method of determining exception limits and overrides for report item can be dynamically selected by user	Ability to derive statistical norms, by peer group, for each indicator (report item) contained within each statistical profile by using averages and standard deviations, percentiles, or absolute values. User can choose the method of determining exception limits for each report item from their desktop, and specify overrides.
Detect both over-utilization and under-utilization	Ability to identify behavior patterns that detect both over-utilization and under-utilization of program benefits, including drug utilization.
Perform aggregations on any applicable field within the data mart	Perform aggregations on any applicable field within the data mart: Simple accumulations (e.g., amounts, units of service); •Counts (e.g., number of claims); Distinct counts, also known as ‘unduplicated’ counts (e.g., number of unique member IDs or provider IDs); Maximum accumulations on a single day (e.g., number of surgeries performed by provider on a single surgery date; number of distinct members claimed to have been provided services on a single first date of service).
Drill-through hyperlinks from provider or member profiles to the claims that support them	Drill-through capability so users can hyperlink directly from the value of a report item on a provider or member profile to the claims that support the value. Users do not have to employ another application in order to retrieve a list of claims that caused a provider or member to be ranked with an exception weight.
Study a provider’s behavior regardless of which role the provider plays on a claim	Providers can play several roles on claims (i.e., pay to/billing, treating/rendering, attending, referring, and prescribing), and sometimes more than one role on the same claim. Previously, legacy SUR was only able to study a provider’s behavior if he/she/it were playing the pay to/ billing role. ISURS enables the investigator to study a provider’s behavior regardless of which role the provider plays, so no longer will a single provider (acting as the rendering or treating provider) be able to hide under a group practice’s ID (as the pay to), and no longer will a treating dentist be able to hide his prescribing behavior.

Figure 10-69. Key ISURS Capabilities. ISURS provides a rich suite of capabilities necessary to perform the full range of program integrity functions.

10.19.4.4 IFADS Case Tracking

Once ISURS has assisted DHS in discovering behaviors not appropriate to program administration and the decision to pursue further investigation, the need to collect information and document the various activities required to resolve the matter arises. Program Integrity staff need to manage investigations, monitor progress, record events, create and track documentation, and maintain supporting result sets and spreadsheets. Through the case tracking functionality of IFADS, DHS users would be able to track and report on these activities online, as shown in Figure 10-70.

Case: General Info Steve Johnson MD

Case Information: Case Type: Provider Case ID: 1303
Case Source: REOMB Case Name: Steve Johnson MD
Participant ID: 123456789 Participant Name: Steve Johnson MD
Tracking Number: Tracking System Name:
Period Reviewed: From: 01/01/2005 To: 01/05/2007

Provider: Previous Cases: 0
Address: 2795 Hospital Drive
Suite 200
City: Atlanta State: GA Zip: 30041
Phone: 770/555-1234 Ext: Email:

Case Status: Open Date Opened: 01/05/2006 Date Closed: Close Reason:
Assigned To: Analyst: SMCL Date Assigned: 01/05/2006
Referred To: Referred: Date Referred:
Next Review Date:

Related ESUR Jobs: Show: My Jobs Only All ESUR Jobs

Job ID	Job Name	Run Date	User
1570	ACS: Ancillary Services provided to NH residents	12/11/2006 04:24	LERI
1584	ACS: Ancillary Services provided to NH residents	12/15/2006 07:41	AMDRDL
1590	ACS: Ancillary Services provided to NH residents	01/09/2007 10:34	AMCIVIL
1524	ACS: Narcotic Analgesics & Recipients Study	11/07/2006 05:02	CVIL
1540	ACS: Narcotic Analgesics & Recipients Study	11/29/2006 11:36	AMLERI
1561	ACS: Narcotic Analgesics Pharmacy Study	12/04/2006 04:40	DRDL
1581	ACS: Narcotic Analgesics, Recipients age 11-18	12/14/2006 10:19	AMGHIL
1588	ACS: NH Ancillary Services (Recip based)	01/04/2007 09:23	AMLERI
1491	ACS: Adolescent Immunizations Study	09/08/2006 08:28	AMSMCL
1552	ACS: Dentist Billing Unreasonable FDOS	12/04/2006 06:52	SMCL

Selected Jobs:

Job ID	Job Name
1426	ACS: Excessive Billing of Simple Lab Sys
1539	SM: Providers Prescribing Narcotics
1422	ACS: Phys Billing Unreasonable FDOS

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Figure 10-70. Case Tracking. Through the case tracking functionality of IFADS, DHS users would be able to track and report on these activities online.

A user can open a case for any provider or member, whether or not that provider/member was ranked, or even included, within an ISUR Study. Much of the key demographic information is pre-populated by the application. If the suspect provider/ member were included in an ISUR study, the investigator can attach that study to the case by using the Related ISUR Jobs list box. Any study attached to a case is exempt from the normal purge logic executed to clear the queue of old results, and it remains available to the user until the user releases the study or analytic (perhaps several years later).

All reports and any profiles produced by these studies also remain available, so that later, during negotiations or potential legal proceedings, the investigator can present a full statistical picture of not just the suspect provider/client, but also all others included in that study, whether they accepted or excepted. Since the report results are stored as raw data, and not as formatted reports with the embedded spaces and headers/footers, the cost of storage to keep all of this information is minimal and reasonable. The reports are formatted at the time the user requests them for display or printing.

Using the notes and events tab, shown in Figure 10-71, a user can:

- Create a chronological history of free-form notes in order to track progress, telephone calls, contacts, events, negotiations, etc. The user can enter up to 1,000 characters in each note, with no limit on the number of notes associated with the case
- Schedule emails to be sent at a future date to parties related to the case (AG's office, provider, provider's attorney, user him/herself). The user can enter up to 1,000 characters of text, which will be included in the body of the email when it is generated shortly after midnight on the date specified to the email address(es) specified. Users can use this feature to remind themselves of tasks to be completed, remind providers that a next payment is due, remind attorneys of the next court date, etc.

Notes:	Date	User	Search By
Initial self-audit letter sent to provider. Reply requested by 03/17/2006.	02/17/2006	SMCL	
This provider appeared in three separate fraud studies and a review of the provider's detailed claims history (01/01/2005 to *2/31/2005) possibilities of fraudulent activity in the areas of billing unnecessary labs and up-coding office visits.	01/12/2006	SMCL	
A complaint was received from a member's response to a REOMB. The member (Stacy Jones) stated that they did not receive the 4 abs services that were billed on DOS 12/02/2005. Return letter scanned and attached.	01/05/2006	SMCL	

Reminders:	Date	User	Sent	E-mail	Text:
	03/17/2006	SMCL	T	shirley.mcloud@aco inc.com	Check for a response from Steve Johnson MD initial self audit letter.

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Figure 10-71. Case Tracking. Through the notes and events tab a user can capture chronological history and schedule notifications.

The files tab allows the user to attach a path to files related to a case, effectively creating a virtual file cabinet of case-related documents (word-processing documents, forms, spreadsheets, JPEGs, scanned images, outgoing and incoming correspondence, databases, etc.). For example, in addition to a copy of an educational letter sent to a provider, various analyses performed by an investigator during the course of an investigation can be attached (as word processing documents or spreadsheets) and saved as part of a case. Later, correspondence received from the provider or others can be scanned and once stored upon the user's LAN, a path to the electronic document can be attached to the case.

Basic financial information related to the case such as payment terms and payment history can be entered under the Financials tab. Entries are maintained identifying any settlement terms and payments received as well as the outstanding balance, additional tabs store hearing and appeal information when applicable. It also displays an historical look of a previous appeal that may be associated with the case.

10.20 Managed Care

RFP Section 8.1.19

Team Noridian's in-depth understanding of the internal workings of the IME, in combination with its proven eCAMS capabilities, will bring the Department a solid and mature managed care framework built to meet current and future needs.

Team Noridian has the experience and understanding of Iowa's Medicaid needs to efficiently and effectively operate the MMIS for the managed care function and achieve the Department's objectives. For the last six years we have been successful at managing the managed care aspect of the IME. Our next-generation MMIS, eCAMS, is a quantum leap in technology and is aligned with MITA principles. Our managed care operation benefits from over 40 years of experience processing millions of health care claims and encounters timely, accurately, and within budget constraints. We will draw on this health care foundation to deliver a technology-enabled, cost-effective business solution, tailored to the unique requirements of the IME.

10.20.1 Activities

RFP Section 8.1.19.1, Requirements a through g

Team Noridian's managed care capabilities align closely with the Department's desire to support current managed care-based capabilities as well as future plans to expand medical services provided to members through managed health care programs. Our operations team and our flexible systems will support the five managed care initiatives as defined:

- Primary Care Case Management (PCCM) program, Medicaid Patient Access to Service System (MediPASS)
- Iowa Plan for Behavioral Health (Iowa Plan)
- Medical Home program
- Program of All-inclusive Care of the Elderly (PACE)
- Non emergency medical transportation brokerage system

Team Noridian's successful management approach, along with its proven eCAMS solution, combine to provide the Department with a flexible solution to meet required objectives. We have extensive experience with the managed care program, including timely enrollments, accurate capitation payments, processing encounters, blocking payments in fee-for-service (FFS) for managed care-covered services, and generating the necessary reports, including financial reports in other states' MMIS. This experience will ensure a smooth transition from the legacy MMIS system to eCAMS. In addition, it will generate an easy road map for participation and communication from managed care organizations (MCOs) and accountable care organizations (ACOs), while minimizing impact.

Together, these capabilities will be employed to meet the activities outlined in the RFP.

10.20.2 State Responsibilities

RFP Section 8.1.19.2, Requirements a through e

Team Noridian acknowledges that the Department retains responsibility for establishing policies and rules for the managed care and transportation brokerage processes. These will include, but are not limited to developing contacts with affiliated organizations, monitoring compliance and quality of care, and establishing payment rates. We will work collaboratively with the Department and other stakeholders to ensure that the managed care business processes are effective and carried out as directed by the Department.

10.20.3 Contractor Responsibilities

RFP Section 8.1.19.3

10.20.3.1 Manage Eligibility and Provider Updates

RFP Section 8.1.19.3, Requirements a and b

Team Noridian has worked with both the Provider Services and Member Services contractors to create a workflow assisting with the processing of member requests to change the MediPASS number they were assigned. We will continue to work closely with the Member Services Unit as well as the Provider Services Unit with managing enrollment into managed care programs, specifically MediPASS and Transportation Brokers. The member management area receives and stores eligibility information maintained by the Department to identify those persons who are eligible for benefits. Team Noridian will access this data for use with other processing functions and for on-line inquiries. Member eligibility will be verified by the system for the date of service submitted by the provider. Once eligibility has been verified, the system will perform further editing to identify payment restrictions, such as managed care enrollment, other health coverage, share-of-cost, restricted services, and others.

eCAMS supports a solid member management system and contains the following member attributes in addition to scope of coverage, managed care plan, and lock-in provider information and transportation broker information.

- Demographics information, including both residence and mail-to addresses
- Gender, birth, and death information
- Eligibility aid category information including history
- Benefit plan information, a list of eligible benefit plans for the member
- Managed care program information, if client is enrolled in managed care plan
- Provider lock-in information, if locked to a primary provider
- Third-party liability information including Medicare coverage
- Early periodic screening, diagnosis, and treatment (EPSDT) schedule information and statuses of the schedule
- Utilization information of member
- Share of cost information based on eligibility
- Centralized repository along with robust interface services providing better manageability of data to support the data extract need for systems such as the Data Warehouse

eCAMS includes a provider database which has been certified and implemented in both Washington and Michigan, and includes all required data elements needed for the MMIS programs for each state. eCAMS provider database allows for real-time and batch updates of provider information. Access to the provider database is user-based, and can be restricted to authorized users, such as the provider services contractor, or can be opened up to external systems as designated by the Department.

The provider database will support all managed care and transportation broker information to be used for claims/encounter processes and financial processes.

10.20.3.2 Manage Payment Processing Functions

RFP Section 8.1.19.3, Requirements c and d, and f through i

eCAMS leverages our success integrating MCO encounter data collection and processing in the Washington and Michigan MMIS implementations. The Washington MMIS encounter processing solution involved accepting non-standard submissions in X12 837 formats to accommodate MCO encounter submissions through the billing agency.

The ProviderOne MMIS system in Washington collects data from 14 regional support networks (RSNs) that provide mental health services for the entire Medicaid and state-run program population, or almost a

million members, and five MCOs that serve almost 700,000 members. Our solution uses industry-standard tools, including Edifecs XEngine, combined with tested application codes, to manage the workflow of data files submitted.

Submitters use a Secure File Transfer Protocol (SFTP) or a secured Web-based provider portal to make submissions. The agencies use SFTP for the submission and retrieval of large files through automated backend processes. MCOs also use the eCAMS screens to monitor progress and retrieve the results of the submission through the Web interface. In addition, several available provider portal features specifically address self-service support for managed care providers.

eCAMS includes a solid automated claims processing engine that configures adjudication and work management rules. The core of the processing solution is the RuleIT rules engine, which serves as the Medicaid adjudication rules repository and an adjudication rules engine. As a centralized adjudication rules repository, RuleIT houses adjudication rules tied to the processing of claims and encounters.

Since 2005, Noridian has been working with the Provider Services unit to resolve claims that are unable to process due to missing required primary care information, and capitations where there is a provider number enrollment issue. Encounters are scheduled for processing in batches as they are received. Timing of batches will be set to meet all SLA timeliness requirements and scheduled during off peak hours to minimize any potential impact to online users. RuleIT can execute the Department policies and federal mandates with minimal implementation time, and can perform impact analysis on implemented rules. Its configurable, table-driven online functionality lets the operations team manage the eCAMS queue infrastructure quickly to meet peak adjudication demands. Figure 10-72 shows the eCAMS managed care encounters processing flow.

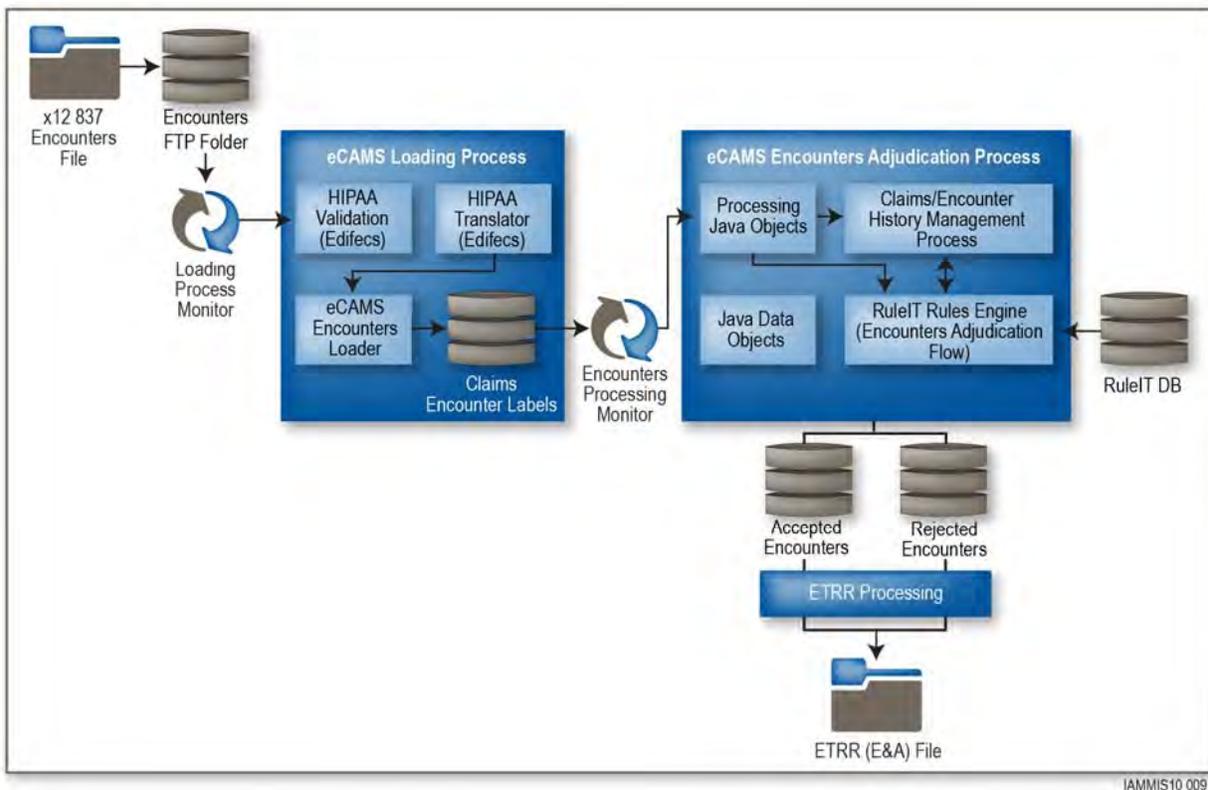


Figure 10-72. Overview Managed Care Encounters Processing Flow. eCAMS claims processing benefits the Department and users with consistent processes and views.

These features include online submission of encounters and download of encounter transaction results reports (ETRRs), 820 payment details, and 834 enrollment rosters.

eCAMS calculates and issues administrative, incentive, and capitation payments to the MCO and the transportation broker in an automated fashion, and it includes detail information such as the program and contract the member is enrolled in, payment type, transaction reason, premium amount, and check/EFT number. eCAMS also supports reports such as ETRR and HIPAA 820.

Fee-for-service claims follow a similar process as the encounter described above. Using a continuous flow process provides a more responsive claims processing function. Claims move through a series of steps in a sequence, allowing verification and validation at each step, including submission validation, loading, available for loading, processing, edits processed, and account assigned. The processing is continuous in the sense that each step continuously monitors for its inbound queue and moves claims to its outbound queue after completing the processing in its step.

The claims adjudication flow of edits and pricing methodologies are executed in the rules engine. The rules engine first loads the member, provider, and reference information, as well as service authorization, if present on the claim data. After loading the data, the system derives the claim type. Based on the claim type and input medium of the claim, the system reads the disposition tables to decide what set of edits need to be executed for the claim at hand. The system then executes each group of edits (e.g., provider edits, member edits) and pricing in sequence. The system starts with claim data elements validity edits followed by member, provider, and TPL edits. If minimum elements are present for pricing, the claim is priced. After pricing, the final flow contains history edits tied to duplicate, conflict, service limits, and service authorization. After eCAMS executes the history claims-related edits, the claim disposition is set.

Department business rules are stored in the RuleIT rules engine. Approximately 80 percent of the edits and audits reside in RuleIT and are available to authorized users through online screens to view, update, and approve. A significant benefit to the Department is the system is delivered with all existing federal rules. Additional Department specific rules (edits and audits) can be supported as needed. Claim adjudication processing rules are presented in narrative form to facilitate a clear understanding of the business logic.

The eCAMS adjudication engine posts several edits based on member, provider, date range, procedure, benefit limits and benefit plans. Figure 10-73 displays some of the edits available in RuleIT. RuleIT can be used if there are any additional edits are required for IME.

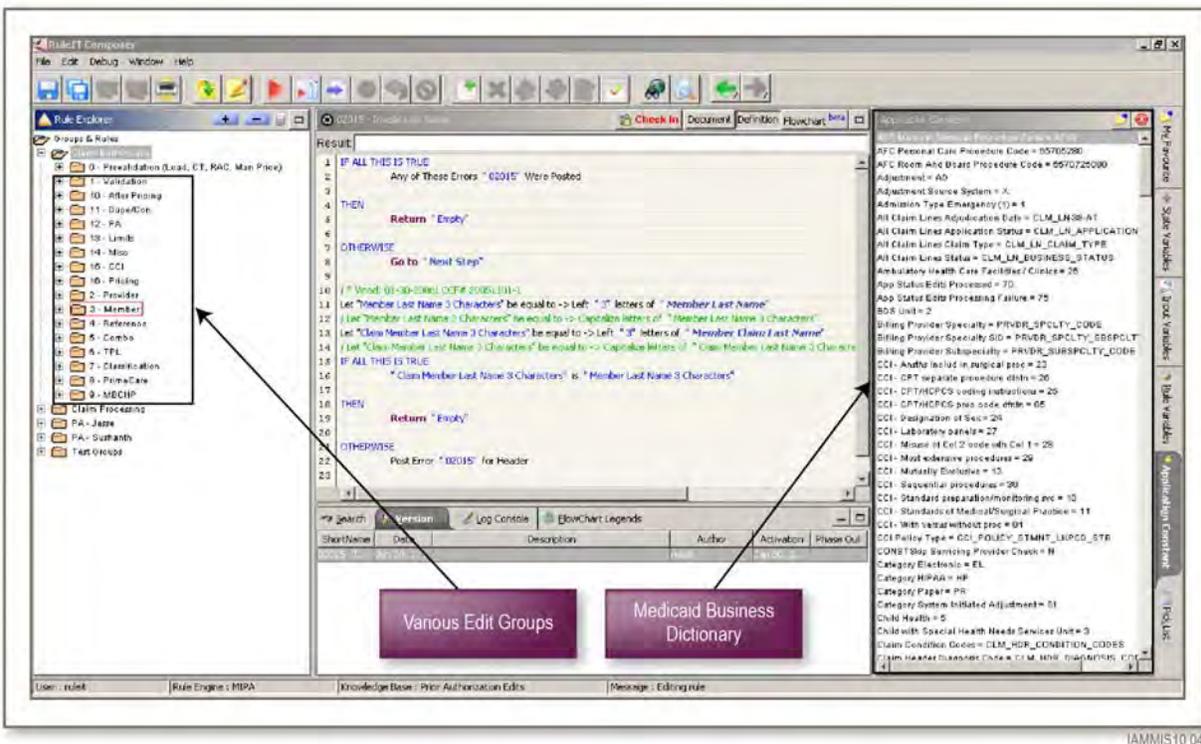


Figure 10-73. Rule IT Composer. Rule IT Composer provides for easy organization of edit folders and a business user-friendly Medicaid Data Dictionary to configure both claim and encounter business rules.

Claims flow through a hierarchy of edits. They are first validated against benefit plan coverage for eligible members, associated provider contracts, reimbursement rates, covered services, and cost-sharing information. Appropriate authorizations and referrals are checked; claim fields are validated against reference data; additional complex claim editing, including TPL and share of cost is performed, until finally passing through audit and duplicate check criteria and financial edits to set an adjudication status of paid, denied, or suspended for further review with or without notification to the provider. Claims can be set to suspend for a designated period. Authorization editing includes applying cutbacks, and updates are performed to record member accumulated utilization amounts for limited services. The system supports processing for multiple modifiers on the same claim line. Individual claim lines can process to a payment status, while other lines on the document are set to suspend or deny.

eCAMS generates remittance advices in a PDF format, as well as a HIPAA 835 transaction, for all claims whether the payment is positive (regular claims), negative (credit claims that result from voids and adjustments), or zero (claims that result in zero reimbursement amount). Authorized users will have online access to the PDF format of the remittance advice report.

Team Noridian will review FFS payments and capitation payments as a part of ongoing quality analysis responsibilities. To facilitate these reviews, we will:

- Use a structured, documented methodology to conduct these reviews
- Ensure results from the reviews are documented and distributed to the appropriate parties
- Develop and track corrective action plans as needed

Team Noridian has a successful and proven solution to continue to address the Managed Health Care (MHC) solution. During the Open Enrollment period, as a member is enrolled into Medicaid, the MHC system will enroll the member with an available MHC provider. This is done based on the zip code of the provider and member, and certain other restrictions. Once the provider is found, the member is tentatively assigned to the provider and the member receives a letter containing this information. The letter gives the member between 4 to 6 weeks to call in and opt for another MHC provider. If the call is not received, the MHC system will lock the member in with the MHC provider until next open enrollment period. The providers receive updated patient listings every month via mail.

We will work with the Department to establish timeliness expectations and protocols. Any payments that are found to be in error will be corrected and reprocessed in a timely fashion.

10.20.3.3 Reporting

RFP Section 8.1.19.3, Requirement e

Using our extensive knowledge of IME reporting requirements, we will use our flexible Cognos toolset to supply all Department required reports in a timely and efficient manner. Cognos is an enterprise-level, Web-based reporting tool that allows users to create full-featured ad-hoc reports using its Report Studio report creation tool. Cognos also generates reporting outputs for predefined scheduled and on-demand reports. Report Studio has complex report design capabilities. It allows for scheduled or parameterized on-demand report creation, a rich set of multimedia options, and great flexibility in formatting a polished report output.

The reports that are generated using Cognos tools are made available through the document management system, OnBase. OnBase employs an automated file ingestion process. Documents to be loaded into the repository are distinguished by their preconfigured “document class.” Each document class may consist of a number of customized and predefined metadata attributes. These attributes are used for correctly distributing the reports to their assigned folder locations in OnBase. The metadata attribute values can also be used as search criteria for finding the reports.

10.20.3.4 Data Exchange

RFP Section 8.1.19.3, Requirement j

Team Noridian will continue to send the monthly paid claims, encounter data, and recipient files to Milliman, Inc. (Milliman), the actuarial contractor. Data exchange to Milliman will be provided through the EXACT interface framework to extract and transform data in a standard format.

10.20.4 Performance Standards

RFP Section 8.1.19.4, Requirements a through e

Team Noridian understands that the success of the managed care program depends on regular monitoring of contractors to determine if the established performance standards are being met. Performance standards will be documented, reviewed, approved, and monitored between Team Noridian and the Department through performance metrics. The eCAMS data model will include the necessary data to be used to verify that the standards are being met. eCAMS will support the Department by providing operational and performance data, plus reports for providing visibility and insight into the managed care area performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, to monitor performance. The performance dashboard monitors and inspects inventory levels and transaction processing timeliness, in addition to other metrics, enabling Team Noridian to meet the performance expectations. This inspection and identification of ongoing workload levels is an important step to meeting the overall performance requirements. Team Noridian can quickly address workload levels that, if not reduced, could jeopardize performance requirements.

Managed care support functions performed by Team Noridian staff are reported to the Department via ad hoc written reports as directed.

eCAMS HealthBeat will report data as it is extracted from other systems. The following requirements will be tracked and monitored via eCAMS:

- Process payments on a schedule approved by the Department
- Meet a 98 percent accuracy rate for all capitation rate assignments
- Meet a 98 percent accuracy rate on appropriate payment or denial, of fee-for- service claims for managed care members

Team Noridian will also be responsible for maintaining all operational procedure manuals and updating these according to the Department standards. Our rigorous process for creation of thorough documentation ensures all processes and procedures are written in a standard method using an online archive system. This system allows directives to be updated in real-time without the time consuming process of a paper-based manual system.

10.21 Waiver, Facility, and Enhanced State Plan Services Management

RFP Section 8.1.20

Team Noridian’s prior implementations in Washington and Michigan have resulted in a mature and proven framework fully capable of meeting the Department’s waiver, facility, and enhanced plan services management needs.

Team Noridian’s extensive knowledge and understanding of the business needs surrounding the specialized benefit plans and the general reference business area, plus the user-controlled, business-rule driven, and relational database design of eCAMS, will provide the Department with a flexible solution that will meet all of its currently defined requirements for Waiver, Facility, and Enhanced State Plan Services Management. It was also serve as a health care platform to support future, federal, and state health initiatives.

We have the experience and management approach needed to efficiently and accurately modify, and subsequently operate, eCAMS for the waiver functions and achieve the objectives of the Department in supporting the Home and Community-Based Services (HCBS).

The new MMIS offers an integrated and comprehensive solution to the IME’s Waiver Programs. Our solution integrates the eCAMS member business process area, eCAMS managed care business process area, and eCAMS case management business process area to provide a framework for administering Optional Waiver programs. Other eCAMS business process areas used to support these capabilities include claims, prior authorization, and reference functions.

We understand that it is the Department’s intent to replace the Individualized Service Information System (ISIS) through the Optional Waiver program requirements. Our proposal addresses all the requirements as listed in the Optional Waiver Program section to support the various functions related to the waiver program business processes and workflows currently supported by ISIS.

10.21.1 State Responsibilities

RFP Section 8.1.20.1, Requirements a through c

Team Noridian acknowledges that the Department retains responsibility for establishing waiver programs, policies, and rates for waiver, facility, and enhanced state plan Services management. We will work collaboratively with the Department to assist in the fulfillment of these responsibilities for this management area.

10.21.2 Contractor Responsibilities

RFP Section 8.1.20.2

10.21.2.1 Accept and Process Data

RFP Section 8.1.20.2 Requirements a, b, and c

Team Noridian understands that the state Medicaid program is responsible for the implementation and ongoing administration of waiver, facility and enhanced state plan programs for special population groups. We understand that creating case management templates for plan of care, level of care, and setting targets will require new effort, but most of these efforts will be met by eCAMS' highly configurable design using reusable business services and common framework. Figure 10-74 shows the functional architecture of the waiver program to be supported by the eCAMS solution.

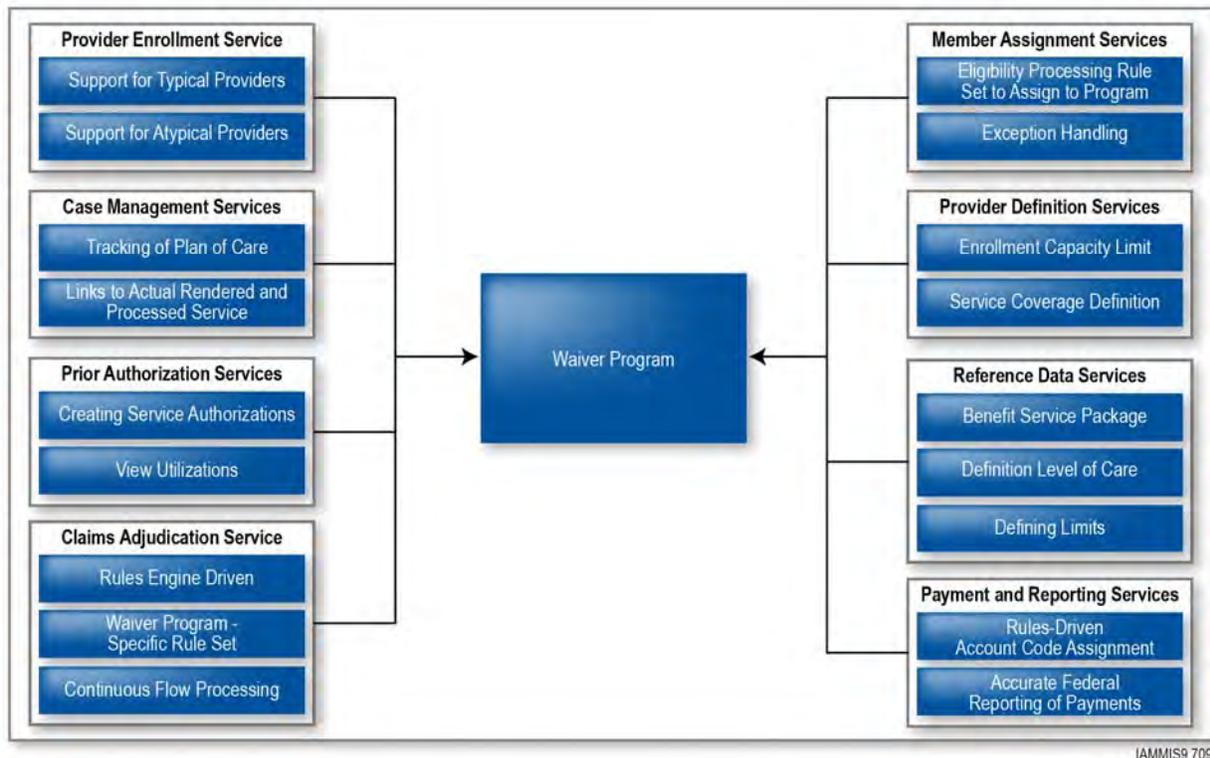


Figure 10-74. The HCBS Waiver Program. The eCAMS functional architecture supports waiver, facility and enhanced state plan services management.

Reusable business services and easy integration between services provide comprehensive waiver program management capability to accept and process information from outside entities, as well as send data / transactions to entities as required.

The eCAMS is designed to accept a variety of eligibility data (Medicaid, Medicare, managed care, presumptive eligibility, etc.) sent by external systems as designated by the Department. We will review, adapt, and implement the Department's eligibility processes and procedures to follow established business rules. We understand that the member business process area supports other business areas by providing demographic information on current and historical member information.

The eCAMS functionality supporting the member business process area provides centralized access to current and historical eligibility data for all IME members. We will access this data for use with other business process areas and for online inquiries. Additionally, we will provide access to this data to authorized users and other IME contractors as directed by the Department.

We will use data received from the Department and external entities to update level of care information as well as create authorizations for the various programs supported by the Department. Long term care data will be applied to the member management module within eCAMS and used to ensure that the following claim types process and pay using the appropriate provider and level of care information: Nursing Facility (NF), Residential Care Facility (RCF), Intermediate Care Facility for Individuals with Intellectual Disabilities, Skilled Nursing Facility (SNF), Mental Health Institute (MHI), Psychiatric Medical Institution for Children (PMIC), Nursing Facility for the Mentally Ill (NFMI), and PACE.

Prior authorizations for HCBS waivers, hospice residing in a facility, Targeted Case Management (TCM), Habilitation, Remedial Service, and Money Follows the Person (MFP) will be created using the service plan information received to make sure that claims process and pay using the approved units, rates, procedure codes, date span, and provider information that was submitted within the service authorization.

Add, changes, and deletes will be accepted from file updates so that the most current information is always within eCAMS.

Team Noridian’s systems unit will perform all system support functions including the file maintenance, data element maintenance, and member eligibility update responsibilities on a frequency set by the Department to include monthly, daily, and real-time updates. This unit will be made up of experienced technical resources familiar with the IME's specific needs.

10.21.2.2 Maintain HCBS Waiver Utilization and Member Data

RFP Section 8.1.20.2 Requirement d

The eCAMS member business process area maintains data structures to store level-of-care (LOC) information with associated start and end dates. eCAMS supports configuration of LOC re-evaluation date for tracking purposes. eCAMS implementations in other states store similar information in the eCAMS Member business process area. This information can be accessed online through member inquiry screens. Figure 10-75 is a member screen showing the level of care information (HCBS service type) for the HCBS program with the associated start and end dates and the last LOC evaluation date (authorization date). The next evaluation date is maintained as an activity in Case Management to trigger the evaluation process.

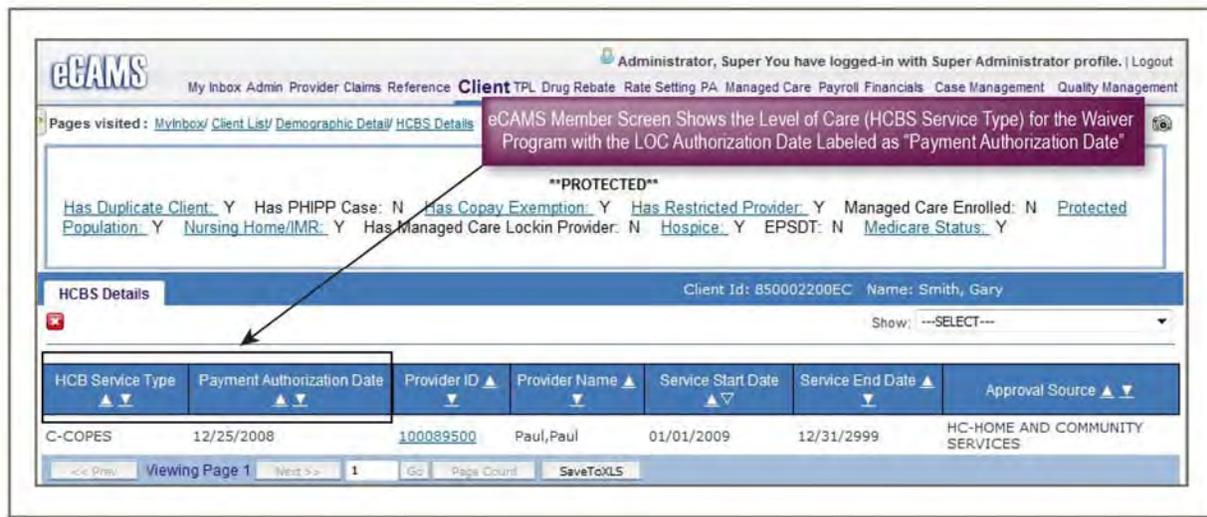


Figure 10-75. Online screens to view level of care information. This is a member screen showing the level of care information (HCBS Service Type) for the HCBS program with the associated start and end dates and the last LOC evaluation date (authorization date)

Configuration of waiver programs is supported to business process wizards and flexible program data structures, which hold the definition for the waiver program, which supports addition / changes / deletion of waiver services. When members are enrolled for a program, these waiver services are associated to the member. eCAMS maintains audit trail of all the changes to waiver program configuration for reporting purposes.

Waiver-related claims will follow the standard processing guidelines. They will flow through the same hierarchy of edits and audits as all other claims. The new MMIS will check for appropriate waiver eligibility, which resides on the member record, for the approved level of care. Procedure codes will be used to set PA requirements, dependent upon Department policy. Through the normal claims processes, the new MMIS will determine if a PA is required, and if so, will validate an appropriate PA exists for adjudication.

eCAMS provides a flexible framework to assign payment account codes for efficient tracking of services and expenditures. The payment determination service, which includes an account determination service, assigns the appropriate codes to the adjudicated claims for efficient reporting of waiver services expenditures on all applicable federal reports (see Section 10.17 Federal Reporting for details).

10.21.2.3 Reporting

RFP Section 8.1.20.2 Requirement e

Using our extensive knowledge of IME requirements gained through over six years of direct IME experience, we will continue to supply all required reports in a timely and efficient manner by using our powerful Cognos reporting toolset.

Cognos is an enterprise-level, Web-based reporting tool that allows users to create full-featured reports using its Report Studio report creation tool. Cognos also generates reporting outputs for predefined scheduled and on-demand reports.

The reports that are generated using Cognos tools are either stored locally on a users desktop or in the OnBase document management system. Team Noridian has implemented single sign on from the MMIS application into the Cognos environment so that users do not have to log into Cognos once they are authenticated by the application. All access to reports is provided through the Report Access Portal (RAP). The RAP allows access to Cognos and provide single click access to the reports stored and archived in the OnBase repository.

10.21.2.4 Training

RFP Section 8.1.20.2 Requirement f

In order to use eCAMS in the most effective means, Team Noridian has an established training approach that serves as the foundation to meet staff training needs, Department education, and external training needs as required. We will train new staff members who are unfamiliar with the Benefit Plan setup and maintenance or usage of our Rules Management system, RuleIT. We will continue to have subject matter experts available to share knowledge and ensure internal staff can meet performance and production levels and Department or contractor staff members have a firm understanding of the system.

Figure 10-76 depicts the cyclical nature of our training process. Our experience indicates that by continuously following the key steps of our training approach, we will ensure consistency, thoroughness, and quality of the training provided to all Team Noridian staff. This approach also allows for updates that reflect the differences in each period of the contract and for the application of lessons learned to improve the training program.

10.21.3 Performance Standards

RFP Section 8.1.20.3, Requirements a through e

Team Noridian understands that the success of the program depends on regular monitoring of contractors to determine if the established performance standards are being met. Performance standards will be documented, reviewed, approved, and monitored between Team Noridian and the Department through performance metrics. The Core MMIS will provide the necessary data, which will be used to verify that the standards are being met. eCAMS will support the Department by providing operational and performance data plus reports for providing visibility and insight into the claims processing business area performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, to monitor performance. The performance dashboard monitors and inspects appropriate measures, such as inventory levels and transaction processing timelines, which position Team Noridian to meet the performance expectations. This inspection and identification of high inventory levels is an important step to meeting the overall performance requirements. Team Noridian can quickly address and reduce high inventory levels that, if not reduced, may jeopardize timely performance.

The follow items will be included as part of the performance standards for the waiver, facility, and enhanced state plan services management functions and reported as agreed to in the design phase:

- 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.
- Obtain the Department's determination of initial accuracy measurement upon submission of all documents and reports.

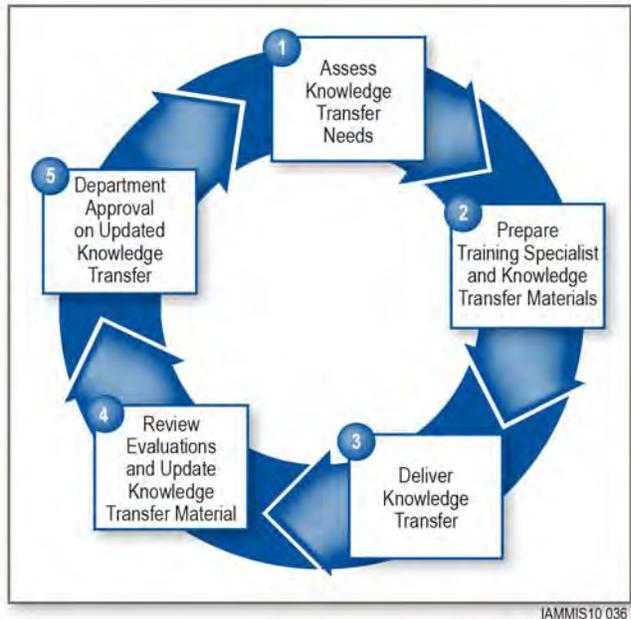


Figure 10-76. Team Noridian Training Process. Our training process is constantly being enhanced, allowing us to continuously improve training processes and materials, as well as our overall training program.

10.22 Optional Waiver, Facility and Enhanced State Plan Services Management

RFP Section 8.1.21

Team Noridian's prior implementations in Washington and Michigan have resulted in a mature and proven framework fully capable of meeting the Department's waiver, facility and enhanced plan services management needs.

Team Noridian's extensive knowledge and understanding of the business needs surrounding the specialized benefit plans and the general reference business area, plus the user-controlled, business-rule driven, and relational database design of eCAMS, will provide the Department with a flexible solution that will meet all of its currently defined requirements for Waiver, Facility, and Enhanced State Plan Services Management. It was also serve as a health care platform to support future, federal, and state health initiatives.

We have the experience and management approach needed to efficiently and accurately modify, and subsequently operate, eCAMS for the waiver functions and achieve the objectives of the Department in supporting the Home and Community-Based Services (HCBS).

The new MMIS offers an integrated and comprehensive solution to the IME's Waiver Programs. Our solution integrates the eCAMS member business process area, eCAMS managed care business process area, and eCAMS case management business process area to provide a framework for administering Optional Waiver programs. Other eCAMS business process areas used to support these capabilities include claims, prior authorization, and reference functions.

We understand that it is the Department's intent to replace the Individualized Service Information System (ISIS) through the Optional Waiver program requirements. Our proposal addresses all the requirements as listed in the Optional Waiver Program section to support the various functions related to the waiver program business processes and workflows currently supported by ISIS.

10.22.1 State Responsibilities

RFP Section 8.1.21.1, Requirements a through c

Team Noridian acknowledges that the Department retains responsibility for establishing waiver programs, policies, and rates for waiver, facility and enhanced state plan services management. We will work collaboratively with the Department to assist in the fulfillment of these responsibilities for this management area.

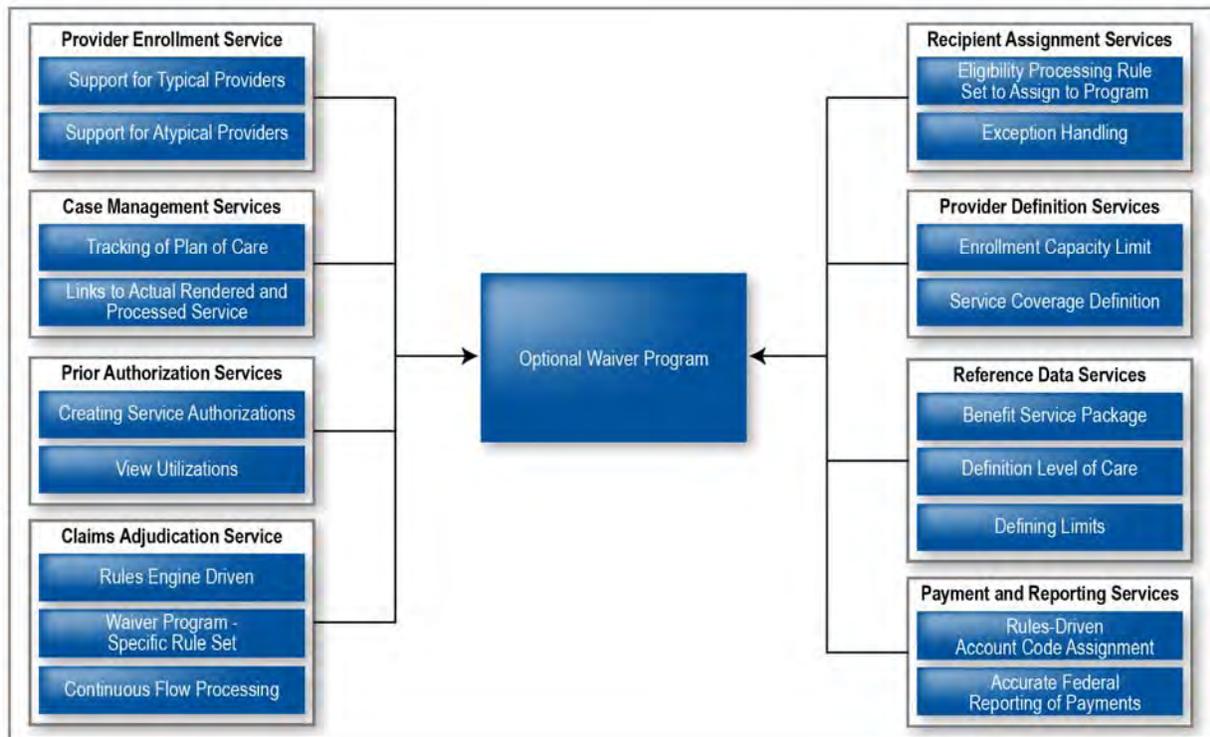
10.22.2 Contractor Responsibilities

RFP Section 8.1.21.2

10.22.2.1 Accept and Process Data

RFP Section 8.1.21.2, Requirement a

Team Noridian understands that the state Medicaid program is responsible for the implementation and ongoing administration of waiver programs, facility, and enhanced state plan programs for special population groups. Team Noridian understands that creating case management templates for plan of care and level of care and setting targets will require new effort, but most of these efforts will be met by eCAMS' highly configurable design using reusable business services and common framework. Figure 10-77 depicts the functional architecture of the Optional Waiver Program to be supported by the eCAMS solution.



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Figure 10-77. Proposed Optional Waiver Program System. eCAMS functional architecture supporting waiver, facility, and enhanced state plan services management with reusable business services.

Reusable business services and easy integration between services provide comprehensive waiver program management capability to accept and process information from outside entities, as well as send data / transactions to entities as required.

eCAMS is designed to accept a variety of eligibility (Medicaid, Medicare, managed care, presumptive eligibility, etc.) data sent by external systems as designated by the Department. Team Noridian will review, adapt, and implement the Department's eligibility processes and procedures to follow established business rules. Team Noridian understands that the member business process area supports other business areas by providing demographic information on current and historical member information.

eCAMS functionality supporting the member business process area provides centralized access to current and historical eligibility data for all IME members. Team Noridian will access this data for use with other business process areas and for online inquiries. Additionally, we will provide access to this data to authorized users and other IME contractors as directed by the Department.

Team Noridian will create a workflow process that will allow the appropriate Department and medical services staff to enter and approve long term care services, HCBS services, and enhanced state plan and program services for claims processing. Data that is entered into eCAMS will be used to update long term care information in the member management module to make sure that claims for the following all process and pay using the appropriate provider and level of care information: Nursing Facility (NF), Residential Care Facility (RCF), Intermediate Care Facility for Individuals with Intellectual Disabilities, Skilled Nursing Facility (SNF), Mental Health Institute (MHI), Psychiatric Medical Institution for Children (PMIC), Nursing Facility for the Mentally Ill (NFMI), and PACE.

Utilizing the data entered for the waiver for authorization will ensure that claims are processed correctly using the number of units, rates, procedure codes, date spans, and provider information that was approved within for HCBS waivers, hospice residing in a facility, Targeted Case Management (TCM), Habilitation, Remedial Service, and Money Follows the Person (MFP) members.

Team Noridian's systems unit will perform all system support functions including the file maintenance, data element maintenance, and member eligibility update responsibilities on a frequency set by the Department to include monthly, daily, and real-time updates. This unit will be made up of experienced technical resources familiar with IME specific needs.

10.22.2.2 Maintain HCBS Waiver Utilization and Member Data

RFP Section 8.1.21.2 Requirements b, c, and g

The eCAMS member business process area maintains data structures to store level-of-care (LOC) information with associated start and end dates. eCAMS supports configuration of LOC reevaluation date for tracking purposes. eCAMS implementations in other states store similar information in the eCAMS Member business process area. This information can be accessed online through member inquiry screens.

Configuration of waiver programs is supported to business process wizards and flexible program data structures, which hold the definition for the waiver program, which supports addition / changes / deletion of waiver services. When members are enrolled for a program, these waiver services are associated to the member. eCAMS maintains edits and controls on waiver services and a complete audit trail of all the changes to waiver program configuration for reporting purposes.

eCAMS provides a flexible framework to assign payment account codes for efficient tracking of services and expenditures. The payment determination service, which includes an account determination service, assigns the appropriate codes to the adjudicated claims for efficient reporting of waiver services expenditures on all applicable federal reports.

10.22.2.3 Reporting

RFP Section 8.1.21.2, Requirement d

Using our extensive knowledge of IME requirements gained through over six years of direct IME experience, we will continue to supply all required reports in a timely and efficient manner by using our powerful Cognos reporting toolset.

Cognos is an enterprise-level, Web-based reporting tool that allows users to create full-featured reports using its Report Studio report creation tool. Cognos also generates reporting outputs for predefined scheduled and on-demand reports.

The reports that are generated using Cognos tools are either stored locally on a user's desktop or in the OnBase document management system. Team Noridian has implemented single sign on from the MMIS application into the Cognos environment so that users do not have to log into Cognos once they are authenticated by the application. All access to reports is provided through the Report Access Portal (RAP). The RAP allows access to Cognos and provides single click access to the reports stored and archived in the OnBase repository.

10.22.2.4 Training

RFP Section 8.1.21.2, Requirement e

In order to use eCAMS in the most effective means, Team Noridian has an established training approach that serves as the foundation to meet our staff training needs, Department education, and external training needs as required. We will train new staff members who are not familiar with the Benefit Plan setup and maintenance, or with the usage of our Rules Management system, RuleIT. We will continue to have SMEs available to share knowledge and ensure internal staff can meet performance and production levels, and that Department or contractor staff members have a firm understanding of the system.

Figure 10-76 depicted in the previous section shows the cyclical nature of our training process. Our experience indicates that by continuously following the key steps of our training approach, we will ensure consistency, thoroughness, and quality of the training provided to all Team Noridian staff. This approach also allows for updates that reflect the differences in each period of the contract and for the application of lessons learned to improve the training program.

10.22.2.5 Manage System

RFP Section 8.1.21.2, Requirement f

Team Noridian's technical support unit will perform all system support functions. All system or procedural changes will be fully documented and submitted to the Department for review and approval. System changes are all developed and implemented following our SDLC methodology and using our established change management processes.

Operational procedures are also implemented through our change management procedures. Our SDLC and change management procedures use a checklist and alert system to ensure all applicable operational procedures or other documentation is updated as a result of any changes. All user and system documentation is maintained on our project portal and regularly reviewed and audited to ensure it is current and conforms to published standards. Versions are strictly controlled so that our staff and the Department always have access to the correct update.

10.22.3 Performance Standards

RFP Section 8.1.21.3, Requirements a through i

We understand that the success of the program depends on regular monitoring of contractors to determine if the established performance standards are being met. Performance standards will be documented, reviewed, approved, and monitored between Team Noridian and the Department through performance metrics. The new MMIS will provide the necessary data, which will be used to verify that the standards are being met. eCAMS will support the Department by providing operational and performance data plus reports for providing visibility and insight into the claims processing business area performance characteristics.

Team Noridian uses a performance dashboard, eCAMS HealthBeat, to monitor performance. The performance dashboard monitors and inspects appropriate measures, such as inventory levels and transaction processing timeliness, that position Team Noridian to meet the performance expectations. This inspection and identification of high inventory levels is an important step to meeting the overall performance requirements. Team Noridian can quickly address and reduce high inventory levels that, if not reduced, may jeopardize timely performance.

The following items will be included as part of the performance standards for the optional waiver, facility and enhanced state plan services management functions, and reported as agreed to in the design phase:

- Update MMIS with transactions from external sources within two hours of receipt.
- Send updates to external sources within two 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.

10.23 Interactive Voice Response System (IVRS) Management

RFP Section 8.1.22

Noridian played an active role in the implementation of the existing IVRS at the IME in 2005. Since the very inception of the IVRS at the IME, Noridian has provided maintenance and development through several iterations of upgrades and enhancements to the IVRS and its supporting systems.

Team Noridian recognizes the value the IVRS brings to the IME by reducing the number of calls to provider services, as well as improving customer service by allowing for 24-hour access to claim status, prior authorization status, and eligibility information. Team Noridian will continue our support of the eligibility verification system (ELVS) and integrate with the new MMIS, eCAMS, as shown in Figure 10-79.

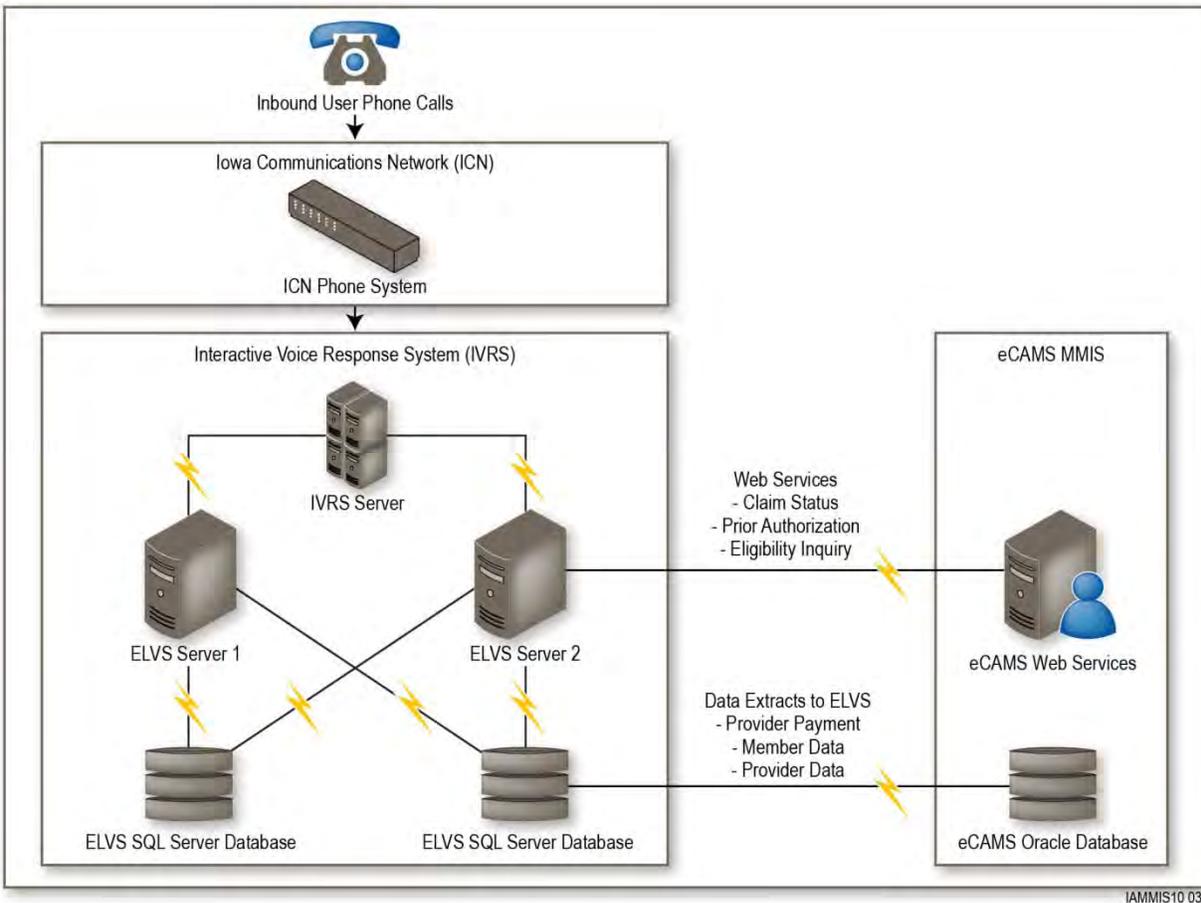


Figure 10-79. eCAMS and IVRS Integration. Users will be able to make calls into the IVRS which will utilize data from eCAMS and web services to provide accurate and updated eligibility, claim status, prior authorization status, and remittance information.

10.23.1 Activities

RFP Section 8.1.22.1

Team Noridian will integrate the IVRS with eCAMS to continue to provide updated Medicaid member data, provider data, and claims data to authorized providers 24 hours a day.

10.23.2 State Responsibilities

RFP Section 8.1.22.2, Requirements a through c

Through reporting and active communication, Team Noridian will serve as a mechanism of support to the Department. In an effort to assist the Department in fulfilling the State Responsibilities, we will provide on-going reporting from the IVRS application to the Department to be used in monitoring performance. Team Noridian will also engage in open communication in regards to the functionality and performance of the IVRS. We will support the Department in discussions with telecommunications vendors in regards to the IVRS. Team Noridian will provide the Department with the call response scripts to be used in the IVRS; upon approval from the Department, we will implement those scripts and functionality.

10.23.3 Contractor Responsibilities

RFP Section 8.1.22.3

10.23.3.1 IVRS Functionality

RFP Section 8.1.22.3, Requirements a through c, and j

Data maintained for utilization by the IVRS will contain all the essential data elements defined by the Department. IVRS data will be kept current and consistent with the MMIS by leveraging real-time access to MMIS data via web services, with no gaps or lag in the availability of information. As eCAMS receives an updated recipient eligibility file or provider updates, that information will be accessible through the IVRS. Team Noridian will ensure that the IVRS contains the necessary data elements, as defined by the Department, to support member eligibility and provider information inquiries into the system. When requested, the IVRS allows Team Noridian to override system messages spoken by the IVRS's Text-to-Speech (TTS) function with a human recorded message.

10.23.3.2 Security

RFP Section 8.1.22.3, Requirements d through f

The IVRS and its supporting data will be maintained in the Department's data center, which will be subject to security standards and protocols defined by the Department and supporting agencies. Team Noridian takes care in enforcing and maintaining practices and policies that conform to these federal confidentiality laws and State data security standards when necessary and applicable. Team Noridian is well versed in complying with HIPAA and Department of Defense Security Technical Implementation Guides (STIGs) in our existing business. These requirements are in place to protect members' protected health information (PHI) and our expertise in security will be applied to our work in this contract.

Team Noridian will ensure that access to member eligibility information through the IVRS is only granted when the user has entered the appropriate member identification keys. When requesting eligibility information, the IVRS will prompt the caller to enter one of the defined keys; a correct key will allow access, an incorrect key will result in caller being prompted to try again. All attempts will be logged in the database and available for reporting to identify unauthorized access attempts.

Automated logging of inbound and outbound transactions will be a built-in function of the IVRS and its supporting systems. Access to this data will be made available on request and through reporting defined by the Department.

10.23.3.3 System Performance

RFP Section 8.1.22.3, Requirements g through i, and k

Call statistics, such as provider type, provider number, number of inquiries made, duration, and errors or incomplete calls, will be derived from both the automated logging of transactions by the IVRS and its supporting applications, and the internal logging performed by the vendor software used to manage calls

into the IVRS. These statistics will be able to be reported against to provide information to the Department on the use of the IVRS.

The IVRS functions based on touch tone responses from the caller accessing the system. Callers that are not using a touch tone phone will be asked to hold for further information, and will then be directed to call the local county office for assistance. Team Noridian recognizes that we are not in control of the infrastructure for telecommunications connections for the IVRS, but will support the Department in determining the proper amount of connections available for the IVRS.

In the event of any operational or performance issues, Team Noridian will leverage the use of concise and open communication with supporting agencies and vendors in an effort to resolve any identified issues as quickly as possible. In the event of a performance issue, or if the IVRS becoming unavailable or inoperable, communication will be distributed within an hour through e-mail or other forms of communication to the designated individuals as specified by the Department. An escalation of communication will be implemented when requested or deemed necessary. All issues will be logged and tracked in our incident management system, WorkView, capturing dates and times of receipt, and resolution, cause, and resolution.

10.23.3.4 Support and Training

RFP Section 8.1.22.3, Requirements l and m

Team Noridian will train Provider Services on the various options and functions of the IVRS. Team Noridian will communicate any relevant system changes that affect the IVRS to Provider Services, and will be available as a resource for any questions or concerns that Provider Services may have. Using the established change request process, stakeholders such as Provider Services will have visibility into any changes, and as part of the change request process, stakeholders will be proactively notified.

Team Noridian will take ownership of any and all required maintenance of the IVRS, as related to system availability, performance, data, and application support.

10.23.4 Performance Standards

RFP Section 8.1.22.4

10.23.4.1 IVRS Performance

RFP Section 8.1.22.4, Requirements a, b, and f

IVRS transaction log information will be used to measure the average response time for an IVRS request. Performance will be monitored by Team Noridian on an ongoing basis, with any identified issues or concerns being communicated to the Department, followed by an appropriate action to address the issue and reach a resolution. Team Noridian will give the Department access to the reports.

The IVRS will be constantly monitored for system availability. Monitoring will be performed by both system support staff and application monitoring software that will send notification when a potential system problem has been identified.

For response time and uptime statistics, reports will be created on a regular basis to produce a report card for the IVRS. Also, Team Noridian will make a system dashboard available through HealthBeat for visibility by Team Noridian management and Department oversight as well.

Any identified operational issues will be immediately assessed for resolution. Significant operational issues or outages without an immediate solution will be communicated to the Department within one hour of identification. There will be an escalation of communication to the Department and other impacted units within the IME, as well as supporting agencies or vendors, as deemed appropriate or specified by the Department. All identified issues will be documented and logged in the incident management system.

10.23.4.2 Updates and Correction to the IVRS

RFP Section 8.1.22.4, Requirements c through e

Team Noridian will make certain the IVRS contains data that is current and consistent with the MMIS. IVRS data will be kept current and consistent with the MMIS by leveraging web services for real-time access to eCAMS. When requested, Team Noridian will respond timely to any pronunciation problems identified in the IVRS response messages. Unless given exception by the Department, a new message will be recorded within one business day to correct mispronounced names or wording; or to override system messages spoken by the IVRS's Text-to-Speech (TTS) function with a human recorded message. Team Noridian will track these in our incident management system where we can capture reported date and time as well as resolution date and time.

Before implementing any changes or enhancements to the IVRS, Team Noridian will perform sufficient testing and receive approval from the Department and supporting/impacted units within the IME in an effort to avoid any errors in the production response scripts. In the event there is an error, Team Noridian will make it a priority to communicate the issue appropriately and correct the problem within one business day. All requests for changes in the scripts will go through Team Noridian's change management process, and any issues identified will be tracked as defects and monitored through resolution.

10.23.4.3 Reports and Procedures

RFP Section 8.1.22.4, Requirements g through i

Team Noridian will ensure that any required updates to operational procedure manuals will be done within 10 days of the Department's approval for implementation. Team Noridian will use the operational procedure workflow within OnBase for tracking changes to procedure manuals.

IVRS reporting will be generated from transaction log data maintained in the IVRS and its supporting applications. Reports will be created on request or as specified by the Department.

Team Noridian will seek review and approval from the Department for any documents, reports or otherwise-specified deliverables generated from the IVRS.

10.24 Web Services

RFP Section 8.1.23

Team Noridian will maintain the Web Portal and associated services to ensure alignment to the Department's operational requirements for Web services, including adherence to performance and service levels, compliance to standards for usability, content and security, implementation of related policies and rules as per current and emerging needs. Team Noridian will ensure that the Web services are oriented towards the end users in terms of providers, Department staff, member's and other business partners and act as the core information exchange hub for handling Medicaid functions and a core communication channel for the IME.

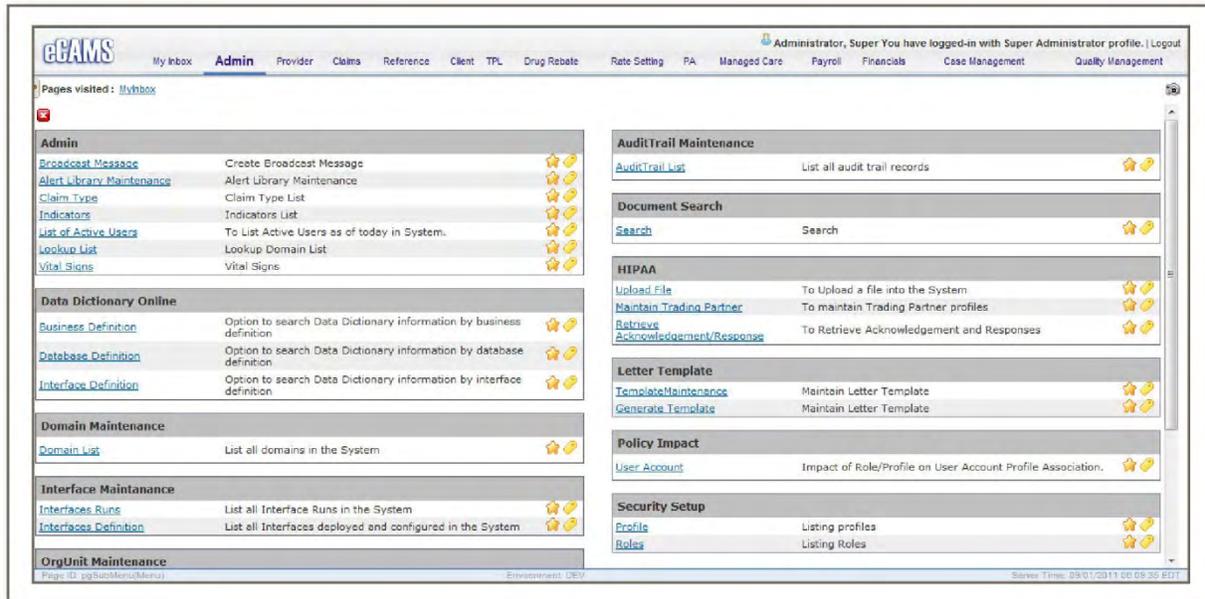
Team Noridian's eCAMS solution is the Medicaid platform that will implement the new MMIS for the Department. eCAMS includes the static and secured provider and member Web Portal functionality. eCAMS is the only intrinsically Web-centric MMIS designed from the ground up to use the best of today's technical solutions, including rules engines, stakeholder portals, service-oriented components, and reusable applications. These features combine to produce a truly user configurable system designed to meet the Department requirements now and in the future. Most other MMIS' in operation today have evolved from legacy applications surrounded by middleware, translators, and user interface technology that attempt to address the Web service needs of customers such as IME. Only eCAMS incorporates these features intrinsically in its design.

Designed using a J2EE architecture, eCAMS provides system access for geographically dispersed users and reduces system operating costs by eliminating the need for maintenance of proprietary client software. eCAMS also allows providers lacking sophisticated billing systems to enter claims directly over the Web, thereby reducing the time to payment for a particular claim. At the same time, eCAMS has the capability to accept direct batch feeds from large provider organizations by using industry standards such as XML and fixed file format.

This will allow the Department to take advantage of several benefits that a Web-based system offers, including:

- **Standards Based.** The Team Noridian solution architecture is based on industry-based open architecture standards which provides Web browser-based user interfaces, using standard HTML and JavaScript, and other acceptable Web standards.
- **No Client Software Installations.** By using the Java 2 Platform, Enterprise Edition (J2EE) architecture for eCAMS, the only software required on a user's computer is the Internet browser. Since nearly all desktop and laptop computers already have Web browsers, there is no reason to install client-side software. This efficiency is realized both short term by eliminating initial installations of software, and long term by avoiding upgrades and maintenance, because there is no need to push out software fixes and enhancements. While savings associated with these types of applications can be quantified in dollars, there is also a savings in time resulting from decreasing the time-to-market for newer versions, not to mention provider satisfaction.
- **Decreased Learning Curve.** Almost all computer users today, whether at home or at work, have learned to navigate the World Wide Web, made easy by the intuitive nature of the graphical user interface (GUI) that comes with all Web browsers. Features such as clickable links, drop-down list boxes, saved filter options, and context-sensitive help that are typical of most Web-based applications today allow an individual to become adept quickly in the use of eCAMS. The availability of screen-sensitive help menus lets users retrieve information related to that particular screen with one click, and to business processes behind the displayed information.
- **Compliance with Usability Standards.** The eCAMS user interface is compliant with the relevant sections of the Americans with Disabilities Act (ADA). It provides certain usability functions, such as the ability to alter font size and colors to improve readability, which individuals who require assistance can leverage.
- **Future Innovations and Roadmaps.** Even though Team Noridian has the most modern MMIS in the marketplace, it continues to evaluate new technologies, techniques, and tools to evolve and improve its products. For example, we are currently evaluating the use of HTML5 to provide an even richer user experience with interactive dashboards and context sensitive dynamic user interaction. We have also undertaken the initiative to leverage mobile device applications for access and interactions such as real-time reporting of time by home health care providers, eligibility checks, and viewing of authorization data.

The user interface for eCAMS, now in its third generation, has been enhanced based on studying the usage patterns of the system in production. The proposed version of eCAMS is in its third major revision and features an improved and enhanced user interface, feature set, and application functionality. More than 40 features have been added to the user interface alone based on studying and analyzing the usage of the earlier version in production. Figure 10-80 shows 'Admin' functions of eCAMS on an Internet Explorer browser.



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Figure 10-80. A Screen of eCAMS, as Displayed within the Browser. The interface to eCAMS will not require any software to be installed on the user's desktop.

Team Noridian's solution for the Web Portal is implemented via eCAMS and Magnolia Content Management System. eCAMS delivers the secured portal for providers and members, and Magnolia is used to manage the static Medicaid content for the public.

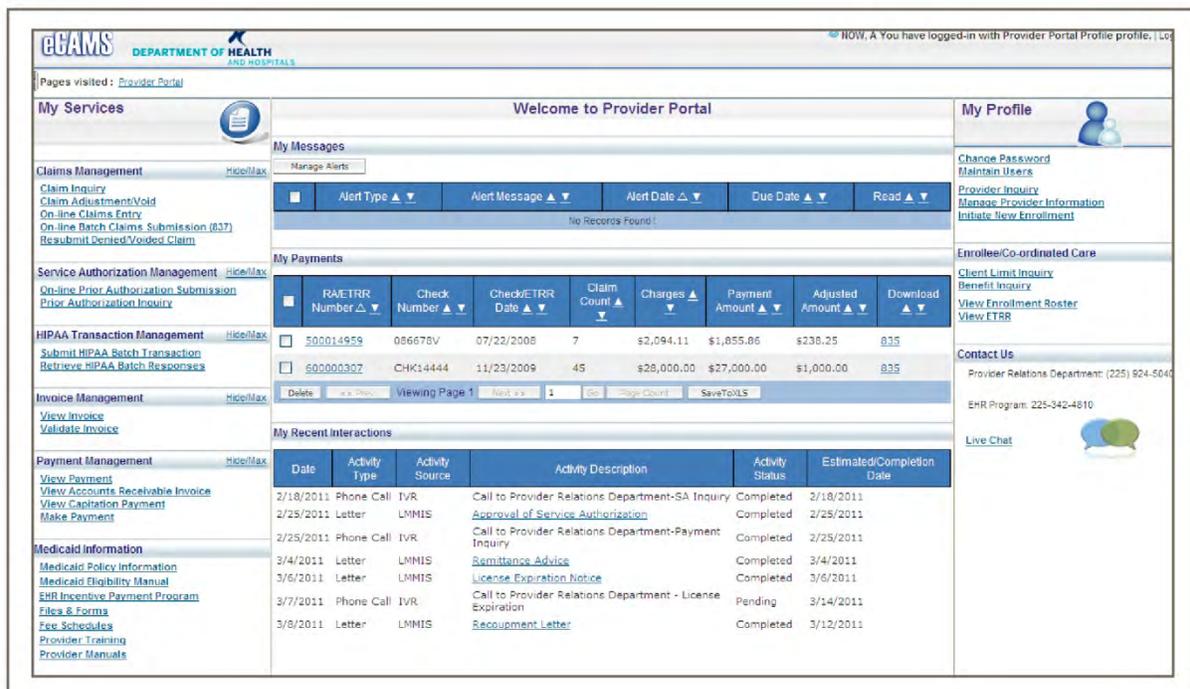
Web Portal

It is a static portal where most of the static information will be available. Following are the key functions of the Web Portal. Figure 10-81 shows some of these features.

- General public can view Medicaid program information, forms, and applications.
- Providers can download different forms and fee schedule information via links.
- Providers can initiate new enrollment processes from the Web Portal.
- FAQs and bulletins will be published on the Web Portal. Team Noridian will work with the IME to determine the place holders for these features.
- General public (provider/member) can report suspected fraud and abuse via the Web Portal.

Features of the Web Portal for providers include:

- A claims management section provides functions where, providers can inquire on claims, submit a claim using online data entry, submit claims as a batch, and resubmit denied/void claims.
- A service authorization section that allows providers to submit prior authorization requests and inquire on the status of existing requests.
- Providers can submit HIPAA batch transactions and see the responses using the links available.
- Providers can see the existing invoices and validate the invoices.
- Providers can see the payment status, account receivables information, and make payments using the links available under this section.
- Other useful Medicaid information links like fee schedules, provider manuals, Medicaid policy information, and Medicaid eligibility manuals are available.
- Providers can maintain the users under the provider's domain, change his own password, and initiate new enrollment.
- Providers can inquire about member's Benefits limit using the links under this section.
- IME contact information is provided; providers can do "Live Chat" with customer support using the link in this section.



DEPARTMENT OF HEALTH AND HOSPITALS

Pages visited: Provider Portal

My Services

Claims Management

Service Authorization Management

HIPAA Transaction Management

Invoice Management

Payment Management

Medicaid Information

Welcome to Provider Portal

My Messages

My Payments

RAETR Number	Check Number	Check/ETRR Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
500014956	086678V	07/22/2008	7	\$2,094.11	\$1,855.86	\$238.25	835
500000307	CHK14444	11/23/2009	45	\$28,000.00	\$27,000.00	\$1,000.00	835

My Recent Interactions

Date	Activity Type	Activity Source	Activity Description	Activity Status	Estimated/Completion Date
2/18/2011	Phone Call	IVR	Call to Provider Relations Department-SA Inquiry	Completed	2/18/2011
2/25/2011	Letter	LMMIS	Approval of Service Authorization	Completed	2/25/2011
2/25/2011	Phone Call	IVR	Call to Provider Relations Department-Payment Inquiry	Completed	2/25/2011
3/4/2011	Letter	LMMIS	Remittance Advice	Completed	3/4/2011
3/6/2011	Letter	LMMIS	License Expiration Notice	Completed	3/6/2011
3/7/2011	Phone Call	IVR	Call to Provider Relations Department - License Expiration	Pending	3/14/2011
3/8/2011	Letter	LMMIS	Recoupment Letter	Completed	3/12/2011

My Profile

Enrollee/Co-ordinated Care

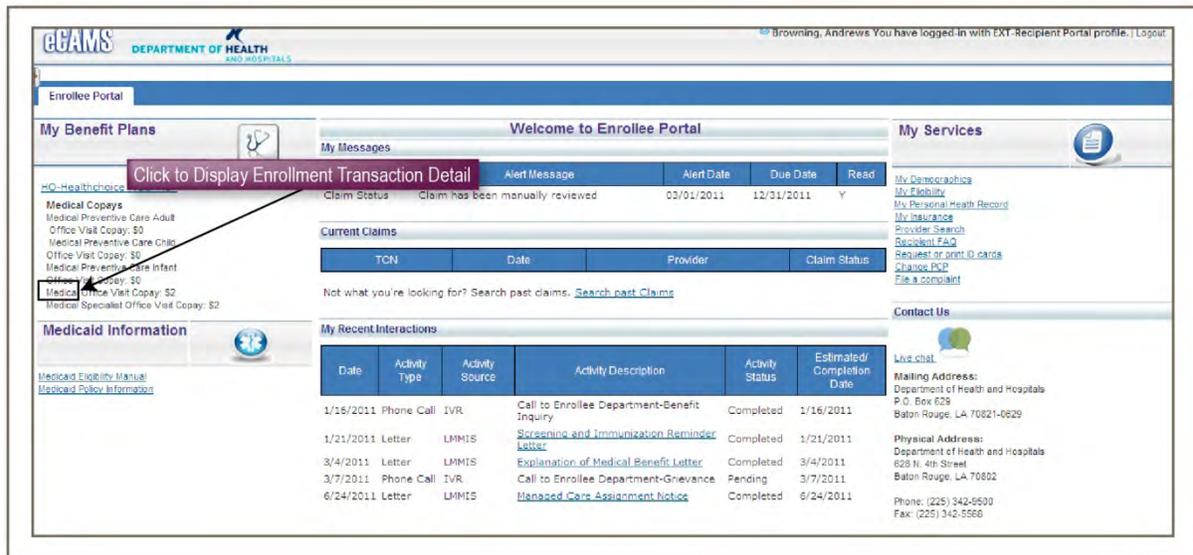
Contact Us

IAMMIS9 819

Figure 10-81. Snapshot of the Web Portal Home Page for Providers. The Web Portal has various functions available to the provider.

Figure 10-82 shows the features available in secured eCAMS Web Portal for members. Some of these functions include:

- Logged in members can see covered benefit plan details.
- Useful links like Medicaid eligibility manuals and Medicaid policy information.
- Members can see the demographic information, search for providers, request ID cards, change primary care physicians, check personal health plan records and view the eligibility information.
- IME contact information will be available; members can do the live chat with customer support using the links in this section.
- Alerts for the member by the system or by the Member Services contractor or IME staff are available.
- Members recent claims (last 3 months) are shown; a link is provided for member to inquire on past claims beyond this period.
- Members' recent interaction information with IME will be displayed in this section for this reference.



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Figure 10-82. Snapshot of the Web Portal Home Page for Members. There are various functions available to the member on the Web Portal.

Content Management

Team Noridian will maintain a public IME Web Portal that will act as the information portal for the Department for all communications on the Internet. The portal will provide content management capabilities to allow inline content-editing, version control, and support for dynamic Web contents. The Department will be able to maintain policy manuals in this location. Content Management will be supported through the proposed Content Management tool, Magnolia. Team Noridian's approach for Web content management will include:

- Structured process and handshake with the Department for utilizing approved content
- Streamlined process for content management using tools and utilities
- Access control based on Department approved users and security privileges
- End user empowerment to dynamically update content
- Adherence to usability and style guidelines through template and tool driven approach

Secure Access

The new MMIS implements security standards that are compliant with NIST security standards and HIPAA. Most, if not all, user access is designed to be delivered using eCAMS screens and the Web

Portal, which is also designed using the core eCAMS platform. Team Noridian implements role based access control (RBAC) in its eCAMS application. This allows only the roles and rights required to be set up, thereby ensuring that only the required rights are granted to an individual user who is working with MMIS.

The eCAMS architecture promotes a security design philosophy at all levels of the technology stack that provides a secure environment for information management and protects against unwanted loss or disclosure of data. Authenticated access and RBAC enforces security in eCAMS. Access controls and an audit trail support HIPAA security and privacy.

The eCAMS application security engine has different levels and attributes of the security protocols stored in secure tables in the eCAMS application. The eCAMS application provides the front-end administrator screens and access required to create, modify, and maintain these user credentials and access privileges. eCAMS supports the following access levels for Web Portal users:

- **No Access.** No access to a page. This determines if a page is visible or not for a specific user, role or profile.
- **Read-Only Access.** Provides read-only access to the contents on the Web page.
- **Control Access.** Control-level access addresses specific data to be shown on the page and characteristics on that page. For example, the control may be to suppress provider IDs on a list of providers shown for patient referral purposes, or to disable the hyperlink to provider details for all providers other than the one conducting the inquiry. Control access also addresses the buttons and options on a page, such as those that enable adding, approving, and deleting records.
- **Full Access.** Full access to the Web page and its data elements.

Availability

The Web Portal and other client facing ancillary system components as developed under this contract shall be available 24-hours-a-day, seven days-a-week except for the Department approved time for system maintenance. Any unscheduled down time shall be reported to the Department immediately and will also be documented and explained in writing to the Department within 48 hours.

10.24.1 State Responsibilities

RFP Section 8.1.23.1, Requirements a through d

During operations, the Department users submit requests for service in an open-source ticket request system (OTRS) for triage by the Core contractor staff. These may be requests for information, advice, or access to a service. These requests are evaluated, and a response is provided to fulfill the request. When the request is determined to require a change or enhancement to the existing system or service, a change management request (CMR) will be generated and entered into the OnBase CMR workflow. OTRS is used to manage these “service requests” that, while they are changes, are part of the current scope of operations and do not impact systems or services to be performed, and do not require CMR review and approval. Requests that meet the criteria of a CMR, and therefore require CMR review and approval, are managed in the OnBase CMR workflow. The OTRS ticket status is updated to indicate the request has moved to the Web Portal and is closed.

- **Start-Up Content.** Team Noridian will facilitate sessions to review the content in the public website and base Web Portal. Team Noridian will establish dates for the Department to review, add and approve the existing content in the public website and Web Portal. Team Noridian will seek content review and approval from the Department for all content in the Web Portal including static content (Web page instructions and help information) as well as dynamic content such as the error messages, alerts and other electronic notifications generated and displayed through the Web Portal.
- **Content Additions and Updates.** Team Noridian will establish a process for the Department to communicate changes to content after go-live of the public website and Web Portal. Any changes to

content including website content, Web page instructions, help information, error messages, alerts, notifications, etc. will be communicated through the OTRS as a service request, which will be tracked and closed as per the established procedures.

- **Guidelines for Authorizing Users.** Team Noridian will establish a process based on which the Department will authorize users and the user privileges. The eCAMS application supports four access levels. These access levels are available for the system's Web page and the associated data.
- **All Policies and Rules.** All Department policies and rules related to Web services will be documented as operational policies and procedures, including service levels. Web service requests and responses will follow established procedures.

10.24.2 Contractor Responsibilities

RFP Section 8.1.23.2, Requirements a through f

Team Noridian will maintain appropriate staff to ensure that requirements of the contract are fulfilled, throughout the term of the contract for managing Web services requests. Staff will be trained and skilled within their functional areas, and knowledgeable of the overall system. This would ensure that the service commitments required by this contract are met or exceeded.

The team will be able to manage content and configure the Web Portal to meet the expectations of the Department after collecting the requirements during the design task. We will also produce all the reports required by this contract in a timely manner. The reports will be configured where already available in the system, or created, as per the requirements of the Department.

- Maintain service levels for all Web content update requests. Team Noridian will institute a system in OTRS to receive all the service requests and track them through closure oriented towards service level adherence.
- Team Noridian will develop and publish a style guide, which covers the usability and content standards and establish the layout for the Web Portal with all the navigation, menu items, style sheets, fonts and color choices.
- Team Noridian will institute and operate content approval and update procedures for all content in the Web Portal including:
 - Static content (Web page instructions and help information).
 - Dynamic content such as the error messages, alerts, and other electronic notifications generated and displayed through the Web Portal.
 - All documents and functionality (e.g., applications, manuals, handbooks, notices, welcome packets and others).
- Team Noridian will implement the procedures to monitor the Web environment to evaluate the adequacy of infrastructure to support access by providers and members including, but not limited to:
 - Using the state network solutions that maximize performance based on currently available technology.
 - Monitoring the Web Portal and client-facing ancillary system availability via automated capabilities.
 - Investigating indications of potential problems and proactively initiating changes to maintain availability
 - Conducting a thorough and effective maintenance during scheduled downtime to optimize performance.
 - Providing redundant servers to support Web applications.
- Team Noridian will implement documented procedures for notification of unscheduled system downtime. The notification, at a minimum, will address the proposed action plan, anticipated resolution time and alternate workaround for the problem, if any, seeking approval. A Department-approved corrective action plan will be implemented by Team Noridian.

10.24.3 Performance Standards

RFP Section 8.1.23.3, Requirements a through c

We understand and appreciate the need for the Department to monitor our processes and delivery against the established performance standards on the project. We will assist the Department by providing mechanisms to help monitor the documentation deliverable performance. Team Noridian will provide bi-weekly detailed project work plan updates.

Key aspects of Team Noridian's approach to maintaining performance characteristics include:

- Using state-of-the-art hardware, software, and network solutions that maximize performance based on currently available technology.
- Monitoring Web Portal and client-facing ancillary system availability via automated capabilities.
- Investigating indications of potential problems and proactively initiating changes to maintain availability.
- Conducting thorough and effective maintenance during scheduled down times to optimize performance.
- Providing a redundant server to support Web applications.
- Submitting test transactions during peak usage times (as part of the quality assurance process) to confirm availability.
- Developing a process to notify the Department of unscheduled downtime and defining the documentation requirements.

Reports

Team Noridian will establish the report requirements for the Web service request area. Team Noridian will implement a Web-based document management system in order to maintain all reports and system documentation electronically with viewing capabilities via the Project Portal. Team Noridian will create a system documentation index with links and structure all reports and documentation so that information is easily searched and accessible. Team Noridian will store, update, and track all updates and alert users via the Project Portal when reports and documentation are published. Team Noridian will provide the Department with one electronic copy and two hard copies of the reports and user documentation required for operations and maintenance prior to the start of the operations phase.

10.25 Workflow Management

RFP Section 8.1.24

Team Noridian recognizes first-hand the success of OnBase as the electronic document management and workflow system for the IME since the initial implementation in 2005. Team Noridian will continue to use OnBase for document imaging, electronic document management, records management, and workflow, while bringing multiple workflow enhancements as well as integration with eCAMS, Team Noridian's MMIS. These enhancements and integrations will introduce efficiencies across the IME, benefiting all users of the systems.

Team Noridian is uniquely positioned to meet the workflow management needs of the Department and the Iowa Medicaid Enterprise. Team Noridian introduced the IME to OnBase in 2004 and implemented the current IME solution in 2005. We have continued to support and

“ I don't know of another organization that is as expert in the use of document management and workflow technology in the arena of healthcare reimbursement than Noridian. ”

Bill Priemer, EVP & COO
Hyland Software

enhance the system with multiple improvements over the past six years. During that time, Team Noridian has worked with the Department and each unit in the IME to bring multiple enhancements to the OnBase workflow, as well as introducing multiple new workflows to support the evolving Medicaid landscape. These enhancements and additional workflows have been the result of teamwork and collaborative discussions between the IME units and Team Noridian. Team Noridian has gained valuable IME business

knowledge of not only the Core contract, but also of the other units' work and business processes as there are now 147 different workflow processes in use across the IME.

Our experience in the IME is complimented by extensive experience deploying OnBase workflow systems for Blue Cross/Blue Shield of North Dakota, Noridian's Medicare contracts, Fox System's NPI contract, and for Discovery Benefits Incorporated's COBRA and flexible benefits administration. Team Noridian has been using OnBase and workflow since 2002 and received an award from Hyland Software, the manufacturer of OnBase, for "Best Return on Investment" in 2006.

Team Noridian's approach to the start-up and implementation phase is to commit OnBase solution experts from our other lines of business to the IME project. They will work hand-in-hand with an existing OnBase expert from Iowa, who has intimate IME business expertise, to define and build enhanced workflows that will be delivered to the IME. Team Noridian will supplement the OnBase workflow engine with the new MMIS, eCAMS. eCAMS has built-in workflow capabilities to handle many business processes and is able to couple that with integrated access to all the data contained in the MMIS. The ability to combine the eCAMS data with workflow provides a rich workflow experience for the users. The OnBase system will be integrated to the various modules of eCAMS via web services, allowing OnBase access to the eCAMS data in a real-time environment.

10.25.1 State Responsibilities

RFP Section 8.1.24.1, Requirements a and b

Team Noridian will take guidance from the Department on workflow processes to be implemented or enhanced. Team Noridian will also document and seek Department approval on suggested workflow changes. Team Noridian's processes include scope, design, system, and training documentation that will be available for review by the Department at any time. Team Noridian's workflow processes will continue to provide data to the IME data warehouse for the Department to utilize for oversight and monitoring of contractor performance.

10.25.2 Contractor Responsibilities

RFP Section 8.1.24.2

10.25.2.1 Configuration of Workflow Management System

RFP Section 8.1.24.2, Requirements a through e

Team Noridian will continue to use OnBase for the workflow management system in the IME. This will be complimented by built-in workflows within the eCAMS MMIS system that Team

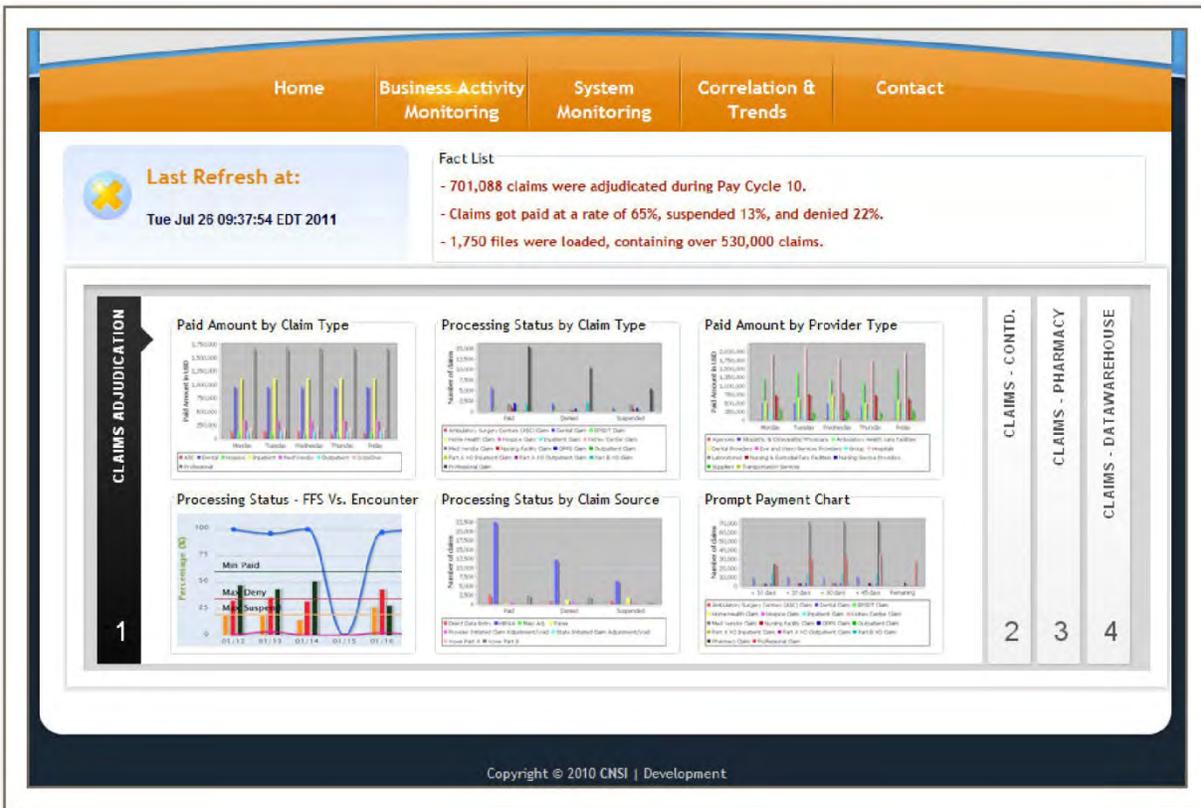
Noridian is bringing to the IME. Team Noridian will utilize development environments of OnBase and eCAMS to integrate the two systems to configure the new complete workflow management system. OnBase uses a Microsoft SQL database, and to import the current IME workflow processes, Team Noridian will use a back-up of the existing OnBase configuration database to deploy into the new development environment. This will be an exact copy of the existing OnBase solution, without the metadata (keywords) and images to prevent PHI from being introduced into the development environment.

Team Noridian has extensive workflow experience in the IME. Team Noridian implemented and supports over 100 business process workflows in the IME today.

Since OnBase is a commercial-off-the-shelf (COTS) software product, there are regular releases by Hyland Software, the manufacturer of OnBase. Team Noridian will deploy the newest production release available in the development environment for configuration of the workflow. Within this development environment, Team Noridian will be able to modify and reconfigure the workflows to support the revised business processes.

During the design and configuration of workflows, we will configure the ability to distribute claims via workflow through eCAMS, allowing the users to work directly out of one system for claims processing.

Images of claims and attachments will be made available directly from eCAMS for users to view during claims adjudication. eCAMS has the ability to setup multiple routing criteria online, allowing management to make workflow decisions on how to distribute the workload to their staff. Within the eCAMS system, users will be able to transfer or refer claims among departments as appropriate via workflow actions. The workflow routing will then reassign that claim to the appropriate work location or user based on the configured workflow rules. OnBase and eCAMS will allow distribution of workload to staff via workflow across the IME. The use of workflow for workload distribution allows management a quick and easy method to monitor activities and workload levels. While working in the system, management can quickly see what work is pending, as well as where in the process it is. Along with this, workflow information is going to be fed into HealthBeat, Team Noridian's dashboard shown in Figure 10-83. This will provide a graphical representation for management and the Department to quickly view key performance indicators.



IAMMIS10 007

Figure 10-83. eCAMS HealthBeat. Workflow statistics will be visible via HealthBeat, the operational dashboard, allowing management a quick view into the performance of their operational areas.

Throughout any workflow process that Team Noridian configures, auditing and logging take place. These audit logs are able to be ported over to the data warehouse or an operational data store for reporting purposes to monitor performance. For monitoring of activities within workflow, OnBase and eCAMS offer a view into the "history" of a claim or other document. The history of workflow steps that have occurred is available for review by staff that has been granted security access. This provides accountability and auditable activity that can be reported on.

Team Noridian recognizes the success the IME has achieved by having a paperless environment, and the use of workflow to distribute workload is a key component on maintaining a paperless environment. Team Noridian will work with the Department and business areas to help redefine improved workflow processes across the IME that are supported by OnBase integrated with eCAMS. This will replace the

existing environment in which users are forced to route claims and workload both in OnBase as well as the old MMIS system. In the new environment, OnBase and eCAMS will be integrated to deliver an MMIS that is capable of advanced workflow in a streamlined fashion.

Team Noridian's workflow management is also able to be extended beyond standard operational processes and into the more traditional support processes such as change management. The use of the CMR workflow in the IME has been used for the existing contract, and has proven the benefit of using a workflow for support processes. These additional processes will continue to be supported as part of the continued use of OnBase.

10.25.2.2 Demonstration of Workflow Management System

RFP Section 8.1.24.2, Requirement f

Team Noridian agrees to demonstrate the workflow system as requested by the Department. During start-up and implementation, Team Noridian will have staff in our temporary facility in Des Moines who are capable of demonstrating workflow and engaging in dialog on how the system functions. Team Noridian wants the Department to be engaged in the workflow system as the Department will also have access and be users of the system. Team Noridian also will provide demonstrations to the other IME contractors at the Department's request as they also will be users of the system. Team Noridian will produce documentation of the system for review; however, we feel that most people understand a system better after seeing demonstrations of it, which is why Team Noridian is committed to working with the Department on the demonstrations they desire.

10.25.2.3 Destruction of Source Documents

RFP Section 8.1.24.2, Requirement g

Team Noridian will configure OnBase to destroy source documents according to procedures defined by the Department. Team Noridian will be utilizing two additional modules to OnBase that are designed to handle this type of work. The Document Retention module and the Records Management module work together to form a complete records management solution that is capable of destroying documents, per the Department's guidelines. Document Retention allows for automated destruction of documents after a specific time period has elapsed since the document was created. For example, if the Department has a rule that after 60 months, the images of paper claims can be destroyed, Team Noridian will configure the Document Retention module to monitor the paper claim document type(s) and after a document has been stored in the system for 60 months, it will be purged. The Records Management module can be used for more complex rules for destruction. With this module, multiple documents can make up a record, and that record is what is managed. For example, a provider "record" could consist of an enrollment form, supporting licenses, as well as inbound and outbound correspondence. The Department may have a retention rule that states to keep all provider related documents as long as the provider is active. But when a provider terminates their agreement with Medicaid, after three years, purge the provider "record". The Records Management module allows OnBase to create a folder storing all the related documents as one record. The retention rules are the configured on "events" such as the termination of the provider. It is at the time of the event that the clock starts for retention.

For both modules, the destruction can be done automatically, or it can be "staged" until a human verifies it is appropriate to destroy the documents. Both modules also have the ability to suspend the destruction of documents for such things as a legal hold, or a change in policy. These two modules together create an effective retention program that can destroy source documents per the Department guidelines.

10.25.3 Performance Standards

RFP Section 8.1.24.3, Requirements a through c

To help manage the creation and updates of operational procedures, Team Noridian built a workflow in OnBase to track and manage operational procedures for the IME. Team Noridian utilizes this workflow for

updating all their operational procedures. The users are able to request the current operational procedure for updating. The operational procedure, in Microsoft Word format, is then made available in a workflow. Team Noridian’s staff in charge of operational procedures will be responsible to update the document within 10 business days. After the staff member has made the changes, the document is then routed for approval to the appropriate manager and finally to the unit manager from the Department. After the approvals have been obtained, the document is provided to the Department Contract Administration Organization (CAO) to have the document placed on the website for staff to view. As shown in Figure 10-84, the use of this workflow and form tracks the dates, the change requested, and the user requesting the change. The form also has questions to remind staff to update other customers that are impacted by this procedure change. The dates from this form are able to be queried against to monitor Team Noridian’s compliance with this performance standard.

Operational Procedure Change Management

Request Type: New Update Deactivate

Proc. Name: _____

Requestor: CORENREUTER Request Date: 8/20/2011

Request: _____

Explanation: _____

Does this change impact any other customers (business unit, provider community, member community, other DHS groups)? Yes No

If yes, is a discussion required with the other customers? Yes No

If discussion occurred with customer, was an agreement formed? Yes No

If no, explain. _____

Submit Cancel

IAMMIS10 022

Figure 10-84. Operational Procedure Change Management. Team Noridian uses the IME standard workflow in OnBase to handle changes and updates to any operational procedure. The use of this workflow and form are able to be reported on to monitor compliance with updating procedures within 10 business days and also gives visibility to management and the Department on changes to procedures.

State-defined reports that are requested by the Department will be tracked via the CMR workflow that is in place in the IME today. This workflow allows for requests to be entered and approved by the Department, as well as captures all the necessary timeframe information by the OnBase system. This information is then available for reporting to determine Team Noridian's compliance with this performance standard.

OnBase captures detailed logs of creation dates for all documents stored in OnBase. This data will be passed to the data warehouse for reporting purposes that the Department can utilize in determining the initial accuracy measurements.

10.26 Rules Engine

RFP Section 8.1.25

Team Noridian pioneered the use of a business rules engine and a configurable system in the world of MMIS. Today, we successfully implemented our RuleIT rules engine and the configurable eCAMS application in the states of Washington and Michigan. Both of these implementations were recently certified by CMS, using their new toolkit for certification.

Team Noridian's solution for the Department includes RuleIT, a rules engine based on industry standards and built specifically to address the needs of the Medicaid program. RuleIT, in its fourth version, has been refined and performance-engineered in real-life production to meet the high demand of a Medicaid enterprise.

The use of a rules engine is a part of modularity that is a standard requirement for new MMIS implementations; however, most adaptations of rules engines are not robust. eCAMS has adopted the use of the rules engine from eCAMS inception and has matured its implementation across three successful deployments. eCAMS has now made the utilization of RuleIT universal across core business processes and has fine-tuned its implementation approach to minimize implementation risk and maximize compliance with federal and state guidelines.

Team Noridian has honed a balanced approach to manage the implementation of business rules via on-line configuration-driven tables and declarative English-like rules syntax in the rules engine. The approach addresses performance challenges of using RuleIT in a high-throughput environment. The approach also manages the constraints of transitioning rules from legacy code and the impact on providers. Team Noridian believes that its approach and tools offer a great competitive advantage and minimizes the risk for the Department in this implementation.

Team Noridian's rules engine-based solution has been in production since 2005, when the state of Maine went live with its MMIS. RuleIT was used to process claims and was critical in maintaining high auto-adjudication rates. The Washington and Michigan MMIS implementations use RuleIT for decision-making in claims, prior authorization, provider enrollment, and managed care.

The use of English-like syntax, a predefined Medicaid dictionary, and standard Medicaid edits and processing flows make RuleIT easy to deploy and implement. This reduces development time by promoting reusability. A more important, but less talked about feature, is the RuleIT Repository, which provides a single reference library of all rules used in a particular business area.

Team Noridian also uses configurable data tables in conjunction with a rules engine to maximize flexibility within MMIS. These tables are built into the eCAMS database, along with data modification screens that allow users to change values such as utilization limit. These data tables, combined with the RuleIT rules engine, address MMIS needs most effectively, including the requirements set forth for this implementation.

Business Rules—Implementation Strategy

Team Noridian takes a two-pronged approach to implementation of business rules within eCAMS; table-driven and rules-driven.

Rules-Driven. The rules-driven approach is implemented using the RuleIT rules engine. Rules are developed for each business process area and are hosted in a separate repository for performance reasons. These rules may be anything from simple validation edits to complex processing flows that must route decisions down different streams of rules based on decisions points. Rules are developed using the RuleIT Composer and executed at run time. RuleIT contains rules that are logical statements that consist of conditions (if...then...else) and corresponding actions. Rules use common logic such as *between*, *less than*, *greater than*, *equals*, and others. Conditions are combined using the standard logical conjunctions *and* and *or*.

For example, a RuleIT rule may contain logic that says the following: for each claim line, use rate Z if the service code is X and the benefit plan is Y. Upon execution, the rule would automatically check the service code on the claim line and the benefit plan for the member applicable for that claim during the correct effective period (usually the date of service). If the service code is X and the benefit plan is Y, the rate of Z is applied to the claim line item. If any of the conditions are not met, the system will move on to the next rule.

The rule-driven approach is also used to override and or effect special clauses that cannot be easily managed using the table-driven structure described below.

Table-Driven. Team Noridian uses a table-driven approach for data sets or control data (e.g., reference and limits). We maintain these value sets within the eCAMS database using eCAMS screens. Because some of these value sets can run into the hundreds, we can maintain them more easily within the database structure and allow additions and modifications, without having to write them as rules. However, they do eventually control flow, determine rate, or set limit, which makes them de facto rules.

For example, table-driven methodology is used to manage limits. Limits are stored in tables and have a start date and an end date. These dates control the effective range of that particular limit. Making these tables viewable and editable to authorized users, as well as through interfaces and uploads, provides considerable flexibility to the system and allows for making changes without a long development and testing process. This approach is easier to manage and administer, using a table-driven approach, as opposed to writing many different rules within a rules engine for each combination and cross-reference.

Figure 10-85 identifies some of the key Medicaid business configurations (rules) available through online screens and RuleIT. eCAMS online screens manage table-driven rules, while RuleIT manages rules stored in the rules engine.

Key Business Configurations	MMIS Area	eCAMS Online Screens	RuleIT
Procedure Code Configuration	Reference Services	X	
Diagnosis Code Configuration	Reference Services	X	
Revenue Code Configuration	Reference Services	X	
Surgical Code Configuration	Reference Services	X	
Modifier Code Configuration	Reference Services	X	
Place of Service Configuration	Reference Services	X	
NDC Code Configuration	Reference Services	X	
Taxonomy Code Configuration	Reference Services	X	
Service Limit Configuration	Reference Services	X	
Correct Coding Initiative Configuration	Reference Services	X	
Provider Type	Provider Services	X	

Key Business Configurations	MMIS Area	eCAMS Online Screens	RuleIT
Claim Type	Claim Receipt and Adjudication Services	X	
Edit Configuration	Claim Receipt and Adjudication Services	X	
Duplicate Criteria Configuration	Claim Receipt and Adjudication Services	X	
Program Configuration	Benefit Plan Services	X	
Benefit Plan Configuration	Benefit Plan Services	X	
EPSDT Configuration	Benefit Plan Services	X	
Account Code Configuration	Financial Services	X	
Resolution Claim Work Administration	Claim Receipt and Adjudication Services	X	
Mass Adjustment	Claim Receipt and Adjudication Services	X	
Gross Adjustment	Claim Receipt and Adjudication Services	X	
Recurring Payment	Financial Services	X	
Recipient Eligibility Update Hierarchy	Member Services	X	
Duplicate Recipient Identification Matrix	Member Services	X	
PA Work Management	Claim Receipt and Adjudication Services	X	
PA Error Code Configuration	Claim Receipt and Adjudication Services	X	
Managed Care Program Configuration	Managed Care Services	X	
Managed Care Contract Configuration	Managed Care Services	X	
Manage Care Rate Configuration	Managed Care Services	X	
MC Mass Enrollment and Mass Transfer Configuration	Managed Care Services	X	
Message Broadcast Configuration	System Parameter Services	X	
Interface Configuration	System Parameter Services	X	
User Account Configuration	System Parameter Services	X	
Provider Enrollment Flow Configuration	Provider Services		X
Claims Adjudication FFS Flow Configuration	Claim Receipt and Adjudication Services		X
Claims Adjudication Encounter Flow Configuration	Claim Receipt and Adjudication Services		X
Claims Adjudication Cross Over Flow Configuration	Claim Receipt and Adjudication Services		X
Recipient Managed Care Enrollment Flow Configuration	Managed Care Services		X
Prior Authorization Approval Flow Configuration	Claim Receipt and Adjudication Services		X

Figure 10-85. Rules Implementation in eCAMS. Rules are configured in eCAMS using table-driven or rule-engine-driven strategies to provide the most effective rules implementation.

As discussed, using a combination of these two approaches, eCAMS employs a comprehensive business rules strategy that covers the major areas of the new MMIS, including member, provider, benefit plan administrations, claims receipt and adjudication, reference data, managed care, financial, reporting, system and general configuration, and prior authorization.

RuleIT—An Overview

Team Noridian developed RuleIT to address the needs of the Maine MMIS because existing solutions could not offer the flexibility required for Medicaid processing. COBOL and other older-generation application languages were rigid, but they offered performance, which could not be compromised for the sake of flexibility. RuleIT was, at that time, the only rules engine that truly supported sequential or flow-through processing. Team Noridian has invested considerable research and development effort to performance-tune the rules engine.

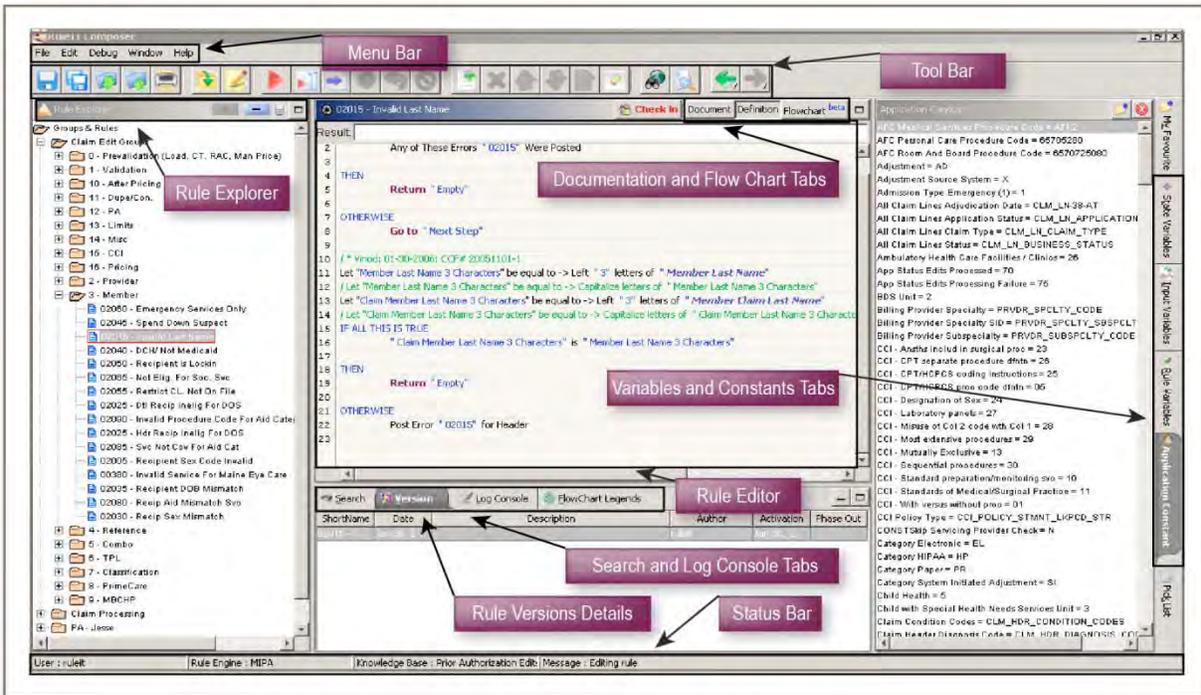
RuleIT is now more comprehensively adopted in the eCAMS platform and supports all core processes, such as provider enrollment, prior authorization, and managed care, as well as being the core of the claims adjudication engine.

RuleIT was developed on the Java 2 Platform, Enterprise Edition (J2EE) platform architecture, making it portable across many hardware and software platforms. RuleIT acts as a code repository for various business situations. It accumulates business knowledge in small, manageable pieces. Unlike other rules engines, RuleIT uses a “sequential process” algorithm, in which the evaluation is controlled by the rule, its conditions, and the associated branching. Its flexible architecture lets a business analyst determine the sequence of rule evaluation, which simplifies setting up the processing chain more manageably. RuleIT facilitates the execution of a single rule or a series of complex process flow rules.

RuleIT consists of the following major components:

- **RuleIT Composer.** This is a user interface for creating, editing, exporting, and importing rules to the rules repository. RuleIT Composer, built on the Java platform, is easy to use and navigate. It provides a debugging mode that displays results of rule execution and can be installed on all major operating systems that support Java. Figure 10-86 shows a screen shot of the RuleIT Composer, highlighting its many different features that make it user-friendly and easy to use.
- **RuleIT Configurator.** This is used to define and create variables, constants, and methods. It uses a Web-based interface and permits more flexibility in managing and administering the application. It provides the ability to configure the engine, create the English-like syntax, add business definitions, and maintain users and permissions among other things.
- **RuleIT Processor.** This is the run-time rule evaluator or executor for rules defined in the RuleIT repository. RuleIT Processor can be deployed on most Web application servers, and provides a public interface that integrates easily with other J2EE-compliant applications. RuleIT Processor is an Enterprise Java Bean (EJB) that is currently supported on WebLogic, WebSphere, and JBoss.
- **RuleIT Repository.** This is the centralized store for all defined rules and can store rules for multiple applications. The rules can be segregated into knowledge bases and rule groups, which allows for greater flexibility and control. The RuleIT Repository can be hosted on an Oracle or MySQL database.

The RuleIT product suite also includes a set of utilities, including RuleIT Viewer and RuleIT Migrator. RuleIT Viewer allows application developers and users to view the rules without having to install RuleIT Composer. RuleIT Migrator is a utility that allows rules to be moved between different development environments, such as development, test, and acceptance.



IAMMIS9 041

Figure 10-86. RuleIT Composer with Many Different User-Friendly Features. The RuleIT Composer allows users to create rules easily, using features, which are typical for most IDE tools.

10.26.1 State Responsibilities

RFP Section 8.1.25.1, Requirements a through c

Team Noridian understands and acknowledges the Department's responsibilities included in the RFP. Team Noridian understands the success of the project depends on the each party fulfilling their prescribed responsibilities as specified here.

Team Noridian understands regular monitoring of the contractor to determine if the established performance standards are being met is critical to the success of the IME. Performance standards will be documented, reviewed, approved, and monitored between Team Noridian and the Department through service level agreements (SLAs). The necessary data, which will be used to verify that the SLAs are being met, will be derived from the Department.

Team Noridian will work the Department to capture and develop any design and implementation requirements that relate to the creation and implementation of new rules in the rules engine. Team Noridian understands the need for the Department to review all rules before they are implemented. The Department will provide this approval in a timely manner to ensure that Team Noridian is able to fulfill its obligation in implementing the business rules.

10.26.2 Contractor Responsibilities

RFP Section 8.1.25.2

Team Noridian currently operates and manages the use of eCAMS in the states of Washington and Michigan, which provides an extensive body of knowledge, including but not limited to processes, procedures and guides. Also, Team Noridian today is an important member of the current IME, and provides operational support in several different areas. The former provides us the experience and proficiency required to manage the new MMIS proposed for the IME. The latter augments this with the deep understanding of the Department, its unique challenges and business needs and most importantly—

the distinctive working relationship and culture that permeates within the IME today. Team Noridian will leverage this knowledge base during its operational phase of this contract to ensure that the best of breed processes, tools, and team is deployed to meet the requirements specified here.

10.26.2.1 Providing Knowledge Transfer

RFP Section 8.1.25.2, Requirement a

Team Noridian has managed the MMIS implementations in the states of Washington and Michigan. Authorized users from the state agencies in these states have been successfully trained on our approach to managing business rules, and the associated toolkit or applications.

In Iowa, Department and contractor users will be segregated based on their areas of functions to determine the business rules that they will manage. Based on this, users will be trained on the eCAMS screens to understand how to make modifications to tables, or on RuleIT to understand how to create rules and modify them.

10.26.2.2 Modifying and Maintaining the Rules Within the Rules Engine

RFP Section 8.1.25.2, Requirement b

Team Noridian will maintain the rules engine and make Department directed modifications via:

- **Rules-Driven.** Rules are maintained using the RuleIT Composer. Authorized users will use the RuleIT Composer to create and modify rules. Rules are able to be tested in non-production environments to verify the expected outcome. After authorization is received from the Department, rules are then migrated to the production environment.
- **Table-Driven.** Business rules are maintained and modified using eCAMS screens. These screens make it easy for authorized business users to create and modify rules. Team Noridian will use these screens to manage and maintain the business rules that are stored in tables. Changes are able to be made in lower environments for testing, and then migrated into the production environment.

10.26.2.3 Providing Management Summary Reports

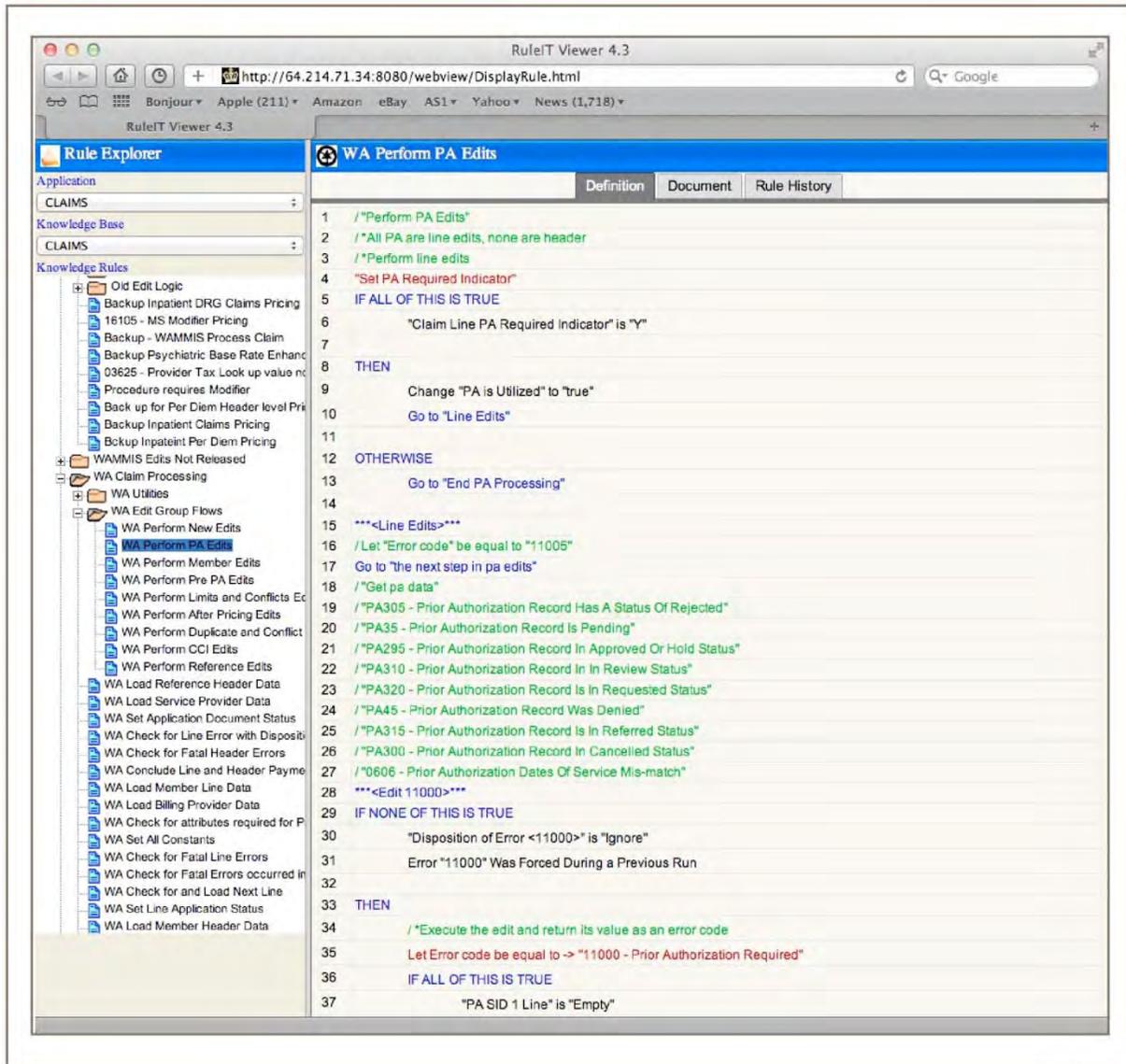
RFP Section 8.1.25.2, Requirement c

Summary reports are available online and can be extracted into an Excel spreadsheet for further review. These reports are available to authorized users through the RuleIT Configurator. Reports include rules modified, summary reports, and audit trails that show who and when modifications were made for a period of time.

10.26.2.4 Maintaining a Rules Engine That Can be Queried Online

RFP Section 8.1.25.2, Requirement d

Table-driven and rules-driven rules can be viewed online. eCAMs provides online screens to view and configure rules stored in tables. Rules stored in the rules engine can be viewed using the RuleIT Viewer as shown in Figure 10-87.



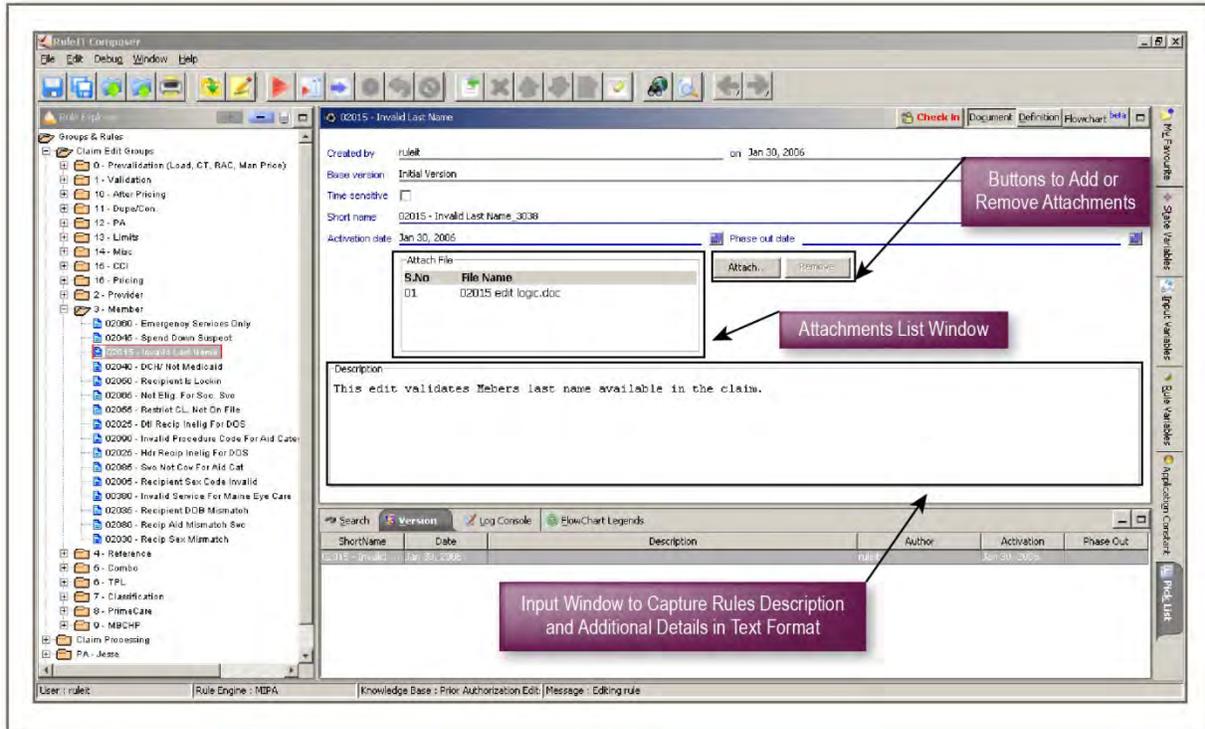
IAMMIS9 539

Figure 10-87. RuleIT Viewer. RuleIT Viewer allows read-only viewing of rules which is especially useful in a production environment.

10.26.2.5 Maintaining Documentation

RFP Section 8.1.25.2, Requirement e

RuleIT provides a documentation tab for each rule. The RuleIT Composer allows users to provide information and attach links to the rule, to support the reason for rules changes as shown in Figure 10-88.



IAMMIS9 185

Figure 10-88. Documentation Tab for a Rule in RuleIT Composer. The document tab can be used to record additional information about the rule, and also provide links and attach references to policy documents.

The documentation tab allows the user to attach policy and reference documents, or links to these items. This allows users to understand the basis of the rule and policy impacts. Team Noridian will also maintain the actual documentation supporting these changes in the Project Portal during the process of approval and after.

10.26.3 Performance Standards

RFP Section 8.1.25.3, Requirements a through e

A response to each performance standard is provided below.

Implement new rules within one business day after approval by the Department. Team Noridian will implement the rules within one business day, after approval from the Department. As indicated in the descriptive narrative, business rules are implemented in eCAMS, using a table-driven and rule-driven strategy. Rules stored using a table-driven strategy are available for review and approval by the Department and are effective immediately upon approval. However, complex set of rules, even if they are table-driven, may be configured in lower environments, and tested and accepted, before they are applied in production. In this case, these rules (configurations and data) will need to be migrated and applied in the production environment. Rules-driven strategy using RuleIT will require rules to be migrated to the production environment to become effective. Team Noridian does not recommend using the Composer to make changes to rules directly in the production repository.

The migration process will be executed upon the approval of the Department to move rules. The migration process will be complete within the requirement stated here. Typical migration process does not require more than an hour to complete, based on our experience in Washington and Michigan.

Revise or terminate rules within one business day after approval by the Department. The process and recommendations of implementation of new rules apply to termination of rules too. However, termination can be planned in advance, if possible, by setting phase-out dates to rules stored in the rules engine.

Any revisions to rules will be coordinated with the Department, to determine impacts if any. The changes will be scheduled ahead in accordance with the needs of the Department to ensure rules changes become effective on the date intended.

Create and or update operational procedure manuals within 10 business days of the approval of the implementation procedure or change by the Department. Team Noridian will produce the modified version of the operational procedure manuals, along with the recommended changes to the procedures for review by the Department. This will ensure that the manuals are always in sync with the actual procedure.

This will allow changes and updates to the operational procedure manual to be made effective within 10 business days, from the approval of the implementation procedure.

Produce the state-defined reports within the required timeframe determined by the Department. Team Noridian will establish the timeframes for reports, after discussions with the Department. Once established, Team Noridian will ensure that reports are generated as per these timeframes. Team Noridian will produce reports showing modifications to business rules, as part of the migration requests.

The initial accuracy measurement upon submission of all documents and reports will be determined by the Department. Team Noridian acknowledges that the Department will review all submission and determine accuracy of initial baselines. Team Noridian will work the Department to create these baselines, to ensure smooth measurement on an ongoing basis.



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Tab 11 - Certification Phase

RFP Section 9.2.12; RFP Section 8.3

Team Noridian's solution for Iowa's new MMIS is based on eCAMS, which has received CMS certification for implementations in the states of Washington (ProviderOne; July 2011) and Michigan (CHAMPS; August 2011) based on the Medicaid Enterprise Certification Toolkit (MECT). Team Noridian staff are highly experienced in the certification process and have participated in successful certification activities in Iowa, Michigan, and Washington. Team Noridian staff have also represented CMS in several MMIS certifications and understand the process and motivators from both the state and federal perspectives. Team Noridian brings innovative tools and techniques to help manage the certification process to successful completion. Team Noridian will be the right partner for the Department as it looks to install the next generation MMIS that not only meets the requirements in MECT but also meets the Seven Conditions and Standards that must be met by the systems in order to be eligible for enhanced federal financial participation (FFP) throughout the life of the contract.

One of the most important aspects of every MMIS implementation is getting the system certified without any findings as soon as possible after implementation. Certification (retroactive to day one of operations) is the step that formally establishes that an MMIS implementation meets all the goals identified by CMS and the state of Iowa for the operation of the system. Certification by CMS also guarantees the maximum FFP of 75 percent towards the cost of system operations. MMIS certification is a fundamental requirement and there are no alternatives. Team Noridian builds the certification process into the project from the beginning of the project to ensure that the new MMIS will meet or exceed the MECT criteria, and that we have generated and fully tested all system components that can document and establish full certification beginning with the first day of operations.

Team Noridian Advantage

Team Noridian's IA MMIS solution is certifiable and CMS certification is achievable in the quickest possible timeframe

- eCAMS implementations in WA and MI have both received CMS certification in 2011 without any findings
- Approach to certification leverages iterative and collaborative process throughout the project life cycle
- The new IA MMIS is built to support MITA business areas and meet the Seven Conditions and Standards
- Team Noridian brings extensive experience with the certification process to guarantee success

Team Noridian has gone through the system certification process successfully several times; most recently in the states of Washington and Michigan on the proposed eCAMS system. Noridian, the prime contractor, played a key role in the 2005 certification of IME's current MMIS. Team Noridian understands its responsibilities in ensuring that the IME's new MMIS is certified by CMS. The certification of the MMIS requires the use of the MECT (released officially in September 2007), its protocols, and business area checklists as customized based on the RFP. Both of Team Noridian's recent certified implementations (in Michigan and Washington) have been based on this toolkit.

In both Michigan and Washington, the request for certification was made within six months of the implementation of full functionality. The scope of the implementations in these states was slightly different. The Michigan implementation is more closely aligned with the proposed implementation in Iowa in that the overall business operations in Michigan are also managed by a team of contractors. Noridian's subcontractor, CNSI, provided leadership in the Michigan certification process by managing all the certification requirements in a special tool called ReqCertify, and ensuring that all other contractors involved provided the evidence necessary to

“ The system also may have set a record for receiving certification without a single official finding. It's not unusual for new Medicaid Management Information Systems to take years to hit their stride and win federal approval. It's also not unusual to backstop new systems by paying many providers on a lump sum basis, estimating their payments based on claims histories, but ProviderOne never required that kind of adjustment. It was like the Energizer Bunny – just kept on running. ”

Heidi Robbins Brown
Deputy Director of the Health Care Authority,
WA MMIS Project Supervisor since Inception

support the requirements that they were responsible for. Team Noridian will play a similar leadership role in ensuring that the new MMIS treads a smooth path towards certification using the same set of proven tools and techniques.

CMS has made it clear that in addition to the certification toolkit, there are new requirements based on MITA that every MMIS must meet in order to qualify for enhanced FFP. These “Seven Conditions and Standards” were published in April 2011 and every MMIS implementation going forward must adhere to those conditions and standards. eCAMS is the only MMIS in production today that already comes very close to being fully aligned with the “Seven Conditions and Standards” and the new MMIS will be fully aligned with them. eCAMS alignment with the Seven Conditions and Standards is discussed in detail in Tab 9 of this proposal. This alignment, combined with our approach of planning for successful certification from day one of the project makes the Department's new MMIS a very safe bet for receiving certification.

Figure 11-1 highlights the features of Team Noridian's certification solution and approach, and the benefit to the Department.

Feature	Benefit
<p>eCAMS has recent, successful implementations in Michigan and Washington.</p> <p>The ReqTrace tool used in Michican tracks each requirement in the checklist (in this case all are RFP requirements as well) and maintains a complete change history. It also tracks what is in scope and out of scope. The ReqCertify tool enhances the tracking by adding a workflow to ensure that each requirement has the appropriate evidence associated with it.</p>	<p>Our systems have been the quickest to be ready for certification after going live.</p> <ul style="list-style-type: none"> The tools are pre-loaded with information regarding requirements as well as a mapping to eCAMS components that meet the requirements. Team Noridian will ensure that the requirements and mapping are updated to reflect the latest version of the CMS Certification Toolkit as well as new MMIS system components. The Department will have visibility to the information very early in the project, and with most of the information already validated by Team Noridian based on prior experience, there won't be any surprises.
<p>The Requirements Traceability Matrix (RTM) will be maintained throughout the project to ensure that all requirements are captured. The RTM will also track how each requirement is satisfied in the MMIS and this information will feed into the certification process.</p>	<p>We will always know how ready the system is from a certification point of view.</p>
<p>Both Noridian and CNSI are experienced in evidence collection and maintaining documentation required by CMS. The evidence collection plan will be established well ahead of time.</p>	<p>With Team Noridian's experience in the certification process, the certification tasks are expected to be completed without any obstacles. Our personnel are familiar with the steps and understand what works and what doesn't.</p>
<p>Team Noridian is experienced in the certification process. We created a triage plan during the Michigan and Washington certification visits that covered requests prior to and during the on-site visit by CMS. The plan provides details on different support levels, identifies the people who will support the different levels, and establishes the process of tracking all CMS requests to closure.</p>	<p>We will bring our proven processes to the table. The processes for IME will be much improved over the processes that have already worked successfully.</p>
<p>Team Noridian's experienced staff will ensure that evidence is collected as appropriate starting from day one of operations. Team Noridian's approach to creating the certification support team is to include personnel who have played key roles during the start-up and implementation phase. For example, it was extremely helpful in both Washington and Michican to include personnel such as the Claims Adjudication lead, Data Warehouse manager and the Member subsystem lead in the on-site certification support team.</p>	<p>All CMS questions will be responded to in a timely manner and accurately. The certification team will have access to all the expertise on the project and will also have an intimate knowledge of the system.</p>
<p>Team Noridian will assign an individual as the certification manager. This person will have prior certification experience. This person will also have direct access to key project personnel on both the functional and technical staff and will be the single point person for the Department.</p>	<p>Having one person in charge will help to streamline all the activities making the Department's job as the project steward easier.</p>
<p>With Team Noridian's tools, most of the certification deliverables will be available out of the box.</p>	<p>Out of the box deliverables and reports ensure that the process is efficient and is completed without delays.</p>

Figure 11-1. Features and Benefits of Team Noridian's Approach to Certification. Team Noridian's experience and tools guarantee a smooth certification process for the new IA MMIS.

11.1 Systems Certification

RFP Section 8.3.1

This section provides details of Team Noridian’s methodology for planning and execution of certification activities.

Certification of a new MMIS is no longer an activity that occurs during the first six months of operations after production deployment. CMS requires that states prepare for certification as a part of the Implementation Advance Planning Document (IAPD) process and include activities supporting certification throughout each phase of the project, including design, development, implementation, and operations. Team Noridian’s approach takes the CMS certification process to a new level with systematic planning processes, integrated preparation during start-up and implementation, and full traceability of requirements and standards to the CMS Certification Toolkit.

Team Noridian will start organizing the certification efforts during the start-up phase of the project to ensure that certification is a focus of the team throughout the project lifecycle. Certification activities are aligned with the various project phases to ensure consistent progress towards certification readiness. Figure 11-2 shows the certification related activities to be performed during the different phases of the project.

Project Phases	Related Certification Activities
Analysis and Design	<ul style="list-style-type: none"> Identify the MMIS Certification Team including state checklist owners for each area, and provide training The ReqTrace and ReqCertify tools will be loaded with the requirements Identify Team Noridian business owners for each area
Development	<ul style="list-style-type: none"> Identify requirement changes Work with other contractors to identify certification responsibilities; identify and resolve certification gaps; and communicate, escalate, and mitigate certification risks
User Acceptance Testing	<ul style="list-style-type: none"> Review requirements and identify evidence required for certification Enter details of evidence in ReqCertify
Transition to Operations	<ul style="list-style-type: none"> Finalize certification folders Update checklists as needed and finalize the plan for collecting evidence; collect evidence based on plan
Certification	<ul style="list-style-type: none"> Complete certification folders; collect evidence to prepare for the certification review; support the CMS on-site visit; develop and execute corrective action plan if required; and receive official certification from CMS

Figure 11-2. Certification Activities Mapped to Project Phases. Team Noridian will ensure that certification remains in focus throughout the entire project.

Team Noridian will create a certification team at the start of the project to focus on certification related activities. This team will be initially headed by our certification lead, Mr. Vince Cain. This position is different from the certification manager; the certification manager will start six months prior to the start of the certification phase. Mr. Cain has several years of experience in the Medicaid arena. He worked as branch manager for CMS in the Kansas City region, overseeing Medicaid operations for the states of Iowa, Kansas, Missouri and Nebraska. He was also a certification team lead for CMS for 16 years and has participated in several system certifications. He brings a unique federal perspective to Team Noridian and is well-versed with the process, criteria and key drivers for certification. Mr. Cain will be supported by the senior business analysts leading the functional teams for each of the MITA business areas. These leads will serve as Team Noridian's checklist owners for each of the business areas. Team Noridian suggests that the Department identify checklist owners for each of the business areas who will work closely with the certification team. Team Noridian will train the state checklist owners on the tools and techniques to be used throughout the project.

Team Noridian will use the ReqCertify tool to manage all certification requirements. ReqCertify is a database that provides functionality to track certification related requirements by business area, business process and business area owner. ReqCertify allows capture of information about evidence to be collected for each certification System Review Criterion (SRC). For example, if the evidence to be collected for a

SRC is a report, information about that report is stored in ReqCertify—information such as report number, report name, report location, and a link to the report as well. ReqCertify provides standard reports to track and monitor the progress of the certification activities to ensure that all requirements are accounted for in the certification process and all appropriate CMS checklists are completed.

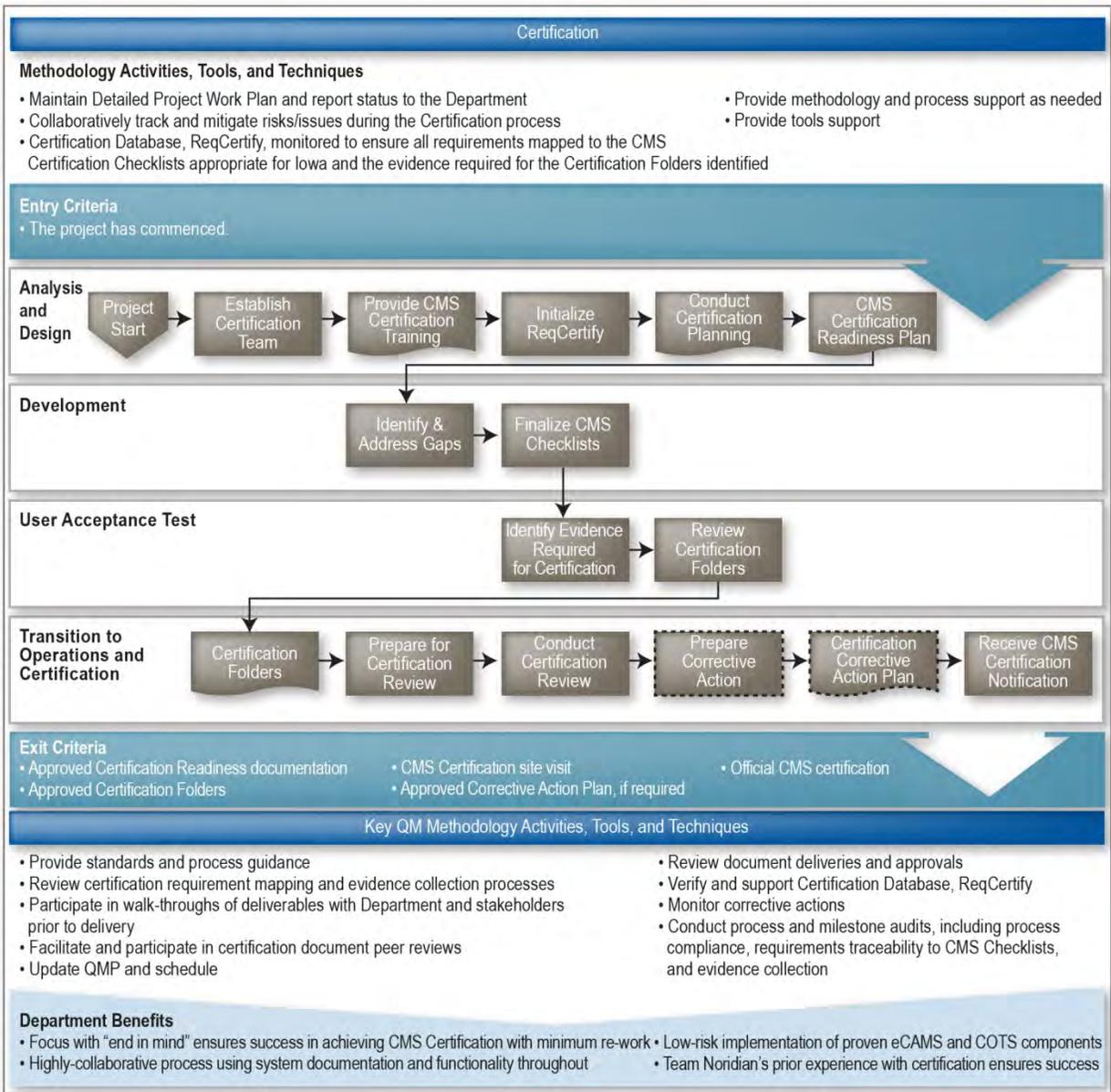
Figure 11-3 provides an example of a report from ReqCertify for the Federal Reporting Checklist within the Program Management business area showing details captured for a specific system review criterion (FR2.01).

PROGRAM MANAGEMENT BUSINESS AREA Federal Reporting Checklist					
Ref #	Business Objectives				Comments
FR2	Create and submit to CMS the Federally-required EPSDT reports.				
FR2	Create and submit to CMS the Federally-required EPSDT reports.				
Ref #	System Review Criteria	Source	Yes	No	Comments (Evidence)
FR2.01	Produces the CMS 416 report in accordance with CMS requirements. The report must include: the number of children provided child health screening services; the number of children referred for corrective treatment; the number of children receiving dental services; and 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.	SMM 2700.4			
<p>Req # 8.3.9-071 Requirement: Maintain all EPSDT periodicity schedules as directed by the State.</p> <p>Response: eCAMS maintains all EPSDT periodicity schedules. Users may view or update the information using online screens. Figure 4.3.980 shows the reference preventive care maintenance screen available in eCAMS.</p> <p>eCAMS identifies all individuals eligible for the EPSDT program at the time they are enrolled in the MMIS based on the business rules, and flags the clients as EPSDT clients so that this can be used for reporting and for Screening Letter correspondence processes as shown in Figure 4.3.9 83.</p>					
<p>Req # 8.5.1-054 Requirement: Compile and issue Federally required reports pertaining to EPSDT information in accordance with the Federal specifications and State specifications.</p> <p>Response: eCAMS currently supports production of the CMS 416 and CMS 64 reports. All information necessary to produce these reports are contained in eCAMS database in electronic format. Team Noridian will work with the State to evaluate State specifications for production of federally-required EPSDT reports.</p>					
<p>Req # 8.5.1-056 Requirement: Support the generation of information for all Federal reports and supporting data required by CMS, including CMS 416 (EPSDT Report).</p> <p>Response: eCAMS currently supports production of the CMS 416 and CMS 64 reports, and supports generation of EPSDT information for MSIS balances. All information necessary to produce these reports are contained in eCAMS database in electronic format.</p>					
<p>Req # 8.5.1-057 Requirement: Generate the data needed to produce the CMS 416 Annual EPSDT Participation Report.</p> <p>Response: eCAMS currently supports production of the CMS 416 report. All information necessary to produce this report, including the number of children provided child health screening services, the number of children referred for corrective treatment, the number of children receiving dental services, and the State's results in attaining goals set for the state under Section 1905(r) of the Social Security Act, is contained in eCAMS database in electronic format.</p>					

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Figure 11-3. An example of a report from ReqCertify. Team Noridian's ReqCertify tool provides out of the box reports to track and monitor all system review criteria.

A summary of Team Noridian's certification methodology is presented in the task diagram show in Figure 11-4.



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Figure 11-4. Certification Process. Team Noridian works with the Department to obtain CMS certification retroactive to first day of operations by incorporating certification activities into each step of the implementation cycle.

During the start-up and implementation phases, the project management office (PMO) will be responsible for managing all activities related to certification. Once the certification phase of the project commences, the overall responsibility for all certification related activities will be assumed by the Certification Manager who will be supported by the business area leads. Some of the tasks that will be supported by the PMO include the following.

- Provide methodology and process support to Team Noridian, the Department, and other stakeholders to ensure that best practices and process improvements are made as needed, for an efficient and effective project.
- Maintain detailed project work plan and report status to the Department to ensure activities remain on schedule and any risk to schedule delays are proactively mitigated.
- Track and mitigate issues and risks collaboratively during the certification process to allow Team Noridian to proactively work with the Department to identify and address risks and issues keeping the project on schedule and budget.
- Monitor the certification database, ReqCertify, to ensure that all the requirements have associated evidence that has been approved by the business area owner, the certification readiness documentation is complete, and all of the required evidence for the certification folders is complete and comprehensive in order to support CMS certification.

Entry Criteria

The sole entry criterion for the certification task is that the project has commenced.

Certification Activities During Analysis and Design

During the initial phases of the project, it is important to begin the certification activities to ensure that there is a focus on the end goal of certification and the related FFP funding retroactive to the first day of operations. The first step is the planning process, which begins with the identification of the MMIS certification team. Team Noridian will work with the Department to establish this team, which is made up of Department and Team Noridian staff. This team is responsible for managing and supporting the certification efforts throughout the project.

Once the team is identified, Team Noridian will provide training to the MMIS certification team and other stakeholders. Our training focuses on the federal and state requirements for certification and the CMS Toolkit, business area checklists, and protocols. Our primary goal in conducting this training is to ensure that the Department and Team Noridian have the level of understanding required to support certification from the onset of the project.

Team Noridian will use the ReqTrace and ReqCertify tools to manage all requirements. The RFP requirements comprise the certification system review criteria and re-baseline the checklists from the version published in the toolkit by CMS. ReqTrace is a database used for requirements validation and to create the Requirement Traceability Matrix (RTM). The use of ReqTrace ensures that all the requirements have been validated as met. The value-add of ReqCertify is that it allows designation of ownership of each requirement; documents the data collection plan for each requirement; and documents that the collection of evidence for each requirement has been completed, thereby supporting documentation and monitoring of readiness for system go-live for the formal request for certification review by CMS, and for the actual CMS certification review. If changes are made to requirements via the change control process, these changes are available in the database for review and remapping if needed. The requirement numbers from the RFP will be retained since the numbering scheme in the RFP is the numbering scheme for certification system review criteria. ReqCertify is the primary repository for recording certification activities (as required by the RFP).

The ReqTrace and ReqCertify tools will be initialized with all the requirements in the RFP. Requirements will be grouped by business area and will be identified as federally required or state specific as appropriate. A business owner will be identified for each business area. Over the life of the project, this person will be responsible for reviewing requirements, monitoring additions and changes to requirements in the business area, ensuring that evidence is collected as necessary to support the requirement, and for providing final approval indicating that the evidence collected is adequate for certification.

Certification Activities During Development

Following the validation of requirements, Team Noridian will work with the certification team to begin evaluating and updating the MECT checklists to accurately reflect federal and state requirements. For this procurement, all the certification requirements are already included in the RFP, so this activity will mostly be focused on changes to requirements or addition of new requirements. System gaps are expected to be minimal since the eCAMS solution has been certified in two states. However, if system gaps are identified, these will be addressed using the change control process.

Certification Activities During User Acceptance Testing

During user acceptance testing, the certification team will work continually and iteratively to identify the evidence, such as reports, system documentation, and screen shots, needed to prove that the system meets the review criteria used for certification. The certification team will use the ReqCertify database to enter and track the evidence to be collected during operations for each checklist item. As mandated by the RFP, the certification team will also start developing the plan for data collection, which will include the information in ReqCertify such as what will be collected, and will also include information regarding the repository that will be used to store evidence collected during operations. The plan will be based on the CMS Certification Readiness Protocol.

ReqCertify will include information regarding schedule for collecting evidence; for example, if a requirement is satisfied by a weekly report, then ReqCertify will identify the fact that the report is a weekly report, but may specify that it need only be collected and stored in the certification repository once a month. There may be some evidence collected during this phase, but that would only be for the purposes of demonstration and practice. Actual evidence for the CMS certification review must be collected during operations to demonstrate that the implementation met the system review criteria back to day one of operations.

Certification Activities during Transition to Operations and Certification

During the transition to operations task, Team Noridian will work collaboratively with the Department to prepare for the CMS certification review. This includes additional training, as necessary, to ensure that all stakeholders are ready to support the certification process and understand how the system meets the certification requirements. The certification team will finalize the certification folders, and once these are approved by the Department, these folders would become the base documentation for the CMS certification review. The certification team will continue to work with the Department until the system is certified.

Team Noridian will staff the certification manager position six months prior to the start of the certification phase. The certification manager will be responsible for reviewing the updated CMS certification checklists, creating and monitoring execution of the plan for evidence collection once transition to operations has been completed, and for creating the plans and processes required to support the onsite certification visit by the CMS team. Team Noridian will take the lead role in preparing for the review (providing materials, information, etc. to IME staff who would need to present the solution to CMS, establishing the triage process to handle ad hoc requests from CMS), conducting the review (making presentations, presence in support for the Department, assistance in responding to CMS requests for information and data, etc.), and follow-up related to the review to address corrective actions, if any.

Quality Management Activities

Team Noridian's Quality Monitoring and Control Unit will be actively involved throughout the certification task to ensure high-quality deliverables and processes. The key quality management (QM) methodology activities, tools, and techniques throughout the certification task include:

- Provide standards and process guidance
- Review certification requirement mapping and evidence collection processes
- Facilitate and participate in certification document peer reviews
- Review document deliveries and approvals
- Monitor corrective actions
- Conduct process and milestone audits, including process compliance, requirements traceability to CMS checklists, and evidence collection
- Verify readiness for requesting certification
- Monitor certification activities for completeness; these include preparation for the review, presentations to CMS, establishment of the triage process, responses to CMS queries during site visit and progress on corrective action plans (if any)
- Update QM plans and schedule during the entire phase as appropriate

Exit Criteria

The certification task has specific key exit criteria that must be completed prior to the tasks being complete. These key exit criteria are:

- Approved Certification Readiness documentation
- Approved Certification Folders
- CMS Certification site visit
- Approved Corrective Action Plan, if required
- Official CMS certification

11.1.1 State Responsibilities

RFP Section 8.3.1.1, Requirements a through d

Team Noridian's approach to certification is a highly-collaborative process between the Department and Team Noridian. There are numerous points during certification in which it is necessary for the Department to provide relevant information to Team Noridian and participate in the actual certification activities. While it is Team Noridian's responsibility to coordinate the certification process between the Department, Team Noridian and other IME contractors, the Department is responsible for providing requested information on the business requirements and processes; clarifying Department policies, regulations, and procedures; making staff available to participate in the collaborative sessions and reviews; ensuring proper participation from other contractors who are involved in the overall operations of the MMIS; communicating with CMS regarding certification; and managing the CMS certification site visit.

The Department is also responsible for attending walk-through meetings for deliverables as part of the overall deliverable review process; and reviewing, commenting, and providing written approvals on all certification task deliverables.

Based on Team Noridian's experience with certification activities in other states, we recommend that the Department appoint a certification lead who will champion the effort within the Department, and coordinate between Team Noridian, the Department, and other IME contractors; and between Team Noridian and CMS. The certification lead must be identified early on in the project, and should work with Team Noridian's certification lead to ensure that all requirements can be mapped to one or more system components that will eventually be used to provide evidence for the satisfaction of that requirement. The certification lead is also responsible for identifying the team members from the Department staff who will be required to play an active role during the certification. In many cases, these will be the business unit managers within the Department.

Figure 11-5 provides specific responsibilities of the Department within Team Noridian's collaborative certification methodology.

Certification Activities	Department Responsibilities
Certification activities during analysis and design	<ul style="list-style-type: none"> Identify Department resources to participate in the new MMIS certification team and appoint a certification lead Participate in certification training Participate in collaborative sessions to develop, review and approve the certification readiness plan Participate in walk-through of the certification deliverables Confirm that ReqTrace is loaded with all the RFP requirements and ReqCertify is initialized with all certification requirements
Certification activities during development	<ul style="list-style-type: none"> Participate in collaborative process to review CMS checklists and any changes and additions Ensure that changes and additions to requirements are being tracked properly within the ReqCertify tool Participate in collaborative review sessions to develop corrective actions plans for identified gaps
Certification activities during user acceptance testing	<ul style="list-style-type: none"> Identify Department and contractor staff who will actively participate in the certification activities Participate in collaborative process to identify and review the evidence required for the certification review of each CMS checklist Review and provide comments on the structure of the certification folders
Certification activities during the transition to operations and certification	<ul style="list-style-type: none"> Review and approve certification folders Perform data collection for any business processes owned and implemented by the Department, and those owned and implemented by one of the professional services contractors Participate in collaborative sessions to prepare for CMS on-site review, including participating in mock reviews Participate in certification review Participate in collaborative sessions to define corrective action plan, if required

Figure 11-5. Summary of Department Responsibilities. Team Noridian's certification methodology is a collaborative effort between the Department and Team Noridian.

11.1.2 Contractor Responsibilities

RFP Section 8.3.1.2

Team Noridian is responsible for providing technical support and assistance to the CMS certification activities. A detailed overview of Team Noridian's methodology was presented in Section 11.1, and some more details are presented in responses to individual requirements below.

Team Noridian is committed to ensuring that our approach to the new IA MMIS certification results in a fully-certified system that meets all of the requirements to support funding retroactive to the first day of operations. Our primary certification task objectives are:

- Iowa achieves the maximum FFP
- The Iowa Medicaid program experiences no disruption in services or payments

11.1.2.1 Updating CMS Certification Checklists

RFP Section 8.3.1.2, Requirement a

The certification requirements will be tracked in Team Noridian's ReqCertify tool with version control so that only the most current set of requirements is taken into consideration. During the start-up and implementation phase, Team Noridian will work collaboratively with the Department to ensure that all the requirements that were submitted with the state's IAPD are captured within the RTM. Team Noridian will employ a special tool called ReqCertify to track all the requirements and the evidence. ReqCertify has the ability to track changes and manage versions, so that whenever any requirements are changed, or if new requirements are added via the change control process, ReqCertify will be updated to reflect the changes and additions. Team Noridian will ensure that ReqCertify is identified as an integral part of the change control process so that every change or addition of requirements is captured as a required step within the process.

ReqCertify will be the central repository for tracking all certification related requirements. By maintaining the documentation in ReqCertify, Team Noridian will also be ensuring that the CMS certification checklists are updated whenever there are any changes in requirements. ReqCertify

provides out of the box reports that will be used to produce the "Updated CMS Certification Checklists" deliverable.

Figure 11-6 shows how ReqCertify captures requirements and key certification related attributes.

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Figure 11-6. System Review Criteria for Claims Adjudication captured in ReqCertify. Team Noridian's ReqCertify tool ensures proper tracking of all certification requirements.

11.1.2.2 Affirming Readiness of System for Certification

RFP Section 8.3.1.2, Requirement b

As explained before, the ReqTrace tool will be the central repository for all requirements and will be the basis for the RTM. The ReqCertify tool enables tracking of evidence for each requirement. The tool allows users to note the nature of the evidence and any information associated with the evidence; ReqCertify is a pointer to the evidence—actual evidence is collected and stored in the certification folders. For example, in some cases the evidence might be a set of data elements in the system, whereas in other cases it might be a set of reports in the report repository. ReqCertify captures all the details associated with the evidence. ReqCertify provides simple search functionality which can be used to identify requirements that do not have any evidence collected. The tool also enables workflow so that any evidence collected must be reviewed and approved by the owner of the checklist item. If every requirement has evidence associated with it that has been approved by the checklist owner, then the system is deemed ready for certification.

During the start-up phase, the tool will be initialized with all requirements from the RFP. Requirements will be tracked throughout the project life cycle, and design components that satisfy requirements will be noted in the tool. These design components will eventually become the basis for evidence collection.

Figure 11-7 shows how ReqCertify supports the evidence collection process.

CMS Checklist Criteria Review

Filter By: Business Area Business Process Business Unit Certification POC

Criteria: CR2.04 Edits-Related Source: SMM

Operations Management Business Area

Accepts prior authorization attachments such as: Surgical/anesthesia reports; Medical records; X-rays/images; Orthodontic study models; LTC prior Authorization; Certain prescription drugs as required; Other items required by State or Federal rules.

- Validation

BU: PA Cert POC: Lori Hinkle Similar Criteria: CA5 section
 BU Share: IA Group Info: MARS Group:

Narrative Applicable to Iowa?
 Yes. The Prior Authorization staff have access to DMS to review received and scanned materials related to the PA.
 Claims processors can access attachment information if needed.

Revised Narrative (This replaces the above Narrative.)
 Yes. The Prior Authorization staff have access to DMS to review received and scanned materials related to the PA.

Validation Notes (For internal use; will not be shown to CMS.)
 BPC on how to access/retrieve info stored in DMS via CHAMPS? Via DMS [not from within CHAMPS]?
 Locate general BPC on how docs are scanned into DMS, and assoc w/ bene/PRV/Claims TCN's/PA number. Does BPC explain how to find once in DMS? Or is this a new BPC?
 Work with PA on this demo, part of CA5 is PA.
 th PA on this demo, part of CA5 is PA

Other Documentation (For internal use; will not be shown to CMS.)

- Assets

Asset Type / Comments	Asset
BP	
Screen Shot	CR2.04 - SCREENSHOTS - PRIOR.AUTH.ATTACHMENTS.DOC

Form View Num Lock Filtered

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Figure 11-7. Tracking Evidence Associated with a System Review Criterion for Prior Authorization. Team Noridian's ReqCertify tool supports tracking of evidence for all System Review Criteria.

11.1.2.3 Completing Certification Readiness Documentation

RFP Section 8.3.1.2, Requirement c

Team Noridian will coordinate the collection of all the necessary evidence as required by the certification requirements. A large portion of the evidence will be collected by Team Noridian, but some portion of the evidence will be collected by other IME contractors, with Team Noridian overseeing the tasks. The ReqCertify tool will be updated to capture information about all the evidence that has been collected to meet the requirements. For example, if a requirement is met by running a weekly report, Team Noridian will run the report on a weekly basis and periodically (once a month) store the report output in a specific folder within the evidence repository. The weekly outputs will be available within the reports repository if needed. The ReqCertify tool will capture the name of the report and the location of the report on the evidence repository/folders. All evidence collection will be done from day one of operations. Comprehensive documentation will be prepared for each business area based on the checklist requirements for that business area. Specialized folders will be set up on the Project Portal to capture all the documentation.

Figure 11-8 shows a proposed organization for the certification folders.

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Figure 11-8. Proposed Organization for Certification Folders. Team Noridian ensures that certification evidence is collected in an organized manner.

Team Noridian will start the process of evidence (certification documentation) collection based on CMS Certification Readiness Protocol by creating a plan for data collection at least 60 days prior to the beginning of operations to ensure that starting day one, appropriate data collection and storage begins. The creation of a draft plan will start as soon as the user acceptance testing starts. The plan will be refined and updated when test cases pass testing with the expectation that the final plan is available for Department signoff at least 60 days prior to commencement of operations. The plan will provide detail for evidence collection for each requirement, such as what evidence is to be collected, who is going to collect it, how often it will be collected, where it will be stored, and how the overall data collection process will

be monitored during operations. The plan will also provide details on the electronic folder that will be set up for collecting evidence for each of the requirements. The folder will be set up as part of the Project Portal. The plan will provide details on the folder structure and the organization of subfolders as well.

Once the system is in operations, Team Noridian will ensure that evidence is collected for at least six months according to the plan and the evidence collection will continue until the CMS certification site visit.

11.1.2.4 Assisting the Department with Certification

RFP Section 8.3.1.2, Requirements d through f

Team Noridian will set up a certification team, including designation of a certification lead and certification manager who will be the sole point of contact on all matters pertaining to certification. The certification manager will be assisted by key members of the start-up and implementation and operations teams namely the system implementation manager, the operations manager and the functional and technical team leads for each business area within the MMIS. This team will be responsible for assisting the Department in responding to CMS prior to and during the certification site visit. Team Noridian will collaborate with the Department in defining a process for triaging and responding to CMS requests. Team Noridian will leverage the processes which it used to achieve successful certification in the states of Iowa, Michigan, and Washington. Team Noridian will prepare all the presentations to be given prior to the site visit such as technical architecture, system overview and business area overview. CMS may ask for information about the system prior to the site visit, and Team Noridian will track all such requests and ensure that the requested information is provided. Based on past experience, Team Noridian will include some of the key members of the implementation team, namely the Claims Adjudication Team Lead, the Member Team Lead, and the Operational Data Store and Reports Team Lead in the certification team to ensure that any requests for information/data from CMS can be responded to in an expeditious manner.

11.1.3 Change Control for Certification

RFP Section 8.3.1.3

Team Noridian will follow its standard process (as agreed upon with the Department for this project) for managing changes and defect corrections identified during the certification process. Whenever changes are required, they will go through the standard set of processes including development, system testing, integration testing, user acceptance testing (with Department signoff), and deployment to production. Team Noridian will ensure that any defects and changes related strictly to certification are tracked separately within the defect tracking software. This will help to facilitate reporting on such changes.

11.1.4 Deliverables

RFP Section 8.3.1.4

Team Noridian will be responsible for producing all the deliverables required in the RFP to ensure successful certification of the system. The ReqCertify tool will become the basis for producing some of the required deliverables such as the updated CMS certification checklists and CMS certification readiness checklists; these can be created directly from ReqCertify.

The required evidence to be provided to CMS in support of the certification system review criteria will be stored in a special set of folders created on the Project Portal. Any additional evidence requested during the CMS certification site visit will be pulled from the new MMIS or associated systems as appropriate.

Following the standard process for making system changes, any system remediation will result in documentation changes. These documentation changes will be made in accordance with the change control process set up for the project.

To support this phase, Team Noridian will develop the deliverables listed in Figure 11-9. All deliverables will be produced in accordance with the deliverable creation and review approach described in Tab 6 of this proposal and the specified time frames in the detailed project work plan for certification.

Deliverable	Agree to Meet?	Section that Describes Approach
Updated CMS Certification Checklists	Yes	11.1 Systems Certification
CMS Certification Readiness Checklists	Yes	11.1 Systems Certification
Required System Information and Documentation	Yes	11.1.2 Contractor Responsibilities
Revised System Documentation Resulting from System Remediation	Yes	11.1.3 Change Control for Certification

Figure 11-9. Certification Phase Deliverables. Team Noridian develops all deliverables using its documented deliverable creation and review standards and procedures and will deliver them in accordance with our detailed project work plan.

11.2 Summary

Team Noridian’s solution for the new MMIS is based on CNSI’s eCAMS system that has been successfully implemented and certified under the MECT in the states of Michigan and Washington. The system is closely aligned with the guiding principles of MITA and the “Seven Conditions and Standards” proposed under the ACA that will be key to the final rule for enhanced FFP going forward, and is the most technologically advanced MMIS platform available in the country. Team Noridian is very confident that the new MMIS will receive system certification from CMS retroactive to day one of operations without any deficiencies identified.

In addition to the system, Team Noridian brings a mature set of proven and repeatable processes and tools to the certification task. Our methodology for certification and the ReqCertify tool have both been proven with our recent successes in Michigan and Washington. Team Noridian will ensure that it updates its methodology and tools as required to ensure that the new MMIS satisfies any new CMS or State requirements including the Seven Conditions and Standards of ACA. Team Noridian understands the importance of receiving system certification as well as the impact of not receiving certification retroactive to day one of operations and will provide the necessary skills and support to the Department to ensure a smooth and successful certification phase.

Figure 11-10 shows the report issued by CMS after conducting the certification site visit in Washington State.

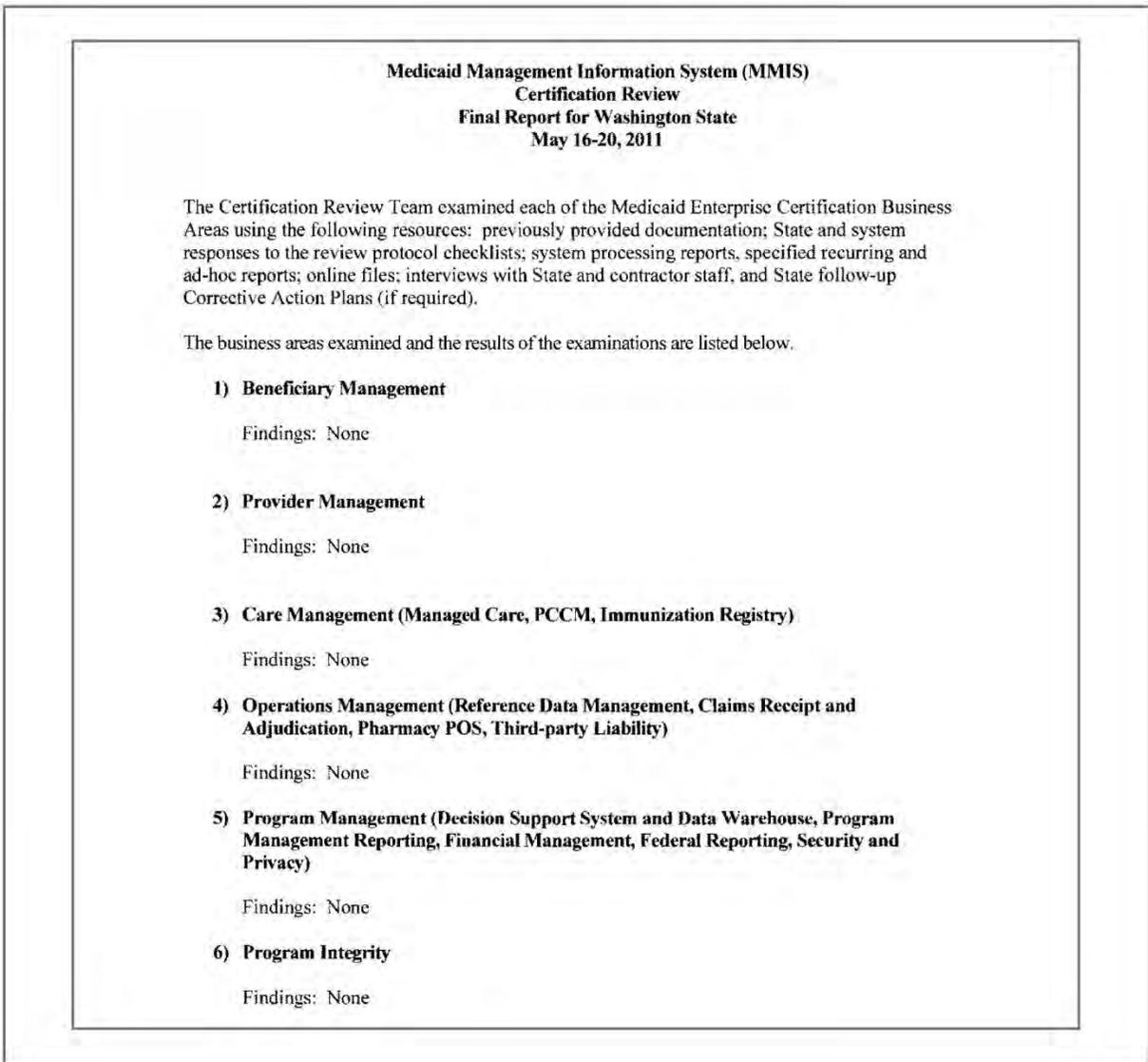


Figure 11-10. Certification Review Final Report for Washington State. Team Noridian will work with the Department to ensure that certification is received retroactive to day one of operations without any findings.



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Tab 12 - Turnover Phase

RFP Section 9.2.13 and Section 8.4

In Tab 12, Team Noridian provides the Iowa Department of Human Services (Department) a description of the activities that it will undertake to effectively turn over the Medicaid Management Information System (MMIS) and Core MMIS operations functions to the successor contractor. We describe how we will support the Department through the turnover, the development of a Turnover Plan and schedule, coordination of efforts with the successor contractor, support of and knowledge transfer to the successor contractor, and how we will supply all system and operations related documentation to the Department and successor contractor.

Team Noridian Advantage

History of successful turnovers provides the Department with assurance of a seamless transition of activities at contract end

- We will review and maintain our systems and operations documentation throughout all phases of the contract to ensure it is complete, up to date, and conforms to standards at all times
- We will actively communicate and collaborate with the successor contractor, a hallmark of a successful turnover
- Our strong internal controls and quality procedures will measure, monitor, and report on all aspects of the turnover phase
- Our knowledge transfer activities will be modeled on the processes that have enabled us to train large groups of people in relatively short time frames using established proven materials

Team Noridian has an excellent record of three recent successful contract turnovers and understands the processes involved and the absolute necessity to make the transition to the successor contractor seamless and without interruption of services. We have the methodologies and procedures in place and will develop a complete turnover approach that is designed to achieve Team Noridian and the Department's common goals to:

- Coordinate a smooth and orderly transition of operations to the successor contractor
- Mitigate the risks of payment disruption to providers during the transition
- Ensure that Medicaid resources and Department assets are successfully and completely transferred to the successor

We see our turnover responsibilities as no less important than those for any other phase of the project. We understand that the Department is relying on the outgoing contractor to continue to fully support its programs and stakeholders by meeting all operations performance requirements while collaborating with the successor contractor to ensure their full understanding of Core MMIS operations. We will perform turnover activities with the same careful attention, planning, and execution that the Department will have come to expect based on our performance during the start-up and implementation phase and throughout operations.

We fully support the Department's requirement to turn over complete and up-to-date systems, documentation, Core MMIS operations' responsibilities, and materials; to provide knowledge transfer in use, functionality and processes for the successor; to correct any deficiencies known prior to or discovered during the turnover process; and ensure that the turnover is completed in a timely manner.

Team Noridian acknowledges that a successful turnover requires careful and thorough planning followed by timely and accurate performance of the planned activities, and we discuss that further in the following subsections. However, there is another sometimes overlooked factor that can make the difference between an effective and efficient turnover and one that is not. That factor is the timeliness, completeness, and usability of the existing system and procedural documentation that the incumbent contractor maintains and is required to deliver. Turning over thousands of files and binders full of documentation for a procurement data library and for subsequent use by the new contractor is of little value if the information is vague, incomplete, or out of date. Team Noridian has encountered some of these same deficiencies both as a prospective bidder and as a takeover contractor. We fully appreciate the difficulties and misunderstandings that can result from relying on out of date or incomplete documentation.

As the incumbent contractor, we accept the obligation to maintain and deliver procedural and system (hardware and software) documentation in a current, complete, and accurate state throughout the entire period of the contract. Effective documentation is the key to a seamless turnover to the successor contractor and vital to our ability to sustain required service levels. Inevitably, no matter how earnestly we work to retain key staff, there are going to be instances where we lose the services of highly experienced people. One of the ways to offset that loss is to be able to provide reasonably knowledgeable replacements with fully effective, current, and complete documentation.

As shown in our draft project work plan, as part of our planning activities, we will conduct a due diligence, point in time review of all required documentation and artifacts that make up the total MMIS project before the official start of the turnover phase. Once we are notified of the intent to procure, we will request that our managers ensure that staff perform a complete review of all materials to ensure that all documentation is current and adheres to our published standards. The quality assurance staff will oversee this effort and report on any deficiencies.

Our approach to turnover provides a well-organized, comprehensive, technically sound, and logistically attainable solution that demonstrates our understanding of the requirements of the turnover phase and real-life challenges in performing a successful transition. Our commitment to the Department's goals and objectives will carry into our performance of turnover activities. Our solution incorporates processes that will provide the Department and the successor contractor:

- Access to current hardware and software inventories
- A data library containing current and reliable documentation, code, files, job scripts and run schedules, and statistics
- Useful and relevant knowledge transfer, help, and guides
- Support in recruiting Team Noridian staff for possible employment
- A turnover manager specifically dedicated to the turnover phase with designated staff assigned to support the effort

Although the official turnover phase begins 12 months before the end of the contract period, we will begin planning about eight months prior to the official start of the phase or once we receive notice from the Department of their intent to procure a new contractor, whichever comes first. This allows us the necessary time to assist the Department in establishing a procurement library, if desired, and to develop our initial Turnover Plans and schedule. We understand that the official phase begins October 1, 2018 and ends September 30, 2019 unless the contract is extended.

12.1 State Responsibilities

RFP Section 8.4.1, Requirements a through g

Team Noridian understands and acknowledges the Department's responsibilities during the turnover phase of the Iowa MMIS contract. We will collaborate with the Department to ensure all turnover activities are taking place on schedule to create a seamless transition.

Team Noridian recognizes that successful turnover activities require that the Turnover Plans and schedules consider the Department's responsibilities and clearly outline expectations of Department resources. To accomplish that, we have identified the tasks and activities requiring the Department's resources in the draft project work plan submitted with this proposal. This project work plan also serves as the project schedule and will be updated prior to the turnover phase in cooperation with the Department and the successor contractor.

We understand the Department's responsibilities as follows:

- Notify the contractor of the intent to transfer or replace the system at least 12 months prior to the end of the contract
- Review and approve a Turnover Plan to facilitate the transfer of the MMIS to the Department or to its designated agent
- Review and approve a statement of resources, which would be required to take over operation of the MMIS
- Make Department staff or designated agent staff available to be trained in the operation of the MMIS
- Coordinate the transfer of the MMIS documentation (in hard and soft copy formats), software, and data files
- Review and approve a turnover results report that documents completion of each step of the Turnover Plan
- Obtain post turnover support from the contractor in the event of software malfunction

Team Noridian will support the Department in these activities by:

- Developing quality, on-time deliverables with internal review and approval steps that will help facilitate the Department's review and approval of all deliverables
- Providing electronic access to all project artifacts so that the Department can review all documentation at any time
- Providing current and up-to-date system and operations documentation on our Project Portal to support the transfer of documentation to the successor contractor
- Providing ready access to Team Noridian resources for post turnover support as needed
- Developing comprehensive knowledge transfer schedules and materials to ensure the Department and other stakeholders are properly trained in the execution of all Core MMIS operations activities

12.2 Contractor Responsibilities

RFP Sections 8.4 and 8.4.1.1

Team Noridian provides a well-organized, comprehensive, and technically sound business solution that demonstrates its understanding of the requirements of the turnover phase and its ability to successfully meet them. As the outgoing contractor, we are aware of our obligation to not only successfully administer the Core MMIS operations of the Iowa Medicaid Enterprise (IME) through the last scheduled day of operation, but to also supply expertise to support the Department and the successor contractor during the turnover, and for up to six months after the end of the contract period. We take great care to completely understand our responsibilities, create a comprehensive plan, and provide fully qualified personnel to ensure that those responsibilities are met.

To direct our turnover efforts, Team Noridian will designate a turnover team with a qualified turnover manager who will oversee all activities associated with the turnover phase. This individual will be granted sufficient authority to make decisions and assign resources to fulfill the obligations of this phase. The turnover manager will serve as the main point of contact to the Department for turnover related activities and will be 100 percent dedicated to the turnover phase. The turnover manager (with support from the turnover team) will begin turnover planning activities about eight months prior to the official turnover phase start in order to develop and deliver the required Turnover Plan and associated project work plan (schedule) at least six months before October 1, 2018 when the turnover phase begins.

As fully described in Tab 6, Section 6.3 Project Organization, the turnover manager will be supported by different Team Noridian staff members who will make up the turnover team. In order to ensure both continuity of operations and to meet our turnover responsibilities, Team Noridian will assign additional staff as needed to concurrently support both operations and turnover activities. The roles/responsibilities of the turnover team are shown in Figure 12-1.

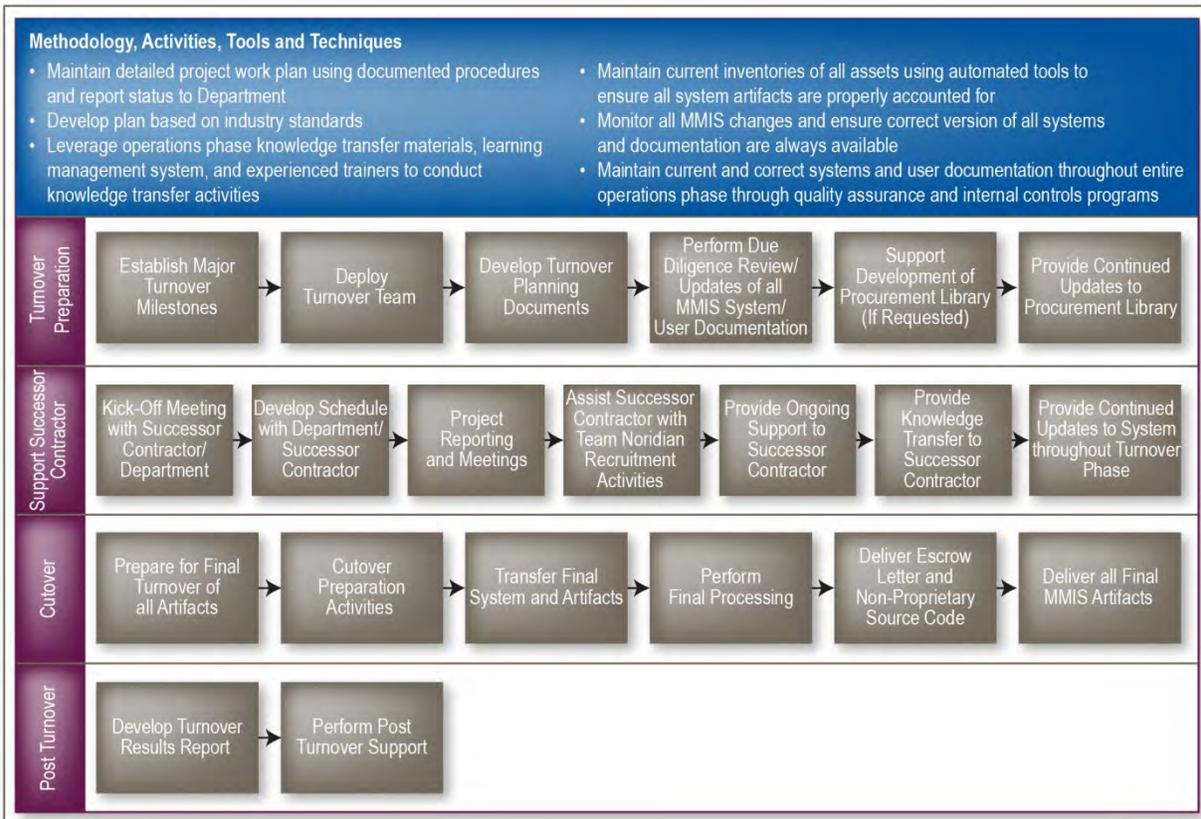
Title	Turnover Phase Responsibilities
Turnover Manager	<ul style="list-style-type: none"> ▪ Develop and maintain the Turnover Plan ▪ Provide updates to the project work plan/schedule ▪ Oversee the day to day activities for turnover ▪ Participate in Department and successor contractor meetings, as requested ▪ Provide status reports on turnover activities ▪ Work with the Team Noridian operations managers to track inventory levels and performance measurements of all operational areas and to develop corrective actions plans (CAPs) as needed ▪ Coordinate knowledge transfer activities for the successor contractor ▪ Ensure all system and operational documentation is current ▪ Facilitate communications between Team Noridian staff with the successor contractor for potential employment opportunities ▪ Work with the Team Noridian operations managers to track and report on issues and risks
Account Manager	<ul style="list-style-type: none"> ▪ Responsible for overall success of the MMIS contract ▪ Complete oversight of turnover phase ▪ Ensure resources are available and allocated ▪ Ensure turnover manager has full access to all staff and resources necessary ▪ Ultimate decision making authority on all issues regarding the turnover ▪ Work closely with the turnover manager to maintain and track progress on the project work plan ▪ Assist turnover manager in the resolution of issues, problems, and risks
Claims Operations Manager/ Claims Supervisor	<ul style="list-style-type: none"> ▪ Assist in review, update, and collection of documentation as needed ▪ Develop CAPs to address inventory and workload issues ▪ Provide subject matter expertise to successor contractor in resolving issues, answering questions, and demonstrating system functionality ▪ Work closely with the turnover manager to maintain and track progress on the project work plan ▪ Assist turnover manager in the resolution of issues, problems, and risks ▪ Participate in meetings as needed ▪ Support knowledge transfer activities
Quality Assurance Manager/ Quality Analysts	<ul style="list-style-type: none"> ▪ Oversee due diligence review of all systems and user documentation ▪ Review all deliverables associated with the turnover phase ▪ Monitor workload and status ▪ Support knowledge transfer activities
Systems Manager/ Systems Team Lead	<ul style="list-style-type: none"> ▪ Monitor MMIS through normal system support activities ▪ Oversee development of CAPs needed for any system deficiencies ▪ Make corrections to system through normal change management processes ▪ Report on system changes and issues ▪ Assist in the due diligence review of all systems related documentation ▪ Ensure inventories of all MMIS assets are up to date ▪ Assist Department in the development of procurement library (if requested)
Training Specialist/ Business Analysts	<ul style="list-style-type: none"> ▪ Assist in development of knowledge transfer plan and schedules ▪ Update knowledge transfer materials (as needed) ▪ Deliver training ▪ Evaluate and report on knowledge transfer activities

Figure 12-1. Turnover Phase Responsibilities. Team Noridian's turnover phase staffing allows for full support of all efforts while continuing all operational business functions without disruption.

12.2.1 Turnover Schedule and Approach

RFP Section 8.4.1.1, Requirements a through c

Team Noridian’s turnover approach provides for an orderly transfer of responsibilities and deliverables to the successor contractor and the Department. A synopsis of the high-level tasks and activities related to turnover is shown in Figure 12-2.



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Figure 12-2. High-Level Turnover Activities. Team Noridian's turnover methodology and approach are based on experiences and lessons learned with previous turnovers.

The Turnover Plan tasks, subtasks, and activities we define for the turnover phase are based on successful turnover schedules and plans we have used on past projects. We use a proven, repeatable process to develop highly-detailed project plans and schedules and update and control our project plans and schedules using documented procedures and guidelines throughout the contract period.

Team Noridian has developed a draft project work plan, which includes our turnover schedule. This draft project work plan is located at the end of Tab 6 of the proposal response. The goal of the project work plan is to show the work, defined by the project scope, broken down into assignable units of work which facilitates resource management, project dependencies, project measurement, and control for the phase. The project work plans shows both the Team Noridian and Department responsibilities associated with the turnover phase. We developed the draft project work plan for the turnover phase using the following guidelines:

- We used a work start date of February 1, 2018 as our turnover planning start date with the “official” turnover phase beginning October 1, 2018 (12 months prior to contract end as specified by the Department). If the contract is extended, a new schedule will be developed to reflect the correct dates.
- The turnover planning period allows us to develop the necessary comprehensive Turnover Plan and schedule and to assist the Department in setting up a procurement library and other preparation activities.
- Team Noridian scheduled the initial Department review of each Deliverable Expectation Document (DXD), which provides the proposed format of the deliverable, for 10 days with an additional five day review period for any required re-work. We scheduled the Department review of all actual deliverables using the same time frame, allowing a five day Team Noridian re-work period if needed.

- The project work plan was created using information from the Request for Proposal (RFP) and experience from past turnover efforts. Once the Department makes the determination to re-procure the contract, the schedule will be refined with the Department and again when the successor contractor comes on board to coordinate with their transition schedule and activities.
- We tentatively scheduled regular status meetings with the successor contractor and the Department with a span of dates and realize that the actual schedule will be determined by the successor contractor and the Department. Our draft project work plan will be adjusted accordingly once the successor contractor comes on board.

In the draft turnover work plan, we have provided durations of dates for knowledge transfer activities and courses. However, the actual course offerings and schedule will be dependent on the successor contractor's hiring activities, schedules, and needs. We will work with the successor contractor to develop a comprehensive knowledge transfer schedule and plan and update the turnover project work plan accordingly.

Team Noridian will update the draft project work plan prior to beginning the turnover phase and submit that to the Department for approval. When the successor contractor begins work, we will cooperate with them to coordinate our scheduled activities and update the project work plan to show the collaborative work and timeframes. That collaborative project work plan will be placed under configuration control and serve as the baseline from which we will measure progress. Any changes to the baseline will require Department review and approval.

12.2.2 Turnover Plan and Turnover Project Management Plans

RFP Section 8.4.1.1, Requirement d; RFP Section 6.2.3.7.11, Requirements a through c, e through g, and j

Team Noridian will develop a Turnover Plan and provide that to the Department at least six months before the start-up of the official turnover phase so that we are fully prepared to support all turnover activities as soon as the successor contractor starts. Our plans conform to industry standards and the principals outlined in the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) Guide, Fourth Edition.

As part of our turnover planning activities, the turnover manager will ensure all staff is aware of their responsibilities associated with the turnover phase. Work associated with turnover phase planning will begin prior to the official start of the turnover phase so that we can support the Department in any procurement activities (such as establishing a procurement library) and develop initial plans so that we are ready on the first day of the successor contractor's start up period.

The Turnover Plan will cover all activities associated with the turnover such as our proposed approach to the turnover, detailed tasks and subtasks included in the project work plan (schedule), the control and update procedures for MMIS production data, program libraries, and documentation, and successor contractor knowledge transfer information. As part of the Turnover Plan, we will supply a statement of all resource requirements required by the Department or successor contractor to take over the MMIS. It will also cover change control during turnover, electronic and paper file transfers, and inventory preparation, including details such as the physical arrangements for delivery of any hardcopy inventory to the successor contractor, if needed. The Turnover Plan with all required components will be delivered before the start of the turnover phase to allow ample time for planning with the successor contractor once they come on board. Our proposed Turnover Plan outline is shown in Figure 12-3. When applicable, we have provided description of the section as it applies to the applicable Department required Turnover Plan components in the "section" column.

Section	Content
Overview	Information on the plan creation, responsible organizations, and processes for updates to the plan
Scope	Brief description of the plan's scope
Reference Documents	List of reference documents used to create the plan or referenced in the plan
Glossary	Acronyms and terms with definitions used in the plan
Turnover Plan Overview	Summary of the plan's primary objectives
Turnover Policies	Policies related to turnover phase activities and tasks
Turnover Overview	Contains a high level summary of the processes and procedures Team Noridian will use during the turnover phase
Turnover Responsibilities	Describes the roles and responsibilities of the resources assigned to the turnover phase
Turnover Phase Organization	Organization structure of the personnel involved in turnover activities
Turnover Phase Orientation and Training	Type of training that will be conducted for the turnover staff to ensure they understand all of their responsibilities and the processes and guidelines to be used for turnover activities
Turnover Project Work Plan/Schedule (Contains the tasks and sub-tasks for the turnover, and schedule for the turnover)	<p>Project Work Plan/Turnover Schedule:</p> <ul style="list-style-type: none"> Project work plan is included as part of the Turnover Plan Includes all tasks, sub-tasks, deliverables, and milestones associated with the turnover Includes resources assignments, durations, estimated dates, and dependencies Provides information and timeframes for Department responsibilities Will be refined and updated with the successor contractor to ensure a collaborative effort
Turnover Process Description (Contains the proposed approach to turnover, and our plan for providing all MMIS production data, program libraries, and documentation including update procedures. Also contains our plan for providing the statement of resource requirements needed to take over the MMIS)	<p>Description of Team Noridian's turnover approach. Includes information on:</p> <ul style="list-style-type: none"> Methods for establishing the procurement library and updating the library Methods for creating and updating the Project Portal which Team Noridian will use to store all MMIS artifacts - the successor contractor will access this repository for all documentation related to the system Change control during turnover Maintenance of inventory of all MMIS components Development of resource requirements statement Communication points of contact and methods of communication Overview of knowledge transfer courses and schedules Methods for resolving questions and issues Development of recruitment and interview protocols for Team Noridian staff seeking employment with the successor contractor Physical transfer of inventory procedures Final cutover procedures Post turnover support
Turnover Phase Evaluation	Description of how the turnover activities are evaluated and how they are communicated to the Department
Communication	<ul style="list-style-type: none"> Brief description of communication vehicles and processes used to convey all information relating to turnover including all turnover progress and status, documentation updates, and any issues or problems References the Turnover Communications Management Plan for further information
Turnover Plan Change Procedures and History	Provides information on how changes are made to the Turnover Plan and an audit trail of changes

Figure 12-3. Turnover Plan Outline. Team Noridian's Turnover Plan will be based on Turnover Plans used successfully in the past for health care related turnover activities and provide all of the Department requested plan elements in addition to Team Noridian required components and section.

Team Noridian will also develop and deliver project management plans for the turnover phase based on the plans we will use during start-up and implementation and operations. Specifically we will produce:

- Communications Management Plan (including stakeholder analysis)
- Project work plan (schedule) and baseline (described above)
- Issues Management Plan
- Quality Management Plan
- Staffing Management Plan (Team Noridian will actually deliver two staffing plans, one that covers all Core MMIS operations and one specifically geared to turnover phase staffing)
- Change Management Plan

Together, our Turnover Plan, associated project work plan (schedule), and project management plans will provide all of the detailed information along with processes and procedures needed to successfully turnover the system and associated documentation. Some of the activities, tasks, and sub-tasks that will be further decomposed in our project work plan and enhanced in our narrative Turnover Plan and project management plans are described in Figure 12-4.

Key Activities / Tasks / Functions	Approach Description / Procedures / Methods	Measurement of Completion
Establish Major Turnover Milestones and Deploy Turnover Team	<ul style="list-style-type: none"> ▪ Designate turnover team including turnover manager ▪ Discuss turnover roles/responsibilities with all staff members who will participate in the turnover ▪ Provide turnover phase training for applicable staff ▪ Determine schedules for internal work meetings ▪ Begin regular meetings and communications 	<ul style="list-style-type: none"> ▪ Turnover personnel understand roles and responsibilities and begin execution of duties
Develop Initial Turnover Planning Documents (Project Work/Schedule and Turnover Plan)	<ul style="list-style-type: none"> ▪ Submit proposed format (DXD) of turnover project work plan (schedule) to the Department for review and approval ▪ Update draft turnover work plan (schedule) and provide to Department for review ▪ Submit proposed DXD for Turnover Plan to the Department for review and approval ▪ Submit proposed DXD for Resource and Facility Statement to the Department for review and approval ▪ Develop preliminary Turnover Plan that will describe the approach, methodologies, responsibilities, and protocols that will be used for the turnover phase ▪ Develop statement of staff resources required to operate MMIS systems and business functions ▪ Develop statement of all facility and office resources required ▪ Develop statement of actual resources used to operate MMIS ▪ Include Resource and Facility Statement as part of Turnover Plan ▪ Submit preliminary Turnover Plan for Department review and approval ▪ Preliminary Turnover Plan and project work plan (schedule) will be reviewed and updated in cooperation with the successor contractor when they begin their work 	<ul style="list-style-type: none"> ▪ Timely submission and Department approval of turnover project work plan (schedule), Turnover Plan, and Resource and Facility Statement DXDs ▪ Timely submission and Department approval of turnover project work plan (schedule) ▪ Timely submission and Department approval of Turnover Plan including Resource and Facility Statement
Develop Turnover Project Management Plans	<ul style="list-style-type: none"> ▪ Update Current Core MMIS operations Staffing Management Plan <ul style="list-style-type: none"> • Review current organizational chart and update as needed • Review current job descriptions and update as needed • Develop list of staff by categories required by the RFP ▪ Develop turnover phase Communications Management Plan ▪ Develop turnover phase Issues Management Plan ▪ Develop turnover phase Quality Management Plan ▪ Develop turnover phase Staffing Management Plan ▪ Develop turnover phase Change Management Plan 	<ul style="list-style-type: none"> ▪ Timely submission and Department approval of current Core MMIS operations Staffing Management Plan ▪ Timely submission and Department approval of Communications Management Plan ▪ Timely submission and Department approval of Issues Management Plan ▪ Timely submission and Department approval of Quality Management Plan ▪ Timely submission and Department approval of Staffing Management Plan ▪ Timely submission and Department approval of Change Management Plan
Perform Due Diligence Reviews and Updates of all eCAMS System and User Documentation and Manuals	<ul style="list-style-type: none"> ▪ Review eCAMS system and user documentation for all business areas ▪ Make updates if required ▪ Quality assurance review of updates 	<ul style="list-style-type: none"> ▪ Completion of any required updates to system and user documentation
Support Development of Procurement Library (if requested)	<ul style="list-style-type: none"> ▪ Work with Department to determine items to be housed in the procurement library ▪ Develop folders and region to organize materials in the procurement library ▪ Develop access rules and protocols ▪ Populate the library with all IME Core MMIS operations related documentation ▪ Develop and submit methodology for updating and keeping procurement data library current ▪ Develop mechanism for notifying all prospective proposers when an item is added or changed 	<ul style="list-style-type: none"> ▪ Agreement with Department on items to include in the library ▪ Initial population of procurement data library ▪ Department acceptance of recommended methods for updating the library and notifying ▪ Implementation of maintenance and control procedures

Key Activities / Tasks / Functions	Approach Description / Procedures / Methods	Measurement of Completion
Kick-Off Meeting with Successor Contractor/Department	<ul style="list-style-type: none"> ▪ Develop communication methods and points of contact ▪ Discuss and determine meeting schedules ▪ Determine methods for transferring information to and from the successor contractor ▪ Discuss knowledge transfer plans and schedules ▪ Discuss change control and update procedures ▪ Discuss successor contractor recruitment of Team Noridian staff 	<ul style="list-style-type: none"> ▪ Agreement on methods of communications ▪ Agreement on methods for transferring information to and from the successor contractor and updates to relevant portions of the Turnover Plan ▪ Documentation of agreed upon update procedures ▪ Agreement on knowledge transfer plan and schedules ▪ Determination of processes to assist successor contractor with recruitment efforts
Develop Turnover Schedule with Department/Successor Contractor	<ul style="list-style-type: none"> ▪ Compare Team Noridian draft project work plan and successor contractor transition schedule and coordinate tasks and durations ▪ Discuss and develop date spans for various processes ▪ Discuss and finalize delivery dates for system products and updates ▪ Discuss dates for final system and documentation updates and finalize ▪ Discuss methods for coordinating updates to schedule 	<ul style="list-style-type: none"> ▪ Final project work plan (schedule) that incorporates agreed upon dates and tasks ▪ Department approval of project work plan ▪ Established methods to review and coordinate updates to the schedule
Project Reporting and Meetings	<ul style="list-style-type: none"> ▪ Participate in status meetings with successor contractor as requested by the Department ▪ Develop status reports and provide status at meeting ▪ Provide updates to schedule 	<ul style="list-style-type: none"> ▪ Participation in status meetings according to the schedule ▪ Department acceptance and approval of status reports and schedule updates
Assist Successor Contractor with Team Noridian Recruitment Activities	<ul style="list-style-type: none"> ▪ Develop job roster of MMIS staff interested in transitioning to the successor contractor and provide that to the successor contractor ▪ Assist staff in preparing for job applications, interviews, and references ▪ Provide successor contractor with Team Noridian salary structures and benefit information ▪ Support the successor contractor in any job seminars or job fairs 	<ul style="list-style-type: none"> ▪ Submission of employee lists and job information to the successor contractor ▪ Placement of Team Noridian staff with the successor contractor on a to be determined schedule ▪ Orderly transfer of job responsibilities
Provide Ongoing Support to Successor Contractor	<ul style="list-style-type: none"> ▪ Demonstrate processes and answer questions as needed throughout the turnover phase 	<ul style="list-style-type: none"> ▪ Successor contractor understanding of MMIS Core MMIS operations processes
Provide Knowledge Transfer to Successor Contractor	<ul style="list-style-type: none"> ▪ Work with successor contract to determine courses needed, resources to be trained, and schedule for knowledge transfer ▪ Update knowledge transfer plan, submitted as part of Turnover Plan, which includes a description of all training subjects, a training schedule, training methodology, and evaluation ▪ Deliver training to the successor contractor per schedule ▪ Ensure training covers all administrative and operations areas required to support the Core MMIS Operations 	<ul style="list-style-type: none"> ▪ Agreement on knowledge transfer courses and schedule ▪ Training courses delivered to successor contractor as scheduled ▪ Successor contractor positive evaluation of training courses
Provide Continued Updates to System throughout Turnover Phase	<ul style="list-style-type: none"> ▪ Provide updates to system throughout turnover phase using established information systems development methodology (ISDM) and change management processes 	<ul style="list-style-type: none"> ▪ All updates, changes accomplished on a timely basis ▪ Department acceptance of final system
Prepare for Final Turnover of all Artifacts	<ul style="list-style-type: none"> ▪ Develop DXD for proprietary escrow letter and for turnover of non-proprietary source code ▪ Develop DXD and media information for turnover of all other artifacts including: <ul style="list-style-type: none"> • Data and reference files • All imaged documents • Production computer programs • Production scripts, routines, parameters, jobs • Update procedures • All MMIS reports • Hardcopy and paper related to MMIS processing • Hardware ▪ Develop DXD for turnover results report 	<ul style="list-style-type: none"> ▪ Timely delivery and acceptance of DXD for proprietary escrow letter and turnover of non-proprietary source code ▪ Timely delivery and acceptance of DXD outlining methods of transfer and media of all MMIS artifacts ▪ Timely delivery and acceptance of DXD for turnover results report
Cutover Preparation Activities and Transfer Final System and Artifacts	<ul style="list-style-type: none"> ▪ Plan dates and responsibilities for turnover with Department and successor contractor ▪ Support the orderly transfer of all operations activities to the successor contractor on the specified date of the transition ▪ Transfer all unprocessed MMIS documents along with transmittal sheets indicating the contents of each box or container of the documents to the successor contractor 	<ul style="list-style-type: none"> ▪ Final cycles completed and reports produced ▪ All required files and systems transferred to the Department or successor contractor and verified ▪ Successor contractor assumes all operations

Key Activities / Tasks / Functions	Approach Description / Procedures / Methods	Measurement of Completion
	<ul style="list-style-type: none"> Complete all daily, weekly, monthly, quarterly, semi-annual, and annual MMIS reporting in process on the last day of the operations phase Transfer system and files after final cycles 	
Post Turnover	<ul style="list-style-type: none"> Support the Department and successor contractor per schedule following the successor contractor's assumption of operations Ensure that personnel that have not been employed by the successor contractor are available to answer questions and assist as needed Develop and deliver a turnover results report that describes completion of each turnover task and activity 	<ul style="list-style-type: none"> Support provided as needed Department review and approval of turnover results report

Figure 12-4. Key Turnover Phase Tasks and Sub-Tasks. Team Noridian has developed a comprehensive draft project work plan based on these tasks and activities.

As shown in our draft project work plan, as part of our planning activities, Team Noridian will conduct a due diligence review of all required documentation and artifacts that make up the total MMIS project before the start of the turnover phase. Once we are notified of the intent to procure, we will request that each of our managers complete a point-in-time review of all materials to ensure that all documentation is current and adheres to our published standards. The quality assurance staff will oversee this effort, which will be completed prior to the “official” start of the turnover phase. In the event deficiencies are found, we will update any documentation which is not accurate and complete. While we do not anticipate any problems or issues, this will add one more layer of risk mitigation to our turnover approach in the event something was overlooked. The Department can be confident that documentation in the procurement library and supplied to the successor contractor will reflect exactly what is needed to operate the business and systems associated with Core MMIS Operations.

12.2.3 Provide Turnover Services and Cooperate with Successor Contractor

RFP Section 8.4.1.1, Requirement e

Team Noridian understands that a seamless turnover will require a collaborative effort with the successor contractor and the Department. As having served as both an incoming and outgoing contractor, we are well aware of the importance of coordinating tasks, schedules, and resources to ensure the successor contractor receives all necessary support, documentation, and training while we maintain operations without disruption to day to day business.

As stated previously, Team Noridian will develop a preliminary project work plan (schedule), the Turnover Plan, the Facility and Resource Statement, and our project management plans, and update any documentation as needed before the successor contractor begins. That way, we are fully prepared to provide all necessary work products and documentation from day one and develop a joint schedule with the successor contractor using our initial project work plan. As the incoming contractor, the successor's schedule will drive most of the activities. We will initiate planning with the successor contractor when they begin their start up phase to provide our preliminary project work plan and work with them to refine the schedule based on their needs. We will plan and schedule all work sessions, meetings, and knowledge transfer activities with the successor contractor and incorporate those into the combined project work plan. We will establish methods of communication and points of contact and update our Turnover Plan to reflect those.

We will attend all meetings with the successor contractor as requested by the Department and with the Department's approval, allow the successor contractor access to an electronic repository that will contain all required documentation. We will implement mechanisms to update all documentation available to the successor contractor whenever we update our documentation. If the Department allows it, the successor contractor will be able to set up notifications and alerts so they always have the most current version of documentation. We will provide the successor contractor with all MMIS system software, production data, program libraries, documentation, documentation update procedures, corresponding files, and

programs when requested along with documented methods and procedure for updating and ensuring all system components are current.

Team Noridian will provide regular status reports, on a schedule to be determined by the Department, which will describe Team Noridian's turnover activities. The reports will provide information on:

- Schedule to include the progress made on each task, deliverable, and milestone including any variance from the baseline if applicable for that period of time
- Topics of general discussion at any status meetings
- Action items and decisions made at any status meetings
- List of all problems and issues encountered, risks identified, and status of resolution of each problem, issue, and risk
- Planned tasks, deliverables, and milestones for the following reporting period
- Upcoming system changes and the schedule for those changes
- Other information the Department requires

We will schedule detailed walkthroughs or demonstrations of the system and provide subject matter expert support throughout the turnover period to answer questions about different system procedures and processes. We will also provide system and business knowledge transfer training as described later in Section 12.2.10 Provide Knowledge Transfer.

Team Noridian will assist the successor contractor in any Team Noridian staff recruitment activities if they are so inclined. Team Noridian cares about its employees and will make every effort to help them gain employment with the successor contractor if they are interested in pursuing that. Once we are informed of the turnover, we will talk with all of our staff and develop job rosters of those personnel interested in possible employment with the successor contractor. When the successor contractor comes on board, we will arrange for our Human Resources (HR) personnel to meet with the successor contractor management and develop procedures and guidelines to assist our staff in submitting applications, attending interviews, and obtaining references. We will provide the successor contractor with regular lists of personnel who wish to be considered along with their:

- Job title
- Job description
- Date of anticipated availability
- Contact information such as business address, telephone number, and electronic mail address

HR will also provide the successor contractor with benefit and salary information so that they can try to make comparable offers. At the successor contractor's request, we will participate in job fairs or seminars to encourage our staff to discuss possible opportunities. We will work with the Department and the successor contractor to make sure that the current operations are maintained at peak performance levels while we assist in the staff transition.

12.2.4 Transfer Source Code

RFP Section 8.4.1.1, Requirement f

Team Noridian will transfer all non-proprietary source program code onto media approved by the Department and additionally, will submit a letter stating all proprietary source code held by the escrow agent is current as of the date of system turnover.

During the operations phase, Team Noridian will use Subversion for management of software and code. The use of these strong version control processes and tools allows us to immediately locate the full inventory of code and ensures that the programs and files delivered to the Department are the expected version.

Team Noridian will build tasks into our work plan for the Department to review and approve our proposed escrow letter DXD and proposed method of source code transfer well in advance of the actual transfer date so that we can later expedite the final transfer review and approval process. As shown in the draft project work plan, the actual transfer itself will take place after Team Noridian's final MMIS processes.

12.2.5 Deliver Error-Free MMIS and Make Corrections

RFP Section 8.4.1.1, Requirements g and h

Team Noridian will continually track any issues or errors in the MMIS prior to the scheduled turnover date and ensure any problems encountered are corrected and an error free and complete system is turned over to the Department and the successor contractor. We will maintain a stable operation and a stable MMIS throughout the turnover phase. MMIS updates, maintenance, and enhancements are continually tracked and controlled as part of our normal Core MMIS operations and all changes, including problems, will be corrected through our regular information systems development methodology (ISDM) and change management processes throughout the turnover phase.

We will 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 Team Noridian, as may be determined by the Department using our documented system support procedures.

12.2.6 Provide Staffing Information

RFP Section 8.4.1.1, Requirement i

As part of our normal operating routine, Team Noridian regularly monitors and assesses our Core MMIS operations inventory, workload, and performance and adjusts staffing as needed throughout the contract period. When staffing or job assignment changes occur, we update all affected staffing information including organizational charts with employee counts, job descriptions, and roles/responsibilities information so that staffing information is always current.

This information is kept up to date at all times and will be provided to the Department and the successor contractor when they begin their transition period. As shown in the project work plan, Team Noridian will perform a double check review of our Core MMIS operations Staffing Management Plan during the turnover planning period and make any necessary updates so that we are sure the staffing information is current when the successor contractor is provided the information.

Rather than an estimate, we will provide current actual data and as required, separate this by the type of personnel including:

- Data processing staff
- Computer operators
- System analysts
- Systems programmers
- Business analysts
- Project management staff
- Data entry and imaging operators
- Provider services staff
- Administrative staff
- Provider field representatives
- Clerks
- Managers

As part of our Staffing Management Plan, Team Noridian will provide a detailed organizational chart depicting the contractor's total MMIS operation to the successor contractor and the Department at the onset of the turnover phase. We regularly update our organizational structures along with full-time equivalent (FTE) counts and job descriptions every time a change is made and post them to the electronic repository.

As stated previously, Team Noridian will supply two Staffing Management Plans as part of our turnover activities. One plan will outline the staffing and responsibilities dedicated to the turnover phase effort while the other will describe all personnel resources required to successfully perform all Core MMIS operations functions. That Staffing Management Plan can be used by the successor contractor to estimate their staffing needs.

12.2.7 Provide Other Resource Information

RFP Section 8.4.1.1, Requirement j

Team Noridian maintains inventories of all office equipment and resources and ensures they are current at all times. We control and maintain our inventory lists on our Project Portal and update them as needed throughout the contract period. As part of our Turnover Plan, Team Noridian will provide a facility and resource statement that includes all facilities and any other resources required to operate the MMIS including, but not limited to:

- Data processing and imaging equipment
- System and special software
- Other equipment
- Telecommunications circuits
- Telephones
- Office space

This resource statement will be updated as needed throughout the turnover phase.

12.2.8 Transfer of MMIS

RFP Section 8.4.1.1, Requirement k

Team Noridian uses automated tools including Subversion and N-control along with checklists to track all inventory including source code and data processing artifacts which provides control and greater visibility into MMIS assets throughout their operational life cycles. This helps us ensure that the copy of the system we turn over to the Department is complete and current as of the transfer date.

Team Noridian will transfer to the Department or the successor contractor, as needed, a copy of the MMIS data 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

All turnover data will be delivered in an organized and structured format and will be reviewed and approved by the Department as part of our deliverable review and approval process. As previously discussed, Team Noridian will deliver a proposed DXD along with recommendations for transfer methods to the Department well in advance of the actual transfer date so that the Department and Team Noridian can agree on the methods of transfer for all MMIS products and expedite the final review and approval process for all system related deliverables. Typically MMIS transfer is an iterative process that begins early in the turnover phase and is repeated through deliverable refreshes to support successor implementation activities.

12.2.9 Provide all Production Documentation

RFP Section 8.4.1.1, Requirement l

Team Noridian considers documentation to be critical to a successful operations period and subsequent turnover – so important that we have created or acquired support tools and implemented processes to track assets efficiently along with quality procedures to validate that all documentation and training materials are current and correct at all times during the operations period.

As previously discussed, as the incumbent contractor, we accept the obligation to maintain and deliver procedural and system (hardware and software) documentation in a current, complete, and accurate state throughout the entire period of the contract. We have processes in place to ensure that our employees are one click away from accurate documentation to guide them in the performance of their duties.

Since we use internal controls including regular process reviews and audits to ensure all documentation is diligently updated and controlled throughout the operations period, we are confident the initial set we deliver to the successor contractor will be current and that the established change procedures will keep all documents up to date. As an added assurance, as shown in our draft project work plan, Team Noridian will conduct a due diligence, point in time review of all required documentation and artifacts that make up the total MMIS project before the start of the turnover phase. Once we are notified of the intent to procure, we will request that our managers conduct a complete point-in-time review of all materials to ensure that all documentation is current and adheres to our published standards. The quality assurance staff will oversee this effort and report on any deficiencies.

Team Noridian will 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 the procedures for updating computer programs and other documentation. We will provide the successor contractor with the full set of MMIS production systems documentation upon initial request and then will provide updates through procedures established in cooperation with the successor contractor.

12.2.10 Provide Knowledge Transfer

RFP Section 8.4.1.1, Requirement m

Team Noridian will use our established knowledge transfer approach, materials, and learning management system (LMS) to meet the training needs of the successor contractor. As shown in Figure 12-5, we have extensive experience in training large numbers of staff in short periods through our many takeover, transition, and design, development, and implementation efforts. A more in-depth description of our training program is provided in Tab 8.

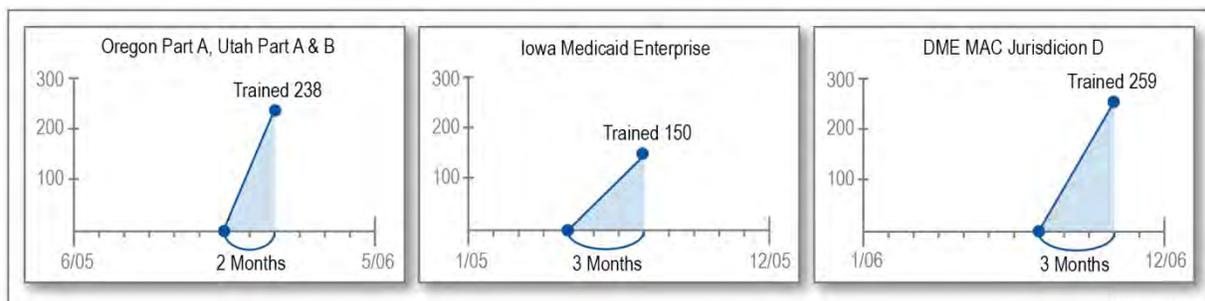


Figure 12-5. Training Time Frames. Team Noridian has extensive experience in conducting knowledge transfer activities for large numbers of personnel in short periods of time.

We will work closely with the Department and the successor contractor to develop a workable knowledge transfer schedule so that all knowledge transfer is completed at least two months prior to the end of the contract. Our training program will provide the level of detail necessary to ensure understanding of the

systems and applications and provide the necessary knowledge transfer on all business and system functions and processes. We will use the same proven knowledge transfer materials and methods that we use for our own staff and IME contractor staff training during the start-up and implementation and operations phases.

We will provide the successor contractor with information on all course offerings including training overviews through the LMS so that the successor contractor can determine which courses are appropriate for specific staff members. Our designated trainers and managers will assist the successor contractor in determining the best opportunities for each type of personnel. Through the various courses we offer, our knowledge transfer program will cover:

- Mailroom processes and performance measurements
- Data entry, imaging, and claims processing
- Computer operations including job scheduling
- Claims adjustments
- Controls and balancing procedures
- Exceptions claims processing
- File maintenance and support
- Change management methods and procedures
- Workflow management system
- Web services support
- Rules engine functions and support
- Systems support performance measurements
- Claims operations performance measurements
- Other manual procedures

Once the courses have been established, we will develop our complete knowledge transfer plan in cooperation with the Department and the successor contractor and document the following:

- Schedule of planned sessions
- Number of staff to be trained on each different function
- Knowledge transfer topics, course objective, and summary
- Training materials, handouts, media
- Length of each session
- Location of each session

12.2.11 Deliver Hardware, all MMIS Data Processing Artifacts, and Hardcopy

RFP Section 8.4.1.1, Requirements n through p

Team Noridian will package, insure, and deliver all MMIS related hardware in our possession on a schedule to be determined by the Department. At the turnover date selected by the Department, Team Noridian will provide the Department or successor contractor with a final copy of all updated computer programs, data, and reference files, and all other documentation and records required to operate the MMIS.

In order to maximize system stability and minimize system changes, we will work with the Department and the successor contractor in order to establish exact dates for the actual turnover and a freeze on any updates. At the conclusion of Team Noridian's final processing, we will conduct a final back-up of all system artifacts and documentation and transfer all applicable products in the manner previously agreed to by the Department.

The IME is mostly a paperless environment but Team Noridian will plan for the transfer of any paper documents throughout the turnover phase by preparing boxes, content lists, and labels and working with the successor contractor to determine physical delivery requirements, whether in the same facility or a new one. Prior to the final move or transfer, Team Noridian will quality check all boxes to make sure the

content lists agree with the items inside. We will transfer all unprocessed (pending) paper documents under separate cover with transmittal sheets indicating contents, the exact status of each document, and the remaining activities for completion to ensure they are easily identified for continued processing.

All reports associated with the contract are kept in either our OnBase (for MMIS generated operational reports) or the Project Portal (for user generated, project management, and performance monitoring reports) repositories so they can be easily transferred to any storage media or designated folders determined by the Department. In addition to the above, Team Noridian will provide a turnover results report which will be developed and delivered after we have completed the transition to the successor contractor. This report will describe the completion of each step of the Turnover Plan and schedule and will outline some of the problems encountered and lessons learned.

12.2.12 Post Turnover Support

RFP Section 8.4

Team Noridian will support the Department throughout the post turnover period and provide the necessary subject matter experts to assist in resolving questions and issues for six months following the transition to the successor contractor. We will work with the Department to develop methods of communicating issues and resolutions throughout this period. As described above, we will develop and deliver a turnover results report to describe all turnover activities that occurred along with assessments on what worked well and things which could be improved.

12.3 Deliverables

RFP Section 8.4.1.2, Requirements a through i

To support this phase, Team Noridian will develop the deliverables listed in Figure 12-6. All deliverables will be produced in accordance with the deliverable creation and review approach described in Tab 8, Section 8.4.8 Contract Deliverable Procedures and the specified time frames in the project work plan for turnover.

Deliverable	Agree to Meet?	Section that Describes Approach
Schedule of Turnover Activities	Yes	12.2.1 Turnover Schedule and Approach
Turnover Plan	Yes	12.2.2 Turnover Plan and Turnover Project Management Plans
Non-Proprietary Source Code	Yes	12.2.4 Transfer Source Code
Proprietary Source Code Letter	Yes	12.2.4 Transfer Source Code
Current Staffing Plan	Yes	<ul style="list-style-type: none"> ▪ 12.2.2 Turnover Plan and Turnover Project Management Plans ▪ 12.2.6 Provide Staffing Information
Facility and Resource Statement	Yes	<ul style="list-style-type: none"> ▪ 12.2.2 Turnover Plan and Turnover Project Management Plans ▪ 12.2.7 Provide Other Resource Information
Department Data, Files, and User/Operations Documentation (in hard and soft copy format)	Yes	<ul style="list-style-type: none"> ▪ 12.2.8 Transfer of MMIS ▪ 12.2.9 Provide all Production Documentation ▪ 12.2.11 Deliver Hardware, all MMIS Data Processing Artifacts, and Hardcopy
All Reports Associated with the Contract	Yes	12.2.11 Deliver Hardware, all MMIS Data Processing Artifacts, and Hardcopy
Turnover Results Report	Yes	<ul style="list-style-type: none"> ▪ 12.2.11 Deliver Hardware, all MMIS Data Processing Artifacts, and Hardcopy ▪ 12.2.12 Post Turnover Support
Project Management Plans	Yes	<ul style="list-style-type: none"> ▪ 12.2.2 Turnover Plan and Turnover Project Management Plans ▪ 12.2.6 Provide Staffing Information

Figure 12-6. Turnover Phase Deliverables. Team Noridian develops all deliverables using its documented deliverable creation and review standards and procedures and will deliver them in accordance with our detailed project work plan.

12.4 Performance Standards

RFP Section 8.4.1.3, Requirement a

Team Noridian understands and acknowledges the performance measurement associated with the turnover phase to complete and secure Department approval on 100 percent of the activities. We will measure this through our project monitoring activities including status meetings, status reports, schedule updates, and our final turnover results report.

12.5 Summary

Team Noridian's approach to turnover planning provides a well-organized, comprehensive, and technically sound solution that demonstrates our understanding of the requirements of the turnover phase. Having successfully performed three recent turnovers, we are fully aware of the real-life challenges in performing a successful transition. We appreciate the importance of collaboration and communication with the incoming contractor and will work closely with them and the Department to synchronize activities including schedule development and knowledge transfer.

We will mitigate many of the risks inherent in system turnovers with our continued commitment and internal processes to keep all documentation accurate and current throughout the entire operations contract period. We use automated tools to manage source code and data processing assets so there is no last minute scrambling to ensure we are turning over a complete up to date system and associated documentation. We will control changes to the system throughout the turnover phase using our documented issue, risk management, and change management processes which are part of our overall ISDM.

We fully support the Department's requirement to turn over complete and up-to-date systems, documentation, Core MMIS operations' responsibilities, and materials; to provide knowledge transfer in use, functionality and processes for the successor; to correct any deficiencies known prior to or discovered during the turnover process; and ensure that the turnover is completed in a timely manner. We have the methodologies and procedures in place and will develop a complete turnover approach that is designed to achieve the Department's goals of a seamless transfer of responsibilities without interruption of any services.



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